NSS Board Meeting

26 March 2020, 09:30 to 13:00
Boardrooms 1&2, Gyle Square, Edinburgh or via TEAMS

Agenda   B/20/16

1.   Welcome

2.   Apologies

Julie Burgess, Non-Executive Director
Ian Cant, Employee Director
Deryck Mitchelson, Director Digital & Security

3.   In Attendance

Karen Nicholls, Minutes

4.   Observers

TBC

5.   Minutes of meeting held on 30 January 2020 and Matters Arising [B/20/17 and B/20/18]   20 minutes

    📄   B2018 Action List.pdf   (6 pages)

    📄   B2017 Draft Minutes 30.1.20.pdf   (7 pages)

6.   Chair's Update - verbal   10 minutes

7.   Chief Executive's Update - one pagers from EMT session [B/20/19] - COVID-19 update   30 minutes

This will include updates from:
HR/Performance

8.   Public Health Scotland Update verbal   10 minutes

9.   Centre of Excellence for Reducing Infections and Risk in the Healthcare Built Environment - verbal   10 minutes

10.   NSS Annual Operating Plan [B/20/20]   15 minutes

11.   AOB   10 minutes

Minutes

NHS
National
Services
Scotland

NHS NATIONAL SERVICES SCOTLAND BOARD

MINUTES OF MEETING HELD ON 30 JANUARY 2020, MEETING ROOM GS 2.12, GYLE SQUARE, EDINBURGH, 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
In Attendance:	Jacqui Jones, Director of HR and Workforce Development
	Norma Shippin, Director CLO
	Jim Miller, Director PCF
	Deryck Mitchelson, Director, Digital & Security [from item 7 to 8]
	Mary Morgan, Director, Strategy, Performance and Service Transformation
	Matthew Neilson, Associate Director Strategy, Performance and Communications
	Karen Nicholls, Interim Board Secretary [Minutes]
	Jacqueline Reilly, Nurse Director
Apologies:	Kate Dunlop, Non-Executive Director
	John Deffenbaugh, Non-Executive Director
	Phil Couser, Director PHI
Observer:	Rachel Browne, Audit Scotland
	Stephanie Knight, Director of Health Finance, Scottish Gov.
	Jenny Pope, HR Business Partner

ACTION

1. INTRODUCTION

1.1 Mr Redpath welcomed all to the meeting and noted the apologies recorded above. He continued that the NSS Excellence Awards had been held on recently. As a judge he had been delighted by the success of the event, which had showcased the excellent work being done across NSS. Mr Sinclair advised that a staff communication plan would follow the event to share the success. Members noted that the event ran annually on or around the same date and would welcome any of the Board Members to attend next year. Mr Redpath asked that thought be given early to 2021 Board date to ensure this was the day after the event. **Action: K Nicholls to review Board meeting dates in relation to the Excellence Awards for 2021.**   K Nicholls

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.

disability
confident
COMMITTED

Headquarters
Executive Office, Gyle Square, 1 South Gyle Crescent,
EDINBURGH EH12 9EB

Chair   Keith Redpath
Chief Executive   Colin Sinclair

2.   MINUTES OF MEETING HELD ON 1ST NOVEMBER 2019 AND MATTERS ARISING [papers B/20/02 and B/20/03 refer]

2.1   Members noted the minutes and approved them in full.

2.2   It was noted that most of the action items were either complete, items on the current agenda or had a longer lead time.

3.   CHAIR'S REPORT [paper B/20/04 refers]

3.1   Mr Redpath took Members through his update and noted the following items in detail.

3.2   Congratulations to Ms Low and the Finance Team for their hard work around the SE Payroll business case which had been won by NSS. Mr McDavid asked what the savings would be around this central approach. Ms Low advised that the focus of the business case had been around sustainability of the service rather than just a monetary benefit. Members noted that the affected staff in other Boards would TUPE into NSS and asked that Mrs Low provide regular updates as appropriate.

3.3   A full report on Governance would be coming to the April Board meeting and it was anticipated that the National Standings Orders and Committee Terms of Reference would have been finalised by Scottish Government. It was also noted that NSS was constituted under different legislation but intended, where possible and relevant, to adopt what was necessary from these documents.

3.4   It was noted that the Once For Scotland approach was very much a focus for the Cabinet Secretary. Members noted that support for this approach would be welcomed, specifically for the National Boards collaboration and NSS contributions, which was still a concern for Members.

3.5   Once for Scotland Workforce Policies would be implemented across all Boards. Mrs Jones advised that there would be no appetite for any local changes.

3.6   Mr Redpath informed Members that NSS' request to recruit a replacement stakeholder Non-Executive Director (NED) had not been given the go ahead by the Public Appointments Department and recruitment would therefore commence in early February for two regular NEDs with a closing date in early March. This was probably due to the heavy workload across the NHS Scotland Chief Executives not being able to commit to the time required. Members also discussed the new Whistleblowing NED and what their role would be. Mr Redpath confirmed that they would be a full NED and Whistleblowing would be part of their role. He added that there would be revised guidance coming out to all Boards and a further update on responsibilities and implementation would be provided at the April Board meeting. **Action: K Nicholls add Whistleblowing   K Nicholls Update to April meeting.**

4.   CHIEF EXECUTIVE'S UPDATE [papers B/20/05 refers]

Mr Sinclair took Members through his updated and highlighted the following areas;

- Coronavirus – HPS had set up an incident room and NSS was responsible as part of a wider team for health protection policies and work was already on going with Scottish Government and Health

Boards. HPS would then help support Boards to ensure these policies and guidelines were being followed. Dr Ramsay added that NSS would also provide expert advice. Ms Rooney asked whether this responsibility would ultimately move to Public Health Scotland and Mr Sinclair advised that it would.

- Work with National Boards continued around IT, Payroll etc and Mrs Low had highlighted that these should be strategic decisions.
- NSS Excellence Awards had taken place.
- Climate Change was becoming more of an issue and there may be a wider role for NSS to play and Mr Sinclair would keep Members updated as appropriate.
- iMatter was very positive in terms of engagement with 91% of team action plans submitted, which was way above target and would be discussed further a future Partnership Forum meetings
- NSS Connected – Mr Sinclair advised that he had held an interactive digital meeting for staff, which had allowed staff across the NSS estate to engage with him. This had been well received.
- New tax implications for senior staff was still be discussed but was more of an issue for the Territorial Boards.

4.2   Members then discussed the additional financial ask on NSS around the National Boards Collaboration. It was noted that the Board had not changed their position on this additional ask and Mr Sinclair advised that discussions were still taking place and if NSS was forced to make this contribution the end of year position would be a deficit unless other services were stopped. Members noted that the letter received from Scottish Government implied that this would be a recurring ask and NSS would push back on this whilst continuing to offer services that could assist with the gap. Mr Redpath expressed the Boards continuing support for the approach being taken by NSS to assist in closing the gap and asked Mr Sinclair and Ms Low to provide a paper to the next meeting outlining the consequences to NSS if this additional budgetary ask became compulsory and indications of how the shared services programme could support this. Mr Sinclair thanked the Board for their support and would now respond to Scottish Government appropriately. **Action: Mr Sinclair/Ms Low to provide updated implications scenario to future meeting.** **C Sinclair/ C Low**

4.3   Ms Burgess asked for additional information on the role for NSS on the Screening Oversight function. Dr Ramsay advised that the outline business case was currently being produced and there was no formal commission with funding at this stage. Updates would be provided to various NSS Committees over the next few months.

4.4   Members thanked Mr Sinclair for his informative update and noted the paper in full.

5.   PEOPLE REPORT [paper B/20/08 refers]

5.1   Mrs Jones took Members through her report and highlighted the following items in detail.

- Once for Scotland Policies go live on 1.3.20 and awareness sessions were already taking place. There were some differences to current policy and these had already been identified.
- Support sessions were being put in place for the Finance and P&CFS organisational change programmes.

- Sturrock action plan was progressing and the February meeting of the NSS Partnership Forum would have a presentation on 'Safe Spaces' for staff.

- Mentoring Scheme for managers was progressing

- Values refresh progressing

- iMatter – great response rate.

- Sickness absence had increased slightly from October 2019 but 4% was still the forecast for year end. Mental Health was still the highest figure, but had actually reduced – a lot of work had been put into supporting this.

- No RIDDORs and incidents and accidents remained manageable.

- Statutory training figures were still being monitored on a rolling programme and whilst the compliance appeared to have reduced it should be noted that large cohorts may have expired at the same time, which would have affected the figures. This happened over the Christmas holiday period so it is expected that this will move into the Green (RAG status) as colleagues catch up. A list of those whose training had expired would also be shared with Directors for review.

- TURAS appraisal figures were still fairly low but were expected to improve by year end. One of the issues was around Agenda for Change staff who are unable to complete mid-years in the system for reporting, whereas managers could, which will have affected this compliance total. Mr Sinclair advised that he had given a clear instruction to the Executive Management Team that these figures must improve.

5.2   Mrs Jones added that the Flu Vaccination Programme uptake had increased by 6% on previous years, but still remained below the target. However, these figures did not include staff that had been vaccinated outwith the NHS staff programme i.e. by GPs or pharmacies. Further work would continue with frontline staff to encourage uptake, particularly with clinicians.

5.3   Mrs Rooney queried the first year retention statistics and Mrs Jones advised that this figure included those on a fixed term contract. Members asked that for future reporting consideration be given to removing them from this figure as it did not provide a true picture. **Action: J Jones to review first year retention figures for future reporting.**   **J Jones**

5.4   Mr Redpath asked that for future reporting trends were included on relevant items to allow greater scrutiny and provide assurance to Members that NSS was on track, or that any changes to figures were expected. **Action: J Jones to add to future reporting where appropriate.**   **J Jones**

5.5   Members noted that this was a very positive report and thanked HR staff for their ongoing support around Public Health Scotland and asked whether any thought had been given to marking the transfer day. **Action: C Sinclair/J Jones to consider appropriate way to mark the staff transfer into Public Health Scotland.** Mrs Jones continued that work was still ongoing with Health Scotland about staff who wished to transfer to NSS.   **C Sinclair/ J Jones**

6.   FINANCE REPORT [paper B/20/07 refers]

6.1   Mrs Low took Members through the report and highlighted the following;

- Implications from National Boards extra ask (already discussed)

- Outline of additional pressure and asks from Scottish Government and the affect this would have on NSS budget

- Allocations still to be received were being managed effectively
- Capital spending was still significant for Quarter 4 but was being managed

6.2   Members thanked Mrs Low for her informative report and noted it in full.

7.   NSS STRATEGY/PERFORMANCE UPDATE [paper B/20/06a refers]

7.1   Mrs Morgan took Members through the paper and noted that this was the first report around the agreed strategic themes. Members were asked to note the following and confirm that the style and content of the report was appropriate;

- Focus was on the 'Assist' theme and a number of good strategic meetings with Integrated Joint Boards and the Chief Operating Officers had taken place and was very encouraging.
- Meetings held with Police Scotland were also in progress looking at possible shared services
- Strategic key performance indicators – only one area showing a RED (under the Red, Amber, Green reporting mechanism) but this was being managed
- Strategic Risks – this now included PgMS

7.2   Members thanked Mrs Morgan for the very informative report and looked forward to future versions in the same reporting style.

7.3   Mrs Morgan then took Members through a presentation outlining the budget assumptions. All were reminded that at this stage final funding information had not been confirmed by Scottish Government. Members noted that the main headlines from the presentation were that NHSScotland was entering a very difficult and challenging budgetary period. It was also noted that many of the 'extra' ask on NSS focused around a relatively small pool of specialist staff and there was a recognition of the extra pressure this would place on them.

7.4   Members discussed the slides in detail and reflected that actions around the climate emergency and what the NSS role could be around this in future. Mr Redpath commented that it was important to focus internally initially and then look at what wider role NSS could play. **Action: Mrs Morgan to discuss this element further with Mr Neilson and update the slide for the Board development session in April.**

7.5   Members welcomed the fact that Mr Sinclair was now the Chair of the Business Systems Programme Board which would focus on things like the NHS Scotland approach to Office 365 and other national initiatives. Dr Ramsay advised that the Innovation theme would be updated by the end of March to show progress made. Members discussed prioritisation and Mr Sinclair advised that the governance around this was via the Change Oversight Group and EMT with anything coming to the Board as required. In addition visibility of ongoing work would come via the NSS Finance, Procurement and Performance Committee (FPPC) as well.

7.6   Mrs Low then took Members through the finance slides and noted the
        following:

- In terms of assumptions and risks NSS was also carrying out scenario
  planning to look at a variety of funding/spending options
- NHS Scotland would remain constrained
- Due diligence around this would flow through the FPPC
- Implications of National Boards slippage
- Implications of sale of Ellen's Glen Road estate
- Maintenance backlog implications

7.7   Members asked that a section detailing the split between recurring and non-
        recurring costs/savings be added and a subsequent risk profile carried out.
        Action: C Low to update slide.

7.8   Members noted that the NSS Workforce Strategy was well established, and
        work was underway, especially in areas such as youth employment, veterans
        etc but this was taking a little longer than expected due to the increased
        demand relating to things such as Public Health Scotland and the increased
        ask from Scottish Government. Further work would focus on becoming more
        forward thinking on changes of service and implications for the skills required
        to enable such changes.

7.9   Members thanked the team for a very informative session and looked forward
        to receiving future iterations of the report/presentation.

8.   REGISTER OF INTERESTS [paper B/20/10 refers]

8.1   Members noted the content of the Register of Interests and agreed to forward
        any updates to Mrs Nicholls. **Action: Updates to be emailed to Board ALL
        Services Team.**

9.   DIGITAL AND SECURITY REPORT [B/20/09]

9.1   Members noted the paper and asked that for future reporting consideration be
        given to ensuring that content was appropriate for the audience. They also
        noted progress around the following;

- Office 365
- CHI and Child Health
- Cyber Security (including preparations for audit)
- DCVP

**10.   HIGHLIGHTS FROM OTHER NSS GOVERNANCE COMMITTEES [paper
        B/20/11 refers]**

10.1   Members noted the content of the highlights reports from other Committees.

11.   PAPERS FOR INFORMATION ONLY [papers B/20/12, B/20/13, B/20/14 and B/20/15 refer]

11.1   Members noted the papers listed for information only.

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

NSS FORMAL BOARD
ACTION LIST 2019-20

☐ CLOSED

Ref Item	Action	Responsible	Deadline	Status
FROM 30 JANUARY 2020				
2020-01-30: Item 3.6	**Chairs Report [paper B/20/04 refers]** Whistleblowing update to be added to agenda for next meeting.	K Nicholls	Immediately	Added to agenda for next meeting.
2020-01-30: Item 4.2	**CEO's Report [paper B/20/05 refers]** Update on scenario planning around National Board Funding to be provided for next meeting.	C Sinclair/ C Low	26.3.20	Agenda item for next meeting.
2020-01-30: Item 5	People Report [paper B/20/08 refers]			
2020-01-30: Item 5.3	J Jones to review first year retention figures for future reporting	J Jones	Future meeting	
2020-01-30: Item 5.4	J Jones to add any trending data/analysis available into future reporting.	J Jones	Future meeting	
2020-01-30: Item 5.5	C Sinclair/J Jones to consider appropriate way to mark the staff transfer into Public Health Scotland	C Sinclair/ J Jones	Outwith meeting	
2020-01-30: Item 7.	NSS Strategy and Performance Update [paper B/20/06a refers]			
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		
2020-01-30: Item 7.7	C Low to add a section detailing split between recurring and non-recurring costs/savings and a subsequent risk profile be carried out and included in slides.	C Low	Immediately	
2020-01-30: Item 8	**Register of Interests [paper B/20/10 refers]** Members to provide any update on the register to K Nicholls as soon as possible.	All	Immediately	Complete.
FROM 1 NOVEMBER 2019				
2019-11-01 Item: 3	**Chairs Update**			
2019-11-01 Item: 3.2	Members to feedback any comments on the Whistle Blowing consultation to E McLaughlin.	ALL	12.11.19	Complete.
2019-11-01 Item: 3.2	J Jones to engage with Chief Executives via the HRD's group	J Jones	Immediately	Discussed at HRDs. There has been a meeting with the SPSO. Briefing note will be going to the Chief Executives.

Ref Item	Action	Responsible	Deadline	Status
2019-11-01 Item:3.2	K Redpath to update on response from Public Appointments re Stakeholder Non-Executive vacancy.	K Redpath	Outwith meeting cycle	After discussion with Cabinet Secretary it was deemed unnecessary for NSS to have a stakeholder on the Board. As a result recruitment will progress for a 'normal' Non-Executive. 14.1.20. Complete.
2019-11-01 Item: 5.2	NSS Mid Year Report M Neilson to circulate new Scottish Government guidance once available.	M Neilson	Outwith meeting	
2019-11-01 Item:7.1	Finance Report M Neilson, J Jones and C Low to look at options for communicating NSS mid-year position to staff.	M Neilson/ C Low/ J Jones	Immediately	Mid-year performance was communicated at the NSS senior management forum and will feature in the NSS Connected session led by the Chief Executive with all staff on 23 January 2020. [13.01.20]
2019-11-01 Item: 8	**Update on Public Health Scotland**			
2019-11-01 Item: 8.1	K Nicholls to circulate the update paper on PHS that had been presented to the recent Chief Executive's meeting.	K Nicholls	Immediately	Complete.
2019-11-01 Item: 8.2	K Nicholls to liaise with Professor McGoldrick re timeline document and circulate to Members.	K Nicholls	Immediately	Complete.
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	Item moved to June 2020 meeting.
2019-11-01 Item: 10	Governance Review			
2019-11-01 Item: 10.3	E McLaughlin/K Nicholls and K Redpath to work to implement recommendations and improvements to Board processes	K Redpath/ E McLaughlin/ K Nicholls	On-going	In progress. Item moved to June 2020 meeting.
2019-11-01 Item: 10.4	K Nicholls to review alternative venues for 2020 meetings.	K Nicholls	On-going	Complete.
FROM 6 SEPTEMBER 2019				
2019-09-06 Item: 3.	**Chief Executive's Update**			
2019-09-06 Item: 3.5	C Sinclair and A Rooney to discuss Digital Capture Payment Verification (DCVP) outwith the scheduled meeting.	C Sinclair/ A Rooney	Outwith meeting cycle	Full update to be provided to FPPC Feb 2020. Agenda item for that meeting.

Ref Item	Action	Responsible	Deadline	Status
2019-09-06 Item: 3.6	C Sinclair to ensure all risks relating to DCVP and CHI and Child Health were appropriate and updated.	C Sinclair	Immediately	Risks for DCVP updated as per EMT 21.10.19
2019-09-06 Item: 3.6	D Mitchelson to provide full report on all major IT projects and programmes to Board Members.	D Mitchelson	Immediately	Complete.
2019-09-06 Item: 4	**People Report** J Jones and J Miller to provide detailed update on sickness absence to the next NSS Staff Governance Committee.	J Jones/ J Miller	Next Staff Governance Committee	Added to forward programme for future SGC. KN 24.10.19
2019-09-06 Item: 8	**Finance Report**			
2019-09-06 Item: 8.2	C Low to add summary including risks for next reporting cycle.	C Low	1.11.19	Agenda item for 1.11.19
2019-09-06 Item: 8.4	C Low to ensure for future reporting any terminology used was fully explained including the criteria used in the RAG (Red, Amber, Green) status.	C Low	Future reporting.	Complete.
2019-09-06 Item:9.3	**Strategic Performance Update** K Nicholls to add this as a standing item for future meetings.	K Nicholls	Immediately	Agenda item for future meetings.
2019-09-06 Item: 13	**Digital Report** K Nicholls to move this item further up the agenda for future meetings to ensure appropriate discussion time was available.	K Nicholls	Immediately	Note added to forward programme for future meetings. Note: not included on 1.11.19 agenda.
FROM 28 JUNE 2019				
2019-06-28 Item: 3	**Chief Executive's Update**			
2019-06-28 Item 3.2	Clinical Waste – C Sinclair to report back to Board on the outcomes of the KPMG review of the clinical waste programme for the September meeting.	C Sinclair	6.9.19	CIC Agenda item for 6.9.19
2019-06-28 Item: 3.4	Public Health Scotland to be added to forward programme as a substantive item for future meetings.	Board Secretary	Immediately	Item added to forward programme.
2019-06-28 Item: 3.5	C Sinclair to provide regular updates on Centre of Expertise for Infection Control to future meetings.	C Sinclair/Board Secretary	Immediately	Item added to forward programme.
2019-06-28 Item: 3.8	Screening – C Sinclair and C Low to feedback concerns and frustration of the Board to Scottish Government and report back to next meeting.	C Sinclair/C Low	6.9.19	Agenda item for 6.9.19
2019-06-28 Item: 4.3	**Audit and Risk Annual Report** Board Secretary to liaise with CEO/Chair's Exec Assistant to programme in 6 monthly meetings with CEO/Chair and Chair of Audit and Risk Committee.	Board Secretary	Immediately	In progress.

Ref Item	Action	Responsible	Deadline	Status
2019-06-28 Item: 11.3	**Remuneration and Succession Planning Annual Report** Mr Deffenbaugh to add/discuss further information relating to remuneration of clinicians to the next Committee meeting.	J Deffenbaugh	27.9.19	Agenda item for RSPC. Added to forward programme.
2019-06-28 Item: 11.5	E Ireland to work with new NSS Chair to review membership of committees and rotation of chairs to ensure adequate succession planning.	E Ireland	Immediately	KN discussed the KR and it was agreed that this item added to forward programme for next development session.
2019-06-28 Item: 13.1	**eHealth Lessons** Learned Board Secretary to circulate eHealth Lessons Learned presentation to all.	Board Secretary	Immediately	Complete.
2019-06-28 Item: 14.1	**Finance dashboard**: All to feed back comments on the paper and proposed dashboard to C Low by email as soon as possible.	ALL/C Low	Outwith meetings	Complete.
2019-06-28 Item: 15.14	**Sturrock Report** J Jones to add 'safe spaces' for staff to be able to raise any concerns/issues to the NSS Action Plan in response to the Sturrock Report prior to submission.	J Jones	Immediately	Complete.
2019-06-28 Item: 17.2	**Workforce End of Year Report –** J Jones to provide breakdown of active cases for next Staff Governance Committee meeting.	J Jones	27.9.19	Complete.
2019-06-28 Item: 18.3	**Workforce Strategy** – J Jones and K Dunlop to review and update strategy for next meeting.	J Jones/ K Dunlop	6.9.19	Agenda item for 6.9.19
2019-06-28 Item: 20	NSS Digital Update			
2019-06-28 Item: 20.2	CHI and Child Health Index – C Sinclair/E Ireland and K Dunlop to report back on outcomes of scheduled meetings at the earliest opportunity.	C Sinclair/ E Ireland/ K Dunlop	Immediately	Agenda item for 6.9.19
2019-06-28 Item: 20.3	Office 365 – C Sinclair to update Chair/Vice Chair on outcomes of funding decision meetings at the earliest opportunity.	C Sinclair	Immediately	Agenda item for 6.9.19
2019-06-28 Item: 20.4	Board Secretary to add CHI and Office 365 to forward programme as standing items for future meetings.	Board Secretary	Immediately	Complete.
2019-06-28 Item: 21.3	**NSS Strategy Framework** Board secretary to add to forward programme as standing item and development programme.	Board Secretary	Immediately	Complete.
2019-06-28 Item: 22.3	**Bi-annual Risk Management Update** M Morgan to review organisational risk in line with new NSS Strategy to ensure appropriate risks are being captured.	M Morgan	Immediately	Agenda item for 1.11.19

Ref Item	Action	Responsible	Deadline	Status
2019-06-28 Item: 27.1	**Statutory Fire Training** Board Secretary to update LearnPro with names of those who received training.	Board Secretary	Immediately	[KN 16.07.19]
2019-06-28 Item: 29.1	**NSS Governance Structures** Board Secretary to add to forward programme for a future meeting.	Board Secretary	Future meeting	Complete. Added to development session list for October 2019.
FROM 5 APRIL 2019				
2019-04-05 Item: 2.2	**Chair's Report** K Nicholls to submit approved Blueprint for Corporate Governance on behalf of the Board.	K Nicholls	30.4.19	Submitted. Item Closed.
2019-04-05 Item: 3	Chief Executive's Report			
2019-04-05 Item:3.6	I Cant to work with Board Secretary to review channels for sharing CEO's update with all staff.	I Cant/Board Secretary		Options to be trialled and report back to future meeting.
2019-04-05 Item: 3.7	C Sinclair to circulate report on supply routes across the EU and preparations for hard EU Exit.	C Sinclair		Complete
2019-04-05 Item: 3.7	C Sinclair and J Miller to look at possibilities for a hard EU Exit rehearsal and report back to next meeting.	C Sinclair/ J Miller		Move to September Board meeting. Added to forward programme.
2019-04-05 Item: 3.9	M Morgan to provide update on PHS outwith meeting if required.	M Morgan	Outwith meeting cycle	Agenda item 28.6.19
2019-04-05 Item: 3.9	Board secretary to add to forward programme as a standing item.	Board Secretary	Immediately	Complete. Item closed.
2019-04-05 Item: 3.10	Board Secretary to work with M Morgan/C Low and J Jones around a development session on NSS readiness for shared services.	Board Secretary/ M Morgan/ C Low/J Jones	Outwith meeting cycle.	Move to Board Off-site/Development session October 2019. Forward programme updated.
2019-04-05 Item: 4	NSS Strategic Delivery Plans			
2019-04-05 Item: 4.3	Board Secretary to add 'ways to measure and monitor progress on strategy' to May development session.	Board Secretary		Complete. Item closed.
2019-04-05 Item: 4.7	C Sinclair to ensure visibility of digital/IT transformation into all planning.	C Sinclair		Complete.
2019-04-05 Item:9.1	**Update on Register of Interests** Board secretary to update RoI with recent changes.	Board Secretary	Immediately	Complete.
2019-04-05 Item: 10	Highlights from Board Sub-Committees			
2019-04-05 Item: 10.1	C Sinclair to work with M McDavid to discuss due diligence and contract schedules outwith meeting.	C Sinclair/ M McDavid	Outwith meeting	Complete.

Ref Item	Action	Responsible	Deadline	Status
2019-04-05 Item: 10.2	Board Secretary to add a section to the next development session on 'how the board works' outwith a formal meeting.	Board Secretary		Complete. Item discussed at May Board development session.

Operational Performance, Risks and Issues – February 2020
NSS EMT Meeting 24 March 2020/Board Meeting 26 March 2020

1. Introduction

This report is to highlight to the NSS Board any exceptions on corporate operational performance, risks and issues.

Performance issues identified will be in relation to: 'Customers at the Heart'; 'Increase Service Impact' and 'Improving the Way we do Things'. This will complement the Finance and People Reports with information on whether we are on track with our commitments; highlight any issues and identify what we are doing to keep these on track. The 'percentage on track' for each objective is the percentage of green and blue indicators to the total number of indicators. This includes more than Operational Delivery Plan performance.

This report will also provide information on red risks and any issues identified within the corporate risk register.

The Board is asked to note the content of the report.

2. Performance

N.B. It should be noted that the KPI returns have been adversely impacted by the NSS response to the current Covid 19 situation.

Of the usual 82 Performance KPIs 55 updates have now been returned.
27 were not received. Measures not received include PCF, DaS, Finance and Clinical.
These areas have been chased, however are under sever pressure at present.

A summary of performance at the time of writing is as follows.

Customers at the Heart – 88% (of those returned on track)
- There was One amber indicator
  FOI responses >20 days (num). There was 1 incident during the reporting period.

1 indicator is grey (haven't been reported this period)

Increase Service Impact – 95% (of those returned are on track)
1 indicator is red –

- **Release the first ISD official statistics social care publication** - First publication has been released and web consultation completed regarding revising the publication. Decisions being made on what is possible for the next publication and what is for future publications taking into account the resources available. Data submissions have improved and we are close to final file for analysis however an issue with duplicate records means final extract for analysis is delayed until the issue is resolved with IT. Development work on publication is still taking place and publication date will have to be reviewed and likely to be End of May 2020.

1 indicator is amber
- **Social Care – Review analyses by Sept 19 & disseminate refined analyses Mar 20.** Data has been uploaded and tables in Dashboard produced. Following demo some changes required which may impact on the March deadline.

21 indicators are grey (haven't been reported this period)

Improve the Way We Do Things – 67% on track
- One indicator remains amber.. There was 1 BCP incident. Response to novel coronavirus (2019 n-Cov) This has been highlighted as an incident as Health Protection Scotland invoked their Incident and Emergency Response Plan providing emergency response 7 days per week.

- 5 of the indictors are grey (haven't been reported this period)

3. Risks

There are 10 corporate red risks in total. More detail is appended. There is a risk that -
- 5881 Coronavirus Covid-19 could have an impact on resourcing across NSS
- 5782 nDCVP Additional Costs following proposal review.
- 2904 Health Protection Capacity & Resilience
- 5710 Current DCVP system not able to support operations;
- 5671 nDCVP system not delivered against costs and timescales
- 4577 IG Legislation breach
- 5742 GP IT reprovision fails to continue functionality
- 5523 Insufficient funding for National Security Operations Centre
- 4591 UK exit from EU impacts on the way NSS operates;
- 3608 Medical Staffing

4. Issues

3 corporate issues have been identified. These are appended.

- 5356 Failure to meet timelines for implementation of FMD - Safety Features Regulation
- 4947 Resources required to deal with cyber security.
- 3886 Delays and/or failure in internal IT service provision impacting the ability of SNBTS to meet the needs and expectations of customers/stakeholders;

Caroline McDermott, Head of Planning
Marion Walker, Risk Manager Lead
Steve Wallace Planning and Performance manager

NSS Risks Red EMT Summary 18/03/2020

Business (Red/High)

ID	Date Raised	SBU	Title	Risk Description	Proximity Date	Last Update	Risk Rating	Residual RAG	Secondary Category	Financial Impact
5881	05/03/2020	NSS	Coronavirus	There is a risk that the COVID-19 outbreak could have an impact on resourcing across NSS, potentially increasing workload pressures on staff and limiting our ability to deliver a full range of services - particularly within HPS and NP, where most support is being provided to help manage the outbreak in Scotland.	30/06/2020	05/03/2020	16	12	Staff	£250K - £1,000K
5782	06/12/2019	PCFS	nDCVP - additional costs following proposal review	The supplier will be carrying out a review of their proposal following formal sign-off of the functional and non-functional requirements. There is a risk that this may result in an additional funding requirement.	31/03/2020	21/02/2020	16	6	Reputational	£100K - £250K
2904	31/10/2012	PHI	Health Protection Capacity & Resilience	There is a risk that operational delivery could be hindered if demand for frontline health protection support continues to increase and HPS cannot meet the demand.	31/03/2020	25/02/2020	16	12	Clinical	£250K - £1,000K

ID	Date Raised	SBU	Title	Risk Description	Proximity Date	Last Update	Risk Rating	Residual RAG	Secondary Category	Financial Impact
5710	22/10/2019	PCFS	Current DCVP System	As a result of current DCVP (Data Capture Validation and Pricing) being out of support, there is a risk that the system will not support operations until new DCVP is developed and implemented.	31/03/2020	24/02/2020	15	10	Reputational	£250K - £1,000K
5671	12/09/2019	PCFS	nDCVP Programme	There is a risk that New DCVP (Data Capture Validation and Pricing) will not be delivered to agreed costs and timescales.	16/03/2020	21/02/2020	15	10	Reputational	>£1,000K
4577	25/05/2017	NSS	IG legislation breach	There is a risk that NHS NSS breaches relevant legislation in relation to information due to incomplete organisational preparation for new laws e.g. in data protection and also due to inadequate staff awareness of these laws, their responsibilities and understanding of policies, procedures and safeguards in place	31/03/2020	27/02/2020	15	12	Reputational	>£1,000K

Reputational (Red/High

ID	Date Raised	SBU	Title	Risk Description	Proximity Date	Last Update	Risk Rating	Residual RAG	Secondary Category	Financial Impact

ID	Date Raised	SBU	Title	Risk Description	Proximity Date	Last Update	Risk Rating	Residual RAG	Secondary Category	Financial Impact
5742	14/11/2019	PCF	GP IT reprovision fails to continue functionaility	There is a risk that current functionality taken three years to create will be lost overnight when the new system is introduced causing significant reputational damage to NSS from UK and Scottish Government due to the re-provision team not ensuring a smooth transition with no loss of clinical services for GPs.	31/03/2020	02/03/2020	20	8	Clinical	£250K - £1,000K
5523	31/05/2019	DaS	National Security Operations Centre	There is a risk that there will not be sufficient funding for a National health Security Operations Centre (SOC) as recommended by SG and Gartner review	29/05/2020	28/01/2020	15	5	Business	N/A
4561	15/05/2017	NSS	Brexit	There is a risk that the UK's exit from the European Union impacts on the way that NSS operates due to resultant change in membership/access to EU organisations and institutions in which NSS SBUs participate	31/12/2020	05/03/2020	15	10	Business	£250K - £1,000K

Clinical (Red/High)

ID	Date Raised	SBU	Title	Risk Description	Proximity Date	Last Update	Risk Rating	Residual RAG	Secondary Category	Financial Impact

3608	24/10/2014	SNBTS	Medical Staffing	There is a possibility that medical posts will retire / resign before a fully completed medical workforce plan is in place. The commonest pool for medical staff within SNBT is from Haematology which is currently a UK shortage specialty. It may therefore be difficult to recruit into vacant posts.	30/03/2020	11/02/2020	16	6	Business	£10K - £100K

ID	Audit Column Name	Audit Updated On	Audit Old Value	Audit New Value	Prior Risk Rating

5356   **Failure to meet timelines for implementation of FMD - Safety Feat**   **Last Update 21/02/2020**

Date Raised	SBU	Risk Description	Impact Description	Owner	Impact	Primary Category
11/01/2019	SNBTS	There is a risk that SNBTS fails to comply with the change in regulations by the deadline of February 9th 2019. The EU delegated regulation laying down detailed rules for safety features appearing on the packaging of medicinal products for human use (EU 2016/161) will be transposed in to UK law via the medicines regulation 2019 on 9th February 2019.	Failure to comply may impact the ability of SNBTS to supply medicinal product (plasma products) under the WDA	evelyn mclennan	3	Clinical

ID	Action Created Date	Action Plan	Updated On	Update Description
5356	11/01/2019	Identify short and long term IT scanning solution	21/02/2020	Warehouse staff went live with Securemed App in Jan 20 for product issues to TCAT. Manufacturing awaiting IT upgrade of despatch PC prior to go live. SOPs drafted. Go live estimated March 20. Securemed App procured for further year until longer term solution purchased.
			20/12/2019	Long term solution still to be identified. Focus is currently on implementation of short term solution
			03/10/2019	Long term scanning solution to be confirmed
			05/08/2019	05 Aug 19 -Short term scanning solution being implemented. Due date revised
			03/06/2019	Short term implementation ongoing - due date changed
			28/03/2019	Completed
			07/02/2019	Short term solution identified and planning for testing ongoing. Will be captured via local change control
	11/01/2019	Determine stock on non 2D barcoded Octaplas and therefore date required for IT system implementation	21/02/2020	Warehouse staff went live with Securemed App in Jan 20 for product issues to TCAT. Manufacturing awaiting IT upgrade of despatch PC prior to go live. SOPs drafted. Go live estimated March 20. Securemed App procured for further year until longer term solution purchased.
			20/12/2019	Incident was raised (QIN 8298 - Octaplas issued without being decommissioned) as bar coded stock issued without decommissioning. Corrective action managed via incident. This action can be closed
			03/10/2019	Due date updated - validation documentation in preparation

03/10/2019	Validation documentation for scanner in preparation
05/08/2019	scanning solution still being implemented. Due date changed
03/06/2019	IT system implementation still ongoing. Due date changed.
28/03/2019	Completed
07/02/2019	Additional stock ordered, due dated changed until implementation dated confirmed

4947   Cyber Resilience

Last Update 17/01/2020

Date Raised	SBU	Risk Description	Impact Description	Owner	Impact	Primary Category
28/03/2018	DaS	Risk that the high increase in technical backlog, the high dependency on core business and increasing threat of cyber attack consume available resources.	Security incident impacts on BAU Service delivery and results in loss of service and/or data.	colin howarth	4	Business

ID	Action Created Date	Action Plan	Updated On	Update Description
4947	29/03/2018	Internal NSS IT resilience improvements as per internal audit recommendation in 2017.	26/11/2019	One Security Analyst offer made; Working with Agency to agree process for Security Architect
			26/11/2019	One Security Analyst offer accepted Working with Agency to agree process for Security Architect. Met with HR business partner and attempting to progress through various forms and panels
			26/09/2019	One senior post (Cyber Security Architect) has not been filled due to lack of suitable applicants ¿ this will be re-advertised with agency. One Information Security Analyst post has been interviewed and is likely to be filled (despite a low number of applicants). A final security analyst post is to be advertised.
			26/08/2019	Recruiting is still in process but have had too few applicants for advertised posts, possibly due to salary offering not competitive in the market for the type of skills sought. We are continuing to advertise and looking into option to use agency/other advertising options.
			01/08/2019	AB to follow up with C Howarth to see if this issue should be closed
			31/05/2019	There have no major cyber incidents reported since the last update.
			22/03/2019	No further update to February update. No major Cyber incidents have been reported this month.
			28/02/2019	We are trying to get the third party service provider (for the 'failed' website service) to provide a solution tested and implemented as soon as possible Target date for next test end April 19.

Date	Update Description
18/12/2018	Awaiting the outcome of the RAM submission
23/11/2018	WE failed Cyber Essentials due to an old remote server. Funding being requested in RAM for scanning monitoring tools to ensure servers like this are spotted and upgraded as required
24/10/2018	Alex Bolton to ensure that report following the reassessment has been produced and any further actions noted
25/09/2018	Actions from Cyber Essentials being progressed to plan. A Cyber Essentials reassessment is due to take place on 8th and 9th October, following which, a report with further possible actions will be produced
27/08/2018	Work ongoing. Ab to confirm who should own the risk whether it should be one of the AD's
27/07/2018	No change to the status of this Issue. Work continues
26/06/2018	Work continues on achieving the end August date. No major issues to date.
28/05/2018	Software upgrades have taken place and more scheduled. All need to be completed by August to ensure the Cyber Essentials can be run and complete by end of September
02/05/2018	Work is ongoing on this action. Meetings planned for early May to assess progress

3886　　**Delays and/or failure in internal IT service provision**　　　　　　　　**Last Update 28/01/2020**

Date Raised	SBU	Risk Description	Impact Description	Owner	Impact	Primary Category
17/07/2015	SNBTS	There is a risk that delays and/or failure in internal IT service provision will impact on the ability of SNBTS to meet the needs and expectations of customers/stakeholders	Business - Significant delays to project completion with compounding delays caused to pipeline and new demand; Reputation - SNBTS is seen as not delivering as and when expected; Clinical - System functionality not available when required which could lead to issues with level and quality of service given to donors and/or patients; Staff - can not complete project work as expected causing disruption to schedules and workloads	hazel thomson	4	Business

ID	Action Created Date	Action Plan	Updated On	Update Description
3886	15/11/2017	Please provide report on SNBTS IT resilience and any unplanned incidents over past year	29/03/2019	Action complete
			22/03/2018	report received, themes identified and discussed at SNBTS/IT meeting Feb 2018. Outcomes include IT clinical team to attend SNBTS IT meeting; promoting 3rd Party supplier understanding of impact of prolonged downtime; Continue with planned infrastructure changes
			17/01/2018	Summary of incidents has been undertaken. Further consideration of themes and any recommendations being prepared for submission by mid Feb 2018

			15/11/2017	Report awaited and risk will be formally reviewed thereafter
22/05/2017	Establish more formal links with IT clinical and technical teams		29/03/2019	Established Digital Strategy & IT Demand Delivery group which meets monthly to ensure plans are progressed to schedule and all parties have a common awareness of commitments
			22/05/2017	Show and tell sessions delivered to IT teams by MM - well received
18/07/2016	Review risk post lessons learned exercise following Dec 2015 incident. Exercise to be held 21 July 2016		21/03/2017	Risk reviewed. There have been substantial upgrades to IT infrastructure reducing the risk of failure
			17/10/2016	Complete - CAPA underway
17/07/2015	IT SBU have been asked for a plan to show how SNBTS IT demand requirements can be met within the financial year		20/01/2020	2 new team members will be starting 10 Feb 2020. Come February, the resource level will be equal to the level prior to FY 2019/20.
			19/12/2019	Interviews occurred week 16 Dec 2019.
			29/11/2019	Recruitment in progress. Expectation is to have posts filled by the end of January. In the meantime SNBTS staff resource identified to assist with progress of key project deliverables in the immediate term.
			31/10/2019	Action plan in place to deal with immediate pressure and under regular review. Recruitment process underway but will be some time before staff resource sufficient to expedite parked prioritised projects. Further discussion to consider longer term, sustainable resolution.
			20/09/2019	Risk escalated to issue Sep 2019: Application support staff resource at critically low level with consequential slippage on project delivery and inability to resource waiting prioritised projects which are of strategic importance to NHS/NSS/SNBTS. SBAR submitted to SMG to raise awareness and propose short term alleviation of the issue and initiate discussion and planning for a longer term resolution appropriate to business operations and strategic priorities.
			31/03/2016	IT workplan reviewed by OMG in March
			22/12/2015	Plan included in 2015/16 plan with clear horizon scan
			18/08/2015	IT/Business meeting planned for 20th August

NSS Board
Thursday, 26 March 2020

People Report – February 2020

Purpose

The purpose of this paper is to provide the Board with a range of workforce data and information to allow discussion and agreement on issues of concern.

Recommendation

The NSS Board are asked to note the information contained in the cover paper and the key points contained in the attached slides.

Timing

The report provides a position as at 29 February 2020.

Summary

Overall NSS remains in a positive position on the range of workforce issues reported to the Board. Any areas that require improvement continue to be addressed as required through the Executive Management Team, with individual SBU Directors and at the NSS Partnership Forum. This includes performance on statutory training where compliance figures have improved since the last report to the Board and mandatory training. The percentage figures for completion of objective setting and PDPs on the TURAS system are also improved from the last report. The HR Business Partners continue to raise awareness and this is a regular point for discussion at SBU SMT meetings.

A number of activities have taken place recently to support the improvement of people management practices and employee experience in NSS. These include:-

- **The Coaching Matters Network** is now in its third year, with eight Nationals Boards working together to share good practice and coaching resources; this coming year NSS will be chairing the Network with a focus on improving our evaluation and reporting activity while continuing to modernise and digitalise our systems and processes through opportunities presented through Turas Learn, 365 and Teams, Dashboard reporting, etc.
- **Values Refresh Workshops**. SBUs have local action plans in place to deliver face to face Values sessions. With an NSS population of 2,971 (excluding PHI and any new starts) NSS are at 64% completion overall for NSS staff attending Values Refresher Workshops to mid January 2020. The People Dashboard went live early February 2020 showing an NSS total of 48.05%. A communication was sent out by the HRD in February, advising Directors there was a risk of NSS not achieving this target and asking that focus be put on during the last few weeks of delivery and submitting data in order to provide accurate reporting.
- **NSS Mentoring Pilot.** The EMT and Partnership Forum in January approved a six month NSS mentoring pilot programme. During February HR has researched and defined a programme shape, recruitment and selection process, evaluation metrics and mentoring training required. In March, using the enhancing leadership capability database, the Directors will be contacted directly to source nominations for both mentors and mentees for the pilot with a view to a launch event late April/early May. Once the pilot programme has been evaluated consideration will be given to scaling up and rolling across NSS.
- **Supporting Case Management**. The defined pool of administrative staff to support certain elements of case management is now gaining momentum with staff recruited to roles and several investigating managers are already utilising this support. Training will be provided by HR on policy and process when we are able to do so.

- **Disability Confident Employer**. NSS attained the Disability Confident Employer status (Level 2) which was internally communicated at the start of the year. This is being followed up with a social media campaign utilising Twitter and LinkedIn with the aim of acknowledging the achievement and enhancing NSS's position in the market as an employer of choice. The Level 2 status is a two year award. Our ambition is to explore achieving Disability Confident Leader, Level 3 in Quarter 3 of 2020/2021 depending on the Covid19 situation.
- **Once for Scotland Workforce (OfS) Workforce Policies** - the first six revised policies launched on 1 March 2020. Information Sessions have been run across NSS Scotland sites in January and February, covering 13 sites and capturing approximately 466 staff. Feedback has been positive and updates to HR Connect have been made to sign post staff to the new workforce policies website. Case management has been promoting the OfS workforce policies, coaching managers in the practical application of the new policies prior to the go live date of 1 March.
- **Sturrock Action Plan** – Following conclusion of the short life working group which was tasked with considering options to provide staff with a safe space/place, a paper with recommendations is currently being finalised. It is anticipated that this paper will be presented to the EMT and Partnership Forum meetings in April. A further update will be provided in the next report to the Board. The proposal developed by HR to run and assess a mentoring pilot has been agreed by the EMT and Partnership Forum. Directors are being contacted during March and those employees on the NSS SBU succession plans will be approached as mentors. Following this a development session is planned for the NSS mentors. The majority of actions on the Sturrock action plan have now been completed and the small number of remaining actions continue to be progressed.
- **iMatter** – iMatter has been suspended for the time being due Covid19. Focus groups have taken place in Edinburgh, Glasgow and Canderside in order to help understand staff perceptions around the areas identified by the Partnership Forum for focus - "involved in decisions" and "visibility of senior managers". Unfortunately, the remainder of the focus groups planned have been cancelled due to Covid19. However, the feedback that we already have from the groups will be used to identify actions for inclusion in the 2020/21 Great Place to Work Plan.
- **Sickness Absence** – The NSS Sickness Absence rate has seen very little change from January to February, with a 1% reduction from month to month, to the current YTD rate of 4.27%. Long term increased by 0.1% and short term absence reduced by 0.1%. Excluding PHI SBU, the current YTD rate is calculated at 4.57%. The sickness absence rate is expected to end the year at 4.25%, which is 0.04% above the 2018/2019 year end rate.
- **RIDDORs, Accidents, Incidents** – There was one RIDDOR reported to the Healthy Working Lives Team in February 2020, which occurred in November 2019. NSS to date have submitted four reports. The new health and safety performance management system will be launched In April 2020 for reporting of incidents and accidents.

Jacqui Jones
Director of HR and Workforce Development
18 March 2020

NSS People Report

February 2020

Summary

Absence

At NSS level the sickness absence rate shows little change from January to February. Current YTD rate is at 4.27%, remaining under the UCL, calculated at 4.53%. PCF, P&CFS, Finance and SNBTS remain above the NSS target. However, Finance has continued to reduce due to employees returning from LT sickness absences. HR are continuing to collect data and monitor the number of staff self isolating and those who have been diagnosed with Coronavirus. As at 18 March the number of staff self isolating is 72.

Turnover

NSS turnover rate is expected to end the year under the 7% target, at 6.42%. DaS, PHI and SPST are expected to end the year above the NSS target. SPST is currently at 11.62%.

Turas

The completion rates for Objectives and PDP are still low at NSS level. HR have been working with Directors to support in increasing the number of employees signing in and completing PDP and Objectives. In summary :-

- Some staff are on the wrong SBU which impacts on the data
- Lack of understanding of the system (user error of line manager not accepting objectives) and therefore it does not show as completed in the monthly report
- Lack of importance on the understanding of carrying out objective setting meetings, putting service delivery ahead of people management
- High numbers of new starters (still within the first three months) with no objectives

Statutory Training

Statutory compliance has increased to 81.72% .

Values

Attendance rates appear lower than expected, this is due to the process required to input attendances. HR will be reviewing this process to ensure compliance rates are reflected in the year end report.

Statistical Process Control

Sickness Absence SPC
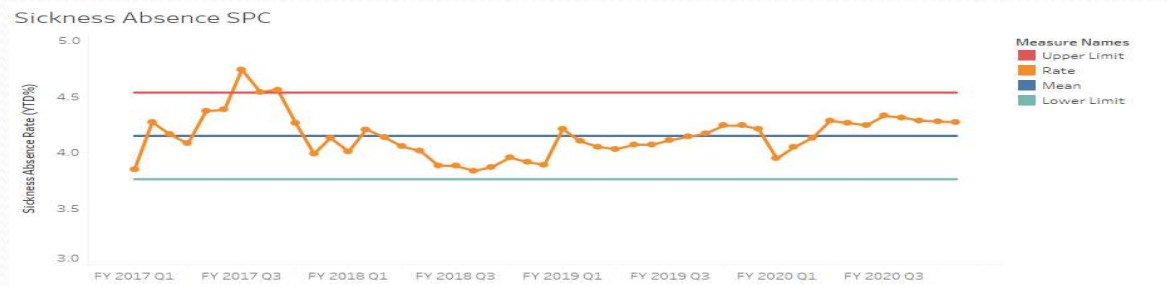
The NSS sickness absence has continued to reduce from 4.33% in October to 4.27% in February. The average over the past three years has been calculated at 4.15%, which is just above the NSS target of 4%.

There are several SBUs that sit under their calculated means: CLO, HR, SNBTS, and SPST.
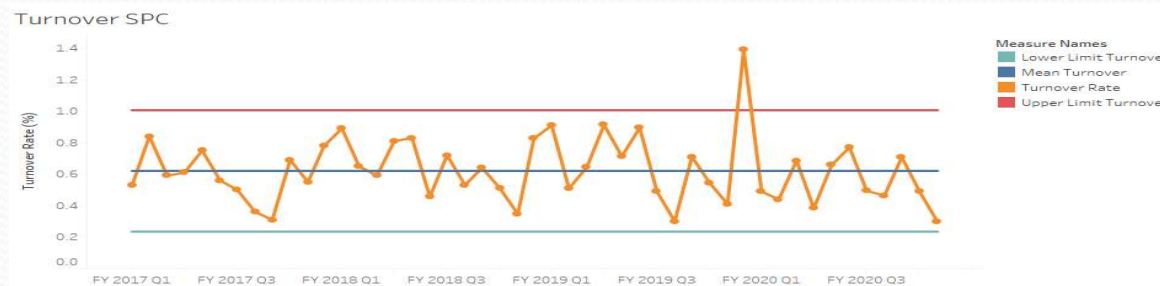
Turnover SPC

The NSS turnover rate has reduced to its lowest since November 2018, at 0.3% for the month, sitting below the average control limit of 0.62% . Across the three years the trend indicates a reduction in February is expected, with an increase in March.

Sickness Absence

NSS Sickness Absence rate has seen very little change, reducing by 0.1% from January 2020, to 4.27%.

0.03% higher than February 2019.

There have been minimal changes in Short Term and Long Term absences.

Taking in to account the transfer of PHI to PHS, NSS sickness absence rate is expected to increase, Currently with the removal of PHI the NSS rate = 4.57%.

SA Trend

Finance SBU sickness absence has reduced for the fourth month to 5.22%. No Long Term absences recorded in February. Rate is 0.63% lower than it was at the start of the FY and 0.95% lower when it reached its highest overall rate of 6.17% in October.

HR SBU sickness absence rate at 2.97%. The lowest rate recorded over the past three years. Long Term absence continues to reduce by a further 0.3% from January.

PCF SBU sickness absence has slightly increased due to an rise in Short Term absence. Absence rate currently sitting at 6.43% YTD. This is nearing the UCL which is at 6.80%. A Wellbeing week has been launched, including health related, proactive activities and information sessions at Canderside in March.

Case Management

New Triggers
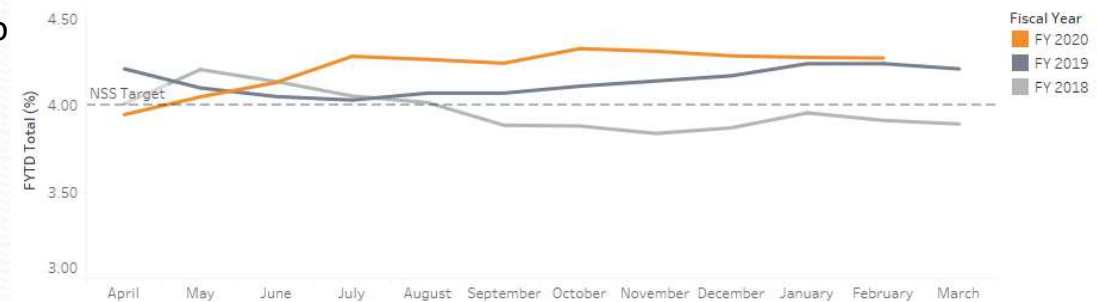
There are 217 employees on an Active Trigger based on absences within a rolling year. 36 (16.5%) are currently being supported by HR.

Reduction in employees hitting a trigger/further absence.

Seven employees have hit both Day and Episode Triggers.

Breakdown of Active Cases

Attendance = 37 active cases (+5)
Capability = 96 active cases (+8)
Conduct = 14 active cases (-)
Dependency = 1 active case (-)
Dignity at Work = 4 active cases (+1)
Grievances = 3 active cases (-)

1 employee dismissed
9 employees under review – Poor Performance
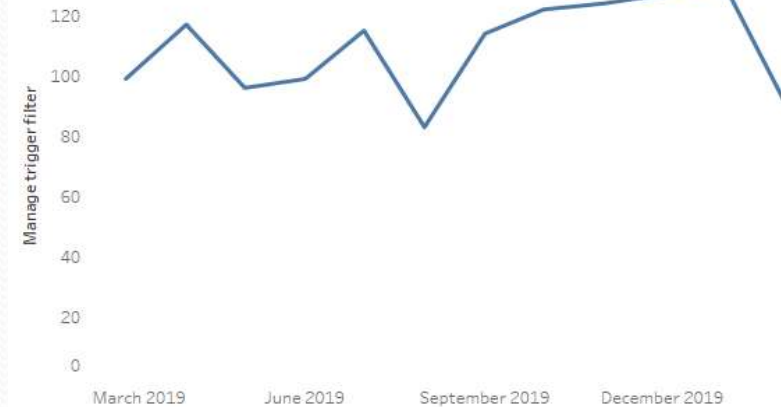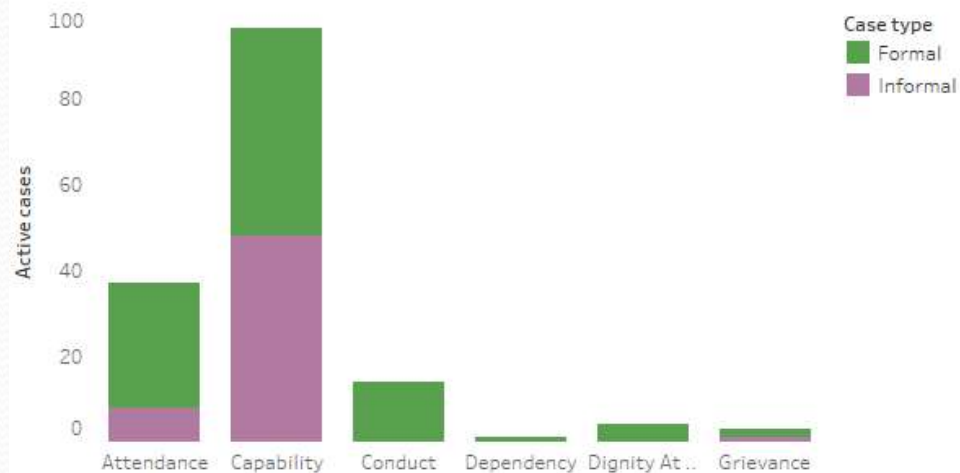
Special Leave

COA Trend

Current month	Current FY	Previous FY	
£14,637	£222,416	£180,359	Cost of Special Leave
959	12,785	10,390	Hours Lost

Special Leave Reason

Bereavement	£7,601
Carer	£2,929
Compassionate	£2,104
Emergency / domestic issues	£1,835
Bad weather conditions	£168
Unknown/Not Applicable	£0

The most common reason for Special Leave in February 2020 is Bereavement, which has reduced by £1,721 from last month. The total cost of Special Leave for February 2020 is £14,637, equal to 959 hours.

Hours lost has increased and cost has decreased due to reduction in hours of Band 8+ employees, and increased hours in lower bands.

SNBTS SBU makes up 66.2% of total cost for Bereavement.

HR are currently working with SBUs to ensure all Special Leave has been requested through eForms.

We are looking to enhance the special leave dashboard to monitor requests for leave in relation to Covid-19.

SBU Filter

- Central Legal..
- Digital and S..
- Practitioner ..
- Procure Com..
- Public Health..
- SNBTS (Div/C..
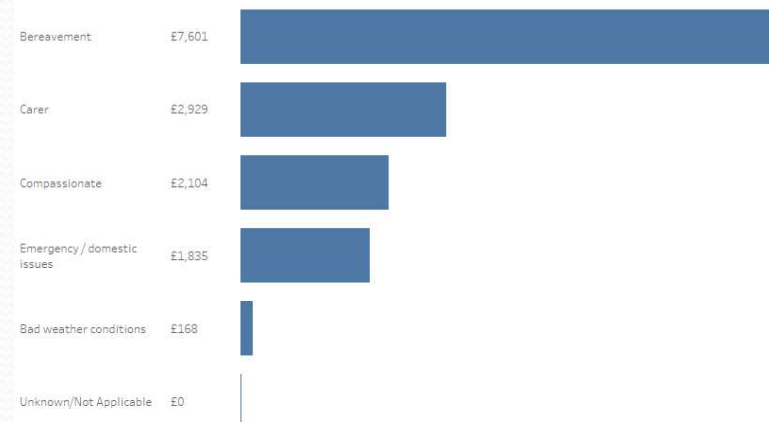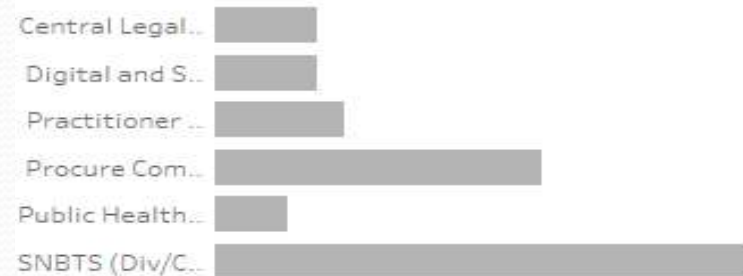
Turnover

Turnover

NSS turnover rate is at 6.70% YTD, and is expected to end the year at 6.42%, under the 7% target.

Lowest Turnover rate in FY. Reduction follows seasonal trend – expected to increase for year end.

26 New Starts
PHI SBU – 10 New Starts
       - 8 Information Analysts
       - 1 Librarian
       - 1 Data Management
       Officer
SNBTS – 8 New Starts
       - Various roles

Number of leavers reduced for second month to 10.
Main reason:
4 - Voluntary Resignation - Other
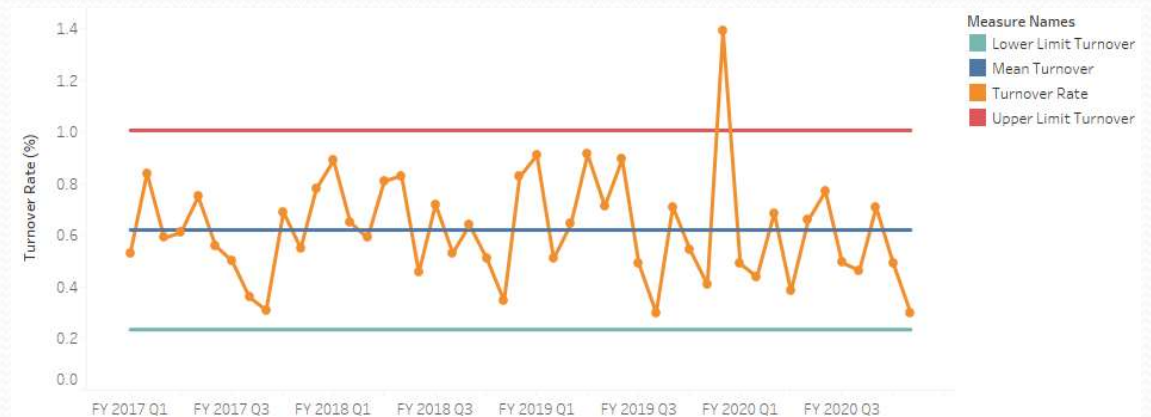
Mandatory/Statutory Training

2 Year Compliance	3 Year Compliance	Statutory Compliance
92.92%	90.08%	81.72%

At NSS level, there have been minimal changes to compliance rates for 2 Year, 3 Year and Statutory courses. Finance is the only SBU who has achieved over 90% compliance overall.

At NSS level for course compliance NSS: Fire Admin, NSS: Standing Financial Instructions and NSS: Manual Handling are all below the 10% compliance threshold with 81.72%, 85.00% and 89.07% respectively.

There are a number of SBUs that are below compliance in a majority of courses:
- PCF is below 90% compliance for all courses – one below 80%
- DaS is below 90% compliance in seven out of nine courses
- HR is below 90% compliance in six courses and below 80% in one course
- SPST is below 90% compliance in eight out of nine courses

Turas Appraisal

Appraisal Compliance	PDP Compliance	Objective Compliance	Post Outlines Missing	No of. A4C Employee No Login
57%	58%	58%	101	414

- At NSS level, there has been little change in compliance rates with PDP and Objective compliance, with both increasing by 1%. Appraisal Compliance is expected to increase over the next few months with the new FY.
- The number of AfC employees not signed in has reduced by 14.
- HR are working closely with all SBUs to help reduce the number of employees who have not logged in, which is expected to reduce significantly year end.
- Managers need to ensure the correct process is followed so Objectives and PDP entries are signed off properly – guides can be found in HR Connect

- Clinical remains the only SBU with any compliance at 100% (Objective Compliance).

Recruitment

Application Completion Rate
61.96%

Offer Acceptance Rate
95.66%

First Year Retention Rate
85.39%

Time to Hire

Applied through Adverts
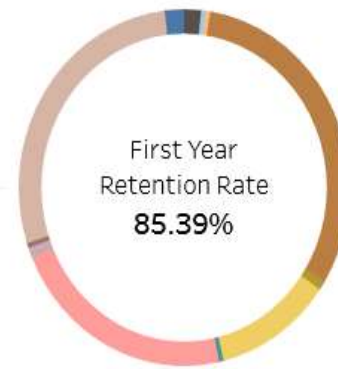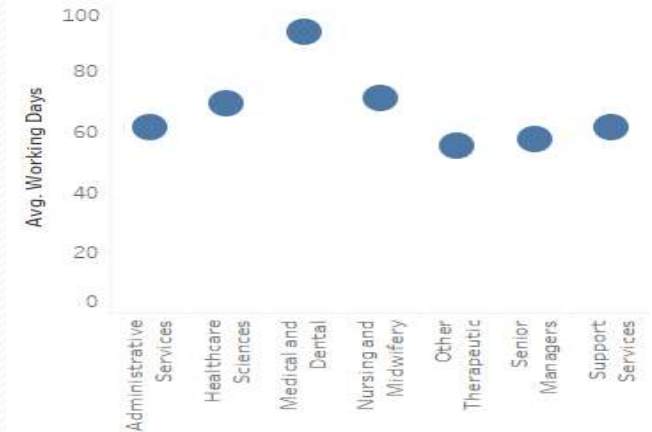
30 jobs advertised in February – offering 35 vacancies
- 60% Administration Services
- 71% Permanent contracts

Applications completed in February – 72.79% (54.29% January)
Offer Acceptance YTD – 96.54% (100% January – No completed jobs in February)
First Year Retention – 85.41% (92.54% Permanent employees)

Time to Hire – Average 34.12 days from Pre-employment checks to Start Date
Average 22.65 days for Administrative Services

Occupational Health & Safety

RIDODRs, Accidents, Incidents

There was one RIDDOR injury reported to the Health and Safety Executive during February 2020. A full review of the incident and internal process has been undertaken and actions identified for the Business Unit to review and implement. NSS to date have submitted four reports.

Work continues through the Health & Safety Advisors along with managers to ensure that the correct control measures are identified and are in place along with appropriate management controls being embedded.

The number of incidents reporting has significantly increased from during January and February. 50% of reported reasons have been classified as "Other". Five of these were within SNBTS and two in PCF.

There has been little change in the number of Non-RIDDORs reported between January and February. The main reason continuing to be Slip, Trip, Fall on the same level.
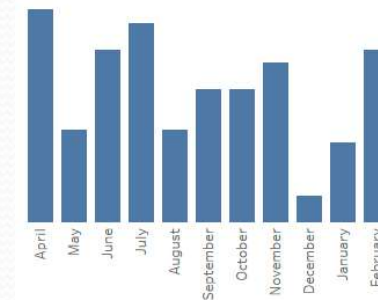
Incident Summary | Non Riddor Summary
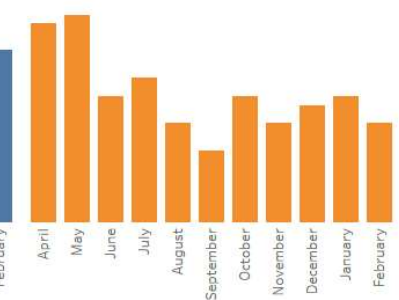
Number of Days Absence due to Injury/Accidents

Lifting/handing/carrying an object	177
Slip, trip, fall on the same level	33
Collision with an object	31
Security issue	23
Contact with hot /very cold surface/object	10
Musculoskeletal disorders (back/lower limb)	8
R3 Over 7 day incapacitation	7
Other	3
Collision with Object/struck against stationery object or equi..	1
Fall from height	1
Lifting/handling/carrying a person	1
Road traffic accident	1
Cut with sharp object or material (not needlestick)	0

Report Trend

Occupational Health & Safety

Wellbeing Update:

A main area of focus continues to be mental health in terms of supporting managers to take early action to help employees who may have mental health issues and supporting employees themselves.

The standard for lost hours due to stress and mental health for 2019/20 has been held at 57,393 hours. Hours lost due to stress and mental health peaked in August at 8,229 hours lost and continues to show a sustained reduction extending from October through to February. This may be due to the additional support and development which Line Managers have undertaken and continues to embedded.

Procurement, Commissioning and Facilities (£27,373), Scottish National Blood Transfusion (£26,573), Public Health and Intelligence (£17,233) and Strategy and Governance (£11,618) currently have the highest rate of lost hours due to stress and mental health, this may be due to the current Organisation Change Programme within these areas. Figures in brackets identify the cost of lost hours for February due to stress and mental health.

Mental Health Hours
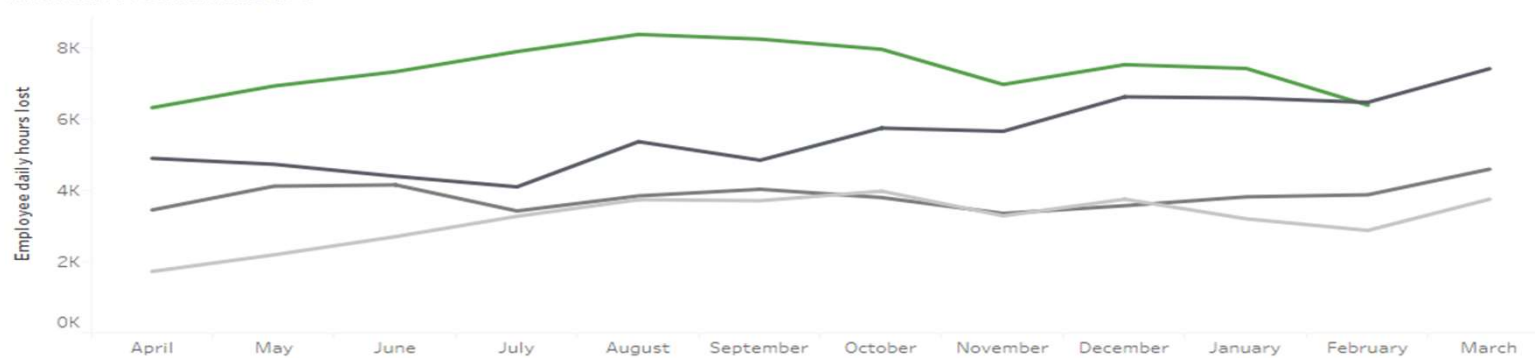
NHS National Services Scotland – NSS Board meeting 26.3.20
Financial Performance 2019/20 – As At February 2020
Executive Summary

Performance Summary

NSS is on track to achieve it's statutory financial targets for 2019/20:

- The Revenue budget is forecast to **break-even.** This reflects a further £0.1m improvement in the SBU trading position and an immaterial level of direct additional costs forecast for Covid-19.

- The overall CRES target of £16.6m. This will be **over achieved** with £18.0m savings identified year to date

- The Capital budget is forecast to **break-even.** Despite the year to date position still being behind plan, there was a significant level of spend (£3.1m) incurred in month.

NSS Targets	Year to Date £000	Forecast Outturn £000	RAG
Revenue Outturn (Variance)	0	0	G
NSS CRES Savings Total	6,703	6,908	B
NSD CRES Savings Total	11,303	11,303	G
Capital Outturn (Variance)	0	0	G

Key Messages

Although COVID-19 has been the main focus in recent weeks, it is essential that Financial "Grip & Control" is maintained across NSS so that in-year financial targets are achieved. Separate COVID-19 cost centres have been set up for each SBU area.

Discussions continue with SG and NHS Scotland colleagues on a daily basis, assessing the COVID-19 impact on both the 19-20 and 20-21 positions.

The AOP process has now been superseded by Mobilisation Plans – it is crucial that all anticipated, additional costs / reduced income (e.g CLO & PgMS) are estimated and included in the overall NSS plan.

Weekly DOF and CFN meetings have now been set up to ensure NHS Scotland Finance is aligned to support the COVID-19 challenge.

Risks and Issues

- COVID-19 has significantly disrupted the supply chain across the world, initially in Asia. A number of goods that were due to be delivered by 31st March 2020 will now not be received by this date meaning they cant be committed against the 2019/20 budget. Although this is forecast to be relatively immaterial, it will continue to be monitored closely with regular dialogue with SG Finance colleagues.

- A significant amount of capital expenditure (£6.2m) is required in March to meet budgeted levels – this is mainly with DaS and robust plans are in place.

- £3.7m SG allocations remain outstanding – but this includes £1.5m for AME impairments and £0.4m for CLO outlays which have been confirmed. Similarly, it is expected that other, smaller allocations will be processed in the next letter.

Recommendations and Actions

The Board is asked to note the 2019/20 Finance Update:

- Supporting the COVID-19 response has been and will continue to be the priority for the foreseeable future

- Essential services for Finance is paying staff and suppliers to ensure NHS Scotland continues to function

- Continued Financial Grip & Control is required for 19/20 and 20/21 as we move from AOP to Mobilisation Plans

NHS National Services Scotland – NSS Board meeting 26.3.20
Financial Plan 20/21 to 24/25– As At February 2020
Overview

Update

The draft NSS AOP submitted to SG at the end of February will be used as the baseline financial plan

Given the Covid-19 outbreak, the AOP process is now superseded by Mobilisation Plans across NHS Scotland

As part of this, NSS is required to assess and estimate:

1 – Any **additional costs** that will be incurred responding to Covid-19

2 – Any **reduction in income** through NSS (and customers) refocussing resources towards Covid-19 (e.g. CLO has initially estimated income could reduce by c£1.4m in 20/21)

3 – The impact on **planned developments for 20/21** and any potential slippage

4 – The impact on planned CRES schemes and the potential risk to achievement of savings targets

Impact on BAU

Like other Finance departments across NHS Scotland, NSS Finance has assessed it services and deemed **Payroll; Accounts Payable; and Treasury** to be essential, so that payments can be made to staff and suppliers across NHS Scotland. Financial governance and control is also paramount, particularly given the additional spend that NSS is incurring on behalf of NHS Scotland, sometimes using new suppliers to procure essential goods and services.

There are **weekly national DOF and CFN calls** that have been set up to discuss how Boards support each other and share information / resources so that the finance services supports the current crisis as efficiently and effectively as we can – with National and Regional mutual aid at the forefront of discussions. It is envisaged that smaller working groups will also be established to discuss specific requirements (e.g. Technical Accounting Group will meet virtually with Audit Scotland to discuss the Annual Accounts process and timetable for 20/21).

The **Business Finance** department will continue to focus on supporting managers and budget holders to make cost effective decisions and forward plan, in terms of 19/20 year-end and 20/21 financial plans. We are also planning for staff in this area to support other colleagues in NSS finance which deliver the 'essential' services (as above) – our service offering may also need to extend beyond the existing customer base if and when other NHS Scotland finance departments are unable to sustain existing, essential services.

Recruitment continues in terms of our new Operating Model to ensure Finance is positioned to support our customers as best we can for Covid-19 specifically and in general moving forward. Our engagement plan has shifted from in person to virtual, leveraging Teams for this exercise (as well as normal BAU activity and communications)

EMT/Board: March 2020

Deryck Mitchelson – Digital and Security

Executive Summary

Digital and Security have fully supported NSS and wider NHS in all mobilisation activities in support of the Coronavirus COVID-19 epidemic. Specifically: -

- **Equipment Procurement & Deployment**
- *Laptop rollout* to support remote working across Health Protection Scotland, Canderside NDC, PCF Logistics Customer Support, P&CFS Practitioner Payments. Further rollout in flight across SNBTS Donor Services West, HR Customer Support, PCF Facilities Management (Switchboard), MS365 Testing across NSS SBUs/Business Areas, PgMS Recruitment Exercise, PHS Recruitment Exercise (Board Members) and P&CFS
- *Equipment procurement* with a further 250 laptops available in March for deployment and prioritising new request such as Highland who require 40 plus support to rollout across the region

Digital solutions
- *SMS Gateway* capability being leveraged; HPZone, NDS and DHI solutions to support self-isolation and vulnerable groups. Discussions underway to ensure consistent approach across NHS Scotland to coordinate information effectively.
- *Teams Rollout* – Huge effort to completely rollout deployment of Teams across all NSS staff and wider NHS. Teams channel and twice daily dial in support in place for all.

Physical capability
- *VPN concurrency* capability increased to 1800 users. No latency now observed but monitoring in place
- *Broadband* physical capacity increasing to 2 x 1GB pipes to further support capacity on the network

Resource mobilisation
- Exploring options to *leverage capacity* across DaS to support priorities in supporting front line services.

Completed Key Activities

- **Cloud Engineering & Operations:**
  - *ServiceNow* - NSS Adverse Events, Resilience Incident Management & CEAD Request Management applications ready for launch on 1 April
  - New National Cloud hosting provision for *NHSS ExpressRoute and National Directory* built. ExpressRoute monitoring servers now built.
- **Portfolio Services:**
  - *Screening Portfolio*: Predictive analytics platform being created to use to help target cervical cancer screening. Breast screening 4g pilots underway in GG&C; Meeting with BT on 5g PoC to enable real-time interaction with screening centres to reduce recall rates
  - *PACS V12* – All three Lanarkshire sites (Hairmyres, Monklands and Wishaw) are now *"live"*.
  - *CHI/CH* – Programme board agreed use of O365 national cloud for hosting. Continuing on track albeit with reduced clinical support at the moment which is being provided best endeavours
- **Clinical Informatics**
  - *CSO training* – 40 staff completed CSO training in Feb 2020 (from across the Health Boards and NSS), more than doubling the number of trained CSOs in Scotland.
  - *ISO 14971 training* (Risk Management for Medical Devices) – 13 staff completed the training.
- **Information Security Governance:**
  - *NSS DaS* are now using ATP as the primary source of secure asset information. Active machines in ATP increased from 3,436 to 3,473, bringing NSS total coverage to **75%**

- o ***NSS NIS Audit (on-site) completed successfully.*** Closing remarks from Lead auditor; ***"an impressive organisation"*** and that there had been ***"a lot of progress"*** since the last visit some years ago.
  - o ***CSOC:*** Capgemini engaged and on site preparing a SOC Target Operating Model (TOM)
  - o ***Freedom of Information:*** 113 requests received since 1 January 2020, an increase of 46 in month
- **Innovation& Transformation**
  - o Test plans for 365 in place; All SBU 365 teams running in MS-Teams
  - o Publications module delivered for NSS Web v2.0
- **Digital Office**
  - o ***Org transformation*** –eESS summary created and validated by pillar leads. Org charts underway.
  - o ***SG Demonstration*** session conducted – opportunity to provide overview of DaS, pillars and functional expertise plus live demonstrations on Cloud, CSOC and Analytics

Current Key Challenges & Issues

- **Portfolio Services:**
  - o **eESS cloud option** has been rejected; version upgrade on the current product is being pursued.
- **Clinical Informatics**
  - o Identifying other systems that have yet to have an MDR assessment by the clinical informatics team.
- **Information Security Governance:**
  - o Active engagement of all SBUs and control owners to be given to addressing any control gaps (NIS extends beyond DaS/IT and into facilities, HR, procurement, etc.)
  - o Lack of compliance and resource in relation to Information Governance, exacerbated at this time by staff absence. Engagement continues with Directors around shared service provision.
- **Innovation & Transformation**
  - o ***NSS 365*** – The decision on accelerating MS-Teams to assist with Covid 19 response will have some impact on current work relating to licencing and test plans; to be evaluated as the plan develops.
  - o ***NSS Web V2*** – There will be a project resource impact as developers will need to be released for elastic upgrades that are essential to maintain service on old V1 web estate.

Upcoming Key Initiatives

- **Cloud Engineering & Operations**
  - o ***ServiceNow:*** NSS HR Gemini replacement and Health & Safety system on track for completion in support of Public Health Scotland. Demand received from multiple boards for HR Service Desk solutions, similar to existing developments for NSS and NHS Lanarkshire
- **Portfolio Services:**
  - o Detailed discussions with NDS and NHS24 to further refine the ***Primary Care digital roadmap***
  - o Discussion with SG Primary Care regarding portfolio view of ***non-primary care review*** activity (dental, ophthalmology, pharmacy) following discussion at PCR Digital Board
  - o ***PACS V12*** Rollout at St Johns 4/5 March 2020, 2 x Lothian 1 & 29 April. GG&C from July
  - o ***GPIT*** –NES to meet with GPIT Suppliers on future strategy for GPIT re NDP is set for 25 March 2020.
  - o ***O365*** – Variation proposal from Accenture received for email migration on cost & timescales. To be raised at commercial procurement committee 30 Apr.
- **Innovation & Transformation:**
  - o ***NSS AI platforms*** delivered in MS Azure sandbox and will be migrated to NSS secure cloud during April.
  - o Initiate ***NSS data strategy*** work and appoint core team in advance of cross SBU engagement.
  - o Take delivery of NSS ***digital platform catalogue*** that has been built on Microsoft technologies to enable re-use and sharing of digital collateral. (PowerApps, Azure data solutions etc)

Draft NSS Annual Operational Plan 2020 - 23

Purpose

The attached paper is the draft NSS Annual Operating Plan (AOP), replacing the previous Operational Delivery Plan, which now covers a three year period. This AOP is more reflective of the ambitions set within the NSS Strategy; includes activities we are undertaking to support Ministerial Priorities and the Programme for Government and also includes our Digital Plan. The AOP is also supported by a three year Financial Plan 20-23, which is also attached. A capital plan over a five year planning period is also included.

This Plan was drafted prior to the current COVID-19 outbreak. We have received guidance from Scottish Government that progressing the completion and sign off of AOPs is to be put on hold at present until the current situation is resolved. All Boards have been asked to create a Mobilisation Plan, which details the services each Board will scale up and scale down. Our Mobilisation Plan highlights the services which are 'essential', which will 'reduce' and which services we will 'stand down'. SBUs are currently working through the practical arrangements to implement this.

Recommendation

The Board is asked to provisionally approve the AOP on the basis that this will be held on file by colleagues in Scottish Government and used as a baseline for a recovery plan when services return to normal.

Timing

No timescales can be given at present.

Background

Annual Operational Plans are designed to provide Scottish Government with confirmation that NHS Boards and their partners have plans in place to demonstrate how they will continue to deliver safe and accessible treatment and care and fully deliver Ministerial priorities in a way which is financially sustainable. Boards were also asked separately to provide a Digital Plan to Scottish Government, which sets out the critical contribution of digital to the successful delivery of the Annual Operational Plan. This digital plan has been fully incorporated into our Annual Operational Plan, and is primarily focused within sections 3 and 7.1.8, however digital elements are interwoven throughout the Plan.

The accompanying Revenue and Capital Financial plans outline how allocated resources will be spent over the planning period, and demonstrate how resources will be applied to deliver the strategic and operational objectives outlined within the Annual Operational Plan submission.

Procurement and Legal

N/A

Engagement

Engagement has taken place with EMT and Planning Leads, Partnership Forum and Scottish Government sponsors.

Equality & Diversity

There are no specific impacts in relation to Equality and Diversity highlighted in this Plan.

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NHS National Services Scotland
Annual Operational Plan
2020 – 23
Final Draft
March 2020

Release Date	Version	Summary of Changes	Changes Marked
13/12/2019	1.1	Draft issued Scottish Government sponsors	Draft based on NSS submissions
14/02/2020	1.5	Draft issued to SG sponsors; NSS Partnership forum, Finance, Procurement and Performance Committee	Response to SG comments and further definition of targets. Also added targets in digital plan
06/03/2020	2.0	Final draft issued to SG for sign off.	Updated in response to comments from SG sponsor FPPC

1. **Introduction**

NHS National Services Scotland (NSS) provides national infrastructure services and solutions which are integral to health and care. Using our expertise in a wide range of specialist areas, we are able to support a successful health and care service – locally, regionally and nationally. Our main focus is on supporting the NHS in Scotland, but we are now working more widely across health and social care. This ensures the benefits and value we achieve through our solutions can help many different areas of front line services to improve outcomes for the people of Scotland.

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

We are also able to increase the value we create for health and care by bringing our services together and focusing them on delivering solutions in key areas, such as control of infection and supporting health and care in preparations for EU exit. We are able to support a 'Once for Scotland' approach, delivering value through achieving savings or providing a consistent approach.

This Annual Operational Plan (AOP) sets out the agreement between NSS and the Scottish Government (SG) as to the targets to be delivered to support health and care. It encompasses all aspects of NSS activities; whether funded directly by SG or through other sources. This is a three year plan, which is aligned with the NSS Strategy 2019 – 24 and outlines the key activities we will undertake to underpin and support service transformation within health and care. Digital activities are integrated through the service elements of our AOP, however specific sections focus on our Digital Plan which we will implement to facilitate the achievement of our partner and stakeholder objectives and also aligns to our NSS Strategy.

2. NSS Strategy

NSS has recently developed a five year strategy[1].

Our Strategy and this AOP are informed by what our stakeholders have told us they require over the next five years and by a number of key requirements for health and care. These are:

- Achieving the Scottish Government's priorities of mental health, waiting times and health and social care integration.
- Enabling the people of Scotland to live longer healthier lives at home or in a homely setting[2].
- Ensuring everyone who provides healthcare in Scotland is able to demonstrate their professionalism[3].
- Helping Scotland to become a more successful country by increasing the wellbeing of people and creating opportunities for everyone who lives here[4].
- Taking the action needed to shift the NHS in Scotland towards long-term, fundamental change and securing its future[5].

A summary of our strategic intent is as follows.

2.1 NSS Vision

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

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

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[1] https://nhsnss.org/how-nss-works/our-strategy/
[2] Health and Social Care Delivery Plan (2016)
[3] Realistic Medicine (2016)
[4] Scotland's National Performance Framework (2018)
[5] The Governance of the NHS in Scotland – Ensuring Delivery of the Best Healthcare in Scotland (2018)

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

2.2 NSS Purpose

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

To achieve our vision, we will support health and care in the following ways:

- **Enabling health and care transformation with new services -** We will harness the wide ranging skills and expertise NSS has to deliver better care, better health and better value for Scotland.

- **Underpinning NHSScotland with excellent services** on an ongoing basis, such as providing safe blood or commissioning national specialist services.

- **Assisting other organisations involved in health and care** - By connecting with partners and stakeholders in other public bodies, we can use our national position to ensure our services, solutions and programmes of work are aligned to, coordinated with and integrated into regional and local initiatives.

NSS recognises that its ambitions can only be achieved by successfully aligning our mission, vision and values with our priorities and operational delivery plan. We have four strategic objectives, measured within a balanced scorecard approach, to help us manage performance and measure success in service delivery.
- Customers at the heart
- Improving the way we do things
- Increasing our service impact
- Great place to work.

Our targets and associated milestones within this Plan are grouped under the above Enable, Underpin and Assist headings to more clearly show the variety of ways we are supporting the health and care community. These targets mainly sit within the 'increase our service impact' objective. Not all of our targets, standards and milestones are published within this plan. Most of our business as usual targets standards and milestones are detailed within operational and project plans. We also have internal performance targets to measure progress against 'customers at the heart,' 'improve the way we do things,' and 'great place to work'.

3. Digital Vision

Our Digital Plan links to the NSS Strategy, the service targets set within the Annual Operational Plan and our Financial Plan and supports the Digital Health and Care Strategy, however we have a specific vision for our Digital and Security service.

"The Scottish public sector's first choice for trusted, secure digital solutions – working with our customers to realise their ambitions to improve health and social care in Scotland"

We will:

- **Enable health and care transformation with new services**:
  By harnessing our wide ranging skills and expertise we will deliver secure digital solutions and services that enable our partners and stakeholders through:
  - **Customer First:** working with our network of stakeholders and partners, we can bring technology options and solutions to the table to work as a trusted advisor ensuring Clinical Informatics, Technology Architecture and suitable scalable solutions are considered at the outset to facilitate achieving business objectives

- **Delivering Strategic Value:** The Business Technology partnerships focused on data insight and operational targets for our customers will drive a pipeline of demand that connects change delivery to direct value outcomes for our customers
- **Digital Innovation:** Integrated technology and business roadmaps to drive a portfolio of value delivery through the use of data driven insights to ensure suitable solutions are promoted, selected and implemented across NHSScotland.

Some examples of where NSS services support:
- National Procurement are supporting **GS1 Stock Management Pilots –** Implementation of a Stock Management System with full GS1 capability in pilot sites at NHS GG&C QEUH, NHS Lothian RIE and Golden Jubilee National Hospital demonstrated significant contribution to improving patient safety and in releasing time to care. The benefits of this are:
  - Increased patient safety through 'Track & Trace' functionality and ensuring product availability. For the first time products can be easily traced from patient right back to manufacturer as the product journey is being recorded in detail, events being tied together by the GS1 GTIN code and product batch information. Accurate consumption recorded and confidence in availability of viable (in-date) product.
  - Enables efficient product recall activities.
  - Release of time from administrative tasks to undertake clinical activities, for example, approx. 12 hrs per week saved from creation of POs, 2 days per month saved from creation of management reports and 1.5 days saved per stock take.
  - Improving and automating stock management controls, reducing stock holdings and wastage due to having a completely digitised store.
  - Captures a host of rich usage information to inform better operational, financial and clinical decision making and planning.
- **Procurement Management Information Portal** – Creating a 'single source' of procurement data, KPIs and reporting suite for NHSScotland colleagues. Collaborating with the NSS Business Intelligence team to build on the current platform, with common technologies and shared data sources to simplify and standardise access to relevant trusted information. The project aligns with Scotland's Digital Strategy of providing digital solutions to put more power into the hands of the users of procurement services and to offer new insights and opportunities for those who provide them. The benefits of this are:
  - Administration Efficiencies - The single data source and M.I. Portal will reduce the amount of time that staff spends creating, validating and reconciling procurement information – enabling saved time to be spent on more added value activities
  - Identification of Cost Savings - The provision of M.I. reports that link together data that was previously done manually (on spreadsheets) will lead to more cost saving analyses that previously would not have been started, due to limited resources. For example, invoice variances, benchmarking and opportunities to switch to NDC supply.
  - Enhanced Fraud detection - The single data source will provide greater visibility of the complete procurement cycle through tendering, contract award, ordering and invoicing - meaning the opportunities to identify fraud will be more readily available and investigations will be less reliant on time-consuming analysis of hard copy documentation

- **Underpin NHSScotland with excellent services.**
  We will design suitable solutions and maintain and develop cost effective and robust technologies to support core national, regional and local capabilities to support the delivery of world class service to our customers
  - **Reliable Foundations:** provision of national and local infrastructure, telecoms and service desk support to ensure service excellence across NHSScotland
  - **Secure Assets:** Provision and management of the National Cyber Security Operations Centre (CSOC) to strengthen and mature threat detection, analysis and protection of the network, firewalls and end point devices across NHSScotland
  - **Destination for Talent:** Develop an exciting and attractive destination in our Digital and Security (DaS) team for talent including graduate and apprenticeship pipelining, career pathways and development across DaS to attract and retain additional skills necessary to meet the current and future needs of the operating model to support our stakeholders.

- **Driving effective change:** Design and implementation of major national, local and portfolio delivery solutions via the use of suitable technology solutions aligned to strategic value delivery
- **Cost effective capabilities:** Leveraging scalable technology solutions to drive increased service capabilities e.g. Service Now and the Cloud hosting facilities
- **Digital Workplace:** Full rollout of National O365 and local NSS capabilities. Wider engagement and workforce operating model implementation to ensure effective change management and benefits realisation
- **Business Operations:** To ensure operational effectiveness and processes to ensure quality and controls married with fast paced delivery of value. Strategic workforce and portfolio planning underpinning clear strategy and operating model.

Some examples of where NSS services support:

- **Single PECOS Implementation -** Delivery of a single instance of PECOS for NHS Scotland, agreeing common data standards and naming conventions, supported by a single way of way of working. The benefits of this are:
  - A 'Single Way of Working' leading to process efficiencies, increased service resilience and improvement to management information.
  - A unique opportunity for service interoperability with common data standards and naming conventions used across all systems and reporting.
  - Increased opportunity for cross health board collaboration.
  - A technology platform to and enhance commercial activity, removing repetitive manual tasks to enable capacity for more value adding work.

- **National Procurement Digital Procurement Strategy -** As Centre of Expertise for Procurement in Health, National Procurement (NP), aim to lead a 'Once for Scotland' approach in the development of this Digital Procurement Strategy and Roadmap. Digital procurement transformation is a key priority for Procurement leaders in both public and private sector. The opportunities that next generation digital technologies can offer the procurement function and supply chain are transforming traditional business models with both colleagues and customers expecting a slick user experience to deliver best value.

- Within **primary care** various programmes of work are ongoing to modernise, integrate and digitally transform primary care payments' ecosystem and medical record transfers; delivering streamlined, 100% digitally enabled systems. Benefits include: improved efficiency, accuracy, customer satisfaction and reduced information governance risks. Some of these are captured within the service section of this document. Others include digital prescribing, automating payments and introducing a new data capture validation and pricing system (nDCVP)

- **Digital Legal Services** Our Central Legal Office has developed a digital strategy to enable us to interact with clients and court services using up to date, digital interactive technologies in a secure way. The benefits of this are:
  - Working smarter and faster using lighter electronic devices anywhere. Time saved has been demonstrated through the introduction of digital technologies.

- **Assist other organisations involved in health and social care.**
  Engaging with partners and stakeholders in other organisations involved in health and social care, we will further develop fully integrated roadmaps of secure digital solutions and services to support national, regional and local initiatives
  - **Scaling Digital platforms and services:** DaS as part of NSS will work as appropriate with the following groups:
    - Integration Joint Boards
    - Local Government
    - Emergency Services
    - The Third and Independent Sector

4. Our Strategic Themes

In order to maximise synergy across the organisation and in line with our external sponsors and stakeholders' efforts, the Board has agreed 5 strategic themes to focus effort in the delivery of our objectives. These are: Primary and Community Care, Medicines, Digital and Data, Innovation and Transformation and Centre of Excellence.

- **Primary and Community Care**

   We will utilise our skills and expertise to enable the modernisation and integration of primary and community care in Scotland. This includes assessing primary care capability and capacity, supporting the modernisation and integration of primary care systems and processes, assessing the current state of the general practice estate and actively engaging with community care to understand their needs. This programme will help deliver a more sustainable and resilient primary and community care service that improves patient care with more effective multi-disciplinary team working. In particular, this theme will enable further progress in Primary Care Reform, Eye Care and Oral Health:

   o **Primary Care Reform.** NSS will complete current Targeted Support Programme work-streams and develop new work-streams acting as a conduit for our SG Sponsor, Primary Care Division, and HSCPs to deliver Primary Care Reform. We will work with HSCPs Chief Officers to identify further tangible areas where we can enable primary care reform and assist integration, developing a work plan to deliver on areas agreed with Chief Officers – with developed objectives and Milestones / KPIs. We will continue to build on our work across SBUs and with National Board colleagues to strengthen governance which will ensure synergies are fully utilised through matrix working thus maximizing outcomes and reducing gaps.

   o **Eye Care**. NSS will assist territorial health boards, with technical and process advice and guidance, in their delivery of new community based eye care services. This includes the delivery, once commissioned, and funded, of a Low Vision Service across Scotland. NSS will adjust underpinning digital systems to facilitate NHS NES programmes of education that support optometrists becoming independent prescribers and also the role out of bespoke e mail to optometrists across Scotland; facilitating easier access to payment and compliance technology. NSS will also seek digital solutions to allow optometrists access to the Emergency Care Summary (ECS).

   o **Oral Health**. NSS are both delivering all the specific actions ascribed to them in the SG's Oral Health Improvement Plan (OHIP), and enabling the majority of the other actions. NSS are adopting responsibility for the dental governance arrangements by establishment of the National Dental Governance Committee from the Scottish Dental Practice Board. NSS, and in particular PSD are the strategic partner developing both the "new model of care" and updating the payment system and the associated assurance measures required to modernise dental and oral care delivery. This reflects the need to update how dental care is delivered building on the improvement in children's oral health achieved by the childsmile program. Recognition of the wider social and societal value of good oral health, in children: supporting regular school attendance improved educational outcomes, social skills and socio-economic resilience coupled with the value of eating speaking and socialisation for the elderly outline the dividend achievable by improving the oral health of the nation. Recognition of the changing population demographics and an ageing population the Scottish Dental Reference Service, hosted within NSS, will implement monitoring and assurance of clinical oral health standards delivered across initially in Scotland's care home sector, then across Scotland for the new enhanced domiciliary care arrangements.

   Finally, NSS will co-ordinate the delivery of a Pan-Scotland e-Dental Development Programme. This will see the development of a physical and digital infrastructure that is vital for the long-term sustainability of dental care. This will ensure that the digital structures available support and keep pace with the evolving new model of care and payment system. e-Dental priorities identified include: access to the Emergency Care Summary (ECS), initially for Domiciliary Care

Dentists then all dentists; integration of Dental Software Systems with other parts of NHS Scotland IT infrastructure (including integration of SCI gateway referrals with all electronic dental patient management systems), the development of a Quality Improvement Dashboard to allow territorial Boards to monitor practitioner performance over a range of parameters, and also developments in the systems used within the prisons to develop and maintain dental waiting lists across the whole of the prison estate to ensure equity of access to dental care.

- **Medicines**

We will support the review and redesign of prescribing and dispensing pathways in primary care and help ensure Scotland gets best value from its spend on medicines. This work includes research, development and introduction of new treatments, including developing the use of genomics and cellular therapies. This programme will help ambitions for the right medicine or right treatment to be given to the right patient at the right time and by the right clinician in any location.

- **Digital and Data**

We will enable the successful delivery of the Digital Health and Care strategy. This includes optimising the use of the public cloud, creating a new national security operations centre for NHSScotland and improving access and use of NSS national data sets. This programme will help our customers turn ideas into practical digital-first solutions through digital service transformation. Further information is included within the Digital sections of this Plan above and below, which outlines specific targets and milestones for this area.

- **Innovation and Transformation**

We will develop an innovation network with partners, harness our expertise to support innovators and support the scale up of key innovations across Scotland. We will enable stakeholders and partners in Scottish Government, territorial health boards, regions and integration authorities to deliver transformational change. This programme will help maximise the potential for key innovations to be successfully implemented across health and care in Scotland.

- **Centre of Excellence for Reducing Infection and Risks in the Healthcare Built Environment**

Infrastructure harm prevention measures should be "designed-in" to the healthcare built environment at the very outset of the planning, design and construction stages of a healthcare facility and monitored and maintained thereafter.

A national centre will be a national quality management system for all of Scotland to reduce infection and risk in the Healthcare Built Environment. This model is enabled by establishing effective working relationships across all levels, locally, regionally and nationally.

Creating a national centre with an interdisciplinary approach of the end to end risk management of the built environment process and cycle is a unique opportunity - a world first interdisciplinary team approach involving microbiologists, infection prevention and control nurses, architects, planners, engineers, healthcare scientists, data managers and administrators.

NSS will submit the blueprint and target operating model for the new centre to Scottish Government on 31 March 2020, with implementation of the service design with partners from April 2020 to April 2021.

5. Assumptions

We have made the following assumptions in the creation of this Plan:

- This Plan has been developed using nationally agreed planning assumptions, although the financial situation remains uncertain around the impact of Scotland's budget in February 2020.

- Financial sustainability is dependent on delivering service transformation in relation to our own services as well as supporting others in the health and care community to transform. We will progress the use of digital technologies to help us to transform and support others where this is appropriate.
- National Board collaboration will work to provide enhanced services in conjunction with health and care partners, for example, in the areas of digital and primary care.
- It has been agreed that NSS will provide shared services to Public Health Scotland in the areas of Finance, People, Digital and Security, Procurement and Operations Management (including Facilities) and a shared payroll service to a South East collaboration of Health Boards. We will work to make these initiatives a success in terms of efficient valued and effective service sand evaluate progress in order that we could potentially extend the shared service model to other areas where required depending on partners and stakeholder requirement.

6. Workforce Planning

NSS has developed a Workforce Strategy 2019 – 24, which was approved by the Board in June.

The Workforce Strategy falls into two parts. The first part sets out the type of organisation NSS wants to be as an employer and the actions we will take to achieve this to continue to be a Great Place to Work.

The overall aims are to:
- Increase the diversity of the workforce;
- Build a workplace culture that employees want to engage with;
- Create great employee experiences;
- Provide opportunities for employees to grow, develop and contribute;
- Recognise employee contribution and show appreciation for a good job and celebrate and share success;
- Provide feedback on performance and
- Improve the wellbeing of the workforce through focusing on physical, emotional and social wellness.

The second part of the strategy sets out the supply and demand challenges which NSS faces over the coming years and provides information in relation to workforce projections. There is a focus on key workforce data and highlights the incorporation of major service redesign and or transformation programmes which will affect the shape and size of our workforce.

As part of our annual planning round, all Strategic Business Units within NSS have developed workforce plans for their areas, which are aligned to the Strategy.

6.1 Safe Staffing Legislation – Health and Care (Staffing) Scotland Act

The Health and Care (Staffing) Scotland Act received royal assent in June 2019. The purpose of the Act is to put a statutory footing in place for the use of existing but enhanced workforce planning tools. The aim is to ensure safe and appropriate staffing levels using clear, evidence based methodologies.

NSS has an action plan, which is being delivered by a multi-disciplinary Task and Finish group, led by our Nursing and Medical Directors, covering the following areas.
- Ensuring appropriate staffing across all clinical groups
- Real time staffing and escalation processes across all groups
- Processes for ensuring a consistent approach to seeking and having regard to appropriate clinical advice across all staff groups in relation to staffing
- Processes for ensuring appropriate time and resource for clinical leadership across all staff groups
- Monitoring and reporting of all supplementary staffing use across the Board.

We plan to take this to our Board for approval in May 2020, pending guidance being issued by Scottish Government Health and Social Care Directorates in spring 2020, prior to implementation and reporting in 2020/21.

7. Targets and Outcomes

The following section details the targets included within this Annual Operational Plan. This does not include all of our business as usual services, however does outline the outcomes we expect will be generated from the work we will undertake within the Plan. Some of the service related work detailed within this section will have associated digital elements. Risks to the delivery of this Annual Operational Plan will be highlighted within this document. More details are recorded within our Corporate Risk Register along with mitigating actions. The milestones contained within this Plan will be monitored on a regular basis with a quarterly report provided to our Scottish Government sponsor. Our projects, whether included within this Plan or more business as usual work are managed using standard project delivery models – on time / budget and to quality levels as agreed with project sponsors.

7.1 Enable – enabling health and care transformation with new services

7.1.1 Primary and Community Care Strategic Theme. NSS will work with health and social care partnerships and Health Board stakeholders and sponsors to deliver a raft of work-streams using a matrix approach across the organisation. This targeted support will be dynamic and responsive to the needs of the service, policy direction and the skills of NSS. NSS will build on engagement to date which has used the Scottish Approach to Service Design to create consensus around digitally enabling the expanded multi-disciplinary team needed for Primary Care Reform. NSS will trial approaches which will support both the population and assess their suitability for national scale up. NSS will also work with the National Board Collaborative towards a holistic joint commissioning process for the national boards around Primary Care Reform. (Practitioner and Counter Fraud Services)

Targets, Standards and Milestones	Time Period	Risk
Milestones Complete scoping work with Health and Social Care Scotland and Integrated Joint Boards to define needs.	March 21	There is a risk being stretched beyond capacity as full extent of what NHS NSS can offer is not yet visible but could be extensive from initial scoping.
Develop plan of ongoing engagement and dialogue.	March 21	
Co-create solutions to enable Primary Care reform and 5 Essential Elements with Chief Officers, H&SCPs and territorial Boards, other national Boards and Scottish Government.	March 22	There is a risk of not delivering to full capacity if NHS NSS are not sufficiently visible to new stakeholders.
Delivery of agreed solutions.	March 21	

7.1.2 Screening services – national oversight. To establish an effective National Screening Oversight Function for Scotland (NSOF). This will provide effective system wide leadership, direction, oversight and assurance across the screening pathway for all national screening programmes in NHS Scotland. (Clinical Directorate)

Targets, Standards and Milestones	Time Period	Risk
Milestones Establishment of NSOF and recruitment of National Director of Screening. NSOF fully functional.	March 21 April 21	There is a risk to the establishment of the NSOF if a suitable National Director

Evaluation of NSOF.	March 23	of Screening is unable to be recruited. There is a risk to the establishment of the NSOF if the necessary funding is not made available. There is a risk to the establishment of the NSOF if service delivery partners and key stakeholders do not have capability to fully engage in designed implementation.

7.1.3 Medicines To develop a NSS medicines network which will enable cross-NSS strategic business unit working. This will ensure medicines-related work streams are identified and continue to develop from Discovery to project implementation. The overall vision is to build capacity and embed the Medicines theme by underpinning and developing current and new activity. (Clinical Directorate)

This will:
- Ensure NSS service delivery for medicines is underpinned & enabled by strong and embedded Clinical Governance and multidisciplinary cross-SBU support (not in singular SBUs)
- Provide strategic leadership and specialist clinical input to key programmes of Medicines work which may be established as new NSS services.

Targets, Standards and Milestones	Time Period	Risk
Milestones Primary Care Prescribing/ Dispensing Pathway - development of prioritised project(s) from 19/20 work.	March 21	Workforce - Specialist Pharmacy staff are not available to support projects – on a project support, secondment or substantive basis.
Precision Medicine / ATMP: Engage with strategic leads across Scotland to asses/s potential NSS role in this area. Cross-SBU medicines: work plan developed and agreed with key customers and internal stakeholders.	March 21	
Clinically-led medicines support team fully established across NSS. Prioritisation of cross-SBU projects systemised with clear support and pathway.	March 22	There is a risk that not enough surge capacity is created to support Medicines service development.
Ongoing assessment of pipeline medicines projects and work up of identified projects. Cross-SBU structures supporting medicines are clear and can be easily identified.	March 23	

7.1.4 Provide ground breaking, life enhancing / saving new treatments – stem cells. Innovation and Transformation: Expansion and derivation of the first UK GMP-grade iPSC cell lines to support the rapidly growing pluripotent stem cell-derived regenerative medicine field in the UK and worldwide as part of the GAIT initiative. (Scottish National Blood Transfusion Service)

Targets, Standards and Milestones	Time Period	Risk
Deliver pluripotent cell banks for clinical trials as CMO. Pluripotent Stem Cell – derived cells - development for FIH use	March 21 March 22	No risk from this research project impacts on service delivery

Targets, Standards and Milestones	Time Period	Risk
Initiate iPSC-derived cell FIH trial (e.g. Macrophage or MSC, tbc) (targets)	March 23	

7.1.5 Provide ground breaking, life enhancing / saving new treatments for liver disease. Innovation and Transformation: Continue to expand the MATCH study (macrophages to treat liver disease) for late phase clinical trials in chronic disease, and initiate trials in the use of macrophages to treat acute disease/ enabling health and care transformation with new services (Scottish National Blood Transfusion Service)

Targets, Standards and Milestones	Time Period	Risk
Initiate FIH macrophage for acute liver disease pre-trial work and manufacturing. Complete MATCH phase 2 trial in Chronic disease.	March 21	No risk from this research project impacts on service delivery
Exploratory FIH clinical trial of macrophages in acute liver disease (by end of year 2). Potential phase 2b trial of autologous macrophages in Chronic disease.	March 22	
Liver stem cell FIH trial – project initiation. Continued delivery of macrophages in acute and chronic disease. (targets)	March 23	

7.1.6 Provide ground breaking, life enhancing / saving new treatments. Innovation and Transformation: Establishment HLA-typed Allogeneic Mesenchymal Stromal Cell bank to improve and support transplant and regenerative medicine early-phase clinical trials. Enabling health and care transformation with new services. (Scottish National Blood Transfusion Service)

Targets, Standards and Milestones	Time Period	Risk
Initial regulatory and in vivo safety work to support cell manufacturing for FIH trail of MSC in islet transplantation, apply for funding.	March 21	No risk from this research project impacts on service delivery
Expand cell manufacturing for FIH trail of MSC in islet transplantation	March 22	
Exploratory Trial MSC and pancreatic islets	March 23	

7.1.7 Genomic testing Lead on the strategy for the implementation of genomic testing in Scotland. Genetic and genomic testing occupy a vital role within Precision Medicine, which is about offering the right treatment at the right time based on an individual's molecular and genetic characteristics. (Procurement, Commissioning and Facilities)

Targets, Standards and Milestones	Time Period	Risk
Milestones Participate in Scottish Genetics Consortia Strategy Event (January 2020) to launch discussion around a 3-5-year strategy for the implementation of genomics medicine into mainstream NHSS. The event will initiate discussions around the priorities for service development and will culminate in the compilation of a strategy paper in summer 2020.	March /21	Lack of investment will impede the advancement of genomics for rare and inherited disease, cancer and pharmacogenomics. Resulting in inequitable access to standards of routine care in comparison to other parts of the UK. Risk Number TBA
Should additional funding for the service development be secured. Commence implementation of 3-5-year strategy for the implementation of genomic medicine into mainstream NHSS care	March 22	
Target for 22/23 not applicable.		

7.1.8 Digital and Data

Our Digital and Security team operates cross functionally to deliver services and solutions. Our priorities are: -

- **Alignment of Digital Delivery to Enterprise Objectives**
  - Ensuring Strategic alignment of the DaS portfolio ensuring maximum value of delivery through the prioritisation using data driven insight and customer focussed initiatives
- **Scale existing analytics capability**
  - Leveraging the Digital platform in the area of Business Analytics to further enhance processes across NSS and NHSScotland
- **Scale existing cloud capability**
  - Leveraging the secure public cloud platform and service to deliver economies of scale and facilitate fast paced digital solutions provisions across NSS and NHSScotland
- **National Security Programme**
  - Fully implement and demonstrate secure reliable foundations across the DaS services and attain full compliance and accreditation of the NIS directive
  - Expand the use and maturity of the CSOC across NHSScotland
- **Talent Development and Investment**
  - Develop a pipeline of Technology and transformation Talent to support the current and future needs of the DaS organisation
  - Complete the DaS Organisational change and Transformation including acquisition of Pillar leads and key skills gaps identified in the DaS Workforce plan
- **Digital Workplace**
  - Leveraging the national and local implementation of the O365 capability suite, develop a 'Can do' culture and operating model across NSS to support digital ways of working and practices

Major National Programmes

Our NSS Digital and Security team are heavily involved in the following national programmes:

- **HEPMA**: Our Digital and Security team are supporting North of Scotland with implementation of Regional HEPMA implementation to the Secure public cloud platform.

- **GP IT**: Our Digital and Security team are leading on driving the selection, procurement and implementation of a replacement National GPIT solution across NHS Scotland

- **Windows 10/Office 365:** NSS Digital and Security are leading the rollout of the National O365 programme and in addition, deploying the NSS regional requirements facilitating a platform to leverage increased collaboration and benefits exploiting the Scottish approach to service design.

- **CHI/Child Health:** Digital and Security are driving the National programme implementation and specifically leveraging the use of the secure public cloud for hosting of the solution. This is also enabling for the development of the National Integration programme.

- **Electronic [Medical] Record Systems**: Leveraging the National and regional rollout of O365 is enabling the links across NHS Scotland that can gain read only access to relevant medical records. The Digital and Security team and specifically the Integration team are linking GGC and NES through integration capabilities (API data virtualisation). In addition, the team are supporting enablement of projects across Ophthalmology, HMHM (home and mobile (health monitoring)), Forensic medical services and dental access to the care summary amongst others.

- **National Digital Platform for Health & Social Care**: NSS Digital and Security are engaged and supporting NES specifically around Integration (API) National boards on digital technologies. In addition, our Enterprise Architects are working alongside NES supporting the roadmap and activity.

- **Service Transformation:** Our NSS Architecture team are supporting service transformation to discover, develop, control and publish standards and support their application in order to maintain

the quality and integrity of Digital Services and enablers. In addition, providing assurance to stakeholders and customers.

- **Administrative and Business Systems:** Digital and Security are supporting NSS across Finance, HR, Legal office and wider areas to leverage solutions to improve operational processes and services in line with National standards and practices.

- **Supporting National Boards** Specific areas that NSS Digital and security and supporting the national boards include: -
  - Working with National VC programme to support wider adoption of video consultations and opportunity for use of Office 365 as an alternative
  - Providing a Digital and Security shared service for Health Protection Scotland.
  - Providing external technical assurance across several national boards

Service	Targets, Standards and Milestones	Time Period	Risk
Delivering Strategic Value	• Demonstrate technology partnering across Public Health Scotland, Screening Services, Primary care reform, Dental and Justice areas through a minimum of one strategy to portfolio delivery cycle • Mature process and value delivery	March 21 March 22 onwards	Risks to be agreed
	Create a pipeline of demand for Pharmacy through the strategy to portfolio delivery cycle	March 21	
	Demonstrate the benefit of predictive analytics to support screening services and opportunity to address attendance issues	March 21	
Customer first	Demonstrate alignment of customer targets and objectives through a governed demand portfolio directly to value delivery	March 21	
Digital Innovation	Technology strategies developed for channels, data & integration and platforms & infrastructure across DaS	March 21	
Reliable Foundations	Continued operational capability at 90%+	March 21 and ongoing	Risks to be agreed
Secure Assets	Achievement of NIS audit compliance for NSS	March 21	
	Deliver secure and audited data catalogue for collaboration and self-service across known data sets.	March 21	
Destination for Talent	Full implementation of the DaS Shared Service model and organisational structure	March 21	
	Increased profile through open events and partnerships with academic institutions and Codeclan	March 21	
Driving effective change	Delivery of Major National programmes; HEPMA, GPIT, CHI/CH, PACSv2 & O365 against approved plans/ budget	March 21 and ongoing	
	Complete the Transition of NHSMail as part of O365 implementation	March 21	
	Leverage the new Web Channel and API platform to maximise opportunities from on-line services	March 21	

Cost Effective Capabilities	Support the HEPMA and CHI/CH major programmes via implementation on DaS Cloud Infrastructure	March 21	
	Establish through demonstrated demand management, concept on Minimum Viable Governance & a DaS Direct Debit funding model	March 21	
	Migrate SHOW infrastructure from data centre to public cloud	March 21	
	Maximise current investment in Service Now using business case driven opportunities	March 21	
Digital Innovation	Delivery of NSS Portfolio of Digital solutions initiatives realising efficiencies across NSS to plan and budget	March 21	
Digital Workforce	Development and implementation on NSS Digital Workforce capability underpinned by 0365	March 21	

Assist

Service	Targets, Standards and Milestones	Time Period	Risk
Cost Effective Capabilities	Scaling Digital platforms and services across Scotland – to be developed	March 21 and ongoing	Risks to be agreed

7.1.9 Innovation To develop a network with partners, harnessing our expertise to support innovators and the scale up of transformative innovations across Scotland. (Clinical Directorate)

This will:
- Establishment of a Framework for Innovation for Scottish Health & Care.
- NSS established as a key partner for delivering adoption at scale and realising benefits.
- Expected delivery of a range of new and transformed services that deliver against multiple aspects of the National Performance Framework.

Targets, Standards and Milestones	Time Period	Risk
Milestones Establishment of Framework for Innovation. Completion of delivery of 1st Exemplar Project for NSS. Pipeline of further opportunities established for NSS.	March 21 March 21 Ongoing - March 23	Given the large number of interested parties, there is a risk that NSS misses an opportunity to effectively contribute to the developing innovation agenda. Conversely, there is a risk that external parties will have expectations of NSS which we are not resourced to meet.

7.2 Underpin - Underpinning NHSScotland with excellent services

7.2.1 Safe and sufficient supply through a modernised blood, tissues and cells service Ensure safe transfusion practice for both blood and tissue, underpinning NHS Scotland with excellent services. (Scottish National Blood Transfusion Service)

Targets, Standards and Milestones	Time Period	Risk

Standard No avoidable Transfusion or Tissue Transmitted Infections (TTIs).	Ongoing 20 - 23	5114 Risk that UK Infected Blood Inquiry may lead to additional cost and adverse reputational impact for NSS / SNBTS.

7.2.2: Safe and sufficient supply through a modernised blood, tissues and cells service. Ensure Scotland maintains sufficient available blood supply to meet the needs of patients. Underpinning NHS Scotland with excellent services. (Scottish National Blood Transfusion Service)

Targets, Standards and Milestones	Time Period	Risk
Standard Ensure 3 or more days blood supply available for all blood groups.	Ongoing 20 - 23	3236 Risk to the supply and manufacture of blood and components if the eProgresa (IT system) shuts down.

7.2.3 Review and revise our screening services - Breast Screening PCF are leading a review of the Scottish Breast Screening Programme which will make recommendations on the future delivery of breast screening; provide a risk assessment of options and provide a proposed implementation plan for service transformation. (Procurement Commissioning and Facilities)

Targets, Standards and Milestones	Time Period	Risk
Milestones Define and deliver key workstreams Draft review report issued to Review Group. Report submitted via NSS EMT &CGC Final report submitted to SSC.	March 21	Risk to be determined
Implementation of service change (subject to acceptance and approval in 2020/21 of the review recommendations and implementation plan).	March 22	
22/23 milestones to be determined.		

7.2.4 Review and revise our screening services - Pregnancy Screening Programme PCF are leading implementation changes in Non-invasive Pre-natal Testing in the Pregnancy Screening Programme by Summer 2020. (Procurement Commissioning and Facilities)

Targets, Standards and Milestones	Time Period	Risk
Milestones Implement change to programme on schedule by end June 2020.	June 2020	5504 There is a risk that we are not able to complete the procurement of the laboratory equipment within the planned timescale due to legal challenges and thus leading to delay in implementation.
Evaluate effectiveness of change.	March 22	
22/23 milestones to be determined.		5502 There is also a risk that we are not able to evaluate the effectiveness of the new test due to poor quality data (for years 2 and 3)

7.2.5 Review and revise our screening services - **Diabetic Retinopathy Screening** Programme. PCF are leading implementation changes in Revised Interval Screening & Optical Coherence Tomography in the Diabetic Retinopathy Screening Programme. (Procurement Commissioning and Facilities)

Targets, Standards and Milestones	Time Period	Risk
Milestones Implement change to programme by end of September 2020. Assess impact of change at year end.	Sept 2020 March 23	There is a risk to the implementation of the Revised Interval Screening for DRS if there is a lack of users to complete UAT to confirm the changes work to specification and enable go live in summer 2020. Risk number to be confirmed.

7.2.6 Thrombectomy Ensure that a national planning framework is in place for a high quality and clinically safe thrombectomy service. (Procurement, Commissioning and Facilities)

Targets, Standards and Milestones	Time Period	Risk
Milestones Following decisions on location in 19/20, Thrombectomy Service for Scotland will commenced in a phased manner from Autumn 2020 – across the 3 centres, or shared by the centres, dependant on that is possible at that time in relation to trained medics, biplanar suites etc A full 24/7 thrombectomy service will be offered across Scotland within an improved stroke pathway for Scotland.	Autumn 2020 March 22	Recurring investment is not agreed for 2020/21 and onwards. There are 5 major set of conditions that need to be in existence prior to the service being safely established; each 5 have rate limiting elements that all have risk factors associated with them e.g. workforce – GMC and credentialing may take longer than anticipated If any major risks not overcome – the phase starting in Autumn 2020 may be delayed

7.2.7 Deliver a range of activities to support perinatal and infant mental health Working in collaboration with the Perinatal Mental Health Network (PMHN), manage the delivery of a £52M programme of investment (PNIMH-PB) through which women, young children and families are served by perinatal and infant mental health services that are responsive, timely and address their changing needs throughout pregnancy and the early years of life. **(**Procurement Commissioning and Facilities - Leading PN&IMH Programme, PNMH Network supporting).

Targets, Standards and Milestones	Time Period	Risk
Milestones Patient pathways in and out of all 5 defined levels of care are in place. Increased capability through access to a defined range of specialist education programmes.	March 21	Both the PMHN and the Programme are funded direct by SG. There is a risk that SG withdraws or reduces the amount of funding currently committed and this will mean that only some developments

Launch of a new online learning resource to support those new to the perinatal workforce and universal practitioners. Provide additional non clinical third sector support for women and families, utilising evidence regarding effective peer support models. Develop an agreed service model that provides more equitable access to specialist in patient care and better links teams across Scotland to the specialist units. Develop an agreed model to ensure that women and families who access specialist in patient services are supported through an Expenses Fund. A funding model is set up to develop community perinatal mental health teams across Scotland. Plan for longer term sustainable funding models. Expand infant mental health services, informed by information gathered during pathfinder stage. 21 – 23 milestones will be determined through the PMHN and PNIMH-PB workplans but will build on those achieved in 2020/21.		will be delivered within the proposed timescale

7.2.9 GS1 programme in place to support improved patient care. The GS1 Programme will provide full traceability of every product with which a patient will come into contact with resulting in improved patient safety, patient care and a reduction in the amount of time clinicians spend on non-clinical activities. (Procurement, Commissioning and Facilities)

Targets, Standards and Milestones	Time Period	Risk
Milestones Full business case developed and funding sources agreed. Implementation of year 1 objectives of the agreed business case 22/23 milestones to be agreed.	March 21 March 22	Risks to be agreed

7.2.10 Facilities programmes in place to support improved patient care. Implementation of a collaborative decontamination programme. (Procurement, Commissioning and Facilities).

Targets, Standards and Milestones	Time Period	Risk
Milestones Development of a national capacity model. 22/23 targets to be agreed	March 21	Risks to be agreed.

7.2.11 Control of Infection and reduction in harm within the built environment and ARHAI Establish a national body with responsibility for the oversight of the design, construction and maintenance of major infrastructure developments within NHS Scotland. We will work with Public Health Scotland to deliver of Antimicrobial Resistance and Healthcare Associated Infections (ARHAI) Programme Portfolio supporting the national ARHAI strategy. Furthermore, we will work closely with Public Health Scotland to provide surveillance and response co-ordination as appropriate for HAI national level health protection threats. (Procurement, Commissioning and Facilities)

Targets, Standards and Milestones	Time Period	Risk

Details to be developed once the Centre of Excellence deliverables have been agreed.	-	Further detail to be developed
Target Support the national framework for ARHAI including the UK AMR Action Plan (2019-2024) and the SGHSCD ARHAI Outcomes Framework. 95% deliverables to time and quality for outcomes framework.	Ongoing until March 24	Risks to be identified.

7.2.12 Sustainability and climate change programme. Delivery of SG's climate change emergency policy for NHSS, identifying supply chain benefits and transitioning to a net-zero service. (Procurement, Commissioning and Facilities)

Milestones NHSScotland Sustainable Construction Guide will be produced by the end of March 2020 to ensure all sustainability issues are considered in the design of new buildings and major refurbishments Development of a net-zero routemap process for NHSScotland Sustainability included as a measure in all relevant tenders Development and release of a full sustainability toolkit for NHSS Development of a plan for all NHSScotland fleet (small/medium) to be net-zero emissions by 2025 Develop a methodology to enable each NHS Board to report annually on their greenhouse gas emissions and overall sustainability performance using the Public Bodies Climate Change Duties Reports	March 21 March 22 March 23	Risks to be identified

7.2.13 Primary and community care Process practitioner payments of approximately £2.58billion to GPs, Pharmacists, Dentist and Optometrists per annum, to 99.5% accuracy in agreed timeframes. Approx £8billion over 3 years. (Practitioner and Counter Fraud Services)

Targets, Standards and Milestones	Time Period	Risk
Standard Underpin practitioner payments to 99.5% accuracy in agreed timeframes.	Ongoing until March 23	Risks mitigated by current business processes and action plans in place.

7.2.14 Improving Eye Care Services Implement digital support for hospital eye service vouchers. Community optometrists will be able to claim electronically for payment for vouchers issued by the hospital eye service. Currently those still exist only on paper, unlike General Ophthalmic Service vouchers which are issued in community optometry itself. The benefits include reduction in paper, harmonisation of processes between GOS and HES, more accurate and quicker payments, reduced errors of data capture processing. Benefit recipients are the community optometrists themselves. A Low Vision Service for Scotland will be delivered once commissioned and funding agreed.   (Practitioner and Counter Fraud Services)

Targets, Standards and Milestones	Time Period	Risk

Milestones		Risk that PMS
Digital Support implemented for Hospital Eye Service Vouchers	March 21	suppliers/corporate IT do not deliver changes in advance
Establish, once commissioned and funded, a National Low Vision Service for Scotland	March 22	of the regulated date - assumed October 2020.
To be confirmed	March 23	

7.2.15 Oral Health Support implementation of Scottish Government Oral Health Improvement Programme to develop new models of care for care home patients. (Practitioner and Counter Fraud Services)

Targets, Standards and Milestones	Time Period	Risk
Milestones		Insufficient Clinical resources may result in delays/delivery
Clinical monitoring undertaken for Care Home patients receiving dental treatment from enhanced skills practitioners. Review of wider OHIP published for consideration.	March 21	
P&CFS clinicians continue to support SG to produce definitive policy paper for "A New Model of Care".	March 22	
Clinical monitoring for Care Home patients revised to take account of definitive Oral Health Assessment. Expected roll-out of "A New Model of Care."	March 23	

7.2.16 Oral Health To deliver a range of projects and IT solutions for SG around the new model of (dental)care as outlined within the Oral Health Improvement Plan. This includes moving the governance arrangements for NHS dentistry into NSS. Develop and delivering a new model of care including the associated digital solutions. NSS established as the hosting organisation for most of the NHS dental governance functions. Developing and delivering a new model for payment of NHS General Dental Practitioners. (Clinical Directorate)

Targets, Standards and Milestones	Time Period	Risk
Milestones		Given the large number of interdependencies and an ambitious time frame that a risk that NSS misses milestones in the development and delivery plan.
Establishment of National Dental Governance Committee	March 21	
Completion of discovery and development of a new model of care.	March 22	
Roll out the pilot/substantive new model of care.	March 23	
		Conversely, there is a risk that SG have expectations of NSS which we are not adequately resourced to deliver on time and in full.

7.2.17 National Contracting Source and deliver goods to support the NHS to achieve financial targets (Procurement, Commissioning and Facilities).

Targets, Standards and Milestones	Time Period	Risk
Targets		Risks are mitigated through business as usual activities
National Contract delivered savings of £19m	March 21	
Collaborative contract coverage of £1.4bn		
Plan developed to scope out the next phase of NDC delivery models		
Targets for 21 – 23 to be further developed		

7.2.18 Sourcing of goods and services Support the Health and Wealth of Scotland by delivering services and solutions which stimulate equality and economic growth (Procurement, Commissioning and Facilities

Targets, Standards and Milestones	Time Period	Risk
Targets / milestones 10% improvement on award of applicable business to Scottish companies and compliance with SG Sustainable Procurement Duty Identification of areas where our spend can have the greatest impact with a baseline agreed. 10% improvement of spend impact 22/23 targets to be agreed	March 21 March 22	Risks TBA

7.2.19 Countering fraud in health and care Protect NHSS resources through Prevention, Detection and Investigation of fraud. Securing £3m per annum –£9m over 3 years. (Practitioner and Counter Fraud Services)

Targets, Standards and Milestones	Time Period	Risk
Targets Secure £3m savings per annum.	March 23	Risks mitigated by operating procedures in place to maximise service opportunities.

7.2.20 Deliver Legal Services Deliver cost effective litigation, commercial property, commercial contracts and employment legal services that achieve greater than 95% customer satisfaction levels for Legal Services and set the annual increase of fees at 0% for the first year and review for the second year. (Central Legal Office)

Targets, Standards and Milestones	Time Period	Risk
Targets Annual increase in fees – 0% for the first year and review for the second year. 95% Target of Customer Satisfaction for legal services.	March 21 March 22 March 21	Risk 1615 Risk that expenditure exceeds income if fee earners do not meet targets.

7.2.21 Implementing Digital Legal Services Redesign and improve Legal Services using digital technologies, ensuring they are aligned to Scotland's Digital Justice ambitions in order to create a more efficient, user focused and easier to access service. (Central Legal Office)

Targets, Standards and Milestones	Time Period	Risk
Targets 70% Target of Delivery of Annual Digital Transformation Strategy	Ongoing until March 23	5787 Risk that digital Transformation Strategy in CLO is not fully delivered due to lack of resources or lack of time devoted by designated resources & 5876 Risk of not

		being able to keep up with available technologies leading to the failure of implementation of an appropriate digital legal service.

7.2.22 Clinical Negligence Claims Support the Scottish Government in improving the overall management of clinical negligence claims, including the increased use of periodic payments for high value negligence claims and ensuring that the information recorded by litigation solicitors in the CLO database is accurate and timely, facilitating an accurate assessment of CNORIS contributions for NHS Boards and assisting financial planning. (Central Legal Office)

Targets, Standards and Milestones	Time Period	Risk
Standard 100% Target of Update Clinical Negligence Settlement dates and value of claims	Ongoing until March 23	5357 Risk that the information held in the CLO Legal Case Management system is not update accurately or timeously.

7.2.23 Shared Services It has been agreed that NSS will provide shared services to Public Health Scotland in the areas of Finance, People, Digital and Security, Procurement and Operations Management (including Facilities). Based on this work we will look to identify and explore opportunities beyond Public Health Scotland. (led by Strategy, Performance and Service Transformation)

Targets, Standards and Milestones	Time Period	Risk
Milestones Deliver corporate shared services to Public Health Scotland and baselines for performance established	March 21	There is a risk that services do not meet expectations of Public Health Scotland
All corporate services are meeting targets for key performance indicators agreed with Public Health Scotland	March 22	There is a risk that NSS cannot resource the services to meet potential demand
Identify and explore opportunities for delivery of corporate shared services beyond Public Health Scotland	March 22	There is a risk that NSS may be perceived negatively by other health boards
Deliver corporate shared services beyond Public Health Scotland	March 23	

7.3 Assist - assisting other organisations involved in health and care

7.3.1 Assist strategic priority. Consider how NSS can play an important role in connecting strategic health and care initiatives across Scotland. These connections will also support the co-ordination with, and integration into local, regional and national initiatives where appropriate. We will work to understand the scope and planning requirements for working with the following groups:
- Integration Joint Boards
- Local Government
- Emergency Services
- The Third and Independent Sector

We also aim to ensure NSS is meeting requirements set out in Scottish Government's Public Participation Standards. (Strategy, Performance and Service Transformation)

Targets, Standards and Milestones	Time Period	Risk
Targets / milestones for 20 – 23 to be agreed with stakeholder partners.	-	Risks to be agreed

Appendix 1 Our Digital Expertise

Our Digital and Security Team provide the following services, expertise and capability: -

Digital & Security powered by NSS					
Clinical Informatics	Cyber Security & Information Governance	Cloud Engineering & Operations	Portfolio Services	Innovation & Transformation	Office of the Chief Digital Officer
Ensuring clinical outcomes for IT delivered services from Digital and Security are assured and improved through effective subject matter consideration at the outset of new capabilities and throughout the lifecycle and delivery of IT services	Ensure the integrity of the IT estate and that the quality and security of service across our critical business systems remain without breach and that our processes advance to stay ahead of external and internal threats. Information governance processes and repositories are managed and maintained.	Maintain and incrementally improve the Digital and Security suite of scalable production services, infrastructure and telecoms across the entire customer and user base focusing on quality of service and asset management. Support NHS Scotland in it's transition from data centre to Cloud.	Portfolio Services delivering at scale National programmes across NHS Scotland in a consistent approach. Relationship management our customers and pipeline opportunities supported by robust contract and vendor management services and support.	Digital Innovation & transformation are driving an exciting roadmap of technology solutions to replace legacy and provision National digital capabilities across channels, integration & data and platforms. Through solution design, DevOps and Agile methods efficiencies of scale and rapid delivery of value is achieved.	Connect Strategy to delivery through portfolio and workforce planning, intake governance and alignment to Enterprise objectives. Operational controls, reporting, talent development and communications & engagement.

- **Clinical Informatics**

  DaS leverages a small team of highly experienced Clinical Informaticians to ensure the clinical requirements and Medical Device Regulations (MDR) are being correctly considered in deployment of solutions and services to BS14835 standards

  The team provide clinical impact assessments or adverse event monitoring but also are involved in early stage design considerations and procurement services to ensure we hold suppliers to the new regulations emerging particularly around software.

- **Cyber Security & Information Governance**

  We are implementing the NHS Scotland national Cyber Security Operations Centre (CSOC) proof of concept and are currently providing security monitoring, alerting and threat response services covering approximately 26,000 endpoints

  The National team are experts in the areas of Cyber security and Information Governance and providing a roadmap of capabilities as part of a National 3year programme now entering its second year of implementation.

  NSS expects to successfully complete the NISD audit in 2020 and work underway includes Advanced Threat Protection (ATP) rollout for end point devices and SIEM data feeds providing a similar detection across networks and firewalls with further strengthening to the team in the area of Security Architecture.

  Our Information Governance team will be managing the implementation of the MDR register and associated processes and controls required to ensure compliance. In addition, the Information governance team will ensure suitable data access, collection, retention, storage and disposal standards, processes and methods are in place across NSS.

  NSS have recently combined Information Governance and Cyber Security teams to provide a single capability.

- **Cloud Engineering & Operations**

We have implemented a secure cloud hosting service and currently have a number of business critical applications hosted on the platform with a very healthy pipeline across NHSScotland of areas keen to leverage this cost effective capability in driving fast paced delivery and to improve support and cost model opportunities.

Operations provide 24/7 infrastructure, telecommunications and application support across in-house and 3rd party supplied capabilities and are driving a roadmap of legacy replacement and more value add Technology infrastructure plans to modernise the real estate and the cost of service.

The team have a number of qualified ITIL and ISEB experts who are highly experienced in implementing service management processes, practices and improvements and through NIS audit and assessments it is anticipated that any observations and improvements will be addressed by the operations team going forward to further strengthen operational controls and practices.

The team are engaged in the preparation of a full lifecycle investigation to replace the ATOS suite of solutions and the support and operating model requirements that will be needed ahead of the 2026 contract expiration.

- **Portfolio Services**

  Portfolio Services are leading on a number of at scale National programmes across NHS Scotland across including; HEPMA, CHI/CH, O365, GPIT and PACS. We are engaged to enable our customers to understand the drivers of cost and impact to outcomes and to set agreed targets that then provide the focus for our technology and delivery experts' to identify and action the most appropriate solutions to deliver value. Our ambition is to mature and extend this capability to enable data driven decisions to be made with customer outcomes central to demand decisions and portfolio delivery.

  Our team of supplier and service management expertise provide further insights to drive the delivery pipeline and also ensure that our suppliers are closely managed to deliver to expectations in partnerships with NSS Procurement services. This includes leading on a product lifecycle programme to modernise our applications and systems and reliance on the ATOS contract which will cease 2026.

  Our Technology Partners leverage the contract, service, Architecture and Clinical expertise across the wider DaS function to encourage and explore the opportunities early in the delivery lifecycle to maximise reuse and leverage capabilities where possible.

- **Innovation & Transformation**

  Our DaS team are implementing digital solutions against the agreed demand pipeline and building a series of product lines to deliver fast paced, regular value via backlogs and also via more traditional project and portfolio plans where the solution needs to be explored and developed or the complexity warrants oversight.

  The team will provision generic technologies that are key to enabling digital business opportunities by exploiting close links with NSS and NHSS business strategies through the Office of the Chief Digital Officer and the Professional Services functions of DaS.

  Data driven insights are a key aspect of the team to help build suitable and effective solutions and technology enabled processes leveraging areas of expertise in Integration and Business Analytics. The team have built a number of integrated dashboards to assist areas of NSS to interrogate their operational information to drive improvements and efficiencies to automate where possible following process reviews and reengineering.

  Our Business Analytics platforms already scale across NHSScotland and will be enhanced with AI functionality during this financial year. A key focus for the coming period will be to harness data and map it across the emerging NSS digital business platform.

NHS NATIONAL SERVICES SCOTLAND *select Board from drop-down*

FINANCIAL PLAN 2020-23
Core Revenue Outturn Statement

Line no	2019-20 Total £000s	Revenue Resource Limit (RRL)	2020-21 Rec £000s	Non-Rec £000s	TOTAL	2021-22 Rec £000s	Non-Rec £000s	TOTAL	2022-23 Rec £000s	Non-Rec £000s	TOTAL
1.01	865,118	Gross Expenditure - Clinical & Non-clinical	736,597	129,207	865,804	745,117	127,956	873,073	753,859	127,471	881,330
1.02	354,529	Less: Gross Income	350,000		350,000	350,000		350,000	350,000		350,000
1.03	510,589	**Total Expenditure**	386,597	129,207	515,804	395,117	127,956	523,073	403,859	127,471	531,330
1.04	10,751	Less: Total Non-Core RRL Expenditure		9,918	9,918		8,667	8,667		8,182	8,182
1.05	0	Less: FHS Non Discretionary Net Expenditure			0			0			0
1.06	499,838	**Core Revenue Resource Outturn**	386,597	119,289	505,886	395,117	119,289	514,406	403,859	119,289	523,148
1.07	338,805	Baseline Allocation	327,700		327,700	336,220		336,220	344,962		344,962
1.08	0	NRAC parity funding uplift	0		0	0		0	0		0
1.09	171,784	Anticipated Allocations: Rec/ Non-rec/ Earmarked	58,897	119,289	178,186	58,897	119,289	178,186	58,897	119,289	178,186
1.10	510,589	**Core Revenue Resource Limit (RRL)**	386,597	119,289	505,886	395,117	119,289	514,406	403,859	119,289	523,148
1.11	10,751	**Forecast Variance against Core RRL**	0	0	0	0	0	0	0	0	0
1.12	0	**Forecast (Deficit)/Surplus- Required Financial Flexibility**			0			0			0
1.13	0%	**Financial Flexibility (% core RRL)**			0%			0%			0%

Line no	2019-20 £000s	Balance of Care Cost Split:	2020-21 £000s	2021-22 £000s	2022-23 £000s
1.14		Hospital Services total			
1.15		Community Services total			
1.16	0	Total (inc. FHS)	0	0	0
1.17		Savings delivered/planned from hospital services			
1.18		Additional investment in community services			
1.19	-	Percentage of hospital savings invested in community services	-	-	-

Cumulative 3-Year Total Outturn (2019-22) **0**

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Date of submission 28/02/20120

Board Approval Date

NHS NATIONAL SERVICES SCOTLAND
FINANCIAL PLAN 2020-23
Cash-releasing Savings Requirement

		2020-21						2021-22						2022-23		
		Rec £000s	Non-Rec £000s	Total £000s				Rec £000s	Non-Rec £000s	Total £000s				Rec £000s	Non-Rec £000s	Total £000s
2.01	Forecast variance against Core RRL	0	0	0				0	0	0				0	0	0
2.02	Savings forecast to be delivered (detailed in table below)	14,237	2,513	16,750				14,443	2,549	16,992				14,646	2,585	17,231
2.03	**Savings required to break even**	**14,237**	**2,513**	**16,750**				**14,443**	**2,549**	**16,992**				**14,646**	**2,585**	**17,231**
2.04	Savings as % of Baseline	4%	-	5%				4%	-	5%				4%	-	5%

		2020-21			Risk rating			2021-22			Risk rating			2022-23			Risk rating		
	Savings planned to be delivered:	Rec £000s	Non-Rec £000s	Total £000s	High £000s	Med £000s	Low £000s	Rec £000s	Non-Rec £000s	Total £000s	High £000s	Med £000s	Low £000s	Rec £000s	Non-Rec £000s	Total £000s	High £000s	Med £000s	Low £000s
2.05	Service redesign	862	619	1,481		619	862	679	802	1,481		802	679	681	800	1,481		800	681
2.06	Drugs and prescribing	9,649		9,649			9,649	10,038		10,038			10,038	10,239		10,239			10,239
2.07	Workforce	2,493	277	2,770		277	2,493	2,493	277	2,770		277	2,493	2,493	277	2,770		277	2,493
2.08	Procurement	369	369	738		369	369	369	369	738		369	369	369	369	738		469	269
2.09	Infrastructure *(e.g.facilities management, IT, other support services)*	771		771			771	771		771			771	771		771			771
2.10	Other	93		93			93	93		93			93	93		93			93
2.11	**Total Efficiency Savings workstreams**	14,237	1,265	15,502	0	1,265	14,237	14,443	1,448	15,891	0	1,448	14,443	14,646	1,446	16,092	0	1,546	14,546
2.12	Financial Management / Corporate Initiatives			0			0			0			0			0			0
2.13	Unidentified savings assumed to be delivered in year		1,248	1,248	1,248		0		1,101	1,101	1,101		0		1,139	1,139	1,139		0
2.14	**Total core NHS Board Savings**	**14,237**	**2,513**	**16,750**	**1,248**	**1,265**	**14,237**	**14,443**	**2,549**	**16,992**	**1,101**	**1,448**	**14,443**	**14,646**	**2,585**	**17,231**	**1,139**	**1,546**	**14,546**
2.15	**Savings delegated to Integration Authorities**	**0**		**0**			0			**0**			0			**0**			**0**
2.16	**Savings Challenge Remaining**	0	1,248	**1,248**				0	1,101	**1,101**				0	1,139	**1,139**			

Form 2 - Efficiencies

NHS NATIONAL SERVICES SCOTLAND
FINANCIAL PLAN 2020-23
Non-Core RRL Expenditure

Line no	2019-20 Total £000s		2020-21 Total Non-Rec £000s	2021-22 Total Non-Rec £000s	2022-23 Total Non-Rec £000s
3.01	0	Capital Grants	0	0	0
3.02	7,758	Depreciation / Amortisation	8,025	6,774	6,289
		ODEL - IFRS PFI Expenditure			
3.03	354	PFI/PPP/Hub - Depreciation	354	354	354
3.04		PFI/PPP/Hub - Impairment			
3.05	1,289	PFI/PPP/Hub - Notional Costs	1,289	1,289	1,289
3.06	1,643	**Total IFRS PFI Expenditure**	1,643	1,643	1,643
		Annually Managed Expenditure			
3.07	1,100	AME - Impairments			
3.08	250	AME - Provisions	250	250	250
3.09		AME - Donated Assets Depreciation			
3.10		AME - Movement in Pension Valuation			
3.11		AME - Leases- Peppercorn Rents			
3.12	1,350	**Total AME Expenditure**	250	250	250
3.13	10,751	**Total Non-Core RRL Expenditure**	9,918	8,667	8,182

NHS NATIONAL SERVICES SCOTLAND
FINANCIAL PLAN 2020-23
Infrastructure Investment Programme

Line No	2019-20 £000s		2020-21 £000s	2021-22 £000s	2022-23 £000s	2023-24 £000s	2024-25 £000s
4.01	14,263	**Capital Resource Limit (CRL)**	16,450	2,009	9,389	5,285	4,929
4.02	3,364	SGHSCD formula allocation	2,927	2,927	2,927	2,927	2,927
4.03	0	Asset sale proceeds reapplied *(net book value, from line 4.33 below)*	0	(7,500)	0	0	0
4.04	1,966	Project specific funding *(from line 4.24 below)*	8,300	5,782	5,662	356	0
4.05	0	Radiotherapy funding					
4.06	9,644	Other centrally provided capital funding	800	800	800	800	800
4.07	1,255	Revenue to capital transfers	4,423			1,202	1,202
4.08	16,229	**Total Capital Resource Limit**	16,450	2,009	9,389	5,285	4,929
4.09	1,966	**Saving / (Excess) against CRL** *(4.08 less 4.01)*	0	0	0	0	0

Line No	2019-20 £000s	**Hub Projects:**	2020-21 £000s	2021-22 £000s	2022-23 £000s	2023-24 £000s	2024-25 £000s
4.10		<name of project>					
4.11							
4.12							
4.13							
4.14							
4.15	0	**Total Non-Core Capital ODEL**	0	0	0	0	0

Memoranda

Line No	2019-20 £000s	**Project Specific Funding:**	2020-21 £000s	2021-22 £000s	2022-23 £000s	2023-24 £000s	2024-25 £000s
4.16	1,966	e-Health: CHI / Child Health	6,700	1,200	3,100	0	0
4.17		e-Health: Breast Screening	100				
4.18		e-Health: QAS	1,500				
4.19		Backlog Maintenance - Gyle		2,810	2,410	240	
4.20		Backlog Maintenance - Meridian		1,772	152	116	
4.21							
4.22							
4.23							
4.24	1,966	**Total Project Specific Funding** *(copies to line 4.03 above)*	8,300	5,782	5,662	356	0

Line No	2019-20 £000s	**Source of capital receipts** (please enter NBV figures as **negative**):	2020-21 £000s	2021-22 £000s	2022-23 £000s	2023-24 £000s	2024-25 £000s
4.25		Ellen's Glen Road		(7,500)			
4.26							
4.27							
4.28							
4.29							
4.30							
4.31							
4.32							
4.33	0	**Total Asset Sale proceeds (at NBV)** *(copies to line 4.03 above)*	0	(7,500)	0	0	0

NHS NATIONAL SERVICES SCOTLAND
FINANCIAL PLAN 2020-23
Financial Trajectories

	Revenue Outturn	RRL Saving/ (Excess)
	Saving / (Excess) against Core RRL as at the end of:	£000s
5.01	May	0
5.02	June	0
5.03	July	0
5.04	Aug	0
5.05	Sept	0
5.06	Oct	0
5.07	Nov	0
5.08	Dec	0
5.09	Jan	0
5.10	Feb	0
5.11	Mar	0

Revenue Performance Trajectory
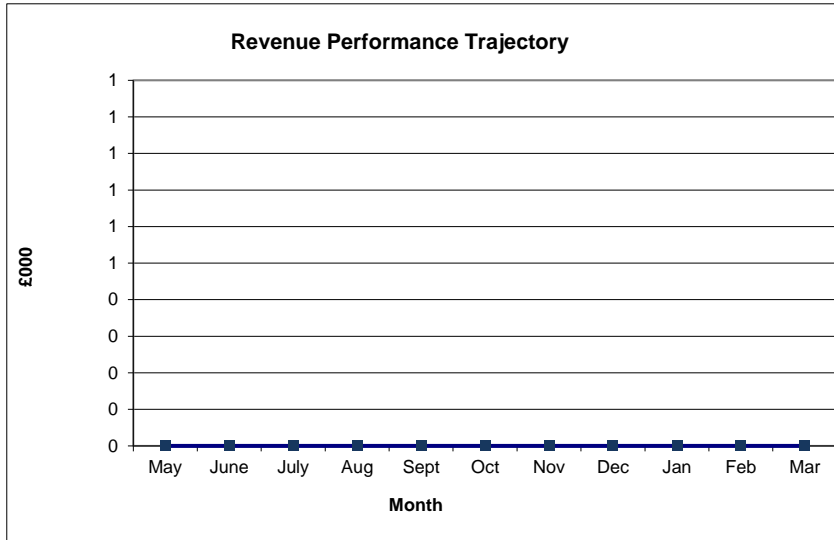
	Cumulative value of efficiency savings as at the end of:	Total
		£000s
5.12	May	5,100
5.13	June	6,265
5.14	July	7,430
5.15	Aug	8,595
5.16	Sept	9,760
5.17	Oct	10,925
5.18	Nov	12,090
5.19	Dec	13,255
5.20	Jan	14,420
5.21	Feb	15,585
5.22	Mar	16,750

Efficiency Savings Trajectory

Financial Planning Assumptions:

	2019-20	Assumptions - uplift (%)		2020-21	2021-22	2022-23
6.01	0.00%	Resources	Base uplift	2.60%	2.60%	2.60%
6.02	0.00%		NRAC	0.00%	0.00%	0.00%
6.03	2.50%		Other	2.00%	2.00%	2.00%
6.04	3.00%	Pay	Base uplift	3.30%	3.30%	3.30%
6.05	0.50%		Incremental drift	0.40%	0.40%	0.40%
6.06	0.00%		Other	0.00%	0.00%	0.00%
6.07		Prices				
6.08	0.00%	GP prescribing	Price	0.00%	0.00%	0.00%
6.09	0.00%		Volume	0.00%	0.00%	0.00%
6.10	0.00%	Hospital drugs	Price	0.00%	0.00%	0.00%
6.11	0.00%		Volume	0.00%	0.00%	0.00%

Risk Assessment

Line no	Key Assumptions / Risks	£ Value Risk/ £ Assumption/ % Assumption	Impact / Description	Risk rating (please select from drop-down)
6.12	Pay and Pension	£2.1m	The initial assumption in the 1st AOP was that NSS would receive a seperate pay allocation which fully funded A4C pay increases totalling c£5.8m. As below, the funding has been allocated as part of an overall baseline uplift. This gives rise to a £2.1m pressure for NSS (on the basis that the NSD increase is ring-fenced). Beyond 20-21, if pay settlements and baseline uplifts are of a similar level, this will result in further continued pressure for NSS.	High Risk
6.13	Waiting Times	N/A	N/A	
6.14	Prescribing	N/A	N/A	
6.15	Pharmaceutical Price Regulation Scheme (PPRS)	N/A	N/A	
6.16	Primary Care Improvement Fund	N/A	N/A	
6.17	Mental Health	N/A	N/A	
6.18	Transformational Change Fund	As per Consolidated Funding Requirement File	Whilst NSS understand there is no formal Transformational Change Fund in 20/21, there is an expectation that funding will cover existing programmes where there has been discussion / agreement that they will continue (e.g. SRTP; Labs). The expected amounts have been included in the 'Consolidated Funding' file (see below).	Low Risk
6.19	eHealth	£0	It is assumed that NSS will have an increased investment requirement around Office 365. The e-Health SLA with SG is c£30m, where a number of ehealth contracts are linked to RPI increase on an annual basis - therefore CRES is not achievable on 85% of the overall spend. The Head of FInance supporting e-Health has advised that there is no 5% CRES expectation from SG e-Health colleagues so this risk has been downgraded to low	Low Risk
6.20	Capital Programme	0%	As per the indicative budget allaoction letter dated 6 February 20, the NSS assumption over the planning period is a 'flat-cash' uplift. NSS has also planned for a baseline reduction of c£0.4m to Public Health Scotland, as per the Due Diligence work, representing PHI's share. The impact of IFRS 16 was quantified and reported in a seperate SG return - the working assumption maintains that there will be full budgetary cover for the impact of the accounting change. Any project specific capital funding in relation to e-Health continues to be montiored and reported through the e-Health Finance sub group - the lastest plan is included as part of Form 4. It is expected that NSS will be allowed to retain EGR sales proceeds to reinvest in backlog maintenance work at Gyle & Meridian. The expected proceeds are £7.5m in 21-22 but the work would span from 21-22 to 23-24 so the funding would need to be reprofiled - the detail is included in Form 4 and the supplementary return. The £4.423m revenue to capital transfer is the maximum amount (based on all potential Backlog Maintenance work in 20-21 being undertaken)	Medium Risk
6.21	Baseline Uplift	2.6%	As per the indicative budget allocation letter dated 6 February 20, NSS is assuming an average baseline uplift of 2.6% - which includes 3% for the "patient facing" services (SNBTS & NSD) with a 2% uplift applied to the remaining baseline (from which NSS must meet A4C pay cost increases averaging 3.7%). This is different to our first AOP submission - the overall change is a reduction in expected funding of £0.3m - this includes an increase of £1.7m for NSD, so the total adverse impact for NSS (non-NSD) is £2.1m	High Risk
6.22	Capital Charges	£1m	NSS is forecasting a pressure of c£1m in relation to capital charges in 20/21 (the 19/20 pressure is c£1.2m). This does not take into account any impact from the implementation of IFRS 16	Medium Risk
6.23	Additional Allocations	£178.2m	NSS has complied a draft list of anticipated additional allocations / consolidated funding requirements (see separate file)	Medium Risk
6.24	Public Health Scotland	£27.1m (Revenue) & £0.4m (Capital)	As per the indicative budget allocation letter dated 6 February 20, NSS is assuming a baseline revenue budget transfer of £27.1m and £0.4m capital transfer to Public Health Scotland. This is in-line with the due diligence work that Joe Welsh has led on from an SG perspective. See atatched paper from Joe.	Low Risk
6.25	South East Payroll Consortium	1%	Since the first submission, NSS has been chosen as the single employer of South East Payroll Services - given the infancy of this transfer of service, no assumptions have been built into the financial plan but it is hoped that the shared service could given rise to efficiency savings beyond those estimated in the original business case.	Low Risk
6.26	Brexit	£1m	There is a significant risk for Brexit which includes contingency and price inflation	High Risk
6.27	Management of Redeployment	£2m	May result in staff retained without meaningful work for long periods of time.	Medium Risk
6.28	CRES Delivery	£1.2m	Any under achievement against the savings plan could lead to additional cost pressures. Further work is ongoing to define and agree the specific projects and initiatives that each SBU will deliver as part of the overall NSS Financial Sustainability Plan over the planning period. There is a small proportion of unidentified transformation activities at this stage and the relative risk profile still has to be defined. The majority of idenitifed savings are recurrent (c85%) with a small proportion of non-recurring savings required to achieve financial balance.	Medium Risk
6.29	NSD	£1.8m	The NSD element of the plan is assumed break-even throughout. This assumes that any shortfalls in funding/cost pressures will be effectively dealt with by the National Specialist Services Committee. Should this not be the case it may result in cost pressures on NSS. The additional uplift for NSD (1% greater than initally planned) will have a favourable impact compared to the original planning assumption	Medium Risk
6.30	National Board Collaboration Savings	£6.7m	The baseline position currently assumes a recuring £6.7m contribution which the NSS Board has not agreed to (rather a recurring contribution of £5.5m towards this target (which is the Board's pro-rata share)). The expectation from SG in 19/20 is £7m - NSS is considering how it may be able to defer expenditure into 20/21 to accommodate this request on a non-recurring basis by moving the pressure into the following Financial Year. If NSS were expected to contibute savings beyond £5.5m on a recurring basis, this would result in significant financial pressure - and this does not have NSS Board approval.	High Risk

Health Board name NSS

Annual Operational Plans – information required

Capital

Within the AOP guidance, information has been requested in relation to capital planning as follows:

1. Boards five year infrastructure plans.
2. An analysis by year of the proposed use of the formula allocation to reduce backlog maintenance and replace essential equipment.
3. An analysis of Boards high and significant backlog and the mitigation to address these risks.
4. An assessment of the risks associated with equipment replacement and your plans to mitigate these risks.

Your AOP submission should also set out how your Board is developing a Digital Strategy for your area.

To support Boards in meeting these requirements we have created a standard excel proforma for completion and incorporation within your Annual Operational Plan.

Instruction:
Please only update yellow cells.
Please note that FY 23/24 seems to be missed from the template

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4. An assessment of the risks associated with equipment replacement and your plans to mitigate these risks.

Health Board name NSS

Please set out below the breakdown of specific projects (line 4.04 of financial plan template) by stage of development (defintions included in comments below).

Project name	20/21 £m	21/22 £m	22/23 £m	24/25 £m	Total £m
Approved Projects					
e-Health - CHI / Child Health	6.7	1.2	3.1		11
e-Health - Breast Screening	0.1				0.1
e-Health - QAS	1.5				1.5
					0
Total Approved Projects	8.3	1.2	3.1	0	12.6
Projects in governance					
Total Projects in governance	0	0	0	0	0
Proposed Projects					
Backlog Maintenance - Gyle	2.8	2.4	0.2		5.4
Backlog Maintenance - Meridian	1.8	0.2	0.1		2.1
Total Proposed Projects	4.6	2.6	0.3	0	7.5
Overall total	12.9	3.8	3.4	0	20.1

Health Board name　　　　NSS

Please set out below the planned use of formula allocation over each of the next 5 years:

	20/21 £m	21/22 £m	22/23 £m	24/25 £m	Total £m
Source of funding					
Formula Capital Allocation - as per Financial Template Form 4 (Line 4.02)	2.9	2.9	2.9	2.9	11.6
Planned expenditure					
Primary Care	0.3	0.3	0.3	0.3	1.2
Backlog maintenance					0
Equipment - replacement	1.1	1.1	1.1	1.1	4.4
Equipment - new	1.5	1.5	1.5	1.5	6
Other (all above £1m)					0
Total	2.9	2.9	2.9	2.9	11.6

Over/(Under) commitment	0	0	0	0	0

Site Development / Masterplans – major hospital sites:

Does the Board have site development or masterplans for each of its major hospital sites – Yes/No

If **Yes** could you name the sites for which plans have been developed

If **No** does the Board have a plan to develop these and has a timescale been agreed.

Primary / Community Care infrastructure strategy

Does the Board have an approved Primary / Community Care infrastructure strategy – Yes/No

Health Board name NSS

Position reported in latest Asset Management Return (AMR)

	Very High	High	Medium	Low	
As reported in latest AMR	0	2,190,000	10,672,000	3,972,000	capital element only (also some revenue items)
Estimated backlog position 31 March 2025	0	0	0	0	excluding any new items arising during planning period (rolling review)

Mitigating actions

Summarise below the main areas that comprise Very High and High backlog maintenance,
 and the plans within the Board to mitigate this risk and by how much the Board plans to reduce very high
and high risk by 31 March 2025.

As part of its Financial Plan, NSS will address its High Backlog Maintenance as a priority, including investment in the current Financial Year. Significant, further investment will continue over the planning period to address the other medium and low risk items. We are planning to use the proceeds from the sale of Ellen's Glen Road to re-invest in required backlog maintenance work at Gyle Square & Meridian. This will spread over a number of years so the expected capital receipt will require to be spread over a number of years to match the expenditure profile

The majority (£2.100m) of the 'significant' backlog maintenance relates to Mechanical & Electrical improvement work required at the Forresterhill site
It is planned that NSS will convert some revenue funding to capital to cover this cost as it is unable to cover this from its reduced formula allocation and recurring commitments

There is a chance that the sale of Ellens Glen Road would be concluded in FY 20/21 but it is more realistic to assume FY 21/22 (which is the original and maintained assumption)
Clearly if it were to be sold in FY 20/21, NSS would require SG to retain the receipt and repofile budget accordingly to meet planned expenditure

Reduction in backlog maintenance
Forecast reduction in backlog maintenance as at the latest Asset Management Return Date by 31 March 2025:
(insert either £m or %):   £16.8m   capital element only

Health Board name   NSS

Please set out below the Board's assessment of equipment that requires immediate replacement
and planned expenditure in each of the next five years.

Equipment requiring replacement	20/21 £m	21/22 £m	22/23 £m	24/25 £m	Total £m
eHealth	0.6	0.6	0.6	0.6	2.4
Facilities and Estates	0.3	0.3	0.3	0.3	1.2
Radiology					0
Laboratories					0
Medical electronics					0
Other	1.7	1.7	1.7	1.7	6.8
Sub-total	2.6	2.6	2.6	2.6	10.4
Planned spend[1]	2.6	2.6	2.6	2.6	10.4

Check	0	0	0	0	0

[1] Subtotal in row 14 should equal the total of new and replacement equipment on Tab 2

Health Board name   NSS

One of NSS' key Strategic Business Units is Digital and Security (DaS) which operates as a centre of excellence for digital, security, data and technology in Scotland. It aims to work collaboratively with our public sector partners to identify and deliver trusted and secure digital solutions to help us all achieve the ambitions for health and social care in Scotland.

The NSS Digital Strategy is not confined to DaS - each Business Unit has its own digital plan as part the wider Service Transformation agenda. For instance, as part of its Transforming Finance Programme, Finance is leveraging existing systems and technologies to standardise and automate processes (e.g. Tableau) whilst it is investing in new, best practice systems (e.g. Blackline; Service Now) to make its services as efficient and effective as they can be. Moreover, like all other Business units, it is implementing Office 365 and is already realising benefits as a result of this new technology.

NSS has an annual 'e-Health SLA' with SG in the region of £30m where it provides and manages key IT infrastucture servcies on behalf of NHS Scotland. From a financial / funding model perspective, it is clear that there has been and will continue to be a clear shift from traditional capital investment in systems and servers etc to a revenue based subscription / software as a service model, which has funding implications for SG Finance colleagues. As part of the NSS return, we have also noted a capital charge pressure (partly due to the change in IT sector business model) where asset ownership is now being superseded by revenue based subscription models. All Boards in NHS Scotland are currently being held to 17-18 depreciation levels - if this continues then NSS will incur further finanical pressure (c£1m in 20/21)

Revised Approach to Governance Meetings

Purpose

This report sets out proposals to revise the Board's approach to governance while the organisation is dealing with the COVID-19 pandemic.   The aims of this are:

- The organisation can effectively respond to COVID-19, and discharge its governance responsibilities.
- The organisation maximises the time available for management and operational staff to deal with COVID-19.
- The organisation minimises the need for people to travel to and physically attend meetings.

Any member wishing additional information should contact the Chair in advance of the meeting.

Recommendation

Whilst is it noted that NSS was convened under different legislation to the Territorial Boards, it would seem sensible to follow the same processes as the rest of NHS Scotland during this period. The Board is therefore recommended to approve the following:

1. Additions to NSS Standing Orders as follows:

    a. The person presiding may direct that the meeting can be conducted in any way that allows members to participate, regardless of where they are physically located, e.g. video-conferencing, teleconferencing. For the avoidance of doubt, those members using such facilities will be regarded as present at the meeting.

    b. The Board will be deemed to meet only when there are present, and entitled to vote, a quorum of at least one third of the whole number of members, including at least two members who are not employees of a Board. The quorum for committees will be set out in their terms of reference, however it can never be less than two Board members.'

2. Agree that the Board will not convene its Board meetings in public while the organisation and the country is responding to the COVID-19 pandemic, for the 'special reason' of protecting public health, and the health and wellbeing of anyone who would have otherwise attended the meeting.

3. Agree that for the duration, all governance committees, other than the Board will be cancelled. The Board will then meet on a monthly basis and this will be carried out by TEAMs or in any other manner which does not require the members and staff to physically meet. The Board will then consider any items that require formal approval which had previously been delegated to other

Committees at these monthly sessions.

Note: to allow these changes Members attention is drawn to Section 18 of the NSS Standing Orders:

"i) No Standing Order shall be suspended or dispensed with unless with the consent of a two-thirds majority of the Members of the Board present and voting.

ii) It shall not be competent to rescind or alter any of the Standing Orders, including the rules contained in the immediately preceding Standing Orders, except by the Resolution of the Board to that effect.

Timing

To be approved by the Board immediately.

Background

How Board meetings are convened

The [Public Bodies (Admissions to Meetings) Act 1960](#) requires NHS Board meetings to be held in public.   However Section 1(2) of that Act states:

'1(2)   A body may, by resolution, exclude the public from a meeting (whether during the whole or part of the proceedings) whenever publicity would be prejudicial to the public interest by reason of the confidential nature of the business to be transacted or for other special reasons stated in the resolution and arising from the nature of that business or of the proceedings; and where such a resolution is passed, this Act shall not require the meeting to be open to the public during proceedings to which the resolution applies.

NHS boards also have other legal duties to protect public health.   In light of the preventative measures put in place across the country, including social distancing, it is not appropriate to convene public meetings.   The Board can still publish its meeting papers on its website as it currently does. It is also necessary to stop convening meetings in the traditional way, and use other options.

The Board's are now recommended to update the Standing Orders to include the following provisions:

'i) The person presiding may direct that the meeting can be conducted in any way that allows members to participate, regardless of where they are physically located, e.g. video-conferencing, teleconferencing. For the avoidance of doubt, those members using such facilities will be regarded as present at the meeting.'

'ii) The Board will be deemed to meet only when there are present, and entitled to vote, a quorum of at least one third of the whole number of members, including at least two members who are not employees of a Board. The quorum for committees will be set out in their terms of reference, however it can never be less than two Board members.'

The above measures give the Board flexibility and the ability to convene a meeting even if many members cannot attend.

The business of the Board and its Committees

Management have already critically reviewed management meetings, and cancelled many in order to focus on COVID 19. Governance meetings require management time to service their requirements, so there is a need to critically review what governance meetings are required.

Management will identify what business must be considered by the Board and its committees over the next few months, and will liaise with the Board Chair. This exercise will inform decisions as to whether it is necessary to hold any particular meeting at all, and the agendas for the meetings which do go ahead. It is likely that much business will be suspended or deferred, and the business to governance meetings will be significantly reduced.

As part of the above exercise management will take into account the requirements of the Standing Orders, which sets out which matters are reserved to the Board. Management will also take into account any Scottish Government guidance or decisions on the re-scheduling of normal business.

Procurement and Legal

Legal advice will be sought as and when necessary given the changing circumstances due to the COVID-19 pandemic.

Engagement

This paper has been produced in conjunction with other NHS Scotland Health Boards.

Equality & Diversity

To be reviewed.

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KPMG

Internal audit strategic plan

(2019-23)

NHS National Services Scotland

Internal Audit 2019-23

18 March 2020

Contents

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Section one - Executive summary

Introduction

This document outlines the proposed internal audit strategy for the 2019-23 period (the strategic plan). It includes the annual plan for the 2020-21 period for approval by the Audit and Risk Committee. It provides a risk based analysis of the Board's operations as a basis for the internal audit work and demonstrates how our internal audit service will complement the Board's work.

It may be necessary to amend the plan in year should the Board's risk profile change and different risks emerge that could benefit from internal audit support. Management and the Audit and Risk Committee will approve any amendments to this plan.

The content and coverage of this plan

In this document we provide:

- our methodology and risk assessment (*section two*). This outlines our understanding of NSS's key risks and opportunities. We use this understanding to prioritise areas proposed for specific internal reviews in each period;

- our strategic and annual plan (*section three*). This proposes reviews to be performed in 2020-21; and

- details of outline scopes (*section four*).

Our risk assessment (*section two*) sets out those areas we propose to review in the period covered by this plan. We have prepared this analysis based on risks impacting the Board through review of the risk register, information provided over the last year and meetings with executive and non executive management.

Level of coverage of the control framework

The plan covers controls across a range of strategic, operational and financial areas. The coverage of the audit work will enable us to deliver a value adding internal audit service, and at the same time ensure we can deliver the assurance required by the Audit and Risk Committee in the production of the Chief Internal Auditor annual opinion.

Ensuring timely reporting

We pride ourselves on the clarity and quality of our reporting, which adds value by ensuring timely, accessible and action focused outputs from individual reviews. We will ensure our reports set our findings into context and provide a balanced identification of areas of good practice and areas for improvement. We will also seek to identify potential solutions to development areas and best practice examples in other areas.

We understand how important it is to deliver the internal audit plan to the agreed timetable. For each Audit and Risk Committee meeting we will provide a report summarising progress against the agreed internal audit plan and the work to be delivered over the next quarter.

The Audit and Risk Committee role

We are committed to working with Audit and Risk Committee members to ensure that management has established, and is maintaining, an adequate and effective internal audit structure. The role of the Audit and Risk Committee is critical to the success of the delivery of our internal audit service and ensures:
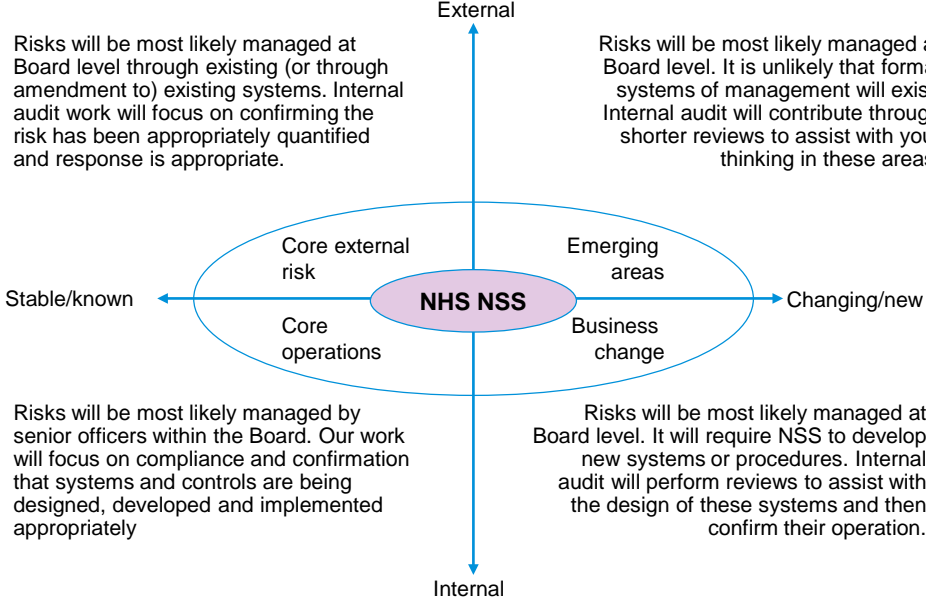
- we remain independent of management, and are provided with opportunity to update the Committee regarding issues identified in the review and appraisal of internal controls;

- we deliver an Internal Audit Service in accordance with an agreed Internal Audit Charter; and

- the Internal Audit Plan (and budget) is subject to appropriate scrutiny and challenge prior to its agreement, and is confirmed by the Audit and Risk Committee to support the Board's policies and plans for the future.

An important role of the Audit and Risk Committee is its responsibility to review and take action on significant audit findings reported to it. We will support the Audit and Risk Committee by reporting all significant findings clearly, regularly and promptly and are active in confirming the status of outstanding recommendations.

Section two - Methodology and risk assessment

Based on our work over the last five years, review of risk registers and discussion with senior stakeholders, we have developed strategic and annual plans in section three. In this section we set out our initial risk analysis of NSS operations. Our approach is as follows:

What we do	How we go about doing it
Understanding your operations	Building on our work of the last four years and drawing on the corporate documentation (such as Board papers and publicly available commentary on your operations), we have identified our key conclusions on the risks you face at a macro level in the NHS as well as locally, and have recorded how they can be classified into auditable systems.
Completed our internal audit risk assessment	Based on the risk assessment we have identified the auditable systems and utilising our wider knowledge of the NHS and other organisations we have categorised your risks as follows: External Risks will be most likely managed at Board level through existing (or through amendment to) existing systems. Internal audit work will focus on confirming the risk has been appropriately quantified and response is appropriate. Risks will be most likely managed at Board level. It is unlikely that formal systems of management will exist. Internal audit will contribute through shorter reviews to assist with your thinking in these areas. Core external risk — Emerging areas Stable/known — NHS NSS — Changing/new Core operations — Business change Risks will be most likely managed by senior officers within the Board. Our work will focus on compliance and confirmation that systems and controls are being designed, developed and implemented appropriately Risks will be most likely managed at Board level. It will require NSS to develop new systems or procedures. Internal audit will perform reviews to assist with the design of these systems and then confirm their operation. Internal
Design the strategic and annual audit plans	We will combine our assessment of the overall risks you face with a more traditional internal audit assessment of inherent risk, control risk and materiality to identify the sequence in which we will perform our work. To ensure that we track the type of work we are performing we will identify whether the work is based on a cyclical review of your systems or in response to a one off risk.
Plan the content and timing of the individual reviews in the annual plan	As part of our planning process we will provide an overall summary of the likely content and scope of each review we are proposing in 2020-21 and the timing of our work. These details are finalised in advance of the detailed fieldwork as part of the Terms of Reference process we complete with audit sponsors (generally Executive Directors) and auditees (those who will be involved in more detail with our fieldwork).

All of the work that we perform will comply with Public Sector Internal Audit Standards and relevant internal audit requirements for the NHS. Completion of the plan will allow us to issue you with a Chief Internal Auditor opinion in May or June 2021, and subsequent years.

In preparing our risk assessment we have sought to identify all auditable systems and then rationalise down this list by eliminating those systems for which assurances are obtained through non-internal audit routes. For example through line management and committee processes. We further eliminated those systems and processes for which you obtain assurance over operating effectiveness from other third parties, for example the service audits also performed by KPMG. We summarise over the page the remaining auditable systems which are influenced by: (i) issues faced by the NHS as a whole; (ii) risks identified in your risk register; (iii) areas of concern or routine systems that require periodic internal audit.

External

National initiatives

- Built Environment Commission
- Public Health Scotland
- PHI transition
- Infected blood payments scheme
- Screening oversight
- National Board Collaboration
- Centre of Excellence
- Digital transformation

Governance

- Governance of SBUs
- Government priorities for NHS
- Risk Management
- Health and safety
- Whistle blowing
- Committee structure
- Incident management
- Policies and procedures
- Equality and diversity

External reporting

- Sustainability reporting
- Freedom of Information
- Complaints handling

Best value assurance

- Brexit
- Customer engagement
- Clinical waste management
- Payroll shared services

Major programs

- Office 365
- GP IT re-provisioning
- Efficiency and effectiveness
- Child Health Index
- Programme management
- Service improvement

External risk   **Emerging areas**

NSS

Stable / Known ← **Core operations**   **Business change** → **Changing**

Finance

- Financial controls
- Financial reporting
- Purchase to pay
- Receivables
- Payables
- Budgeting
- Capital planning
- Payroll
- General ledger controls
- Property transaction monitoring

Human Resources

- Statutory and mandatory training
- Absence management
- Workforce management
- Learning and development
- Resource Allocation Modelling
- Recruitment
- Performance management
- Leadership / Line Management

Governance and risk systems

- Board Assurance Framework
- Resilience
- Business continuity
- Clinical

- Third party sourcing
- Health and safety controls
- Jack Copland Centre

Information Technology

- Program delivery
- Talent and people management
- Solution development
- Vendor and supplier management
- End user computing
- System roadmap
- IT infrastructure and architecture

Workforce

- Culture
- Succession planning
- Staff engagement
- Great place to work
- Redeployment pool

Multi SBU

- Service management
- Research and development partnerships
- Change management
- Business planning
- Internal and external communication
- Strategic planning
- Transformation change programmes
- Project management
- Organisational change processes
- Performance management and reporting
- Quality improvement
- Strategy, Medicine and Innovation
- Financial sustainability
- NSD Screening oversight
- Strategy

Managing internal data

- Activity data
- Data quality and assurance
- Information security management system
- Environmental management

Shared service delivery

- SNBTS (QA)
- CLO
- IT Services
- HR
- PCFS
- Financial services
- Donor collection services
- PCF

Procurement, Commissioning and Facilities

- Logistics
- Stock management
- Contract management / KPIs
- National Screening Division
- Commercial access to medicine

KEY

System	Areas covered in 2019-20
System	Areas due to be covered in 2020-21
System	Potential areas for coverage in 2021-23

Internal

Document Classification: KPMG Confidential

Section three - Strategic and annual plan

The audit strategy is detailed below and we explain how it is structured and the how the elements of the strategy relate to our planning processes:

The 2020-21 annual plan and 2019-23 strategic plan					
Areas	**Plan reference number**	**Year**			
		2019-20	**2020-21**	**2021-22**	**2022-23**

The first part of our analysis shows which area is being reviewed and the key risks within the corporate risk register for 2020-21. The reference number maps areas to the more detailed scopes identified in section four.

The second part of our analysis shows the audit days for 2020-21

Internal audit risk assessment

Our aggregate risk assessment takes into consideration the overall level of risk associated with the audit area, which considers the *impact* to the Board of risk associated with the area due to its materiality in financial and /or reputational terms and the *likelihood* of risk associated with the area as a result of the robustness of systems, processes and controls in place to manage it.

The 2020-21 annual plan and 2019-23 strategic plan					
Areas	**Plan reference number**	**Year**			
		2019-20	**2020-21**	**2021-22**	**2022-23**
CORE OPERATIONS					
Finance: Financial reporting					
Finance: Purchase to pay				▰	
Finance: Receivables					
Finance: Payables				▰	
Finance: Budgeting					
Finance: Capital planning	2021.06		18		
Finance: Payroll					
Finance: Core financial controls	2021.01	15	15		▰
Finance: General ledger controls					
Finance: Property transaction monitoring		*As and when required*			
HR: Statutory and mandatory training					
HR: Absence management					▰
HR: Workforce management					
HR: Learning and development					

Areas	Plan reference number	Year			
		2019-20	2020-21	2021-22	2022-23
CORE OPERATIONS (cont.)					
HR: Resource Allocation Modelling					
HR: Recruitment					
HR: Performance management					
HR: Leadership/line management	2021.05		18		
HR: Redeployment					
GRS: Board and Committee assurance framework				███	
GRS: Resilience					
GRS: Business continuity					███
GRS: Clinical					
Third party sourcing					
Health and safety controls					
SSD: SNBTS	2021.02		15		
SSD: CLO					
SSD: PCF					
SSD: IT Services					
SSD: HR					
SSD: PCFS					
SSD: Financial services					
SSD: Donor collection services	2021.07		15		
Jack Copland Centre					
IT: Program delivery					
IT: Solution development					
IT: End user computing				███	
IT: System roadmap				███	
IT: Talent and people management					
IT: Vendor and supplier management					
IT: IT infrastructure and architecture					
SUB-TOTAL DAYS INPUT		**15**	**81**		

The 2020-21 annual plan and 2019-23 strategic plan

Areas	Plan reference number	Year			
		2019-20	**2020-21**	**2021-22**	**2022-23**
CORE EXTERNAL RISK					
Governance: Governance of SBUs		15			
Governance: Health and safety					
Governance: Incident management					
Governance: Government priorities for NHS					
Governance: Risk Management		12			
Governance: Policies and procedures					
Governance: Equality and diversity					
Governance: Committee structure				██	
Governance: Incident management					
External reporting: Sustainability reporting					
External reporting: Freedom of Information		10			
External reporting: Complaints handling		12			
Best value assurance					
SUB-TOTAL DAYS INPUT		**49**			
EMERGING AREAS					
National initiatives: Built Environment Commission				██	
National initiatives: Screening oversight				██	
National initiatives: Public Health Scotland		16			
National initiatives: National Board Collaboration					██
National initiatives: PHI transition					
National initiatives: Centre of Excellence				██	
National initiatives: Infected blood payment schemes					██
National initiatives: Digital transformation					
Major programs: Office 365					
Major programs: Programme Management		23			
Major programs: Service improvement					
Major programs: Child Health Index					

Table title: **The 2020-21 annual plan and 2019-23 strategic plan**

The 2020-21 annual plan and 2019-23 strategic plan					
Areas	Plan reference number	Year			
		2019-20	2020-21	2021-22	2022-23
EMERGING AREAS (cont.)					
Major programs: GP IT re-provisioning					
Major programs: Efficiency and effectiveness					
Brexit					
CEAD					
Payroll shared service	2021.08		16		
Clinical waste management		12			
SUB-TOTAL DAYS INPUT		**51**	**16**		
BUSINESS CHANGE					
Workforce: Culture					
Workforce: Succession planning					
Workforce: Staff engagement					
Workforce: Great place to work					
Workforce: Recruitment					
PCF: Logistics					
PCF: Screening oversight					
PCF: Commercial access to medicine					
PCF: Stock management					
PCF: Contract management and KPIs					
Managing internal data: Activity data					
Managing internal data: Data quality and assurance					
Managing internal data: Information security management system					
Managing internal data: Environmental Management		13			
Multi SBU: Policies and procedures					
Multi SBU: Service management					
Multi SBU: Change management					
Multi SBU: Internal and external communication					

The 2020-21 annual plan and 2019-23 strategic plan					
Areas	Plan reference number	Year			
		2019-20	2020-21	2021-22	2022-23
BUSINESS CHANGE (CONT.)					
Multi SBU: Research and development partnerships					
Multi SBU: Policies and procedures					
Multi SBU: Internal and external communication					
Multi SBU: Transformation change programmes					
Multi SBU: Organisational change processes	2021.04		15		
Multi SBU: Business planning					
Multi SBU: Project management (SNBTS IT)		16			
Multi SBU: Strategic planning					
Multi SBU: Performance management and reporting					
Strategy	2021.03		15		
Financial sustainability					
Quality improvement					
Strategy, Medicine and Innovation					
SUB-TOTAL DAYS INPUT		**29**	**30**		

	2019-20	2020-21
Core Operations sub total days input	15	81
Core External Risk sub total days input	49	0
Emerging Areas sub total days input	51	16
Business Change sub total days input	29	30
Total days for audit reviews	**144**	**127**
Follow up review	8	9
Contract management	20	20
TOTAL INTERNAL AUDIT DAYS	**172**	**156**

Section four - Indicative scopes

Each audit will be agreed with management in advance and will be based on a terms of reference. For the purposes of our audit planning we have completed initial work to identify the potential scope of our audits and the key objectives that they will seek to review. These scopes will be revisited prior to commencing each audit to ensure that they remain relevant.

Review number	Review area	Indicative scope	Rationale for review	Key sponsor and proposed timing
2021.01	Financial controls	We conduct a review over an area of financial control in each annual internal audit plan in order to support the Chief Internal Auditor opinion. Specific focus is agreed with management in advance. We employ data analytics and benchmarking to each financial controls review where applicable.	Core to providing the Chief Internal Auditor opinion is adequate review of financial controls.	Director of Finance Quarter three
2021.02	Quality assurance processes	The quality assurance team ("QA") within SNBTS conducts internal regulatory audits to confirm the services provided are legally compliant and are subject to continual improvement. In order to assess if the audit framework employed by the QA function is efficient and effective we will conduct an independent review of the audit methodology and approach.	SNBTS is subject to significant external regulation to ensure that processes and control measures are compliant with legislation. However the methodology employed by the QA function has not been subject to independent review to test for efficiency and effectiveness.	Director SNBTS Quarter one
2021.03	Strategic objectives	NSS has developed the new organisational strategy, incorporating five separate pillars. We will conduct an audit in respect of the Board's management of the delivery of progress made against two of the key strategic objectives. We will review management information and reporting, key performance indicators and any relevant supporting data. We will consider the link to Scottish Government objectives.	Implementing a new strategy requires adequate and robust monitoring to enable timely strategic decision making.	Chief Executive Officer Quarter four

Review number	Review area	Indicative scope	Rationale for review	Key sponsor and proposed timing
2021.04	Organisational change processes	As NSS evolves the services it delivers, there is a required organisational restructure within certain SBUs. It is therefore important that the processes and controls that support organisational change are robust and well planned. We will conduct a review specifically over: - the effective use of the redeployment pool; - the job re-evaluation processes; and - SBU contribution to corporate objectives.	There is significant organisational change already underway, and there will be further re-organisation to come. The redeployment pool and the job re-evaluation process are key tools supporting effective	Director of Workforce and Organisational Development Quarter one
2021.05	Leadership and essential line management	In order to promote a culture of high performance, NSS requires strong leadership capabilities to set the tone from the top. This should be underpinned by robust processes that support the development of line managers in order to both promote high potential and also address any areas of underperformance in a timely manner. We will conduct a review over the NSS Leadership Training and the Essential Line Management programs. We will consider capability, capacity and monitoring achievement of success.	Through discussions with members of the Executive Team we have identified areas of challenge amongst members of the senior management team and a recurring theme regarding further development of line management capabilities across the organisation.	Director of Workforce and Organisational Development Quarter two
2021.06	Capital planning processes	Capital expenditure within the NHS must be undertaken in line with the requirements set out in the Scottish Government Scottish Capital Investment Manual. We will conduct a review over the annual capital planning processes to ensure that there are adequate controls over budgeting, forecasting and management reporting.	The NSS capital budget is significant and has also not been subject to independent review. We will assess the adequacy of current controls and review the efficiency of the process.	Director of Finance Quarter two

Review number	Review area	Indicative scope	Rationale for review	Key sponsor and proposed timing
2021.07	Review of donor services	SNBTS is the specialist provider of transfusion medicine in Scotland, supplying blood, tissues and cell services. In order to meet the demand for blood in Scotland there needs to be a pipeline of volunteers with specific blood group types donating at the right time in order to meet the daily demand from hospitals. We will review how effectively resources are managed across the donor services division, including staff and delivery/collection schedules.	Efficiency and effectiveness of resources employed across the donor services division is important to overall achievement of NSS objectives.	Director of SNBTS Quarter four
2021.08	Payroll shared services	NSS is in the process of arranging to provide shared payroll services to multiple regional health boards. We will conduct a review over the controls and processes NSS has put in place to prepare for transitioning to this new arrangement.	The payroll department at NSS will undergo a significant increase in transactional workload which could pose an operational and reputational risk.	Director of Finance Quarter four
2021.09	Follow up	Follow up review to establish the extent to which recommendations agreed by management have been implemented. We will conduct a review over a sample of medium, high and critical findings.	Review to verify timely implementation of recommendations to ensure that the original risks raised have been suitably addressed.	- Quarter four

Section five – Provisional timetable

Review	Plan reference number	Audit input days	2020-21			
			Quarter 1	Quarter 2	Quarter 3	Quarter 4
Financial controls	2021.01	15			�	
Quality assurance processes	2021.02	15	▮magenta			
Strategic objectives	2021.03	15				▮magenta
Organisational change processes	2021.04	15	▮magenta			
Leadership and essential line management	2021.05	18		◄ (yellow)	▮magenta →	
Capital planning processes	2021.06	18		▮magenta		
SNBTS Donor services	2021.07	15		▮magenta ───────►		▮yellow
Payroll shared services	2021.08	16		▮magenta ───────►		▮yellow
Follow up	2021.09	9				▮magenta
	TOTAL	**136**				

* March 2020 - In response to COVID-19 we agreed with management to move the timing of three of the scheduled audits. Donor Services and Payroll shared services will move to Q4 and we will bring forward the Leadership and essential line management review in to Q2.

B/20/23

NSS Board Meeting – 26 March 2020

NSS Covid 19 Response Mobilisation Plan

Purpose
To advise the Board of the activities that we are implementing to respond to the Covid 19 pandemic in Scotland.

The mobilisation plan documents the activities that are essential for the continuity of critical NHS services and also reports those work elements that we are pausing to refocus resources and people to those essential services within NSS

Recommendation
The Board are asked to approve the attached mobilisation plan.

Timing
The plan is already in the process of being implemented at a rapid pace in a changing, challenging and uncertain set of circumstances.
The plan has been submitted to J Conaghan, Scottish Government on 18/03/20 and, as revised to include specific clinical staffing capacity to Malcolm Wright, DGH, Sottish Government on 19/03/20

Background
With the current situation and emerging clinical evidence around the COVID-19 outbreak, NSS, and other National Boards, were asked to review our current programmes of work with a view to considering what elements can be paused in order to allow the health and care system in Scotland to fully prepare for the expected surge in activity related to the virus.
In addition to pausing elements of our work, we were also asked to give urgent consideration to assessing what clinically qualified staff could be re-purposed to support patient care in the NHS in Scotland.
The attached mobilisation plan identifies:
   i)   what programmes of work we are able to suspend until at least end August 2020; and
   ii)   the number, type and location of clinically qualified staff that will be released, as a result

We are pausing 83 work elements and reducing a further 95. Our primary aim is to redirect resources in support of NSS services that are critical to the NHSScotland COVID-19 response: National Procurement; Scottish National Blood Transfusion Service; Digital and Security; Health Protection Scotland; National Specialist and Screening Services. Full details can be found in the attached plan.

Section 4 (Workforce) in the plan includes an assessment of our clinical workforce. We have identified 47 clinically qualified staff who could be or have been refocussed to support other areas of patient care.

The Plan currently includes Public Health Intelligence, comprising Information Services Division (ISD) and Health protection Scotland (HPS). These services, and staff, will transfer to Public Health Scotland on 1 April 2020.

Procurement and Legal

None

Engagement

The mobilisation plan has formulated with input from resilience leads, and medical and nursing leads from all SBUs.

Equality & Diversity

E&D impact assessments have not been undertaken due to the urgency of the current situation

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NHS National Services Scotland
Mobilisation Plan COVID-19,
March 2020

1. Introduction

NHS National Services Scotland (NSS) provides national infrastructure services and solutions which are integral to health and care, many of which will underpin the support the NHS requires during its response to COVID-19. Using our expertise in a wide range of specialist areas, we are able to support a successful health and care service – locally, regionally and nationally. Our national infrastructure is wide-ranging, covering clinical areas, such as the safe supply of blood, tissues and cells, through to non-clinical areas, such as providing essential digital platforms, cyber security and procurement of supplies for health and care.

This Mobilisation Plan gives further detail on how NSS will mobilise to support the NHS in Scotland respond to the challenges of COVID-19 and is regarded as an Addendum to our Annual Operating Plan 2020 – 23, which is currently in draft.

NSS has reviewed its Resilience, Business Continuity and Pandemic Flu plans as part of its general emergency preparedness. We have also reviewed all NSS services to understand what is essential (scale up) and what can be reduced or stopped (scale down) in order to support efforts around COVID-19. Essential services are those that will be providing support to critical front line services throughout the outbreak. This Plan contains a summary of services which will be scaled up or scaled down along with more detail within an Appendix in the format of 'essential', 'reduce' and 'stand down'.

2. Summary of Scale Up and Scale Down

There are 6 services that have been determined to be essential and will be the focus of our effort in response to the COVID-19 position.

- **National Procurement** Ensuring critical supplies are managed, available and distributed into NHSScotland including Scottish Government pandemic stock.

- **Scottish National Blood Transfusion Service** Ensuring Scotland continues to have a critical and safe supply of blood, tissues and cells to deal with the challenges it faces and that this critical supply is carefully managed.

- **Digital and Security** Ensuring key information technology systems are available and operational in order to support optimal response from NHS Scotland staff and supporting alternative ways of working in order that front line services can be maintained as far as possible.

- **Health Protection Scotland and Information Services Division** Ensuring their successful transfer into Public Health Scotland, and continuing to provide support so they remain effective in dealing with the crisis, in providing health protection advice and guidance along with epidemiological and statistical support.

- **National Services Division** Managing and maintaining national screening services and the commissioning of national clinical services.

- **NSS Corporate** Ensuring HR, financial, resilience and communications support is available to keep our priority services running well and to support our stakeholders.

The following 7 services have been identified as having the potential for scale down (reduce or stop).

- **Practitioner Services Division** Activities such as patient registration, medical record transfers, payment verification and scanning can all be put on hold.

- **Counter Fraud Services** We will suspend all counter fraud support, such as deterrence and investigation, until further notice.

- **Scottish Health Service Centre** We expect a significant reduction in demand for events management support and use of the venue, situated at Western General Hospital, for training and meetings. We are working with with NHS Lothian as to how SHSC can be used to support their COVID-19 response.

- **Programme Management Services** We will put all non-essential programmes on hold and have been asked to divert programme and project management staff into Scottish Government to support COVID-19 programmes.

- **Customer Experience** Research, insight and service development activity will be put on hold.

- **Central Legal Office** We will reduce activity in areas such as debt recovery and commercial property.

- **Clinical Directorate** Specialist clinical expertise has already been refocused in support of COVID-19 or is being redeployed within Scottish Government.

For all scale down activities we will either provide a reduced 'business as usual' service or stop the service until we are advised normal services can resume. We will engage with our customers and stakeholders to ensure they are aware of service availability and interim arrangements.

Although our intention is to scale down these services, there are areas of activity within them that have been identified as essential, for example
- paying practitioners
- delivering the radiology and laboratories programmes (see below)
- ensuring Central Legal Office continue to maintain specific services in line with requirements particularly as required by the Court service.

3. Managing the Change

All of our services have business continuity plans in place and in line with this priority setting outlined within this plan, they are assessing options based on;

- Appropriate resourcing response to scale up and scale down
- Potential staff sickness
- Potential care responsibilities

Our key scale up services have identified how they will manage the change.

3.1 Practitioner, Commissioning and Facilities (PCF)

Resource and services across PCF have been reviewed and are now being focussed on supporting Health Board front line services. Essential services have been identified and others that can be reduced or stopped have been until they can be resumed. National Procurement (NP) supplies many products and services vital to front line health care in Scotland. Procurement, Supply Chain, Customer Services and Operations are focusing on the sourcing and supply of PPE products or alternatives, oxygen supply and ventilators. NP is working closely with Scottish Government and HPS colleagues to ensure appropriate guidance and a consistent approach is followed.

The Business Development Department (BDD) is supporting NP and many areas have been suspended to aid this (e.g. Internal Audits, Training, Governance meetings). Health Facilities Scotland (HFS) is focusing on ensuring services such as Home Oxygen Therapy, Decontamination, Engineering support and IRIC (alerts) continue to support HB services vital to ensuring front lines services and safety can continue. Utilities and Fuel continue to be a high priority. National Services Division (NSD) have proposed to SG to stop most screening services except Newborn and all Network Services events, which involve large groups, have been cancelled.

All Specialist Services that can be suspended in consultation with Health Boards will be, with the exception of Category 1 services which will continue. As with other areas, resource is being focused on essential services identified.

3.2 SNBTS

SNBTS are monitoring the staff requirements and reviewing skill-set and training in the event we have to re-allocate tasks to staff from other areas - provided they are qualified.

SNBTS are modelling for community session venue closures and / or staff challenges with a view to consolidate donation sessions and / or eventually move to appointment only at fixed donation sites – this will reduce risk of having lots of donors in close proximity as we can control the numbers at any one period of time.

SNBTS have co-operation within function to share available staff qualified for relevant tasks, while adhering to the NSS policies regarding working from home, however please note that this is not a workable solution for most of SNBTS staff.

SNBTS are monitoring the HPS guidance on PPE for staff with Donor / Patient contact and amending SOP's as required – this is very fluid at present.

SNBTS currently have daily internal COVID-19 meetings arranged however the frequency will increase if required in the coming weeks. There are internal stock management modelling and team discussions to ensure staff have the latest guidance possible. The UK Blood Services resilience leads have weekly COVID-19 conference calls to share experience and knowledge of challenges and a mechanism for mutual aid if required. Again these meetings will become more frequent if required.

3.3 Digital and Security (DaS)

The pandemic flu plan and BCP have been cascaded to all staff.

A risk has been raised around VPN to enable homeworking and this is being actively managed. We are also actively managing the sourcing of equipment for those without laptops (eg. Desktop workers). We are coordinating with other SBUs on this.

We are actively involved in the mass rollout of MS Office Teams to all NHS staff to support security and system resilience.

The teams looking after key systems have current stand by arrangements and remote access to the services they support. Out of hours contact numbers are already in circulation. Previous instructions have highlighted the need for equipment to be taken home to support BC plans.

We have discussed the cross-utilisation of skill sets in case of staff shortage and identified our essential services.

3.4 Programme Management Services – major programmes

The National Laboratories Programme (NLP) are working with Health Protection Scotland (HPS), the Scottish Microbiology and Virology Network and NSS Procurement to facilitate the procurement of additional diagnostic testing equipment to provide sufficient capacity and effective diagnostic support for the expected increase in the current COVID-19 Coronavirus pandemic. A paper outlining the current approach to procuring additional diagnostic equipment, cost implications, and recommendations on the allocation of COVID-19 testing equipment across NHSScotland territorial Boards is due to be submitted to Board Chief Executives for a decision.

The Scottish Radiology Transformation Programme (SRTP) has identified possible options for supporting radiology reporting services across Scotland. There are a number of proposed options to help quickly improve resilience and capacity which involves different levels of resource and technical complexity. The success of these options will depend on whether we are able to secure the required resource and commitment from NSS (DaS), local Boards and our 3rd party suppliers (Phillips and Soliton). A paper has been shared with Health Boards and there is ongoing discussion in relation to the best options to help Boards accommodate alternative ways of working and increase resilience by offering options around workstations and expediting national connectivity where this is not currently in place.

PgMS are liaising with the SG Readiness & Transition Directorate in support of the establishment of the COVID-19 Response Division. Programme and Project Management resources have been identified and will be deployed as soon as onboarding and security clearance is in place.

4. Workforce approach

Our intention is to deploy any available staff as appropriate from scaled down services in support of NSS essential services. A resource demand process will be put in place and a bank of staff who are available as a result of the scale down of services will be captured on a database, managed by our HR team to ensure consistency of process. Staff will be allocated based on their skills, experience and location to ensure compliance with DL (2020)/5 – Coronavirus (COVID-19): National Arrangements for NHSScotland Staff.

We have put in place arrangements to support staff who are able to work from home to do so. We are issuing daily communications to staff to ensure they are kept up to date with the latest advice and developments in a rapidly changing situation.

Additionally, a staff communications hub has been set up through HR Connect, our HR portal, to provide additional advice and guidance which is updated on a regular basis.

Release of clinical staff

NSS has assessed the potential for NSS clinical staff to be released to support patient care in the NHS in Scotland. Altogether there are 347 clinical staff across NSS covering a range of professions – dentists, medical practitioners, nurses, pharmacists and healthcare scientists.

The majority of NSS clinical staff work for the Scottish National Blood Transfusion Service (SNBTS). They perform essential work around blood collection, testing, processing and clinical care. This has been identified as an essential service and needs to remain resilient as the COVID-19 epidemic progresses.

NSS also delivers essential services in areas such as information technology, procurement and public health. These services are actively engaged in supporting the NHS in Scotland to respond to COVID-19. We have identified clinical staff who are critical to the delivery of these services and they will be retained within NSS.

Enclosed is a table of those staff who could be released with minimum or no disruption to services delivered by NSS.

NSS Clinical Registrants	Total	Release	PHI	PCF	CD	SNBTS	P&CFS
General Dental Council	13	**13**	0	0	1	0	12
General Medical Council	34	**2**	1	0	1	0	0
Nursing and Midwifery Council	101	**30**	9	3	0	18	0
Royal Pharmaceutical Society	7	**2**	0	2	0	0	0
HCP Health Care Science	192	**0**	0	0	0	0	0
Total NSS Clinical Registrants	**347**	**47**	**10**	**5**	**2**	**18**	**12**

5. Appendix

The attached appendices give more detail on the specific elements of our services which we will prioritise as 'essential' 'reduce' or 'stand down'. This will be kept under review with teams meeting regularly to review the situation and assess options.

SBU	Dept/Area	Programme
CD		Primary Care Portfolio
CD		ARHAI
CLO	Litigation	
CLO	Employment	
DaS	Corporate Affairs and Compliance	DPIAs
DaS	Corporate Affairs and Compliance	DPO
DaS	Corporate Affairs and Compliance	Cyber Security
DaS	Corporate Affairs and Compliance	FOI and EIR
DaS	Corporate Affairs and Compliance	MS 365
DaS	Projects & Programmes	HPV Implementation
FS	Payroll	Paying Staff
FS	Accounts Payable	Paying Suppliers
FS	Treasury	Posting Payments
FS	Financial Accounting	Financial Control
FS	SBU Finance Teams	Financial Reporting & Decision Support
FS	BI & Analytics	Financial Analysis & Insight
FS	SMT	Finance Leadership & Management
HR	HR general queries	
HR	HRMIS (Information Systems)	
HR	HR Services/Organisational Effectiveness	
HR	Healthy Working Lives	
HR	Interface with Payroll	
HR	Risk Assessments	
P&CFS	Practitioner Services	Pay Primary Care contractors
P&CFS	Practitioner Services	Prescription Form ordering
PCF	National Procurement (NP) - Logistics	Supplier Stock Receipt - NDC Replenishment
PCF	National Procurement (NP) - Logistics	Supplier Stock Receipt - Annex Replenishment
PCF	National Procurement (NP) - Logistics	NDC Warehouse Management System: Task Management
PCF	National Procurement (NP) - Logistics	NDC Warehouse Management System: Frontend Orders
PCF	National Procurement (NP) - Logistics	Internal Transport - movement of stock within NDC
PCF	National Procurement (NP) - Logistics	Internal Transport - picking of stock within NDC
PCF	National Procurement (NP) - Logistics	Transport - loading of stock within NDC
PCF	National Procurement (NP) - Logistics	NDC Stock Reporting
PCF	National Procurement (NP) - Logistics	Linkages to Apps Support and IT
PCF	National Procurement (NP) - Logistics	Customer Service: Pre and live transitional essential; post transitions can be delayed for short period
PCF	National Procurement (NP) - Logistics	Supplier Order Placement - NDC Replenishment
PCF	National Procurement (NP) - Logistics	Out of Stock analysis and reporting
PCF	National Procurement (NP) - Logistics	Catalogue Change Management
PCF	National Procurement (NP) - Logistics	NDC Stock Reporting
PCF	National Procurement (NP) - Logistics	Customer Service Response
PCF	National Procurement (NP) - Logistics	Invoice Mismatch Review
PCF	National Procurement (NP) - Technology Services	Dispatcher
PCF	National Procurement (NP) - Technology Services	Web Services (IT)
PCF	National Procurement (NP) - Technology Services	Integrator
PCF	National Procurement (NP) - Technology Services	Powergate
PCF	National Procurement (NP) - Technology Services	PECOS
PCF	National Procurement (NP) - Technology Services	PECOS Data Mart Extract
PCF	National Procurement (NP) - Technology Services	Ensemble
PCF	National Procurement (NP) - Technology Services	CIBR – NDC and eInvoicing
PCF	National Procurement (NP) - Technology Services	PECOS Content Management system - PCM
PCF	National Procurement (NP) - Technology Services	Public Contract Scotland – Portal
PCF	National Procurement (NP) - Technology Services	Public Contract Scotland – Tenders
PCF	National Procurement (NP) - Technology Services	Spend Analyser
PCF	National Procurement (NP) - Technology Services	eFinancials - NSI
PCF	National Procurement (NP) - Technology Services	Management Information (NDC Stock)
PCF	National Procurement (NP) - Strategic Sourcing	National Contract Tendering - to ensure legal compliance
PCF	National Procurement (NP) - Strategic Sourcing	Sourcing of products for urgent requirments
PCF	National Procurement (NP) - Strategic Sourcing	contract supplier review meetings (specific to issue)
PCF	National Procurement (NP) - Strategic Sourcing	Support SG / Govt Requests on urgent data and analysis
PCF	National Procurement (NP) - Strategic Sourcing	Catalogue management and updates
PCF	National Procurement (NP) - Strategic Sourcing	Dealing with customer complaints
PCF	Health Facilities Scotland (HFS)	Oxygen Therapy Service
PCF	Health Facilities Scotland (HFS)	Incident Reporting and Investigation (IRIC)
PCF	Health Facilities Scotland (HFS)	Authorizing engineers (Decon)
PCF	Health Facilities Scotland (HFS)	Engineering and energy
PCF	Health Facilities Scotland (HFS)	Decontamination
PCF	Health Facilities Scotland (HFS)	Mammography
PCF	Health Facilities Scotland (HFS)	National Fire Safety
PCF	Health Facilities Scotland (HFS)	Architecture and Design (Focus on COE and COVID support)
PCF	Health Facilities Scotland (HFS)	Enquiries
PCF	Health Facilities Scotland (HFS)	Centre for Excellence
PCF	Health Facilities Scotland (HFS)	Certification/ validation of equipment
PCF	Health Facilities Scotland (HFS) - Ops FM	Electricity
PCF	Health Facilities Scotland (HFS) - Ops FM	Fire Response
PCF	Health Facilities Scotland (HFS) - Ops FM	Gas
PCF	Health Facilities Scotland (HFS) - Ops FM	Water
PCF	Health Facilities Scotland (HFS) - Ops FM	Domestic Services
PCF	Health Facilities Scotland (HFS) - Ops FM	Catering Services
PCF	Health Facilities Scotland (HFS) - Ops FM	Mailroom Services
PCF	Health Facilities Scotland (HFS) - Ops FM	Project Management
PCF	Health Facilities Scotland (HFS) - Ops FM	Estates Services
PCF	Health Facilities Scotland (HFS) - Ops FM	Fuel
PCF	Health Facilities Scotland (HFS) - Ops FM	Security
PCF	National Specialist and Screening Services Directorate (NSD)	Commissioning National Specialist Services
PCF	National Specialist and Screening Services Directorate (NSD)	Transplant
PCF	National Specialist and Screening Services Directorate (NSD)	Mental Health
PCF	National Specialist and Screening Services Directorate (NSD)	General Adult - Spinal, Super-renal, Hyperbaric etc
PCF	National Specialist and Screening Services Directorate (NSD)	General Paediatric - Cleft, Epilepsy, ECMO,Intensive care etc
PCF	National Specialist and Screening Services Directorate (NSD)	Cardiac & Respiratory
PCF	National Specialist and Screening Services Directorate (NSD)	Diagnostic.Genetics & Specialist Labs
PCF	National Specialist and Screening Services Directorate (NSD)	Riskshare - Inherited Haemostatic Disorders , Orphan Drugs, Foremsic medium secure, specialist services not available in Scotland
PCF	National Specialist and Screening Services Directorate (NSD)	Population Screening - Bowel, Breast, Cervical, Pregnancy, Newborn Abdominal aortic aneurysm
PCF	National Specialist and Screening Services Directorate (NSD)	National Networks - Strategic (Trauma & Neonatal)
PCF	National Specialist and Screening Services Directorate (NSD)	National Networks - Community (Police Custody & Prisoner Healthcare)
PHI	Health Protection Scotland	HP Response - Incident Management
PHI	Health Protection Scotland	TRAVAX
PHI	Health Protection Scotland	HP on Call
PHI	Health Protection Scotland	Surveillance Data
PHI	Health Protection Scotland	Fit for Travel
PHI	Health Protection Scotland	Scottish Health Protection Information Resource (SHPIR)
PHI	Health Protection Scotland	HP Zone
PHI	Health Protection Scotland	HP website
PHI	Health Protection Scotland	National Infection Prevention Control (NIPC)
SNBTS	Donor Services	Donation
SNBTS	Donor Services	Admin / Media
SNBTS	Transport	
SNBTS	Manufacturing - processing	
SNBTS	Dispatch	
SNBTS	Testing	
SNBTS	Quality & Regulatory	
SNBTS	Patient Services	
SNBTS	Patient Services	
SNBTS	TCAT	Advanced Therapeutics
SNBTS	Project activity	
SPST	Strategy, Performance & Communications	Resilience Management
SPST	Strategy, Performance & Communications	Media Relations
SPST	Strategy, Performance & Communications	Corporate Communications
SPST	Programme Management Services	National Laboratories Programme
SPST	Programme Management Services	National Radiology
SPST	Programme Management Services	ARHAI Centre of Excellence

SBU	Dept/Area	Programme
CD		Medicines
CD		Innovation
CD		Clinical Governance
CD		Caldicott
CD		Whistleblowing
CD		RD&I Governance
CD		Dental Governance
CD		Screening Oversight Function
CD		Clinical Engagement
CD		Labs Prog Service Review
CD		Clinical Professional Governance
CD		Clinical Workforce Management
CLO	Business Support services	
CLO	Commercial Contracts	
CLO	Commercial Property	
CLO	Debt Recovery	
DaS	Architecture & Consulting	Docman Discovery
DaS	Architecture & Consulting	Freedom of Information requests (FOI)
DaS	Architecture & Consulting	Labs Programme
DaS	Corporate Affairs and Compliance	SARs
DaS	Corporate Affairs and Compliance	cyber work
DaS	Corporate Affairs and Compliance	SOC planning
DaS	Information Technology	O365 Technical Stream
DaS	Internal IT	DCVP 2018038
DaS	NISG	
DaS	NISG	
DaS	NSS Project Management	Dental & Optometry
DaS	NSS Project Management	Prisons Attend Anywhere
DaS	Projects & Programmes	CHI & GPPRS Implementation Project
DaS	Projects & Programmes	Cloud
DaS	Projects & Programmes	eDental - Phase 1 Implementation
DaS	Projects & Programmes	GP2GP
DaS	Projects & Programmes	Home & Mobile Health Monitoring (HMHM)
DaS	Projects & Programmes	NHS Borders AA implementation
DaS	Projects & Programmes	NPCCD (National Primary Care Contractors Database)
DaS	Projects & Programmes	PHR Digital Channels
DaS	Projects & Programmes	SBSP PACS Tech Refresh
DaS	Projects & Programmes	SCI Gateway
DaS	Projects & Programmes	SCPHWS (Child Health) Implementation
DaS	Projects & Programmes	SRTP - IT Connectivity
DaS	Projects & Programmes	Video Consulting/Scale Up
P&CFS	Scottish Health Service Centre	Events
PCF	Business Development Dept (BDD)	Clincial waste contingency support
PCF	Business Development Dept (BDD)	NP Contract approvals
PCF	Business Development Dept (BDD)	BCP/Risk management
PCF	Business Development Dept (BDD)	Denpro
PCF	Business Development Dept (BDD)	Customer Services
PCF	Health Facilities Scotland (HFS)	Validation Services Systems
PCF	Health Facilities Scotland (HFS)	Research
PCF	Health Facilities Scotland (HFS)	Sustainable Development
PCF	Health Facilities Scotland (HFS) - Ops FM	Reception Services
PCF	National Procurement (NP) - Logistics	NDC Contract Management
PCF	National Procurement (NP) - Logistics	Brexit Stock Movement Schedule
PCF	National Procurement (NP) - Logistics	Finance File Price Review
PCF	National Procurement (NP) - Logistics	Quarantine / Delivery error investigation
PCF	National Procurement (NP) - Logistics	Delivery paperwork filing/admin
PCF	National Procurement (NP) - Strategic Sourcing	Sourcing of Products for normal processes of tendering
PCF	National Procurement (NP) - Strategic Sourcing	Reporting deivered benefits through uptake analysis
PCF	National Procurement (NP) - Strategic Sourcing	Supporting Innovation initiatives (non-urgent focused)
PCF	National Procurement (NP) - Strategic Sourcing	on line training and other personal development initiatives
PCF	National Procurement (NP) - Strategic Sourcing	contract supplier review meetings (standard)
PCF	National Procurement (NP) - Strategic Sourcing	Visits to Boards to support stakeholder engagement and imlementation
PCF	National Specialist and Screening Services Directorate (NSD)	General Adult - Specialist prosthetics, Cochlear, Photobiology
PCF	National Specialist and Screening Services Directorate (NSD)	General Paediatric - Cochlear
PCF	National Specialist and Screening Services Directorate (NSD)	Cancer - Cervical Training school
PCF	National Specialist and Screening Services Directorate (NSD)	National Networks - Clinical
PCF	National Specialist and Screening Services Directorate (NSD)	National Networks - Diadnostic
PCF	National Specialist and Screening Services Directorate (NSD)	National Planning
PHI	Information & Intelligence	SEAN Database
PHI	Information & Intelligence	eSSCA (Scottish Stroke Care system)
PHI	Information & Intelligence	Clinical Trials
PHI	Information & Intelligence	System Watch
PHI	Information & Intelligence	Genetics Genealogy
SNBTS	Patient Services	Transfusion Team
SNBTS	Support Services	HQ
SNBTS	TCAT	Tissue & Cells Service
SPST	Programme Management Services	Internal
SPST	Programme Management Services	External
SPST	Strategy, Performance & Communications	Resilience BAU
SPST	Strategy, Performance & Communications	Business Planning
SPST	Strategy, Performance & Communications	Risk Management
SPST	Strategy, Performance & Communications	Stakeholder Relations
SPST	Strategy, Performance & Communications	Equality & Diversity Services
SPST	Strategy, Performance & Communications	Feedback & Complaints
SPST	Strategy, Performance & Communications	Patient and Public involvement
SPST	Strategy, Performance & Communications	Volunteering services
SPST	Strategy, Performance & Communications	Interpretation and translations
SPST	Strategy, Performance & Communications	FOI
SPST	Strategy, Performance & Communications	Travel
SPST	Strategy, Performance & Communications	Purchase orders
SPST	Strategy, Performance & Communications	Receipting invoices
SPST	Strategy, Performance & Communications	Committee Services
SPST	Strategy, Performance & Communications	Project Team Support
SPST	Strategy, Performance & Communications	Executive Support
SPST	Strategy, Performance & Communications	Performance Management

SBU	Dept/Area	Programme
CLO	Information services	
CLO	Training & Seminars	
DaS	Architecture & Consulting	DaS PMO Centre of Excellence
DaS	Architecture & Consulting	Finance Transformation
DaS	Architecture & Consulting	Mental Welfare commission for Scotland
DaS	Architecture & Consulting	Scottish Hospice IT Review
DaS	Architecture & Consulting	Scottish Renal Registry
DaS	Architecture & Solutions	CEPAS Phase2
DaS	Architecture & Solutions	Mobile App Hosting
DaS	Corporate Affairs and Compliance	Routine DPO
DaS	Corporate Affairs and Compliance	RM Work
DaS	Corporate Affairs and Compliance	IAR
DaS	Information Technology	O365 Business Change Stream
DaS	Information Technology	O365 Information Security Governance Stream
DaS	Information Technology	O365 NHS Mail Trainsitions Stream
DaS	NSS Project Management	JLES
DaS	NSS Project Management	O365 Service Management Stream
DaS	NSS Project Management	Test of Change Next Steps
DaS	NSS Project Management	Unique Device Identifiers - Pilot Phase
DaS	Projects & Programmes	API Service (Service Transformation)
DaS	Projects & Programmes	DaS Branding - Phase 2
DaS	Projects & Programmes	Death Certification (eMCCD & eF5)
DaS	Projects & Programmes	Forensic Medical Services - IT Solution
DaS	Projects & Programmes	National Recruitment System - EESS Programme
DaS	Projects & Programmes	NSI Finance BI Platform (DaS)
DaS	Projects & Programmes	NSS BI - PHI - Cancer Intelligence Platform (CIP)
DaS	Projects & Programmes	O365 Communications Stream
DaS	Projects & Programmes	O365 NSS rollout
DaS	Projects & Programmes	Primary Care Portfolio
DaS	Projects & Programmes	Prison Clinical IT Review
DaS	Projects & Programmes	SPIRE Deployment
DaS	Projects & Programmes	St Columba's Hospice Trak Implementation
DaS	Projects & Programmes	Viewing Prescription Images (VPI)
DaS	Projects & Service Management	Nursing & Midwifery Workload & Workforce Planning Programme – observation studies
Finance	Accounts Receivable	Charging Customers
HR	Business as Usual	
P&CFS	Practitioner Services	Patient registrations
P&CFS	Practitioner Services	Medical Records Transfer (electronic)
P&CFS	Practitioner Services	Medical Records Transfer (Paper)
P&CFS	Practitioner Services	Dental prior approval
P&CFS	Practitioner Services	Payment verification
P&CFS	Practitioner Services	Clinical Governance
P&CFS	Practitioner Services	Scanning
P&CFS	Counter Fraud Services	Investigation (reactive and proactive) and Intelligence Function
P&CFS	Counter Fraud Services	Patient Exemption Checking Function
P&CFS	Counter Fraud Services	Statistics Function
P&CFS	Counter Fraud Services	Communications Function
P&CFS	Counter Fraud Services	Business Support Function
P&CFS	Counter Fraud Services	Management / Business Services Function
P&CFS	Scottish Health Service Centre	Conference and Training Centre
P&CFS	Scottish Health Service Centre	Management Support
PCF	Business Development Dept (BDD)	BST
PCF	Business Development Dept (BDD)	WMS upgrade
PCF	Business Development Dept (BDD)	Fleet support
PCF	Business Development Dept (BDD)	NP/NHSS workplan management
PCF	Business Development Dept (BDD)	AOP/KPI's, monthly reporting
PCF	Business Development Dept (BDD)	Quality management - ISO
PCF	Business Development Dept (BDD)	Hosted procurement
PCF	Business Development Dept (BDD)	SG seconded support
PCF	Business Development Dept (BDD)	Information analytics
PCF	Business Development Dept (BDD)	External L&D
PCF	Business Development Dept (BDD)	PCIP activty
PCF	National Procurement (NP) - Logistics	NDC Contract Workplan
PCF	National Procurement (NP) - Logistics	Efficient Gov Reporting
PCF	National Procurement (NP) - Logistics	Supplier Performance Reporting
PCF	National Procurement (NP) - Logistics	Supplier Meeting Schedule
PCF	National Procurement (NP) - Logistics	Post Brexit Demand Review
PCF	National Procurement (NP) - Logistics	NDC Performance Reporting
PCF	National Procurement (NP) - Strategic Sourcing	PCF, NSS meetings on organisation aspects and updates
PCF	National Procurement (NP) - Strategic Sourcing	Attending Scotland wide events and SG / Procurement initiatives
PCF	National Procurement (NP) - Strategic Sourcing	Support Govt initiatives to support Sust / Global Citiz, Best practise etc
SPST	Customer Experience	Customer and stakeholder research and insight
SPST	Customer Experience	Data analysis and development of reports
SPST	Customer Experience	Stakeholder and customer management
SPST	Customer Experience	Shared Services office
SPST	Strategy, Performance & Communications	Performance System Development
SPST	Strategy, Performance & Communications	Marketing Communications
SPST	Strategy, Performance & Communications	Room booking
SPST	Strategy, Performance & Communications	Meeting Support
SPST	Strategy, Performance & Communications	L&D Reports
SPST	Strategy, Performance & Communications	DST
SPST	Strategy, Performance & Communications	System support
SPST	Strategy, Performance & Communications	H&S – risk profile

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P
1			17/03/2020 Collated by Clairinder Clark, Marion Walker & Steve Wallace				Nss.resilience@nhs.net	120 Essential	95 Reduce	83 Stop	Total 298					
2	Line tag	Line Updated	SBU	Dept/Area	Programme	Activity	Comments	Essential (must Continue)	Reduce	Stop	Impact On SBU	Impact On NSS	Impact On Stakeholders	Period this could be sustained	Contact for this entry	
3	1		Clinical		Primary Care Portfolio		clinical work reassigned to support Covid activity - guideline development, clinical professional comms/ engagement, SPIRE data extracts	✔							Lucy Munro	
4	2		Clinical		ARHAI		Covid related work must continue	✔							Jacqui Reilly	
5	3		Clinical		Medicines		reduce other than vision development - SG want to continue		✔						Ewan Morrison	
6	4		Clinical		Innovation		most work can reduce work related to Covid response to accelerate - SCOTCAP		✔						Brendan Faulds	
7	5		Clinical		Clinical Governance		clinical assurance/ risk management on exceptions to standard practice must continue/ increase CG and QI framework action plan can reduce		✔						Calum Thomson	
8	6		Clinical		Caldicott		most work can reduce work related to Covid response to expedite		✔						Lorna Ramsay	
9	7		Clinical		Whistleblowing		reduce depending on nature of any issue raised		✔						Jacqui Reilly	
10	8		Clinical		RD&I Governance		strategy development and plan can reduce		✔						David Stirling	
11	9		Clinical		Dental Governance		can reduce		✔						Paul Cushley	
12	10		Clinical		Centre of Excellence		await direction from SG		✔						Jacqui Reilly	
13	11		Clinical		Screening Oversight Function		reduce - awaiting direction from SG		✔						Lorna Ramsay	
14	12		Clinical		Clinical Engagement		reduce though need to continue Covid related enagement		✔						Lorna Ramsay	
15	13		Clinical		Labs Prog Service Review		reduce but refocused on Covid related diagnostics and staffing aspects		✔						David Stirling	
16	14		Clinical		Clinical Professional Governance		BAU can reduce but may need support for clinician retraining, regulator changes, etc		✔						Calum Thomson	
17	15		Clinical		clinical workforce management		need ongoing clinical workforce review and reassignment Safe staffing work can reduce		✔						Lorna Ramsay	
18	16		CLO	Business Support services			This service can be reduced and staff can work from home if necessary		✔						Lois BOURLETSIKA	
19	17		CLO	Commercial Contracts			This service can be reduced and staff can work from home if necessary		✔						Lois BOURLETSIKA	
20	18		CLO	Commercial Property			This service can be reduced		✔						Lois BOURLETSIKA	
21	19		CLO	Debt Recovery			This service can be reduced any time and staff can work from home if necessary		✔						Lois BOURLETSIKA	
22	20		CLO	Employment			As per Litigation comments	✔							Lois BOURLETSIKA	
23	21		CLO	Information services			This service can stop any time it is deemed necessary			✔					Lois BOURLETSIKA	
24	22		CLO	Litigation			This is a vital service and can only be reduced if the Court makes a decision to shut down court operations	✔							Lois BOURLETSIKA	
25	23		CLO	Training & Seminars			This service can stop any time it is deemed necessary			✔					Lois BOURLETSIKA	
26	24		DaS	Architecture & Consulting	DaS PMO Centre of Excellence					✔					Lindsay McBryan	
27	25		DaS	Architecture & Consulting	Docman Discovery				✔						Val Borland	
28	26		DaS	Architecture & Consulting	Finance Transformation					✔					Naga Ravuri	
29	27		DaS	Architecture & Consulting	Freedom of Information requests (FOI)				✔						Wilma Heaney	
30	28		DaS	Architecture & Consulting	Labs Programme				✔						Gail Kelly	
31	29		DaS	Architecture & Consulting	Mental Welfare commission for Scotland					✔					Gail Kelly	
32	30		DaS	Architecture & Consulting	Scottish Hospice IT Review					✔					Gail Kelly	
33	31		DaS	Architecture & Consulting	Scottish Renal Registry					✔					Lindsay McBryan	
34	32		DaS	Architecture & Solutions	CEPAS Phase2					✔					John Macdonald	
35	33		DaS	Architecture & Solutions	Mobile App Hosting					✔					John Macdonald	
36	34		DaS	Contract Vendor And Service Management		To respond to your request regarding plans and preparation for Covid-19, CVSMT (including Service Management Teams) would say:	1. NSS has planned for flu pandemics in the past and as a consequence should have reasonably well defined plans in place. If there is a disruptive event (such as Covid-19 affecting a number of employees or preventing staff coming to work locations), then these plans are multi-layered and consist of the following elements and documents: a) NSS Resilience Management Plan – this document describes how NSS will manage delivery of its services through a major disruptive event. b) DaS (previously IT SBU) Business Continuity Plan – this document describes how Das will keep working through a major disruptive event. c) DaS (previously IT SBU) Major Incident Plan – this document describes how DaS delivers and recovers IT services to its users for those systems it is responsible for (e.g. SHOW etc.). d) NSS IT Disaster Recovery Plan – this document describes how internal IT services used by NSS staff (e.g. email, internet, infrastructure, file servers etc.) will be delivered and recovered. 2. If there is a disruptive event that is IT related within any of the buildings used by NSS then this will invoke plan d). Depending on the seriousness of the IT event this plan can escalate things to invoke plan c) and/or plan a). 3. If there is a disruptive event that is wider ranging than an IT related disruptive event then this may invoke any or all of plans b), c) and d). Either of plans c) or d) can escalate things to invoke plan a). 4. All of the above plans a) to d) documents should be stored on geNSS on geNSS>Corporate Support>Resilience page which contains links to these business continuity documents.								Rob Robson	
37	35		DaS	Corporate Affairs and Compliance	DPIAs	Mandatory advice on DPIAs re high risk processing though the ICO has anticipated some delay to responses and allows for that while encouraging meeting stat deadlines where applicable		✔							Eilidh MCLaughlin	
38	36		DaS	Corporate Affairs and Compliance	DPO	DPO advice on high risk personal breaches			✔						Eilidh MCLaughlin	
39	37		DaS	Corporate Affairs and Compliance	Cyber Security	Cyber security in cause of attack			✔						Eilidh MCLaughlin	
40	38		DaS	Corporate Affairs and Compliance	FOI and EIR	FOI and EIR to continue			✔						Eilidh MCLaughlin	
41	39		DaS	Corporate Affairs and Compliance	MS 365	National 365 BCS work needs to continue			✔						Eilidh MCLaughlin	
42	40		DaS	Corporate Affairs and Compliance	SARs	Logging SARs on service now			✔						Eilidh MCLaughlin	
43	41		DaS	Corporate Affairs and Compliance	cyber work	Usual cyber work can be reduced and the team can assist across other functions where there is knowledge/capability			✔						Eilidh MCLaughlin	
44	42		DaS	Corporate Affairs and Compliance	SOC planning	SOC planning if required			✔						Eilidh MCLaughlin	
45	43		DaS	Corporate Affairs and Compliance	Routine DPO	Routine DPO advice/monitoring				✔					Eilidh MCLaughlin	
46	44		DaS	Corporate Affairs and Compliance	RM Work	Internal RM work				✔					Eilidh MCLaughlin	
47	45		DaS	Corporate Affairs and Compliance	IAR	IAR routine work can be paused				✔					Eilidh MCLaughlin	

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P
48	46		DaS	Information Technology	O365 Business Change Stream					✔					Seonaid Reid	
49	47		DaS	Information Technology	O365 Information Security Governance Stream					✔					Jim Skimins	
50	48		DaS	Information Technology	O365 NHS Mail Trainsitions Stream					✔					Derek Wilson	
51	49		DaS	Information Technology	O365 Technical Stream				✔						Graham Purkiss	
52	50		DaS	Internal IT	DCVP 2018038				✔						Andrew McCleary	
53	51		DaS	NISG		Areas most likely to be disrupted are our big roll-out programmes such as NHSmail to O365 transition	I expect demand on my team for services already in operations will only increase during a crises such as this because staff will invariable be reliant more on networks, including remote access and collaborative tools such as TEAMS and NHSmail. Areas most likely to drop are development of services currently not in the contract. This would include IOT and SDWAN. However we have groups moving this on via conference calls. Areas most likely to be disrupted are our big roll-out programmes such as NHSmail to O365 transition.								Ron MACDONALD	
54	52		DaS	NISG			IOT		✔						Ron MACDONALD	
55	53		DaS	NISG			SDWAN		✔						Ron MACDONALD	
56	54		DaS	NSS Project Management	Dental & Optometry		Included Optom VPN rollout - major financial implication if stoppped along with potential break in service		✔						Neil Dustan	
57	55		DaS	NSS Project Management	JLES					✔					Jill Burke	
58	56		DaS	NSS Project Management	O365 Service Management Stream					✔					Graham Swinney	
59	57		DaS	NSS Project Management	Prisons Attend Anywhere		Attend anywhere into prison environment. Not moving Prisoners out of the Prison to outpatients appointments in the health board can provide remote clinics.		✔						Jill Burke	
60	58		DaS	NSS Project Management	Test of Change Next Steps		Social work department from the local Council working in Prisons linking back into Council network and SPS network to record the details of the Patient. Workshop on Wednesday 11th in Edinburgh			✔					Jill Burke	
61	59		DaS	NSS Project Management	Unique Device Identifiers - Pilot Phase		Using barcodes to record who has what implant. SG lead asked to help set up taskforce with Eilidh MCLAUGHLIN (NSS), Programme Board on 1st April SAH			✔					Jill Burke	
62	60		DaS	Projects & Programmes	HPV Implementation			✔							Ross Walker	
63	61		DaS	Projects & Programmes	API Service (Service Transformation)					✔					Paul Henderson	
64	62		DaS	Projects & Programmes	CHI & GPPRS Implementation Project				✔						Janis Terris	
65	63		DaS	Projects & Programmes	Cloud				✔						Josh Turnbull	
66	64		DaS	Projects & Programmes	DaS Branding - Phase 2					✔					Josh Turnbull	
67	65		DaS	Projects & Programmes	Death Certification (eMCCD & eF5)					✔					Maggie Buettner Young	
68	66		DaS	Projects & Programmes	eDental - Phase 1 Implementation				✔						Josh Turnbull	
69	67		DaS	Projects & Programmes	Forensic Medical Services - IT Solution					✔					Josh Turnbull	
70	68		DaS	Projects & Programmes	GP2GP				✔						Ian Dunn	
71	69		DaS	Projects & Programmes	Home & Mobile Health Monitoring (HMHM)				✔						Irene Gow	
72	70		DaS	Projects & Programmes	National Recruitment System - EESS Programme		AF states that Boards will give steer, as issues running 2 versions.			✔					Andrew Forrest	
73	71		DaS	Projects & Programmes	NHS Borders AA implementation				✔						Emma Colville	
74	72		DaS	Projects & Programmes	NPCCD (National Primary Care Contractors Database)		NPCCD – GPCD & NPCCD are dual–running, with NPCCD 'taking over' end of April/start of Mar. Again no direct impact on patient care – would only be reputational impact if pushed back (but hopefully not too much as outwith our control)		✔						Ken Monaghan	
75	73		DaS	Projects & Programmes	NSI Finance BI Platform (DaS)		Reaching end of project in no more than a week			✔					Jill Morrison	
76	74		DaS	Projects & Programmes	NSS BI - PHI - Cancer Intelligence Platform (CIP)		HMHM PB want to slow down, as concern over MDR compliance in future.			✔					Irene Gow	
77	75		DaS	Projects & Programmes	O365 Communications Stream					✔					Hannah Boland	
78	76		DaS	Projects & Programmes	O365 NSS rollout					✔					Donald Henderson	
79	77		DaS	Projects & Programmes	PHR Digital Channels		Includes PHS Intranet PHS website PHS O365			✔					Asia Boyce	
80	78		DaS	Projects & Programmes	Primary Care Portfolio					✔					Daniel Hull	
81	79		DaS	Projects & Programmes	Prison Clinical IT Review					✔					Rachel Blyth	
82	80		DaS	Projects & Programmes	SBSP PACS Tech Refresh				✔						Mandy Barlow	
83	81		DaS	Projects & Programmes	SCI Gateway				✔						Ian Dunn	
84	82		DaS	Projects & Programmes	SCPHWS (Child Health) Implementation		Neil McKenzie meeting Servelec on 10/03/20		✔						Neil McKenzie	
85	83		DaS	Projects & Programmes	SPIRE Deployment		SPIRE – no impact on LIVE patient care so deployment could be stopped. N.B. Only A&A outstanding & they are talking April/May timelines anyway.			✔					Ken Monaghan	
86	84		DaS	Projects & Programmes	SRTP - IT Connectivity					✔					Mandy Barlow	
87	85		DaS	Projects & Programmes	St Columba's Hospice Trak Implementation					✔					Emma Colville	
88	86		DaS	Projects & Programmes	Video Consulting/Scale Up				✔						Jillian Gordon	
89	87		DaS	Projects & Programmes	Viewing Prescription Images (VPI)		Project - barring some small glitches - should complete in around a month			✔					Jill Morrison	
90	88		DaS	Projects & Service Management	Nursing & Midwifery Workload & Workforce Planning Programme – observation studies					✔					Jillian Sim	
91	89		Finance	Accounts Payable	Paying Suppliers		NSS; NHS 24; State; PHS	✔						0 days	Carolyn Low	
92	90		Finance	Accounts Receivable	Charging Customers		NSS; NHS 24; State; PHS; HIS			✔				> 2weeks	Carolyn Low	
93	91		Finance	BI & Analytics	Financial Analysis & Insight		NSS; PHS	✔						> 2weeks	Carolyn Low	
94	92		Finance	Financial Accounting	Financial Control		NSS; NHS 24; State; PHS; HIS	✔						stop 1 -2 days, Reduce 1-2 weeks Essential after > 2 weeks	Carolyn Low	
95	93		Finance	Payroll	Paying Staff		NSS; NES: HIS; PHS	✔						0 days	Carolyn Low	
96	94		Finance	SBU Finance Teams	Financial Reporting & Decision Support		NSS; PHS	✔						stop 1 -2 days, Reduce 1-2 weeks Reduce after > 2 weeks	Carolyn Low	
97	95		Finance	SMT	Finance Leadership & Management		NSS; NHS Scotland; SG	✔							Carolyn Low	
98	96		Finance	Treasury	Posting Payments		NSS; NHS 24; State; PHS; HIS; SAS; FHS; SPPA; HMRC	✔						0 days	Carolyn Low	
99	97		HR	HRMIS (Information Systems)		Access to HRMIS would be critical in the event where emergency contacts and next of kin are needed to be contacted.	Recovery Phase 0 to 4 hrs	✔							Susan Hunter	

A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P
100	98	HR	BAU			HR Business Continuity Plan, it should also be noted that the function is in a state of readiness to work from home should this be required and this approach has been tested on numerous occasions. Please also note that our HR Business Continuity Group comprises of our HR SMT and OMT Given, Human Resources' role as a support function to the SBUs, the key critical service is to continue to provide expert advice and support to staff, managers and directors on staff and people issues. In the event of a major incident, 'business as usual' tasks would be suspended and HR would focus on the following:			✔					Susan Hunter	
101	99	HR	Healthy Working Lives		Healthy Working Lives Provide a comprehensive vaccination programme and/or general health advice and support through Occupational Health and the Counselling Service. Employee Assistance Programme – External Provider Helpline – 0800 587 5670 Lines open 24 hours 7 days a week for advice, information and support. Staff could access this service for advice and support or to arrange an appointment for a structured counselling session.	Recovery Phase 0 to 4 hrs 4 to 8 hrs, 8 to 24 hrsm > 24 hrs	✔							Susan Hunter	
102	100	HR	HR general queries		First point of contact for HR general queries for the whole of the organisation providing advice, support and guidance on HR policies, terms and conditions by email or telephone. There are HR Staff based in Gyle Square and Meridian Court. Contingencies include: Relocating Critical HR Services Staff to alternative location. Ability to redirect the central HR Services telephone number to a work mobile/home mobile. Establishing a 'physical' Help Desk in an appropriate location. Note: If there was an access issue to Gyle Square, HR Services Staff in Meridian Court could pick up the HR Services Queries (or vice versa) Access to HRMIS and Gemini would be beneficial.	8 HR Services (Advisers/ Officers) 2 Comms & Support 2 Specialist Adviser 2 H&S/OHS 1 HWL Bus Supp 1 Systems & Performance Recovery Phase 0 to 4 hrs			✔					Susan Hunter	
103	101	HR	HR Services/Organisational Effectiveness		HR Services/Organisational Effectiveness Providing advice and support to staff and managers dealing with case management issues/terms and conditions queries and policy queries. There are timescales that need to be adhered to particularly for formal cases. Contingencies include: Utilising personnel files/case management files if IT systems down.	Recovery Phase 0 to 4 hrs 4 to 8 hr, 8 to 24 hrsm > 24 hrs	✔							Susan Hunter	
104	102	HR	Interface with Payroll		Interface with Payroll (Lifecycle from new starts, amendments, to eventual exit from organisation) to ensure staff are paid correctly. There are times of the month, where this information is time critical ie ensuring a new start is on the system in order for them to be paid correctly and ensuring terminations are dealt with timeously and staff going onto half/nil pay following an extended period of sickness absence in order to avoid overpayments: Would need access to HRMIS Input onto HRMIS could be caught up at a later stage.	Recovery Phase 0 to 4 hrs 4 to 8 hrs, 8 to 24 hrsm > 24 hrs	✔							Susan Hunter	
105	103	HR	Risk Assessments		Risk Assessments may be necessary to identify what, in the workplace may cause harm to our staff, customers and contractors.	Recovery Phase 0 to 4 hrs 4 to 8 hrs, 8 to 24 hrsm > 24 hrs	✔							Susan Hunter	
106	104	P&CFS		Patient registrations	Patient registration on hold until service restored				✔					Ken Truslove	
107	105	P&CFS		Medical Records Transfer (electronic)	Records would remain with original practice until service restored				✔					Ken Truslove	
108	106	P&CFS		Medical Records Transfer (Paper)	Records would remain with original practice until service restored				✔					Ken Truslove	
109	107	P&CFS		Dental prior approval	Service put on hold until service restored				✔					Ken Truslove	
110	108	P&CFS		Payment verification	Service put on hold until service restored				✔					Ken Truslove	
111	109	P&CFS		Clinical Governance	Service put on hold until service restored				✔					Ken Truslove	
112	110	P&CFS		Scanning	Service put on hold until service restored				✔					Ken Truslove	
113	111	P&CFS		Investigation (reactive and proactive) and Intelligence Function	Service put on hold until service restored				✔					Ken Truslove	
114	112	P&CFS		Patient Exemption Checking Function	Service put on hold until service restored				✔					Ken Truslove	
115	113	P&CFS		Statistics Function	Service put on hold until service restored				✔					Ken Truslove	
116	114	P&CFS		Communications Function	Service put on hold until service restored				✔					Ken Truslove	
117	115	P&CFS		Business Support Function	Service put on hold until service restored				✔					Ken Truslove	
118	116	P&CFS		Management / Business Services Function	Service put on hold until service restored				✔					Ken Truslove	
119	117	P&CFS		Conference and Training Centre	Service put on hold until service restored				✔					Ken Truslove	
120	118	P&CFS		SHSC Events Team	Service relocated to alternative NSS location (Gyle)			✔						Ken Truslove	
121	119	P&CFS		Management Support	Service put on hold until service restored			✔						Ken Truslove	
122	120	P&CFS		Pay Primary Care contractors	Contractors paid an estimated payment based on previous activity.		✔							Ken Truslove	
123	121	P&CFS		Prescription Form ordering	Service management relocated to an alternative location		✔							Ken Truslove	
124	122	PCF	Business Development Dept (BDD)	Clincial waste contingency support					✔					Joe Nixon	
125	123	PCF	Business Development Dept (BDD)	NP Contract approvals					✔					Joe Nixon	
126	124	PCF	Business Development Dept (BDD)	BCP/Risk management					✔					Joe Nixon	
127	125	PCF	Business Development Dept (BDD)	Denpro					✔					Joe Nixon	
128	126	PCF	Business Development Dept (BDD)	Customer Services					✔					Joe Nixon	
129	127	PCF	Business Development Dept (BDD)	BST					✔					Joe Nixon	
130	128	PCF	Business Development Dept (BDD)	WMS upgrade					✔					Joe Nixon	
131	129	PCF	Business Development Dept (BDD)	Fleet support					✔					Joe Nixon	
132	130	PCF	Business Development Dept (BDD)	NP/NHSS workplan management					✔					Joe Nixon	
133	131	PCF	Business Development Dept (BDD)	AOP/KPI's, monthly reporting					✔					Joe Nixon	
134	132	PCF	Business Development Dept (BDD)	Quality management - ISO					✔					Joe Nixon	
135	133	PCF	Business Development Dept (BDD)	Hosted procurement					✔					Joe Nixon	
136	134	PCF	Business Development Dept (BDD)	SG seconded support					✔					Joe Nixon	
137	135	PCF	Business Development Dept (BDD)	Information analytics		R - refocus on Covid data requirements			✔					Joe Nixon	
138	136	PCF	Business Development Dept (BDD)	External L&D					✔	✔				Joe Nixon	
139	137	PCF	Business Development Dept (BDD)	PCIP activty					✔	✔				Joe Nixon	
140	138	PCF	Health Facilities Scotland (HFS)	Oxygen Therapy Service			✔							Joe Nixon	
141	139	PCF	Health Facilities Scotland (HFS)	Incident Reporting and Investigation (IRIC)			✔							Joe Nixon	
142	140	PCF	Health Facilities Scotland (HFS)	Authorizing engineers (Decon)		Travel can be cut as most of the service can be delivered remotely, but the service itself is essential	✔							Joe Nixon	
143	141	PCF	Health Facilities Scotland (HFS)	Validation Services Systems				✔						Joe Nixon	
144	142	PCF	Health Facilities Scotland (HFS)	Engineering and energy			✔							Joe Nixon	

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P
145	143		PCF	Health Facilities Scotland (HFS)	Decontamination			✔							Joe Nixon	
146	144		PCF	Health Facilities Scotland (HFS)	Mammography			✔							Joe Nixon	
147	145		PCF	Health Facilities Scotland (HFS)	Research				✔						Joe Nixon	
148	146		PCF	Health Facilities Scotland (HFS)	National Fire Safety			✔							Joe Nixon	
149	147		PCF	Health Facilities Scotland (HFS)	Sustainable Development				✔						Joe Nixon	
150	148		PCF	Health Facilities Scotland (HFS)	Architecture and Design (Focus on COE and COVID support)			✔							Joe Nixon	
151	149		PCF	Health Facilities Scotland (HFS)	Enquiries			✔							Joe Nixon	
152	150		PCF	Health Facilities Scotland (HFS)	Centre for Excellence		Seen as essential due to agreed timescales but potentially could be pushed back	✔							Joe Nixon	
153	151		PCF	Health Facilities Scotland (HFS)	Certification/ validation of equipment		This will depend on the equipment. If it's vital for Covid-19 treatment, then the service is essential	✔							Joe Nixon	
154	152		PCF	Health Facilities Scotland (HFS) - Ops FM	Electricity			✔							Joe Nixon	
155	153		PCF	Health Facilities Scotland (HFS) - Ops FM	Fire Response			✔							Joe Nixon	
156	154	16/03/2020	PCF	Health Facilities Scotland (HFS) - Ops FM	Gas			✔							Joe Nixon	
157	155	16/03/2020	PCF	Health Facilities Scotland (HFS) - Ops FM	Water			✔							Joe Nixon	
158	156		PCF	Health Facilities Scotland (HFS) - Ops FM	Domestic Services		E (clinical areas) R (non clinical areas)	✔							Joe Nixon	
159	157		PCF	Health Facilities Scotland (HFS) - Ops FM	Catering Services			✔							Joe Nixon	
160	158		PCF	Health Facilities Scotland (HFS) - Ops FM	Mailroom Services			✔							Joe Nixon	
161	159		PCF	Health Facilities Scotland (HFS) - Ops FM	Project Management			✔							Joe Nixon	
162	160		PCF	Health Facilities Scotland (HFS) - Ops FM	Estates Services			✔							Joe Nixon	
163	161	16/03/2020	PCF	Health Facilities Scotland (HFS) - Ops FM	Reception Services				✔						Joe Nixon	
164	162	16/03/2020	PCF	Health Facilities Scotland (HFS) - Ops FM	Fuel			✔							Joe Nixon	
165	163	16/03/2020	PCF	Health Facilities Scotland (HFS) - Ops FM	Security			✔							Joe Nixon	
166	164	16/03/2020	PCF	National Procurement (NP) - Logistics	Supplier Stock Receipt - NDC Replenishment			✔							Joe Nixon	
167	165	16/03/2020	PCF	National Procurement (NP) - Logistics	Supplier Stock Receipt - Annex Replenishment			✔							Joe Nixon	
168	166		PCF	National Procurement (NP) - Logistics	NDC Warehouse Management System: Task Management			✔							Joe Nixon	
169	167		PCF	National Procurement (NP) - Logistics	NDC Warehouse Management System: Frontend Orders			✔							Joe Nixon	
170	168		PCF	National Procurement (NP) - Logistics	Internal Transport - movement of stock within NDC			✔							Joe Nixon	
171	169		PCF	National Procurement (NP) - Logistics	Internal Transport - picking of stock within NDC			✔							Joe Nixon	
172	170		PCF	National Procurement (NP) - Logistics	Transport - loading of stock within NDC			✔							Joe Nixon	
173	171		PCF	National Procurement (NP) - Logistics	NDC Stock Reporting			✔							Joe Nixon	
174	172		PCF	National Procurement (NP) - Logistics	Linkages to Apps Support and IT			✔							Joe Nixon	
175	173		PCF	National Procurement (NP) - Logistics	Customer Service: Pre and live transitional essential; post transitions can be delayed for short period			✔							Joe Nixon	
176	174		PCF	National Procurement (NP) - Logistics	Supplier Order Placement - NDC Replenishment			✔							Joe Nixon	
177	175		PCF	National Procurement (NP) - Logistics	Out of Stock analysis and reporting			✔							Joe Nixon	
178	176		PCF	National Procurement (NP) - Logistics	Catalogue Change Management			✔							Joe Nixon	
179	177		PCF	National Procurement (NP) - Logistics	NDC Stock Reporting			✔							Joe Nixon	
180	178		PCF	National Procurement (NP) - Logistics	Customer Service Response			✔							Joe Nixon	
181	179		PCF	National Procurement (NP) - Logistics	Invoice Mismatch Review			✔							Joe Nixon	
182	180		PCF	National Procurement (NP) - Logistics	NDC Contract Workplan					✔					Joe Nixon	
183	181		PCF	National Procurement (NP) - Logistics	NDC Contract Management				✔						Joe Nixon	
184	182		PCF	National Procurement (NP) - Logistics	Efficient Gov Reporting					✔					Joe Nixon	
185	183		PCF	National Procurement (NP) - Logistics	Supplier Performance Reporting					✔					Joe Nixon	
186	184		PCF	National Procurement (NP) - Logistics	Supplier Meeting Schedule					✔					Joe Nixon	
187	185		PCF	National Procurement (NP) - Logistics	Brexit Stock Movement Schedule				✔						Joe Nixon	
188	186		PCF	National Procurement (NP) - Logistics	Post Brexit Demand Review					✔					Joe Nixon	
189	187		PCF	National Procurement (NP) - Logistics	Finance File Price Review				✔						Joe Nixon	
190	188		PCF	National Procurement (NP) - Logistics	Quarantine / Delivery error investigation				✔						Joe Nixon	
191	189		PCF	National Procurement (NP) - Logistics	NDC Performance Reporting					✔					Joe Nixon	
192	190		PCF	National Procurement (NP) - Logistics	Delivery paperwork filing/admin				✔						Joe Nixon	
193	191		PCF	National Procurement (NP) - Strategic Sourcing	National Contract Tendering - to ensure legal compliance			✔							Joe Nixon	
194	192		PCF	National Procurement (NP) - Strategic Sourcing	Sourcing of products for urgent requirments			✔							Joe Nixon	
195	193		PCF	National Procurement (NP) - Strategic Sourcing	contract supplier review meetings (specific to issue)			✔							Joe Nixon	
196	194		PCF	National Procurement (NP) - Strategic Sourcing	Support SG / Govt Requests on urgent data and analysis			✔							Joe Nixon	
197	195		PCF	National Procurement (NP) - Strategic Sourcing	Catalogue management and updates			✔							Joe Nixon	
198	196		PCF	National Procurement (NP) - Strategic Sourcing	Dealing with customer complaints			✔							Joe Nixon	
199	197		PCF	National Procurement (NP) - Strategic Sourcing	Sourcing of Products for normal processes of tendering				✔						Joe Nixon	
200	198		PCF	National Procurement (NP) - Strategic Sourcing	Reporting deivered benefits through uptake analysis				✔						Joe Nixon	
201	199		PCF	National Procurement (NP) - Strategic Sourcing	Supporting Innovation initiatives (non-urgent focused)				✔						Joe Nixon	
202	200		PCF	National Procurement (NP) - Strategic Sourcing	on line training and other personal development initiatives				✔						Joe Nixon	
203	201		PCF	National Procurement (NP) - Strategic Sourcing	contract supplier review meetings (standard)				✔						Joe Nixon	
204	202		PCF	National Procurement (NP) - Strategic Sourcing	Visits to Boards to support stakeholder engagement and imlementation				✔						Joe Nixon	
205	203		PCF	National Procurement (NP) - Strategic Sourcing	PCF, NSS meetings on organisation aspects and updates					✔					Joe Nixon	
206	204		PCF	National Procurement (NP) - Strategic Sourcing	Attending Scotland wide events and SG / Procurement initiatives					✔					Joe Nixon	
207	205		PCF	National Procurement (NP) - Strategic Sourcing	Support Govt initiatives to support Sust / Global Citiz, Best practise etc					✔					Joe Nixon	
208	206		PCF	National Procurement (NP) - Technology Services	Dispatcher			✔							Joe Nixon	
209	207		PCF	National Procurement (NP) - Technology Services	Web Services (IT)			✔							Joe Nixon	
210	208		PCF	National Procurement (NP) - Technology Services	Integrator			✔							Joe Nixon	
211	209		PCF	National Procurement (NP) - Technology Services	Powergate			✔							Joe Nixon	
212	210		PCF	National Procurement (NP) - Technology Services	PECOS			✔							Joe Nixon	
213	211		PCF	National Procurement (NP) - Technology Services	PECOS Data Mart Extract			✔							Joe Nixon	
214	212		PCF	National Procurement (NP) - Technology Services	Ensemble			✔							Joe Nixon	
215	213		PCF	National Procurement (NP) - Technology Services	CIBR – NDC and eInvoicing			✔							Joe Nixon	
216	214		PCF	National Procurement (NP) - Technology Services	PECOS Content Management system - PCM			✔							Joe Nixon	
217	215		PCF	National Procurement (NP) - Technology Services	Public Contract Scotland – Portal			✔							Joe Nixon	
218	216		PCF	National Procurement (NP) - Technology Services	Public Contract Scotland – Tenders			✔							Joe Nixon	
219	217		PCF	National Procurement (NP) - Technology Services	Spend Analyser			✔							Joe Nixon	
220	218		PCF	National Procurement (NP) - Technology Services	eFinancials - NSI			✔							Joe Nixon	
221	219		PCF	National Procurement (NP) - Technology Services	Management Information (NDC Stock)			✔							Joe Nixon	
222	220		PCF	National Specialist and Screening Services Directorate (NSD)	Commissioning National Specialist Services			✔							Joe Nixon	
223	221		PCF	National Specialist and Screening Services Directorate (NSD)	Transplant			✔							Joe Nixon	
224	222		PCF	National Specialist and Screening Services Directorate (NSD)	Mental Health			✔							Joe Nixon	
225	223		PCF	National Specialist and Screening Services Directorate (NSD)	General Adult - Spinal, Super-renal, Hyperbaric etc			✔							Joe Nixon	
226	224		PCF	National Specialist and Screening Services Directorate (NSD)	General Paediatric - Cleft, Epilepsy, ECMO,Intensive care etc			✔							Joe Nixon	

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P
227	225		PCF	National Specialist and Screening Services Directorate (NSD)	General Adult - Specialist prosthetics, Cochlear, Photobiology				✔						Joe Nixon	
228	226		PCF	National Specialist and Screening Services Directorate (NSD)	Cardiac & Respiratory			✔							Joe Nixon	
229	227		PCF	National Specialist and Screening Services Directorate (NSD)	General Paediatric - Cochlear				✔						Joe Nixon	
230	228		PCF	National Specialist and Screening Services Directorate (NSD)	Diagnostic.Genetics & Specialist Labs			✔							Joe Nixon	
231	229		PCF	National Specialist and Screening Services Directorate (NSD)	Cancer - Cervical Training school				✔						Joe Nixon	
232	230		PCF	National Specialist and Screening Services Directorate (NSD)	Riskshare - Inherited Haemostatic Disorders , Orphan Drugs, Forensic medium secure, specialist services not available in Scotland			✔							Joe Nixon	
233	231		PCF	National Specialist and Screening Services Directorate (NSD)	Population Screening - Bowel, Breast, Cervical, Pregnancy, Newborn Abdominal aortic aneurysm			✔							Joe Nixon	
234	232		PCF	National Specialist and Screening Services Directorate (NSD)	National Networks - Strategic (Trauma & Neonatal)			✔							Joe Nixon	
235	233		PCF	National Specialist and Screening Services Directorate (NSD)	National Networks - Community (Police Custody & Prisoner Healthcare)			✔							Joe Nixon	
236	234		PCF	National Specialist and Screening Services Directorate (NSD)	National Networks - Clinical				✔						Joe Nixon	
237	235		PCF	National Specialist and Screening Services Directorate (NSD)	National Networks - Diadnostic				✔						Joe Nixon	
238	236		PCF	National Specialist and Screening Services Directorate (NSD)	National Planning				✔						Joe Nixon	
239	237		PHI		SEAN Database				✔						Jane James /Angus Macaulay	
240	238		PHI		eSSCA (Scottish Stroke Care system)				✔						Jane James /Angus Macaulay	
241	239		PHI		Clinical Trials				✔						Jane James /Angus Macaulay	
242	240		PHI		System Watch		(could be run with reduced staffing levels for an interim period. Frequency of service could not be reduced).		✔						Jane James /Angus Macaulay	
243	241		PHI		Genetics Genealogy				✔						Joe Nixon	
244	242		PHI		HP Response - Incident Management			✔							Jane James /Angus Macaulay	
245	243		PHI		TRAVAX			✔							Jane James /Angus Macaulay	
246	244		PHI		HP on Call			✔							Jane James /Angus Macaulay	
247	245		PHI		Surveillance Data			✔							Jane James /Angus Macaulay	
248	246		PHI		Fit for Travel			✔							Jane James /Angus Macaulay	
249	247		PHI		Scottish Health Protection Information Resource (SHPIR)			✔							Jane James /Angus Macaulay	
250	248		PHI		HP Zone			✔							Jane James /Angus Macaulay	
251	249		PHI		HP website			✔							Jane James /Angus Macaulay	
252	250		PHI		National Infection Prevention Control (NIPC)			✔							Jane James /Angus Macaulay	
253	251		SNBTS	Patient Services	Transfusion Team				✔						Kate Sommerville	
254	252		SNBTS	Support Services - HQ	HQ				✔						Kate Sommerville	
255	253		SNBTS	TCAT	Tissue and Cell Services				✔						Kate Sommerville	
256	254		SNBTS	Donor Services - Donation	Donation			✔							Kate Sommerville	
257	255		SNBTS	Donor Services – Admin / Media	Admin / Media		Work from Home	✔							Kate Sommerville	
258	256		SNBTS	Transport	Transport			✔							Kate Sommerville	
259	257		SNBTS	Manufacturing - processing	processing			✔							Kate Sommerville	
260	258		SNBTS	Dispatch	Dispatch			✔							Kate Sommerville	
261	259		SNBTS	Testing	Testing			✔							Kate Sommerville	
262	260		SNBTS	Quality & Regulatory	Quality & Regulatory			✔							Kate Sommerville	
263	261		SNBTS	Patient Services	Apheresis			✔							Kate Sommerville	
264	262		SNBTS	Patient Services	Blood Banking			✔							Kate Sommerville	
265	263		SNBTS	TCAT	Advanced Therapeutics			✔							Kate Sommerville	
266	264		SNBTS	Project activity	Project activity			✔							Kate Sommerville	
267	265		SPST	Customer Experience	Customer and stakeholder research and insight		Most of our services could essentially stop if necessary although team are able to work remotely and access all systems:		✔						Janice Heaney	
268	266		SPST	Customer Experience	Data analysis and development of reports				✔						Janice Heaney	
269	267		SPST	Customer Experience	Stakeholder and customer management				✔						Janice Heaney	
270	268		SPST	Customer Experience	Shared Services office				✔						Janice Heaney	
271	269		SPST	Programme Management Services	Internal		Internal Resources supporting internal service transformation/projects assessed as low risk		✔						Claire Muldoon	

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P
272	270		SPST	Programme Management Services	External		External All external engagements are subject to SLAs and require negotiation and exit strategies to be put in place before re-routing staf		✔						Claire Muldoon	
273	271		SPST	Programme Management Services	National Laboratories Programme			✔							Claire Muldoon	
274	272		SPST	Programme Management Services	National Radiology			✔							Claire Muldoon	
275	273		SPST	Programme Management Services	ARHAI Centre of Excellence			✔							Claire Muldoon	
276	274		SPST	Strategy, Performance & Communications	Resilience BAU				✔		A backlog will develop	Plans not developed or tested	The SBUs and Scot gov would need to plan for future workloads		Clairinder Clark	
277	275		SPST	Strategy, Performance & Communications	Business Planning				✔						C MacDermott	
278	276		SPST	Strategy, Performance & Communications	Risk Management				✔						C MacDermott	
279	277		SPST	Strategy, Performance & Communications	Performance System Development					✔	Less accurate reporting. Would need to continue with alternative processes	Less accurate reporting. SBUs would need to continue with their current arrangements	May Need to negotiate with Scot Gov on timescales and contenet of returns		C MacDermott	
280	278		SPST	Strategy, Performance & Communications	Marketing Communications	Marcomms (non-media) support to SBUs	In most cases this could stop if the work of the SBU stopped, with the exception of specific projects such as workforce transformation or where there is a specific all staff comms need relating to incident management (e.g. in Procurement). This assumes that forthcoming events such as the NHS Scotland event, P4H conference etc are all cancelled. If this was not the case we would need to continue servicing these events. If the work of the SBU did not stop we would need support from EMT to confirm whether we were to continue on non-incident management work.		✔						Carolyn Bowick	
281	279		SPST	Strategy, Performance & Communications	Stakeholder Relations	Liaison with colleagues in other Health Boards and the Scottish Government	This would need to continue for incident management purposes but could be reduced for anything not related to coronavirus.		✔						Carolyn Bowick	
282	280		SPST	Strategy, Performance & Communications	Equality & Diversity Services		Deliver E&D services; Feedback & Complaints ; Patient and Public involvement; Volunteering services from home.		✔						Louise Maclennam	
283	281		SPST	Strategy, Performance & Communications	Feedback & Complaints				✔						Louise Maclennam	
284	282		SPST	Strategy, Performance & Communications	Patient and Public involvement				✔						Louise Maclennam	
285	283		SPST	Strategy, Performance & Communications	Volunteering services				✔						Louise Maclennam	
286	284		SPST	Strategy, Performance & Communications	Interpretation and translations		In relation to interpretation and translations services these maybe impacted on if the providers do not have the facilities to deliver their services from home		✔						Louise Maclennam	
287	285	17/03/2020	SPST	Strategy, Performance & Communications	FOI	Acknowledge, log and allocate all FOI requests for NSS			✔						Dawn Galloway	
288	286	17/03/2020	SPST	Strategy, Performance & Communications	Travel				✔						Dawn Galloway	
289	287	17/03/2020	SPST	Strategy, Performance & Communications	Purchase orders				✔						Dawn Galloway	
290	288	17/03/2020	SPST	Strategy, Performance & Communications	Receipting invoices				✔						Dawn Galloway	
291	289	17/03/2020	SPST	Strategy, Performance & Communications	Room booking					✔					Dawn Galloway	
292	290	17/03/2020	SPST	Strategy, Performance & Communications	Meeting Support					✔					Dawn Galloway	
293	291	17/03/2020	SPST	Strategy, Performance & Communications	L&D Reports					✔					Dawn Galloway	
294	292	17/03/2020	SPST	Strategy, Performance & Communications	DST					✔					Dawn Galloway	
295	293	17/03/2020	SPST	Strategy, Performance & Communications	System support					✔					Dawn Galloway	
296	294	17/03/2020	SPST	Strategy, Performance & Communications	H&S – risk profile					✔					Dawn Galloway	
297	295	17/03/2020	SPST	Strategy, Performance & Communications	Committee Services	Board Process, access to papers, holding meetings etc	Demand anticipated to drop		✔						Lynn Morrow	
298	296	17/03/2020	SPST	Strategy, Performance & Communications	Project Team Support	General team administration	Demand anticipated to drop		✔						Lynn Morrow	
299	297	17/03/2020	SPST	Strategy, Performance & Communications	Executive Support	Personal administration	Demand anticipated to drop		✔						Lynn Morrow	
300	298	17/03/2020	SPST	Strategy, Performance & Communications	Resilience Management			✔							C MacDermott	
301	299	19/03/2020	SPST	Strategy, Performance & Communications	Performance Management				✔						C MacDermott	
302	300	19/03/2020	SPST	Strategy, Performance & Communications	Media Relations	Media relations support including social media		✔							Carolyn Bowick	
303	301	19/03/2020	SPST	Strategy, Performance & Communications	Corporate Communications	Marcomms support to senior stakeholders, including EMT & all staff		✔							Carolyn Bowick	

Financial baseline

Instructions

Please complete the below table as a baseline of your financial plan for response to COVID19.

Where costs do not fit into any of the categories given, please put in 'other', with description in the notes column of what this is for.

Where there are general comments, please include in the notes section below.

At this stage there is not a clear view of how long additional costs will be incurred for, therefore we are asking for estimates for 2019/20 and 2020/21 financial year at this stage. This can be flat phasing where more detail is not known.

Costs should only be included for **additional** costs incurred, not any routine costs to avoid double counting of costs already in AOP.

We are asking that social care costs are also included in this, and understand this will be a best estimate at this stage.

Category	Revenue 2019/20	Capital 2019/20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Capital 2020/21	Body incurring cost	Notes
Additional general beds (1)			£0	£0	£0	£0	£0	£0	£0	£0	£0	£0	£0	£0			
Additional critical care beds (2)			£0	£0	£0	£0	£0	£0	£0	£0	£0	£0	£0	£0			
Testing for virus (3) IN HOUSE	£67,000		£67,000	£67,000	£67,000	£67,000	£67,000									Health Board	Estimated cost of 'In House Testing' within Glasgow; Lothian & Tayside (Swabs & Kits)
Testing for virus (3) COMMERCIAL KITS	£38,730		£3,038,625													Health Board	Estimated cost of Testing Kits for Health Boards to undertake locally - orders placed for up to 3 months supply - most deliveries expected April 2020
Personal protection equipment (3) MASKS	£245,220															Health Board	
Deep cleans																	
Capital equipment (3) VENTILATORS															£15,034,501	Health Board	Various orders
Capital equipment (3) LAB TESTING SYSTEMS															£1,000,000	Health Board	Various orders - equipment to allow testing to take place locally
Capital equipment (3) PATIENT MONITORS															£2,918,607	Health Board	Various orders
Capital equipment (3) ITU HAEMOFILTRATION															£1,163,500	Health Board	Various orders
Revenue equipment (3) OXYGEN CONCENTRATORS			£1,419,086													Health Board	Various orders
Revenue equipment (3) EQUIPMENT	£2,343,850															Health Board	Including Infusion Pumps
Revenue equipment (3) OTHER			£575,695													Health Board	Including Trolleys and Guardrails
Community cost (4)	£85,630															Health Board	Social Care - Triage Centre for Supplies
Delayed discharge (4)																	
IT solutions (3)																	
Additional drug spend																	
Estates cost HOTELS			£721,297	£721,297	£721,297											Health Board	SG Lease - NSS Management
Expected underachievement of savings																Health Board	Heads of Finance / Business Units currently assessing the impact of COVID-19 on CRES in 20/21
Additional staff overtime (5)																Health Board	Heads of Finance / Business Units currently assessing the impact of COVID-19 on additional overtime
Additional temporary staff spend (5)			£195,000	£195,000	£195,000											Health Board	Solely based on 90 additional operators working at NDC - other costs to be confirmed
Other CONSUMABLES (SNBTS)	£50,000															Health Board	Covid-19 specific "T" cells to treat patients - additional consumables (SNBTS) - currently checking if recurring impact into 20/21?
Other CONSUMABLES (PCF)	£299,900		£342,850													Health Board	
Other HAND GELS			£392,110													Health Board	
Other REDUCED INCOME	£50,000		£350,000	£350,000	£350,000	£350,000										Health Board	Heads of Finance / Business Units currenrtly assessing potential loss in income (e.g. PgMS). Current reduced income forecast relates solely to CLO
Other PANDEMIC STOCKPILE	£3,983,117															Health Board	Based on additional orders placed to date (in addition to existing Pandemic stockholding of c£12m)
Additional payments to FHS contractors	£14,000		£14,000	£14,000	£14,000	£14,000	£14,000									IJB	GP Sentinel - estimated 5 tests per week for 6 months across all 41 practices (£16 per test)
Offsetting savings (6)																Health Board	Heads of Finance / Business Units currently assessing the impact of COVID-19 on travel and conferences. They are also assessing any slippage against / reprioritisation of planned developments in 20/21
Total	£7,177,447	£0	£7,115,663	£1,347,297	£1,347,297	£431,000	£81,000	£0	£0	£0	£0	£0	£0	£0	£20,116,608		

£37,616,311

Notes

1 Various costs / impacts have still to be estimated - this is currently WIP and is a focus for Heads of Finance supporting each SBU

2 The profile of cost between 19/20 and 20/21 is based on estimated delivery dates

3 For goods ordered through the NDC catalogue, they will be expensed and charged to Boards through the normal route

4 For pandemic stock, this is funded centrally by SG with no recharge to Boards (but Boards are sighted on the stock allocations made)

5 It is expected that all capital equipment will arrive after 31st March 2020 - so the capital budget is required in 20/21

6

7

Finance Contact: Andy McLean

Last update: 24th March 2020

Key assumptions

(1) Please complete **tab a** which will automatically pull figures through

(2) Please complete **tab b** which will automatically pull figures through

(3) Specific guidance will be issued by SG about which costs will be recharged and which will be met centrally.

(4) Please add more rows as needed to split between health board costs and IJB costs, the more detail than can be provided is useful

(5) When considering additional staff spend, please include assumptions in the notes around level of staff absence, and what % can be filled by agency staff, as this is unlikely to be 100% of the increase sickness rate
Example;
Staff sickness rate 15%
Filled by Agency staff 7%
Staff redeployed 5%

(6) Offsetting savings will be areas such as reduced travel costs, reduction in conference costs etc.

Financial planning assumptions for ICU beds

Please complete yellow cells with your best estimate of the cost of an ICU bed per month. We have suggested a 20% uplift in cost as a premium rate.

	Normal Rate (NR)	Premium Rate (PR)*
Cost of ICU bed per month		£0
Number of additional ICU beds	8	8
Cost per month	£0	£0

	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21
Rate used	NR	PR	PR	PR	NR	NR	NR	NR	NR	NR	NR	NR	NR
% cost incurred	50%	100%	100%	100%	75%	75%	50%	50%	25%	25%	10%	10%	0%
Cost	£0	£0	£0	£0	£0	£0	£0	£0	£0	£0	£0	£0	£0

* Premium would be where staff are higher level of agency that expected due to high sickness rate

Please complete yellow cells with your best estimate of the cost of an ICU bed per month. We have suggested a 20% uplift in cost as a premium rate.

	Normal Rate (NR)	Premium Rate (PR)
Cost of a general bed per month		£0
Number of additional unfunded beds*	20	20
Cost per month	£0	£0

	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21
Rate used	NR	PR	PR	PR	NR	NR	NR	NR	NR	NR	NR	NR	NR
% cost incurred	50%	100%	100%	100%	75%	75%	50%	50%	25%	25%	10%	10%	0%
Cost	£0	£0	£0	£0	£0	£0	£0	£0	£0	£0	£0	£0	£0

*This may be winter beds which are kept open or additional bed capacity