

agenda

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B/20/54a

NHS National Services Scotland Board
Wednesday, 23rd September 2020
Commencing at 0930 hours, TEAMS platform

1. Apologies for Absence

2. In Attendance

Mary Morgan Director, SPST
Matthew Neilson, Assoc. Dir Corporate Affairs and Communications
Lynsey Bailey, Committee Secretary (Minutes)
Jacqui Jones, HRD
Deryck Mitchelson, Director D&S
Gordon Beattie, Director of National Procurement

Welcome and Introductions

Keith Redpath

ITEMS FOR APPROVAL

- 3. Minutes of meetings held on 26th June and 14th August 2020 and Matters Arising** Keith Redpath [B/20/55](#)
[B/20/56](#)
[B/20/57](#)
- 4. Feedback on Resource Allocation Meetings – presentation** Colin Sinclair Presentation
- 5. NSS Feedback and Complaints Annual Report 2019-2020** Mary Morgan/
Matthew Neilson [\[B/20/71\]](#)

ITEMS FOR SCRUTINY

- 6. Chair's Update** Keith Redpath [B/20/60](#)
- 7. Chief Executive's Update** Colin Sinclair Verbal
- 8. People Report** Jacqui Jones [B/20/61](#)
- 8.1 NSS Flu Action Plan** [B/20/61a](#)
- 9. Finance Report** Carolyn Low [B/20/62](#)
- 10. Digital & Security Update** Deryck Mitchelson [B/20/63](#)

Chair Keith Redpath
Chief Executive Colin Sinclair

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

11. **Updates from Governance Committees [Highlight Reports]** [B/20/64](#)

Items for Information Only

12. NSS Staff Governance Committee Annual Report 2019-20 [B/20/66](#)
13. NSS Finance, Procurement and Performance Committee held on 26th February 2020 approved minutes [B/20/67](#)
14. NSS Staff Governance Committee held on 7th February 2020 approved minutes [B/20/68](#)
15. NSS Audit & Risk Committee meeting held on 4th December 2019 approved minutes [B/20/69](#)
16. NSS Clinical Governance Committee meeting held on 2nd March 2020 approved minutes [B/20/70](#)

Date of Next Formal Meeting – 21 December 2020

In Private Session

17. **NSS Remobilisation Plan** Colin Sinclair [CICB/20/03](#)
18. **Warehouse Capacity** Gordon Beattie [CICB/20/04](#)

Minutes (Approved)

NHS NATIONAL SERVICES SCOTLAND BOARD

MINUTES OF MEETING HELD ON 14 AUGUST 2020 via TEAMS DIGITAL PLATFORM AT 0930 HRS

- Present:** Keith Redpath, NSS Chair
Julie Burgess, Non-Executive Director
Carolyn Low, Director of Finance
Mark McDavid, Non-Executive Director
Lorna Ramsay, Medical Director
Alison Rooney, Non-Executive Director
Colin Sinclair, Chief Executive
Ian Cant, Employee Director
Kate Dunlop, Non-Executive Director
John Deffenbaugh, Non-Executive Director
- In Attendance:** Mary Morgan, Director, Strategy, Performance and Service Transformation
Karen Nicholls, Committee Services Manager [Minutes]
Aileen Stewart, Associate Director HR (Depute for Jacqui Jones)
Laura Howard, Associate Director Finance Operations
- Apologies:** Jacqueline Reilly, Nurse Director
Jacqui Jones, Director of HR and Workforce Development
Mark Taylor, Audit Scotland
- Observer:** Inire Evong, Audit Scotland
Rachel Browne, Audit Scotland

ACTION

1. INTRODUCTION

- 1.1 Mr Redpath welcomed all to the meeting which was being held virtually via the TEAMS platform.
- 1.2 Before starting the formal business of the meeting, Mr Redpath asked the Board Members if they had any interests to declare in the context of the Agenda items to be considered. No interests were declared.

2. NSS ANNUAL ACCOUNTS AND REPORT 2019-2020 [paper B/20/52 refers]

- 2.1 Mr Redpath introduced the paper to all and thanked Ms Rooney for some late corrections that would be required before signing the final document.

He continued that the NSS Audit & Risk Committee had met on Monday, 10th August 2020 to go through the document and all NSS Non-Executive Directors had been invited to attend. It was recognised that this had been a useful exercise and would be used for future years.

Mr Redpath expressed his thanks to all those involved in the preparation of the document and commended the work that had been done by the organisation during



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Chair Keith Redpath
Chief Executive Colin Sinclair

the timeline of the report. It was noted that NSS would be having a ministerial annual review, scheduled for November 2020, and he looked forward to presenting this very positive Annual Report at this meeting. All Members asked that their thanks also be recorded in recognition of the excellent year that NSS had had.

2.2 Mrs Low then formally presented the content of the paper to Members for their approval and noted the following;

- The accounts had been submitted later than usual due to the responses required to the COVID-19 pandemic, and this had been approved by Scottish Government who recognised the impact of this response on all staff. The deadline for final submission had been extended to 30 September 2020 to reflect this;
- Mrs Low thanked all staff involved in producing the report in challenging circumstances including Finance and the Communications teams;
- The work of Audit Scotland colleagues had also been subject to change and the auditing process had been carried out remotely. This had also been a significant challenge and the Members expressed their thanks to the Audit Scotland Team for their support.

2.3 Members noted the changed format of the report and welcomed the new style of the document which now presented a comprehensive update on the work of NSS. Ms Browne then provided a view from Audit Scotland and again, thanked NSS for their support when carrying out the final audit in the very different circumstances due to the necessity for remote working due to the pandemic. It was noted that the final signatures would be done electronically for the first time.

2.4 Members then briefly discussed the impact of the service audit qualification. Mrs Low advised that discussions had been held with the Boards to explain fully what the qualification was and that Audit Scotland had provided assurance in addition to this. Mrs Low had attended a number of Audit & Risk Committee meetings in Boards which was greatly appreciated by their Members. Members asked that for future reporting it was essential that the content was easily accessible for all readers. Mrs Low responded that there had been detailed discussions with KPMG to this effect. Members then briefly discussed the effect on NSS of the extra ask relating to the contributions to the National Boards Collaboration.

2.5 Members also discussed the 'best value' position in NHS Scotland, specifically around items such as PPE, and their local manufacture, as opposed to importing. Ms Browne advised that there would be a whole NHS Scotland response to this which NSS would input to and this would be provided to the Auditor General at a future time. Mr Sinclair added that NSS was working with Scottish Enterprise colleagues to look at the future of manufacturing around a number of procurement areas and would keep Members updated. This also included the Scottish Government procurement department who would be looking at implications for legislation etc.

2.6 Mr Sinclair added that he would like to thank all NSS staff, especially the Executive Management Team, who had, and continued to, perform well in what were difficult circumstances. He continued by adding his personal thanks to Board Members for their support and challenge over the last year.

2.7 With these comments the Board approved the Annual Accounts and Reports for 2019-2020 for signature by the Chief Executive Officer and Director of Finance.

3. AOB

3.1 There was no other pertinent business to discuss.

4. DATE OF NEXT MEETING

The next ordinary meeting of the Board would take place on Wednesday, 23 September 2020.

Meeting closed at 0945 hrs.

NSS FORMAL BOARD ACTION LIST 2020-21



CLOSED

B/20/57

Ref Item	Action	Responsible	Deadline	Status
FROM 14 AUGUST 2020 – NO OUTSTANDING ACTIONS				
FROM 26 JUNE 2020				
2020-06-26: Item 2.1	J Jones to add item on Support Programme for Leadership into the People Report as appropriate.	J Jones	Outwith meeting.	Added to forward programme.
2020-06-26: Item 2.2	D Mitchelson to continue to monitor and liaise with Scottish Government around GPIT and EMIS programmes of work and update the Board as necessary.	D Mitchelson	Future meeting	
2020-06-26: Item 4.2	CEO's Update CS to update Members on any resilience planning in SG/NSS relating to COVID-19	C Sinclair	Future meeting	Agenda item for 23.9.20
	NSS Standing Orders			
2020-06-26: Item 5.2	C Low and K Nicholls to ensure that when there were changes in the Chief Auditor this was communicated to the NSS Audit & Risk Committee.	C Low/ K Nicholls	Outwith meeting.	Item added as a note to ARC forward programme.
2020-06-26: Item 5.3	K Nicholls to circulate updated document to all Committee Chairs for discussions on Terms of Reference.	K Nicholls	Outwith meeting	Circulated and will be added to forward programmes.
2020-06-26: Item 9.1	Register of Interests to be updated and circulated.	K Nicholls	Outwith meeting.	Complete.
FROM 26 MAY 2020				
2020-05-26 Item: 4.1	Chair's Update K Redpath to draft letter to Mr Malcolm Wright to record NSS thanks on his support over the years.	K Redpath	Outwith meeting	Complete.
2020-05-26 Item: 5.5	CEO's Update K Nicholls to add PPE/ventilators and associated consumables stock to the forward programme for the NSS Clinical Governance and Quality Improvement Committee and discuss with Committee Chair.	K Nicholls	Outwith meeting	Complete added to CGQIC forward programme.
2020-05-26 Item:	NSS Recovery Plan K Nicholls to draft a training plan on digital workplace solutions for all Non-Executives.	K Nicholls	Outwith meeting	17.9.20 Items now delivered. Ongoing issues with access to Office365 for some users. This has been raised with the appropriate D&S teams to be dealt with urgently. 26.5.20 In progress – waiting on delivery of new tablets for all NEDs. Items currently in Gyle Square,

Ref Item	Action	Responsible	Deadline	Status
				sourcing way to get them to the relevant people. 8.6.20
2020-05-26 Item: 9	<u>Digital and Security Update</u>			
2020-05-26 Item: 9.1	D Mitchelson and L Ramsay to provide further update on the implications of a further delay in the GP-IT system.	D Mitchelson/ L Ramsay	26.6.20	The following comments were noted against action item 9.1, relating to GPIT and EMIS. NSS were responsible for the implementation of the project not venter approval. Mr Mitchelson advised that there were ongoing meetings in Scottish Government (SG) looking at this in detail and at this stage there were no additional clinical risks. Mr Mitchelson would continue to monitor the situation and report back as necessary to the Board.
2020-05-26 Item: 9.2	D Mitchelson to provide a description of what 'modelling' means in the context of his future reports.	D Mitchelson	26.6.20	For future reporting.
2020-05-26 Item: 10.3	Finance Update C Low and C Sinclair to review PPE spend in more detail for future reporting.	C Low/ C Sinclair	Future meeting.	
FROM 26 MARCH 2020 – NO OUTSTANDING ITEMS				
Items outstanding from previous year.				
2020-01-30: Item 7.4	M Morgan to discuss NSS position and offering around the climate emergency and update the slide for the next Board Development session.	M Morgan		Update provided to the EMT – update to a future meeting of the Board.. On-hold due to COVID-19 outbreak.
2019-11-01 Item: 9.2	Risk Review M Neilson to liaise with M Walker re Risk Management including review of residual risk status, and Board Assurance Framework.	M Neilson	30.1.20	Discussions on going. On-hold due to COVID-19 outbreak.

Meeting:	NSS Board
Meeting date:	23rd September 2020
Title:	Chairs Report – B/20/60
Responsible Executive:	Keith Redpath

1 Purpose

This Report is presented to the Board for scrutiny of the Chair's actions.

2 Report summary

The Report provides a summary of the Chairs activities since the last Board meeting.

3 Situation

As we have now restored the operation of the Board's Committee structure, this is the first opportunity I have had to provide the Board with a written report on my activities, since the COVID-19 pandemic started to seriously impact on our lives back in March of this year.

While the Board has met monthly throughout this period, it has by necessity focused on the immediate and medium terms and responding to the emergency footing for the health and care system that has been in place since the start of the pandemic. Indeed, that emergency footing has now been confirmed as going to remain in place until at least 31 March 2021.

In doing so, Scottish Government has confirmed that its three main priorities, which support the public health response to COVID-19, will be;

- To increase capacity in public health, including to test and trace to slow the spread of the virus and protect our communities;
- To ensure the system wide delivery of the expanded vaccination programme for seasonal flu, and
- To finalise preparations for winter as we safely remobilise where we can

NSS has key roles in all these areas, but we should not forget that there are also many other services that we deliver and support and I know that these will not be forgotten as we go forward over the next few months.

Members will recall that in previous years we have acknowledged the work of our staff in the annual excellence awards programme. This year, for obvious reasons, we will not be able to have the usual event to bring us together so we have been considering how best to recognise the exceptional work that so many across our organisation have been able to continue to do throughout this most challenging period.

This year we intend to deliver an online event that attempts to recognise the breadth and depth of the work that NSS staff continue to do on daily basis. For this year however, we decided that it was not appropriate to introduce a competitive element. While 'excellence' will still be very obvious in the individuals and teams we highlight, our focus will be more on the fact that our staff, across the whole of the organisation, are indeed our greatest resource.

CEO RECRUITMENT

You of course know that our Chief Executive intimated to me at the end of August that it was his intention to retire from his post with effect from 31 March 2021.

While I know that the whole Board will be very sorry to hear of Colin's decision, (and there will be more opportunities to recognise Colin's achievements and contributions to NSS and the health and care system across Scotland over the next few months), for now I thought that the Board would want to know of the arrangements that I have put in place to recruit a new Chief Executive.

Scottish Government have given approval to the immediate advertisement for the post and the undernoted timelines have been established.

- Advert as soon as possible
- Close by end of October – latest
- Longlist by panel for assessment centre – Early November
- Assessment Centre – November
- Shortlist from Assessment Centre – November /Early December
- Panel Interview by Mid-December latest
- Candidate identified by Christmas

The selection panel will be as follows:

Keith Redpath

Julie Burgess

John Deffenbaugh

John Connaghan

A.N. other Board Chief Executive

Hopefully the Board will recognise this process and timeline as acceptable and agree to delegate the power to make the appointment to the Group set out above.

NON EXECUTIVE RECRUITMENT

As I previously reported, all public bodies recruitment activity ceased in March just a day before we were due to short list for the 2 new Non-Executive vacancies on our Board.

This process was restarted in August and we have now identified a short list of candidates to be interviewed on 22nd and 24th September with recommendations being made to the Cabinet Secretary thereafter. We had 48 applications for the 2 vacancies and have invited 7 candidates for interview across the 2 days.

I also understand that there have been interviews for the whistleblowing Non-Executive Director positions for the three NHS Boards (including NSS) who were not allocated from the first round of applications.

I hope that by the time the Board next meets in December we will be able to welcome 3 new Non-Executive Directors to our group.

ANNUAL REVIEW

As I mentioned recently, we have the date of Monday 2nd November slated for the NSS Annual review with the expectation that this will be led by the Cabinet Secretary for Health and Sport. This will be the first annual review in 5 years for NSS to be led by either the Cabinet Secretary or Minister. I am very aware that the Board has been concerned about the absence of such political oversight over the last few years and I am sure that the Board will welcome this development for this year.

As I said when the Board considered and approved our Annual Report and Accounts for 19/20, there is a tremendously positive story to present from our perspective both in terms of what was delivered in 19/20 but also our contribution to the overall COVID-19 response and recovery over the last six months. I have arranged a series of meetings with the Executive Team to develop our preparation for the Annual Review. Again to take account of the current position, the Annual review will be held remotely and we have been advised that it is only expected that the Chair and Chief Executive will participate from the NSS perspective.

BOARD GOVERNANCE

As we have moved through this exceptional period, there has been much talk about ensuring that we learn lessons about what has worked well and what we need to retain as we go forward.

Over the last 6 months we have tried to ensure that when the Executive Team have brought reports to the Board, they have had a real purpose. We also approved revised standing orders and a new Scotland wide report template to try and focus attention on the right information being presented so that Non-Executive Directors can fulfil their responsibilities better.

Active Governance, as it is being called at a National level, has come from the Board Governance group that developed the Blueprint for Good Governance and continues to develop activity in this area.

In order to ensure that we develop our arrangements in line with the National activity, I have asked that we arrange a development session for the Board, hopefully in October, to initially review our current processes, to see what we think works for NSS and where we could make improvements. I have started this with the way the Board agenda for today has been structured with a separation of reports that require approval from those that require scrutiny and with a third category of reports for information.

CHAIRS NATIONAL ACTIVITY

Since the Board last met there has been one further meeting of Board Chairs followed on with a further session with the Cabinet Secretary (all on 24th August). We continue to have a two weekly cycle of brief meetings with the Minister for Public Health which provides the opportunity to raise current issues and update directly into the political oversight process.

Nearly all of the focus from these meetings can be summarised into the three main priorities for Government that I set out in my introduction to this report and won't detail those again. However, I would draw particular attention to the Reform and Innovation Steering Group that Dr. Lorna Ramsay is leading from an executive perspective.

4 Recommendation

The Board are recommended to consider the contents of the Report and provide questions and/or comments to the Chair.

Meeting:	NSS Board
Meeting date:	23 September 2020
Title:	People Report – August 2020 B/20/61
Responsible Executive/Non-Executive:	Jacqui Jones, Director of HR and Workforce Development
Report Author:	Jacqui Jones, Director of HR and Workforce Development

1 Purpose

This is presented to the Board for:

- Discussion

This report relates to a:

- Annual Operation Plan

This aligns to the following NHSScotland quality ambition(s):

- Safe
- Effective
- Person Centred

2 Report summary

2.1 Situation

The purpose of this paper is to provide the Board with a range of workforce data and information for the month of August 2020 in order to allow for discussion on issues of concern and also for the Board to agree on any actions which it feels are necessary.

2.2 Background

N/A

2.3 Assessment

Overall NSS remains in a really positive position on the range of workforce issues reported to the Board. Any areas requiring improvement continue to be addressed through the Executive Management Team, individual SBU Directors and the NSS Partnership Forum. HR continue to support SBUs on improving the position relating to reporting of sickness absence, return to work process for sickness absence and the performance on statutory training and completion of appraisals, PDPs and objectives following a Nationally agreed pause.

Sickness Absence and COVID-19 Special Leave

NSS sickness absence rate is 2.67% for August, continuing to remain below 3% since April 2020. Short term absence has reduced to 0.81%, the lowest short term rate recorded over the past three years. Long term absence has increased minimally over the past two months to 1.86%, but continues to remain lower than expected based on the previous financial year (FY) data.

The sickness absence rate has been forecasted to end the FY year at 3.51%, however, this is based on previous FY data where sickness absence rates have been around the 4% target.

HR have undertaken an analysis of sickness absence in order to ascertain if the reduction in long term sickness absence is accurate or is due to under reporting. A further analysis has been completed to update the current position of all Long Term absences for this FY. From the 83 employees, previously reported on Long Term absence, there are currently 49 employees who have not had their absences extended or had a Return to Work interview. HR are establishing with the SBU Directors the definitive position on these employees but we are assuming that these employees may have returned to work. We have established that 17 employees had returned to work and their interview entered in to eESS, and 17 employees are still absent. HR continue to work with SBUs to progress historic RTWs to ensure these are completed and entered into eESS.

There are currently four people on Special Leave due to a COVID-19 related absence (as at 10 September); one employee self-isolating, one employee shielding, one employee isolating after guidance from the Test and Protect Services, and one employee under quarantine after returning from abroad. Employees who are self-isolating due to showing symptoms (SP/32) make up the biggest proportion (47.26%) of all employees currently on a COVID-19 related Special Leave absence.

There is currently one employee who is deemed as a Critical Worker who is self-isolating due to showing symptoms or have a household member showing symptoms. A total of 54 tests have been requested of which, 28 are for other household members as well as employees, and only 32 have been deemed eligible for testing.

There continues to be a focus on workforce support measures relating directly to the COVID-19 pandemic, including:

- **National Contact Tracing Centre** – HR continue to support the set up and implementation of the NSS National Contact Tracing Centre (NCTC) and PHS Protecting Health Directorate as part of the national Test and Protect programme.

Recruitment continues into the core workforce within the NCTC and recruitment has now commenced for the Staff Bank being managed by Forth Valley on behalf of NSS. The Staff Bank will provide surge capacity for both the National Contact Tracing Centre and the Boards, as required. The support being provided by HR also includes the on-boarding and training of both the core and Bank workforce.

- Learning and Development are on boarding Pursuit Marketing staff to deliver a CT service to support the surge in demand and have also completed a procurement exercise, appointing a partner to increase capacity for the induction of Bank Staff.
- **Social Security Scotland** – programme has commenced to explore NSS providing a shared service to the part of Social Security Scotland which provides Adult Disability Benefits (currently PIP) and Child Disability Payments.
- **Once for Scotland Policies** – the Once for Scotland Programme of work which was looking at the remaining PIN policies is now on hold due to COVID-19. The Programme Board will meet again in autumn to consider recommencing the programme of work in January 2021.
- **iMatter** – this continues to be suspended due to COVID-19. However, Scottish Government has confirmed that a pulse survey will be issued to all boards and run from 1 to 22 September and focus on overall well-being and staff experience of work during the COVID period.
- **NSS Annual Flu Programme** – a full action plan for the 2020 Annual Flu programme has been developed and is currently being actioned, some of these closed or are in progress are: An upgrade of the occupational health system has been completed to support the development of an online booking system which will be utilised to support the programme. Peer vaccinators have been identified across SNBTS. A vaccinator training package has been identified and being accessed and completed to ensure vaccinator competency. A communications plan along with weekly communications has also been developed.

2.3.1 Quality/ Patient Care

N/A

2.3.2 Workforce

N/A

2.3.3 Financial

N/A

2.3.4 Risk Assessment/Management

N/A

2.3.5 Equality and Diversity, including health inequalities

N/A

2.3.6 Other impacts

N/A

2.3.7 Communication, involvement, engagement and consultation

Workforce data is made available in real time form via Tableau system to all SBU Directors and Managers across NSS. The HR Business Partners engage with the SBUs to provide additional information breakdowns for fuller discussion.

The information is also available to our Trade Union colleagues for their considerations as appropriate.

2.3.8 Route to the Meeting

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

- Executive Management Team at the meeting on 22 September 2020.

2.4 Recommendation

- Discussion – Examine and consider the implications of a matter.

3 List of appendices

The following appendices are included with this report:

- Appendix No 1, NSS People Report – August 2020 (slide deck)

Jacqui Jones
Director of HR and Workforce Development
17 September 2020

NSS People Report

August 2020

Summary

COVID-19

There are currently four employees who are on COVID-19 related Special Leave, of which one employee is under quarantine. There have been a total of 54 employee requests to be tested for COVID-19 with 32 being eligible for testing.

Absence

Sickness absence continues to remain lower than previous years. Return to Work (RTW) data and updated absences were extracted to review the YTD absences. This review established that around 83 employees who appeared to have returned to work had not received a RTW interview. The current position is that 17 employees are still absent, 17 employees have returned to work and a RTW interview is logged on eESS, the position in respect of 49 employees requires to be established.

The level of sickness absence attributable to anxiety/stress/depression has reduced by 12.40% when compared to the same period as last year.

Statutory Training

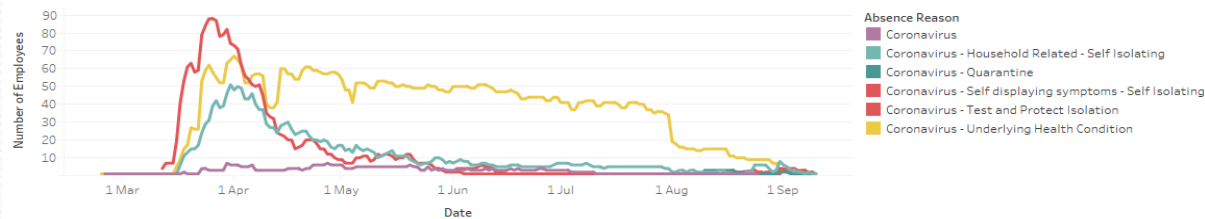
Compliance with the 3 Year mandatory training is currently above 90%. Compliance with year 2 mandatory and statutory training are close to the agreed targets. There was an increase in Statutory Training in August, however further work is required to increase compliance to meet the agreed target. This relates specifically to the Fire Safety course which was launched in April of this year, so there is an expectation that compliance will continue to increase in the coming months.

Recruitment

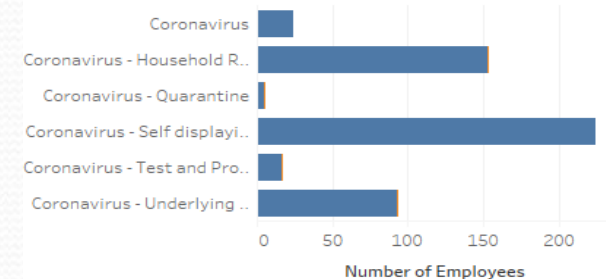
There has been a significant increase in applicants for posts within SPST and PgMS. Recruitment into the range of Contact Tracing roles remains a high priority. Discussion is underway with DaS around the conversion of agency resources into permanent or fixed term contracts.

COVID-19 Special Leave

Total Absent Employees



COVID-19 Absence Reasons



There are currently four people on Special Leave due to a COVID-19 related absence (as at 10 September); one employee self-isolating, one employee shielding, one employee isolating after guidance from the Test and Protect Services, and one employee under quarantine after returning from abroad. Two of these employees are from PCF SBU, and one employee from P&CFS SBU and SNBTS SBU.

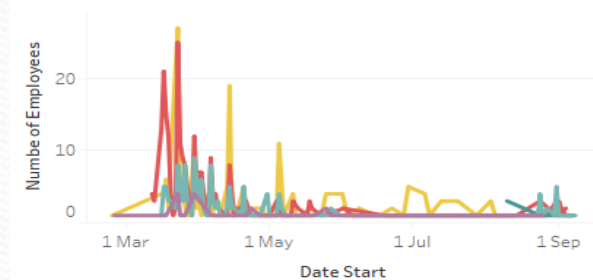
There have been 54 employee requests for tests, with 32 critical workers eligible to be tested (one of which has been tested previously):

Employees tested:

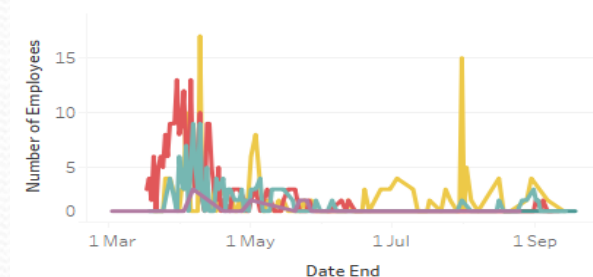
- SNBTS – 29
- PCF – 3
- Clinical – 1

There have also been 28 requests for tests for household members.

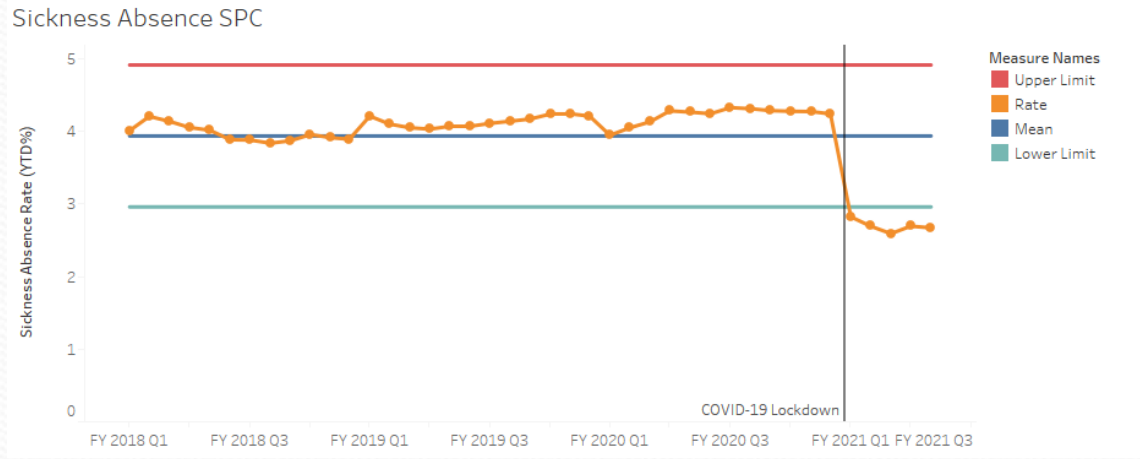
New Absences



Absences Ending



Statistical Process Control



The NSS sickness absence has seen a significant reduction in sickness absence in this FY, and a further slight decrease from July to August (from 2.69% to 2.67%). The YTD figure remaining below the Lower Control Limit (LCL). Sickness Absence SPC trend has seen little movement month to month from April of this year.

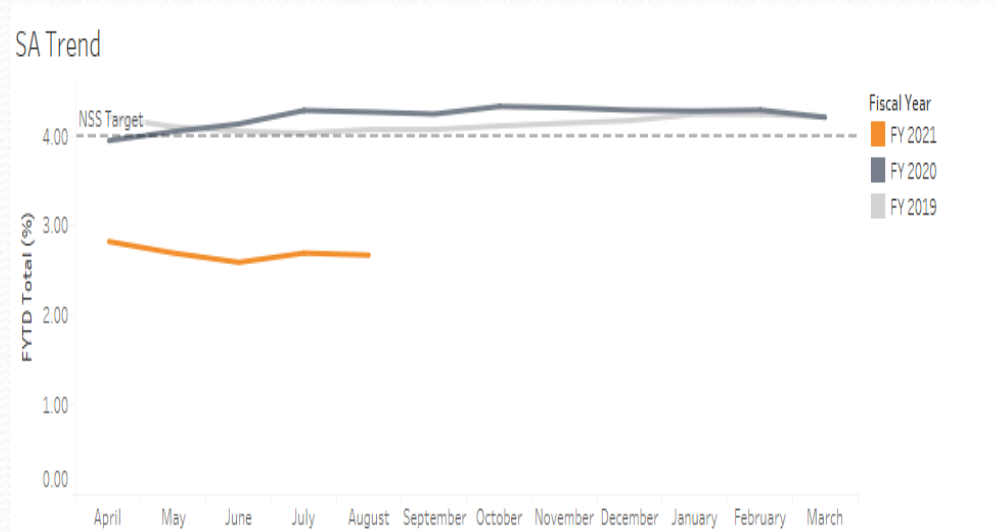
DaS, P&CFS, SNBTS and **SPST SBUs** are all below the LCL, with minimal changes from the previous month.

CLO, Finance, HR and **PCF SBUs** are sitting above the LCL with slight increases from the previous month, but are noticeably lower than pre-lockdown.

There has been no change to **Clinical SBU** which has seen a 0.00% SA Rate for the fifth month in a row.

Sickness absence has remained below the Lower Control Limit since employees have been advised to work from home by the Government.

Sickness Absence



NSS Sickness Absence is at 2.67% in August.

LT absences were at 2.73% at the end of the previous FY and are at 1.86% in August, which is a slight increase from July (1.80%).

There has been an overall reduction of absences when compared to the previous FY – 220 absences in August 2019, 198 absences in August 2020. Finance and Clinical SBUs have seen 0 absences in August.

Case Management

There are 118 employees on an Active Trigger in August, of which 19 (16.10%) are currently being supported by HR. The Case Management protocol put in place in May 2020 placed the management of sickness absence as a low priority. This is going to be reviewed, in partnership, shortly.

The number of new triggers has decreased slightly from the previous month (42 in July, 38 in August).

Breakdown of Active Cases

Attendance = 46 active cases (+1)

Capability = 74 active cases (-1)

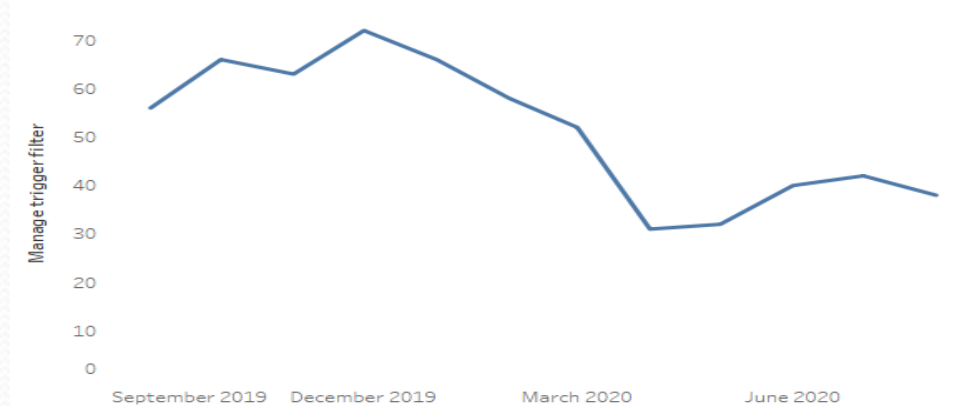
Conduct = 21 active cases (-)

Dependency = 0 active case (-1)

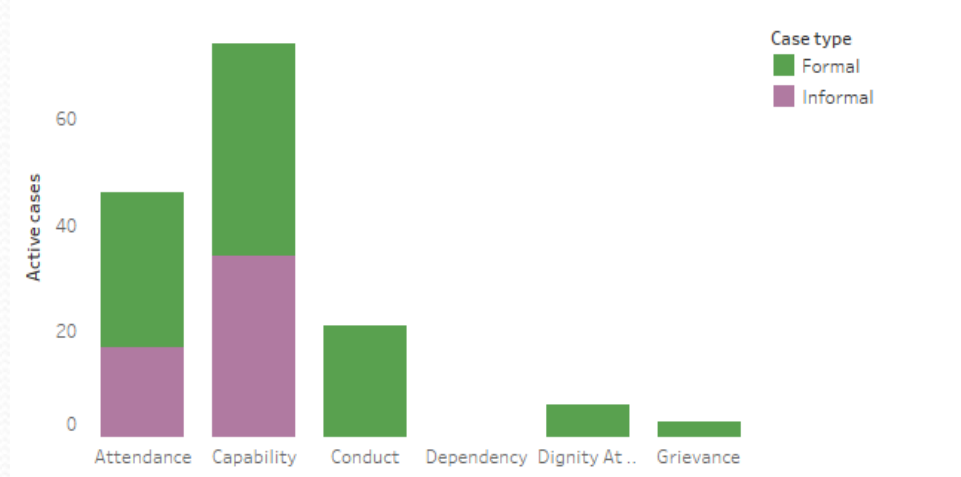
Dignity at Work = 6 active cases (+2)

Grievances = 3 active cases (-1)

New Triggers



Active case SBU



Turnover

NSS turnover rate is at 2.73% YTD, and forecasted to end the FY at 6.20%.

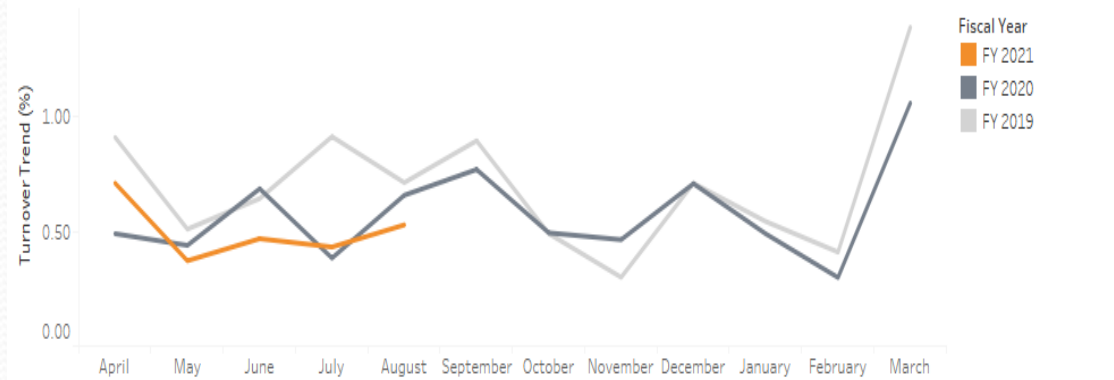
New Starts – 50 employees started in August, a total of 164 YTD.
 SPST – 38 (37 within Contact Tracing)
 SNBTS – 7
 DaS – 2
 PCF – 2
 Clinical – 1

Leavers – 16 employees left in August, a total of 81 YTD.
 SNBTS – 10
 PCF – 2
 SPST – 2
 CLO – 1

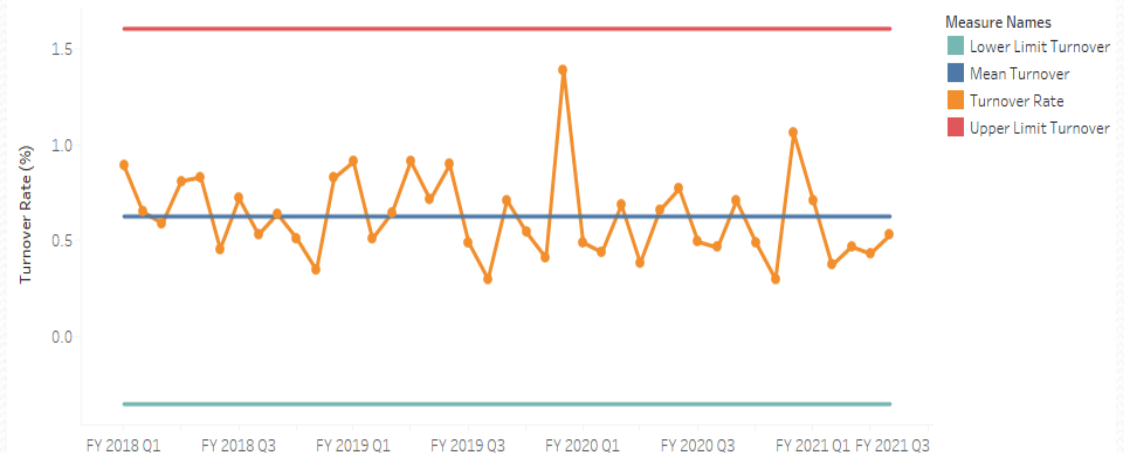
Leaving reason

New Employment NHS Scotland – 5
 Vol. Resignation – Other – 4
 Vol. Redundancy – 1
 Retirement – Age – 2
 Retirement – Other – 2
 Other – 2

Turnover trend

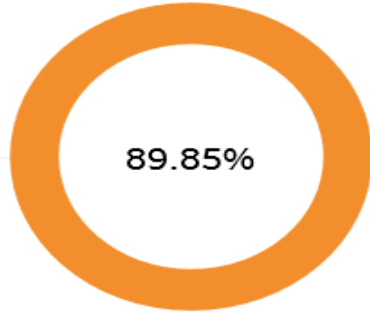


Turnover SPC

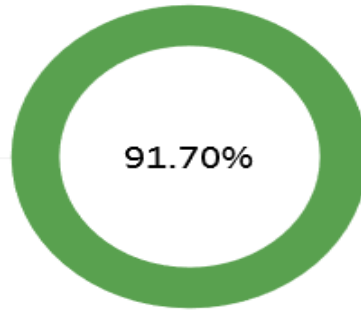


Mandatory/Statutory Training

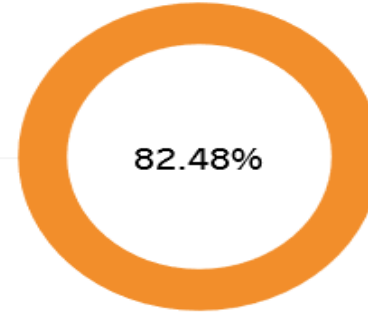
2 Year Compliance



3 Year Compliance



Statutory Compliance



There has been little change in compliance in August for 2 and 3 Year Mandatory Training, both of which have decreased from previous months. This is due to the increase in workforce, of which 64% of new employees are in SPST due to the increased on-boarding of Contact Tracers.

Statutory Compliance has seen an increase of 3.33%.

The new Fire Safety module, which was launched in April, has increased by 3.33% (from 79.15% in July to 82.48% in August). Completion rate for this course varies across all SBUs with CLO and Clinical SBUs the only SBUs compliant in the new Fire Safety Course.

All NSS employees are expected to complete this module.

Turas Appraisal



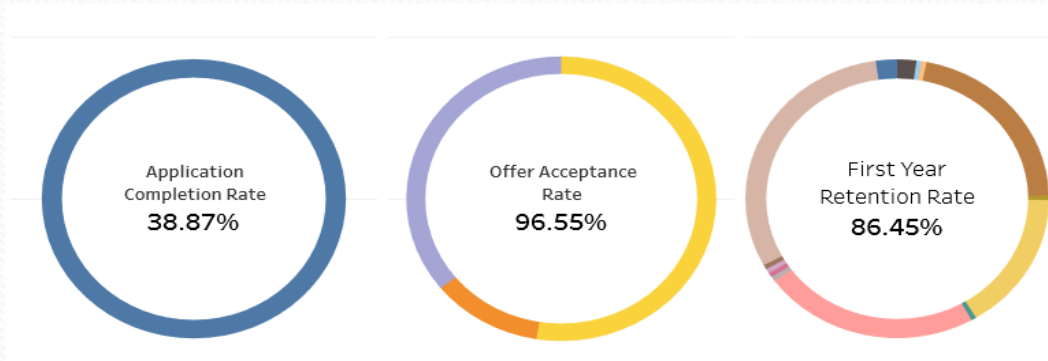
There have been minimal changes in August, with Appraisal compliance increasing from 63%-64%. PDP Compliance decreasing from 66%-65% and Objective Compliance decreasing from 64% to 63%.

The reduction for PDP and Objective compliance is due to the figures being calculated over the Rolling Year. These will increase after the mid-year reviews have been completed.

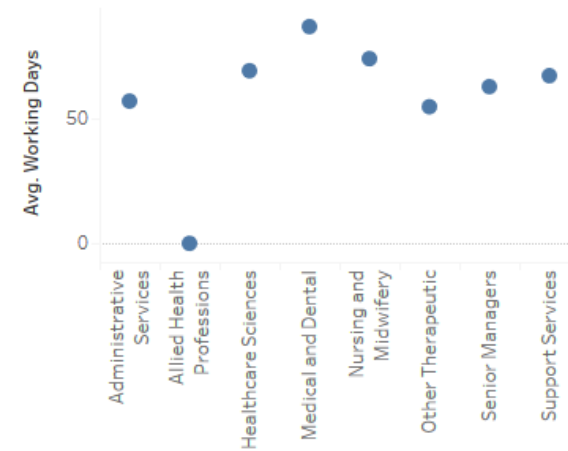
Both PDP and Objective compliance had increased by 3% from July to August at YTD position.

It had been expected that compliance would begin to increase now that appraisals which were delayed due to COVID-19 were being rescheduled, however this appears to have plateaued. The SBU Directors are aware of this position and are taking steps to improve on it.

Recruitment



Time to Hire



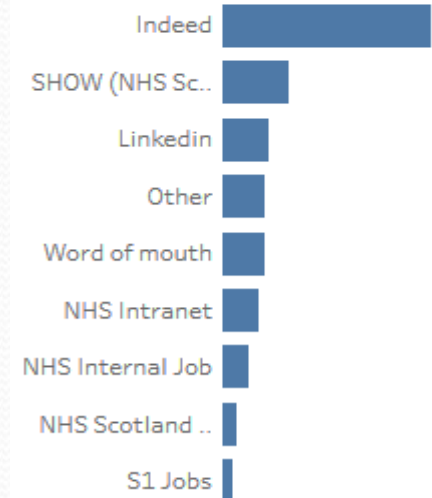
There have been 132 jobs advertised within the 2020/2021 FY. There are currently 38 live posts. There have been 1,571 applicants in August, up from 1,484 in June.

YTD, there have been 1,550 vacancies advertised (88.26% Fixed Term Contract) - 1,354 have been created to respond to the potential demand for the National Contact Tracing Centre (NCTC), which now sits within the SPST SBU. Recruitment has been steady into the NCTC pending the recruitment strategy being finalised with Public Health Scotland.

Application Completion Rate has decreased slightly from previous month (40.57% in July), however Offer Acceptance Rate has remained steady (96.59% in July).

Within SPST SBU Offer Acceptance Rate remains at 100%.

Applied through Adverts



Occupational Health, Safety & Wellbeing

Health & Safety Update:

There has been no RIDDOR reports submitted to the Health and Safety Executive during August 2020.

Work is being undertaken to launch The Accident Incident Module on ServiceNow and is scheduled for launch on 21 September, with communications and guidance being issued during week commencing 14 September. The accident trend dashboards are under currently development with data from 1 April 2020.

Occupational Health Update:

Occupational Health management and self-referral clinics continue to be delivered virtually. There is still a increased demand for services due to the pre-employment checks required for Contact Tracers and SAS test staff.

Annual Flu Programme

Full action plan has been developed and some actions currently being completed include:

- Development of 'My Cohort' to support the ability of appointment bookings
- Communications for the next six weeks have been written and scheduled
- Peer Vaccinators within SNBTS have been identified
- Communications to identify additional Vaccinators across all other Business Units
- Training programme has been identified and agreed
- Currently collating clinic numbers, vaccinator availability and clinic locations / rooms

Wellbeing Update:

Full action plan has been developed and some actions currently being completed include :

- Development of a Teams 'Wellbeing Hub' / Mental Health First Aider Chat room / café
- Review face to face Stress and Mental Health training delivery options for e-learning / virtual environment delivery

Meeting:	Board Meeting
Meeting date:	23 September 2020
Title:	NSS Flu Vaccination Action Plan B/20/61a
Responsible Executive/Non-Executive:	Jacqui Jones, Director of HR & Workforce Development.
Report Author:	Lesley MacNeill – HWL Programme Manager

1 Purpose

The purpose of this paper is to provide the NSS Board with a report on the NSS Seasonal Flu Vaccination Programme in order to provide assurance on actions being taken to improve uptake and to allow for the Board to influence and agree the action plan.

This is presented to the Board for:

- Approval

This report relates to a:

- Government policy/directive

This aligns to the following NHSScotland quality ambition(s):

- Safe
- Effective
- Person Centred

2 Report summary

This report relates to

The progress of the NSS annual flu vaccination programme to maximise uptake within COVID-19 guidelines and act as a template for COVID-19 vaccination.

This aligns to the following NHSScotland quality ambition(s):

- There will be no avoidable injury or harm to people from healthcare they receive, and an appropriate, clean and safe environment will be provided for the delivery of healthcare services at all times.
- The most appropriate treatments, interventions, support and services will be provided at the right time to everyone who will benefit, and wasteful or harmful variation will be eradicated.

2.1 Situation

This paper is presented to the NSS Board in order to set out the details from the NSS Flu Vaccination Programme. The aim is to provide all NSS staff with the opportunity to receive the Flu vaccine during 2020 within the COVID-19 pandemic. In addition the plan aims to provide vaccine opportunities to other National boards HIS, NES, PHS and some Ambulance service staff, which will mean in the region of 5,000 vaccine slots in total. To achieve this will require approximately 270 vaccinator (day) clinics.

The NSS Board are asked to review the detail in the report and to approve the actions being taken to improve the uptake of the vaccination by NSS staff, particularly front line staff.

2.2 Background

An action plan to deliver the annual seasonal flu programme has been developed. This has been discussed and agreed at the Occupational Health and Safety Advisory Committee. Traditionally, NSS has not been able to achieve the 50% of frontline staff receiving the vaccination. Although it is not possible to have knowledge of those staff who receive the vaccination through their GP practice or other provider. The aim of the 2020 flu vaccination action plan is to increase the number of staff receiving the vaccination. Further details of the actions which have already been delivered and those actions yet to be completed are set out in the SBAR attached to this summary document.

NSS frontline staff which using the Scottish Government criteria number 1,600 will be offered the vaccination through teams of peer vaccinators in the workplace. Those staff who are working from home will be offered appointment in NSS buildings and allowing staff to attend the building most convenient to them and by appointment only.

Due to COVID-19 and the requirement to support staff in accessing a flu vaccination, a decision was taken earlier this year to deliver the Flu Programme for 2020 differently. This included last year's planning and communications in addition with:

- Occupational health drop in sessions to understand why staff are reluctant to take the flu vaccine, with specific emphasis on SNBTS and Warehouse staff;
- Working with SNBTS Senior Donor Nurses to support the programme in the release of nurse vaccinators to support clinics, predominately SNBTS staff;
- Agreement that Peer Vaccinators would be utilised across all our frontline staff areas;
- Weekly communications plan keeping flu in the forefront of minds;
- Clinics to be scheduled across all NSS sites (where requirements allow) and staff would be able to go to their nearest site if this was nearer than their base;
- Survey of staff to identify which sites required additional resources and clinics and potential numbers;
- Weekly supported communications on the benefits of a flu vaccine;
- Chief Executive's invite to all staff delivered through a specific flu communication page;
- Letter mail drop to all frontline staff from Lorna Ramsay and Jacqui Reilly;

2.3 Assessment

Work continues to progress through the main areas identified within the Action Plan:

- **Systems** – the occupational health Cohort System will be used to run the administration and booking of appointments and this part of the action plan has been delivered at pace. A risk was identified on 17 September through testing of self-registration and HR, along with DaS and Cohort are working on finding a solution to this;
- **Pre Clinic Administration** – this is part of the action has a number of dependencies on other actions being taken, such as vaccinator administration, clinic resources, clinical waste, cold change and on the day processes. 33 volunteer vaccinators are in place with an addition three staff being recruited to deliver vaccinations;
- **Site Clinic Requirements** – cold chain requirements have been agreed with SNBTS. All other actions relating clinic resources, such as vaccines and portable fridges have been taken or will be in place week commencing 21 September;
- Work has been undertaken with Facilities management to identify the most suitable rooms/areas to hold Flu clinics within our office building environments. Work undertaken to date includes. Rooms/areas have been identified to be risk assessed within: **all SNBTS Donor Centres, Gyle Square, Meridian Court, Bain Square, Canderside, Meridian, Gartnavel, New Royal Infirmary Edinburgh, Scottish Health Service Centre** and risk assessments carried out;
- **Training** – this part of the action plan is being progressed at pace with the update and completion of the identification of a suitable e-learning package for vaccinators to undertake due to the face to face training restrictions set against COVID-19. Along with Effective Immunisation Practice training programme being developed;
- **Communications** – a full communication plan has been developed between NSS Communications Team and HR using the National communications toolkit and is aimed at encouraging all NSS staff to take the vaccine which will enable NSS to continue to support the delivery of frontline services across all boards. This has been developed across a six-week cycle and is currently in progress in conjunction with NES, HIS and PHS. A number of actions have already been taken in this part of the plan and this includes drop in sessions by the Head of Healthy Working Lives and an all staff communication from the Chief Executive. Letters to front line staff will be issued week commencing 21 September.

2.3.1 Quality/ Patient Care

It is imperative that the flu vaccination is delivered safely and that NSS comply with legislative requirements such as Health and Safety, PGD. The Flu Programme Action Plan paper was discussed and agreed at the Clinical Governance Committee.

2.3.2 Workforce

A further **three** full time vaccinators are in the process of being recruited to deliver the vaccination and to provide resilience. During the pandemic it is more important than ever that staff, particularly front line staff receive the vaccination. This is the aim of the flu vaccination programme and the actions such as using the cohort system to book and manage appointments along with using all suitable and appropriate NSS buildings.

2.3.3 Financial

The additional staff costs will be managed within budget.

2.3.4 Risk Assessment/Management

There have been four risks identified within this programme, these are currently being reviewed, mitigation actions being implemented and monitored.

1) RISK – NHS Lothian failure to deliver NSS vaccine requirement

Mitigation actions currently being implemented:

- Occupational Health Team has been in contact with NHS Lothian Pharmacy to identify and place order and delivery of vaccine;
- Weekly discussions to be undertaken from week of the 21 September to identify expected delivery date.

2) RISK - Vaccinator releasement due to Business Unit demands.

Mitigation actions currently being implemented:

- Identifying additional vaccinator resources available from within all areas of NSS, National Boards; and
- Identifying capacity within an agency for nurse availability.

3) RISK - Vaccinator testing positive of COVID-19

Mitigation actions being implemented:

- Ensuring that full compliance to infection control and health and safety guidelines are implemented to reduce contamination;
- Identifying additional vaccinator resources available from within all areas of NSS, National Boards;
- Identifying agency nurse availability;
- Ensure that names and contact details are available for all staff that attend clinics for traceability.

4) RISK – Cohort system not able to support self-registration and therefor clinic appointment management.

Mitigation actions being reviewed and implemented if required:

- Ongoing discussion between DaS, HR Systems Team and Cohort to rectify the firewall issues;
- Identify a telephone support system for clinic appointments;
- Development of posters and communications for the advertisement of clinic dates and venues;
- Identification across the HR Function of any additional business support availability and/or potential engagement of an agency support.

2.3.5 Equality and Diversity, including health inequalities

An Impact assessment has not been completed to date, this will be completed week beginning 21 September 2020 in conjunction with the NSS Equality and Diversity Lead. However, the flu vaccination is open to all staff and we are taking all steps possible to ensure that staff can receive the vaccination in a building as near to where they live.

2.3.6 Other impacts

N/A

2.3.7 Communication, involvement, engagement and consultation

There is no requirement to consult with stakeholders. However, the NSS Flu Vaccination action plan has been reviewed and agreed at OHSAC which is chaired by the Employee Director and where there is Trade Union representation. A full communications plan has also been developed, agreed and is being delivered.

2.3.8 Route to the Meeting

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

- Occupational Health and Safety Advisory Committee
- Clinical Governance Paper – NSS Flu Campaign 2020, September 2020
- EMT August and September 2020.

2.4 Recommendation

- **Approval**
- The Board are asked to discuss the actions that have already been implemented and
- Identify any additional requirements that should be investigated, and implemented within the current flu vaccination programme and any additional measures that the Board feel would influence staff (specifically front line staff groups) in receiving the flu vaccine.

3 List of appendices

Appendix 1 – SBAR, NSS Annual Seasonal Flu Vaccination Programme – Action Plan Update

SBAR

NSS Annual Seasonal Flu Vaccination Programme – Action Plan Update

Author: Lesley MacNeill, HWL Programme Manager

1. Situation

To provide all NSS staff with the opportunity to receive the Flu vaccine during 2020 within the COVID-19 pandemic. In addition to provide vaccine slots to other National boards HIS, NES, PHS and some Ambulance service staff which will mean in the region of 5,000 vaccine slots in total. To achieve this will require approximately 270 vaccinator (day) clinics.

2. Background

NSS frontline staff have been identified through the Scottish Government criteria of being the business units of Scottish National Blood Transfusion and National Procurement and Commissioning. This is approximately 1,600 staff members. These staff members will be offered the vaccine through teams of peer vaccinators. This has allowed the ability to deliver vaccine to these staff groups directly at their place of work taking account of locations and shift patterns, thus providing the opportunity of increasing NSS front line numbers.

Staff who are working at home will be offered appointments in NSS buildings which will be used as vaccine hubs allowing staff to attend the building most convenient for them. Clinics will be held across all NSS sites where deemed suitable through the COVID-19 flu risk assessment process.

It has been identified today that a request has gone out through SIPG to permit staff to attend their nearest vaccine opportunity, which may not be one of NSS's Buildings. If this is agreed there would be a requirement to review our National Clinic Hubs and availability to accommodate other staff members.

All clinics will be run through appointment only; this is to ensure that NSS meets the additional COVID-19 requirements and the Cohort Occupational Health system will be used as it is the most effective system to utilise to deliver the Flu programme. There will be a focus on delivering the vaccine to front line staff through the communications plan.

3. Assessment

Work continues to progress through the main areas identified within the Action Plan:

- Systems;
- Pre Clinic Administration;
- Site Clinic Requirements;
- Training;
- Communications.

Systems

The decision was taken at the end of July to utilise the occupational health Cohort System to run the administration and booking of appointments. The benefit to utilising the system is that all staff have the ability to:

- Access an appointment through their mobile phone, tablet or computer;
- Access the system at any time to book appointments;
- Vaccination information would be entered directly onto the individual's occupational health record;
- Provision of accurate data on all vaccinations administered through NSS clinics.

This part of the action plan has been progressed at pace with the following completed :-

- Reviewed and cleansed all data with the requirements of moving from Server support to cloud based;
- Migration of all emails within the system from nhs.net to nhs.scot addresses due to move to office365;
- Upload of data from eESS for NSS, NES and PHS staff (approximately 6,000 records);
- Data review of 1,600 anomalies within the database once these uploads had been completed;
- Review and training delivered of the new requirements of the business support team on the administration of process from building a clinic to matching records;
- Development of an on-line flu vaccination consent form;
- Administration of all clinic venues, rooms and vaccinators;
- Training for the Occupational Health Nurses of the on the day clinic administration process;
- Development of user guides and forms to support the administration requirements, including how to Self-Register on MyCohort.

Actions that are currently in progress include:

- Review of the SMS requirements and data upload once Self-Registration process is completed – planned start and ongoing upload from 21 September;
- Testing of the SMS system across HR, week beginning 21 September;
- Testing of the user guide process for Vaccinators.

The self-registration process is currently being tested with individuals in HR and other National Boards. As a result of this testing a risk has been identified within the security of the system. This is currently being investigated by HR, DaS and Cohort to identify a solution. This has been identified as a risk at close of play on the 17 September, further information and mitigation can be found within the risk section of this document.

Pre Clinic Administration

This is the largest area of the action plan requiring support, due to the dependencies of other actions being undertaken and including vaccinator administration, clinic resources, clinical waste, cold chain and on the day process and procedures.

Work undertaken to date includes:

Vaccinators

- All previous vaccinator volunteers were invited to support this year's programme;
- There are **33** volunteer vaccinators currently offering support with the flu programme and enrolled onto the immunisation training programme to date;
- Twenty-one SNBTS Nurses, three from across NSS, three within Public Health Scotland and four within NES;
- All SNBTS Senior Nurses and volunteer vaccinators have been written to, to provide their availability, this is currently being received and collated.

Cold Chain Requirements

- SNBTS Distribution Manager has agreed to support delivery of the vaccine within a cold chain process;
- Working with SNBTS sites to ensure that cold chain requirements can be met on local sites; and
- A full cold chain procedure from receipt of vaccine at NHS Lothian to staff administration has being developed and is currently being reviewed;

Clinic Resources

- Identification of on the day clinic delivery products;
- Discussion and ordering of these products through National Procurement and delivery to Gyle Square on 18 September;
- Order of four additional vaccines portable fridges to support on site and donor session clinics.

Actions that are currently in progress include:

Vaccinators:

- A further **three** vaccinators are in the process of being recruited;
- Collation of vaccinator availability to identify clinic delivery and available appointments;
- Complete the Cohort clinic administration before go launch (28 September)

Cold Chain Requirements

- Confirm local arrangements with SNBTS Quality and Senior Donor Nurses on vaccine storage arrangements.

Clinic Resources

- Re-calibration of vaccine portable fridges currently on site;
- Order of flu vaccine and adrenaline, week commencing 28 September
- Receipt of delivery from National Procurement and re-distribution to all sites where there is no donation facility to be completed 18 September.

Site Clinic Requirements

Work has been undertaken with Facilities management to identify the most suitable rooms/areas to hold Flu clinics within our office building environments. Work undertaken to date includes:

- Working with NSS Infection Control Lead and Facilities management and local Managers to identify suitable locations and rooms;
- Rooms/areas have been identified to be risk assessed within: **all SNBTS Donor Centres, Gyle Square, Meridian Court, Bain Square, Canderside, Meridian, Gartnavel, New Royal Infirmary Edinburgh, Scottish Health Service Centre;**
- Risk assessment pro forma has been agreed to ensure areas and rooms meet infection control and Health and Safety COVID-19 requirements;
- Risk assessments have been developed to support the end to end process of vaccination clinics; and
- Development of an On the Day process

Actions that are currently in progress and will be completed week ending 24 September include:

- Room risk assessments are currently being undertaken to ensure compliance with the regulations;
- Clinical waste management systems are being implemented;
- Relocation of equipment to ensure all surfaces that will be used will be able to be cleaned down to ensure infection control;

Training

This part of the action plan has progressed at pace with the update and completion of:

- Identifying a suitable e-learning package for vaccinators to undertake due to the face to face training restrictions set against COVID-19;
- Discussion and agreement with NES to allow access to the Turas Learn [Promoting Effective Immunisation Practice \(PEIP\)](#) training programme, this programme has been developed following the principles within the RCN - National minimum standards and core curriculum for [Immunisation Training for Registered Healthcare Practitioners. It consists of](#) 12 modules, peer assessment review which takes between 10-15 hours of study to complete;
- Administration Occupational Health Nurses as Registration Officers within the Turas Learn system which allows them to track completion;
- Letters and access requirements have been sent to all 31 volunteers on 8 September, to date four have completed the training.

Actions that are currently in progress include:

- Review and chase of vaccinator training completion – required before 10 October;
- Ongoing distribution of vaccinator letter and training requirements as new volunteers come forward;
- Finalisation of the Vaccinator user guides on the system administration and clinic requirements due to COVID-19;

- Arranging Teams system training sessions with all vaccinators with the NSS Occupational Health Nurses.

Communications Plan

A full communication plan has been developed between NSS Communications Team and HR using the National communications toolkit and is aimed at encouraging all NSS staff to take the vaccine which will enable NSS to continue to support the delivery of frontline services across all boards. This has been developed across a six-week cycle and is currently in progress in conjunction with NES, HIS and PHS.

Communications that have been delivered include to date:

- Head of Healthy Working Lives has been out delivering drop in sessions across all SNBTS Donor teams within the last month, and highlighting the importance of flu vaccinations this year;
- HR Connect Flu page has been re-launched and has been populated with Flu facts, articles, and frequently asked questions and Chief Executive's invite to all staff (9 September);
- NSS communication to all staff directly from Colin Sinclair sent to all staff across NSS and email shared with other national boards for information (sent 9 September);
- Personal invite to NSS Front line staff from Lorna Ramsay and Jacqui Reilly received on the 16 September, due to be sent through Royal Mail on 18 September;
- Poster designs have been agreed with the 'Flu Fighter' graphics, these will be printed and sent to all frontline areas (18 September).

Planned communications over the next six weeks include facts and fiction, myths concerning flu, information on the benefits for individual, family, friends and colleagues.

Scheduled communications are planned for week commencing:

- 21 September – Why Requesting staff to complete the Self-Registration process on 'My Cohort' and SMS request;
- 28 September – Booking for flu clinic open;
- Further e mail communications from Chief Executive and potential photo opportunities;
- Further Question and Answers being developed;
- 5, 12 & 19 October – benefits of having a Flu vaccination, facts and fiction and re-emphasise the booking process.

4. Recommendations

- The Board are asked to discuss the actions that have already been implemented and
- Identify any additional requirements that should be investigated, and implemented within the current flu vaccination programme and any additional measures that the Board feel would influence staff (specifically front line staff groups) in receiving the flu vaccine.

Meeting:	NSS Board
Meeting date:	23rd September 2020
Title:	Financial Performance – Month 5
Responsible Executive/Non-Executive:	Carolyn Low, Director of Finance
Report Author:	Carolyn Low, Director of Finance

1 Purpose

This is presented to the Committee for:

- Awareness

This report relates to:

- Annual Operation Plan and associated Financial Plan

This aligns to the following NHSScotland quality ambition(s):

- Safe
- Effective
- Person Centred

2 Report summary

2.1 Situation

This report presents NSS's financial performance for the period to 31 August 2020 (Month 5)

2.2 Background

This report forms part of NSS's formal financial management arrangements and is produced as a result of routine financial management and reporting processes.

The position stated will be used to report to SG Health Finance monthly through the FPR, and is reported routinely to FPPC and the Board to support overall governance arrangements.

2.3 Assessment

2.3.1 Quality/ Patient Care

None

2.3.2 Workforce

None

2.3.3 Financial

The report confirms that NSS is on track to meet all of its financial objectives.

NSS Targets	Year to Date £000	Forecast Outturn £000	RAG
Revenue Outturn	3,093	0	G
NSS CRES Savings Total	1,631	5,723	G
NSD CRES Savings Total	7,094	14,363	G
Capital Outturn	0	0	G

2.3.4 Risk Assessment/Management

The report highlights the following financial risks:

- Outstanding funding allocations for annual revenue, capital and COVID19 expenditure
- Advance payment risks to secure appropriate supply chains for PPE

Although the sums involved are significant, the risk is considered to be low. Advance payment risk continues to reduce as ordered supplies are received.

2.3.5 Equality and Diversity, including health inequalities

None

2.3.6 Other impacts

None.

2.3.7 Communication, involvement, engagement and consultation

The position reported reflects the position agreed between Finance and SBU directors as part of the routine financial management and reporting process. All Covid-19 expenditure reported is in line with formal governance arrangements agreed with SG and all relevant parties have been involved and engaged where appropriate:

2.3.8 Route to the Meeting

The financial position at an SBU level is agreed between SBU directors and business controllers, then a consolidated position produced for EMT. Actions agreed will be managed collectively by EMT.

This report has shared with EMT at its meeting on 22nd September 2020

2.4 Recommendation

- **Awareness** – For Members' information only.

3 List of appendices

The following appendices are included with this report:

- Appendix No 1: NSS Financial Performance – Month 5



NSS Financial Performance

NSS Board

Financial Performance – August 2020

Executive Summary

Performance Summary

NSS is forecasting full achievement of statutory financial targets for 2020/21.

The revenue under spend of £3.1m reflects significantly reduced activity within NSD commissioned services of £4.5m. Forecasts for NSD assume a breakeven outturn as any remaining funding would be returned to Boards as agreed by NSSC.

This is offset by loss of income reported as a direct consequence of Covid-19. Efforts are being made to secure funding to cover these pressures from SG.

A balanced position for NSS is forecast subject to agreement of funding from SG on the significant level of outstanding allocations. SG have responded to the Q1 review submission with supplementary questions and these will be resolved by Sept 18th.

Key Messages

Recovery planning and RAM preparation work has provided clarity on the funding available in 20/21. Prioritisation is underway on development requests, but there is a significant affordability gap between SBU ambitions and available funding.

£1.77m revenue funding is available with identified development needs of £6.7m, giving a gap of **£5m**. Various options to identify further revenue savings continue to be considered in conjunction with SBU's, however delivery of a significant new development programme, in addition to the already considerable ask resulting from Covid-19, would be challenging. The full outcome of the RAM process will be included in the September Board paper which will be shared with EMT in advance.

Capital funds are already fully committed with remaining unfunded requirements of **£775k**.

NSS Targets	Year to Date £000	Forecast Outturn £000	RAG
Revenue Outturn	3,093	0	G
NSS CRES Savings Total	1,631	5,723	G
NSD CRES Savings Total	7,094	14,363	G
Capital Outturn	0	0	G

Risks and Issues

- NSS has received its baseline & £58m additional allocations from SG to date with significant levels of funding (as per the AOP position) still outstanding.
- The level of anticipated allocation is significantly greater in 20/21 due to the Covid-19 support services that NSS has delivered across NHS Scotland and beyond (additional £538m expected)
- Whilst the risk is low that NSS will not receive full funding for all Covid-19 support services delivered, it remains a risk until funding is allocated
- It should also be noted that NSS has paid certain PPE suppliers in advance of goods being received in order to secure orders – all such instances have been approved by the DoF and this liability is decreasing.

NSS Board

Financial Performance – August 2020

Executive Summary

Recommendations

The Board is asked to note:

- the surplus Financial Position for NSS at M5, driven by NSD surplus of £4.5m and deficit of £1.5m in other SBU's
- the increased level of risk as a result of Covid-19 activities
- the significant SBU request for 20/21 development funding being highlighted through the current RAM process.

Actions

The Board is asked to note the following actions agreed by EMT to manage the current financial position and to support the financial planning processes underway:

- Approved redirection of an additional £300k of Covid-19 offset savings to support essential developments in 20/21
- Completion of local SBU workforce planning activities by the end of November to ensure RAM financial plans are robust and fully aligned

The Board is further asked to note the actions being led by the Director of Finance. Updates will be incorporated within future reports as appropriate

- Continued engagement with SG Finance colleagues to finalise the funding position for 2020/21, and to confirm planning assumptions for future years
- Work with SPST and colleagues through COG to ensure transformation budget (£1.5m) is supporting priority internal transformation requests.
- SNBTS budget deep dive to ensure clinical services and baseline uplift are utilised appropriately.
- Review of redeployment pool budget (£1.8m) and options. Finance working with HR on options which will inform the half year forecast.

NSS Board

Financial Performance – August 2020

Executive Summary

Actions

The board is asked to note the following actions agreed by EMT to manage the current financial position and to support the financial planning processes underway:

- Approved redirection of an additional £300k of Covid-19 offset savings to support essential developments in 20/21
- Completion of local SBU workforce planning activities by the end of November to ensure RAM financial plans are robust and fully aligned

The board is further asked to note the actions being led by the Director of Finance. Updates will be incorporated within future reports as appropriate

- Continued engagement with SG Finance colleagues to finalise the funding position for 2020/21, and to confirm planning assumptions for future years
- Work with SPST and colleagues through COG to ensure transformation budget (£1.5m) is supporting priority internal transformation requests.
- SNBTS budget deep dive to ensure clinical services and baseline uplift are utilised appropriately.
- Review of redeployment pool budget (£1.8m) and options. Finance working with HR on options which will inform the half year forecast.

NSS Board Financial Performance – August 2020 COVID-19

NSS Covid Expenditure

	M4 YTD	Revenue	Capital
	£000	2020/21	2020/21
Personal protective equipment	145,085	289,085	-
COVID-19 screening and testing for virus	14,024	71,680	3,614 *
Louisa Jordan costs	15,797	37,726	24,801
Equipment & Sundries	24,023	24,023	24,115
Additional Transport/Freight	7,699	11,999	-
Private Healthcare	10,426	10,426	-
Additional hospital drug spend	-	10,000	-
Contact Tracing Costs	2,275	7,935	-
Digital, IT & Telephony Costs	3,217	6,919	-
Estates & Facilities cost	1,998	5,687	-
Loss of income	1,350	2,495	-
Clinical Waste (NSS)	1,912	1,912	-
Convalescent Plasma - SNBTS	-	1,750	187
Additional Staff Costs (excludes overtime)	785	1,399	-
Mail Costs - P&CFS Shielding Letters	900	900	-
Additional staff overtime and enhancements	314	792	-
Developing Treatment for COVID-19 - SNBTS	181	544	-
Vaccination Programme	-	500	-
Deep cleans	69	130	-
Communications	37	41	-
Hire of Vehicle - Blood Donation SNBTS	18	33	-
CLO Charges	5	7	-
Offsetting savings - Health	(273)	(696)	-
Total	229,842	485,286	52,717
			538,003

Year to date

- The majority of the actual YTD spend £230m, relates to Covid-19 support services which NSS is providing on behalf of NHS Scotland
- As part of the M5 position, it is assumed that such support services will be fully funded by SG
- However, there are some local, direct NSS costs (such as overtime £400k YTD) which are impacting on the bottom line. NSS will seek funding but also needs to consider how it can offset such cost pressures if not met by SG

Forecast Outturn

- As per the Q1 return, NSS is forecasting additional costs of **£538m** in 2020/21 in relation to Covid-19.
- The main element of this cost is PPE (£289m) and Louisa Jordan (£62m) – it should be noted that the build costs for Louisa Jordan are currently recorded as revenue but may be reclassified as capital. SG meeting arranged 15th Sept to consider.
- Similar to the YTD position, the forecast assumes that national support services will be fully funded. Whilst this has still to be confirmed, NSS has ensured that appropriate financial governance is in place with all Covid-19 spend before commitment.

* Note – capital has increased to £11.9m for testing since submission of LMP

NSS Board

Financial Performance – August 2020

SBU Operational Performance

Year to date

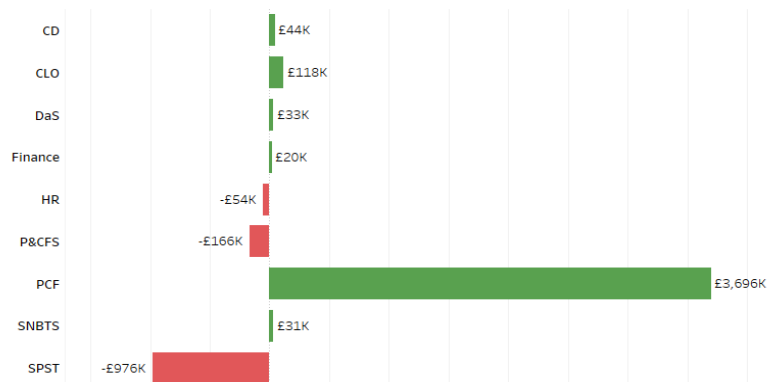
At 31 August, SBUs reported a net operating surplus of £3.1m. This comprises NSD surplus of £4.5m with deficits across other areas of £1.5m

- PCF– £4.5m reduced expenditure across NSD services. Recovery expected over remaining months, and any under spend returned to Boards as agreed by NSSC. £0.8m overspend in other areas of PCF due to overtime, loss of income and non pay costs.
- SPST – Reduced income in PGMS £930k due to significant staff being diverted onto Covid-19 work. Uncertainty over funding for this element.
- P&CFS– Reduced Income £150k from closure of SHSC impacting year to date overall variance of £166k. Vacancies have been significant with full year vacancy target of £330k already achieved.

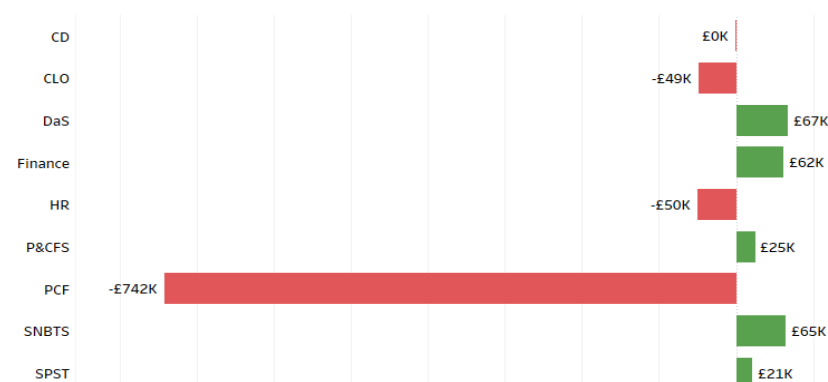
Forecast Outturn

- PCF - Forecasting £0.7m deficit. Operational FM with £479k, pressures within Catering due to loss of income and pay costs. Logistics £192k, Facilities £79k & BDD £31k deficit position are all driven by increased pay costs related to Covid.
- CLO - £49k projected deficit due to lower income associated with Covid-19.
- HR - £50k deficit forecast due to increased demand from SBU' s for OD & Employee Relations support.
- SPST £21k surplus forecast , however assumes all Covid-19 related work and loss of other income is funded by SG.
- SNBTS - £65k surplus, assumes COVID and UK Blood Inquiry costs in FY21 will be funded

Revenue variances – Year to Date



Revenue variances - Forecast Outturn



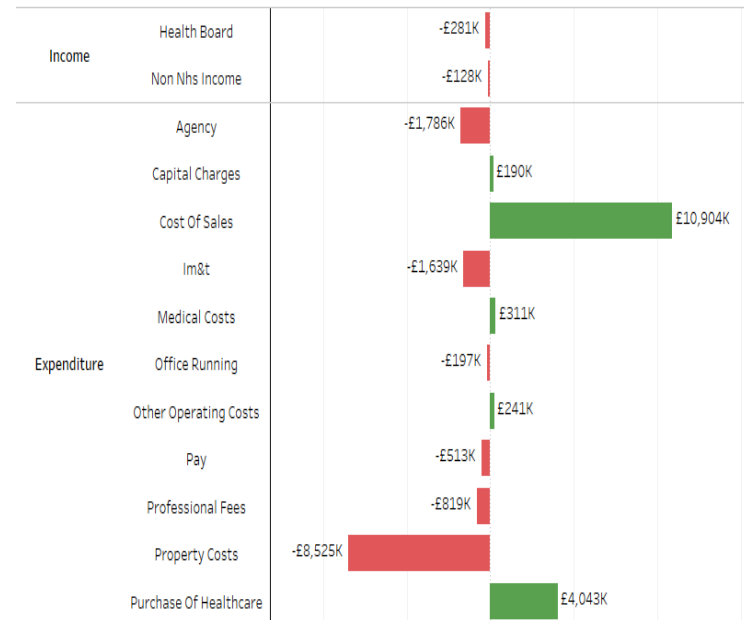
NSS Board Financial Performance – August 2020 Revenue Analysis

Year to date

- The significant variances across Income; NDC Sales £11.35m; and the impact of reductions in income due to Covid in SPST, IT, CLO, P&CFS and PCF
- Pay is overspent by £2.0m, including Agency variance of £1.8m. Additional overtime and excess costs of £400k for the first 5 months. By SBU it is PgMS £1.1m and PCF £0.9m as a result of Covid £600k and Brexit £283k. Also DaS over by £0.4m but covered by additional income.
- Cost of Sales relates to product supplied through the NDC. This has reduced significantly due to cancellation of elective surgery over the last few months. (note this excludes PPE)
- IM&T costs are higher due to additional CCN's for ATOS Core (£2.3m) but corresponding recharges in Other Operating costs to offset. Also £0.8m lower due to one months delays in O365 migration with a corresponding reduction in income.
- Property Costs – the adverse variance relates to Clinical Waste Contingency costs within PCF. This is a 'pass through' cost with no impact to NSS' bottom line as it is funded by Health Board income, which has a corresponding positive variance.
- Purchase of Healthcare reflects reduced expenditure via NSD services

Revenue Analysis

Revenue variances – Year to Date



NSS Board

Financial Performance – August 2020

Managing Reserves and Financial Risks

Update

- The opening AOP position included £5.1m funding for developments. Critical developments of £3.3m have been approved in year leaving a balance of **£1.8m** available.
- After factoring in SBU forecast trading positions and the potential benefit of ongoing Covid-19 offsetting savings, this balance is adjusted to **£1.77m**. Of this a reserve of £500k will be retained centrally to cover any emerging pressures.
- SBU's have revisited all previous, tentatively approved, bids during the RAM process and identified new emerging requirements. This has highlighted a remaining development need **totalling £6.7m, i.e. a shortfall of £5m**.
- Bids will be considered in the context of an 18 month planning period and will be prioritised towards addressing immediate service delivery challenges and non-recurrent investment which will deliver significant recurring financial benefits over time.
- Deliverability in the context of wider Covid-19 pressures will also be a key factor.

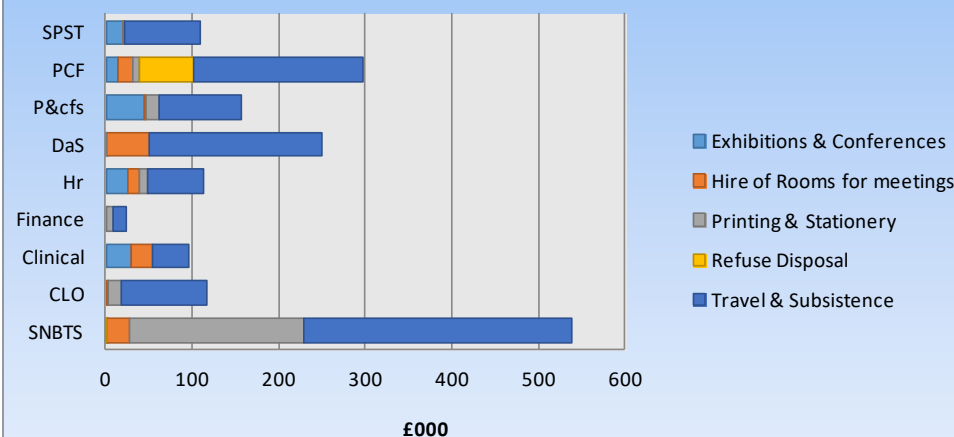
Risks

- Slippage from 19-20 to 20-21. Capital (£0.6m) and revenue (£1.9m) returned to SG as part of 19/20 £2.5m. No confirmation this will be reinstated, but commitments already made.
- General allocation risk – significant amount anticipated (£116m) and Covid allocation risk – lower risk but significant value (£538m)
- Offsetting savings assumed as same rate as currently. This may not be achieved

NSS REVENUE DEVELOPMENT FUNDING £000

Opening position	Opening AOP (inc SNBTS baseline adj)	5,067
	19/20 slippage (£1.9m-£2m committed)	-
	Opening position total	5,067
Developments	Critical projects approved	- 3,053
	Other projects approved (tbc)	- 233
	Balance available after committed	1,781
Trading Position	SBU trading positions	- 303
	Potential further Covid offset savings	300
BALANCE AVAILABLE FOR REMAINING DEVELOPMENTS		1,777

Covid-19 offsetting Savings by SBU



Note - SBU's have identified £1.3m savings across the above areas, the graph above shows a potential £1.6m saving if current expenditure continues across these areas, thus releasing a further £300k saving.

NSS Board

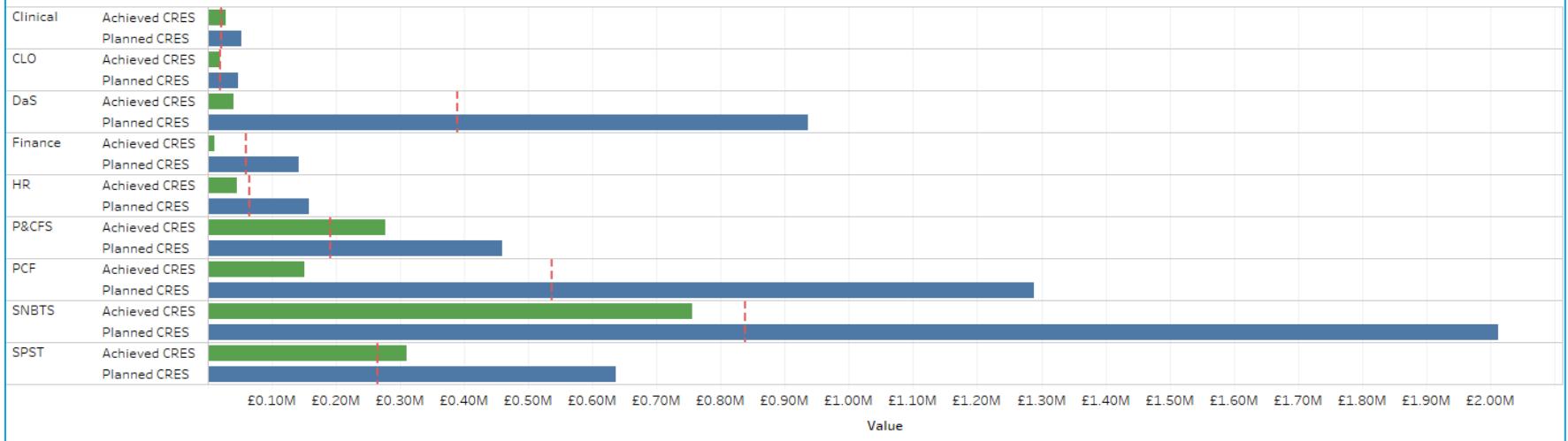
Financial Performance – August 2020

Delivery of Cash Releasing Efficiency Savings

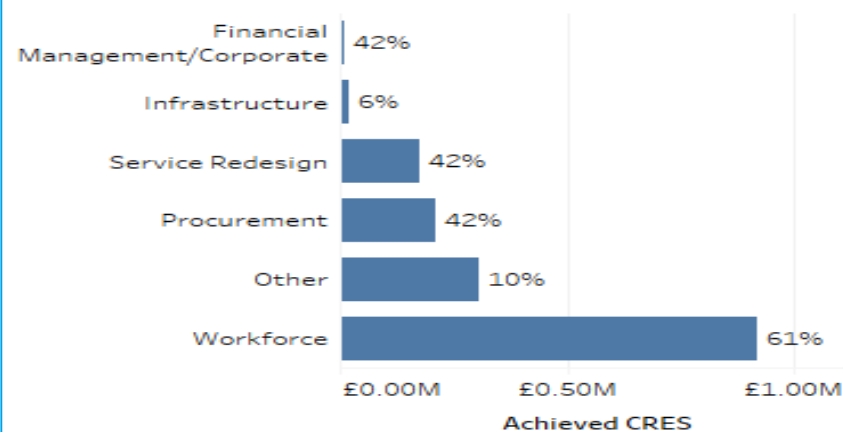


CRES Savings - Achieved vs Planned

--- = YTD Target CRES



CRES Savings - Value and % of budgeted savings identified



NSD annual savings target is £9.9m with £14.3m forecast. Additional savings from increased usage of recombinant products and under activity on specialist services will result in exceeding savings target by £4.4m. Any savings will be reinvested into priority services or returned to Boards, as agreed by NSSC governance.

Certain SBU's have found difficulty in delivering planned CRES initiatives on a recurring basis due to Covid-19. For the majority this is compensated by non recurring savings and therefore a forecast breakeven outturn.

DaS is behind target, as £840k was expected to be delivered via Staff savings from Target Operating Model which is on hold.

NSS Board

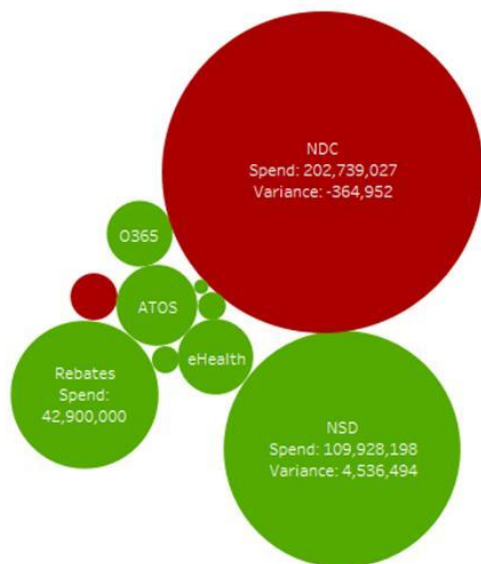
Financial Performance – August 2020

Services delivered on behalf of NHS Scotland

Year to date

- NSS manages services on behalf of NHS Scotland with a YTD budget of £400m. Overall a PCF underspend of £2.9m is reported due to NSD £4.5m and £0.3m overspend in Logistics.
- eHealth SLA, PACS, SIBBS, NSD, Rebates, GPIT, Office 365, Scotcap and CHI are all delivering within plan.

Services delivered on behalf of Scotland - YTD Position



NSD

- The NSD budget is currently £4m under spent at the end of August. The main underspend is Recombinant £1.3m. Transplants/implants/complex surgeries underspend is reducing as activity increases in these areas.
- NSD reporting a break-even forecast for 2020/21. NSSC agreed to utilise underspends to NSD will use underspend to kick-start services, where required.
 - Start up and recovery costs of specialist and screening services, to allow some services to catch-up on activity or deliver care at home (Breast Screening & Cystic Fibrosis)
 - Covid related costs for our services not covered by Board mobilisation plans
 - Return remainder to Boards once aware of financial forecast position at 6 and 9 month, unless NSSC direct us otherwise. NSSC in Autumn may decide to meet some financial pressures /developments in year, only if the business case is approved by BCE's for recurring funding.
- The underlying assumptions around the NSD financial projection will be updated in-line with emerging Health Board plans so that any deviation from the annual budget is reported timeously and formally to SG via the NSS LMP.

NSS Board Financial Performance – August 2020 Scottish Government Funding Allocation Tracker



Received

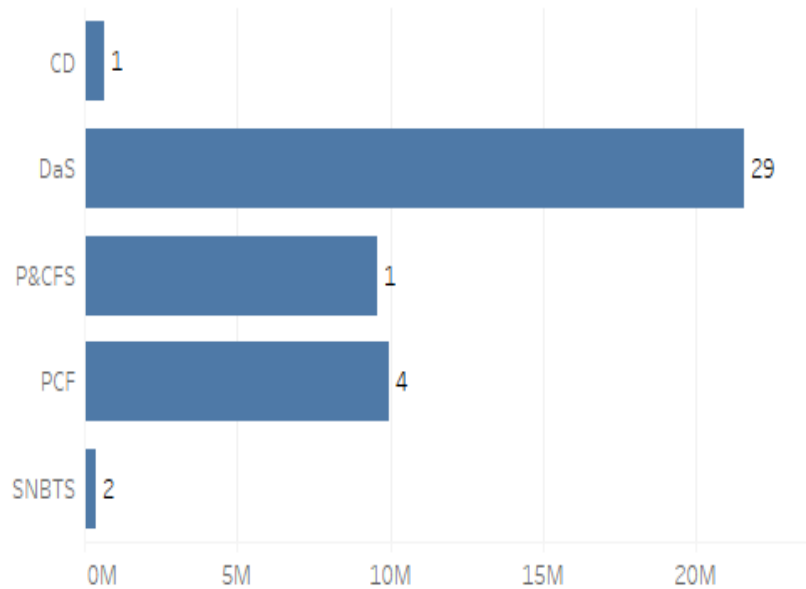
Baseline funding of £336m and additional allocations of £59m have been received to date

Outstanding

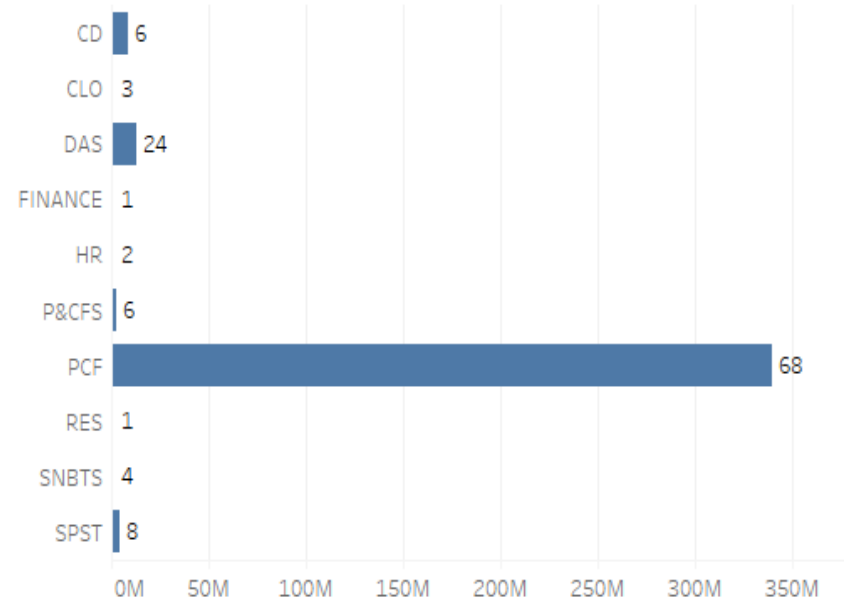
£654m remains outstanding which is 129 individual allocations totalling £116m, plus £538m related to Covid spend.

Business Controllers have established the level of risk for the outstanding allocations excluding Covid, currently as Green £114m and Amber £2m

SG Allocations - Amounts and No. of Allocations Received



SG Allocations - Amounts and No. of Allocations Outstanding



NSS Board

Financial Performance – August 2020

Capital Programme Delivery

Year to date

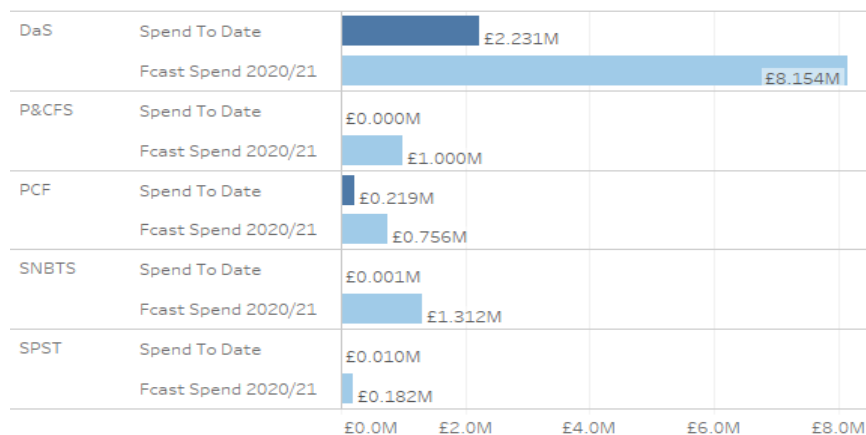
Budget for the full year is £11.673m., comprising NSS allocation of £2.837m and SG capital of £8.154m

Total expenditure year to date on capital projects is £2.5m which is 21% of full year budget.

All capital funds are already committed, with additional requests from SBU's through the RAM process of £775k unfunded.

Approval of any further projects is subject to slippage in other capital programmes or a revenue to capital transfer.

Capital Expenditure - SBU Forecast versus YTD Spend



NSS CAPITAL DEVELOPMENT FUNDING		£000
Opening position	Opening AOP	2,927
	19/20 slippage allocation	592
	19/20 Radiology	-182
	19/20 Property Works	-500
	Opening position total	2,837
Critical projects approved	On Session Digital Redesign Phase 3	-119
	Medical Transfusion Data collection	-28
	High Content Screening System TCAT	-200
	nDCVP	-1,000
	Flowcytometer replacement	-350
	Equipment Rolling Replacement	-315
	SNBTS Fleet Modernisation	-300
	Breast Screen Unit	-630
	Committed	-2,942
Over committed		-105

SG CAPITAL DEVELOPMENT FUNDING		£000
Opening position	CHI	6,654
	QAS	1,500
Over committed		8,154



NSS
Finance

Digital and Security September update for Board/ EMT

Purpose

This paper provides the monthly update from Digital and Security for Board and EMT information. The purpose of the paper is to provide an update primarily in relation to the current focus on COVID-19 activities and progress across the National programmes and key Digital and Security updates.

Recommendation

The Board is asked to note the activities outlined in this report and to recognise the significant contribution DaS is making to the COVID-19 response & recovery whilst continuing National and regional programme delivery, all aspects of digital security services and support;

- Continuing to enable and support NSS and wider Health Board staff to continue to work remotely and collaboratively with successful O365 mail migration concluded
- Designing, delivering and supporting of a suite of digital tools including integrated case management, border patrol and COVID test results including the newly launched proximity app, enabling critical test and protect activities in the COVID-19 recovery across Scotland. Work is now commencing on QR code capability for venues and hospitality.
- Provision of a suite of use cases, model and dashboards enabling local and national data driven decision making and providing a scalable Intelligent Public Health platform capability for the future
- Increased and sustained demand across the entire team on COVID-19 in addition to Operational and programme delivery is causing significant pressures on the team now unable to continue to absorb the demand thus dedicated resource required
- Continued deployment of Secure digital services and hosting facilities
- Deployment of Clinical Informatics and Information Governance expertise capabilities
- Scoping work around COVID vaccinations

DaS continue to underpin and enable critical response and recovery to COVID issues and are working with a broad range of NHS partners, SG and suppliers to ensure rapid response and deployment of solutions and Services. Profile and engagement continues to be extremely positive.

Timing

The board are asked to note the contents of this pack which was updated on 21st September 2020.

Background

DaS are continuing delivery against Digital and Security Strategy on 3 fronts:

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

Procurement and Legal

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

Engagement

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

Equality & Diversity

All programmes have equality and diversity considered and assessed.

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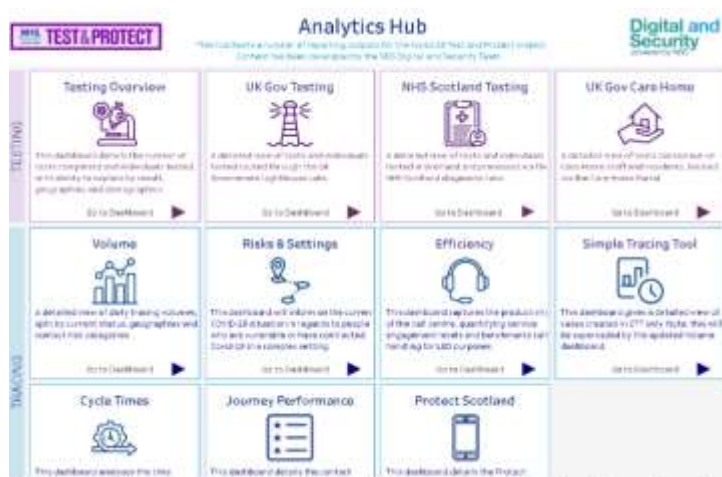
NSS Digital UPDATE: 24 September 2020

Deryck Mitchelson – Director Digital and Security

COVID National Response

NSS Digital and Security has been the lead delivery organisation across all national digital response activities; test results, information security & governance, architecture, clinical informatics, contact tracing and management information/ dashboards. There has been a continued confidence and demand from Scottish Governance for DaS to own the end-to-end delivery pipeline requiring circa 100 DaS staff to work on COVID response activities in addition to supporting our national programmes and BAU.

Contact Tracing



National capability now fully operational with daily data uploads and regular continued developments to process, data storage capability and to the operating model. DaS are continued to work to develop and enhance the capability adding new functionality and integrating into the new proximity app. Recent rapid ramp of demand on the service is increasing pressures on a stretched team and an acknowledgement that a fully dedicated team is now required to be scaled to support sustained and increasing demand on this service.

BI Analytics and Dashboards

The BI team have developed 4 "live" dashboards providing drill down capability across NHSS & UKG test results, contact tracing (Simple Tracing Tool) and care homes (UK Care Home Portal and lighthouse lab). MI requirements have been agreed for national contact tracing service and daily updates provided to support the ongoing requirements across Scotland. In addition, work continues through the AI centre of excellence on blood supply management and COVID-19 SEIR modelling.

Information Security & Governance (IS&G)

The team has continued focus on COVID-19 matters as well as cyber incidents and business as usual. Appointment of the Head of Cyber Security; Scott Barnett. Teams in DaS now aware of the Schrems court ruling in relation to Privacy Shield and as Brexit has now re-emerged, all data flows and contracts need checked to ensure sufficient provision of data within the UK.

Digital Innovation

The NSS data lake and integration hub is being expanded to provide data marketplace functionality. This innovation provides functionality for sharing data catalogues and data and allowing our data to be more easily consumed in a safe and efficient manner. This will be first data marketplace to be launched in the NHS. Further areas of development include proximity app integration and QR Code data integration.

Clinical Informatics

The clinical Informatics team continue to be stretched due to increased demands including input to vaccination programmes in addition to managing a substantial BAU workload and assuring the clinical requirements in GPIT and CHI/CH programmes.

Office365 Rollout

NSS are continuing to realise the benefits of O365 rollout. Collaborative working continues to leverage the functionality with use across Town halls and this year's Excellence Awards will utilise this online capability to provide a platform to recognise great work across NSS throughout the year. The NSS mail migration was executed extremely well and work is concluding on 365 license reconciliation.

National Programmes:

Very positive outcome from the recent KPMG National Programmes audit. As acknowledged, work and governance on the national programmes progressing well with understood supplier delivery timescales challenges for GPIT. As a result, an Extraordinary Review board has been conducted for GPIT where each vendor was asked to present on their plan for delivery to the programme. A further review agreed to progress in 3-6months. In addition, eHealth leads have also requested a gateway review of GPIT.

Further details are provided in the attached highlight reports.



O365 Highlight
Report - August 2020



GPIT - Primary and
Community Care 20220



CHI Child Health_Aug
EMT slide 2020-08

HIGHLIGHTS FROM NSS BOARD COMMITTEES SINCE 26 JUNE 2020 NSS BOARD MEETING

NSS CLINICAL GOVERNANCE AND QUALITY IMPROVEMENT COMMITTEE

Issues & Risks for the Board's Attention

Appreciation of the full extent of work done across NSS in relation to supporting response to COVID-19 including SNBTS and that has meant that there have been some capacity issues but EMT are aware of this and addressing it appropriately.

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

Other Matters of Interest

1. New National Screening Oversight Function formally part of NSS.
2. Peer vaccination system approved for seasonal flu.
3. Decision to support programme of undergraduate nursing student placements in NSS.
4. Approval of the Duty of Candour and HAI Annual reports.

HIGHLIGHTS FROM NSS BOARD COMMITTEES SINCE 26 JUNE 2020 NSS BOARD MEETING

NSS STAFF GOVERNANCE COMMITTEE

Issues & Risks for the Board's Attention

Received assurance around the proposed vaccinations programmes and how the uptake from staff could be improved.

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

Other Matters of Interest

Assurance of the work progressing around staff experience and the communications plan associated with this, specifically with support to line managers.

Work ongoing with all staff around new ways of working and what the 'new normal' would look like.

Sickness absence figures very good and work was underway to ascertain the validity of the figures and what this means for NSS.

HIGHLIGHTS FROM NSS BOARD COMMITTEES SINCE 26 JUNE 2020 NSS BOARD MEETING

NSS FINANCE, PROCUREMENT AND PERFORMANCE COMMITTEE

Issues & Risks for the Board's Attention

1. PPE – Full discussion on progress and planning around PPE and funding.

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

Other Matters of Interest

2. Annual Procurement report due to standing orders changed due to COVID this will be picked up at a future meeting.
3. Discussion around the revisions to SFI's in the future – looking at the rules around workforce reporting for new appointments and also consider changes in year to reflect COVID response. Looking at what changes could be retained as part of the lessons learned process.
4. BREXIT preparations stepping back up – assurance that PCF is will prepared for this and any phase 2 of COVID response.

HIGHLIGHTS FROM NSS BOARD COMMITTEES SINCE 26 JUNE 2020 NSS BOARD MEETING

NSS AUDIT AND RISK COMMITTEE

Issues & Risks for the Board's Attention

- Some progress had been made in taking forward the process improvements identified for two of the service audit areas and work was ongoing in respect of the remaining area. However, it was anticipated at this point in the year that the audit opinion would still be partially qualified at year end although every effort would be made to avoid this.

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

- The Information Governance agenda had been thoroughly considered and the Committee would be developing how that was covered in future.

Other Matters of Interest

- Internal audit was on track and the Committee had received four reports providing significant assurance.
- The Committee discussed the NSS Fraud Report, which provided reassuring updates on the National Fraud Initiative work, internal fraud investigations, and NSS's fraud awareness training statistics

Meeting:	NSS Staff Governance Committee
Meeting date:	27 August 2020
Title:	Draft Annual Report to the Board 2019-2020 SG/20/17
Responsible Executive/Non-Executive:	John Deffenbaugh, Non-Executive Director, Committee Chair
Report Author:	Karen Nicholls, Committee Services Manager

1 Purpose

This is presented to the Committee for:

- Decision - Approval
- Discussion

This report relates to a:

- Local policy – governance requirement

This aligns to the following NHSScotland quality ambition(s):

- Safe
- Effective
- Person Centred

2 Report summary

2.1 Situation

As part of the Terms of Reference for the NSS Staff Committee and the NSS Standing Orders the committee is obliged to provide an annual report to the Board.

2.2 Background

This is an annual report to the Board to provide assurance that NSS continues to comply with the Staff Governance Standard, and that the Committee it is fulfilling its remit under the NSS Standing Orders. The report follows a different format for this session which focuses on the Committees Terms of Reference and providing evidence against each responsibility to provide assurance to the Board that the Committee is functioning correctly and focusing on the correct areas.

2.3 Assessment

This document provides a review of the work undertaken by the Committee during the period 31.3.19 to 1.4.20.

2.3.1 Quality/ Patient Care

This report provides assurance the NSS is adhering to legal and legislative requirements laid out in the NSS Standing Orders relevant to the current Terms of Reference of the Committee.

2.3.2 Workforce

The Staff Governance Committee supports and maintains a culture within NSS where the delivery of the highest possible standard of staff management is understood to be the responsibility of every employee and is built upon partnership working and collaboration.

2.3.3 Financial

There are no financial implications associated with this report.

2.3.4 Risk Assessment/Management

There were no risks identified in writing this report. The Committee does however, review all staff risks at every meeting.

2.3.5 Equality and Diversity, including health inequalities

The work of this Committee fully supports the Public Sector Equality Duty, Fairer Scotland Duty, and the Board's Equalities Outcomes and works to ensure NSS meet all associated requirements. An impact assessment has not been completed as this was not relevant to an Annual Report.

2.3.6 Other impacts

There were no other impacts relevant to this report.

2.3.7 Communication, involvement, engagement and consultation

The Committee has carried out its duties to involve and engage external stakeholders where appropriate. This includes providing highlight reports to the NSS Board after each meeting.

2.3.8 Route to the Meeting

This report is coming to the Committee in a new format for the first time so has not been reviewed by any other governance committees.

2.4 Recommendation

- **Discussion**
- **Approval** – for submission to the NSS Board.

3 List of appendices

The following appendices are included with this report:

- NSS Staff Governance Committee Annual Report to the Board 2019-20

NSS STAFF GOVERNANCE COMMITTEE ANNUAL REPORT 2019-2020

1. INTRODUCTION

1.1 The Staff Governance Committee, on behalf of the NSS Board, is charged with satisfying itself that NSS has processes in place to manage staff effectively and to comply with the Staff Governance Standard. As such, the Committee reviews NSS's performance in meeting the Staff Governance Standards, which require that staff are:

- Well informed;
- Appropriately trained and developed;
- Involved in decisions;
- Treated fairly and consistently, with dignity and respect, in an environment where diversity is valued;
- Provided with a continuously improving and safe working environment, promoting the health and well-being of staff, patients and the wider community.

1.2 The following are/were members of the Staff Governance Committee during the period 1 April 2019 to 31 March 2020.

Mr John Deffenbaugh, Non-Executive Director (Staff Governance Committee Chair)

Mr Ian Cant, Non-Executive Director

Mrs Susan Cook, Trade Union Representative (from 16 August 2018)

Mr Tam Hiddleston, Trade Union Representative

Professor Elizabeth Ireland, NSS Chair (until 31.7.19)

Mr Keith Redpath, NSS Chair (from 1.8.19)

Mr Gerry McAteer, Trade Union Representative

Mr Mark McDavid, Non-Executive Director

In addition Mr Colin Sinclair (Chief Executive) and Mrs Jacqui Jones (Director of HR and Workforce Development) attended meetings as required.

2. AIM

2.1 The aim of this report is to provide assurance to the Board that NSS complies with the Staff Governance Standard. In addition, this report summarises those matters which were considered and discussed by the Staff Governance Committee. The format for the report this session will reflect the 'Responsibilities' section from the Committee Terms of Reference as follows:

- i. To ensure an effective system of Governance and oversight for the management, safety and welfare of the workforce including a strategic workforce planning strategy.

- ii. Oversee the development of frameworks which ensure delivery of the Staff Governance Standard.
- iii. Review evidence of attainment and maintenance of the Staff Governance Standard through the Great Place to Work Plan (Staff Governance Action Plan). Where there is evidence of short falls the Staff Governance Committee will ensure that causes are identified and remedial action recommended.
- iv. Oversee the development and monitoring of all Organisational policy related to workforce ensuring compliance with National Workforce Policies.
- v. Consider any policy amendment, funding or resource submission to achieve the Staff Governance Standard, providing support as required to drive forward.
- vi. Establish detailed and timely staff governance data reporting standards, ensuring that information is provided to support both NSS operating activities and national monitoring.
- vii. Provide staff governance information for the Statement of Internal Control.
- viii. To review quarterly staff risks contained in the NSS Corporate Risk Register and set out in the Integrated Risk Management Approach, identifying and reporting on specific areas of concern.
- ix. To review quarterly the NSS complaints report in the context of staff risk.
- x. Overseeing the NSS values programme, ensuring that the values are embedded within NSS structures and processes.

Members are asked to note the evidence provided in Appendix A which is mapped against the criteria above.

The NSS Staff Governance Action Plan forms part of the NSS Great Place to Work Plan and is based on the results of the outcomes of the NSS iMatter results. NSS has adopted a different approach to Staff Governance reporting and no longer reports against the five strands of the Staff Governance Standard. However, for the purposes of providing assurance to the NSS Board, the Staff Governance Committee have aligned the actions taken during the year with the five strands of the Standard and the outcomes will be measured on evidence submitted by SBUs and the NSS iMatter survey results.

The NSS iMatter results include a summary score against each of the five strands of the Staff Governance Standard, and it is reassuring to note that NSS has, maintained its position.

Staff governance standard strand	Action	Evidence	Expected outcome/current status
Well Informed	Overall iMatter score - well informed Implement iMatter <ul style="list-style-type: none"> ○ Staff Survey ○ Team Action plans 	2019/20 79% 2018/19 80% 2017/18 80% iMatter was successfully relaunched and promoted to all staff by engaging with a collaborative SBU iMatter delivery group.	Variance -1% NSS Staff Survey Response Rate 2019/20 82% + 5% Team Action Plans 2019/20 88% + 12%

Staff governance standard strand	Action	Evidence	Expected outcome/current status
Appropriately trained and developed	<p>Overall iMatter Score – Appropriately Trained and Developed</p> <p>Statutory Training & Mandatory for all Training</p> <p>Management Development and Management Matters</p> <p>Project Lift and Leadership Programme</p> <p>Values Programme</p>	<p>2019/20 78%, 2018/19 76%, 2017/18 76%</p> <p>Statutory and Mandatory Training is monitored and reported regularly.</p> <p>Management Development programme has been aligned to the management matters programme. This has been mapped to the strategic aims and business requirements of NSS.</p> <p>The redeveloped leadership programme launched in March 2019</p> <p>Values programme continues to be promoted this time through iMatter</p>	<p>Variance – + 2% 2020/21 Target 77%</p> <p>Each SBU Director is accountable for ensuring 100% completion within their SBUs.</p> <p>National Management Matters programme was rolled out in NSS and digital solutions are being developed to further enhance the programme with online learning events to support Managers.</p> <p>There has also been a focus on performance management and a range of facilitated sessions took place to support managers to hold more effective reviews.</p> <p>Organisational development continue to support staff who were identified as having high potential and subsequently commenced the Covey access all pass programme in NSS. Increases for demand has meant funding has also been increased.</p> <p>HR have delivered train the trainer sessions to SBU leads. Values sessions now appear in the HR dashboards to show compliance by SBU.</p>

	Review Corporate Induction	The NSS corporate induction has been redesigned in 2019/20	To support this digital tools are being developed to ensure content is accessible to all along with on boarding videos.
	Workforce Support Programme	Tailored workforce support programmes have been designed to support staff through the transformation change	Feedback from participants was positive. This programme will be further enhanced for subsequent change programmes.
	Corporate Guide	Full re-design of workshops to ensure virtual/remote delivery	The re-design continues but early evaluation results are showing that these workshops have been well received by staff.
	TURAS Appraisal	All staff are to use the TURAS appraisal platform to record their development planning reviews	NSS will provide compliance data for HR dashboards and work with SBUs to increase compliance figures.
	Coaching Service	The Internal Coaching Matters Service has integrated with the Public Health Scotland Coaching Service (May 2020) and is currently digitalising the service; NSS continue to chair the NHS Coaching Matters Network for seven National Boards. NSS has helped to develop and volunteer coaching resources to the NHS NES Coaching for Wellbeing National Initiative for Health & Social Care Workers. Target date for coaching service digitalisation = October 2020	To be reviewed in September 2020

Staff governance standard strand	Action	Evidence	Expected outcome/current status
Involved in Decisions	<p>iMatter score – Involved in decisions</p> <p>Organisational Change & TUPE consultations</p> <p>Partnership Forums</p> <p>Partnership Working/Training</p>	<p>2019/20 – 71% 2018/19 – 72% 2017/18 – 73%</p> <p>Organisational Change Toolkit and TUPE Guidance on HR Connect has been developed. This will be reviewed in partnership during 2020/21.</p> <p>Partnership working is embedded in NSS. Local Partnership Forums in each SBU meet regularly and the NSS Partnership Forum meet on a monthly basis.</p> <p>A new section on HR Connect dedicated to Partnership working has been developed. The role of the Employee Director has been promoted. Staff are signposted to Trade Union organisations and Professional bodies on HR Connect.</p>	<p>Variance – minus 1%</p> <p>A lessons learned exercise will be used to inform and support improvements to the toolkit and encourage best practice</p> <p>This will continue to promote the Great Place to Work plan and Partnership working in NSS.</p> <p>These initiatives will promote and celebrate Partnership working in NSS.</p>

Staff governance standard strand	Action	Evidence	Expected outcome/current status
Healthy, well and safe	<p>iMatter score – Healthy, Well and Safe</p> <p>Ensure Return to work process implemented effectively and on time</p> <p>Continue Absence management</p> <p>Review policies to support carers</p> <p>GAP analysis against wellbeing outcomes</p>	<p>2019/20 – 78% 2018/19 – 78% 2017/18 – 78%</p> <p>Advice and guidance provided on the return to work process through HR Assist and one to one case management. Managers and staff will also find support on the Return to Work process through HR Connect</p> <p>Issue monthly trigger reports to the SBU Directors and HRBPs for specific absence discussions and one to one advice provided for specific absence cases through the Case Management team.</p> <p>The NSS Wellbeing Project Group reviewed the current NSS Policies to consider what was included within them to support carers and consider if a separate Carers Policy should be created.</p> <p>The NSS Wellbeing project group has used an audit tool developed by NHS England and CIPD research.</p>	<p>Variance – nil</p> <p>The expected outcome is managers have a timely and meaningful discussion with their staff adhering to the guidance provided.</p> <p>The expected outcome is Managers review the provided information and take appropriate action under the relevant policies.</p> <p>The review highlighted that there was sufficient support within the range of Supporting Work Life Balance Policies. Consideration should be given to how the profile of these are raised so managers and staff are made aware of how these could be utilised to support staff more effectively.</p> <p>The project group have completed an audit and have established an appointed senior staff member as a chair to coordinate the delivery of an overarching wellbeing plan in NSS.</p>

	<p>Training for managers on Bullying & Harassment Policy</p> <p>Implement Whistleblowing Policy, process and training</p> <p>iMatter team plans completed & storyboards implemented</p>	<p>Training is incorporated into the Essential Line Manager (ELM) Training which runs throughout the year.</p> <p>The Scottish Government are working towards 1st November for launch of Once for Scotland whistleblowing policy.</p> <p>This has been implemented</p>	<p>Policy content updated for ELM following the launch of the revised once for Scotland bullying and harassment policy. An e-learning module will be created and launched following the go live of the policy in March 2020.</p> <p>Under current NSS whistleblowing policy one approach has been made in 2019/20. This case was investigated and found no evidence to the substantive issues raised. A subsequent lessons learned identified improvements to assist those involved in future whistleblowing cases.</p> <p>Increase of 12%</p>
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Staff governance standard strand	Action	Evidence	Expected outcome/current status
Treated Fairly and Consistently	<p>iMatter score – Treated fairly and consistently</p> <p>Re-launch of the NSS Values</p> <p>Values based recruitment</p> <p>Equality & Diversity Trainer Module</p> <p>Face to Face Equality & Diversity Sessions</p> <p>Equality Impact assessments for all non- HR Policies</p> <p>Launch Transgender Guide</p> <p>Implement Race Equality Strategy</p>	<p>2019/20 77% 2018/19 77% 2017/18 78%</p> <p>The NSS values will continue to be promoted as part of the corporate induction programme and values based recruitment.</p> <p>Values based recruitment has been implemented across NSS for executive level jobs.</p> <p>The trainer module has been rolled out with PCF & NSS Equality & Diversity steering group members trained.</p> <p>There have been 2 Management spotlight sessions run in 2019.</p> <p>The equality impact assessments process has been implemented for the NHS Laundry review</p> <p>The Transgender Guide has been launched in February 2020 as part of LGBT history month</p> <p>The Race Equality Plan</p>	<p>Current variance – No change</p> <p>The re-launch of iMatter also provides an opportunity to reinforce the values and expected behaviours.</p> <p>For 2020/21 this will be applied to all vacancies and jobs in NSS</p> <p>Plans to develop a model for Microsoft teams has been developed in Quarter 4 2020</p> <p>30 managers have attended unconscious bias training. 200 staff have attended the walk in my shoes mental health sessions</p> <p>The process is in place EQI have been completed</p> <p>Positive feedback has been received</p> <p>Key agreed measures and outcomes to be agreed</p>

Adherence to the NHS Scotland Staff Governance Standard

The Staff Governance Committee reviews and monitors NSS' adherence to the Staff Governance Standard through a number of different channels, including:-

- a. NSS People Dashboard on Tableau, which monitors performance against the actions agreed and targets set within the NSS Great Place to Work Plan.
- b. NSS Partnership Forum update presented by the chairs of the NSS Partnership Forum.
- c. NSS Resourcing Report, which provides information regarding the status of staff seeking redeployment.
- d. Introduction of the SBU spotlight showcasing a different SBU at each meeting. SBU directors are invited on a rotational basis to discuss SBU-specific Staff Governance challenges and successes.
- e. Occupational Health, Safety, Wellbeing and Fire Report, which demonstrates delivery of the Great Place to Work Plan

minutes (Approved)

B/20/67

NHS NATIONAL SERVICES SCOTLAND BOARD

MINUTES OF MEETING OF THE FINANCE, PROCUREMENT AND PERFORMANCE COMMITTEE (FPPC) HELD IN BOARD ROOM 2, GYLE SQUARE, EDINBURGH COMMENCING AT 0930HRS ON WEDNESDAY 26 FEBRUARY 2020

- Present:** Mrs Kate Dunlop, Non-Executive Director (Committee Chair)
Ms Julie Burgess, Non-Executive Director
Mr Keith Redpath, NSS Chair
- In Attendance:** Mr Colin Sinclair, Chief Executive
Mr Martin Bell, Director Primary Care and Counter Fraud Services [Item 3]
Mrs Carolyn Low, Director, Finance and Business Services
Mr Martin Street, Strategic Sourcing Director
Mrs Marion Walker, Risk Manager Lead [Item 10]
Ms Caroline McDermott, Planning Lead [Items 11]
Mrs Karen Nicholls, Committee Services Manager [Minutes]
- Apologies:** Mrs Mary Morgan, Director of Strategy, Performance and Transformation
Mr Ian Cant, Non-Executive Director
Mr Mark McDavid, Non-Executive Director

ACTION

1. INTRODUCTIONS AND APOLOGIES FOR ABSENCE

- 1.1 Mrs Dunlop welcomed everyone to the meeting and apologies were noted as above. Members were asked if they had any interests to declare in the context of the Agenda items to be considered. No interests were declared.

2. MINUTES OF THE MEETING HELD ON 27 NOVEMBER 2019 AND MATTERS ARISING [papers FPP/20/02 and FPP/20/03 refer]

- 2.1 Following a brief discussion, Members approved the minutes of the meeting held on 27 November 2019 as a true record of discussions held.
- 2.2 Members noted that the majority of action items were either complete, items on the current agenda or had a longer lead time.

3. DATA CAPTURE VALIDATION AND PRICING (DCVP) UPDATE [paper FPP/20/15 refers]

- 3.1 Members welcomed Mr Martin Bell, Director P&CFS, to the meeting. Mr Bell provided an updated on the status of the DCVP upgrade as requested by the Committee at their previous meeting.
- 3.2 Members noted the following:
- A formal review of the roll out options had been completed and the preference was still for option (single roll out);
 - There had been significant interaction with stakeholders and Boards in relation to the options proposed and this supported the single roll out option (this would reviewed should circumstances change);



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Chair
Chief Executive

Mr Keith Redpath
Mr Colin Sinclair

- Improvements had been made to strengthen governance including the appointment of Martin Street as an additional SRO;
- After detailed discussions all sub-contractors were now being held to account by ATOS including monthly meetings between ATOS and NSS.

3.3 Mrs Dunlop thanked Mr Bell for his informative update and asked what was required from the Committee as this process had already commenced and decisions had already been made. Mr Sinclair advised that given the importance of the decisions made around DCVP this had been brought to Committee to provide assurance around the approach taken by the operational team to get to this point in the process. Ms Burgess commented that the original ask had been around management of the risks associated with this programme of work and this paper.

3.4 After a short discussion Members noted that the risks associated with DCVP would be managed through the normal risk management process. Any issues relating to this programme of work would be monitored by the NSS Executive Management Team and brought to the Committee if escalation was required.

4. **NSS FINANCIAL PLAN 2020-21 TO 2024-25 [paper FPP/20/04 refers]**

4.1 Mrs Low took Members through the NSS Financial Plan 2020/21 to 2024/5 and highlighted the following areas:

- At the time of the meeting the formal budgets had not yet been set by UK Government to assumptions had been made to get to this stage;
- Key challenges related to workforce and Agenda for Change Terms & Conditions;
- The drive for NET ZERO – this had both opportunities and issues for NSS and NHS Scotland;
- Underlying assumption that the National Boards will be the same i.e. £15 million;
- A 2% uplift assumption made for these figures (however it was anticipated that this would now be 3% with the majority flowing through National Services Division);
- Figures would show flow-through of funds separately to actual NSS funding on the final budget.

4.2 Members noted that the workforce and Agenda for Change uplifts had been fully taken into account in the budgeting process. It was also noted that the NSS position relating to the National Boards ask remained unchanged and Board Members continued to support this approach.

4.3 It was noted that there were significant asks relating to back-log maintenance of the NSS estate and it was hoped that the monies from the sale of the Ellen's Glen Road site would be available to support this. Members asked if there was a risk around this money being kept by NSS and Mrs Low agreed to keep Members up to date on this. **Action: C Low to update on Ellen's Glen Road funds as C Low appropriate.**

4.4 Members thanked Mrs Low for her informative report and noted its content in full.

5. FINANCE REPORT [paper FPP/20/05 refers]

5.1 Mrs Low took Members through the paper and noted the following;

- NSS were reporting breakeven, however, the note to the paper highlighted the additional National Boards ask on NSS which would affect this figure;
- SBU Operational performance was mostly positive, however, PHI was currently posted a deficit. Members noted that this was a recurring trend with PHI and this would be reflected in the reporting;
- SNBTS was ahead of plan due to commercial income from commercial blood products so work was ongoing to forecast this on a 5 year plan. Members asked that the SNBTS 5 Year plan be a focus for a development session.
Action: K Nicholls to add to forward programme.
- NSS were now using a collaborative planning tool to provide a full audit trail to highlight differences to forecast and the justification for any changes;
- Outstanding allocations (mainly relating to Brexit) stood at £6 million and this had been raised with Scottish Government;

K Nicholls

5.2 Members thanked Mrs Low for her report and noted its contents in full.

6. SOUTH EAST PAYROLL [paper FPP/20/016 refers]

6.1 Members noted and endorsed the content of the paper and the governance route that had been taken.

7. ELLEN'S GLEN ROAD – DECLARATION OF SURPLUS ASSET [paper FPP/20/06 refers]

Members noted the content of the paper and the discussions on Ellen's Glen Road estate which had taken place as part of Item 4 of these minutes. Members gave their formal approval to declare this estate as a surplus asset. Members queried whether the official sign off document would require the NSS Seal. **Action: K Nicholls to seek clarification on use of the NSS Seal.**

K Nicholls

8. OCCURRENCES WHERE THE NSS STANDING FINANCIAL INSTRUCTIONS HAD NOT BEEN FOLLOWED

8.1 Mrs Low confirmed to Members that there had been no occurrences in this period.

9. NATIONAL PROCUREMENT CONTRACT SCHEDULE [paper FPP/20/07 refers]

9.1 Members thanked Mr Street for all his work on behalf of the Committee and noted that he would be retiring from his role shortly and this role would be taken on by Mr Gordon Beattie.

9.2 Mr Street then took Members through the paper and advised that Mr Hislop would focus on the IT programmes. Members noted the following;

- NSS was currently ahead of forecast;
- EU Contingency update – NSS now in the transition phase – it was noted that there was a lack of consistency between Health Boards and Health & Social Care and Local Authorities and Care homes etc, so this would require close attention going forward;
- Work was ongoing around post transition scenarios including any new skills required;

- Involvement in the supply chain relating to Coronavirus particularly maintaining stock levels; it was noted that in terms of capacity to hold stock additional warehouse space was in place;
- Clinical Waste was progressing, audits were in progress and being monitored closely and would still require some culture change around classification of waste at Health Board level which would generate considerable cost savings for them.

9.3 Mr Hislop then took Members through an update on the IT programmes and highlighted the following;

- Work ongoing to combine all IT procurement lists into the one National Procurement System;
- Team resource being looked at to ensure sufficient procurement capacity to support the programmes;
- Prioritisation being undertaken looking at all demand; Mr Redpath asked whether this had been included in the relevant RAM requests and Mr Sinclair advised that this was spread across both Digital & Security and Procurement, Commissioning and Facilities RAMs with the recognition that the IT ask would grow given the digital programmes;
- Better understanding of the processes around procurement;
- NSS Costs around procurement, especially the IT programmes, would be discussed with those commissioning the procurement.

9.4 Members noted the content of the paper in full.

10. NSS DRAFT ANNUAL OPERATING PLAN 2020-2023 [paper FPP/20/08 refers]

10.1 Ms McDermott took Members through the paper and advised that the different layout reflected new guidance from Scottish Government. The main change was that this was now a 3-year plan, rather than 1-year. The AOP was fully aligned to the agreed NSS strategy and ministerial priorities. Scottish Government were now more involved in the planning at an earlier stage and had already provided their comments to the draft document which were now reflected in the current document.

10.2 Mr Sinclair asked that the work on South East Payroll and also Corporate Shared Services be added into the plan. **Action: C McDermott to add to final document.** The final plan would be sent to the Board meeting at the end of March. However, Members asked that Ms McDermott liaise with government colleagues on the protocols for final submission if the budget letter and confirmation was not received in time to meet this deadline. **Action: C McDermott to liaise with government colleagues around timelines.**

10.3 Members thanked Ms McDermott for her report and noted the final approval deadlines.

11. REVIEW OF BUSINESS RISKS ON NSS RISK REGISTER [paper FPP/20/09 refers]

11.1 Mrs Walker took Members through her paper and noted the following;

- There were no new RED risks, and the two remaining were around DCVP (it was noted that this had been discussed in full under item XXX of these minutes);
- Two new AMBER risks relating to PgMS and Brexit information sharing.

- A review had been undertaken around the SBUs to look at their risks to ensure they were correctly allocated.

11.2 Members thanked Mrs Walker for her update and reflected that thought should now be given to articulating the risks relating to the expected impact of Coronavirus. **Action: M Walker to liaise with relevant SBUs around Coronavirus risks.** M Walker

12. RESILIENCE UPDATE [paper FPP/20/10 refers]

12.1 Members noted the content of the update and that the resilience plans relating to the expected Coronavirus outbreak were changing very quickly. At this point the UK level was still at moderate but NSS planning and preparation was already taking place for when this was raised.

13. NSS OPERATIONAL DELIVERY PLAN Q3 UPDATE [paper FPP/20/11 refers]

13.1 Members noted the content of the quarter 3 Operational Delivery Plan report in full.

14. NSS FINANCE, PROCUREMENT AND PERFORMANCE COMMITTEE TERMS OF REFERENCE [paper FPP/20/12 refers]

14.1 Members discussed the draft Terms of Reference for the Committee and asked that the following changes be reflected;

- The current focus was mainly on finance matters, so updated version should reflect the wider remit of the group to include procurement (including major IT programmes);
- Thought should also be given to ensure Property/Estates was also part of the general business of the Committee;

14.2 **Actions: Mrs Nicholls to update draft Terms of Reference and circulate to Members for comment before the next meeting.** K Nicholls

15. BOARD HIGHLIGHTS REPORT [paper FPP/19/60 refers]

15.1 Members asked that the following items be added to the Board Highlights Report;

- Expansion of the Terms of Reference;
- Sale of Ellen's Glen Road;
- South East Payroll;
- Annual Operating Plan;
- DCVP progress;
- Overall financial position in a sensible place;
- Resilience work being done across NSS in preparation for the possible impact of Coronavirus

16. ANY OTHER BUSINESS

16.1 There was no other pertinent business to discuss.

17. DATE OF NEXT MEETING

17.1 Meeting scheduled for 14th May 2020, Boardrooms, Gyle Square, Edinburgh.

There being no further business, the meeting finished at 1255 hrs.

Minutes (APPROVED)

B/20/68

NHS NATIONAL SERVICES SCOTLAND (NSS)

MINUTES OF STAFF GOVERNANCE COMMITTEE MEETING HELD ON FRIDAY, 7 FEBRUARY 2020 IN BOARDROOM 2, GYLE SQUARE, EDINBURGH, COMMENCING 0930HRS

Present: Mr John Deffenbaugh, Non-Executive Director [Chair]
Mr Tam Hiddleston, UNISON
Mr Gerry McAteer, UNISON
Mr Mark McDavid, Non-Executive Director
Mr Keith Redpath, NSS Chair
Mrs Susan Cook, UNISON

In Attendance: Mrs Mairi Gaffney, Head of Healthy Working Lives [Item 9]
Mrs Jacqui Jones, Director of HR & Workforce Development [Items 9, 10 & 11]
Ms Carolyn Low, Director of Finance and Business Services [Item 14]
Mr Neil Redhead, Head of Operations, Estates and Facilities Management [Item 9]
Professor Jacqui Reilly, Director of Nursing, Executive Lead for AHPs, HAI and Quality [Item 7]
Mr Colin Sinclair, Chief Executive [Item 8]
Mr Craig Spalding, Director, Blood, Tissue and Cells, Scottish National Blood Transfusion Service (SNBTS) [Item 13]
Ms Aileen Stewart, Interim Associate Director of HR [Item 9]
Mrs Victoria Stokoe, HR Business Partner - SNBTS & Clinical [Item 13]
Ms Karen Nicholls, Committee Secretary Observer
Ms Sharon Hay, Committee Secretary/ [Minutes]

Apologies: Mr Ian Cant, Employee Director
Ms Suzanne Milliken, Union Representative

ACTION

1. WELCOME AND INTRODUCTION

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

2. MINUTES AND MATTERS ARISING FROM NSS STAFF GOVERNANCE COMMITTEE MEETING HELD ON 29 NOVEMBER 2019 [papers SG/20/02 & SG/20/03 refer]

- 2.1 Following a brief discussion, with some minor amendments Members approved the minutes of the meeting held on Friday, 29 November 2020 as a true and fair record.

3. NSS STAFF GOVERNANCE COMMITTEE TERMS OF REFERENCE (ToR) [paper SG/20/04 refers]

Members discussed the draft NSS Staff Governance Committee Terms of Reference and noted that Scottish Government were currently finalising a single template for all Board Committees. It was noted that although NSS was constituted under different legislation, there was a general desire to use these new templates as far as possible and make any local changes where required.

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Chair
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ACTION

It was also noted that an annual review of all TORs was standard practice. Members asked that the current TORs were therefore reviewed once the new templates were received to identify any changes that may be required. In the interim Members were content with the current document, with minor formatting to take place. **Action: K Nicholls to compare the two documents and update the Committee at a future meeting.**

K Nicholls

4. **REPORT ON WHISTLEBLOWING CONCERN IN VALIDATION SERVICES [paper SG/20/07 refers]**

4.1 Professor Reilly spoke to the paper and highlighted the following:

- Purpose of the paper was to review the case undertaken, share lessons learned and next steps re policy. It was noted that this was the first time in a very long time that the Whistleblowing Policy and process has been used and this therefore offered a good opportunity to review it.
- Case concerned two issues, recruitment and patient concerns. NSS followed process and policy and that the Whistleblower had remained anonymous throughout.
- Important to note that the result was that there was no case to answer; however, a number of improvements were identified regarding recruitment.
- Professor Reilly made Members aware that the Whistleblower had the right of appeal to Chair of SGC and Non-Exec member and there was no time limit for appeal.
- Members discussed the difference between complaints and whistleblowing. Mrs Jones confirmed that for whistleblowing any action must be in the public interest. Members also discussed why staff use whistleblowing rather than other methods.
- Ms Stewart advised the new Once for Scotland (OfS) Whistleblowing Policy will supersede the NSS policy. Members discussed that this policy would not be out in time for the new Whistleblowing Standards set by Scottish Public Service Ombudsman (SPSO) and asked that consideration be given to what NSS must do to meet both these deadlines. Mr Redpath also advised that NSS had not been appointed a Whistleblowing Non-Executive in the recent public appointments around of recruitment but should have one allocated next time. Members voiced their concern about the gap between Policy and Standards and asked that this be fed back to Scottish Government. **Action: JJ will feed back to Scottish Government.**

J Jones

4.2 Members endorsed the report and noted the lessons learned.

5. **NSS PARTNERSHIP FORUM UPDATE [paper SG/20/05 refers]**

5.1 Mr Sinclair summarised the discussions from the most recent NSS Partnership Forum meeting, held on 21 January, which did not directly overlap with this Committee's agenda:

- The main focus since the last meeting continued to be on the significant transformational change issues impacting NHSS and NSS, including the establishment of Public Health Scotland and start up of NES Digital Services.
- Mr Sinclair proposed to split the agenda into three sections: overall context, activity updates and spotlight sessions; performance reporting and strategic issues; and opportunities, organisational priorities and staff risks. The agenda will be developed by Board Services with input from Mr Sinclair and

ACTION

Mr Cant. Members discussed the change of agenda which would allow focused discussion on important issues.

- NSS PF will invite Equality and Diversity Ability, LGBTI and Veterans to a spotlight session to allow PF to fully understand and support these networks.
- A publication/briefing would be produced to ensure the work of NSS PF was communicated to staff.

Members thanked Mr Sinclair for his update and noted the recommendations.

6 NSS PEOPLE REPORT [paper SG/20/06 refers]

6.1 Mrs Jones spoke to the paper and Members noted the following highlights from the People Report:

- Sickness absence had slightly decreased possibly due to the holiday season.
- NSS would monitor the impact of the training around mental health and wellbeing and any impact this had on sickness absence.
- 64% of staff had attended Values Refresh workshops.
- Once for Scotland Workforce Policies - the first six revised policies will launch on 1 March 2020.
- Sturrock Action Plan – Ms Stewart advised that there was a group working on defining a “safe place”.

6.2 Mrs Gaffney spoke to the Occupational Health and Wellbeing section of the paper and highlighted the following:

- Wellbeing Flu campaign had seen an increase in vaccination uptake, to 42.78%, however, still nowhere near the target.
- Members discussed the challenges around encouraging staff to be vaccinated; recognising education, information and guidance were required. However ultimately it is a matter of choice. Mr Deffenbaugh advised that there had been greater uptake at an NHS Trust in England and agreed to look at what actions they had taken and update Members as appropriate. **Action: Mr Deffenbaugh to contact the Board which has a 92.6% uptake and ask how this was achieved**
- Mrs Gaffney provided reassurance regarding the Coronavirus. The key issue was reviewing testing for infected patients and SNBTS and the Apheresis team were currently working on that. NHS Scotland/NSS also had guidance for any staff who are immune-compromised to work away from frontline during any outbreak.

J Deffenbaugh

6.3 Mr Redhead then provided Members with an update on Fire and Safety and highlighted the following:

- Training for fire wardens had been delivered and attended by 28 staff Members from across NSS, covering the period 1 October to 31 December.
- Line Managers must ensure staff completed fire training. OHSAC agreed adoption of e-learning for NHS Scotland and this would be recorded and reported on for new staff during their induction process initially. Learnpro modules will be removed and fire safety will be reported during the induction process. Ms Kirstie Brady, Organisational Development and Learning Manager, will produce a communication in relation to implementation. All staff must complete their new fire training by 31 March. Mr Redpath meeting Mrs Jones for support.

7 PUBLIC HEALTH SCOTLAND UPDATE

7.1 Mrs Jones took Members through the paper and highlighted the following:

- A number of customer engagement open days are planned at the end of February with Health Scotland and PHI staff for the shared service areas.
- TUPE2 has now closed and Trade Unions are in agreement.
- Concerns have been raised with the Chief Executive of PHS on the proposed number of staff in Corporate service functions which Health Scotland are proposing transfer into the new body.
- Three staff are wishing to transfer to NSS. Mr Cant is meeting Ms Cath Denholm to discuss staff and services. A less than robust method was used by Health Scotland.
- There has been a significant amount of work getting systems up and running for 31 March in particular writing to each member of staff to advise a P45 will be issued (as a requirement by HMRC) and a P60 will not.
- Work continues and NSS is in a good place with HR, Finance and Facilities. Digital is slightly behind; however, Mrs Jones has spoken with Mr Mitchelson to ensure Digital is engaging and building relationships.

Members thanked Mrs Jones for her update.

8 RISKS – RED AND AMBER [paper SG/20/08 refers]

8.1 Mrs Jones spoke to the paper, which provided details of the Corporate Staff risks recorded on the NSS Risk Register as at 31 December 2019:

- There were currently no Red Staff risks.
- There were 3 amber risks around redeployment of displaced highly specialised/technical staff within NSS; staff morale and increased work pressures.
- Risk re Anderson House now closed.
- All risks are being managed.

9 NSS STAFF GOVERNANCE COMMITTEE ANNUAL REPORT 2019-2020

9.1 Members discussed the draft report in full and asked that further consideration be given to providing assurance relating to the Staff Governance Standards was being met. This could take the form of an extra column in the report linking the evidence to the relevant standard. **Action: Mrs Nicholls to amend paper accordingly and circulate for comments.**

10 SPOTLIGHT SESSION – SNBTS

10.1 Mr Spalding and Mrs Stokoe spoke to their presentation which highlighted the various staff governance developments within SNBTS. Members noted the following Key themes:

- Staff feeling uncertain in changing times.
- Management to engage with staff and walk the floor, be visible. This would feed into iMatter, involved in decisions and visibility of managers.
- Some issues are outwith staff control and discussion with staff how to

ACTION

manage these.

- Members discussed and agreed the rolling up of iMatter local plans. **Action: AS to check access of local iMatter administrators in SBUs.**
- Absence is rising over last 12 months due to anxiety and stress and highest in older workforce. Ms Cook and Mr Hiddleston raised issues of lack of communication, particular mindset and why change is hard.
- Need to engage with staff around, recruitment, career development, roles and succession planning.

A Stewart

Members thanked Mr Spalding and Mrs Stokoe for their informative update.

11 SE Payroll [paper SG/20/10 refers]

11.1 Ms Low spoke to the paper and highlighted the following:

- The business case for this item was currently progressing through the governance process in all NHSS Boards. For NSS this had already been viewed/approved by the EMT, Partnership Forum and was now with the SGC prior to the NSS Audit & Risk Committee and ultimately the NSS Board for final sign off.
- There would be a meeting with Fife PF on 24 February which Ms Low was attending. This meeting would focus on next steps in relation to TUPE e.g. TUPE consultation then TUPE transfer. The intention is for all Staff transfers to take place in June or July.
- Ms Low advised Members that it was important to engage with early on in the process to provide reassurance in relation to working within NSS.
- Priority is to ensure 70,000 staff continued to be paid.
- Members recognised the need for communication and visibility to ensure staff felt part of organisation whether working onsite or remote. Mr Hiddleston confirmed at recent UNISON Committee Meeting there were still staff concerns.
- Members congratulated Ms Low and those involved and special mention to Mr Paul Govan, Head of Payroll Services and Ms Sam Fearnley, Senior Specialist Adviser, HR.

12. OTHER RELEVANT COMMITTEE GOVERNANCE ISSUES

12.1 Members noted none.

13. ITEMS FOR THE BOARD COMMITTEE HIGHLIGHTS REPORT

13.1 Mr Deffenbaugh made the following observations about the meeting:

- Excellent iMatter results and the focus was highlighted on getting people involved in decisions and improving visibility of leaders.
- Spotlight session with SNBTS tallies with the findings in the organisation.
- All areas, middle management and people leading middle management recognise key issues found in the organisation.
- It was our first Whistleblowing case and good lessons learned from that.

14. ANY OTHER BUSINESS

14.1 Mr Sinclair advised that a communication for all staff in relation to preparedness

and resilience during the Coronavirus outbreak would be issued in due course.

15. REVIEW OF MEETING

15.1 Members made the following observations about the meeting:

- Change is constant. We need to look at softer aspects of leadership and communication.
- Members agreed iMatter score of 80% was very good.
- Members to review whether information provided allows appropriate scrutiny.
- Members were asked to report back at the next meeting, their takeaway from the meeting and what would be helpful towards our goals and if there was anything not quite completed.

16. DATE OF NEXT MEETING

16.1 Tuesday 12 May 2020, 09.30 in Boardroom 2, Gyle Square, Edinburgh.

There being no further business, the meeting finished at 12.30.

Minutes

B/20/69

NHS NATIONAL SERVICES SCOTLAND (NSS)

MINUTES OF THE NSS AUDIT AND RISK COMMITTEE MEETING HELD ON WEDNESDAY, 4 DECEMBER 2019 IN ROOM 6.5, MERIDIAN COURT, GLASGOW COMMENCING AT 0930 HRS

Present: Mr Mark McDavid, Non-Executive Director (Chair)
Mr John Deffenbaugh, Non-Executive Director
Mrs Kate Dunlop, Non-Executive Director
Mr Keith Redpath, NSS Chair
Mrs Alison Rooney, Non-Executive Director

In Attendance: Mr Lee Dobbing, Service Auditor, KMPG
Ms Inire Evong, External Auditor, Audit Scotland
Mrs Carolyn Low, Director of Finance
Mrs Eilidh McLaughlin, Associate Director, Corporate Affairs and Compliance
Mr Jim Miller, Director of Procurement, Commissioning and Facilities [Items 1- 7]
Mr Deryck Mitchelson, Director Digital & Security [Item 14 – via telephone]
Mr Andy North, Service Auditor, KPMG
Mr Andy Shaw, Internal Auditor, KPMG
Mr Colin Sinclair, NSS Chief Executive
Mr Mark Taylor, External Auditor, Audit Scotland [Items 1- 5]
Mrs Marion Walker, Risk Manager Lead [Items 12 & 13]
Ms Fiona Watson, NHS Overview Team, Audit Scotland [Items 1- 5]
Mrs Lynsey Bailey, Committee Secretary [Minutes]

Apologies Ms Rachel Brown, External Auditor, Audit Scotland

ACTION

1. WELCOME AND APOLOGIES

1.1 Mr McDavid welcomed all to the meeting and noted the apologies and those in attendance. Before starting the formal business of the meeting, Mr McDavid asked the Committee Members if they had any interests to declare in the context of the Agenda items to be considered. No interests were declared.

2. MINUTES OF THE NSS AUDIT AND RISK COMMITTEE MEETING HELD ON 12 SEPTEMBER 2019 [paper ARC/19/71 refers]

2.1 The minutes of the previous NSS Audit and Risk Committee (ARC) meeting, held on 12 September 2019, were accepted as a true and accurate record. Picking up on the Digital Strategy update at minute 8.1, Members were looking for more assurance although recognised that it had been a more general update on progress and Mr Mitchelson would also need a more specific steer as to the assurance being looked for. Members agreed that minutes 4.5 & 4.6, regarding the Programme Management Services Sustainability Risk, felt as though they were missing an action but were reassured that it had also been another status update and that a business case would be coming to the Board in February 2020. Finally, Members briefly discussed the patching policy risk and were assured that there would be a follow up update circulated in due course.



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EDINBURGH EH12 9EB

Chair: Mr Keith Redpath
Chief Executive: Mr Colin Sinclair

3. MATTERS ARISING [paper ARC/19/72 refers]

- 3.1 Members noted that the majority of actions were completed, covered by the current agenda or scheduled for a future meeting. Members discussed the KPMG review of compliance and clarification around the requirements. Mrs Low, Mr Lucas and Mr Taylor agreed to discuss this outwith the meeting.

4. DRAFT AUDIT PLAN 2020/21 [paper ARC/19/78 refers]

- 4.1 Mr Taylor spoke to the paper, which summarised the planned scope and timing of NSS's 2019/20 external audit, and also provided clarification on the fee range. Members were assured the listed audit risks were those that that might impact on Audit Scotland's opinion on the accounts and were not necessarily NSS organisational risks. In respect of the wider dimension risk regarding NSS's ambitious digital strategy, Members discussed the expectations around this and were reassured it was being picked up within an external audit.

5. NHS OVERVIEW [paper ARC/19/79 refers]

- 5.1 Ms Watson spoke to the paper, which summarised Audit Scotland's findings on the overall performance of the NHS in Scotland, which stated that there was "intense pressure on staff and a service model that will remain financially unsustainable without a much greater focus on health and social care integration". Members acknowledged that acute hospitals were working so hard to meet targets and demand, that there was little capacity for other strategic work. Members discussed the potential opportunities for leverage that NSS could take (e.g. though National Boards collaboration), how NSS could drive that forward and achieve an environment which allowed NSS to take the calculated risks. Members acknowledged the challenges in achieving this (e.g. striking a balance between enabling local decisions and sharing best practice, or finding an approach that encouraged universal buy-in). Members also felt that, within the NSS case study included with the report, it could be clearer that NSS was brought in after the issue occurred. Members were given an overview of the next steps for the overview report. Members felt the report needed to make some more specific recommendations. In the following discussion, Members acknowledged the need to for clarity around accountability, objectives, and outcomes in respect of the Integrated Joint Boards. It was also felt NSS's best option was to be credible and promote its services as offers of assistance rather than taking a more directive approach.

6. NSS INTERNAL AUDIT UPDATE [paper ARC/19/73 refers]

- 6.1 Members noted the report, which provided an overview of progress against the current internal audit plan. Mr Lucas advised that the audits on SNBTS IT Projects, Complaints Handling Process, Clinical Waste Management Contingency, and Financial controls were on track to come to the next meeting, as per the indicated timelines.

7. ENVIRONMENTAL MANAGEMENT [paper ARC/19/74 refers]

- 7.1 The audit had found that the necessary governance was in place although some areas for improvement had been identified. Mr Miller confirmed that these gaps were relatively low risk and that NSS provided very good external assistance. However, there was a need for more internal resource. NSS's Sustainability Manager had taken this audit as an opportunity to flag up the need for that assistance. Members could be assured that there were no compliance issues regarding waste and that, with respect to fleet, a new tracking system was being piloted in SNBTS which was expected to roll out to other areas of NSS in due course.

7.2 Members discussed the statement about travel policy within NSS and were assured that no area of travel was currently unregulated. They noted work was being done to consolidate the existing guidance into a single policy and the timescale noted for this was to allow for full consultation/engagement to take place and avoid any unintended consequences as far as possible. Members expressed concerns that this did not correspond with what had been reported at the recent NSS Finance, Procurement and Performance Committee (FPPC) but were advised that the FPPC report had been from a delivery perspective but this audit was focussed on the governance arrangements. Members were also assured that, in the absence of a "Once for Scotland" NHS travel policy, the NSS policy would be built around those principles. Finally, with regard to risks from the legal risk register being reflected in NSS's corporate risk register, Members advised they did not feel assured by the auditors' observations and accompanying management response. The ensuing discussion clarified that this was more about reflecting the changes in legislation and Members were subsequently assured NSS would be able to demonstrate awareness should that become necessary before there was an opportunity to update the corporate risk register.

8. FREEDOM OF INFORMATION REVIEW [paper ARC/19/75 refers]

8.1 Members noted the contents of the report and were pleased that there had been no findings raised. They wished to record their thanks to the team for the work they had done. Members discussed the increasing volume of requests, how this was expected to grow, and ensuring what was in place was scalable in response to that – a specific finding had not been raised around that as it was actively being addressed. Members were also assured that non-NSS communication channels were not being used by staff and that this was something being emphasised by the Freedom of Information team. There was recognition that around half of the volume of requests were directed at Public Health and Intelligence, which would be diverted to Public Health Scotland from April 2020, although this would require more of a readjustment of resource rather than freeing up any capacity.

9. DRAFT INTERNAL AUDIT PLAN 2020/21 [paper ARC/19/76 refers]

9.1 Mr Lucas invited feedback on the draft plan. Members discussed the risk universe and were keen for more benchmarking information – particularly in respect of best value and to what extent NSS was focussing on the right areas. Members sought and received clarification around the planned number of days and audit items up to 2023 and asked for the explanation to be included in the narrative of the plan. They noted that there would be a potential refresh of emerging areas as most of those currently listed would fall into business change. Members also felt there needed to be more clarity on how objectives flowed from Scottish Government through to NSS's Strategic Business Units, and how the impact could/would be measured. For the updated and final draft of the plan, Members asked for consideration to be given as to whether there were any reviews that needed to be prioritised, and whether the activities were really driven by the organisational risks and linked to the kind of organisation NSS wanted to be. Members also discussed the process for agreeing the items that were included in the plan and the need to consider how this could be better reflected. Members were particularly interested to understand in what circumstances internal audit would be the most appropriate assurance route as opposed to other, alternative routes. Mr Lucas agreed to reflect on this feedback for the final draft of the plan, due to be presented to the next ARC on 31 March 2020 for recommendation to the Board. **Action: KPMG to update the draft plan for the next ARC meeting on 31 March 2020 in line with the feedback received.** KPMG

10. SERVICE AUDIT [paper ARC/19/77 refers]

10.1 Members noted the paper which summarised the status of the service audit process. The key points highlighted were that progress was slightly behind schedule and the scope of some areas had been broadened, which had now been reflected. Members were provided with an overview of the rationale behind the proposed changes and assured that the first reports would be ready in May 2020. Members also discussed the timelines for management response and delays and received clarification of the Service Audit role. Following a query around the difference between the originally intended scope and what was now being proposed, Members were assured that the enhancements looked for had been achieved, NSS's customers' needs and expectations would still be met, and that the additional work now out of scope was being covered another way.

11. NSS INTERNAL AUDIT ACTIONS REPORT [paper ARC/19/80 refers]

11.1 Members briefly discussed and approved the action closures, and the requested extensions, noting the background of the extension requests.

12. RISK MANAGEMENT UPDATE [paper ARC/19/81 refers]

12.1 Mrs Walker took Members through the paper and noted the following key highlights:

- Two new Red risks had been raised between 31 August and 31 October 2019, taking the total to six open Red risks;
- The number of Amber Reputational risks, had decreased by one to 17 in total and no new Amber Reputational risks had been raised between 31 August and 31 October 2019;
- The Committee could be assured that the Corporate risks were being appropriately monitored and managed in line with IRMA.

Members were content with the updates and assurances provided.

13. RISK APPETITE [paper ARC/19/82 refers]

13.1 Members were provided with a brief overview of the proposed approach to review and agree the risk appetite. The main highlights noted were:

- Reputational risk appetite would remain unchanged at "medium" with Green and Amber risks being within appetite;
- As patient safety was paramount, NSS's Clinical risk appetite would remain unchanged as a "low" appetite;
- Further consideration would be given to NSS's appetite to Business risk to ensure that it reflected NSS's appetite to risk within the Business impact category. At present this risk appetite was "High";
- Further consideration should also be given to whether the current "medium" appetite to Staff risk remained appropriate;
- The NSS Information Governance Committee (IGC) would be asked to give further consideration to whether the "low" appetite to Information Governance risk remained appropriate;
- Engagement would take place with Mr Sinclair around the level of risk acceptable within each category. This, along with feedback received from the IGC as appropriate, would inform an updated "Risk Appetite Statement";
- The updated statement, together with details of appetite to risk within each category (including associated explanation of the rating), would be circulated to the Committee between meetings for comment and support to allow it to be presented for approval at the NSS Board meeting scheduled for 26 March 2020.

Members confirmed they were content with this approach and had no concerns to raise at this point.

14. NIS DIRECTIVE COMPLIANCE [paper ARC/19/83 refers]

- 14.1 Mr Mitchelson summarised the progress which had been made so far, providing an overview of those controls which were strongly compliant and highlighting the work on those controls that were less compliant. Members were assured that NSS was on track to meeting its objective of being fully NIS compliant (i.e. mostly compliant with mitigation plan for any gaps) by end of January 2020, and NSS's position compared favourably to that of other NHS Boards. Members were provided with an overview of the expectations from the practice audit being undertaken. Members were also assured that the mention of HR screening was a reference to gathering the documentation for evidence (which had only recently been requested) rather than arising from any specific concerns that it was not being done. Members went on to discuss privileged access management, noting how this was currently managed within NSS and the scope for continuous improvement.

15. NSS FEEDBACK, COMMENTS, COMPLAINTS AND CONCERNS QUARTERLY REPORT [paper ARC/19/84 refers]

- 15.1 Members briefly discussed and noted the following highlights:
- NSS was continuing to handle feedback and complaints in accordance with the NHS Model Complaints Handling Procedure (MCHP)
 - There had been a 10% reduction in the number of complaints received in Q2 compared to Q1, which could be attributed to the opportunity to donate processes being embedded.
 - The trend for staff related complaints remained at low levels with the rollout out of MCHP Training, Values and Customer Service Training to all staff having an impact.
 - No complaints had been investigated by the Scottish Public Services Ombudsman in Q2.
 - There had been no Information Governance related complaints reported in Q2.

Members confirmed that they were content and assured by the report.

16. REVIEW OF THE NSS AUDIT AND RISK COMMITTEE'S TERMS OF REFERENCE [paper ARC/19/85 refers]

- 16.1 Members were advised that, while awaiting the publication of the standard Terms of Reference template being developed by Scottish Government, the existing format would continue to be used. Mrs Bailey asked for any comments on the current Terms of Reference to be fed back in time to produce an updated version for the next meeting in March 2020.

17. COMMITTEE HIGHLIGHTS FOR THE NSS BOARD [paper ARC/19/86 refers]

- 17.1 Mrs McLaughlin and Mrs Bailey agreed to draft this report for Mr McDavid to review and approve for submission to the next formal NSS Board meeting in January 2020. **Action: Draft Committee Highlights Report to be written and sent to Mr McDavid for approval to submit to the January 2020 NSS Board Meeting**

**Mrs McLaughlin/
Mrs Bailey**

18. ANY OTHER BUSINESS

- 18.1 Members had no further business to raise at this point.

19. DATE OF NEXT MEETING

- 19.1 Members noted the next meeting was scheduled for Tuesday, 31 March 2020 at 09:30 in Boardrooms 1 and 2, Gyle Square, Edinburgh.

There being no further business the meeting finished at 1305 hrs

Minutes (APPROVED)

B/20/70

NHS NATIONAL SERVICES SCOTLAND CLINICAL GOVERNANCE COMMITTEE

MINUTES OF NSS CLINICAL GOVERNANCE COMMITTEE MEETING, HELD ON 2 MARCH 2020, MEETING ROOM 030 GYLE SQUARE, EDINBURGH COMMENCING AT 0930HRS

- Present:** Ms Julie Burgess – Non-Executive Director [Chair]
Mr Mark McDavid – Non-Executive Director
Mr Keith Redpath – NSS Chair
Ms Alison Rooney – Non-Executive Director [In-coming Chair]
- In Attendance:** Mr Martin Bell – Director of Practitioner and Counter Fraud Services (P&CFS) [Item 6]
Mr Paul Cushley – Director of Dentistry [Item 6]
Mrs Eilidh McLaughlin – Associate Director Corporate Affairs and Compliance
Dr Lorna Ramsay – Medical Director & Executive Lead for Clinical Governance
Professor Jacqui Reilly – Nurse Director & Executive Lead for Quality Improvement
Mr Colin Sinclair – NSS Chief Executive
Mr Calum Thomson, Head of Clinical Professional Development
Professor Marc Turner – Medical Director, SNBTS
Mr Paul Campbell – Clinical Director, Information Technology
Mr Billy Hislop, Category Manager, Sourcing
Dr Brendan O'Brien, Chief Clinical Informatics Officer
Karen Nicholls, Interim Board Secretary [Minutes]
- Apologies:** Dr Nicola Steedman – Medical Director, PCF

ACTION

1. **WELCOME, APOLOGIES AND DECLARATION OF INTERESTS**
 - 1.1 Ms Burgess welcomed all to the meeting and noted the apologies above. Before starting the formal business of the meeting, Ms Burgess asked the Committee Members if they had any interests to declare in the context of the Agenda items to be considered. No interests were declared. Members welcomed Ms Rooney as incoming Chair of the Committee and thanked Ms Burgess for the work she had done on behalf of the Committee during her time as Chair.
2. **MINUTES OF CLINICAL GOVERNANCE COMMITTEE MEETING HELD ON 4 DECEMBER 2019 [paper CG/20/02 refers]**
 - 2.1 Following a brief discussion, Members approved the minutes from the previous meeting held on 4 December 2019 and asked that Mr Calum Thomson be added to the list of attendees at that meeting. **Action: Mrs Nicholls to update minutes.** With this change Members were content to approve the minutes in full. K Nicholls
3. **MATTERS ARISING AND ACTION LIST [paper CG/20/03 refers]**
 - 3.1 Members noted that all actions were completed, covered by the agenda, or scheduled for a future meeting.



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Chair Keith Redpath
Chief Executive Colin Sinclair

4. CLINICAL TEAM UPDATE [paper CG/20/04 refers]

4.1 Dr Ramsay took Members through the report and highlighted the following;

- Innovation Programme – still in a formation period. NSS had co-hosted a workshop for senior levels, including CEO's and others involved in innovation which had been very positive and were in agreement that innovation in Scotland needed to be more aligned. A parallel workshop had been held with Department for Health and National Boards and bodies, and with more people participating there was now an ask for a more formal delivery group. This will ensure the role of NSS is much clearer and would result in specific tasks and areas to work on;
- Precision Medicine – increased attention on this stream now, and the innovation centre involved had been relaunched as Precision Medicine Scotland. This group would then pull through to an implementation group which would need to have a much closer relationship with the NHS as a whole. Members noted that Mr David Stirling, Director of Health Care Science was on this Board;
- The discovery work on 'transforming the primary care prescribing and dispensing pathway' has completed;
- Centre of Excellence Programme: The programme is progressing as planned in the updated Programme Brief submitted to Scottish Government;
- Primary and Community Care Strategic Programme: A successful engagement event was held in January with nine Chief Officers from IJBs. Follow up communication has resulted in 24/31 Chief Officers articulating their priorities and suggestions to co-create services and solutions with them. Members noted that NSS was not the SRO of the programme but was heavily involved in shaping and supporting the strategic theme;
- On-going support to Public Health Scotland would continue during the early months of set-up including assistance for those staff who were due to be revalidated before June 2020;
- Meeting with new group, Research Data Scotland, to evaluate NSS role after staff from PHI moved to Public Health Scotland. Of particular interest was the work on Artificial Intelligence, where there was now recognition of what the wider NSS was capable of;
- Appointment of Dr Brendan O'Brien as Chief Clinical Informatics Officer, was welcomed;
- Dr Ramsay had been co-opted onto a new NES Digital Committee;
- Progress around the Clinical Governance and Quality Improvement framework continued;
- Application for an additional two years funding for the Realistic Medicine programme.

4.2 Members thanked Dr Ramsay for her comprehensive update and asked that an update on the Improvement Framework and Hub be added to the standing items for the Committee for future meetings. **Action: K Nicholls to add to forward programme as a standing item.**

K Nicholls

5. UPDATE ON CENTRE OF EXCELLENCE FOR REDUCING INFECTONS AND RISK IN THE HEALTHCARE BUILT ENVIRONMENT

5.1 Professor Reilly took Members through a short presentation and advised that this would be a new mandate for NSS and a new function as the escalation framework for any non-compliance to guidance.

5.2 Members discussed the slides in full and Mr Redpath asked for clarification on any timeline impact on new builds. Professor Reilly advised that this had been discussed with the NHSScotland Chief Executives where there was a now a

recognition that even if these requirements did add a short amount of delay this would potentially save lives and money, but would not be excessively bureaucratic. Members noted that Health Improvement Scotland would still have their inspection role but it would be NSS that did the formal reporting on the physical aspect. To increase the NSS role any further would require legislative changes and this would take some time to process. So for the end of March it would be the physical inspection and reporting, some risk based and proportionate desk plans and desktop review and, self-audit around some of the work that the Cabinet Secretary has asked for on ventilation across the NHS estate.

5.3 Members asked for clarification on NSS responsibility if, after advice from NSS, something still went wrong with a new build etc. Professor Reilly advised that there had been discussions with Central Legal Office around this, and guidance had been as follows;

- If there had been an issue in the guidance NSS had provided and Boards implemented it, this would be classed as an adverse event with lessons learned carried out. This would then feed back into updates on the original guidance;
- If NSS has provided expert advice and guidance, but a Board chooses not to follow it, then the fault would be with the Board, not NSS.

Mr Sinclair passed his thanks on to Professor Reilly and the team involved in this work.

5.4 Members then discussed the slides in full and noted the funding commitment involved in the Centre of Excellence was not included in existing NSS baseline and Mr Sinclair confirmed that discussions were continuing around this ask from the Cabinet Secretary. Mr McDavid advised that this had also been discussed at the recent NSS Finance, Procurement and Performance Committee where Members asked that this item be added as a standing item for future meetings. Members discussed how the CGQI Committee could maintain oversight of the programme and suggested that an Annual Report be produced including details on any incidents and the expert advice provided by NSS. Professor Reilly advised that any incidents would automatically come to this Committee as part of the Adverse Events report. **Action: Mrs Nicholls to add to forward programme.** K Nicholls

5.5 Professor Reilly added that it may be useful, as part of Ms Rooney's induction programme as the new Committee Chair, for Mr Thomson, Dr Ramsay and herself to take Ms Rooney through this programme in detail. **Action: Mrs Nicholls to add to induction programme for Ms Rooney.** K Nicholls

6. NATIONAL DENTAL GOVERNANCE COMMITTEE UPDATE [paper CG/20/06 refers]

6.1 Members welcomed Mr Cushley to the meeting and went through his paper highlighting progress in relation to the National Dental Governance Committee.

6.2 Members noted the following;

- Progress had been slow and not much had changed since the last report;
- The Members of the Scottish Dental Practice Board had been appointed for another year as there had been no update to the primary legislation to allow the new group to take over the role;
- General acceptance that the new Committee would have tasks delegated to them, particularly around governance procedures;

- No final decision had been made as to where the new Committee would report within NSS but it would flow through CGQIC and on to NSS Board if required;

Funding for running the two groups in parallel would be required from Scottish Government and funding for Mr Cushley had been identified in the NSS Resource Allocation meetings. Mr Sinclair added that the general feedback from the dental community on the proposals had been good.

- 6.3 Members thanked Mr Cushley for his update and asked that this be added as a standing item for future meetings. **Action: Mrs Nicholls to add to forward programme.** **K Nicholls**
- 7. NATIONAL SCREENING OVERSIGHT FUNCTION – BUSINESS CASE [paper CG/20/07 refers]**
- 7.1 Dr Ramsay took Members through the paper and highlighted the following areas; Mr
- NSS had now been asked to produce the business case for this function and this had been presented to the Scottish Screening Committee, who approved it in principal;
 - Business Case had also been shared with the Directors of Finance and would now be presented to the Chief Executives, prior to submission to Ministers for approval.
- 7.2 Members noted the paper and presentation in full and thanked Dr Ramsay for her update. Members were asked to provide any additional thoughts/comments directly to Dr Ramsay outwith the meeting. **Action: Comments/feedback to be forwarded to Dr Ramsay as soon as possible.** **All**
- 8. CLINICAL ADVERSE EVENTS AND COMPLAINTS REPORT [paper CG/20/08 refers]**
- 8.1 Members noted the paper in full and thanked Mr Thomson for his update.
- 8.2 After further discussion Members asked that for the next report an update be provided on the Category 3 blood-bank down time issue and lessons learned to ensure that this does not happen again. Professor Turner advised that this event was not a Duty of Candour risk as there had been no harm to patients. **Action: Mr Thomson to provide update to next meeting.** **C Thomson**
- 8.3 Members also asked for a more detailed update on Haemoglobinopathies Screening National Category 2 (External) and the numbers of patients involved for the next meeting. **Action: Mr Thomson to provide update to next meeting.** **C Thomson**
- 9. CLINICAL RISKS REPORT [paper CG/20/09 refers]**
- 9.1 Mr Thomson took Members through the clinical risk report and it was noted that there was now a business objects and ServiceNow reporting and this allowed the clinical team to review all new risks for any clinical implications.
- 9.2 Members thanked Mr Thomson for his report and noted it in full.
- 10. NSS BLOOD, TISSUES AND CELLS SAFETY MEASURES UPDATE [paper CG/20/10 refers]**
- 10.1 Professor Turner took Members through his update and highlighted the following;
- UK Infected Blood Inquiry – testimony complete for now but Professor Turner had written again to past SNBTS / NSS colleagues informing them of the

progress of the IBI and advising them that NSS were willing to support them should they receive Rule 9 requests;

- Coronavirus - SNBTS Donor and Infection Control teams have issued guidance on the management of potential donors attending sessions with possible SARS-CoV-2 infection. Pandemic flu plans would be implemented if and when required;
- Work progressing on Opt-Out and updates would be provided to future meetings;
- Medical Device Registration not huge issue for SNBTS but the Diagnostics Directive that would be implemented in May 2020 would pose more of a challenge and this would be monitored closely;
- Gametes – work continues on collection and storage;
- Clinical Apheresis nursing review in progress with three potential options offered so far:
 - Option 1 – Status quo – not sustainable therefore not preferred option.
 - Option 2 – TUPE transfer of whole service to the Boards – could mean the service is too fragmented.
 - Option 3 – Team able to support across health boards or move patients between centres.

Dr Ramsay advised that this situation was not unique to Scotland.

10.2 Professor Reilly also provided an update on Healthcare Acquired Infection reporting. There had been a letter from SG at the end of December around HAI and the AMR policy in Scotland, on that back of the issues at the Queen Elizabeth Hospital in Glasgow. A lessons learned review for NSS had looked at all clinical services, included in this letter, and an action plan put in place. Members noted that this provided assurance that NSS was compliant.

10.3 Members thanked Professor Turner for his update and noted it in full, including the verbal update provided by Professor Reilly.

11. **MEDICAL DEVICES REGULATION UPDATE [paper CG/20/11 refers]**

11.1 Mrs McLaughlin took Members through a presentation looking at the implementation of the regulatory requirements across NSS.

11.2 Members thanked Mrs McLaughlin for her presentation and looked forward to receiving further progress updates on compliance within NSS. Mr Redpath asked for clarification on what the consequences were if NSS were not compliant in time with implementation and Mrs McLaughlin advised that the MHRA would be looking to work with organisations to support compliance. Members asked that this now become a standing item for future meetings. **Action: Mrs Nicholls to add to forward programme.**

K Nicholls

12. **CHI AND CHILD HEALTH INDEX REPORT**

12.1 Members noted that the report had not been included in the papers and asked that this be circulated as soon as possible. **Action: Mrs Nicholls to circulate paper.**

K Nicholls

12.2 Members therefore noted a verbal update as follows;

- The contract had been agreed and signed in December and was now at the procurement stage followed by the design and build programme and this would include;

- A standard testing environment now at final stages and signed off subject to decision point at SG;
- Agreed all the contractual and technical requirements and a kick-off event with Board lead officers would start the three-year design and build stage;
- Project risks had been identified but not yet assessed for clinical risk.

13. **SAFE STAFFING [paper CG/20/12 refers]**

13.1 Members noted the paper in full and that this Bill would be enacted at some point during the next 12 months. Professor Reilly took Members through the requirements and highlighted the following;

- The Act leads with a set of principles which health and care services must have regard to when carrying out their duty to ensure appropriate staffing under the Act.
- There are specific requirements for Health Boards, Healthcare Improvement Scotland, and Scottish Ministers.
- The key actions for NSS to implement the requirements are being overseen by a task and finish group with wide representation across the organisation and a detailed draft action plan created for oversight. This would be further developed by the task and finish group.
- The Bill would apply to all clinical staff in NSS including, Allied Health Professionals; Pharmacists; Healthcare Scientists; Doctors and Nurses;
- There was also a wider implication for NSS around commissioned clinical services.
- Implications for procurement would need to be considered.

Members noted that the official guidance had not yet been received but would be forwarded to them as soon as possible. **Action: Professor Reilly to circulate guidance once received.** J Reilly

Members thanked Professor Reilly for her update and looked forward to further details as they emerged.

14. **NSS CLINICAL GOVERNANCE COMMITTEE TERMS OF REFERENCE [paper CG/20/13 refers]**

14.1 Members reviewed the Terms of Reference provided and reflected that some of the areas that had already been identified for change were still included. Mrs Nicholls was asked to review this document against previous versions to make these updates on their behalf. **Action: Mrs Nicholls to do a comparison with older versions of the TORs and update as necessary.** K Nicholls

14.2 After further discussions Members asked for the following additional updates;

- Change of name of the Committee to better reflect focus – NSS Clinical Governance and Quality Committee;
- Add Professor Reilly to the in attendance list;
- Add the position of Director of Screening once formal confirmation that the National Screening Oversight function would come to NSS;
- Add Duty of Candour and Quality Improvement to the Adverse Events, Risk and Complaints reporting requirements;
- Ensure all items link across to the themes of Enable/Assist and Underpin;
- Additional standing items to include: Dental Governance and Screening Governance.

Action: Mrs Nicholls to update and circulate to Members.

K Nicholls

15. **NSS CLINICAL GOVERNANCE COMMITTEE DRAFT ANNUAL REPORT TO THE BOARD [paper CG/20/14 refers]**

15.1 Members noted the content of the draft annual report and asked that the following be considered for the final version;

- Realignment of the agenda to reflect the strategic themes of Enable/Assist and Underpin;
- The change of name of the Committee;
- Focus on improvement in reporting;
- Cross check all content with the Terms of Reference.

Action: Mrs Nicholls to update report for final approval at next meeting.

K Nicholls

16. **CORONAVIRUS UPDATE**

16.1 Mr Sinclair advised Members that the first case of Coronavirus in Scotland had now been confirmed in Tayside, with a link to cases in Italy. The main issue now would be the track and trace those who may have been exposed. Health Protection Scotland were working on this at a national level, including provision of appropriate guidance on spread and what needs to be done if there is a case and steps to avoid transmission. Members noted that the workload associated with this would now start to ramp up and NSS would be supporting things like data production and input and tracing support to Boards. NSS Communications team were now linking with the SG comms to add additional support. For Procurement, Commissioning and Facilities the ask had been around management of the pandemic stock around Personal Protective Equipment, especially around the supply chains given the extent of the outbreak in China. This would potentially impact on medicines as well, which was being managed.

16.2 He continued that work was also ongoing around NSS resilience planning in the current situation, as this was not yet identified as a pandemic this was not yet at full implementation but this was being monitored closely by the Executive Management Team but there was nothing significant to report yet.

16.3 Members thanked Mr Sinclair for his update and asked that any changes be communicated as quickly as possible. **Action: C Sinclair to update as required.**

C Sinclair

17. **COMMITTEE HIGHLIGHTS REPORT (including relevant issues from other Committees)**

17.1 Members agreed the following items to be included in the Committee Highlights report for the next NSS Board meeting to be held on 2020:

- Update on Centre of Excellence for Reducing Infections and Risk in the Healthcare Built Environment;
- National Screening Oversight Function;
- Medical Devices Regulations – note that would not be compliant by May but action plans were in place;
- Change of Committee name;
- Coronavirus – discussed and updated by Mr Sinclair

ACTION: Mrs Nicholls to draft the Committee Highlights Report for the next NSS Board meeting.

K Nicholls

18. ANY OTHER BUSINESS

- 18.1 Mr Redpath passed on Members thanks to Ms Burgess for her work on the Committee over the last three years. Members had no other competent business to raise at this time.

19. DATE OF NEXT MEETING

- 19.1 The next meeting of the Committee was scheduled to take place at 0930hrs on 4 June 2020 in Gyle Square, Edinburgh.

There being no further business, the meeting finished at 1300 hrs

Meeting:	NSS Board Meeting
Meeting date:	September 2020
Title:	Feedback and Complaints Annual Report April 2019-March 2020 B/20/71
Responsible Executive/Non-Executive:	Mary Morgan Director of Strategy Performance Service Transformation
Report Author:	Louise MacLennan Head of Equality and Engagement

1 Purpose

This is presented to the Board for:

- Discussion

This report relates to a:

- Legal requirement

This aligns to the following NHSScotland quality ambition(s):

- Safe
- Effective
- Person Centred

2 Report summary

2.1 Situation

The NHS Model Complaints Handling Procedure requires all public bodies to submit an annual report to the Scottish Public Services Ombudsman, Scottish Government, Healthcare Improvement Scotland and this requires the Board to review the report in line with this legislative requirement. The report will be published and submitted to the organisations mentioned above on the 30th of September 2020.

2.2 Background

In April 2017 the NHS Model Complaints Handling Procedure was implemented across the NHS in Scotland. The new procedure includes a 2 stage process to ensure that all complaints are handled effectively, consistently and in a timely manner. The procedure is

in place across all NSS services. The annual report is a collation of the feedback and complaints data for April 2019- March 2020.

2.3 Assessment

The number of complaints received in 2019-20 was 426 which is reduction of 74 (13%) from the previous year. The acknowledgment and handling rates remain consistently high with 98% of less complicated complaints responded within the 5 working day target and 96% of the more complicated complaints responded to within the 20 working day target. The Scottish Public Services Ombudsman received 4, 332 complaints in 2019-20 3 of those related to NSS services, were investigated and not upheld.

The customer satisfaction rates are consistently high with an overall rating of satisfaction at 84 % this is compared to a 77% average in other industries.

2.3.1 Quality/ Patient Care

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

2.3.2 Workforce

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

2.3.3 Financial

The model complaints handling procedure is managed within existing resources.

2.3.4 Risk Assessment/Management

There are no risks identified within this annual report.

2.3.5 Equality and Diversity, including health inequalities

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

An impact assessment has been completed and is available at appendix 1.

2.3.6 Other impacts

In relation to the servicenow complaints reporting system the impact of the COVID19 pandemic PCF were not able to go live on the system as planned at the start of Q3. DaS have yet to go live with the system and both PCF and DaS plan to go live in 2020-21. This

has impacted on resources in SPST where manual analysis of the SBU data has been necessary.

2.3.7 Communication, involvement, engagement and consultation

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

State how this has been carried out and note any meetings that have taken place.

- The SBU complaints handlers were sent a draft report on 28th April 2020 for review
- Regular communication with the SBU leads from April- August 2020
- The Scottish Public Services Ombudsman released a letter in June 2020 to inform the NHS Boards that due to the COVID19 pandemic the publication timeline had been extended from the 30th June to the 30th of September in recognition of the pressures placed on boards at this time.

2.3.8 Route to the Meeting

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

- EMT Meeting 22nd September 2020

2.4 Recommendation

- **Discussion** – Examine and consider the implications of a matter.

3 List of appendices

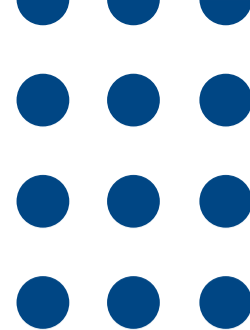
The following appendices are included with this report:

- Appendix 1, Summary Equality Impact and Fairer Scotland Duty assessment
- Appendix 2, NSS Feedback and Complaints Annual Report 2019-20

**Feedback, Concerns,
Comments and
Complaints
Annual Report**

**April 2019 to
March 2020**

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Appendix A - Case Study

Appendix B - Feedback and Service Recommendations



1. At A Glance 2019/20



98% of complaints received in 2019/20 were resolved within **20** working days.

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

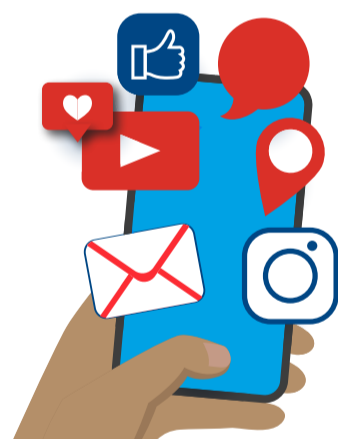
96% of the complex complaints were resolved within the **20** working day target.



In 2019/20 we received **426** complaints, a **13% decrease** on 2018/19.



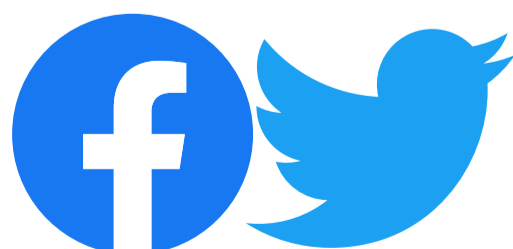
Customer satisfaction scores are on average **77%**. Central Legal Office continue to be industry leaders in customer satisfaction with a score of **99%**.



NSS received positive feedback and compliments about our services throughout 2019. In the Scottish National Blood Transfusion Service (SNBTS) a total of **104** compliments were received in one quarter alone.



In 2019/20 the Scottish Public Services Ombudsman (SPSO) received 4,332 complaints — out of those **3** related to NSS and were not upheld.



The NSS Twitter account has **8,000** followers and the SNBTS Facebook page has **56,750** followers. Both of these accounts provide information about our services and initiatives.

2. Introduction

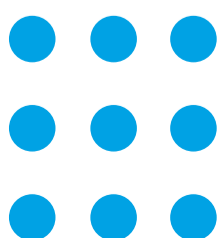
This report provides the summary of the activity surrounding feedback, comments, concerns and complaints received by NHS National Services Scotland (NSS) in the period from 1 April 2019 to 31 March 2020.

Throughout the year we have used feedback, comments and complaints to improve our services and continue to actively manage and handle complaints and feedback at very high levels.

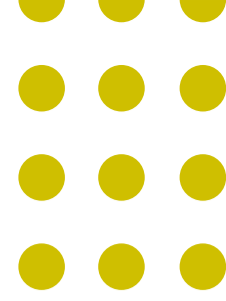
Feedback and complaints are received directly by the Strategic Business Units (SBUs), directly into the Strategy, Planning and Service Transformation SBU (formerly the Strategy and Governance Directorate) and via the online web form on the NSS website. Those submitted via the web form are routed to the generic NSS Feedback mailbox. All feedback and complaints are handled in line with the model handling complaints procedure (MCHP).

This report will be reviewed by Health Improvement Scotland (HIS) and comments on it will be provided. These comments will be reported on in due course, together with any improvements required.

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



3. Our services



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



Covid-19 response
Overview, supply and distribution, manufacturing and sourcing, covid-19 testing, convalescent plasma, NHS Louisa Jordan, digital, screening and blood donation.



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



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



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



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



Legal
Litigation, employment, commercial property and commercial contracts.



Digital and Security
Portfolio management, programme and project delivery, programme assurance and programme management office.



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



Practitioner
Pharmacy, medical dental and ophthalmic



Counter fraud
Fraud prevention, fraud detection, fraud investigation and more.



4. Encouraging and Gathering Feedback

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

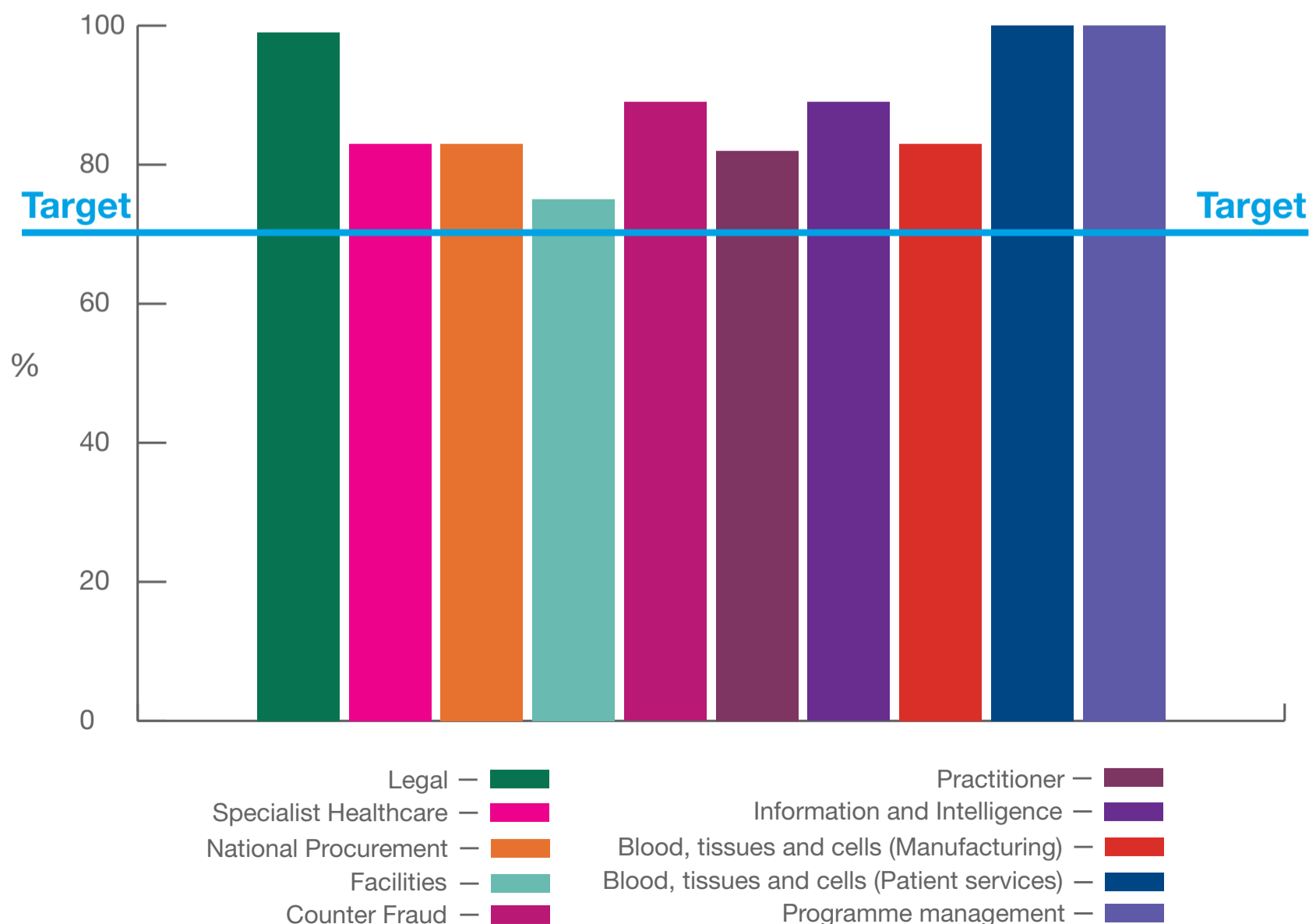
NSS undertakes an annual customer engagement index exercise, which tracks customer satisfaction, customer advocacy and customer effort. This enables us to benchmark our performance against the industry standard. The survey is summarised as part of our planning approach and all parts of the organisation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

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

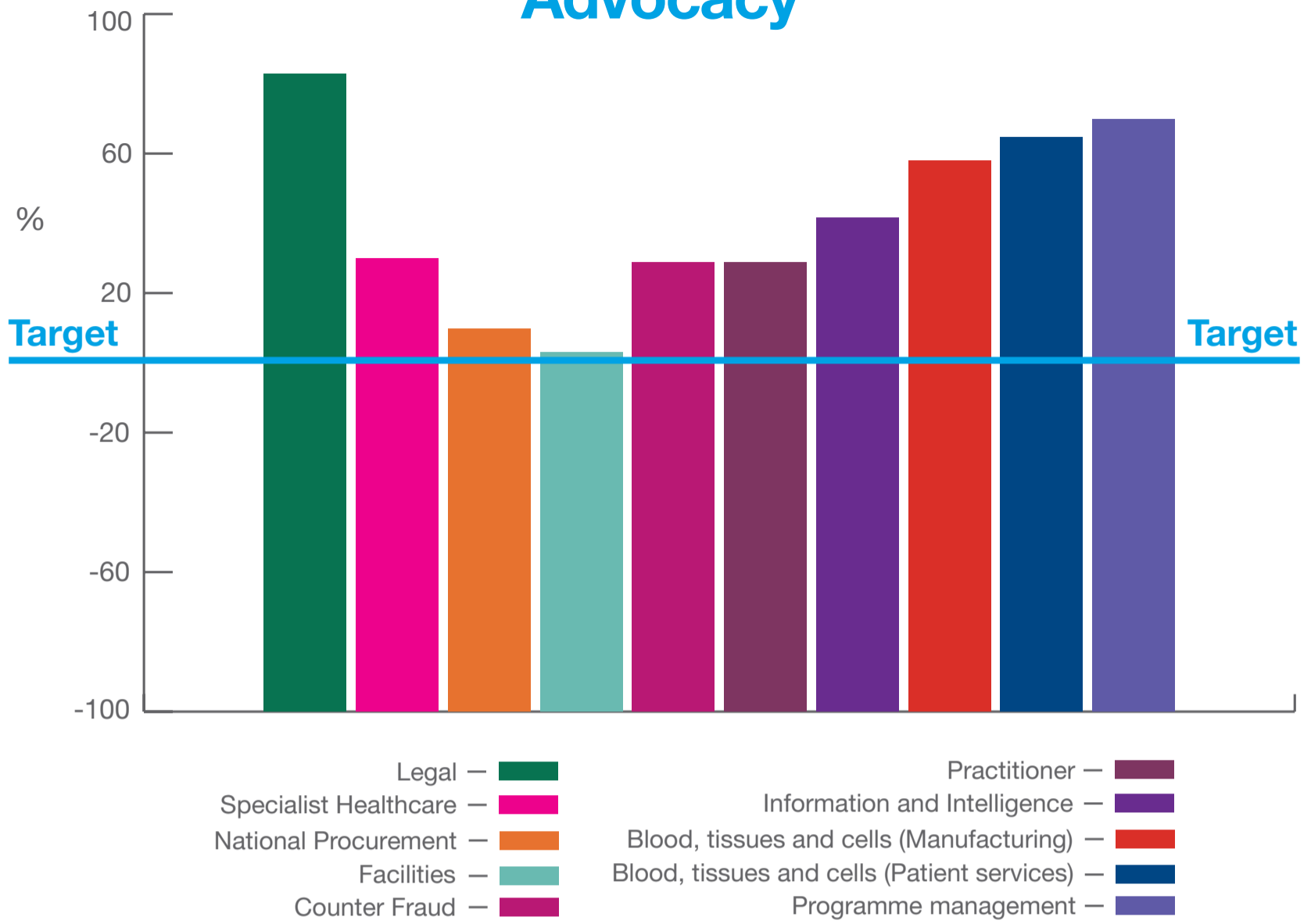
- 1) We received positive feedback on team behaviours, how supportive we are, the way we respond and our efficient customer focus.
- 2) Areas that customers have asked us to improve include being more consistent, better clarity regarding roles, offering tailored support, providing more up to date information, communication, simplification and online services.

The following charts detail our customer satisfaction, customer advocacy and customer effort score for 2019/20 and how our services have performed against the NSS target. In all three of these areas NSS has exceeded the industry standards for the public sector as determined by The Institute of Customer Service in their annual UK Customer Satisfaction Index (UKCSI).

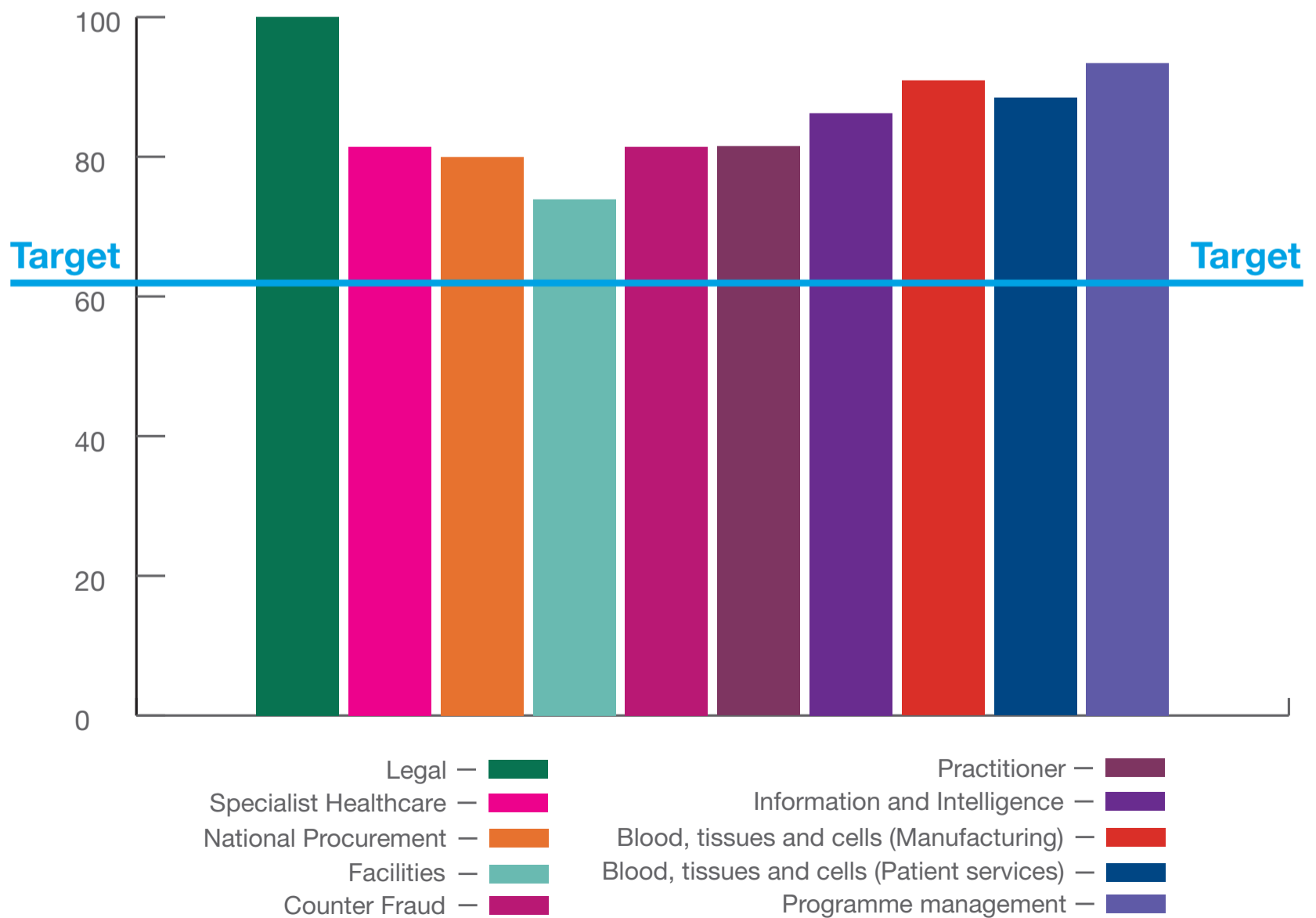
Customer Satisfaction



Advocacy



Customer Effort



The Central Legal Office (CLO) regularly achieves customer satisfaction scores in the high 90's and in 2019/20 achieved 99%. They have developed an engagement approach over a period of time that allows them to capture and act on feedback in a way that is positively received by clients.

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

Please see Appendix B for more details on the outcomes of the NSS Customer Engagement Index exercise.

Our strategic business units continue to monitor all feedback and are recording compliments received.

The themes for positive SNBTS feedback focus on the good attitude, professionalism and compassionate care and attention given to donors by the donor services teams at the donor sessions. The themes for PCF focus on the hard work of teams in the National Distribution Centre and Health Facilities Scotland, while the work of Health Protection Scotland and their vaccine information is also recognised.

The suggestions provided by blood Donors range from the opportunity to donate and waiting times to parking at donor session venues out in the community.

5. Encouraging and Handling Complaints

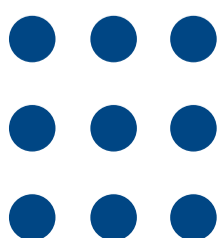
The way we respond to complaints means that the complainants feel that their complaints will be valued and handled appropriately and that the organisation will take on board what they have to say. This report outlines the complaints received in the following NSS Strategic Business Units and Directorates:

- Scottish National Blood Transfusion Service (SNBTS)
- Procurement, Commissioning and Facilities(PCF)
- Practitioner and Counter Fraud Services(PCFS)
- Public Health and Intelligence(PHI); (now part of PHS)
- Central Legal Office (CLO)
- Human Resources and Workforce Development (HRWD)

Engagement continues with those SBUs as part of the model complaints handling procedure to understand the methods for obtaining and processing feedback in these areas of NSS where no or very few complaints are received. Different areas of NSS will feature in the quarterly reports and improvement plans, where required, will be agreed.

Three NSS complaints have been referred to the Scottish Public Services Ombudsman (SPSO) in 2019/20 none of them were upheld.

In 2019/20 NSS resolved 98% of complaints received and the average response time was 9.8 days. The figure below highlights how many people are using social media to follow us and provide feedback to us. The report shows that the interaction on Facebook and Twitter remains at the same levels as reported in 2018/19.



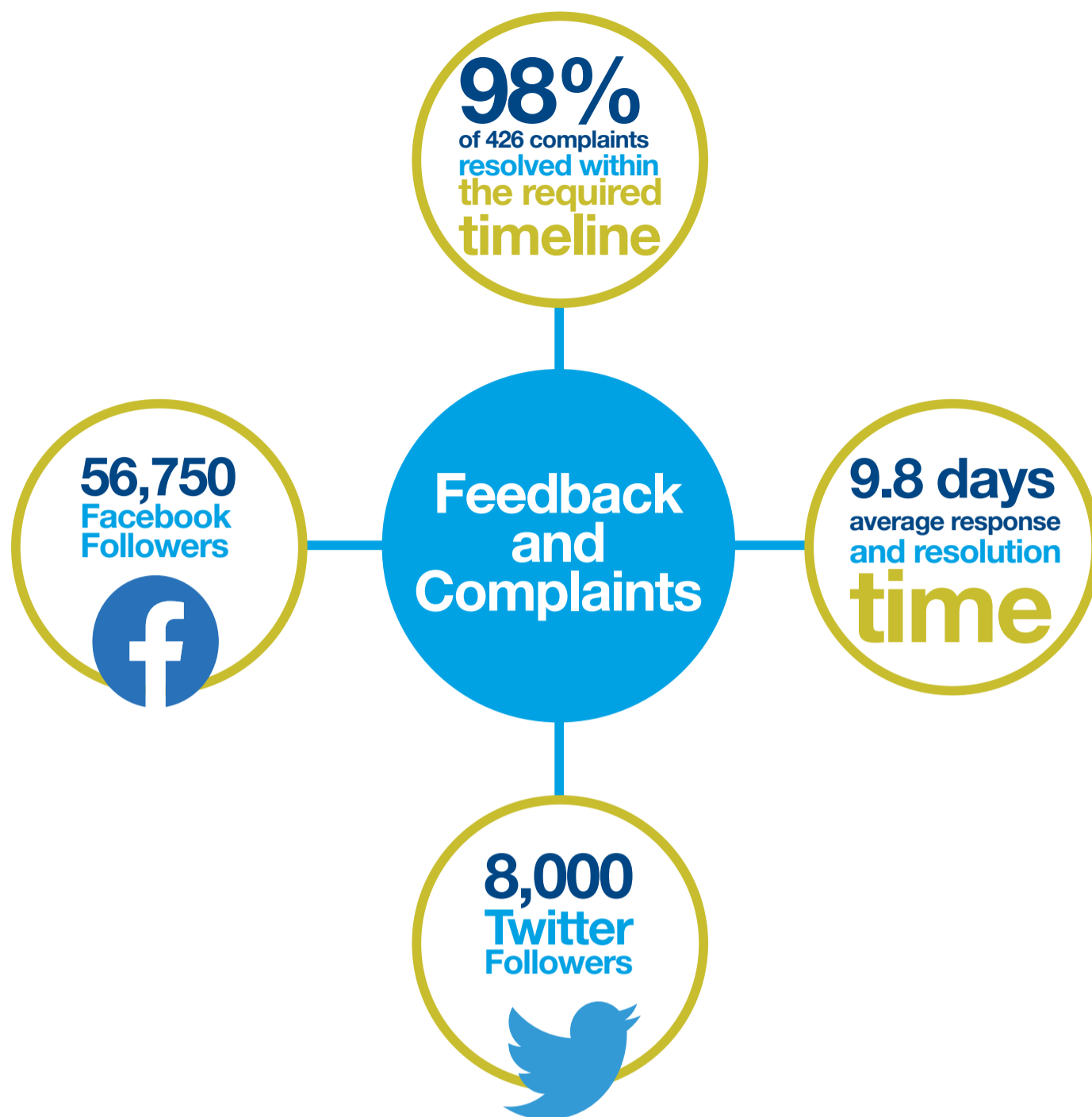


Figure 1 Snapshot 2019/20

The number of complaints NSS received in 2019/20 has decreased from the 2018/19 period (490). In 2019/20 NSS received a total of 426 complaints which is a decrease from the previous year of 13%.

This decrease could be attributed in part to the new complaints system (using the ServiceNow platform) which was implemented on 1st April 2019. This gives real-time recording for complaints, feedback or concerns and as such there has been a significant improvement in the time taken to respond to these complaints.

We are also seeing an overall reduction in complaints regarding the opportunity to donate and waiting times. Donors appear to be more understanding about the changes to the collection programme in line with demand and the queue management system has now been embedded in Edinburgh and Glasgow community sessions over the reporting period for this annual report.

NSS SBUs have fully implemented the NHS MCHP and will continue to handle complaints in accordance with this guidance.

An online platform for handling complaints in ServiceNow has been developed in 2019/20 and training provided to complaint leads in the NSS SBUs. This portal allows leads to input their data as they receive it. Further development of the platform was needed towards the end of 2019 to meet the needs and requirements of Procurement, Commissioning and Facilities (PCF) and in particular the National Distribution Centre (NDC). Further testing and development took place, however, due to the pandemic this was unable to go live as planned.

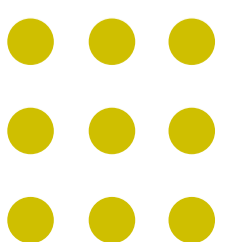
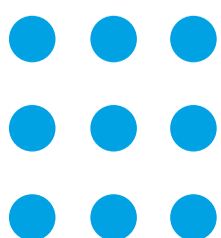
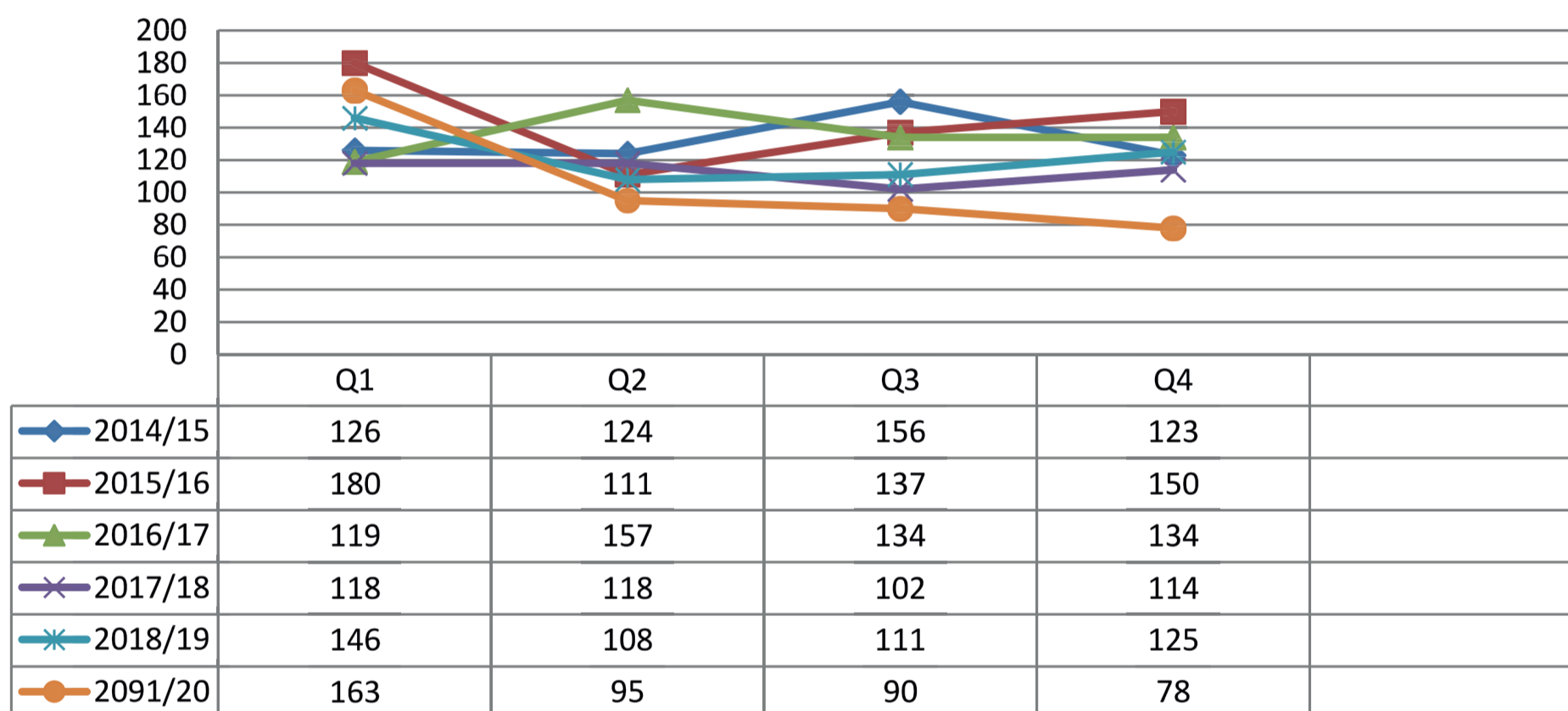


Table 1 Quarterly and cumulative totals for 2019/20 with a comparator with 2018/19

	2019/20		2018/19	
	Quarterly Total	Cumulative Total	Quarterly Total	Cumulative Total
Q1	163	163	146	146
Q2	95	258	108	254
Q3	90	348	111	365
Q4	78	426	125	490

Figure 2 Quarterly and cumulative totals for 2014/15, 2015/16, 2016/17, 2017/18, 2018/19 and 2019/2020

Quarterly Totals for Complaints Received 2014 - 20



NSS continues to commit to the requirements set out in the new NHS MCHP. NSS policy is to acknowledge complaints within 3 working days; resolve less complex complaints within 5 working days and resolve more complex complaints within the 20 working day timescale.

In 2019/20 NSS continued to meet the KPI requirements set out in the NHS MCHP. There have been no significant changes to the average response times and these remain in line with the previous year. There has been an improvement in handling complaints overall with very low numbers (2) falling into the category “outwith response target”.

Table 2 Handling Complaints – NSS Response times

2019/20	Q1 April-June	Q2 July-Sept	Q3 Oct-Dec	Q4 Jan-Mar	2018/19 Comparison	2017/18 Comparison
Average Response Time against Target Response Time of 5 working days (less complex)	3.25	2.85	2.50	2.50	3.25	Not measured
Average Response Time against Target Response Time of 20 working days (more complex)	11.04	10.50	12.50	9.50	11.04	15.09
% responses within target (20 working day)	97%	97%	94%	100%	97%	98%
No. of responses out with target	2	0	0	0	0	4

NSS continues to receive complaints and feedback from complainants that are in relation to other NHS Boards and primary care providers. This has been proactively managed in relation to the new website (as detailed in previous annual reports), and continues to be highlighted to other Boards via the NHS Complaints Managers and in the National Network.

This section looks in more depth at the areas of reported complaints.

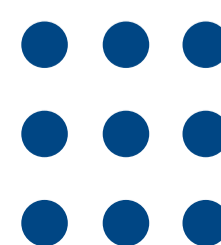
Scottish National Blood Transfusion Service

SNBTS is in contact with over 300,000 donors each year and the numbers of complaints they receive remains low.

Table 3 Donor Complaints in relation to staff behaviour in the Scottish National Blood Transfusion Service 2019/20

Type of Complaint	Q1	Same qtr 18/19	Q2	Same qtr 18/19	Q3	Same qtr 18/19	Q4	Same qtr 18/19
Staff Attitude and Behaviours	12	8	8	17	10	10	10	10
Voluntary Organiser Attitude and Behaviour	-	-	-	-	-	-	-	-
TOTAL	12	8	8	17	10	10	10	10

The above table shows the number of complaints NSS has received from blood donors in relation to staff attitude and behaviours at 40 for 2019/20. This is an increase of 4 from 36 for 2018/19 and an increase of 8 from 32 in 2017/18. This is an important area for NSS as it one of our few public facing services. It is important for NSS’ reputation that donors always feel welcomed and valued. Facebook and Twitter followers who post comments expressing dissatisfaction with the service are encouraged to contact SNBTS directly or complete an online complaints form.



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

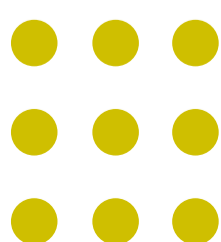
Table 4 SNBTS 2018/19 and 2019/20 number of complaints received

Code / Type of Complaint	Q1 2019/2020	Q1 2018/2019	Q2 2019/2020	Q2 2018/2019	Q3 2019/2020	Q3 2018/2019	Q4 2019/2020	Q4 2018/2019
1 Opportunity to donate	24	62	4	30	8	23	8	40
2 Donor Selection	6	7	6	0	7	1	0	8
3 Opening Hours	0	0	2	1	0	0	0	0
4 Staff Attitude & Behaviour	12	8	8	8	10	9	10	10
5 Waiting Times	1	7	7	0	0	4	0	5
6 Donor Communications	2	1	0	2	1	4	1	1
7 Documents and Records	5	2	6	2	2	1	1	3
8 Health & Safety	1	0	0	0	0	1	2	1
9 Bruising	2	3	4	2	4	2	4	5
10 New Regulatory Change	1	0	0	0	0	0	0	1
11 Special Redesign/change/Disruption	0	0	0	0	0	0	0	0
12 Special Needs (DDA)	0	0	0	0	0	0	0	0
13 Vexatious	0	0	0	0	1	0	0	0
14 Voluntary Organiser Attitude & Behaviour	0	0	0	0	0	0	0	0
15 Facilities (incl. Parking)	3	1	1	1	5	2	4	2
16 Legal claim	0	0	0	0	0	0	0	0
17 Appointment Availability	0	0	10	0	9	0	14	0
18 Donor Web Portal	*	*	*	*	*	*	1	*
Total	57	91	48	46	47	50	45	76

*Please note the web portal was launched at the end of the reporting year, therefore there is no data for those quarters.

SNBTS has introduced the Donor Web Portal (DWP) within the centres; this enables the donors to make an appointment by email, using a donor online account, or by phoning to book an appointment 6 weeks in advance of a session. This allows SNBTS to be more responsive to the transfusion needs of the patients in Scotland by booking donors whose blood group we particularly need. As hospital demand can change, and patients may need a specific blood group at a specific time, this change allows us to ensure hospitals receive the blood groups that they need on any given day. Our system carefully balances the supply of blood with the changing demand for patients.

As table 4 demonstrates there continued to be a number of complaints relating to staff attitudes and behaviours. SNBTS rolled out specific values and behaviours and customer approach training in line with rolling out phase 2 of the DWP to the community sessions.



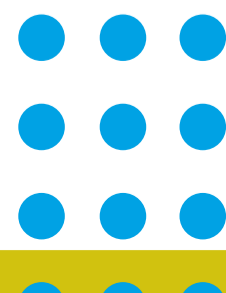
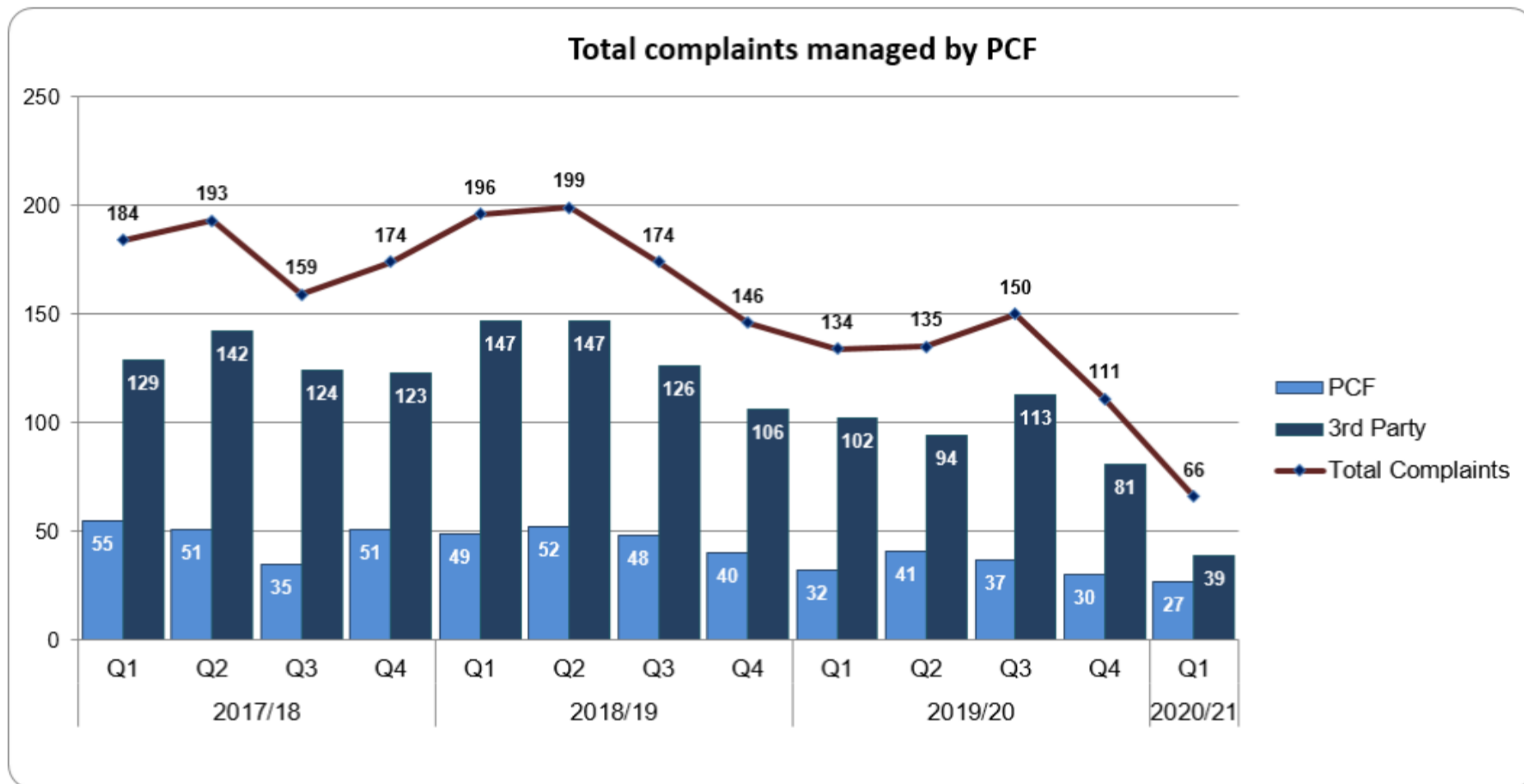
In 2019/20 there was a rise in the number of bruising related complaints. A short life group has been convened and is working to develop training material.

There has been an increase in appointment availability complaints due to the planned reduction in session availability in order to match demand.

Procurement, Commissioning and Facilities

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

Table 5 National Procurement complaints managed by PCF – NDC Complaints



Type of Complaint	Q1	Same qtr 18-19	Q2	Same qtr 18-19	Q3	Same qtr 18-19	Q4	Same qtr 18-19
Product Quality	37	112	38	122	42	101	30	70
Service	-	1	-	-	-	-	1	-
Transport Issues	3	-	1	-	1	1	1	-
Late/Wrong/No Delivery	11	9	6	9	15	8	8	7
Supply Issues	2	3	1	1	2	3	2	3
Wrong/Confusing/ Missing Information	1	3	-	1	5	-	8	3
Price	1	3	1	2	-	1	1	1
I.T/Systems	-	-	-	-	-	-	-	-
Product Unsuitably Packed (H&S Issues)	5	16	3	11	15	11	11	9
Other	4	-	18	1	18	1	19	13
Total	64	147	68	147	98	126	81	106

National Procurement (NP) monitors their complaints closely and where an adverse trend is identified, they will work with the supplier, and where appropriate the NHS Board, to develop and agree a recovery, corrective action and improvement plan. As part of any containment, corrective or preventative action process, NP will issue a product alert or recall notice to NHS boards.

Practitioner and Counter Fraud Services (PCFS)

PCFS received 23 complaints in 2019/20. These related to service delivery and complaints received from patients and practitioners. The themes identified are summarised as follows:

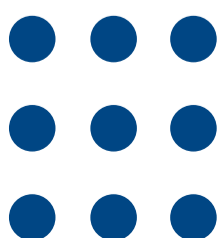
- Delay in getting prior approval decision on dental treatment and length of time taken to get the approval.
- Patients making complaints in relation to patient registration and questions on the form.
- Patients making complaints about being removed from GP practices and/or the GP practice they have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

Central Legal Office (CLO)

CLO receives very low numbers of complaints, there was one in 2019/20, and they have processes for dealing with those that relate to specific legal matters through the Scottish Legal Complaints Commission.

Public Health and Intelligence (PHI)

The complaint received by PHI in 2019/20 was related to Health Protection Scotland. This was not upheld.



6. The Culture including Staff Training and Development

NSS is committed to effective stakeholder engagement and complaints management. Key to this is staff training and awareness. A complaints handling process cannot encourage effective feedback if the organisation does not demonstrate empathy and that it is listening. NSS has undertaken specific training in the following areas:

The NSS Values programme: From 2018 and throughout 2019, NSS re-launched the NSS Values and invited everyone to bring fresh commitment and energy to creating a twenty-first century NSS culture of collaboration, innovation and compassion. This common set of values, endorsed by Staff Governance, helps us all create a better NSS community, whilst honouring the traditions and good work of our SBUs and Directorates.

The NSS Values are outlined below:

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

As part of the re-launch everyone was invited to attend a values session with their teams facilitated by HR Services. The aim of the programme was that everyone will have attended a values session by 31st March 2020. Progress has been very positive with the majority of staff now having completed the values programme.

PCF has increased staff awareness of good complaints handling and categorisation over the course of the year. They have rolled out the model complaints handling procedure training across a range of their service areas, training 60 complaint handlers in 2018/19.

Across the organisation, the “How Can I Help You” online learning modules are now available to all NSS staff via the learnPro platform.

The Clinical Directorate and Strategy, Planning and Service Transformation SBU has delivered a train the trainer model for complaints to over 100 staff across NSS.

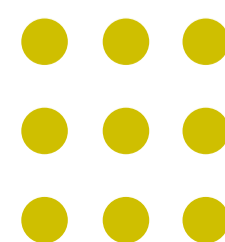
7. Improvements to NSS services

The following areas have introduced improvements to their services as a result of the feedback and complaints they received.

In Customer Engagement and Development, having received feedback regarding the NSS Publications page, changes have been made to ensure that the documents that the members of the public were searching for have been placed in a section that will make them easier to find.

As a result of feedback from equality organisations and donors who are deferred, SNBTS has improved the donor selection criteria on their website and in donor information leaflets. SNBTS has engaged with key equality organisations at local level to influence their information and improve relationships and the knowledge of donors and the wider public. In SNBTS they have improved donor experience and reduced waiting times by the introduction of appointment slots which allows the donor to present at an allotted time rather than waiting in a queue with “walk-in donors”.

As a result of complaints received by Health Protection Scotland (HPS) in relation to the publications for the school vaccine programme HPS reviewed the publication and modified the wording in the communication.



8. Accountability and Governance

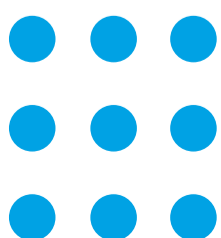
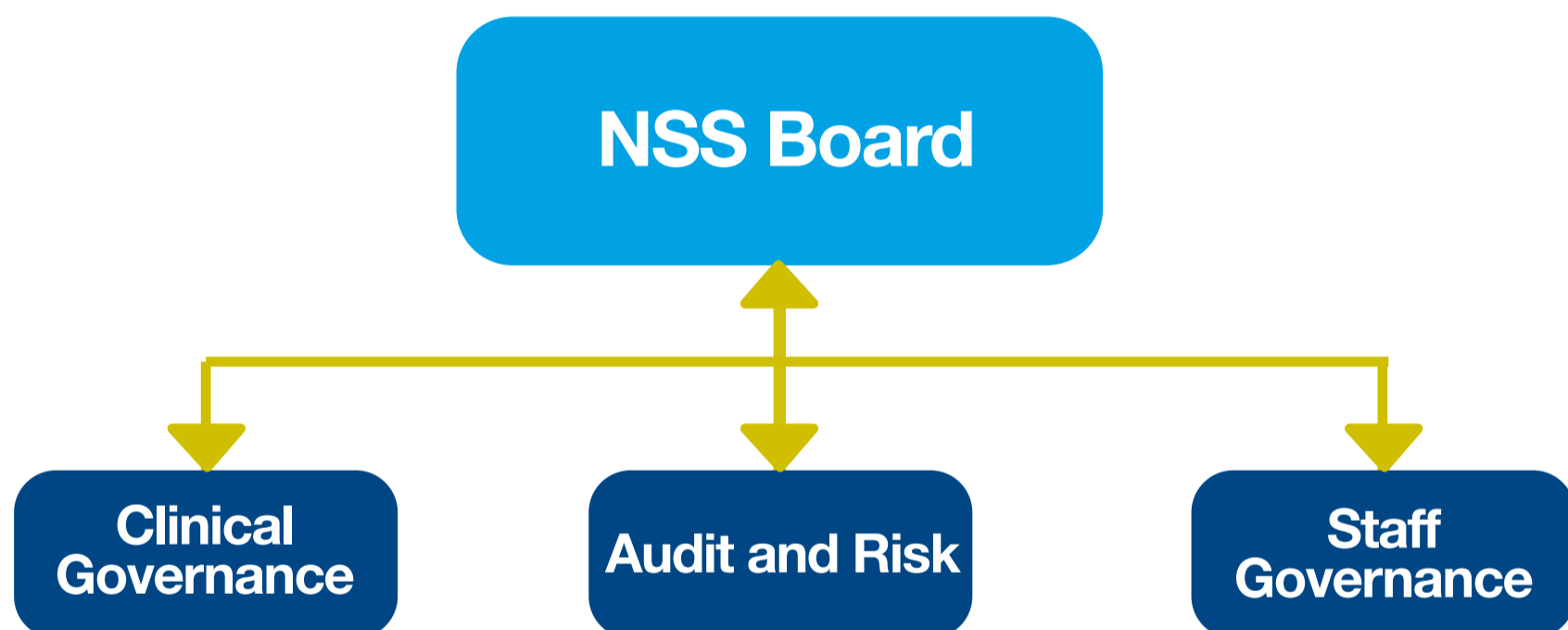
The executive lead for Feedback and Complaints is the Director of Strategy Planning and Service Transformation, who is supported by the Head of Equality and Engagement. The team aim to ensure visibility of feedback and complaints is at the highest level in the Board in order that performance and risk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

NSS has a clear reporting timeline for complaints. Quarterly feedback and complaints reports are presented to the relevant sub committees of the NSS Board as detailed in the diagram below. Each Committee carries out a scrutiny role in relation to the report. The sub-committees will address their areas of interest and receive details about the themes and trends. For example, the NSS Staff Governance Committee will discuss the feedback and complaints in relation to staff. The Board is provided with the full report, therefore, has complete overview of all complaints and feedback received.

In developing key performance indicators for NHSScotland in relation to the forthcoming Model Complaints Handling Procedure, it was recommended that quarterly reporting was retained. Three specific indicators relating to learning, complaint process experience and staff training were developed in order that learning could be demonstrated and improvements shown. These indicators are qualitative in nature, and may be difficult to benchmark. However, they are fundamental to understanding how an organisation performs in this area.

The other indicators developed were quantitative in nature and relate to the number of complaints received, how many are upheld, and how many are dealt with in the stated timescales. It is hoped by having consistent indicators that Boards can benchmark performance and increase learning from each other.

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



Appendix A

Case Study; Person Centred Transfusion

The following case study demonstrates how using feedback can improve our services and more importantly bring huge benefits to patients and their families.

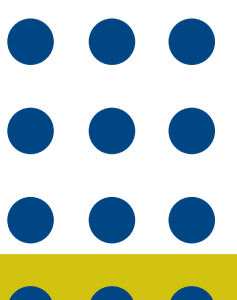
A patient, who lived on a small remote island, required palliative care which included regular transfusions of red blood cells and platelets. To receive these, the patient had a five-hour return journey to hospital so it was decided that if the products could be administered at home this would be of great benefit.

The practicalities of home transfusion were scoped by the SNBTS transfusion practitioner, local general practitioner (GP), lab manager and consultant haematologist. An action plan was put into place.

Data loggers were sent via the proposed route to ensure the products would be safe when transported and complied with product storage regulations. The GP and district nurse carried out the required blood transfusion training, and completed the relevant paperwork and polices.

Once the patient and his family were fully briefed, the treatment began.

The patient received the platelets and latterly red cells in his own home, which were transported safely within Medicines and Healthcare Products Regulatory Agency (MHRA) guidelines. The GP and district nurse felt fully supported and confident to give the products. Previously the patient had to travel to hospital for six years, latterly twice per week. With this project the patient received the remainder of his treatment in the comfort of his own home, where he died peacefully



Appendix B



External Customers — Feedback and Service Recommendations

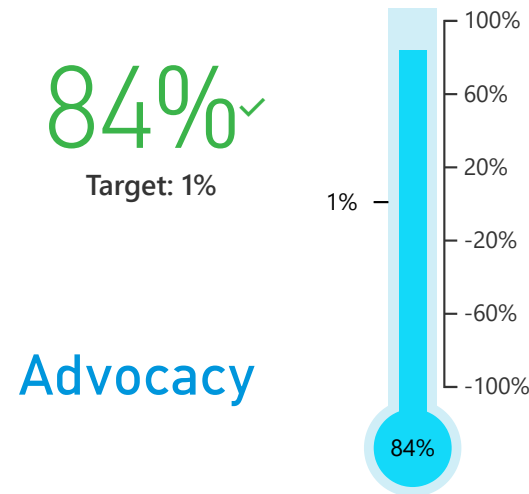
CLO — Customer feedback and suggestions

Scores:



Positive Feedback

Team (professional, pleasant, accessible, approachable, helpful & supportive)
Responsive & timely
Quality of service
Positive experience of service



Areas for Improvement

Customers requested that staff changes be communicated more widely and to have a key contacts and teams promoted so that that customers know who fits in where

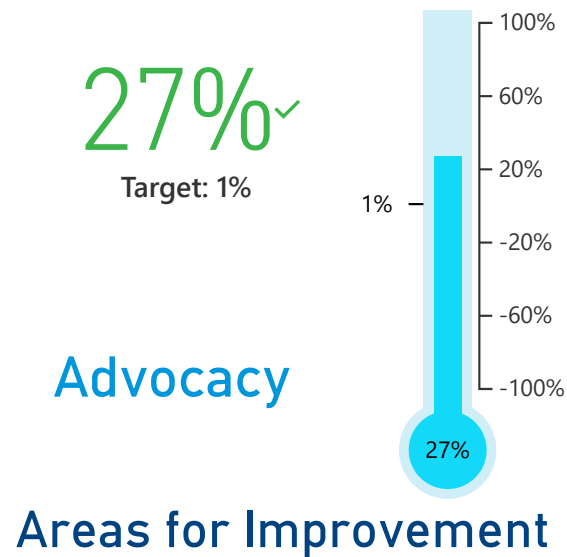
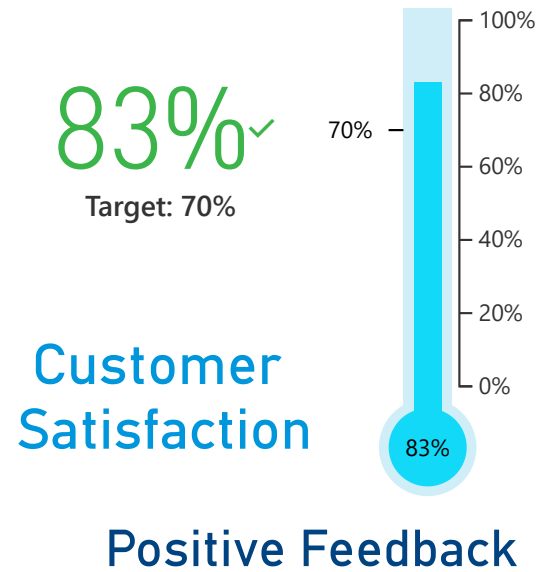


Customer Requirement

Improved consistency across all areas
Clear, transparent and accessible contact lists that outline services and capabilities
Review capabilities based on unsupported needs

PCF (NSD) – Customer feedback and suggestions

Scores:



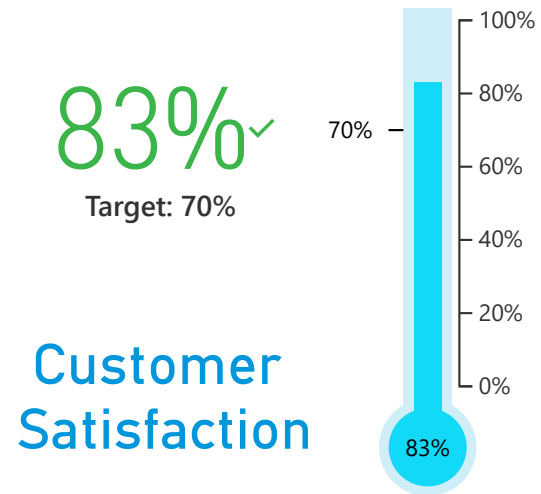
Team (professional, pleasant, accessible, approachable, helpful & supportive)
Responsive & timely
Quality of service
Good working relationships

Responsiveness: customers requested more consistency needed in response times across the organisation.
Liaison: customers commented on changes introduced without adequate consultation.
Funding: comments related to lack of funding for NSD generally and on the effect on service quality, and on ability to provide equipment in some services

Improved contact with clinicians
A greater emphasis on how commissioned services are monitored (quality, effectiveness, value for money etc).

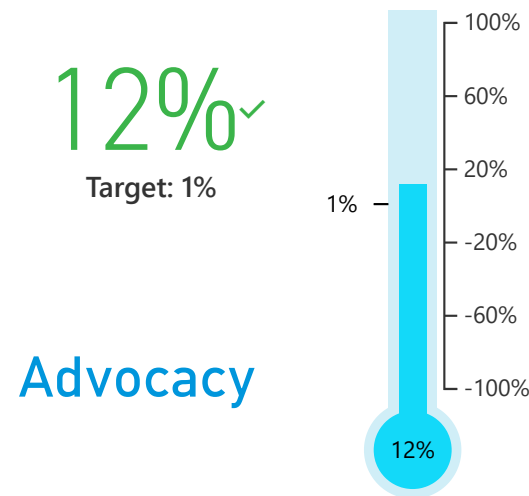
PCF (NP) – Customer feedback and suggestions

Scores:



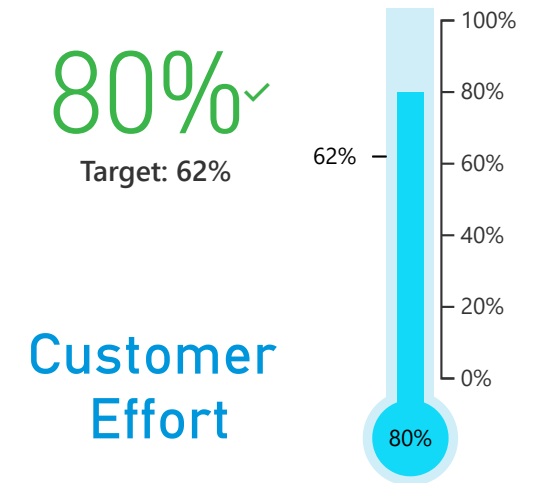
Positive Feedback

Good service, meets customers' needs
Responsive
Efficient



Areas for Improvement

Centre Of Excellence: customers commented that that staff could have a better knowledge understanding of how boards work.
Strategic Sourcing: More regular updates on who key contacts are as contracts can often run for a number of years and more consistent response to telephone calls and email

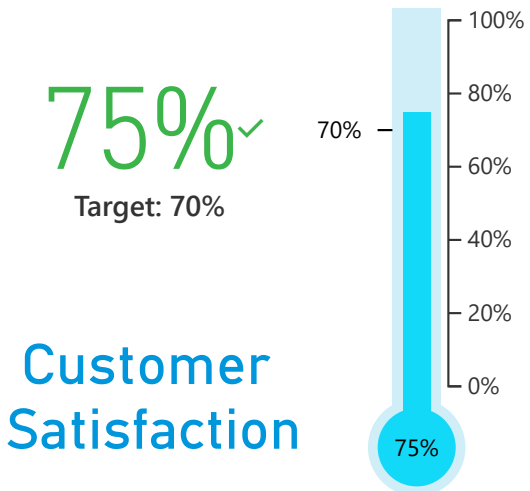


Customer Requirement

Clarity of role and services offered (COE)
Truly understanding customer needs and experience.
Customer Journey Mapping would be helpful.
A greater emphasis on consistency and focus on being more effective at communication.

PCF (HFS) – Customer feedback and suggestions

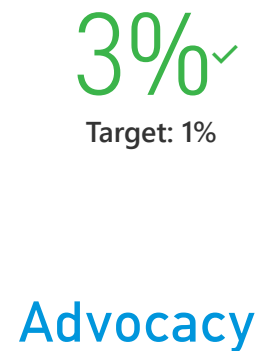
Scores:



Positive Feedback

Good service, supportive, good communication.

Advice, customer focus, effective, responsive



Areas for Improvement

Simplification: Customers commented on the need to simplify the tender process and for HFS to score mandatory questions.

Best Practice: customers requested improved identification and dissemination of best practice and more help to embed better approaches to working practice.



Customer Requirement

Mandatory questions should be scored by HFS, only provide information that is important from the customers' point of view. Customer Journey Mapping would be helpful.

A greater emphasis on identifying and embedding best practice nationally.

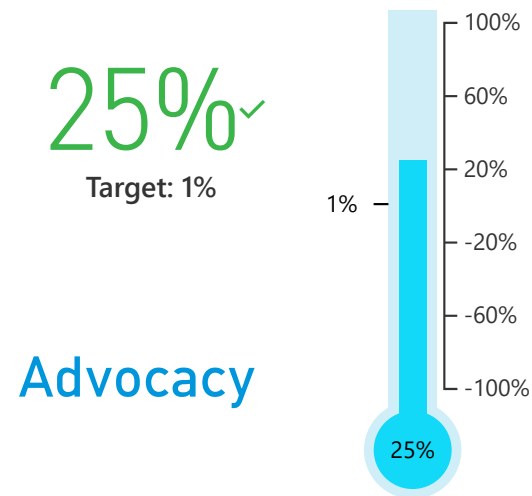
P&CFS (CFS) – Customer feedback and suggestions

Scores:



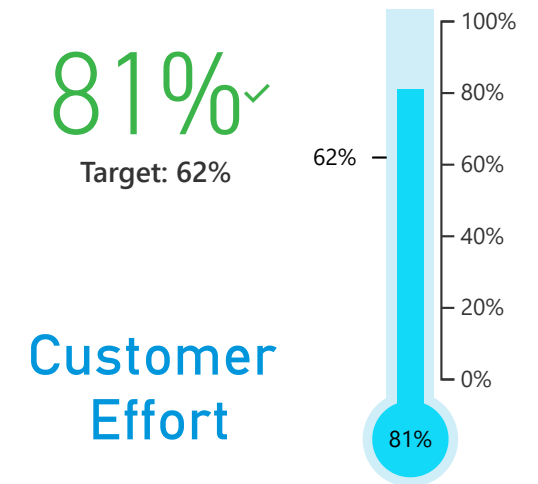
Positive Feedback

Supportive and effective service
Workshops and briefings
Professionalism and regular communication



Areas for Improvement

Support: customers suggested more targeted support for fraud prevention and improvement in links to online learning and accessibility of training for remote boards



Customer Requirement

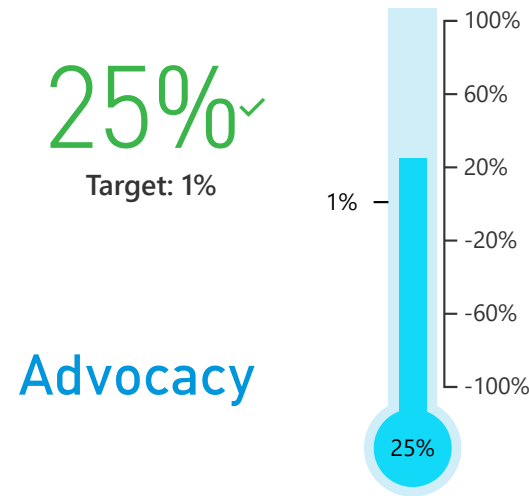
P&CFS (Pharmacy) — Customer feedback and suggestions

Scores:



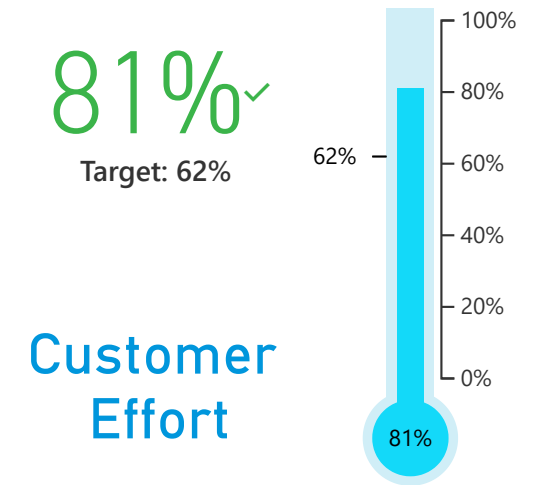
Positive Feedback

Trusted partner, deliver on what they promise
Responsive and courteous
Quality of advice and effective at handling queries



Areas for Improvement

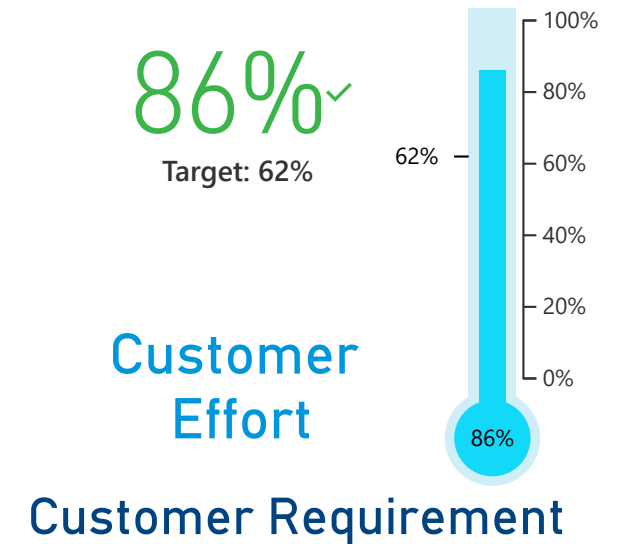
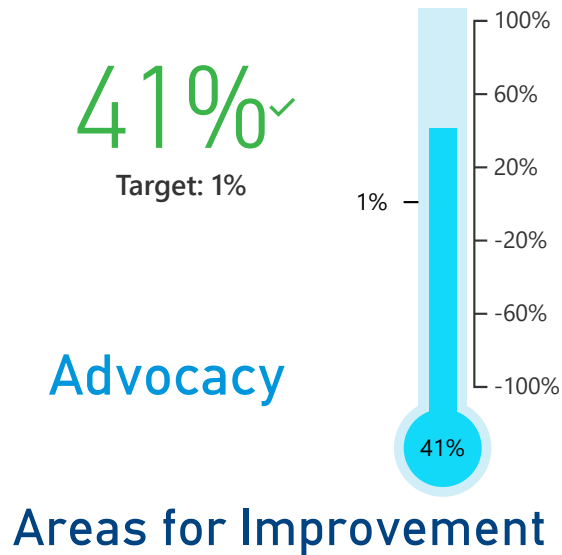
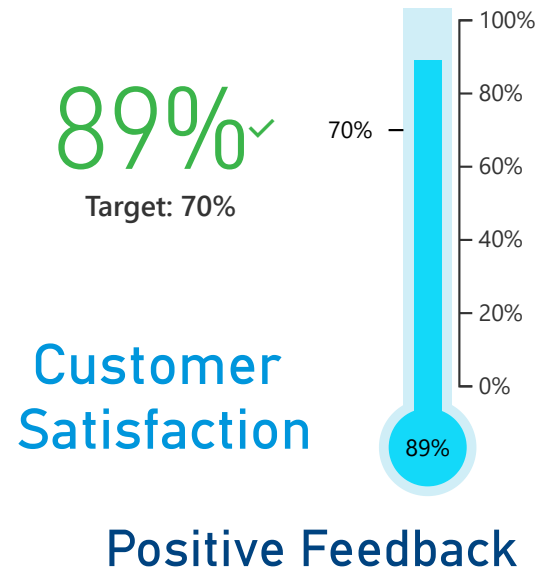
Timely payments of high value items.
Simplicity of process
Online reporting



Customer Requirement

PHI – Customer feedback and suggestions

Scores:



Team (professional, pleasant, accessible, approachable, helpful & supportive)
Responsive & timely
Professionalism and Expertise
Guidance Resources

Advice: Customers suggested access to improved information and expert personnel in some areas (as a small organisation with a large agenda).
Contact: Better out of hours support and information to help to find the right person to contact.
Website: customers commented that the website needs to be more user friendly with better access to guidance.

Better access to advice and guidance from a clinically informed position
Finding the right person to contact quickly
Straightforward signposting to the most up to date guidance or review document

SNBTS (Manufacturing) – Customer feedback and suggestions

Scores:

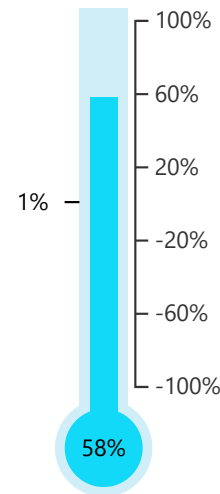


Positive Feedback

Team (helpful & easy to work with)
Meeting needs of customers

58%✓
Target: 1%

Advocacy

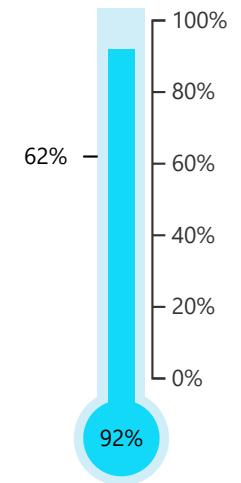


Areas for Improvement

Notifications/Substitutions: customer commented on the amount of substitution in orders. Notification around stock challenges is not always well communicated.
Ordering: comment on the supplying the quantity of platelets requested. Communication: Lack of a website makes finding up to date information difficult. Need an improved process and technology for emergency requests

92%✓
Target: 62%

Customer Effort



Customer Requirement

Investigate the potential to improve both these processes, through process mapping or 5 why's approach.
Electronic methods for making urgent requests
Up to date contact information / website

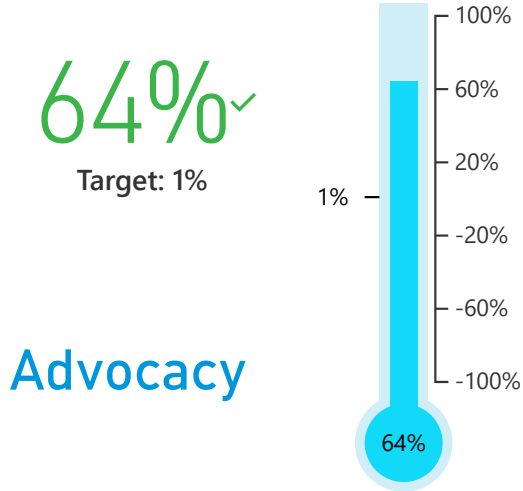
SNBTS (Patient Services) – Customer feedback and suggestions

Scores:



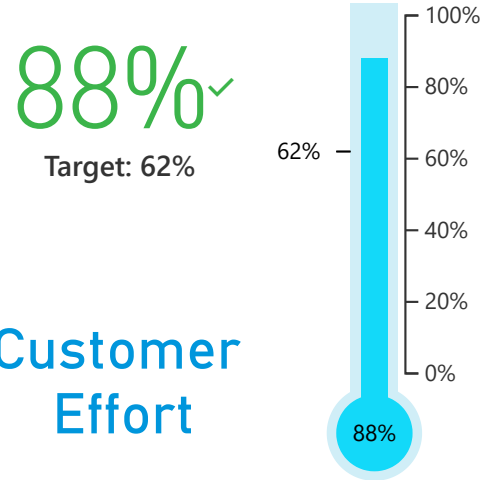
Positive Feedback

- Team (helpful & knowledgeable)
- Quality of service
- Responsiveness
- Communication



Areas for Improvement

- Transport: customer commented on transport issues between Oban and Glasgow and another customer commented on the difficulty in ensuring delivery of samples at the RIE.
- Ordering / Requesting: comments on the lack of an electronic process for orders.
- Reporting: Comments on the ability to access requests online to make the process more timely and to avoid unnecessary telephone calls chasing up.



Customer Requirement

- Investigate the potential to improve transportation.
- Investigate the potential to improve turnaround times or manage customer expectations through the provision of clear and transparent processes.
- Review online capabilities for reporting and ordering via connected systems.
- Review capabilities.

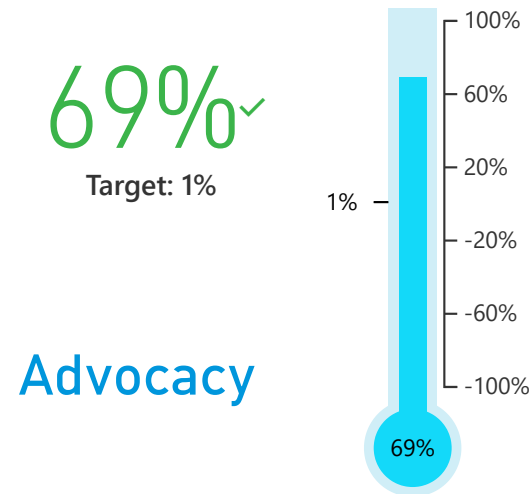
PGMS (Manufacturing) – Customer feedback and suggestions

Scores:



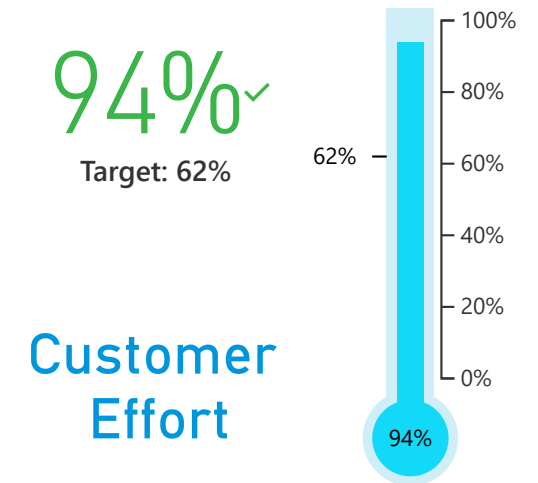
Positive Feedback

Professional and supportive service
Project management expertise
Flexible and responsive



Areas for Improvement

Junior PM role: Customer suggested creating a Junior PM role to bridge the gap between support roles on a band 5 and a PM role at band 7.
Local recruitment: Customer comment on the ability to recruit locally to improve continuity of support.
Capacity and resources: suggestion that increased capacity is need to meet short notice requirements



Customer Requirement

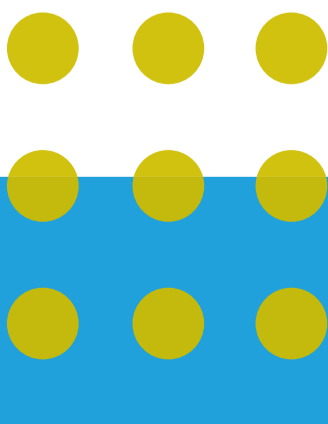


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Appendix 1 Equality Impact Assessment Process Including the Fairer Scotland Duty Considerations

Key Considerations:

The Equality Act 2010 means that public authorities (including health boards) have a legal duty to have 'due regard' to the need to:

- **Eliminate discrimination, harassment and victimisation**
- **Promote equality of opportunity**
- **Promote and foster good relations between the protected groups**

Public bodies are responsible for making a wide range of decisions, from the contents of overarching policies and budget setting to day-to-day decisions which affect specific individuals. Equality analysis is a way of considering the effect on different groups protected from discrimination by the Equality Act, such as people of different ages.

There are two reasons for this:

- **to consider if there are any unintended consequences for some groups**
- **to consider if the service, function, policy or practice will be fully effective for all target groups**

Please consider the following questions in relation to the Service/System/Policy/Project/Review you are working on and assess what the potential impact on the Equality Act 2010 Protected Characteristics could be. The Equality Act 2010 Protected characteristics are:

- Age
- Disability
- Faith/Religion/Belief
- Race
- Sex (men and women)
- Sexual Orientation
- Transgender
- Pregnancy Maternity
- Marriage Civil Partnerships

Consideration	Response	Advice notes column
<p>What is the aim</p> <p>Describe briefly the project aims and outcomes which can be taken from your existing Business Plans and PID Summary only short and concise from background paper</p>	<p>The aim of the NSS Feedback and Complaints Annual report is to demonstrate the number of complaints received, how they were handled and any improvements implemented as a result of feedback and complaints in the reporting year April 2019- March 2020.</p>	

Consideration	Response	Advice notes column
<p>Who will be affected by any change and /or new system/process/policy/service?</p> <p>Describe the current staff demographic taken from the existing service data that is available to you</p>	<p>The report is a legal requirement within the NHS model complaints handling procedure and the SBU complaint leads have been involved in the drafting of the annual report.</p> <p>This is an annual cycle and is built into SBU plans.</p> <p>The NHS Model Handling Complaints Procedure was implemented to ensure that the process was as consistent as possible across the NHS in Scotland to ensure that the experience of people going through the process is as equitable as possible</p>	
<p>Considering the aim of the work and the potential outcome of the implementation are you aware of any potential impact on the following protected characteristics:</p>		

Consideration	Response	Advice notes column
Age	<p>There are no unintended impacts on Age.</p> <p>There was no age related complaints received in the reporting period.</p>	
Disability	<p>There are unintended impacts on disability.</p> <p>SNBTS received feedback from 1 donor with dyslexia to request some donor information in an accessible format.</p> <p>The annual report will be available in alternative formats when requested and will be published in an accessible format on the NSS website.</p>	
Faith/Religion/Belief	<p>There are no unintended impacts on faith, religion or belief.</p>	

Consideration	Response	Advice notes column
Race¹	There are no unintended impacts on race. The annual report will be made available in community languages if requested.	
Sex	There are no unintended impacts on sex	
Sexual Orientation	There are no unintended impacts on sexual orientation	
Transgender	There are no unintended impacts on transgender	

¹ “Race” is specified in legislation, but in practice, what is monitored is ethnic group, which is ‘the social group a person belongs to, and either identifies with or is identified with by others, as a result of a mix of cultural and other factors including language, diet, religion, ancestry and physical features traditionally associated with race’ (Bhopal 2004).

Consideration	Response	Advice notes column
<p>During an impact assessment you should consider any impacts on:</p> <p>Gypsy Travellers</p> <p>Homeless people</p> <p>Poverty including the Fairer Scotland Duty</p> <p>Staff</p>	<p>Gypsy Travellers:</p> <p>At the development and implement stages of the NHS model complaints handling procedure consideration was given to gypsy traveller communities with local boards working with community groups to improve the experience of the complaints handling procedure. NSS works with the gypsy traveller project lead at Minority Ethnic Carers of People Project (MECOPP).</p> <p>Homeless People:</p> <p>NHS boards work with homeless charities and organisations to ensure that the procedure is accessible as possible to this community</p> <p>Fairer Scotland duty: the NHS model complaints handling procedure was designed to ensure a consistent and equitable approach to complaint handling across Scotland. The</p>	

Consideration	Response	Advice notes column
	<p>Patient advice and advocacy service was set up to provide free and confidential advocacy services to patients and their families. This service is facilitated through citizen's advice bureau making this service accessible to people in Scotland.</p> <p>Staff:</p> <p>Staff have been provided with training on how to handle complaints and feedback with additional customer service training delivered for SNBTS staff.</p> <p>Support is provided to staff who receive complaints related to their attitudes and behaviour which is covered in the training.</p>	

Document approved:

Louise MacLennan Head of equality and engagement and the MCHP Steering group

Published date and location: *to be published on 30th September 2020 on NSS website on NSS Board section*