NSS Board Meeting

B/19/88 Agenda

1. Apologies for Absence

Deryck Mitchelson, Director Digital & Security

2. In attendance

Susan Stewart, SG Health & Care Staffing [External speaker Item 4 only]
David Goldberg, Consultant Public Health Medicine
Kate Harley, Head of Health Protection Scotland
Jacqui Reilly, Nurse Director
Salvador Llopis, Digital & Security SBU (Depute for Deryck Mitchelson, Director Digital & Security) [Item 11]
Jacqui Jones, Director HR and Workforce Development
Mary Morgan, Director Strategy, Performance and Service Transformation
Matthew Neilson, Associate Director Strategy, Performance and Communications [Item 7]
Phil Couser, Director Public Health & Intelligence
Fiona Murphy, Head of National Specialist and Screening Services [Item 10]
Andrew Shaw, KPMG (In Private Session Only)
Sandra Aitkenhead, KPMG (In Private Session Only)
Graham Cochran, KPMG (In Private Session Only)
Karen Nicholls, Interim Board Secretary (Minutes)

3. Observers

Inire Evong, Audit Scotland

4. Health and Care (Staffing) Act

10 minutes

Diane Murray, Chief Nursing Officer's Directorate

5. Introduction

35 minutes

5.1. Chair's Introduction

For information

Keith Redpath

5.2. Chief Executive's Update [B/19/89]

For information

Colin Sinclair

📄 B1989 CE Board Update for Board papers.pdf   (5 pages)

5.2.1. **EU Exit Update [B/19/90]**

EU Exit Rehearsal - outcome

📄 B1990 NP EU Exit paper- EMT V6.pdf   (9 pages)

6. **Minutes of meeting held on 28th June 2019 and Matters Arising [B/19/92 and B/19/93]**

10 minutes

For Approval

Keith Redpath

Kate Dunlop as Vice Chair to speak to Minutes

📄 B1992 2019-06-28 Board Draft Minutes.pdf   (16 pages)

📄 B1993 Action list.pdf   (3 pages)

7. **People Report [B/19/94]**

20 minutes

For discussion

Jacqui Jones

📄 B1994 People Report.pdf   (14 pages)

7.1. **NSS Workforce Strategy (for approval) [B/19/95]**

📄 B1995 Workforce Strategy.pdf   (25 pages)

7.1.1. **The Sturrock Report - NSS Action Plan Update**

7.1.2. **Anonymous Letter - update [Verbal]**

8. **Finance Report [B/19/96]**

20 minutes

For discussion

Carolyn Low

📄 B1996 Finance Report 1.4.19-31.7.19.pdf   (6 pages)

9. **NSS Strategic Performance Update [B/19/97]**

20 minutes

For discussion

Matthew Neilson

📄 B1997 NSS Strategy Performance Framework.pdf   (36 pages)

10. **Public Health Scotland [B/19/98]**

30 minutes

For discussion

Mary Morgan

📄 B1998 NSS Board Paper PHS 6th Sept.pdf   (41 pages)

10.1. Including Financial Risks/Issues and Corporate Shared Services

11.   Hep C 2024

Professor David Goldberg

12.   Screening Update [B/19/99]

15 minutes

For Information

Fiona Murphy

📄 B1999 SBSP Review 06-09-19.pdf   (4 pages)

12.1. Breast Screening

13.   Digital Report [B/19/100]

25 minutes

Salvador Llopis

📄 B19100 D&S Update.pdf   (10 pages)

13.1. Digital Implementation and Programmes

For discussion

13.1.1. CHI and Child Health

13.1.2. GP IT

13.1.3. Office 365

14.   Items for information only

10 minutes

15.   Highlights from NSS Committees for information

Verbal update

15.1. NSS Finance, Procurement and Planning Committee meeting 13 May 2019 - Approved Minutes [B/19/102]

📄 B19101 2019-05-23 ARC Approved Minutes.pdf   (4 pages)

15.1.1. NSS Finance, Procurement and Planning Committee meeting 29 August 2019 - Verbal Update

15.2. NSS Audit and Risk Committee meeting 23 May 2019 - Approved Minutes [B/19/103]

📄 B19103 2019-05-23 ARC Approved Minutes.pdf   (4 pages)

15.3. NSS Remuneration and Succession Planning Committee meeting held 27 June 2019 - Verbal Update

John Deffenbaugh

16.   **In Private Session - Members Only**   25 minutes

16.1.   **KPMG Review of Contingency Arrangements - findings**

Carolyn Low

16.2.   **Update on Infection Control Service**

Jacqueline Reilly

17.   **AOB**

17.1.   **Next meeting: Friday,1 November 2019**

Boardrooms 1&2, Gyle Square, Edinburgh

Minutes (Approved)

NHS NATIONAL SERVICES SCOTLAND BOARD

**MINUTES OF FORMAL BOARD MEETING HELD ON FRIDAY, 28 JUNE 2019
IN BOARDROOMS 1&2, GYLE SQUARE, EDINBURGH, COMMENCING AT 0930 HRS**

Present:	**Elizabeth Ireland, NSS Chair** **Julie Burgess, Non-Executive Director** **Ian Cant, Employee Director** **John Deffenbaugh, Non-Executive Director** **Carolyn Low, Director of Finance** **Mark McDavid, Non-Executive Director** **Colin Sinclair, Chief Executive** **Lorna Ramsay, Medical Director** **Kate Dunlop, Non-Executive Director**
In Attendance:	**Jacqui Jones, Director of HR and Workforce Development** **Mary Morgan, Director, Strategy, Performance and Service Transformation** **Deryck Mitchelson, Director, Digital & Security [Item 20]** **Matthew Neilson, Associate Director, Strategy, Performance and Communications [Item 21]** **Karen Nicholls, Acting Board Secretary [Minutes]**
Apologies:	**Alison Rooney, Non-Executive Director** **Jacqui Reilly, Nurse Director**
Observer:	**Stuart Aitken, Directorate for Health Finance, Scottish Government** **Rachel Browne, National Audit Scotland [Items 1-5]**

ACTION

1. INTRODUCTION

1.1 Professor Ireland welcomed all to the meeting and noted that it would be her last formal meeting as Chair of NSS. Mr Craig Spalding, the new Director for SNBTS was welcomed to the organisation and the meeting. Members also noted the apologies above.

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

1.3 Professor Ireland advised Members that NSS had just received their Cyber Essentials accreditation and passed on her thanks to the NSS Digital and Security SBU team.

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

Chair   Professor Elizabeth Ireland
Chief Executive   Colin Sinclair

2.   CHAIR'S REPORT [papers B/19/24 and B/19/24a refer]

2.1   Professor Ireland took Members through her update paper and highlighted the following areas for consideration:

- Chairs had been asked for their views on the Annual Review Process – Professor Ireland added that she had voiced concern that NSS had not had a ministerial review for the last four years and had therefore recommended that every board had a bi-annual ministerial review.

- There had been an expectation at the last Board meeting that a new stakeholder Non-Executive had been appointed but this had unfortunately not been taken forward by the individual chosen. Work was therefore still underway to determine the best way forward for NSS including consideration of another NHSScotland Board Chair as a stakeholder rather than Executive Director.

- Interview for a new NSS Chair had taken place and an announcement was expected shortly.

- A meeting had taken place with Mr Colin Brown who had recently been appointed as Head of Digital Governance for National Education Scotland which was seen as a positive move.

- The response to the Sturrock Report [Professor Ireland declared an interest at this point as she had been a salaried GP for Highlands during the period reviewed). This was a main agenda item for the meeting.

- Trinity Park Foundation Accounts were presented to the Board for noting and awareness.

2.2   Professor Ireland added her personal thanks to the NSS Executive Management Team and all staff throughout the organisation for their hard work and for delivering on performance and stepping up to assist with the various issues that had arisen including, Clinical Waste and preparation for a European Union exit.

3.   CHIEF EXECUTIVE'S UPDATE [paper B/19/48 refers]

3.1   Mr Sinclair took Members through his update and highlighted a number of areas.

3.2   <u>Clinical Waste</u> Thanks to all the team involved in this situation. Contingency was currently working well, but there had been a delay in planning permission for the new supplier. This does not stop the contract, but does affect their resource commitment, and would therefore affect cost but not the physical waste removal. A review of the contingency work carried out by NSS by KPMG had been commissioned. Mr Sinclair was confident that the decisions made had been appropriate, but wanted to make sure that everything had been done in the best possible way, and any lessons learned could be put into practice for any similar issue. He expressed his thanks to the team that had worked so hard on this particular issue. **Action: CS to**   **C Sinclair**
report back to September meeting on any issues

3.3   <u>No Deal EU Exit</u> The plans were still in place to deal with a potential hard exit from the EU. These had been stood down in March but it was anticipated that this would ramp up again during July. It was acknowledged

that whatever the final decision was would likely come very late, so it was essential to have full resilience and contingency plans in place. Mr Sinclair would continue to keep Board Members abreast of this changing situation.

3.4   Public Health Scotland (PHS) Work was still progressing and an Interim Shadow Chair had now been appointed; Professor Jim McGoldrick, who was a previous Non-Executive Director of NSS. There was also a shadow Executive Management Team (EMT) and Mrs Morgan, Mr Phil Couser, Director PHI were Members. In addition Mrs Jones was assisting with TUPE and recruitment and Mrs Low was working on the future financial model and how this would be set up. The ongoing NSS relationship with the new body would be around shared services and Mr Sinclair was delighted to inform Members that progress was being made. There was also now an outline agreement with the Health Scotland team for shared services provision for Procurement, Finance, IT, Property and HR services. Mr Cant added that he would be joining the PHS EMT as a representative for both Health Scotland and NSS Staff. Professor Ireland asked that this now be a standing item for future meetings. **Action: Board Secretary to add to forward programme.**   **Board Secretary**

3.5   Centre of Expertise for Infection Control As a result of the infection control issues in Glasgow, NSS had now been given a commission to develop a centre of expertise for infection control, or an infection control service, including the built environment. This would increase the compliance role NSS already had. Mr Sinclair added that this was a complex issue and NSS had been asked to provide an initial costing and structure plan for Government by July, which would then come back to the Board for oversight. All agreed that detailed discussions would be required around this and asked that Mr Sinclair keep Members up to date for future meetings. **Action: Board Secretary to add to forward programme.**   **Board Secretary**

3.6   Digital Mr Sinclair provided an update on his broader digital governance discussions with Mrs Christine McLaughlin, Director for Health Finance, who recognised the need to deal with this as a matter of urgency. Further meetings were planned over the summer and the Board would be kept up to date on proceedings.

3.7   National Boards Collaboration All agreed that this was an extremely slow process and a pertinent discussion would be taking place at the next Chief Executives meeting in August 2019 due to the under-delivered £15 million savings this year. It was essential that a fair and just apportion of savings was agreed. Professor Ireland added that there was a request for a meeting for Chairs and Chief Executives around this subject but this had been cancelled. She advised that both Mr Sinclair and Mrs Low had the full support of the Board to push these discussions forward, and the outcome of the Audit Scotland report would also support this agenda over the coming months.

3.8   Screening Mr Sinclair had heard nothing on this from Scottish Government to confirm whether NSS was to go ahead with the planned actions. Members were disturbed by this, as it had been agreed that this was an urgent action. Professor Ireland asked that at the next NSS meeting with Government Sponsors it was reinforced that a decision must be made, whether it was NSS, or not, this could not wait any longer. **Action: Mr Sinclair and Mrs Low to feedback the concerns and frustration of the Board to the relevant sponsors and report back to the Board as soon as possible.**   **C Sinclair/ C Low**

3.9   Members noted the content of Mr Sinclair's update and Professor Ireland offered her personal thanks for the support and commitment he, and his management team, had given her during her time with NSS.

4.   NSS AUDIT AND RISK COMMITTEE ANNUAL REPORT TO THE BOARD [paper B/19/49 refers]

4.1   Members noted the content of the NSS Audit and Risk Committee annual report to the Board and approved its content in full.

4.2   Ms Burgess asked for further clarity around the four high findings, three of which related to people management. Mrs Jones advised that there had been detailed debate around whether these were in fact high findings. She continued that she had not been in agreement with the auditors. However, there was a robust action plan in place to address these issues to move it forward. She reflected that the reason NSS asked for audits of this type was to recognise the strong and the weak which allows the organisation to improve and put relevant action plans in place. Mr Deffenbaugh added that this was not about NSS being in a bad place, but more about continuous improvement. Mr Sinclair added that NSS was doing a lot around people issues including the new Essential Line Manager training, the Sturrock Action plan and project Lift, so he would be concerned if the same issues were still being reported at this point in 2020. He added that the main thing that had come out of the audits was that NSS had processes and plans in place but were not consistent in their application, and that this was key to ensure plans did not diverge from the overall NSS strategic plans.

4.3   Members reflected that it was important to ensure proper oversight and asked that 6 monthly meetings between the Chair, Chief Executive and Chair of the NSS Audit and Risk Committee be scheduled in going forward. **Action: Board Secretary to liaise with Chair/CEO Executive Assistant   Board Secretary to add to diary.**

4.4   With these comments the Board approved the report.

5.   NSS DIRECTORS' REPORT AND ACCOUNTS 2018-2019 [Members only paper B/19/50 refers]

5.1   Mrs Low took Members through the NSS Directors' Report and Accounts and advised that these had been reviewed by the NSS Auditors and were now ready for submission to Audit Scotland and ultimately the Scottish Government.

5.2   Members thanked Mrs Low and the finance team for producing the accounts and were content to approve them. Mrs Dunlop commented that it may be advisable to look at the timing of the relevant NSS Committees to review the process of approving the accounts to ensure sufficient time for scrutiny. Mrs Low advised that this had also been raised by the auditors and there would be a review timings and routes to Committees. She added that the finance team now had a new tool, Blackline, which should help to streamline the process in future. She continued that finance would be working closely with the performance and communications teams in NSS as there was a desire to use the Accounts as a 'shop window' on NSS, and there was now an opportunity to do things differently.

5.3   Members thanked Mrs Low for this update and looked forward to future

reporting.

5.4   At this point there was a short break in proceedings to allow Mr Sinclair to sign the Annual Accounts 2018/19 Performance and Accountability Report as the Accountable Officer of NSS.

6.   MINUTES OF THE MEETING HELD ON 5 APRIL 2019 AND MATTERS ARISING [papers B/19/51 and B/19/52 refer]

6.1   Members noted the draft minutes and were content to approve them in full. Mrs Morgan asked that her title be updated to reflect her move to the Strategy, Performance and Service Transformation strategic business unit.

6.2   Members noted the content of the Board Action list and the updates provided.

7.   NSS STAFF GOVERNANCE COMMITTEE ANNUAL REPORT [paper B/19/55 refers]

7.1   Mr Deffenbaugh took Members through the annual report on behalf of the Staff Governance Committee and highlighted the following areas:

- An increase in trade union representatives had contributed well to partnership working.
- Lots of discussion around management development and the pivotal role this had in NSS.
- There had been a focus on sickness absence throughout the year and this would continue.

7.2   Members thanked Mr Deffenbaugh for his input and noted the content of the report.

7.3   Professor Ireland commented that the new structure of the annual reports provided good assurance that the various committees were fulfilling their terms of reference. She also added her personal thanks to Mr Deffenbaugh for his work chairing the Committee.

8.   NSS CLINICAL GOVERNANCE COMMITTEE ANNUAL REPORT [paper B/19/56 refers]

8.1   Ms Burgess took Members through the annual report on behalf of the NSS Clinical Governance Committee and highlighted the following items:

- The wider governance role for the Committee – a development session will be held in September 2019 to discuss the most appropriate governance models for a variety of programmes i.e. Breast screening services; Dental Governance; Centre of Excellence on infection control.
- Major IT projects – the Committee was now satisfied that the PACs programme was no longer an area of major concern.

8.2   Dr Ramsay added that the historical review of matters had improved greatly and this allowed the Committee to do more forward planning, which was proving extremely positive for Members.

8.3   Professor Ireland thanked both for their report and noted that the planned workshop would be critical for future planning. She added her personal thanks to Ms Burgess for her work with the Committee.

8.4   With these comments Members noted the annual report.

9.   NSS FINANCE, PROCUREMENT AND PERFORMANCE COMMITTEE ANNUAL REPORT [paper B/19/57 refers]

9.1   Mrs Dunlop took Members through the annual report on behalf of the NSS Finance, Procurement and Performance Committee and highlighted the following:

- The name of the Committee had changed during the year and better reflected the work of the Members.
- Scope of contracts NSS manage and the potential impact these had on patients.
- Mrs Low was working to do more horizon scanning to enable better planning for the governance of contracts. This will be critical as a key step for national contracts would now require sign off by all NHSScotland Directors of Finance. It was essential that this was factored into future timelines for the Committee.

9.2   Members were content to note the content of the annual report and Professor Ireland added her personal thanks to Mrs Dunlop for her work chairing the Committee.

10.   NSS INFORMATION GOVERNANCE COMMITTEE ANNUAL REPORT [paper B/19/58 refers]

10.1   Due to the absence of Mrs Rooney, Chair of the Information Governance Committee, Mrs Dunlop presented the annual report of the NSS Information Governance Committee to the Board. She highlighted the following:

- The Committee had expanded over the period and was now looking at all areas with substantive areas of information governance, especially around IT and the digital agenda.
- The Committee had now reached a level of maturity.
- The appointment of Mr Deryck Mitchelson as Senior Information Risk Officer (SIRO) was welcomed.

10.2   Ms Burgess asked for assurance that thought be given on reporting lines for major projects e.g. PACs and CHI and Child Health programmes was visible across Board Committees. Professor Ireland commented that Mr Mitchelson would be attending the meeting later in the agenda and this could be discussed then.

10.3   Members thanked Mrs Dunlop for stepping in to speak to the annual report and noted the contents in full.

11.   NSS REMUNERATION AND SUCCESSION PLANNING COMMITTEE

11.1   Mr Deffenbaugh provided a verbal update to the meeting on the work of the NSS Remuneration and Succession Planning Committee. It was acknowledged that the written report had not been completed due to the proximity of the Committee meeting and the formal Board.

11.2   He advised that the Committee was working well and was provided with appropriate reporting to enable Members to fulfil their remit. This included information to enable appropriate succession planning and objective setting for the Executive cohort. He added that assurance had been provided that appraisals were taking place across the organisation. Members noted that the Executive Team objectives would be linked to the NSS strategy. He thanked Mr Sinclair and his senior team for their work in this area over the past year.

11.3   Mr McDavid asked for clarity on the inclusion of those earning over £250k and Mrs Low responded that this was a formal requirement and related to clinicians. Mr Deffenbaugh agreed to look further into this at the next meeting of the Committee. **Action: Agenda item for next Committee meeting.**   **Board Secretary**

11.4   Members thanked Mr Deffenbaugh for his update and looked forward to receiving the written report once finalised.

11.5   At this point Professor Ireland reflected that to ensure appropriate succession for Non-Executives it would be prudent for the new NSS Chair to look at the possibility of rotating the chairs of the Committees on a regular basis to expand their knowledge and skills. **Action: Professor Ireland to discuss Committee succession with new NSS Chair as part of their induction/handover.**   **E Ireland**

12.   END OF YEAR PERFORMANCE AND FINANCE REPORT 2018-2019 [paper B/19/60 and B/19/61 refer]

12.1   Mrs Low took Members through the paper outlining the NSS End of Year Performance and Finance details for the period 2018-2019. Mrs Burgess asked for clarity on non-recurring efficiencies, and how these could be reduced, as detailed in Appendix 4 of the document.

12.2   Mrs Low continued that NSS was looking at a service sustainability plan to address this. She added that bringing together the three strands of strong financial planning; workforce planning and transforming NSS services was key to this work. All noted however, that this was an on-going area of concern across NHS Scotland. Members reflected that this highlighted the importance of shared services and working efficiently across the special and national NHS Scotland Boards. All agreed that this would depend on changes in behaviours as well as strong planning.

12.3   Professor Ireland thanked Mrs Low and her team for the work done in this area and was delighted with the progress made to date.

13.   eHEALTH LESSON LEARNED [presentation]

13.1   Mrs Low advised that the presentation outlining the work done around the lessons learned from the eHealth issues in 2018 had already been reviewed by the NSS Finance, Procurement and Performance Committee but it was agreed that it was important for the full Board to have sight of the work done. **Action: Board Secretary to circulate the presentation to Members after the meeting.**   **Board Secretary**

13.2   Professor Ireland thanked Mrs Low for all the work done, in what had been an extremely difficult situation. Members commended the way the issues

had been addressed and the new momentum and willingness to learn from these types of situations. Mrs Morgan added that the approach had affected the whole of NSS and had been reflected in a more cohesive senior team, not just in Finance. Mrs Low thanked Members for their support and added that one of the lessons learned had been around joined up reporting and this was reflected in how information was brought together to give a whole picture, involving finance, workforce and performance. This in turn would give users the time to use the information to challenge appropriately, rather than focusing on how to gather the data itself. This would change the conversations at meetings by presenting a 'single version of the truth'.

13.3   Mr Cant added that he would like to congratulate Mrs Low and her team and advised that this showed real shared ownership with staff and a role model for NSS as a whole. Members asked that their thanks be passed to those who undertook the investigation as well. This was done in a positive way, which had encouraged those involved to learn rather than apportioning blame.

13.4   Professor Ireland summed up by added her own personal thanks to everyone involved and encouraged all to learn from this approach.

14.   FINANCE REPORT: PERIOD 1 APRIL TO 31 MAY 2019 [paper B/19/62 refers]

14.1   Mrs Low took Member through her paper and an early view of the new look dashboard reporting. She advised that for future meetings the Board may prefer to look at the dashboard in the live environment and that her written paper could then just focus on any highlights or issues. Members welcomed this approach as this would allow them to drill down and focus on specific areas during the meetings. Mrs Low asked for Members thoughts on this approach and asked for any comments outwith the meeting. **Action: Members to provide any comments on the paper showing the new finance dashboard outwith the meeting to Mrs Low via email. Mrs Low to provide updated version to next meeting.**   **ALL/ C Low**

14.2   Members then discussed the content of the report in full. It was noted that whilst the report was currently showing a deficit, plans were in place to deal with this and overall NSS were at a break even forecast. Further discussion followed around the Data Capture Validation and Pricing system which was 20 years old and adding to the deficit. However, the new reporting dashboard had meant that focus could be placed on this as an emerging issue and deal with throughout the year. Mr Sinclair commented that there was also supplier responsibility relating to this and was confident that NSS would be able to manage. Others items of specific interest related to medical costs and property. Mrs Low was able to provide assurance on both these items that they were not an issue. as they represented either costs flowing through NSS, rather than actual cost to NSS or related to budgetary phasing. She added that the live version of the dashboard would enable Members to drill down inside things like this which provided the extra detail and assurance.

14.3   Mr Deffenbaugh asked whether all levels within NSS would be able to understand and interpret this sort of informational dashboard and Mrs Low was able to reassure Members that Finance staff had received further training as part of the Business Partnering model to assist others in this respect, and encourage their colleagues to ask the 'So what' questions and how the businesses could identify ways to deal with any issues that arose or

emerged. She added that this would not happen immediately, but this was the journey that NSS was focusing on.

14.4   Members thanked Mrs Low for her informative papers and were encouraged by the new approach being taken.

15.   THE STURROCK REPORT 2019 [papers B/19/84 and B/19/84b refer]

15.1   Professor Ireland introduced the papers relating to the Sturrock Report 2019, the Scottish Government response and the proposed NSS Action Plan including the recent all staff communication sent by Mr Sinclair. She continued that this was one of the most important reports relating to NHS Scotland in many years. Mr Cant then spoke to the paper and his own reflections on NSS, followed by an update from Mr Sinclair on the anonymous letter sent to the Health Secretary about NSS. Finally, Mrs Jones would then take Members through the draft NSS action plan. Professor Ireland added that in her own opinion one of the major recommendations of the report was that staff felt there was a safe space for them to speak up about unacceptable behaviours and the important role that Non-Executive Directors could play in this. All acknowledged that in times of increasing stress and anxiety in society and at work it was essential that there was recognition that people should be able to talk safely.

15.2   Mr Cant then provided his own reflections on what was a difficult emotional read. He commended the inclusion of real experiences and quotes from the staff involved. He reflected that for NSS the iMatter results, and excellent performance as a business, did not reconcile with the issues identified in NHS Highland. He felt that none of the experiences of those interviewed in the report reflected his own experience as a member of NSS. He continued that the report had looked at relationships between senior members of staff, and added that his own, as Employee Director, were continually strengthening. This did not mean he was unable to challenge when appropriate, but that this was done in line with NSS values. He summed up by saying that he did not feel that the Sturrock report reflected the values demonstrated in NSS. This included the 30-40 trade union representatives who were a good group and worked well with managers at local levels. This was also the case with the overall NSS Partnership Forum, and local ones, which were embedded within the organisation. He had worked with Mr Sinclair around the recent staff communication in response to the anonymous letter sent to the Cabinet Secretary, and was encouraged that members of staff had felt able to get in touch after the communication had been sent out. The action plan that had been presented to members was developed in full partnership, and asked that it be noted that a lot of work was already going on in NSS around this subject and had therefore not been included in the final plan, as this had focused on what new actions could be put in place.

15.3   Members then discussed the anonymous letter that had been sent to the Cabinet Secretary, which had raised particular issues around the treatment of disabled staff in NSS. Mrs Morgan had dealt with the issue on behalf of the Chief Executive, who was on annual leave, in the first instance. Mrs Morgan outlined the discussions she had held with the Vice-Chair of the NSS staff disability network to assist with the response to the letter. They had also taken the opportunity to look across the organisation and recommendations had then fed into the NSS Action Plan that would be submitted to government. Some of this work had already been in progress, including the Reasonable Adjustment Passport for staff with a disability and

active engagement with the NSS LGBTI network. Mr Sinclair added that NSS as an organisation received very few anonymous letters and had an agreed process for managing them and recording them to see if there were any underlying trends. and also what actions had taken place when dealing with any issues identified.

15.4   Mrs Jones then took Members through the proposed Sturrock Report Action Plan that had been submitted for approval. She advised that it had been discussed in detail by the NSS Partnership Forum at their last meeting held on 25 August 2019.   This had then been circulated to the Executive Management Team for their input. Mrs Jones then drew Members attention to the following:

- Culture of compassion and kindness including two master classes that had already been held.
- HR Business Partners were running, or had already run, focus groups and reported their findings to the relevant SBU Directors.
- More work around Values was already being carried out, especially at the point of recruitment and induction.
- The Reasonable Adjustment Passport had been agreed and full training for Managers to ensure they fully understood how to use it with their members of staff would be provided.
- Work to help everyone understand what inappropriate behaviour was and the impact of it, with a recognition that this was not just about bullying.
- Discussions would take place between Dr Ramsay and Ms Mairi Gaffney, Head of Healthy Working Lives, to look at prevention focusing on mental health and wellbeing – looking specifically at emotional resilience.
- Understanding of roles and processes and the right escalation points/routes.
- Acknowledgement that some cases took too long to reach a conclusion, including grievances.

15.5   Professor Ireland thanked the speakers for their input. She added that the Cabinet Secretary would be appointing a Whistleblowing Non-Executive to every NHS Board over the coming weeks, so reflection on where this would feature within the current NSS governance structure would need to take place. This would sit outwith the public appointments process.

15.6   Professor Ireland then asked for reflections from all at the meeting, including Mrs Nicholls, in her capacity as Chair of the NSS (dis)Ability Group. All reflected that they did not see the behaviours in the Sturrock Report in NSS. It was acknowledged that there were areas for improvement and it was important to work together to achieve this.

15.7   Mr Deffenbaugh commented that what stuck out for him was the role of the Board Members and the importance that conversations happened at all levels and how NSS reacted when things went wrong.

15.8   Mrs Nicholls reflected that the work of the (dis)Ability Group was not just to support members, but also to work with line managers to help identify ways to support disabled staff. She added there was responsibility on both sides,

and it was important for staff, especially with mental health conditions, to be able to speak openly about any issues they had, and the group provided a platform for this to happen. The disability conversations in society were still many years behind other protected characteristics and it was only by working together that any progress could be made. The Group had great support from Directors, and, Mr Martin Bell, Director Practitioner and Counter Fraud Services SBU was the group Executive Champion.

15.9   Mr Martin Morrison provided a perspective from an SBU and felt that the essence for him was to try and sort issues out at the earliest opportunity, and before they could escalate and cause harm. It was essential that line managers were supported and was encouraged by the recommendations relating to this in the action plan.

15.10   Dr Ramsay added that she was encouraged that many of the things identified as good practice were already in progress in NSS. This allowed NSS to start further along the journey especially in terms of early intervention. It was also acknowledged in the clinical community that staff experience was reflected in patient care, so was essential to ensure the patient experience was the best possible.

15.11   Mr Spalding, who had not seen the paper, having just joined NSS, provided a personal perspective. He had worked in 'toxic' organisations, so was extremely encouraged by the quick, and full response from NSS. His own experience in the few weeks he had worked with NSS had all been positive.

15.12   Mrs Low commented that for her personally, the eHealth issues had been a big learning experience. The way it had been approached, in a supportive, not accusatory way, had been encouraging and staff felt able to speak out about issues. This had allowed actions to be taken to improve their experiences and recommend new ways of working.

15.13   Mr Sinclair thanked Members and added that NSS was already doing a good job around the issues raised in the report, but should not become complacent around such an important subject.

15.14   Professor Ireland also thanked all Members for their comments and reflections on the Sturrock Report and the NSS Action Plan. Members were content to approve the plan but asked that it also included a piece about ensuring 'safe spaces' for staff to be able to raise any issues. **Action: Mrs   J Jones Jones to review and add to the Action Plan prior to submission.**

16.   END OF YEAR REPORT ON FEEDBACK, COMMENTS, CONCERNS AND COMPLAINTS [paper B/19/66]

16.1   Mrs Morgan took Members through the report, providing context around the figures provided. Members noted that work was on-going to look at automation for reporting and use of dashboards for scrutiny. Mrs Morgan continued that during the period NSS had had a complaint referred to the Scottish Public Services Ombudsman (SPSO) it was not upheld, and they were satisfied that NSS had managed the complaint in line with the Model Complaints Handling Process and this then went no further.

16.2   Members thanked Mrs Morgan for providing context and reflected that the report had already been seen by a number of NSS Committees. There was recognition that perhaps other ways of reporting and the actions required of each Committee should be reviewed. Professor Ireland commented that

this would form part of the on-going outcomes from the recent Board Development sessions. She added that for this particular meeting there was a requirement for the annual report to be reviewed and noted by the full Board for assurance that NSS was complying with legislation prior to publication.

16.3   With the comments above the Board were content to note the annual report in full.

17.   NSS WORKFORCE END OF YEAR REPORT [paper B/1963 refers]

17.1   Mrs Jones took Members through her end of year report and highlighted the following areas:

- Whilst sickness absence had finished the year above target, for the majority of 2018-19 NSS had been under the target threshold.
- Work was on going with senior staff where it had been identified that cases had not been managed within the relevant policies. This should lead to an improvement in sickness absence levels going forward.
- Turn-over did not meet target but was still low and showed no concerning trends.
- 4 RIDDORS during the year – root cause analysis had taken place and the majority related to behaviours or lapses in concentration. It was also noted that the Accident Incident Reports (AIR) had decreased by 25% which was encouraging.
- Overall iMatter scores were showing a RED, but most were within a 1% margin.

17.2   After further discussion Professor Ireland asked that a breakdown of the cases currently being managed (340) be provided to the NSS Staff Governance Committee. **Action: Mrs Jones to provide breakdown of   J Jones active cases for NSS Staff Governance Committee.** Mrs Jones also suggested that Members had sight of the new HR dashboard approach which would provide most of this detail.

17.3   Members thanked Mrs Jones for her informative report and noted the content in full.

18.   NSS WORKFORCE STRATEGY [paper B/19/64 refers]

18.1   Mrs Jones took Members the NSS Workforce Strategy and advised that this had been developed in conjunction with Trade Union colleagues and Directors in partnership. She continued that the strategy was set out in two distinct parts.

- The type of organisation NSS wanted to be.
- The Supply and demand planning piece required to drive this forward.

18.2   Mr Deffenbaugh reflected that this was a good baseline approach but asked that before finalising thought be given to reflect on the Sturrock Report findings, and what lessons NSS could learn from this, and then reflected in the strategy. Members also asked for further detail on how NSS would

measure the success of the strategy throughout its lifetime. Mrs Jones replied that key performance measures would be put in place and workforce planning in terms of supply and demand, and changing skills requirements were a focus for all business units. Ms Burgess added that some more clarity around what the vision for the NSS workforce was, rather than just the tactical elements be included in the strategy. Members noted that the NSS strategy did incorporate workforce so a separate, different Vision had not been developed.

18.3   Professor Ireland summarised the discussions and welcomed the strategy, but further work was required before the Board would be able to approve it. **Action: Mrs Jones and Mrs Dunlop [in her role as Vice Chair] to review and update the strategy prior to the next formal Board meeting.**   **J Jones/ K Dunlop**

19.   PEOPLE REPORT AS AT 31 MAY 2019 [paper B/29/65 refers]

19.1   Members noted the content of the report and Mrs Jones highlighted the following areas;

- Sickness Absence was continuing to be monitored and a review of the last 3-4 years would take place to look at any trends.
- Sickness Absence/Promoting Attendance was being managed better, but there was still work to be done in this area.
- One RIDDOR currently being investigated.

19.2   Members thanked Mrs Jones for her report and looked forward to future updates on the areas noted above.

20.   NSS DIGITAL UPDATE [paper B/19/87 and B/19/86 refer]

20.1   Mr Mitchelson took Members through his update and noted a number of concerns.

20.2   CHI and Child Health Index programme. Members were concerned about another delay to this programme and what the health impact/clinical risks could result due to this. Dr Ramsay and Mr Mitchelson reassured members that recent work undertaken on the existing systems had stabilised them so whilst the delay was frustrating the implications were being mitigated. The main issue was lack of clarity and understanding from the other parties involved. Mrs Dunlop asked for confirmation of who was responsible for ultimately delivering the project and had the authority to do so. Mr Sinclair confirmed that these both lay with NSS. The interference was coming from other areas suggesting different approaches rather than focusing on the agreed solutions and implementing them. Mr Sinclair advised that this had been escalated and meetings had already been set up to push this forward. Professor Ireland asked that Mr Sinclair pass on the major concerns of the Board members at these meetings and report back at the earliest opportunity. She added that there must be clarity and final decision to proceed as soon as possible. **Action: Mr Sinclair/Professor Ireland and Mrs Dunlop to liaise and report back on outcomes of scheduled meetings at the earliest opportunity.**   **C Sinclair/ E Ireland/ K Dunlop**

20.3   Office 365   Mr Mitchelson advised that this was still sitting as an Amber risk due to clarity around funding lines. Whilst this had been confirmed for the programme team work, there was still ambiguity around how the licences would be funded/apportioned.   Mrs Low advised that she was happy to

speak again with Scottish Government to push this forward. She continued that at present the eHealth programme was over-subscribed which had led to the delay in final funding decisions. The funds were there, and there was no doubt about that, it was just a decision on how this would be set out between Government and the Health Boards. Members noted that the deal to do the programme had been signed; the business case completed and would move forward as soon as this final funding route decision was made. Mr Sinclair advised that he was meeting with Mr Colin Browne and would report back to the Board on the discussions. **Action: Mr Sinclair to update Chair/Vice Chair on outcome of discussions with Scottish Government.**

C Sinclair

20.4   After further discussion it was agreed that for oversight these programmes should be reported at a Board rather than a Committee level, and should therefore remain as standing items for future meetings. **Action: Board Secretary to update forward programme.**

Board Secretary

20.5   Members noted the remaining content of Mr Mitchelson's report including the update of the GP IT programme which was progressing well with the risk around recruitment was being managed.

21.   UPDATE ON STRATEGY PERFORMANCE FRAMEWORK [paper B/19/67 refers]

21.1   Mr Matthew Neilson, Associate Director, Strategy, Performance and Communications took Members through the Strategy Performance Framework and accompanying dashboard that would allow the Board Members to receive updates and hold the organisation to account. Once live there would be the opportunity for Members to drill down through the information as the dashboard would be fed from national systems automatically rather than relying on separate reporting systems. He advised that the document presented was a sample and welcomed feedback from Members. The same framework would be used across NSS including the EMT and Programme Teams, and individual key performance indicators would sit behind the 'one pagers' presented in the paper. This would provide a clear view of how the organisation was performing and highlight any emerging issues to ensure early resolution.

21.2   Members discussed the framework in full and Mr Neilson confirmed that the intention was to link in with existing tools, for example the financial planning dashboard, which would allow correlation between resources allocated and performance of the programmes they had been allocated to. Members were conscious that different levels of information were needed for Non-Executives as opposed to the more operational requirements of the EMT and Mr Neilson confirmed that this was being incorporated into the refinements of the tool, including levels of access and appropriate levels of digital security. There could, for instance, be a specific entry page for Non-Executives with information that was relevant to allow appropriate scrutiny with further drill down to more operational information if required.

21.3   Members thanked Mr Neilson and his team, and were delighted with the initial prototype and confirmed their approval of the suggestions. Members looked forward to future iterations that would come to the Board. Professor Ireland suggested that this be added as a formal item to future meetings commencing with the September 2019 Board meeting and Board development sessions. **Action: Board Secretary to add to forward programme.**

Board Secretary

22.   NSS BIANNUAL RISK MANAGEMENT UPDATE [paper B/19/85 refers]

22.1   Mrs Morgan took Members through the bi-annual NSS Risk Management Update and advised that the NSS Risk Management process was currently being audited and the findings of this would be brought to the Board at a later date.

22.2   Members discussed a number of areas in more detail including the following;

- EU Exit risk description
- e-Learning figures for the Clinical teams
- Review of organisational risk to ensure fit with new NSS strategy

22.3   Mrs Morgan thanked Members for their comments and agreed to review against strategy and report back to a future meeting.   **Action: M Morgan Organisational risks to be reviewed against strategy.**

24.   HIGHLIGHTS FROM NSS AUDIT AND RISK COMMITTEE

24.1   Mr McDavid provided a verbal update from the recent Audit and Risk Committee meeting held on 28 June 2019 and noted that the items discussed had already been dealt with during the meeting.

25.   HIGHLIGHTS FROM NSS BOARD COMMITTEES [paper B/19/69 refers]

25.1   Members noted the content of the paper and the verbal updates provided. The following additional information was also noted:

- NSS Clinical Governance Committee – the Dental Governance change to primary legislation had been delayed but NSS was putting interim arrangements in place.
- NSS Clinical Governance Committee – had received and approved the Duty of Candour annual report and were assured that NSS had been following process around this.
- NSS Clinical Governance Committee – 100% of NSS Nursing staff had been revalidated during the period.

25.2   Professor Ireland thanked all Committee Chairs and Executives for their work during the year.

26.   UPDATE ON REGISTER OF INTERESTS [paper B/19/70 refers]

26.1   Members noted the content of the register of interests and confirmed that this was an accurate record.

27.   NON-EXECUTIVE DIRECTOR'S STATUTORY FIRE TRAINING

27.1   Ms Ann Allan, Assistant Estates Manager, took the Board members present at the meeting through their statutory fire training. It was noted that the following people were present for the training:

- Ms Burgess
- Mr Deffenbaugh
- Mrs Dunlop

- Mr McDavid
- Mr Sinclair
- Mr Mitchelson
- Mr Spalding

Action: Board Secretary to update training records on LearnPro.   **Board Secretary**

28.   ITEMS FOR INFORMATION ONLY [papers B/19/71, B/19/72, B/19/73, B/19/74, B/19/75, B/19/76, B/19/77, B/10/78, B/19/79, B/19/80, B/19/81, B/19/82 refer]

28.1   Members noted the content of the various draft and approved minutes from Committees of the Board.

29.   NSS GOVERNANCE STRUCTURES [paper B/19/54] – For Information Only

29.1   Members noted the content of the draft governance structure for Committees and Groups in NSS and Professor Ireland advised that further work should be undertaken with the new NSS Chair once they were in post.
**Action: Board Secretary to add to forward programme for a future   Board Secretary
meeting of the Board.**

30.   AOB

30.1   There was no other competent business discussed relating to the Board.

There being no further business, the meeting finished at 1445 hrs.

B/19/89

Chief Executive's Update

1   Context

July and August have been extremely busy across NSS driven by a range of issues but particularly the request for HFS and HPS support in regard to the delayed opening of the Royal Hospital for Children and Young People (RHCYP). This report was written nearly 3 weeks in advance of the Board meeting due to holidays and positions will have changed over that period. I will ensure any updates are provided to Board at the meeting.

We continue to meet our financial and operating targets for the year and our services are valued particularly when we are in support of contingency issues. Staff across the organisation have been stretched with PCF seeing a particularly heavy workload. There is a challenge emerging with the upgrade of the DCVP payment system in P&CFS. This system supports payments to pharmacists and the upgrade is not proceeding to timeline and with a cost overrun. This is manageable but is a concern.

Our focus on key contingency activities such as clinical waste, RHCYP, Brexit and the UK Blood Inquiry continue. Delays to the planning permission for the new contractor's site will see the waste contingency arrangements continue for a few months longer and Brexit planning is now back in full swing given the potential of a no deal exit at the end of October. These two issues as well as RHCYP are covered by separate agenda items.

Our strategy development and implementation continues and progress will be outlined at the meeting. Core services covered by underpin are generally very effective, enable work streams are developing particularly Primary Care, Digital and Data and the additional CoE work around infection control and the built environment. NSS having an increased compliance role in these areas is looking more likely. I am seeing the DG and Director of Health Finance the day before the Board to review current activity, NSS strategy and future potential and will provide a verbal update at the meeting.

The development of Public Health Scotland continues with strong support from colleagues in EMT. Chief Executive recruitment is underway and may be concluded by time of the Board. Our shared services proposals have been agreed in outline but finalising the detail is challenging. Final financial arrangements between NSS and PHS will be worked out over the next few months. Staff in PHI continue to perform effectively as will be shown by presentation on HEP C but still some uncertainty for all staff and particularly the senior team.

Our action plan on the back of the Sturrock Report into bullying and harassment has been finalised and implementation is now underway. This builds on our existing work and launch of the Great Place to Work action plan. A second anonymous letter has been received through the Cabinet Secretary's office. A full investigation was carried out and actions agreed either separately or as part of overall Sturrock plan

Engagement continues with National Boards both through Chief Executives and joint meetings with Chairs. Funding for joint projects has been reduced significantly and the delivery of the £15m annual savings is still proving challenging. Delivery of our 3 major digital programmes continues with O365 progressing well with funding key issue to resolve. CHI and Child Health is progressing but routes are being explored to minimise cost and explore cloud options. Governance of the overall Health and Social Care Digital Strategy is being reviewed and work to clarify roles and responsibilities is underway.

Response to Health and Social Care Delivery Plan

NHSS Approach

The focus from SG on regional and national collaboration is less prominent with Mental Health, Waiting Times and Integration continuing to have priority. PgMS is for example supporting Tayside with its mental health programme and is generally in demand.

We continue to engage with IJBs and LA bodies to understand where NSS can support integration. I am attended IJB Chief Officer's event in August and outlined our capabilities and discussed opportunities. Feedback was positive with clear areas to develop.

Board focus remains on waiting times improvement and recognising challenges with recruitment across a range of disciplines. Finance remains tight with high demand for service and increasing funding asks across a range of development projects

I have sent separately a discussion document which sets out the NSS strategy and opportunities in advance of my meeting with DG and Director of Health Finance

Public Health

The new body continues to develop with support from EMT across key Shared Service areas. There is particular focus on IT, HR and Finance. Jacqui Jones continues to support the recruitment process for the CE and establishment of PHS senior team. Finalising the structure, they require, completing job descriptions and implementing an equitable matching process for existing senior team member in PHI and HS are key priorities. The CE should be appointed by end of August and will help PHS make key decisions. All HS and PHI senior team colleagues are subject to matching and may not have a fixed role in the new PHS.

Our shared service offering for PHS across the 5 key areas HR, Finance, Facilities, IT and procurement has been agreed in principle. Given the ability of NSS to absorb much of this work at relatively low marginal cost we have offered to take risk on Health Scotland staff transferring into NSS and release circa £1m for PHS to invest. This does present some risk to NSS but given our scale we are much better positioned to do this and mitigate impact.

We have a lot of work to do over next few months but will be managed including agreement on financial split.

National Board Collaboration

Collaboration continues in a number of areas particularly those which are Board facing. Funding has been reduced and programme is very much focussed on existing work in areas such as primary care and shared services. The £15m savings target is still challenging. The National Boards still have to find approximately £3m from last year and are £4m below target at moment for 19/20. The imbalance of contribution is also creating tension.

3   Performance Summary

Finance/Operations/People
Financial performance remains good with a surplus of £231k the end of July. This includes an accrual of risk against the DCVP issue of around £700k which as yet is not certain to be required. Work on DCVP is ongoing and outlined separately in this report. We have made financial commitments against Brexit planning but expect this money to be provided by SG.
Sickness absence is just above our 4% target at 4.13% with challenges in PCF and

P&CFS particularly. Long term absence remains the biggest concern but there is continuing action across all Business Units. We have had two RIDDOR incidents to date in PCF. Both are due to the extended absence of the staff involved and are manual handling based

Our operational performance is generally on track with core service delivering to plan despite the range of contingency issues we are managing. My engagements with staff have been positive and as an EMT recognise the pressures in certain areas.

CHI/GPIT, Office 365 and ATOS Contract Extension

The O365 programme is now in an improved position with a number of the licensing issues resolved and enhanced governance now in place. Funding arrangements between Boards and SG still have to be agreed but should be done during September. The approach to procuring EMS security licences has been agreed in principle and implementation work is underway in 4 Boards including NSS. Focus is switching to ensuring O365 is used as a business change tool and the benefits are understood and the programme includes training on new ways of working. This is a major change programme for NHSS with a level of risk for NSS but is in an increasingly positive place at the moment

CHI and CH implementation continues although against a back drop of tighter eHealth and digital funding. Using a cloud option will reduce cost but this has led to a lack of clarity between NSS and NDS in terms of delivery. Key decisions are required from the Governance group which is due to meet early September

An extension proposal has been agreed with ATOS and is going round a range of approval groups. It has been supported by the ATOS Contract Management Board, Chief Executives and by time of Board our FPPC. The contract extension is the last 4-year option under the current contract and will run from 2022 to 2026. The extension offers approx. £11.6m of savings although half of this has to be in kind as services from ATOS. In addition, it offers increased flexibility with a reduction in our minimum commitment to only £5m per anum and ability to get out of individual service areas at short notice. Overall it is a good option offering stability, flexibility and savings for the next few years. The key benefit however is it gives NHSS time to develop our future requirements under the Digital Strategy. It is unlikely we will want the same type of single supplier large scale contract in the future but is imperative there is a vison for the digitally enabled services that will be needed. Current contract value is approximately £40m.

New Data Capture, Validation and Pricing (nDCVP).

The existing DCVP system plays a crucial role in capturing health data and making payments to a range of healthcare organisations and practitioners in Scotland and currently processes almost 9m prescribed items for the payment of over £100m per month. The system is over 20 years old and the technology is dated, knowledge base has diminished, and requires manual workarounds to support service delivery. In the event of an application or hardware failure the application is unlikely to be recoverable as many of the current building blocks are out of support life, re-development or renewal is essential.

The complexity of the current re-development has pushed the programme delays and costs beyond tolerances. Our contractors have developed a part of the system (GP-10 processing) which is currently under NSS testing and have submitted mitigation plans and a proposal for a fixed price model to get the rest of development to UAT deployment, albeit a year later than originally expected. Before committing to next steps, NSS will conduct a 'deep dive' to identify lessons from the programme to date; review scope of programme to establish if any areas are considered 'desired' rather than 'essential' and therefore removed; and most importantly, a cost benefits analysis to re-assess the 'development' versus 'maintain' current solution options. The latter will require investment to bring it up to a standard that is secure, resilient and sustainable. We are continuing to challenge the contractors in regards to the financial exposure caused by the delays.

Volume of work

Activity levels are high across our service range and this is putting pressure on all staff but particularly in key areas such as HFS and HPS. Key senior managers and Directors also have significant workload. This is being managed and additional resource will be brought in as required. The financial impact of this is being managed with SG but may impact on our current plans.

4   **Current Issues**

Current key operational issues are as follows:

Response to NHS Highland Sturrock Report - The NSS response to the Sturrock enquiry has been submitted and is now starting to be implemented and will run in tandem with the Great Place to Work Plan. Governance will be through EMT, Partnership Forum and Staff Governance Committee. It builds on a lot of work that was in place already and will enable us to continue to engage very positively with all our staff. We have received another anonymous letter concerned alleged bullying and harassment in an area of HPS. A separate investigation was conducted and some specific recommendations are being taken forward by Phil Couser and Jacqui Jones.

Royal Hospital for Children and Young People Edinburgh (RHCYP) – NSS through HFS and HPS have been asked to support the opening of the RHCYP. We have been asked by the Cabinet Secretary to support the assurance process around the safe opening of the hospital. Our approach has been to review 6 key areas specifically water, ventilation, drainage, electricity, medical gasses and fire. This work is now underway and a range of timelines have been set for conclusion. A further update will be provided at the Board. Our work is to ensure the hospital can operate to guidelines for both its facilities and infection control standards linked to the built environment. We have also been asked to review any recently completed or in progress projects across NHSS to ensure compliance. This will start once RHCYP work has progressed further. The team in both have been working extremely hard linking with colleagues in Lothian and SG.
This work has added momentum to the CoE proposal we are developing which will drive increased compliance in infection control and all stages of the building process from design to demolition. Work is progressing and SG are keen to understand proposals particularly around what will be different and current projects that would fall into any new approach.

Brexit - Contingency planning is now back in full swing given the increasing potential for no deal scenario. The plans in place for March are being revised and NSS will again be at the centre of supply chain planning.

Screening Review - NSS has been commissioned by SG following a recommendation from NSD to carry out a review of Breast Screening. This in response to current challenges with the service with some centres struggling to meet agreed measures. The exact specification for the review is being developed. We are still awaiting an SG decision on the development and implementation of an Executive Service to oversee all screening programmes.

Clinical Waste – Contingency plans for the collection of clinical waste continue to work effectively with no disruption to clinical services. Contingency will remain in place until the new year due to delays with planning permission for Tradebe's new site in Bellshill. They were due to be starting fully on 2nd August. Panning permission has now been granted and given Tradebe had done some work at risk they hope to be operating as planned by January 20. They are carrying out some services and this will grow over the coming months. Political profile still remains high

UK Blood Inquiry - The Infected Blood Inquiry is continuing its work, with the current stage focussing on gathering evidence from infected and affected persons. Hearings were held in Edinburgh in June 2019, and were supported by the CLO, with a number of SNBTS staff also in attendance. The Inquiry team have expressed that they are impressed with the SNBTS contribution so far, commenting that it is evident we are committed to assisting the Inquiry in a transparent and professional manner. Further hearings of infected and affected

persons will take place in London in October, and then the focus will move to hearing testimony of Inquiry appointed experts in November. It is anticipated that following this evidence, requests for further information from SNBTS will increase, and we will see more of a demand on our resources. We have prepared for this by appointing a dedicated resource for managing the work associated with the Infected Blood Inquiry.

Tax implications for NSS Clinicians - Board colleagues will be aware of doctors across the UK receiving significant tax bills based mainly around pension rules and as a result seeking to reduce their hours or stop working additional shifts. To date there have been no specific requests from NSS clinicians but Lorna Ramsay is keeping situation under review and potential solutions at both UK and SG level have been put forward.

Errington Cheese Ltd- In 2016 HPS chaired a multi-agency Incident Management Team (IMT) into an outbreak of E. coli O157 which identified an unpasteurised cheese; Dunsyre Blue, produced by Errington Cheese Limited as the most likely cause of the outbreak.

In February 2019, HPS received a letter from solicitors acting on behalf of Errington Cheese Limited (ECL) accompanied by three reports they had had commissioned by experts acting on their behalf. ECL claimed they did not consider Dunsyre Blue to be the cause of the outbreak and requested HPS remove the IMT report from its website. ECL subsequently raised a complaint with Scottish Public Services Ombudsman that HPS had not responded quickly enough. In responding to the SPSO, HPS committed to provide a response to ECL in relation to the documentation they provided in February by Friday 9 August. SPSO were content with this response

On August 8 HPS responded to ECL that having reviewed the reports, and considered the matters raised in their letter of 21st February, HPS remains of the view that the investigation was conducted in an appropriate manner consistent with international best practice, with a high degree of scientific rigor and that the conclusions of the IMT are valid. HPS therefore considers that there is no reason to remove the report from the website.

ECL continue to dispute the findings of the IMT and may chose take legal action against HPS.

5   Next Steps

- Implementing Strategy following April Board
- Manage implementation and operational and financial implications of Office 365.
- Continue to implement key Digital Programmes and governance around the Health and Social Care Digital Strategy
- Development of proposition for infection control service and increased facilities compliance work through HFS and HPS
- Delivery of assurance process for RHCYP
- Develop Shared Services proposition for Public Health Scotland
- Continue to manage NHSS waste management requirements
- Brexit preparation
- Implement appropriate recommendations from NHS Highland Sturrock Report
- Develop Breast Screening Review process and start up.

COLIN SINCLAIR
September 2019

B/19/90

# EU EXIT

SUPPLY CHAIN PREPARATION

Introduction

There has been a significant shift in emphasis from the UK Government over the summer, towards 'no deal'. In addition, there has been a real change in pace over the last few weeks. Consequently, Scottish Government has scaled up its activity at a ministerial level, with some meetings now chaired by the First Minister. This includes greater interaction with Whitehall and the Devolved Administrations. New UK planning assumptions (20) have just been communicated to SG.

It is against this backdrop that the SG Health Resilience Coordinating Group (HRC) has been re-introduced. However, this time it is focusing more on gaps and areas of potential vulnerability, and being clear on what cannot be done by 31 October.

National Procurement is operating at 4 distinct levels in co-ordinating and influencing the NHSScotland response to potential supply chain disruption.

The diagram below shows the venn approach being taken. This ranges from the direct responsibility for building additional stock capacity for items held as SKUs (stock keeping unit) within the National Procurement distribution centre (NDC), through those wider items managed via national contract. The third layer represents the most likely triage pressure points (described later), and the outer layer is still under development, and has been a clear gap in earlier considerations of health board planning.
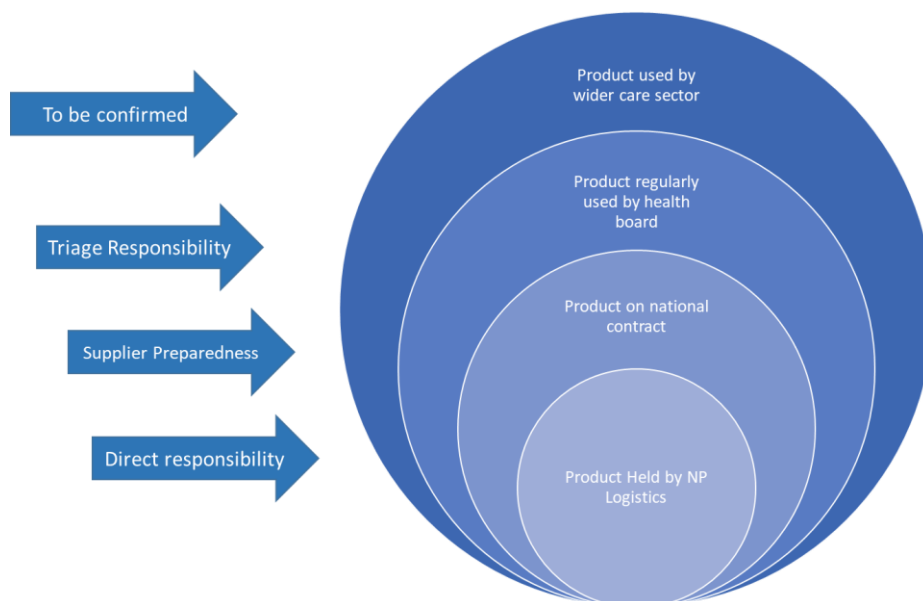
Current Engagement

UK Government

Four Nations meetings have been taking place every two weeks since April 2019. These will start to increase to weekly commencing 1 September 2019. Supplier engagement and preparedness has been ongoing with no significant changes in the status. Agenda items discussed include:

- Government Freight Capacity / Express Dedicated Health Channel
- Centralised Stock Build
- Supplier Preparedness

- National Supply Disruption Response (NSDR)
- Media interest across the UK

Scottish Government

From week commencing 12th August the Health and Social Care Health Resilience Co-ordinating (HRC) group, have re-instated weekly meetings. This will ensure all relevant information is shared across key SG health and social care policy areas and partners. This will also identify risks to NHS service delivery in Scotland arising from a no-deal or difficult EU Exit and support efforts to mitigate.

National Procurement will provide all necessary reports to SG by co-ordinating the health board supply shortage information into a combined NHSScotland overview. In the event of a no deal scenario it is expected that the HRC will require reports 3 times per day to tie in the SGORR requirements.

Social Care Sector

National Procurement and the Social Care sector are working together to understand how the NHSScotland triage solution can support this sector. A readiness questionnaire has been progressed within the service with a wide range of responses being received which highlights the current lack of preparedness as a sector.

NP, SG and Scottish Care have been working to develop a support proposal that would enable the Social Care sector to access UK wide supply alternatives by utilising the NSDR service. Further work is required, however the current supply chain model at the NDC cannot support deliveries directly to social care and there needs to be a realisation that the sector need to develop a co-ordinated approach across key supplier and product areas.

NHSScotland Triage Co-ordination Role

In the event of no-deal EU Exit all health boards are expected to continue to apply a business as usual approach to the procurement of goods and any resultant supplier shortages.

An NHSScotland triage service will be setup by National Procurement to provide a route into the UK Department of Health and Social Care's NSDR centre if all supply options have been followed and exhausted. This will enable suppliers to request access to alternative supply routes which have been setup by the UK Government.

The triage solution was developed in the lead up to the initial March 31st deadline date and basic testing of the interfaces with NSDR had been completed. Further and more detailed testing, in partnership with the 4 nations and health boards will be setup to ensure process flows and systems are in place and have been robustly checked.

NHSS Scottish Triage EU
Supply Disruption Process
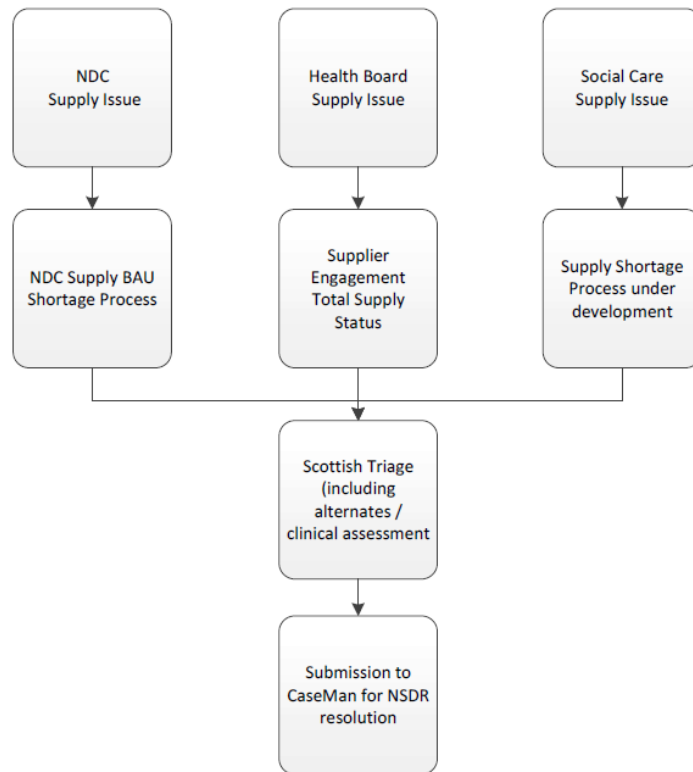
A central email address and contact number will be setup and issued to all health boards who are requested provide a single point of contact to access the NHSScotland triage solution who will:

- Ensure all areas within the Health Board are aware of this single point of contact (including primary care leads, Integrated Joint Boards)
- When contacting the triage, be able to provide all necessary product, supplier and shortage details
- Provide details on the service impact resulting from the shortage
- Confirm that all business as usual processes have been followed

This will also be accessible to Scottish unique suppliers for them to advise of potential concerns and issues.

NHSScotland triage will:

- Provide a shortage report template to health boards
- Provide daily reports to HPDG and to SG on the calls received and the NSDR responses
- Provide the skills and expertise to work with suppliers to try to identify alternative supply options
- Provide the skills and knowledge to work with health boards and identified clinical leads to ensure all pre-triage activity has been fulfilled prior to progressing the issue to NSDR
- Provide HPDG with UK wide supply updates
- Provide a route into NSDR for the Social Care sector

The triage will to provide a 08.00-18.00 Monday – Friday service with out of hours support routed via the central number which will then implement escalation routes as and when required. The challenges with building this service model include

- Budget: all costs will be additional to NSS and we have no confirmation whether SG will fund all or part of these. PCF are working closely with Finance colleagues to account and separate all additional costs
- Volume: anticipated volume and profile of calls is entirely unknown at this point, as is the expected service level. The resource model may well have to upscale (or downscale) during the post-exit period
- Recording & Reporting: indications are that SG will look for formal updates 3 times daily. The content and reporting mechanisms are still to be developed
- Governance: it is anticipated that the vast majority of activity will relate to PCF services. However, a wider governance and reporting process will require to be developed for wider NSS EMT and Board visibility

The initial setup of the triage service will have a core set of resources:

Role	Skills Requirements	Number	Sourced From	6 Month Cost	Backfill Options
Triage lead	NSDR, SG and UK relationship. Supply chain knowledge.	1	PCF - BDD	£34,500	Released from PCF and backfilled from agency
Procurement Analyst	Understanding of procurement data to lead/support further decision making	1	PCF - BDD	£17,250	Released from PCF and backfilled
Pre-triage negotiation and engagement with suppliers & boards	Commercial & supply chain expertise. Product knowledge. Supplier negotiation skills	4	PCF - SS	£75,900	Released from PCF and backfilled from agency
Triage processing	Telephone handling, form filling & processing. Liaison with boards and suppliers	2	NSS	£26,450	Potential release from within NSS and backfill
Admin support	General admin support	2	NSS	£26,450	Potential release from within NSS and backfill
Health Board Interface	Liaison with health boards ensuring timely communication on actions and activities.	2	PCF-BDD	£55,775	Released from PCF and backfilled

As this service will be linking into the UK wide NSDR system which is scheduled to ramp up activity and awareness at the end of September, the following preparation is required in advance of this:

- Process flowcharts for health boards, NDC staff and National Procurement staff

- SLA with CMO via NSS Medical Director to support NHSScotland clinical decisions at both pre-triage and triage stages regarding product substitutions, product allocations and patient impact assessments
- Standard question sets and messages for the triage staff to support "non-health board" requests
- Reporting templates for SG, for health boards, for NSDR and for HPDG
- Data to support activity
- Scenario testing within Scotland
- Scenario planning for NSDR
- Supplier engagement plans and processes
- FAQ's
- Service Level Agreements with NSDR and with health boards
- Process flowcharts for social care support

NDC Centralised Stock Build

In preparation for EU Exit, stock levels of products stored at the NDC have been increased to levels of between 4-8 weeks of stock with the following additional considerations:

- Products which are already at an enhanced level in NDC will be maintained at those existing levels
- Products with a long lead international supply chain will be held at a higher level
- Some low risk, 'high cube' suppliers (high storage space impact) which have UK based production and UK Supply Chains will use a combination of supplier held contingency and supplier provided assurance and therefore NDC held levels may be lower on some of these products

Approximately 5000 NDC SKUs are already at enhanced levels and are currently stocked within existing NDC Stock holding or in the process of being receipted.

Orders for the remaining, higher cube, stock are being placed with suppliers during August with target phased deliveries completing on 1st October. These are planned to be stocked within our 3rd party overflow site and activity summary is shown below.

Product Type	Products	Projected Value	Projected Additional Pallets
Medium Low Cube	754	£89,000	20
Medium/Fast High Cube	2360	£4,300,000	3700 - 4000
High Cube Bulk	447	£2,500,000	2500 - 3000

Supply Chain Operations Support

Given the potential for a significant increase in NDC Supply Chain activity under BAU and also secondary requests linked to NDC products, there is a requirement to add additional support staff to ensure that core Supply Chain functions can be maintain by exiting staff.

Additional support resource would assist Supply Chain staff within BAU and also support NDC linked activity through Supplier contact, NSDR and Scottish Triage communications.

Role	Skills requirements	Number	Sourced from	6 month cost	Backfill options
General Support for NDC Supply Chain Ops during pre-triage stages and feed to Scottish triage.	Supply Chain knowledge preferred. General admin, telephone, office and comms skills.	4	PCF – SS - Agency	£44,250	Fixed term from agency

Current Contingency Stock Status

Additional storage capacity has also been secured providing 5,000 pallet space equivalent. It is, however, evident from supply change forecasts that an additional 2,000 pallets space equivalents will be required increasing the core holding to 7,000 pallets.

As current Brexit orders are being receipted it is becoming increasingly clear that the stock intake parameters have exposed risks to both the ability to manage the stock receipt at annex and more so to effectively merge this, should the stock be consumed during supply disruption, into the NDC BAU transaction processes.

It follows that the cost table below has made assumptions based on three possible outcomes. Note, the fixed costs will be incurred regardless of outcomes whilst the variable costs are estimated on projected stock consumption and replenishment:

Outcome 1 – 'No Deal', assumption that supply disruption will last for 26 weeks and therefore we will need to maintain the same level of stockpile for this period. NP will incur costs for storage, stock inbound and outbound movements and the additional NDC costs to merge and combine the stockpile with live NDC stocks. Note, the variable costs are based on a projected level of stock consumption resultant from supply disruption throughout the 26-week period

Outcome 2 – 'Deal', assumption that no supply disruption will occur and therefore the stockpile will be managed to zero over a 13-week period via controlled stock movements from annex to NDC BAU stocks

Outcome 3 – '26-week delay', again assumption of no supply chain disruption although stockpile will be retained at annex with some limited incidental movements between annex and NDC BAU stocks

	Brexit No Deal	Brexit Deal	Brexit 6 Month Delay
External Storage Costs			
Fixed	370,440	210,080	370,440
Variable	151,637	78,559	25,655
Sub-Total	*522,077*	*288,639*	*396,095*
External Transport Costs			
Fixed	0	0	0
Variable	83,810	37,195	19,653
Sub-Total	*83,810*	*37,195*	*19,653*
NDC Costs			
Fixed	0	0	0
Variable	326,120	116,390	69,310
Sub-Total	*326,120*	*116,390*	*69,310*
Combined Total	**932,007**	**442,224**	**485,058**

Future Capacity Recommendations:

The current 5,000 provisions will quickly be utilised whilst the forecast capacity needs to be 7,000 pallet space equivalent for up-to 26-weeks. Options to source additional storage capacity via the incumbent supplier or alternative supplier are currently being reviewed to ensure best value for money. Note, the costing assumptions within the 'no deal' option includes the potential costs of another 750 pallet space equivalents as an additional risk contingency.

As highlighted earlier the resultant model of storing multiple SKU pallets within annex bulk locations will create significant transactional activity at the NDC whilst the stockpile is merged with BAU. It follows that receipting stockpile cost via the NDC BAU will incur significant transactions costs although these costs have been estimated within the option models.

Alternative options to mitigate the receipting activity at the NDC have been considered. Although not linear, the potential mitigation option of using the annex location to 'break bulk' consolidated pallets will incur additional annex storage and transaction costs with a corresponding reduction in NDC transaction costs. It follows, for simplicity of options presentation that whatever method of consuming the stockpile (break bulk at annex or mixed pallet receipt at NDC) will incur similar forecast cost as detailed within the options table above.

Additional Activity

It follows that following a no deal option that supply disruption and corresponding high velocity stock movement activity between the stockpile and NDC BAU, will significantly impact the peak planning activities that traditionally occur during September to December. Moreover, should the need for the Stock Contingency be negated via the 'deal' option then the orderly reductions of contingency stockpile within the same period will similarly impact peak supplies albeit at a lessor level.

It is, therefore, stressed that the deal or no-deal 'impact' on additional BAU activity, such as peak planning, will create medium to high disruption for our health board customers. It is intended to have immediate discussion with several health board Heads of Procurement to highlight the consequential impact of both these outcomes. We will thus gain the insight and views from a health board perspective, of this potential consequence, which will help us jointly form the basis of the 'art of the possible' for this year's peak planning. It is expected that a joint communication will be issued to all stakeholders affected w/c 02 Sep.

Next Steps

1. Populate triage centre resources
2. Agree model with social care sector
3. Continue with NDC stock optimisation and source required additional storage space
4. Finalise anticipated costs
5. Liaise with health boards on peak planning options

NHS
National
Services
Scotland

Minutes (Draft)

NHS NATIONAL SERVICES SCOTLAND BOARD

**MINUTES OF FORMAL BOARD MEETING HELD ON FRIDAY, 28 JUNE 2019
IN BOARDROOMS 1&2, GYLE SQUARE, EDINBURGH, COMMENCING AT 0930 HRS**

Present:	**Elizabeth Ireland, NSS Chair** **Julie Burgess, Non-Executive Director** **Ian Cant, Employee Director** **John Deffenbaugh, Non-Executive Director** **Carolyn Low, Director of Finance** **Mark McDavid, Non-Executive Director** **Colin Sinclair, Chief Executive** **Lorna Ramsay, Medical Director** **Kate Dunlop, Non-Executive Director**
In Attendance:	**Jacqui Jones, Director of HR and Workforce Development** **Mary Morgan, Director, Strategy, Performance and Service Transformation** **Deryck Mitchelson, Director, Digital & Security [Item 20]** **Matthew Neilson, Associate Director, Strategy, Performance and Communications [Item 21]** **Karen Nicholls, Acting Board Secretary [Minutes]**
Apologies:	**Alison Rooney, Non-Executive Director** **Jacqui Reilly, Nurse Director**
Observer:	**Stuart Aitken, Directorate for Health Finance, Scottish Government** **Rachel Browne, National Audit Scotland [Items 1-5]**

ACTION

1. INTRODUCTION

1.1 Professor Ireland welcomed all to the meeting and noted that it would be her last formal meeting as Chair of NSS. Mr Craig Spalding, the new Director for SNBTS was welcomed to the organisation and the meeting. Members also noted the apologies above.

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

1.3 Professor Ireland advised Members that NSS had just received their Cyber Essentials accreditation and passed on her thanks to the NSS Digital and Security SBU team.

2.   CHAIR'S REPORT [papers B/19/24 and B/19/24a refer]

2.1   Professor Ireland took Members through her update paper and highlighted the following areas for consideration:

- Chairs had been asked for their views on the Annual Review Process – Professor Ireland added that she had voiced concern that NSS had not had a ministerial review for the last four years and had therefore recommended that every board had a bi-annual ministerial review.

- There had been an expectation at the last Board meeting that a new stakeholder Non-Executive had been appointed but this had unfortunately not been taken forward by the individual chosen. Work was therefore still underway to determine the best way forward for NSS including consideration of another NHSScotland Board Chair as a stakeholder rather than Executive Director.

- Interview for a new NSS Chair had taken place and an announcement was expected shortly.

- A meeting had taken place with Mr Colin Brown who had recently been appointed as Head of Digital Governance for National Education Scotland which was seen as a positive move.

- The response to the Sturrock Report [Professor Ireland declared an interest at this point as she had been a salaried GP for Highlands during the period reviewed). This was a main agenda item for the meeting.

- Trinity Park Foundation Accounts were presented to the Board for noting and awareness.

2.2   Professor Ireland added her personal thanks to the NSS Executive Management Team and all staff throughout the organisation for their hard work and for delivering on performance and stepping up to assist with the various issues that had arisen including, Clinical Waste and preparation for a European Union exit.

3.   CHIEF EXECUTIVE'S UPDATE [paper B/19/48 refers]

3.1   Mr Sinclair took Members through his update and highlighted a number of areas.

3.2   <u>Clinical Waste</u> Thanks to all the team involved in this situation. Contingency was currently working well, but there had been a delay in planning permission for the new supplier. This does not stop the contract, but does affect their resource commitment, and would therefore affect cost but not the physical waste removal. A review of the contingency work carried out by NSS by KPMG had been commissioned. Mr Sinclair was confident that the decisions made had been appropriate, but wanted to make sure that everything had been done in the best possible way, and any lessons learned could be put into practice for any similar issue. He expressed his thanks to the team that had worked so hard on this particular issue. **Action: CS to   C Sinclair report back to September meeting on any issues**

3.3   <u>No Deal EU Exit</u> The plans were still in place to deal with a potential hard exit from the EU. These had been stood down in March but it was anticipated that this would ramp up again during July. It was acknowledged

that whatever the final decision was would likely come very late, so it was essential to have full resilience and contingency plans in place. Mr Sinclair would continue to keep Board Members abreast of this changing situation.

3.4   Public Health Scotland (PHS) Work was still progressing and an Interim Shadow Chair had now been appointed; Professor Jim McGoldrick, who was a previous Non-Executive Director of NSS. There was also a shadow Executive Management Team (EMT) and Mrs Morgan, Mr Phil Couser, Director PHI were Members. In addition Mrs Jones was assisting with TUPE and recruitment and Mrs Low was working on the future financial model and how this would be set up. The ongoing NSS relationship with the new body would be around shared services and Mr Sinclair was delighted to inform Members that progress was being made. There was also now an outline agreement with the Health Scotland team for shared services provision for Procurement, Finance, IT, Property and HR services. Mr Cant added that he would be joining the PHS EMT as a representative for both Health Scotland and NSS Staff. Professor Ireland asked that this now be a standing item for future meetings. **Action: Board Secretary to add to forward programme.**   **Board Secretary**

3.5   Centre of Expertise for Infection Control As a result of the infection control issues in Glasgow, NSS had now been given a commission to develop a centre of expertise for infection control, or an infection control service, including the built environment. This would increase the compliance role NSS already had. Mr Sinclair added that this was a complex issue and NSS had been asked to provide an initial costing and structure plan for Government by July, which would then come back to the Board for oversight. All agreed that detailed discussions would be required around this and asked that Mr Sinclair keep Members up to date for future meetings. **Action: Board Secretary to add to forward programme.**   **Board Secretary**

3.6   Digital Mr Sinclair provided an update on his broader digital governance discussions with Mrs Christine McLaughlin, Director for Health Finance, who recognised the need to deal with this as a matter of urgency. Further meetings were planned over the summer and the Board would be kept up to date on proceedings.

3.7   National Boards Collaboration All agreed that this was an extremely slow process and a pertinent discussion would be taking place at the next Chief Executives meeting in August 2019 due to the under-delivered £15 million savings this year. It was essential that a fair and just apportion of savings was agreed. Professor Ireland added that there was a request for a meeting for Chairs and Chief Executives around this subject but this had been cancelled. She advised that both Mr Sinclair and Mrs Low had the full support of the Board to push these discussions forward, and the outcome of the Audit Scotland report would also support this agenda over the coming months.

3.8   Screening Mr Sinclair had heard nothing on this from Scottish Government to confirm whether NSS was to go ahead with the planned actions. Members were disturbed by this, as it had been agreed that this was an urgent action. Ms Burgess, in her role as chair of the NSS Clinical Governance Committee was particularly conscious of the time that this was taking and asked that robust discussions were now had with the appropriate colleagues. Professor Ireland asked that at the next NSS meeting with **C Sinclair/** Government Sponsors it was reinforced that a decision must be made, **C Low** whether it was NSS, or not, this could not wait any longer. **Action: Mr**

Sinclair and Mrs Low to feedback the concerns and frustration of the Board to the relevant sponsors and report back to the Board as soon as possible.

3.9   Members noted the content of Mr Sinclair's update and Professor Ireland offered her personal thanks for the support and commitment he, and his management team, had given her during her time with NSS.

4.   NSS AUDIT AND RISK COMMITTEE ANNUAL REPORT TO THE BOARD [paper B/19/49 refers]

4.1   Members noted the content of the NSS Audit and Risk Committee annual report to the Board and approved its content in full.

4.2   Ms Burgess asked for further clarity around the four high findings, three of which related to people management. Mrs Jones advised that there had been detailed debate around whether these were in fact high findings. She continued that she had not been in agreement with the auditors. However, there was a robust action plan in place to address these issues to move it forward. She reflected that the reason NSS asked for audits of this type was to recognise the strong and the weak which allows the organisation to improve and put relevant action plans in place. Mr Deffenbaugh added that this was not about NSS being in a bad place, but more about continuous improvement. Mr Sinclair added that NSS was doing a lot around people issues including the new Essential Line Manager training, the Sturrock Action plan and project Lift, so he would be concerned if the same issues were still being reported at this point in 2020. He added that the main thing that had come out of the audits was that NSS had processes and plans in place but were not consistent in their application, and that this was key to ensure plans did not diverge from the overall NSS strategic plans.

4.3   Members reflected that it was important to ensure proper oversight and asked that 6 monthly meetings between the Chair, Chief Executive and Chair of the NSS Audit and Risk Committee be scheduled in going forward.
        Action: Board Secretary to liaise with Chair/CEO Executive Assistant   Board Secretary to add to diary.

4.4   With these comments the Board approved the report.

5.   NSS DIRECTORS' REPORT AND ACCOUNTS 2018-2019 [Members only paper B/19/50 refers]

5.1   Mrs Low took Members through the NSS Directors' Report and Accounts and advised that these had been reviewed by the NSS Auditors and were now ready for submission to Audit Scotland and ultimately the Scottish Government.

5.2   Members thanked Mrs Low and the finance team for producing the accounts and were content to approve them. Mrs Dunlop commented that it may be advisable to look at the timing of the relevant NSS Committees to review the process of approving the accounts to ensure sufficient time for scrutiny. Mrs Low advised that this had also been raised by the auditors and there would be a review timings and routes to Committees. She added that the finance team now had a new tool, Blackline, which should help to streamline the process in future. She continued that finance would be working closely with the performance and communications teams in NSS as there was a desire to use the Accounts as a 'shop window' on NSS, and there was now an

opportunity to do things differently.

5.3   Members thanked Mrs Low for this update and looked forward to future reporting.

5.4   At this point there was a short break in proceedings to allow Mr Sinclair to sign the Annual Accounts 2018/19 Performance and Accountability Report as the Accountable Officer of NSS.

6.   MINUTES OF THE MEETING HELD ON 5 APRIL 2019 AND MATTERS ARISING [papers B/19/51 and B/19/52 refer]

6.1   Members noted the draft minutes and were content to approve them in full. Mrs Morgan asked that her title be updated to reflect her move to the Strategy, Performance and Service Transformation strategic business unit.

6.2   Members noted the content of the Board Action list and the updates provided.

7.   NSS STAFF GOVERNANCE COMMITTEE ANNUAL REPORT [paper B/19/55 refers]

7.1   Mr Deffenbaugh took Members through the annual report on behalf of the Staff Governance Committee and highlighted the following areas:

- An increase in trade union representatives had contributed well to partnership working.
- Lots of discussion around management development and the pivotal role this had in NSS.
- There had been a focus on sickness absence throughout the year and this would continue.

7.2   Members thanked Mr Deffenbaugh for his input and noted the content of the report.

7.3   Professor Ireland commented that the new structure of the annual reports provided good assurance that the various committees were fulfilling their terms of reference. She also added her personal thanks to Mr Deffenbaugh for his work chairing the Committee.

8.   NSS CLINICAL GOVERNANCE COMMITTEE ANNUAL REPORT [paper B/19/56 refers]

8.1   Ms Burgess took Members through the annual report on behalf of the NSS Clinical Governance Committee and highlighted the following items:

- The wider governance role for the Committee – a development session will be held in September 2019 to discuss the most appropriate governance models for a variety of programmes i.e. Breast screening services; Dental Governance; Centre of Excellence on infection control.
- Major IT projects – the Committee was now satisfied that the PACs programme was no longer an area of major concern.

8.2   Dr Ramsay added that the historical review of matters had improved greatly

and this allowed the Committee to do more forward planning, which was proving extremely positive for Members.

8.3   Professor Ireland thanked both for their report and noted that the planned workshop would be critical for future planning.   She added her personal thanks to Ms Burgess for her work with the Committee.

8.4   With these comments Members noted the annual report.

9.   NSS FINANCE, PROCUREMENT AND PERFORMANCE COMMITTEE ANNUAL REPORT [paper B/19/57 refers]

9.1   Mrs Dunlop took Members through the annual report on behalf of the NSS Finance, Procurement and Performance Committee and highlighted the following:

- The name of the Committee had changed during the year and better reflected the work of the Members.
- Scope of contracts NSS manage and the potential impact these had on patients.
- Mrs Low was working to do more horizon scanning to enable better planning for the governance of contracts. This will be critical as a key step for national contracts would now require sign off by all NHSScotland Directors of Finance. It was essential that this was factored into future timelines for the Committee.

9.2   Members were content to note the content of the annual report and Professor Ireland added her personal thanks to Mrs Dunlop for her work chairing the Committee.

10.   NSS INFORMATION GOVERNANCE COMMITTEE ANNUAL REPORT [paper B/19/58 refers]

10.1   Due to the absence of Mrs Rooney, Chair of the Information Governance Committee, Mrs Dunlop presented the annual report of the NSS Information Governance Committee to the Board. She highlighted the following:

- The Committee had expanded over the period and was now looking at all areas with substantive areas of information governance, especially around IT and the digital agenda.
- The Committee had now reached a level of maturity.
- The appointment of Mr Deryck Mitchelson as Senior Information Risk Officer (SIRO) was welcomed.

10.2   Ms Burgess asked for assurance that thought be given on reporting lines for major projects e.g. PACs and CHI and Child Health programmes was visible across Board Committees.   Professor Ireland commented that Mr Mitchelson would be attending the meeting later in the agenda and this could be discussed then.

10.3   Members thanked Mrs Dunlop for stepping in to speak to the annual report and noted the contents in full.

11.   NSS REMUNERATION AND SUCCESSION PLANNING COMMITTEE

11.1   Mr Deffenbaugh provided a verbal update to the meeting on the work of the

NSS Remuneration and Succession Planning Committee. It was acknowledged that the written report had not been completed due to the proximity of the Committee meeting and the formal Board.

11.2   He advised that the Committee was working well and was provided with appropriate reporting to enable Members to fulfil their remit. This included information to enable appropriate succession planning and objective setting for the Executive cohort. He added that assurance had been provided that appraisals were taking place across the organisation. Members noted that the Executive Team objectives would be linked to the NSS strategy. He thanked Mr Sinclair and his senior team for their work in this area over the past year.

11.3   Mr McDavid asked for clarity on the inclusion of those earning over £250k and Mrs Low responded that this was a formal requirement and related to clinicians. Mr Deffenbaugh agreed to look further into this at the next meeting of the Committee. **Action: Agenda item for next Committee meeting.**   **Board Secretary**

11.4   Members thanked Mr Deffenbaugh for his update and looked forward to receiving the written report once finalised.

11.5   At this point Professor Ireland reflected that to ensure appropriate succession for Non-Executives it would be prudent for the new NSS Chair to look at the possibility of rotating the chairs of the Committees on a regular basis to expand their knowledge and skills. **Action: Professor Ireland to discuss Committee succession with new NSS Chair as part of their induction/handover.**   **E Ireland**

12.   END OF YEAR PERFORMANCE AND FINANCE REPORT 2018-2019 [paper B/19/60 and B/19/61 refer]

12.1   Mrs Low took Members through the paper outlining the NSS End of Year Performance and Finance details for the period 2018-2019. Mrs Burgess asked for clarity on non-recurring efficiencies, and how these could be reduced, as detailed in Appendix 4 of the document.

12.2   Mrs Low continued that NSS was looking at a service sustainability plan to address this. She added that bringing together the three strands of strong financial planning; workforce planning and transforming NSS services was key to this work. All noted however, that this was an on-going area of concern across NHS Scotland. Members reflected that this highlighted the importance of shared services and working efficiently across the special and national NHS Scotland Boards. All agreed that this would depend on changes in behaviours as well as strong planning. **Action: C Low to keep Members informed of progress on reducing non-recurring efficiencies in future reporting.**   **C Low**

12.3   Professor Ireland thanked Mrs Low and her team for the work done in this area and was delighted with the progress made to date.

13.   eHEALTH LESSON LEARNED [presentation]

13.1   Mrs Low advised that the presentation outlining the work done around the lessons learned from the eHealth issues in 2018 had already been reviewed by the NSS Finance, Procurement and Performance Committee but it was agreed that it was important for the full Board to have sight of the work done.

**Action: Board Secretary to circulate the presentation to Members after   Board Secretary
the meeting.**

13.2   Professor Ireland thanked Mrs Low for all the work done, in what had been
an extremely difficult situation. Members commended the way the issues
had been addressed and the new momentum and willingness to learn from
these types of situations. Mrs Morgan added that the approach had affected
the whole of NSS and had been reflected in a more cohesive senior team,
not just in Finance. Mrs Low thanked Members for their support and added
that one of the lessons learned had been around joined up reporting and this
was reflected in how information was brought together to give a whole
picture, involving finance, workforce and performance. This in turn would
give users the time to use the information to challenge appropriately, rather
than focusing on how to gather the data itself. This would change the
conversations at meetings by presenting a 'single version of the truth'.

13.3   Mr Cant added that he would like to congratulate Mrs Low and her team and
advised that this showed real shared ownership with staff and a role model
for NSS as a whole. Members asked that their thanks be passed to those
who undertook the investigation as well. This was done in a positive way,
which had encouraged those involved to learn rather than apportioning
blame.

13.4   Professor Ireland summed up by added her own personal thanks to
everyone involved and encouraged all to learn from this approach.

**14.   FINANCE REPORT: PERIOD 1 APRIL TO 31 MAY 2019 [paper B/19/62
refers]**

14.1   Mrs Low took Member through her paper and an early view of the new look
dashboard reporting. She advised that for future meetings the Board may
prefer to look at the dashboard in the live environment and that her written
paper could then just focus on any highlights or issues. Members welcomed
this approach as this would allow them to drill down and focus on specific
areas during the meetings.   Mrs Low asked for Members thoughts on this
approach and asked for any comments outwith the meeting. **Action:
Members to provide any comments on the paper showing the new   ALL/
finance dashboard outwith the meeting to Mrs Low via email. Mrs Low   C Low
to provide updated version to next meeting.**

14.2   Members then discussed the content of the report in full.   It was noted that
whilst the report was currently showing a deficit, plans were in place to deal
with this and overall NSS were at a break even forecast. Further discussion
followed around the Data Capture Validation and Pricing system which was
20 years old and adding to the deficit. However, the new reporting
dashboard had meant that focus could be placed on this as an emerging
issue and deal with throughout the year. Mr Sinclair commented that there
was also supplier responsibility relating to this and was confident that NSS
would be able to manage. Others items of specific interest related to
medical costs and property. Mrs Low was able to provide assurance on
both these items that they were not an issue. as they represented either
costs flowing through NSS, rather than actual cost to NSS or related to
budgetary phasing. She added that the live version of the dashboard would
enable Members to drill down inside things like this which provided the extra
detail and assurance.

14.3   Mr Deffenbaugh asked whether all levels within NSS would be able to

understand and interpret this sort of informational dashboard and Mrs Low was able to reassure Members that Finance staff had received further training as part of the Business Partnering model to assist others in this respect, and encourage their colleagues to ask the 'So what' questions and how the businesses could identify ways to deal with any issues that arose or emerged. She added that this would not happen immediately, but this was the journey that NSS was focusing on.

14.4　　　Members thanked Mrs Low for her informative papers and were encouraged by the new approach being taken.

15.　　THE STURROCK REPORT 2019 [papers B/19/84 and B/19/84b refer]

15.1　　　Professor Ireland introduced the papers relating to the Sturrock Report 2019, the Scottish Government response and the proposed NSS Action Plan including the recent all staff communication sent by Mr Sinclair. She continued that this was one of the most important reports relating to NHS Scotland in many years. Mr Cant then spoke to the paper and his own reflections on NSS, followed by an update from Mr Sinclair on the anonymous letter sent to the Health Secretary about NSS. Finally, Mrs Jones would then take Members through the draft NSS action plan. Professor Ireland added that in her own opinion one of the major recommendations of the report was that staff felt there was a safe space for them to speak up about unacceptable behaviours and the important role that Non-Executive Directors could play in this. All acknowledged that in times of increasing stress and anxiety in society and at work it was essential that there was recognition that people should be able to talk safely.

15.2　　　Mr Cant then provided his own reflections on what was a difficult emotional read. He commended the inclusion of real experiences and quotes from the staff involved. He reflected that for NSS the iMatter results, and excellent performance as a business, did not reconcile with the issues identified in NHS Highland. He felt that none of the experiences of those interviewed in the report reflected his own experience as a member of NSS. He continued that the report had looked at relationships between senior members of staff, and added that his own, as Employee Director, were continually strengthening. This did not mean he was unable to challenge when appropriate, but that this was done in line with NSS values. He summed up by saying that he did not feel that the Sturrock report reflected the values demonstrated in NSS. This included the 30-40 trade union representatives who were a good group and worked well with managers at local levels. This was also the case with the overall NSS Partnership Forum, and local ones, which were embedded within the organisation. He had worked with Mr Sinclair around the recent staff communication in response to the anonymous letter sent to the Cabinet Secretary, and was encouraged that members of staff had felt able to get in touch after the communication had been sent out. The action plan that had been presented to members was developed in full partnership, and asked that it be noted that a lot of work was already going on in NSS around this subject and had therefore not been included in the final plan, as this had focused on what new actions could be put in place.

15.3　　　Members then discussed the anonymous letter that had been sent to the Cabinet Secretary, which had raised particular issues around the treatment of disabled staff in NSS. Mrs Morgan had dealt with the issue on behalf of the Chief Executive, who was on annual leave, in the first instance. Mrs Morgan outlined the discussions she had held with the Vice-Chair of the

NSS staff disability network to assist with the response to the letter. They had also taken the opportunity to look across the organisation and recommendations had then fed into the NSS Action Plan that would be submitted to government. Some of this work had already been in progress, including the Reasonable Adjustment Passport for staff with a disability and active engagement with the NSS LGBTI network. Mr Sinclair added that NSS as an organisation received very few anonymous letters and had an agreed process for managing them and recording them to see if there were any underlying trends. and also what actions had taken place when dealing with any issues identified.

15.4   Mrs Jones then took Members through the proposed Sturrock Report Action Plan that had been submitted for approval. She advised that it had been discussed in detail by the NSS Partnership Forum at their last meeting held on 25 August 2019. This had then been circulated to the Executive Management Team for their input. Mrs Jones then drew Members attention to the following:

- Culture of compassion and kindness including two master classes that had already been held.
- HR Business Partners were running, or had already run, focus groups and reported their findings to the relevant SBU Directors.
- More work around Values was already being carried out, especially at the point of recruitment and induction.
- The Reasonable Adjustment Passport had been agreed and full training for Managers to ensure they fully understood how to use it with their members of staff would be provided.
- Work to help everyone understand what inappropriate behaviour was and the impact of it, with a recognition that this was not just about bullying.
- Discussions would take place between Dr Ramsay and Ms Mairi Gaffney, Head of Healthy Working Lives, to look at prevention focusing on mental health and wellbeing – looking specifically at emotional resilience.
- Understanding of roles and processes and the right escalation points/routes.
- Acknowledgement that some cases took too long to reach a conclusion, including grievances.

15.5   Professor Ireland thanked the speakers for their input. She added that the Cabinet Secretary would be appointing a Whistleblowing Non-Executive to every NHS Board over the coming weeks, so reflection on where this would feature within the current NSS governance structure would need to take place. This would sit outwith the public appointments process.

15.6   Professor Ireland then asked for reflections from all at the meeting, including Mrs Nicholls, in her capacity as Chair of the NSS (dis)Ability Group. All reflected that they did not see the behaviours in the Sturrock Report in NSS. It was acknowledged that there were areas for improvement and it was important to work together to achieve this.

15.7   Mr Deffenbaugh commented that what stuck out for him was the role of the Board Members and the importance that conversations happened at all

levels and how NSS reacted when things went wrong.

15.8   Mrs Nicholls reflected that the work of the (dis)Ability Group was not just to support members, but also to work with line managers to help identify ways to support disabled staff. She added there was responsibility on both sides, and it was important for staff, especially with mental health conditions, to be able to speak openly about any issues they had, and the group provided a platform for this to happen. The disability conversations in society were still many years behind other protected characteristics and it was only by working together that any progress could be made. The Group had great support from Directors, and, Mr Martin Bell, Director Practitioner and Counter Fraud Services SBU was the group Executive Champion.

15.9   Mr Martin Morrison provided a perspective from an SBU and felt that the essence for him was to try and sort issues out at the earliest opportunity, and before they could escalate and cause harm. It was essential that line managers were supported and was encouraged by the recommendations relating to this in the action plan.

15.10   Dr Ramsay added that she was encouraged that many of the things identified as good practice were already in progress in NSS. This allowed NSS to start further along the journey especially in terms of early intervention. It was also acknowledged in the clinical community that staff experience was reflected in patient care, so was essential to ensure the patient experience was the best possible.

15.11   Mr Spalding, who had not seen the paper, having just joined NSS, provided a personal perspective. He had worked in 'toxic' organisations, so was extremely encouraged by the quick, and full response from NSS. His own experience in the few weeks he had worked with NSS had all been positive.

15.12   Mrs Low commented that for her personally, the eHealth issues had been a big learning experience. The way it had been approached, in a supportive, not accusatory way, had been encouraging and staff felt able to speak out about issues. This had allowed actions to be taken to improve their experiences and recommend new ways of working.

15.13   Mr Sinclair thanked Members and added that NSS was already doing a good job around the issues raised in the report, but should not become complacent around such an important subject.

15.14   Professor Ireland also thanked all Members for their comments and reflections on the Sturrock Report and the NSS Action Plan. Members were content to approve the plan but asked that it also included a piece about ensuring 'safe spaces' for staff to be able to raise any issues. **Action: Mrs   J Jones Jones to review and add to the Action Plan prior to submission.**

16.   END OF YEAR REPORT ON FEEDBACK, COMMENTS, CONCERNS AND COMPLAINTS [paper B/19/66]

16.1   Mrs Morgan took Members through the report, providing context around the figures provided.   Members noted that work was on-going to look at automation for reporting and use of dashboards for scrutiny. Mrs Morgan continued that during the period NSS had had a complaint referred to the Scottish Public Services Ombudsman (SPSO) it was not upheld, and they were satisfied that NSS had managed the complaint in line with the Model Complaints Handling Process and this then went no further.

16.2   Members thanked Mrs Morgan for providing context and reflected that the report had already been seen by a number of NSS Committees. There was recognition that perhaps other ways of reporting and the actions required of each Committee should be reviewed. Professor Ireland commented that this would form part of the on-going outcomes from the recent Board Development sessions. She added that for this particular meeting there was a requirement for the annual report to be reviewed and noted by the full Board for assurance that NSS was complying with legislation prior to publication.

16.3   With the comments above the Board were content to note the annual report in full.

17.   NSS WORKFORCE END OF YEAR REPORT [paper B/1963 refers]

17.1   Mrs Jones took Members through her end of year report and highlighted the following areas:

- Whilst sickness absence had finished the year above target, for the majority of 2018-19 NSS had been under the target threshold.
- Work was on going with senior staff where it had been identified that cases had not been managed within the relevant policies. This should lead to an improvement in sickness absence levels going forward.
- Turn-over did not meet target but was still low and showed no concerning trends.
- 4 RIDDORS during the year – root cause analysis had taken place and the majority related to behaviours or lapses in concentration. It was also noted that the Accident Incident Reports (AIR) had decreased by 25% which was encouraging.
- Overall iMatter scores were showing a RED, but most were within a 1% margin.

17.2   After further discussion Professor Ireland asked that a breakdown of the cases currently being managed (340) be provided to the NSS Staff Governance Committee. **Action: Mrs Jones to provide breakdown of   J Jones active cases for NSS Staff Governance Committee.** Mrs Jones also suggested that Members had sight of the new HR dashboard approach which would provide most of this detail.

17.3   Members thanked Mrs Jones for her informative report and noted the content in full.

18.   NSS WORKFORCE STRATEGY [paper B/19/64 refers]

18.1   Mrs Jones took Members the NSS Workforce Strategy and advised that this had been developed in conjunction with Trade Union colleagues and Directors in partnership. She continued that the strategy was set out in two distinct parts.

- The type of organisation NSS wanted to be.
- The Supply and demand planning piece required to drive this forward.

18.2   Mr Deffenbaugh reflected that this was a good baseline approach but asked that before finalising thought be given to reflect on the Sturrock Report findings, and what lessons NSS could learn from this, and then reflected in the strategy.   Members also asked for further detail on how NSS would measure the success of the strategy throughout its lifetime.   Mrs Jones replied that key performance measures would be put in place and workforce planning in terms of supply and demand, and changing skills requirements were a focus for all business units.   Ms Burgess added that some more clarity around what the vision for the NSS workforce was, rather than just the tactical elements be included in the strategy.   Members noted that the NSS strategy did incorporate workforce so a separate, different Vision had not been developed.

18.3   Professor Ireland summarised the discussions and welcomed the strategy, but further work was required before the Board would be able to approve it. **Action: Mrs Jones and Mrs Dunlop [in her role as Vice Chair] to review and update the strategy prior to the next formal Board meeting.**   **J Jones/ K Dunlop**

19.   PEOPLE REPORT AS AT 31 MAY 2019 [paper B/29/65 refers]

19.1   Members noted the content of the report and Mrs Jones highlighted the following areas;

- Sickness Absence was continuing to be monitored and a review of the last 3-4 years would take place to look at any trends.
- Sickness Absence/Promoting Attendance was being managed better, but there was still work to be done in this area.
- One RIDDOR currently being investigated.

19.2   Members thanked Mrs Jones for her report and looked forward to future updates on the areas noted above.

20.   NSS DIGITAL UPDATE [paper B/19/87 and B/19/86 refer]

20.1   Mr Mitchelson took Members through his update and noted a number of concerns.

20.2   CHI and Child Health Index programme. Members were concerned about another delay to this programme and what the health impact/clinical risks could result due to this. Dr Ramsay and Mr Mitchelson reassured members that recent work undertaken on the existing systems had stabilised them so whilst the delay was frustrating the implications were being mitigated. The main issue was lack of clarity and understanding from the other parties involved. Mrs Dunlop asked for confirmation of who was responsible for ultimately delivering the project and had the authority to do so. Mr Sinclair confirmed that these both lay with NSS. The interference was coming from other areas suggesting different approaches rather than focusing on the agreed solutions and implementing them. Mr Sinclair advised that this had been escalated and meetings had already been set up to push this forward. Professor Ireland asked that Mr Sinclair pass on the major concerns of the Board members at these meetings and report back at the earliest opportunity. She added that there must be clarity and final decision to proceed as soon as possible. **Action: Mr Sinclair/Professor Ireland and Mrs Dunlop to liaise and report back on outcomes of scheduled meetings at the earliest opportunity.**   **C Sinclair/ E Ireland/ K Dunlop**

20.3   <u>Office 365</u>   Mr Mitchelson advised that this was still sitting as an Amber risk due to clarity around funding lines. Whilst this had been confirmed for the programme team work, there was still ambiguity around how the licences would be funded/apportioned. Mrs Low advised that she was happy to speak again with Scottish Government to push this forward. She continued that at present the eHealth programme was over-subscribed which had led to the delay in final funding decisions. The funds were there, and there was no doubt about that, it was just a decision on how this would be set out between Government and the Health Boards. Members noted that the deal to do the programme had been signed; the business case completed and would move forward as soon as this final funding route decision was made. Mr Sinclair advised that he was meeting with Mr Colin Browne and would report back to the Board on the discussions. **Action: Mr Sinclair to update Chair/Vice Chair on outcome of discussions with Scottish Government.**   **C Sinclair**

20.4   After further discussion it was agreed that for oversight these programmes should be reported at a Board rather than a Committee level, and should therefore remain as standing items for future meetings. **Action: Board Secretary to update forward programme.**   **Board Secretary**

20.5   Members noted the remaining content of Mr Mitchelson's report including the update of the GP IT programme which was progressing well with the risk around recruitment was being managed.

21.   UPDATE ON STRATEGY PERFORMANCE FRAMEWORK [paper B/19/67 refers]

21.1   Mr Matthew Neilson, Associate Director, Strategy, Performance and Communications took Members through the Strategy Performance Framework and accompanying dashboard that would allow the Board Members to receive updates and hold the organisation to account. Once live there would be the opportunity for Members to drill down through the information as the dashboard would be fed from national systems automatically rather than relying on separate reporting systems. He advised that the document presented was a sample and welcomed feedback from Members. The same framework would be used across NSS including the EMT and Programme Teams, and individual key performance indicators would sit behind the 'one pagers' presented in the paper. This would provide a clear view of how the organisation was performing and highlight any emerging issues to ensure early resolution.

21.2   Members discussed the framework in full and Mr Neilson confirmed that the intention was to link in with existing tools, for example the financial planning dashboard, which would allow correlation between resources allocated and performance of the programmes they had been allocated to. Members were conscious that different levels of information were needed for Non-Executives as opposed to the more operational requirements of the EMT and Mr Neilson confirmed that this was being incorporated into the refinements of the tool, including levels of access and appropriate levels of digital security. There could, for instance, be a specific entry page for Non-Executives with information that was relevant to allow appropriate scrutiny with further drill down to more operational information if required.

21.3   Members thanked Mr Neilson and his team, and were delighted with the initial prototype and confirmed their approval of the suggestions. Members

looked forward to future iterations that would come to the Board. Professor Ireland suggested that this be added as a formal item to future meetings commencing with the September 2019 Board meeting and Board development sessions. **Action: Board Secretary to add to forward programme.**   **Board Secretary**

22.   NSS BIANNUAL RISK MANAGEMENT UPDATE [paper B/19/85 refers]

22.1   Mrs Morgan took Members through the bi-annual NSS Risk Management Update and advised that the NSS Risk Management process was currently being audited and the findings of this would be brought to the Board at a later date.

22.2   Members discussed a number of areas in more detail including the following;

- EU Exit risk description
- e-Learning figures for the Clinical teams
- Review of organisational risk to ensure fit with new NSS strategy

22.3   Mrs Morgan thanked Members for their comments and agreed to review against strategy and report back to a future meeting. **Action: M Morgan Organisational risks to be reviewed against strategy.**

24.   HIGHLIGHTS FROM NSS AUDIT AND RISK COMMITTEE

24.1   Mr McDavid provided a verbal update from the recent Audit and Risk Committee meeting held on 28 June 2019 and noted that the items discussed had already been dealt with during the meeting.

25.   HIGHLIGHTS FROM NSS BOARD COMMITTEES [paper B/19/69 refers]

25.1   Members noted the content of the paper and the verbal updates provided. The following additional information was also noted:

- NSS Clinical Governance Committee – the Dental Governance change to primary legislation had been delayed but NSS was putting interim arrangements in place.
- NSS Clinical Governance Committee – had received and approved the Duty of Candour annual report and were assured that NSS had been following process around this.
- NSS Clinical Governance Committee – 100% of NSS Nursing staff had been revalidated during the period.

25.2   Professor Ireland thanked all Committee Chairs and Executives for their work during the year.

26.   UPDATE ON REGISTER OF INTERESTS [paper B/19/70 refers]

26.1   Members noted the content of the register of interests and confirmed that this was an accurate record.

27.   NON-EXECUTIVE DIRECTOR'S STATUTORY FIRE TRAINING

27.1   Ms Ann Allan, Assistant Estates Manager, took the Board members present at the meeting through their statutory fire training. It was noted that the

following people were present for the training:

- Ms Burgess
- Mr Deffenbaugh
- Mrs Dunlop
- Mr McDavid
- Mr Sinclair
- Mr Mitchelson
- Mr Spalding

Action: Board Secretary to update training records on LearnPro.   **Board Secretary**

28. **ITEMS FOR INFORMATION ONLY [papers B/19/71, B/19/72, B/19/73, B/19/74, B/19/75, B/19/76, B/19/77, B/10/78, B/19/79, B/19/80, B/19/81, B/19/82 refer]**

28.1   Members noted the content of the various draft and approved minutes from Committees of the Board.

29. **NSS GOVERNANCE STRUCTURES [paper B/19/54] – For Information Only**

29.1   Members noted the content of the draft governance structure for Committees and Groups in NSS and Professor Ireland advised that further work should be undertaken with the new NSS Chair once they were in post.
Action: Board Secretary to add to forward programme for a future   Board Secretary meeting of the Board.

30. **AOB**

30.1   There was no other competent business discussed relating to the Board.

There being no further business, the meeting finished at 1445 hrs.

NSS FORMAL BOARD
ACTION LIST 2019-20

CLOSED ▢   B/19/93

Ref Item	Action	Responsible	Deadline	Status
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	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. First meeting to take place in October/November 2019.
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	
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. KN added to forward programme.
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	Breakdown now included in People Report. Item completed.

Ref Item	Action	Responsible	Deadline	Status
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	
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.

Ref Item	Action	Responsible	Deadline	Status
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	
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.

B/19/94

People Report – July 2019

Purpose

The purpose of this paper is to provide information to the NSS Board on key workforce issues as at 31 July 2019.

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 31 July 2019.

Summary

Overall NSS is in a positive position on the range of workforce issues reported to the Board but there are areas which require improvement and these are being addressed through the Executive Management Team, with individual SBU Directors and at the NSS Partnership Forum.

The EMT have taken forward in partnership with the Trade Unions work on delivering an agreed action plan to address priorities from the Sturrock Report.

Whilst absence overall has continued to rise over the summer months, this is attributable to long term absence in a few SBUs. There is also a link to the levels of capability cases now being managed as the majority of these are as a result of long term underlying health conditions and not necessarily performance issues.

There is a slight increase with the number of exit interviews now being completed but this is still at a very low level therefore a plan is being developed to publicise and market the approach to exit interviews. The feedback suggests that the areas to consider further at present relate to both pay and progression within NSS.

Other areas where improvement is required, and this has been raised at the Executive Management Team and the NSS Partnership Forum, are statutory and mandatory training and completion of objective setting and appraisal on the TURAS system.

A summary of the main issues which the Board would want to consider are set out below.

Sturrock Action Plan – this has been agreed by the Board and submitted to the Scottish Government. A number of actions are being taken forward as a priority and these include setting up focus groups across NSS with the aim of asking staff what a safe place to provide feedback would look and feel like so that we can develop a mechanism to deliver this. We will also be gathering feedback on the work experience of staff in these focus groups which will supplement the iMatter survey.

Anonymous complaints – there have been a number of anonymous complaints to the Chief Executive and to the Cabinet Secretary. We have agreed a protocol with the Trade Unions that there will be a level of transparency around such complaints and that all anonymous complaints will have some kind of investigation to collect evidence and establish a factual position. As a result of the investigations into these complaints evidence of areas for improvement has been highlighted

along with some good practice by managers. Action plans are in place to address areas of improvement which is positive.

Sickness Absence – the level of sickness absence has continued to increase over the summer months and this is directly attributable to long term sickness absence. The management of long term sickness absence requires a different approach to short term and can be challenging as a number of employees have very serious underlying health issues which require careful management to achieve a successful return to work. HR are now contacting all line managers who have an employee on long term sick leave and making sure that these are managed within policy and process. The HR Director also continues to have discussions with those SBU Directors where there are particular challenges and provides additional support where required.

There is evidence that line managers are seeking assistance to manage sickness absence through the number of occupational health referrals being received. There were 135 management referrals during the first quarter along with a further 104 management reviews and 22 staff self referred to occupational health during this time. Where appropriate each of those referrals have had a suggested return to work plan submitted to managers for agreement with the individual members of staff. These are managed with the preferred outcome of return to full substantive hours and duties of role and where this is not possible permanent adjustments are suggested.

The Strategic Business Unit Directors all have access to workforce dashboards via tableau and along with the HR Business Partners have used these for discussions at their senior management team meetings. All line managers are able to access sickness absence records for their employees on eESS and also SSTS which would enable them to identify for themselves where there are issues or patterns or trends which need to be raised with an employee. Work continues with the SBU senior management teams to ensure that line managers know how to access this data. Access to the tableau dashboards will be extended further into the line management structure in NSS in the future. It should also be noted that the Trade Union members of the NSS Partnership Forum also have access to these workforce dashboards.

Short term sickness absence has reduced from 1.86% in April to 1.46% in July 2019. HR are contacting line managers where it can be identified that there are specific issues with an employee or employees such as particular trends or patterns. HR are also encouraging line managers to access eESS and SSTS to look at the data on their own employees to enable them to have discussions about potential issues.

RIDDORs/Accidents – four RIDDORs have been reported this year, all of which are in PCF. On investigation two of these did not meet the HSE criteria and have been reclassified. Therefore there are two RIDDORs for NSS this year. The investigations carried out have provided some really useful lessons learned and actions which are being taken forward.

Public Health Body

Formal Consultation with the Trade Unions was issued and closed on 21 August 2019. Meetings took place in NSS and Health Scotland with the Trade Unions during this period and no issues of a substantive nature were raised. A number of staff did raise issues but these were around corrections to titles in the consultation document. A formal response will be received by the Chief Executive of each organisation in due course. It is not expected that any issues will be raised which would prevent a transfer of staff.

It has been agreed that NSS will provide shared services in a number of areas, including CLO, CFS, Operational Facilities Management, Procurement, IT, Finance & Payroll and HR. As a result a number of Health Scotland staff will transfer into NSS with some posts from NSS transferring to PHS to deliver corporate services. Discussions on this continue in a number of fora including the HR Steering Group.

The Acting Chair of PHS, Professor Jim McGoldrick is in place and the recruitment process for the Chief Executive has been completed. Ministerial approval of the preferred candidate is awaited.

Jacqui Jones
Director of HR and Workforce Development
22 August 2019

Summary

Absence

At NSS level the sickness absence rate has increased to 4.28% YTD. The mean sickness absence rate has been calculated at 4.09% and based on current projections NSS will end the year at 4.13%. The main areas of concern for sickness absence are within PCF and P&CFS.

PCF - have produced an action plan to support work on managing attendance at work, as well as working collaboratively with HR to introduce promoting attendance clinics for Managers.

P&CFS - actions have been identified to put in place interventions so that absences can be prevented and also to ensure that appropriate actions are taken to help staff return to work successfully.

Case Management

Many cases remain out with expected timescales for resolution. It is anticipated that when the work on developing the end to end process along with a formal escalation process and targeted timelines is complete that this will provide more mechanisms to move cases forward in line with best practice.

RIDDORS

There have been four reportable RIDDORs received year to date, however following the Health & Safety advisor investigations, two of the reports received do not meet the criteria as required by the HSE for RIDDOR as the injury sustained has not been attributed to a single event but has been a cumulative effect over time.

A new training package for Accident Investigators and Line Managers is being developed and this should support the early identification of RIDDORs.

Statistical Process Control

The NSS trend shows the sickness absence rate increasing closer to the Upper Control Limit. The average for the past three years is 4.09% against a target of 4%. The current sickness absence rate is 0.24% below the Upper Control Limit, which has been calculated to 4.52%.

Sickness Absence

NSS sickness absence rate is at 4.28% with LT absence remaining an area of concern at 2.82%. Sickness absence rate is expected to end the financial year at 4.13% against a target of 4%.
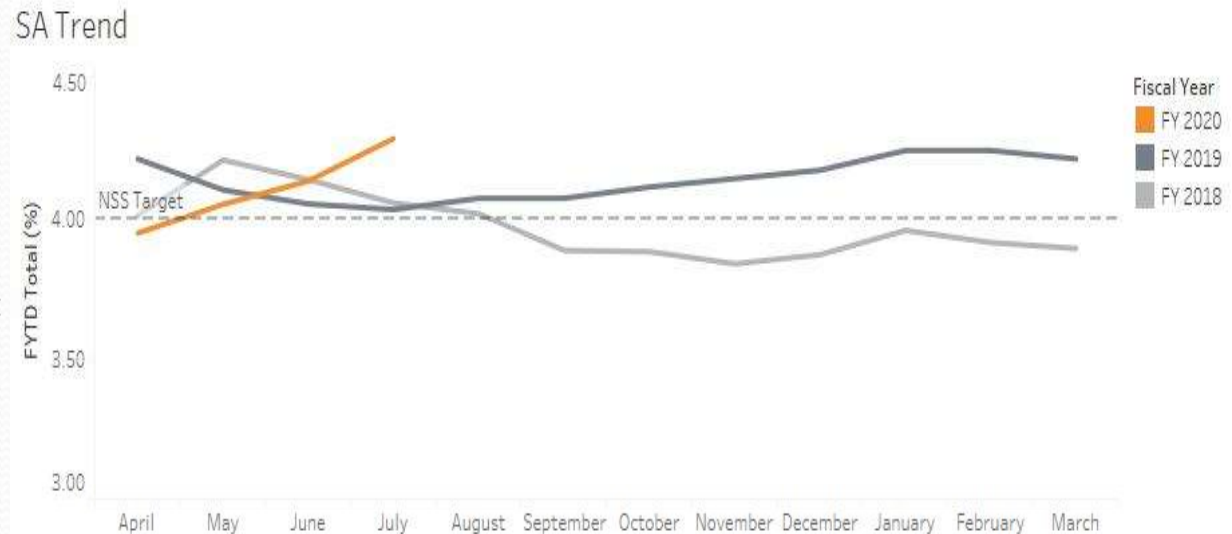
Above Target

•PCF SBU rate is at 6.51%, the highest rate for the past three years. Absence figures have increased overall in PCF over the summer months in particular within the Logistics Directorate. An action plan is being developed to look at improving attendance and other workforce issues in this business area. Absence within Operational Facilities Management continues to be high and challenging for the management team who are supporting staff members who are absent. The HR function is supporting PCF with promoting attendance clinics for managers and staff in August and an overall plan to improve management capability is now in place with the support of the Organisational Development and Learning and Development team for the year 2019-2020.

•P&CFS rate is currently 4.22% with an expected end of year forecast of 5.34%. Whilst sickness absence has improved and remains lower than it was in the same period in FY19 a small increase in both long term and short term absence has pushed the overall sickness absence above the NSS 4% target. Anxiety/stress/other psychiatric illnesses remains the highest cause of absence being cited at 39% of all sickness absence. Actions have been identified to ensure that where it is possible absences can be prevented and to ensure that appropriate actions are taken to help staff return to work successfully.

Case Management

There are currently 244 employees which have reached an absence trigger. 110 are in relation to long term absence 135 with four or more episodes of absence.

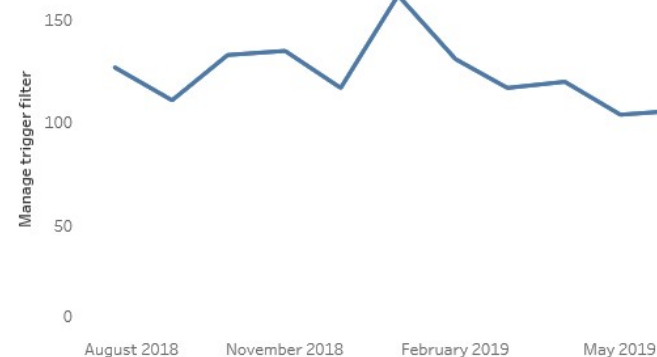115 employees with new triggers were identified in July.

Breakdown of Active Cases

Attendance = 46 active cases
Capability = 79 active cases
Conduct = 17 active cases
Dependency = 1 active cases
Dignity at Work = 8 active cases
Grievances= 3 active cases

Active case SBU
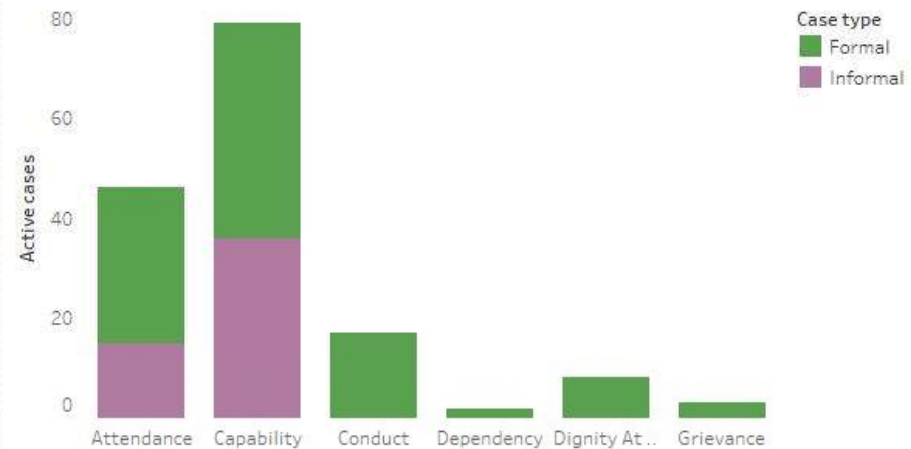
New Triggers

Trigger type

Turnover

NSS Turnover rate is 2.08% YTD against a target of 7%. NSS is expected to end the year at 6.57%.
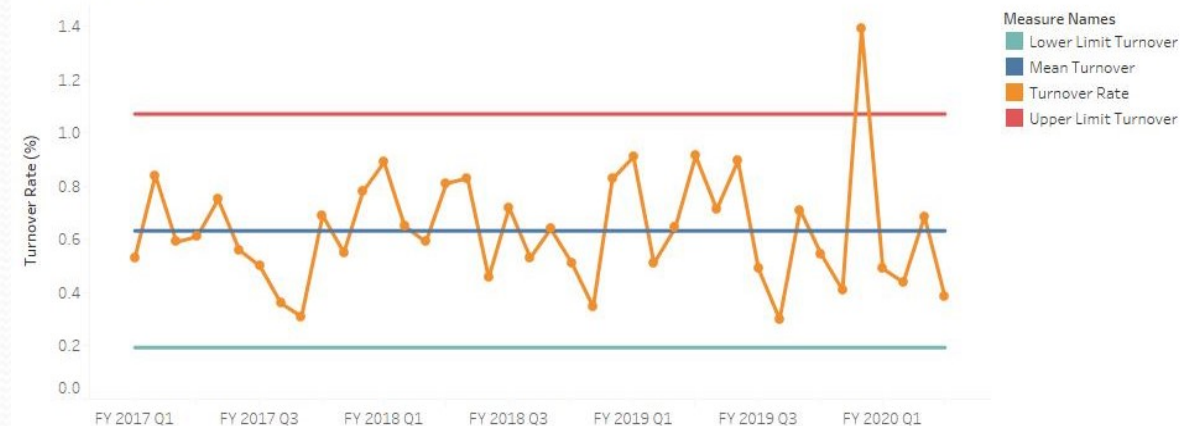
•PHI is expected to end the year at 7.7% slightly above target.
•SNBTS are forecasted to end the year above target with a forecast of 9.14%.

Turnover has remained within the Upper Control limit YTD. The UCL was breached in March 2019, however this was mainly in relation to the TUPE transfers of SNBTS staff.

Turnover

Turnover SPC

Exit Interview

This new dashboard provides the ability to gather and present information from Exit Interviews. YTD 20 exit interviews have been completed which is a 24% completion rate. Over 60 employees did not undertake an Exit Interview.

16 out of the 20 employees had said they would recommend the organisation to others & 11 felt valued. The responses in respect of communication within teams and team morale were mixed:- 7 responses were positive; 5 were ok & 5 were negative.

8 employees felt there was positive morale within their teams, while another 8 felt there was poor morale.

The main reason for leaving was Voluntary Resignation – 8 employees. 4 did not give a reason for leaving & 3 left for better job satisfaction – the majority of these employees were from PHI.

All employees leaving PHI completed an Exit Interview.

Mandatory/Statutory Training

2 Year Avg Compliant %	3 Year Avg Compliant %	Statutory Avg Compliant %
88.67%	87.10%	87.88%
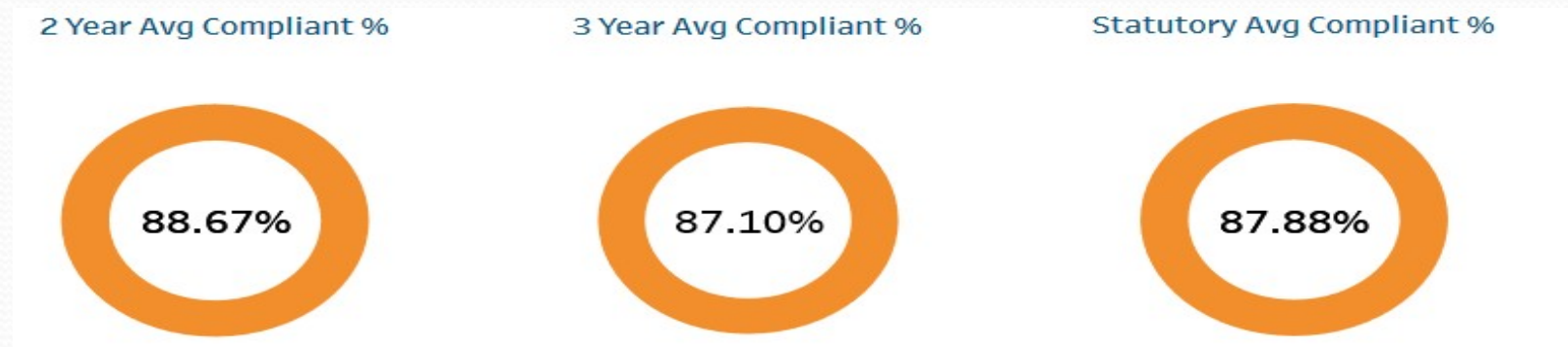
At NSS level, 3 Year Compliance has increased from 85.99% to 87.10% & 2 Year Compliance has increased from 87.45% to 88.67% slightly below the 90% target rate. Statutory Compliance had decreased slightly from 89.55% to 87.88%.

A number of SBUs are currently below the 10% allowance for Mandatory/Statutory training and work is underway to rectify this immediately.

Turas Appraisal

Appraisal Compliance	PDP Compliance	Objective Compliance	Login No Activity	Post Outlines Missing
46%	52%	51%	534	143

At NSS level, appraisal, PDP and objective compliance rates have all seen a small increase.

Appraisal compliance on the Turas system has increased from 43% to 46%, PDP has increased from 49% to 52% and objective compliance has increased from 49% to 51%.
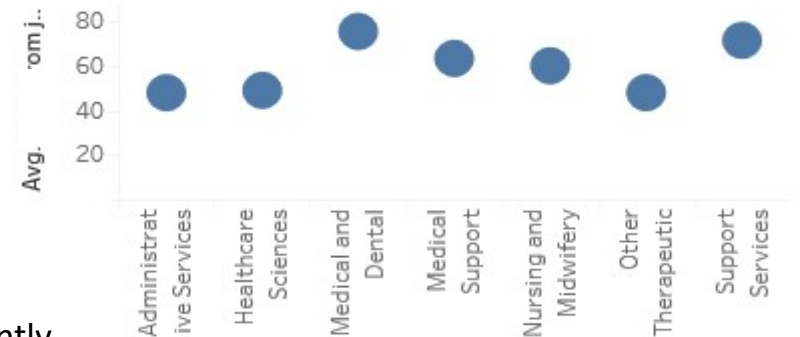
The number of people who have not logged within the rolling year has decreased from 569 employees to 534 employees.

Clinical and HR have seen a 10% increase in appraisal compliance on the Turas system.

Recruitment

Application Completion Rate
70.14%

Offer Acceptance Rate
95.74%

First Year Retention Rate
85.33%

Time to Hire

There have been a total of 178 jobs advertised YTD, with 25 jobs currently in advert. There are 128 currently within the recruitment process.
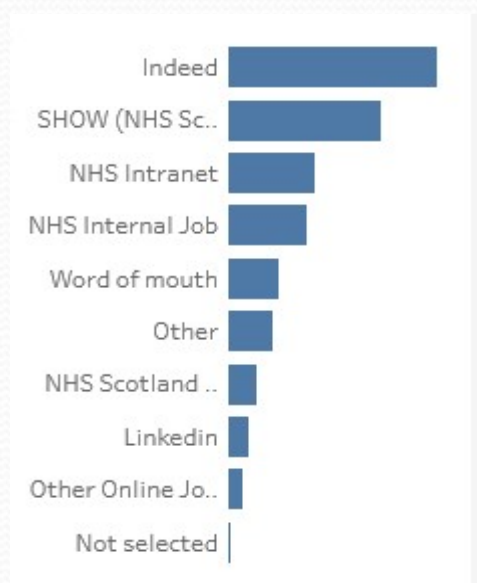
Average time to hire for Medical and Dental is on average 76 days, while Administrative Services is taking approximately 48 days.

Indeed was the most popular source to find jobs = 28% of all completed applications. JobTrain is integrated with **Indeed** which allows all external vacancies to be advertised there at no cost.

Percentage of all successful candidates who accepted their offer = 95.74% 89% of which were internal NHS Scotland staff.

The first year retention rate of 85.33% is good but could be improved on. The majority of employees who left (29.86%) were on a Fixed Term Contract.

Applications Received

- Indeed
- SHOW (NHS Sc..
- NHS Intranet
- NHS Internal Job
- Word of mouth
- Other
- NHS Scotland ..
- Linkedin
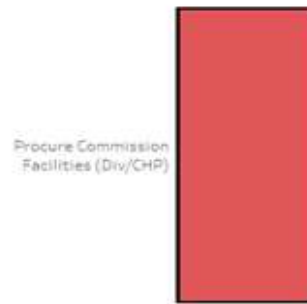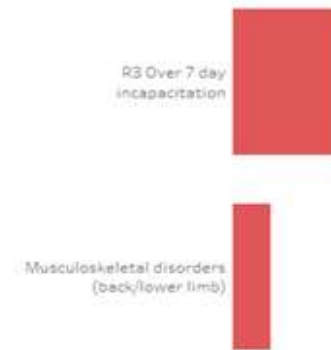- Other Online Jo..
- Not selected

Health & Safety

A total of four Riddors have been reported all within PCF. On investigation two of these did not meet the HSE criteria and have been reclassified.

Total reports received
Accident/Incidents
July = 31
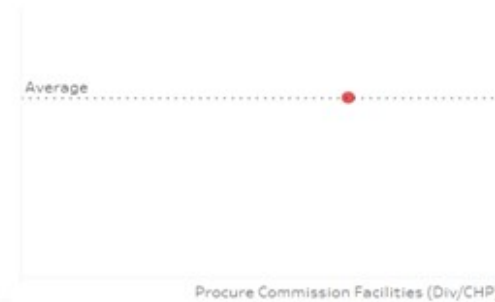Incidents = 16
Accident = 14
RIDDOR = 1

SBU Filter

Procure Commission Facilities (Div/CHP)

Top Reasons

R3 Over 7 day incapacitation

Musculoskeletal disorders (back/lower limb)

Top Locations

Canderside

Meridian Court

Accidents/Incidents Trend

April 2019   June 2019   July 2019

Days to Notify by SBU

Average

Procure Commission Facilities (Div/CHP)

Report Trend

Number of Records
40
30
20
10
0

April May June July August September October November December January February March

Reporting Year
2018/2019
2019/2020

B/19/95

NSS Workforce Strategy 2019/24

Purpose

The purpose of this paper is to present the NSS Workforce Strategy to the NSS Board and ask that it considers and approves the content.

Recommendation

The Board is being asked to consider and approve the NSS Workforce Strategy in support of the delivery of the NSS Business Strategy.

Timing

There are no timing requirements related to this paper.

Background

NSS Board endorsed the workforce high level aims as part of the approval relating to the NSS Business Strategy and requested fuller detail of the NSS Workforce Strategy be brought back to the Board thereafter. A draft of the Workforce Strategy was considered by the Board at its meeting in June 2019 and the Director of HR was asked to work with the Vice-Chair on refining the document.

That meeting has taken place and the Workforce Strategy has been refined from the previous iterations and is attached for the discussion and approval of the Board.

The Workforce Strategy is a live document that is flexible and adaptive in response to change. The Strategy, therefore, will remain a live document continually under review.

The Workforce Strategy is in two parts. The first part of the strategy sets out the type of organisation NSS wants to be as an employer and the actions we will take to achieve this and to continue to be a Great Place to work. The overall aims of the workforce strategy 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
- Improve the wellbeing of the workforce through focusing on physical, emotional and social wellness.

The second part of the strategy is focused on Workforce Planning and sets out the supply and demand challenges which NSS is facing over the coming years and provides information in relation to the NSS Workforce Projections and other workforce information. Our workforce planning is structured around the Scottish Government workforce planning

guidance CEL(2011)32, and the nationally sponsored 6 step workforce planning methodology.

The Board is asked to consider and approve the Strategy based on the paper provided.

Engagement

In formulation of the NSS Workforce Strategy, there has been engagement with the following:

- The Executive Management Team
- NSS Partnership Forum
- NSS Staff Governance Committee

Feedback received has been taken into account in the draft being presented to the Board.

Author(s) of Paper

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NHS National Services Scotland Workforce Strategy

2019/24

August 2019 (updated by Jacqui Jones)

V10

Purpose of the Workforce Strategy

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The guidance sets out the following 6 steps which form the framework for the plan:

- Step 1: Defining the Workforce Plan
- Step 2: Visioning the Future / Mapping Service Change
- Step 3: Defining the Required Workforce
- Step 4: Understanding Workforce Capacity and Capability
- Step 5: Developing an Action Plan
- Step 6: Implement, Monitor and Refresh

The adoption of the 6 step approach is intended to make Board level workforce planning more interactive, enabling challenges to be identified and addressed on an on-going basis rather than on an annual basis.

The Workforce Strategy is a live document that is flexible and adaptive in response to change. The Strategy, therefore, will remain a live document continually under review.

NSS as an Organisation

NHS National Services Scotland (NSS) provides national infrastructure services and solutions which are integral to NHSScotland and which support the wider health and care sector. 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 in order to improve outcomes for people who use the services.

Our purpose reflects why we exist and guides everything we do:

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

Our vision recognises what we need to achieve over the next five years:

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

Workforce Strategy - Part 1 – The Goals of NSS as an Employer

The development and implementation of the workforce strategy is the responsibility of the Director of Human Resources and Workforce Development. They will work closely with the Chief Executive, SBU Directors, the Trade Unions and Professional Organisations and appropriate sub-committees of the NSS Board to deliver an action plan aligned to the workforce strategy which will improve the performance of the organisation and continue to make NSS a great place to work.

Values and our People

The NSS values guide everything we do and ensure we fulfil our purpose and make our vision a reality. There is recognition that we have further work to do to be clear on how we will position ourselves with customers, stakeholders and our staff. This will focus on what type of organisation we want to be in terms of attitude and aspiration. In relation to staff, NSS will consider how we continue to make NSS an attractive place to work, one that encourages people to both join and stay and this builds on our Great Place to Work approach.

We are re-launching the NSS Values and inviting all staff to bring fresh commitment and energy to creating a 21st century NSS culture of collaboration, innovation and compassion. This common set of values, endorsed by NSS Staff Governance Committee, helps us all create a better NSS community, whilst honouring the traditions and good work of our Strategic Business Units and Directorates.

The NSS Values are:

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

Great Place to Work

Our goal is: "NSS will remain a great place to work."

To deliver this goal, NSS aims to:

- Value its employees as its greatest asset
- Treat all employees with dignity and respect
- Celebrate and support diversity and difference
- Promote a culture of health and wellbeing for all
- Encourage collaborative and values based leadership at all levels

We will achieve this by:-

- Providing an experience for all employees which is a positive one throughout their employment with us
- Actively encouraging engagement and involvement of all employees
- Being an organisation where workforce policies are applied consistently and where people are treated fairly, whilst taking account of business and individual need
- Ensuring that we train and support all employees to do their current role and provide opportunities to develop for the future
- Providing a total benefits package that is attractive and supports retention of a highly skilled workforce

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

We demonstrate that NSS delivers the ambition of the NHSScotland Staff Governance Standard through developing and monitoring the delivery of an annual action plan. We focus on areas relating to a positive staff experience; making sure staff are healthy, well and safe; that we have a sustainable workforce; and provide inclusive working opportunities to encourage a more diverse workforce. We measure our success through the annual iMatter staff survey and other staff surveys as needed.

Monitoring and Improving NSS Staff Experience

NHSScotland have implemented iMatter as a staff experience continuous improvement tool designed to help individuals, teams and Health Boards understand and improve staff experience. The model has been aligned to the Staff Governance Standards and is monitored by Scottish Government. NSS is therefore required to ensure the tool is used to both monitor and improve staff experience and this is overseen by the NSS Partnership Forum and the NSS Staff Governance Committee on behalf of the Board.

The iMatter staff survey is issued across NSS on an annual basis with reports being provided at team, SBU and NSS level. The key outcomes relating to the 2018/19 iMatter are:

Key Outcome	2018/19 Position
Participation Rate	77%
Employee Engagement Index	76%
% of Action Plans Complete	77%
Well Informed	80%
Appropriately trained and developed	76%
Involved in decisions	72%
Treated fairly and consistently, with dignity and respect, in an environment where diversity is valued	77%
Provided with a continuously improving and safe working environment, promoting health and wellbeing of staff	78%

The outcome positions for NSS over the past three years have been consistent with the 2018/19 outcomes and indicate very positive positions in terms of engagement with our workforce. NSS will continue to strive to improve across the range of Staff Governance Standards and have agreed in partnership targets over the next three years which are set out below.

Key Outcomes	2016/17 Actual	2017 /18 Actual	2018/19 Actual	2019/20 Target	2020/21 Target	2021/22 Target
Participation Rate	*81%*	*76%*	*77%*	78%	79%	80%
Employee Engagement Index	*76%*	*77%*	*76%*	77%	78%	79%

% of Action plans completed	82.5%	78%	77%	78 to 85%	79 to 87%	80 to 90%

Staff Governance

The NHS Reform (Scotland) Act 2004 introduced a legal requirement for each NHS Board in Scotland to comply with the Staff Governance Standard. The Standard requires all NHS Boards to demonstrate that staff are:

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

The Standard also requires all staff to:

- Keep themselves up to date with developments relevant to their job within the organisation;
- Commit to continuous personal and professional development;
- Adhere to the standards set by their regulatory bodies;
- Actively participate in discussions on issues that affect them either directly or via their trade union/professional organisation;
- Treat all staff and patients with dignity and respect while valuing diversity; and
- ensure that their actions maintain and promote the health, safety and wellbeing of all staff, patients and carers.

NSS is committed to working with our staff and Trade Unions/Professional Organisations to continue to implement the requirements of the Staff Governance Standards which enables NHSScotland to maintain its status as an exemplary employer.

Partnership Working

As an employer NSS is committed to working in partnership with our colleagues in the Trade Unions and Professional Organisations to jointly find solutions to challenges and to ensure that NSS continues to be a great place to work. NHS MEL(1999)59 lays out a Framework for Local Partnership Agreements between NHS Boards and recognised Trade Unions/Professional Organisations as the approach to employee relations within NHSScotland.

The Partnership Principles ensure:

- Trade Unions and managers are recognised as partners in the process of formulating and implementing plans within the terms of the agreement.
- Management and Trade Unions have a right to be involved in the partnership process.
- Trade Unions and managers agree to work within a framework set out in the agreement.
- Appropriate arrangements, including the provision of time and resources will be made to enable all to participate in the partnership process. This will link into NHS NSS facility arrangements.

Occupational Health, Safety and Wellbeing

The Occupational Health, Safety and Wellbeing plan for NSS aims to support the organisation and staff to maximise their wellbeing by preventing illness and injuries associated with work and promoting wellbeing through services and initiatives that maximise their work life balance.

Promoting Attendance at Work

There is a requirement on all line managers to actively manage and promote staff attendance at work. The aim is for staff to be as well as they can be, be at work and in a safe work environment. There is evidence that being at work is beneficial to people and there is also evidence of an impact on the workplace and other staff when sickness absence is not managed.

It has been agreed that NSS should aim to have a sickness absence level of 4% or below. HR will work with line managers to provide them with the support they need to manage sickness absence, to ensure that staff are supported back to work at the earliest opportunity and to promote wellbeing as an outcome for staff. This includes workshops for managers and the introduction of a Reasonable Adjustment Passport. The aim of this is to assist managers and staff to have conversations about the adjustments which would enable them to work effectively. The Reasonable Adjustment Passport will also facilitate staff remaining at work for longer and contribute towards a more diverse workforce.

Carer Positive

As part of a multi functional approach to wellbeing, specific attention is being given under the banner of Carer Positive. The ambition is to use current policies to provide a broader and more flexible approach for people who have carer responsibilities over a spectrum of ages. In addition to this there is recognition that members of staff may wish to be involved in end of life care of relatives and friends. While the current policies do not specifically address these issues recommendations will be brought forward by the Wellbeing Group aimed at supporting members of staff who have these carer responsibilities.

Equality and Diversity

NSS aims to be a leading organisation for promoting equality, diversity and inclusion within the workplace and in NHSScotland.

The NSS vision for Equality & Diversity goes beyond establishing processes to achieve change. As part of our interaction with customer and suppliers, we will monitor progress made towards meeting objectives to:-

- Encourage diversity and eliminate unfair treatment and discrimination through a full range of human resource and contracting policies and procedures. This applies not just to areas of internal recruitment, training and development and promotion, but also monitoring the adherence to the equality & diversity legislation and principles by our suppliers and contractors.

- Recognise that staff have rights as employees to work in a supportive, safe and harassment free environment and that staff have individual and collective responsibility to value and respect each other's contributions.

- Promote an environment where standards of conduct are of the highest level and to ensure that no one is harassed, bullied or victimised.

- Take decisive action when discrimination occurs.

Disability Confident

NSS is proud that we have received 'Disability Confident' status. As a Disability Confident employer we are committed to supporting our staff – whether they become disabled during their working life with us or whether they are a new recruit to our organisation. NSS currently has level one status 'Disability Confident – committed'. This means we are committed to:

- Challenge attitudes towards disability
- Increase understanding of disability
- Remove barriers to disabled people and those with long term health conditions
- Ensure that disabled people have the opportunity to fulfil their potential and realise their aspirations.

Development of New Roles

NHSScotland has already invested significantly in its workforce and recognises the benefit of new roles in the healthcare setting, but also recognises they need to do more. NSS must be able to design new roles that are based on competencies and skills that allow the workforce to provide future career pathways and emerging ways of working.

Modern Apprenticeships

New clinical and non-clinical career pathways, supported by Modern Apprenticeship frameworks, will be developed across a number of SBUs in line with a national drive to develop MAs within NHS Scotland.

Youth Employment

The age profile of the NSS workforce projects an increase in the number of potential retirals of staff over the next 10 years+ which means there is a need to prioritise the attraction, recruitment and retention of young people to create future workforce sustainability. NSS will therefore align to Scotland's Youth Employment Strategy as this is introduced and continue to increase the number of young people employed and retained in our Board. It will be important to ensure the attraction strategy is positive in approach to branding NSS as an employer of choice across a range of roles particularly given Scotland's population predicts an impact on the available market of those under the age of 24 in the next 10 and 25 years, as shown in appendix 1 (Source: Projected Population of Scotland NRS data)

Graduate Placement Scheme

To support retraining and staff development across a range of professions, NSS will continue to link with University Graduate Placement Programmes. This work will continue to grow and link to career pathways with accessibility for all those who require support to be considered.

Leadership

NHSScotland has identified a clear need for transformational change and fundamental to its success is the capacity and capability of our Leaders to meet the opportunities and challenges they may face.

Project LIFT is a new NHS Scotland wide approach to identifying, supporting, enhancing and growing leadership capabilities at all levels to improve the experience of our people to transform NHS Scotland and its services.

This new approach across NHSScotland will be supported via NHS National Education for Scotland (NES). Their Project LIFT team will work with NHS Scotland Boards to create a shared focus on the key leadership attributes needed by NHSScotland which will create the skills, behaviours and culture to realise the ambitions of the Health & Social Care Delivery Plan.

The ask of leaders through Project LIFT is:

- People at the heart of everything we do
- Demonstrate humility, curiosity, compassion, accountability
- Show vision, self-leadership, creativity and innovation
- Empower, motivate and inspire; positively influencing pathways
- Be collaborative and strategic

NSS will deliver a leadership programme which offers a common and consistent approach to leadership development and is based on shared values and beliefs aligned to the NSS values. The programme will be underpinned by six core leadership capabilities, aligned to those expected for health and social care, and incorporate expected leadership behaviours. The programme will be tailored to meet both individual and team development.

Supporting Line Managers

The Essential Line Manager programme (ELM) is a blended learning programme, aimed at supporting line managers with their responsibilities to performance manage their workforce and is aligned to support delivery of the NSS Leadership Programme. The programme is aimed at all managers with line management responsibility and is tailored to meet the needs of the individual with a range of modules provided through a blended approach of both online and face to face events.

The programme covers:

- The Big Picture
- The Role of the Line Manager
- Effective Team Working
- Empowerment and Delegation
- HR Policy Training for Line Managers
- Communication and Feedback
- Coaching and Mentoring
- Managing Effective Career Development Conversations
- Managing Change, Transition and Resilience

Performance Management

A key aim of our workforce strategy is that NSS values its employees as its greatest asset. Good performance management at all levels of the organisation is essential to ensure we meet not only this aim but delivery against the NSS strategic direction. Our managers must ensure that all staff have objectives which are set against the NSS strategic objectives, that staff personal development plans are in place and delivered and that meaningful performance appraisals take place with feedback in line with the performance cycle.

The HR Business Partners carried out a review of the 2018/19 performance review process in order to understand the staff experience and quality of conversations during the performance review and personal development plan process. A series of focus groups and one-to-one discussions took place across all Agenda for Change bandings and all Strategic Business Units.

There was evidence of an equal balance of great practice taking place as well as some less good practice across SBUs. When PRs and PDPs worked well there was evidence of:

- Time set aside for the discussions;
- Meetings planned well in advance;

- Open and transparent conversations, no surprises;
- Development opportunities discussed and PDPs linked to SBU goals and career progression;
- Regular catch up and ongoing conversations (not just twice a year in line with the process).
- Mixed levels of enthusiasm from both staff and managers across SBUs.
- Quality of experience is dependent on the manager.
- Inequity of access to learning opportunities in some areas.
- Managers can feel overwhelmed by large span of control & the numbers of PR and PDPs to be completed.

Staff were asked how could the Performance Review and PDP experience be improved?

- Provide more support for managers on SMART objectives and having good performance review and PDP conversations.
- Better planning with meetings arranged well in advance.
- Clear links to SBU goals and to succession planning.
- More awareness of training opportunities and creating strong development plans.
- Accepting that some staff do not want career progression / happy to continue doing what they do.
- Need to feel able to speak openly about negative issues without fear of repercussion.

The following recommendations were made to and accepted by the Remuneration and Succession Planning Committee. The first was to carry out a repeat review of the PR and PDP experience at the mid and end of year point in 2019/2020 to assess the benefit gained from implementing some or all of the following:-

- Celebrate and show case where there is great practice in place and the process is being embraced and managed successfully;
- Develop a staff engagement programme that promotes the benefits of performance reviews and personal development planning to both managers and staff across NSS;
- Ensure protected time in place for managers and staff to prepare and engage with the Performance Review and Personal Development Plan process;
- Essential Line Manager programme to have a module on how to have great development conversations – provide managers with a tool box to hold meaningful performance reviews and personal development planning conversations;
- Improve the ability to create and review SMART objectives through the provision of on line and workshop learning interventions;
- Create a feedback culture; one where all staff are empowered to regularly ask for and provide feedback up, down and across the workforce;
- Cascading of objectives from NSS Chief Executive onwards.

Mandatory for All and Statutory Training Compliance

NSS has agreed a range of training programmes which are 'mandatory for all' and are monitored for compliance on a monthly basis through the NSS People Report. The programmes cover:

- Equality and Diversity
- Health and Safety Induction
- Information Management
- Risk and Resilience
- Freedom of Information
- Manual Handling Passport
- Counter Fraud Services

Within NSS, there is a legal requirement, endorsed by the NSS Fire Safety Group, which stipulates that *all* staff must complete fire safety awareness training as a statutory for all training requirement. This means that all new staff, regardless of role, must complete this training at induction, and all existing staff must complete this training at least once in every two year period.

A fire safety awareness training package has been developed by NSS Facilities Management which reflects the legislative requirements and NSS approach to delivery of fire safety training. Line Managers are required to use the NSS package to deliver this training to their staff.

Applying Pay, Terms and Conditions Consistently and Fairly

NSS supports the principle of equality of opportunity in employment and believes that staff should receive equal pay for the same or broadly similar work, or work rated as equivalent and for work of equal value, regardless of age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion and belief, sex or sexual orientation, in accordance with the Equality Act 2010.

NSS understands that the right to equal pay between women and men is a legal right under both domestic and European law. In addition, the Equality Act 2010 (Specific Duties) (Scotland) Regulations 2012 requires NSS to publish pay gap information on a bi-annual basis.

It is good practice and reflects the NSS Values that pay is awarded fairly and equitably. NSS recognises that in order to achieve equal pay for employees doing the same or broadly similar work, work rated as equivalent, or work of equal value, it should operate pay systems which are transparent, based on objective criteria and free from unlawful bias.

NSS are expected to comply with the all pay, terms and conditions arrangements agreed at either a UK or Scottish level relating to the categories of contracts across our workforce. Details of these are set out in Appendix 1.

The Workforce Strategy – Part 2 - The Workforce Plan

The Workforce Plan is the responsibility of the Chief Executive and Strategic Business Unit Directors. The Director of Human Resources and Workforce Development is expected to provide leadership and to drive the development and implementation of workforce plans which identify the people, skills and talent required to deliver services now and in the future; understanding the gaps and plan accordingly; how the organisation plans to develop skills and talent to improve resilience, capability and competency and addressing gaps to achieving strategic objectives.

HR will lead and drive the development of an end to end process which supports effective and robust workforce planning.

Defining the Required Workforce

Effective workforce planning should describe the required workforce, based upon the strategic objectives of NSS and the goals and objectives of the Strategic Business Units. This requires utilising accurate and quality data on the existing workforce and identifying key workforce trends. To maintain the quality of this data, NSS has fully implemented the Electronic Employee Support System (eESS), and we are now piloting the new recruitment module, Jobtrain, to replace iREC.

Furthermore, NSS has established a workforce reporting electronic tool using the tableau system to provide real time information across a range of metrics including sickness absence, workforce demographics and turnover. Further additions covering learning and development, case management and health and safety metrics will be included as the roll out of the system transitions. This will provide information which will support the overall performance management of our workforce requirements.

Workforce Projections

Workforce projections for NSS will be undertaken for each Job Family and across each Strategic Business Unit. In line with requirements from Scottish Government, the projections will be published by PHI Information Services with work continuing to be undertaken to ensure workforce planning within each area influences the projections on planned delivery. The projections will be available for publishing in June 2019.

Major Service Changes impacting on Workforce Configuration

Public Health Scotland

Scotland has one of the world's best performing health services, and yet it also suffers from some of the poorest health in the western world. While our health has improved over time, it has not improved at the same rate for everyone who lives in Scotland.

In November 2014, Scottish Ministers asked for a review of public health in Scotland. The 2015 Review of Public Health in Scotland was published in February 2016 making recommendations to strengthen leadership for the public's health and refocus the public health function in Scotland. The Health and Social Care Delivery Plan sets out the framework and actions the Scottish Government and COSLA will lead to deliver these recommendations, including:

1. Establishing national public health priorities
2. Creating a new national public health body
3. Enabling a joined-up approach to public health at a local level

Once established, Public Health Scotland's role will be to provide public health leadership, and enable and support the delivery of our national public health priorities at a local level. It will be intelligence and evidence led, bringing together the expertise, data, intelligence and innovation needed to improve the health of Scotland's population.

Public Health and Intelligence (PHI), from within NSS and Health Scotland (HS), are ideally equipped to fulfil this role and will be brought together to form this new body.

To play our part in establishing Public Health Scotland, we have set up the 'NSS enabling the new Public Health Body' Programme Board (ePHB) with representation from senior management and trade unions. The key objectives of the Programme Board are to:

- Oversee organisational change to enable the successful transfer of affected staff to Public Health Scotland
- Design and deliver realigned and optimised services for our remaining SBUs in order to prevent duplication, and maintain continuity of a business as usual service delivery
- Work together to agree the best model for shared services

The expectation during 2019/20 is to transfer, in line with TUPE requirements, the current PHI workforce from NSS to Public Health Scotland. This impacts on 724.2 wte which is 800 people as at March 2019 and the potential to impact more widely on a number of corporate services areas.

Digital and Security Strategic Business Unit

In order to optimise the Digital and Security (DaS) SBU's position in the new landscape, the SBU needs to transform its existing service offering, to meet the challenges and opportunities presented by the new technology landscape.

The NHS Boards are looking towards NSS to provide a pathway into the new digital world of Public Cloud Computing, Artificial Intelligence and Analytics, Innovation and Internet of Things, Security Forensics and Operations, which creates opportunity and future sustainability for NSS through the provision of Digital and IT expertise and capability.

The DaS operating model, in its current form is not capable of supporting the emerging requirements of NSS and the wider NHSScotland, and needs a fundamental shift of its service provision and culture if it is to transform to be a data-led, digitally driven service provider and a trusted, integral and strategic digital & cyber partner to the NHS in Scotland.

A Digital and Security Strategy has been developed which plots a roadmap for modernisation of NSS's DaS services which maps across into the NSS DaS 5 year plan. The roadmap satisfies both NSS future needs and NHSS Boards' shared services requirements from NSS.

To enable the transformation of the SBU there will be a four phased organisational change programme delivered and concluded by 2020.

- Phase One – Focuses on addressing the changes at the senior level. The focus is to establish the foundations of the new structure through the changes at the DaS Senior Management Team. These changes are designed to put in place a senior structure that will support the next phases, define functions within the new structure and identify teams and roles that will be impacted by next phases of change.
- Phase Two – Organise and consolidate DaS staff based on their skill sets around functions and services as outlined in Phase One.
- Phase Three – Optimising changes, where needed, around DaS existing and new service offerings.
- Phase Four – Benefits realisation to assess the success of the changes against the intended benefits and further action, if required.

Procurement, Commissioning and Facilities Strategic Business Unit

Procurement, Commissioning and Facilities (PCF) has to adapt to the challenges faced by NHSScotland, NSS and the possible changes in the way National and Territorial Health Boards operate in the future. PCF will review its directorates and structures to meet the needs of NSS and NHSScotland as required and in line with the organisations strategic objectives.

There are a number of internal and external forces and constraints which will drive change in the way PCF deliver services and configure its workforce. These include, amongst others:

- Brexit and the unknown implications and uncertainty.
- Health and Social care agenda delivered through growing primary sector and reduced acute services in NHS Scotland.
- Regionalised and national agenda from NHS Scotland including an increase in services being request for delivery by PCF from Scottish Government e.g. National Planning, National Networks.
- Workforce demographics linked to effective succession planning
- Improved productivity of workforce
- Financial pressures linked to workforce numbers, flexibility of role and skills development requirements
- Increased demand on the PCF services
- Recruitment of staff with specialist skills plus ability to share knowledge and increase resilience
- Digitalisation transformation to increase the impact on customer focus and service.

PCF has determined that continuing to provide the service in the same configuration, with existing resources in terms of numbers and skills mix, in the same manner is untenable. The requirement to deliver services to individual Health Boards with a reduced budget, coupled with the need to ensure that services are efficient, will result in PCF reviewing service delivery across a number of functional areas.

The need to increase productivity will have an impact on both workforce planning and skill development within this business unit. A more productive service will require a better

understanding of the skills of our workforce to maximise potential in order to develop a flexible and financially sustainable workforce for the future. There is a need to ensure flexibility within the business to create a greater level of agility to meet demand from the wider Health Boards and Scottish Government. This may include increasing opportunities for staff, rotation to build flexibility and support personal development to allow for increased flexible use of resources through better deployment of staff within PCF and NSS.

The need to ensure the services are run in a more cost effective manner and the introduction of digital technology and increased automation within PCF have the potential to impact on staff numbers, grade and skill mix. This will derive from organisational change process and the implementation of digital change processes within NSS.

Learning and development will be critical in this transformational process. The challenge is to make full use of the considerable talents at our disposal ensuring the workforce is appropriately skilled to meet current and future challenges within PCF. Of equal importance is promoting leadership that encourages staff at all levels to challenge current thinking and ways of working and that welcomes ideas and innovation. A skills gap analysis has been developed and further work will be undertaken to assess the required training and development plans required to close the gap.

A new National Procurement Directorate will combine the two existing directorates; Strategic Sourcing and Logistics, into one. This service redesign will be put in place to review the services required, the model of delivery and further more detailed work will be completed and skills requirements for service areas in the new directorate.

The development of a centre of expertise function within Business Development Directorate to ensure PCF's service continues to be customer focused and meet the needs of the Health Boards. This will encompass a potential move of Logistics Customer Service team to this area and more focus of customer engagement.

Specialist Screening Services will streamline the implementation of data and analysis reporting as the requirement grows. National Planning workforce will grow as further requests from Scottish Government relating to large national networks being established including Neo Natal, Trauma, and Prison and Police Services.

Health Facilities Scotland will undertake a review based on direction from Scottish Government to move from an advisory to compliance management role. Expansion of services relating to validation and decontamination will be required and within Operational Facilities Management consideration will be given to the potential for a regional model to support the National Boards.

Currently, PCF is projecting an increase of staff in the next five year period however there are significant financial constraints to achieving this. Management will therefore take forward a combination of robust vacancy management and associated staff rationalisation, service redesign and efficiencies made through organisational change programmes which will include those arising from lean improvements and ceasing service activity in some areas.

NSS Service Transformation Programme

Our work on digital transformation has allowed us to develop key digital capabilities and our achievements have had a huge impact on how we are working now and how we plan to work in the near future. NSS has moved to the use of Agile approach, listening to the needs of our customers and delivering at pace in a challenging environment.

The move to service transformation shifts the focus of the programme to using our capabilities to transform NSS services. The programme has three aims:

- Support the internal SBUs to transform and redesign their services in line with the 2-5 year financial plan;
- Support NSS to achieve business transformation with a digital first focus;

- Deliver programmes in line with best practice services design methodologies.

Work is now commencing, led through the NSS Change Oversight Group (COG) to support SBUs and their services to develop strategic plans based on value add and strategic drivers. A range of workforce solutions and interventions will be provided to work throughout the service transformation lifecycle to enable change through our people.

National Board Collaboration

The public service reform agenda, reiterated in the Programme for Scotland, has direct implications on health service provision, with an emphasis on the need to reduce duplication and inefficiency.

By adopting a 'Once for Scotland' approach and changing the way we work, this agenda aims to improve, integrate and co-ordinate services across the Scottish Public Sector. Its aim is to reduce geographical and organisational barriers to the delivery of support services and functions. The key principle being, where appropriate, services should be managed on a Scotland wide basis and should be delivered in a consistent way, unless a compelling reason exists for variation.

NSS will continue to be a key partner in the National Board Collaborative and will play an important role supporting national planning ensuring a leadership approach across all workforce activity.

The Nursing Workforce - Context

NSS employs nurses at all levels of the career framework, as described in the NES "Education and career development pathways" model, to deliver clinical services inclusive of: health protection; infection prevention and control; commissioning; procurement; national audits, IT and occupational health. The CNO transforming roles agenda and policy outputs have been adopted within NSS. The main areas of relevance in NSS are specialist nurses and advanced nurse practitioner (ANP) roles.

Specialist nurses feature in the existing cohort in NSS health protection services and NSS is contributing to the transforming roles group at SGHSCD. The outcomes of this will be used to inform the future development of our services. There is opportunity to consider the potential for the addition of the role of ANPs in our direct patient care services in NSS SNBTS, as part of our transforming services agenda and our future nursing strategy.

Safe Staffing Legislation - Health and Care (Staffing) (Scotland) Bill

The Health and Care (Staffing) (Scotland) Bill is in progress currently and stage 3 is expected to complete in May 2019. NSS will take account of the required regulations in the light of our specialist clinical services. Workforce planning tools are currently being evaluated with the SGHSCD NMWWPP team to ensure they are fit for purpose. We participated in the NES learning needs analysis this year for the national tools and identified the need for training in the use of the tools within NSS.

Excellence in Care

NSS ISD is developing the Care Assurance Information Resource (CAIR) system for Excellence in Care are working in partnership with HIS and SGHSCD on the development of Excellence in Care. Excellence in Care
http://www.isdscotland.org/Products-and-Services/NSS-Excellence-in-Care/

In the coming year NSS SNBTS will be onboarded to the CAIR system as this is the service which provides our direct patient care services. The monitoring of the indicators for assurance and improvement will feature in our NSS reporting, inclusive of the safe staffing measures included.

Financial Challenge for 2019/20 and Beyond; financial issues facing NSS – short, medium and long term – links to finance plan

Across NHS Scotland there is a drive for improved financial efficiency and savings. NSS financial projections highlight the need to drive out approximately £52m on a recurring basis in years 2-5 of the FY19-23 plan. This requires savings beyond the 5% CRES target and means there is a need to transform services.

In order to reach financial sustainability by 2024, NSS will have to understand cost drivers, consider value created by our services and explore workforce challenges. NSS will take forward a programme to transform services, put in place strong financial management and ensure our workforce is effective as shown in Appendix 3.

Skills and Competencies – Staff Development

In order to support the transformation change for future service provision to NSS customers, the following high level skills and competencies have been identified:

- Programme management
- New ways of working – agile
- Business change management
- Scaling up/ spread
- User experience/ design
- Health economics
- Innovation
- Digital skills
- Technology
- Engagement/ use of networks

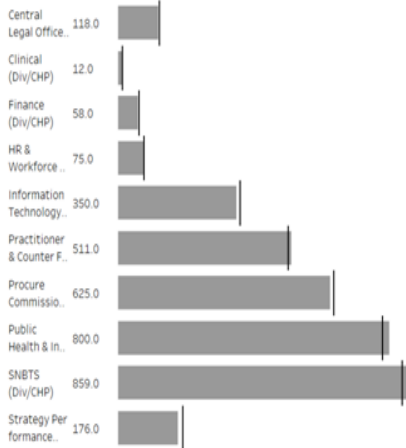Development programmes will be considered and designed to take forward the requirements.

Current Workforce Highlights

Staff in Post

NHS National Services Scotland employed 3260.30 whole time equivalent (wte) staff and a headcount of 3584 as at 31 March 2019 as shown in the graphs below. 90.17% of the workforce is engaged within the range of services associated with the core business service delivery – 6 SBUs, with 9.83% of the workforce engaged within the Corporate Services support units based on headcount figures.
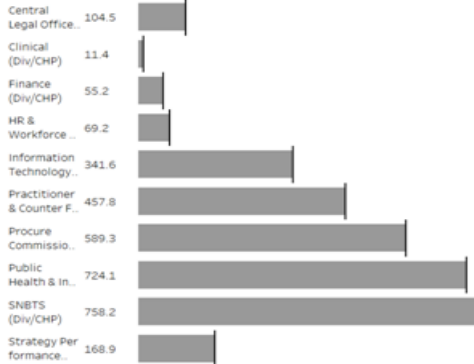
Division by Headcount

Staff count for All by **Division**

Division	Count
Central Legal Office..	118.0
Clinical (Div/CHP)	12.0
Finance (Div/CHP)	58.0
HR & Workforce ..	75.0
Information Technology..	350.0
Practitioner & Counter F..	511.0
Procure Commissio..	625.0
Public Health & In..	800.0
SNBTS (Div/CHP)	859.0
Strategy Performance..	176.0

% of Total Chosen person measure and % of Total Chosen person measure for each sum of Staff total broken down by Chosen dimension. For pane % of Total Chosen person measure: Color shows details about Gender. The marks are labeled by % of Total Chosen person measure. The data is filtered on Current staff member, SBU, Ethnic group filter, Contingent worker, Age Group (group) and Division. The Current staff member filter keeps True. The SBU filter keeps 10 members. The Ethnic group filter filter excludes Filter out. The Contingent worker filter keeps Employee. The Age Group (group) filter keeps 10 of 10 members. The Division filter keeps 14 of 14 members. The view is filtered on Chosen dimension, which excludes 6 members.

Division by WTE

Staff count for All by **Division**

Division	Count
Central Legal Office..	104.5
Clinical (Div/CHP)	11.4
Finance (Div/CHP)	55.2
HR & Workforce ..	69.2
Information Technology..	341.6
Practitioner & Counter F..	457.8
Procure Commissio..	589.3
Public Health & In..	724.1
SNBTS (Div/CHP)	758.2
Strategy Performance..	168.9

% of Total Chosen person measure and % of Total Chosen person measure for each sum of Staff total broken down by Chosen dimension. For pane % of Total Chosen person measure: Color shows details about Gender. The marks are labeled by % of Total Chosen person measure. The data is filtered on Current staff member, SBU, Ethnic group filter, Contingent worker, Age Group (group) and Division. The Current staff member filter keeps True. The SBU filter keeps 10 members. The Ethnic group filter filter excludes Filter out. The Contingent worker filter keeps Employee. The Age Group (group) filter keeps 10 of 10 members. The Division filter keeps 14 of 14 members. The view is filtered on Chosen dimension, which excludes 6 members.
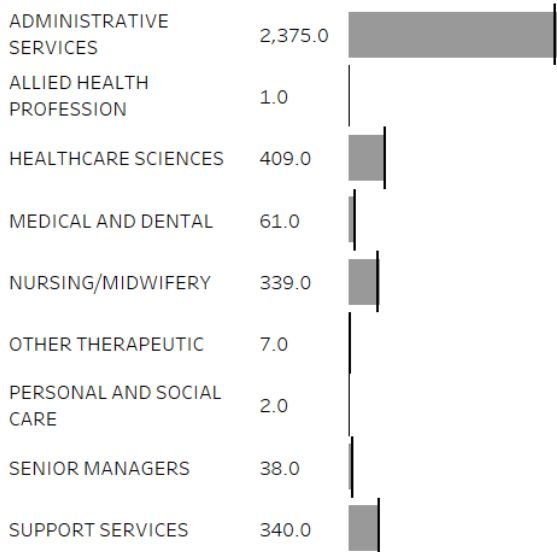
The information below shows the breakdown of NSS workforce across all job families and indicates that Administration Services forms the largest element of workforce at 66.5%, with Healthcare Science at 11.5% and Nursing and Midwifery at 11.5%.

| Job Family	Count
ADMINISTRATIVE SERVICES	2,375.0
ALLIED HEALTH PROFESSION	1.0
HEALTHCARE SCIENCES	409.0
MEDICAL AND DENTAL	61.0
NURSING/MIDWIFERY	339.0
OTHER THERAPEUTIC	7.0
PERSONAL AND SOCIAL CARE	2.0
SENIOR MANAGERS	38.0
SUPPORT SERVICES	340.0

Workforce Trends

The following information shows the workforce trend by job family over the last three years which indicates a gradual increase across administrative services and Healthcare sciences in the main. It should be noted that administration services has a range of sub job families which are determined by the core purpose of each SBU delivering services to NSS customers, for example Information Technology professionals, Procurement professionals etc.
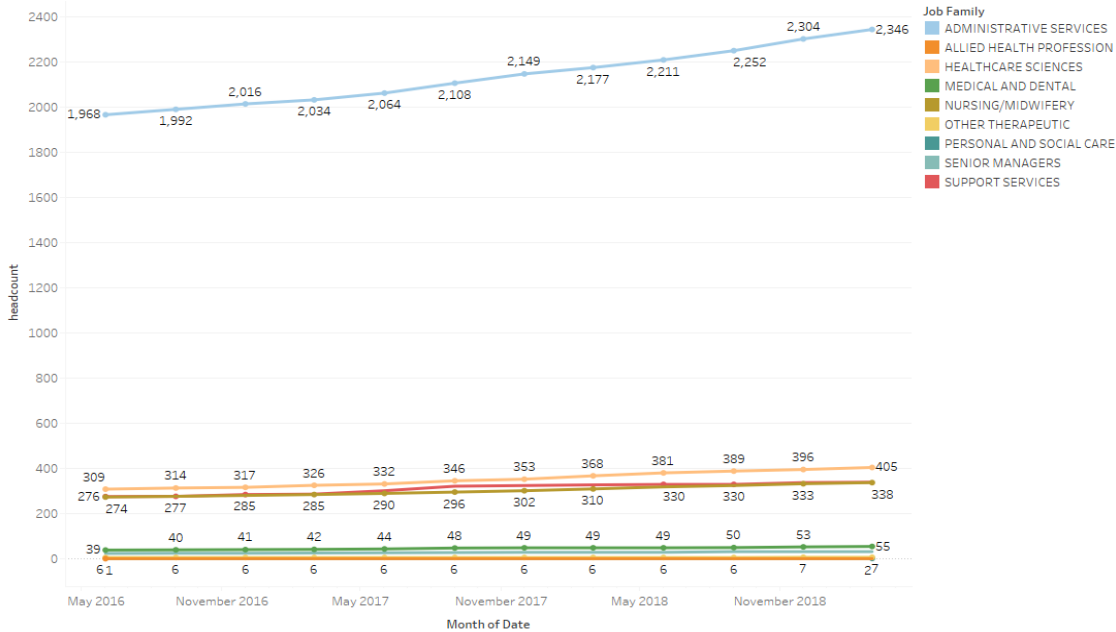
Age Profile
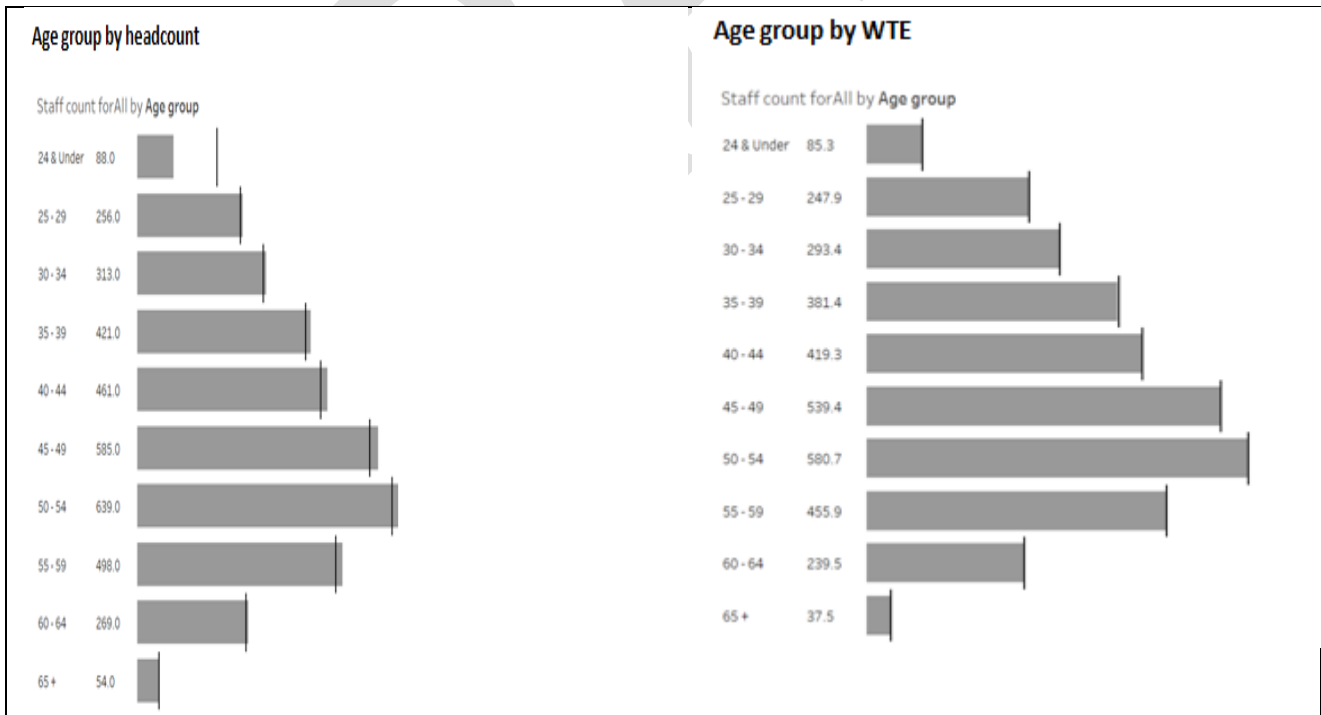
While it is recognised that increasing numbers of staff are choosing to work beyond both the Occupational Pension Scheme Age and State Pension Age, partly to assure their income in retirement, NSS is required to consider how the output from the national working longer steering group can be used to support the employment needs of older people to ensure a sustainable and capable workforce.

Staff Turnover Rates

The final turnover outcome reached 9.16% in the year ending 31 March 2019, higher than expected due to a TUPE transfer of 17 employees during the same month. The following graph provides the NSS workforce trend over the past three years indicating for the most part a reduction towards the end of each financial year. The average turnover rate across NHSScotland currently sits at 6.6%.

NSS Workforce Trend – 3 Years

The trend of sum of Turnover Trend for Date Month. Color shows details about Date Year. The marks are labeled by sum of Turnover Trend. The data is filtered on SBU Filter, which keeps True. The view is filtered on Date Year, which keeps FY 2017, FY 2018 and FY 2019.
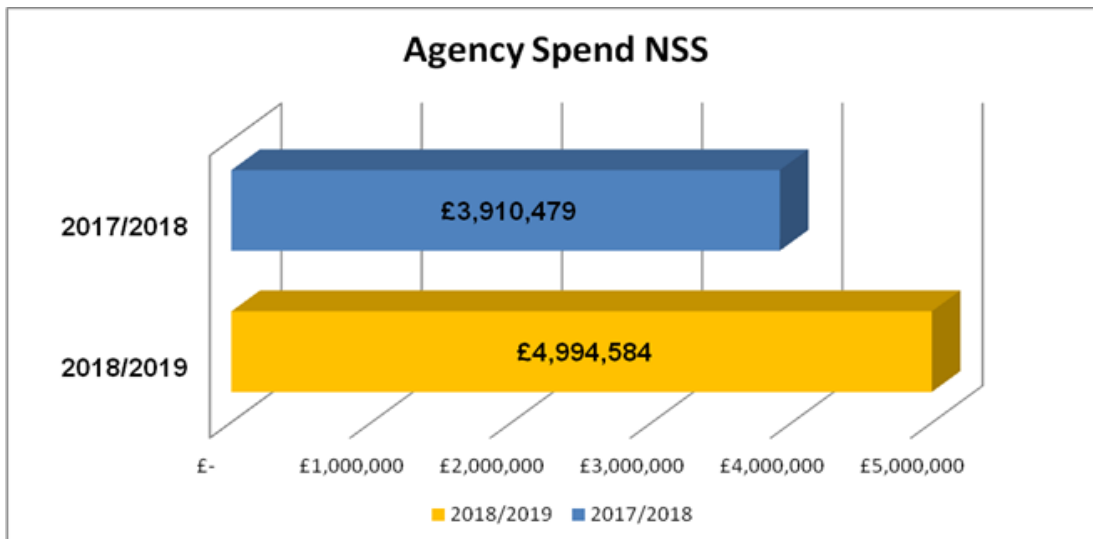
Expenditure on Agency, Overtime and Additional Hours

Agency Spend

NSS will continue to make effective use of Agency Staff to meet the need of customers and provide resources quickly or when there are areas where specialist knowledge or experience are required such as Procurement, Commissioning and Facilities (PCF) and IT services. Robust and formal monitoring will continue to be in place for all spend and activity in this area.

NSS's planning assumptions include not only the utilisation of staff employed on a permanent and fixed term basis but also includes the utilisation of other workforce supplies where the demand for new and changing services requires it, or very specialist skills are required. This includes the use of Agency staff and the use of overtime and excess hours when required. NSS will continue to identify areas where efficiencies can be made and includes plans to develop specialist skills and knowledge in the permanent and fixed term workforce.

NSS spent £4,994,584 on supplementary agency staffing for the year ending 31 March 2019, an increase of 28% from the previous year. The majority of this spend was in the IT and PCF SBUs.

Agency Spend NSS

| Year	Amount
2017/2018	£3,910,479
2018/2019	£4,994,584

Legend: 2018/2019, 2017/2018

Overtime Spend

NSS will continue to reduce reliance on the use of overtime payments albeit at a slower rate than previous years and there are a number of developments which will in the short term continue to influence the level of overtime payments particularly in PCF:

- Work on pre-building stock levels to advance pick lines, which require weekend working
- Work undertaken to support additional storage requirements for contingency stockpiling for Brexit
- Work required to support clinical waste stream activity

NSS spent £328,930.24 on overtime during 2018/19 a decrease of £9,329.86 from 2017/18. The main spend as indicated in the graph below relates to PCF SBU where 68.74% of their total spend covers employees in the warehouse.
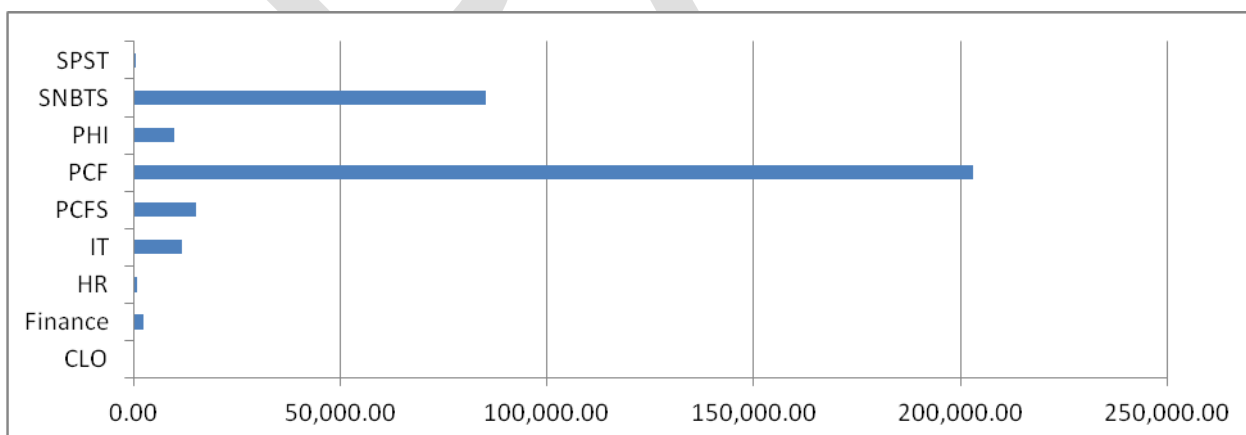
Additional Hours

NSS will continue to use additional hours payments as appropriate. In particular this relates to SNBTS Blood Donor Sessions running over time, mainly paid at Band 3 and 4 levels and PCF where 57.45% of their total spend relates mainly to absence and vacancy cover of Band 2 employees within Facilities Management.

NSS spent a total of £402,866.97 on additional hours during 2018/19, an increase of £74,196.70 from 2017/18.
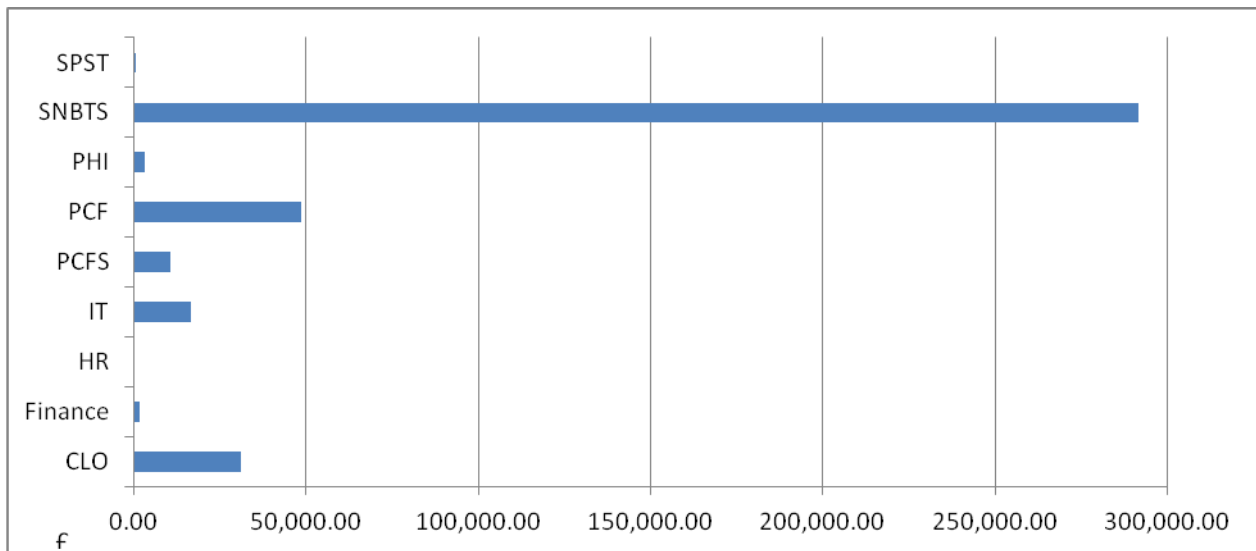
NSS will undertake further workforce planning in order to seek opportunities to reduce the requirement and spend on agency, overtime and additional hours.

United Kingdom's Withdrawal from the European Union

The implications of the UK's decision to leave the European Union, popularly known as Brexit, will be dependent on the final agreement negotiated between the UK and the remaining 27 EU members. Currently, there remains uncertainty over the shape of the labour market, employment law and immigration policy. All of these factors will impact Workforce Planning at a national, regional and local level, and a variety of solutions will need to be identified across these levels to ensure the health and social care needs of our population are not adversely affected during the transition period and beyond.

As an employer, we are wholly committed to ensuring our EU staff and their families have access to up-to-date information, support and advice during this period of uncertainty. NSS will be seeking clarity, establishing facts and ensuring that our EU staff are kept updated on developments as and when they happen.

Appendix 1

Nationally agreed pay, terms and conditions with which NSS must comply.

Agenda for Change – this is the NHS pay system for all staff directly employed by NHS Health Boards with the exception of Executive Level/Senior Managers and Medical Staffing. This applies across the UK and is designed to:

- Deliver fair pay for non-medical staff based on the principle of equal pay for work of equal value supported by the NHS Job Evaluation Scheme
- Harmonise terms and conditions of service such as annual leave, hours of work, sick pay and work performed in unsocial hours
- Provide better links between pay and carer progress using the Knowledge and Skills Framework

Medical & Dental – all matters in relation to medical pay, terms and conditions of employment take place across the UK and at Scottish level with a range of medical contracts:

- Consultants – Hospital and Dental consultants in Scotland are subject to the pay, terms and conditions associated with the new consultant 2004 contract, which enables planning and timetabling of consultants duties. Hospital and dental consultants also have access to award schemes such as Distinction Awards and Discretionary Points scheme.
- Scottish Public Dental Service – a common set of terms and conditions of service for dentists working within the service are detailed PCS(DD)2013/5
- Specialty Doctors and Associate Specialists – From 1st April 2008 a new agreement was implemented providing pay, terms and conditions of contract for Specialty Doctors and Associate Specialists.

Executive and Senior Managers – Executive Pay and Terms and Conditions of service are under the direction of the Cabinet Secretary for Health and Sport. PCS(ESM)2018/1 provides the required pay and conditions of service to be provided to this category of staff in respect to both cost of living and performance related pay for year ending 2018/19.
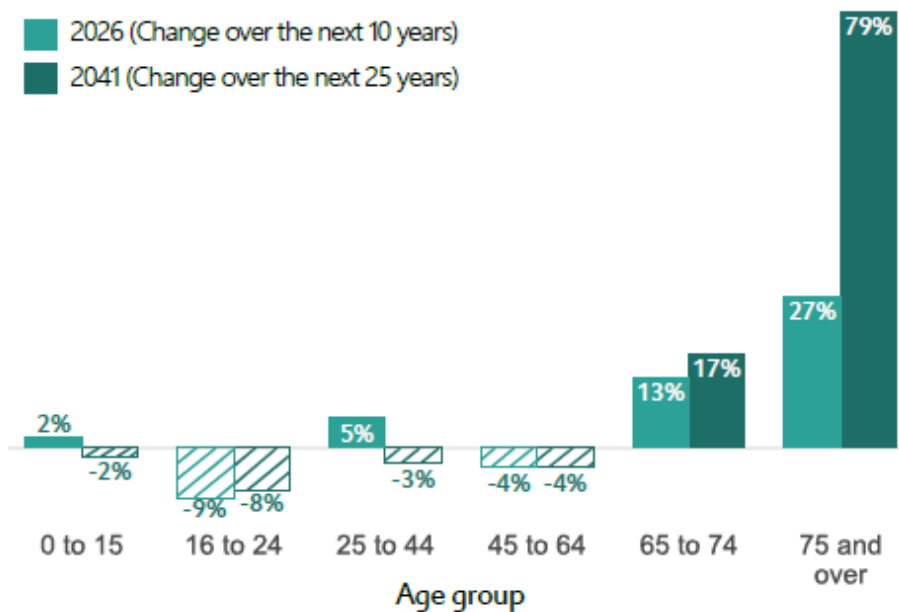
Appendix 2 - The National Context - Scotland's Population

The National Records of Scotland (NRS) predicts the population of Scotland will continue to grow from 5.40 million in 2016 to 5.69 million in 2040, an increase of 5% over the 25 year period.

People aged 75 and over are projected to be the fastest growing age group in Scotland. The graph below, obtained from the national NRS Projected Population of Scotland (2016-based) published on 26 October 2017 shows the projected population growth.

This has significant implication for NHSScotland and will require a transformation in the way Health and Social care services are delivery but also for Health Boards, including NSS, to consider the workforce implications of an age diverse workforce in order to continue to deliver planned services.

Comparison key points likely to consider:

Scotland growth and growth of age group for those over 65 will grow more over next 5 years at a more rapid pace than those in the younger age profile categories.

The growth of 0-44 is slowing down and in the main shows a negative impact on Scotland's population.

Given youth employment is a key requirement for NSS in terms of workforce sustainability and the market place over the coming years for this category of staff is reducing, NSS will have to consider its approach to attraction and retention to be the employer of choice and ensure young staff are motivated and inspired to remain with us.

It will be important to ensure staff in age group 45 and over feel valued to ensure retention of experience and knowledge and considered in relation to the Working Longer Strategy.

Financial Sustainability Plan 20:24
Workstreams

Strong Financial Management	Workforce Effectiveness	Transformed Services

Financial reporting and Control
• Improved reporting:
  • Cost of occupation to drive effective use of Estate
  • Cost of Travel to change behaviours
• Driving benefits from Digital:
  • IT cost reduction
Cost and Value
• Scenario planning
• Zero based budgeting
• Cost to serve and recharging
• Understanding value
• Aligning baseline to value of services
Optimising Procurement
• Cost and Commercial Steering Group
• Procurement driven savings targets
• Targeted savings in areas of non contracted spend
	Improved Governance
	• Recruitment (eRAF)
	• Focus on Workforce Planning in years 2-5
	Workforce Optimisation
	• Productive workforce
	• Effective resource deployment
	Service Redesign
	• Capability driven operating model: Once for NSS
	• Consistent approach to the shape of the organisation
		• Where do we focus our service provision to add value?
		• What do we stop doing?
		• Exploiting automation
		• Service redesign
		• Digital first
		• New ways of working

B/19/96

NSS Board Meeting, Friday 6ᵗʰ September 2019

FINANCE REPORT

<u>Purpose</u>
The purpose of the attached paper is to report on NSS Financial Performance against agreed ODP targets as at 31ˢᵗ July 2019.

<u>Recommendation</u>
The Board is asked note the contents of this report.

<u>Timing</u>
N/A

<u>Background</u>
The Financial Performance of NSS is measured in terms of the achievement of the following key metrics:
   a) Operate effectively and deliver all LDP targets within a balanced revenue budget (Revenue Outturn Breakeven)
   b) Deliver our capital investment programme within a balanced budget (Capital Outturn Breakeven)
   c) Deliver Cash Releasing Efficiency Savings of 5% of baseline on a recurring basis

NSS is on course to meet its statutory financial targets for 2019-20.

NSS Target	RAG rating*	Year to Date (£m)	Full Year Outturn (£m)
Revenue outturn	Green	0.1	0.0
NSD CRES savings	Green	3.3	9.7
NSS CRES savings	Green	4.8	6.9
Capital outturn	Green	0.0	0.0

<u>Key</u>
Red: Target will not be met
Amber: Uncertainty over whether target will be met
Green: On target

<u>Engagement</u>
This report is based on monthly financial performance reports prepared by Finance following consultation and engagement with SBU directors, who confirm that the position reported, reflects fairly the financial performance of their SBU.

NSS BOARD
FINANCIAL PERFORMANCE REPORT AS AT 31ˢᵗ JULY 2019

This paper updates Board colleagues on the financial position for NSS as at 31ˢᵗ July 2019

1. **Overview of Financial Performance**

    At month 4 of the Financial Year, NSS is on track to achieve all of its statutory financial targets for Revenue, Capital and Efficiency Savings.

    A summary of the financial position and key, emerging issues is provided below.

NSS Target	RAG rating*	Year to Date £000	Forecast Outturn £000
Revenue outturn	Green	65	0
NSD CRES savings	Green	3,296	9,703
NSS CRES savings	Green	4,751	6,908
Capital outturn	Green	0	0

    Key
    Red: Target will not be met
    Amber: Uncertainty over whether target will be met
    Green: On target

    A dashboard has been developed to support the specific reporting requirements of NSS Board; FPPC; & EMT – this is available through Tableau Reader and in PDF format and has been circulated with this report.

a) Revenue – SBU Trading

NSS is reporting an SBU trading surplus of £26k at the end of July, with a forecast operating deficit of £1,308k at year-end.

SBU	Year to Date £000	Forecast Outturn £000
SNBTS	128	(427)
CLO	(18)	(45)
CD	5	18
Finance	18	0
HR	1	0
P&CFS	(40)	(478)
PCF	175	(29)
SPST	117	127
DaS	(129)	(200)
PHI	(232)	(274)
Initial SBU Trading	**26**	**(1,308)**
SG Transformation Fund	(107)	(126)
Hosted Funds	146	0
Revised SBU Trading	**65**	**(1,434)**

The SBU trading position includes an overall SG Transformation Fund surplus – in terms of the YTD position, £0.1m relates to National Planning under PCF and in terms of the forecast position, £0.1m relates to National Programmes under SPST.

In terms of Hosted Funds, the YTD SBU trading position includes an overall deficit which is mainly within NDC under PCF – resulting from additional Logistics costs due to offsite storage. There is an expectation that this additional Brexit storage cost will be fully funded by SG in 2019/20 giving rise to a break-even position at year-end.

Any surplus or deficit relating to Hosted Funds or Transformation Funding will not impact on NSS' bottom line so the SBU trading position has been revised to reflect this.

Year to Date

<u>SBUs</u>

There is a small overall YTD deficit with a number of pressures being partially offset by various under spends.

DaS is reporting a £0.1m pressure linked to income targets with some staff not recording their time on a timely basis to enable cost recovery. This risk was identified at DaS SMT and will be a focus to ensure information is recorded on a timely basis moving forward so that the YTD position is as up to date as possible.

PHI is reporting a £0.2m pressure with actual income lower than budgeted levels currently. The overall income position is being closely reviewed with the business to ensure a sufficient level of income is generated to cover the cost base.

The main areas of under spend are PCF (£0.2m); SNBTS (£0.1m): and SPST (£0.1m).

Within PCF and SNBTS there are a number of vacancies which are currently being filled but the current under establishment is giving rise to favourable variances against budget.

The overall SPST under spend includes a series of smaller favourable positions across various sub-service areas including S&G and PgMS.

<u>Pay</u>

The overall NSS pay position is a YTD under spend of c£2m as at July 2019. As above, there are a number of vacancies within PCF and SNBTS giving rise to pay underspends. Within PCF there are 29.8wte additional agency staff than budgeted which includes additional resource to support Brexit preparations.

There are also a number of vacancies within PHI giving rise to a £0.4m under spend which is offset by an under-recovery of income.

Within SPST, there is also a £0.4m pay underspend reported – this relates to staff costs incurred by PgMS but then recharged to other SBUs to support agreed projects. This is offset by a corresponding over-recovery of income.

Forecast Outturn

Latest SBU forecasts indicate a projected SBU Trading deficit of £1,308k for 2019/20.

The main pressures areas are SNBTS (£427k) and P&CFS (£478k).

The SNBTS deficit relates to £550k additional cost for the UK Blood Inquiry. It is anticipated that SG will fully fund this cost but it is reported as a financial risk at this stage until agreed and funding is allocated to NSS.

The P&CFS deficit is driven by significant additional costs in the programme to replace the DCVP Pharmacy payment system as a result of development delays and further costs emerging as exact requirements have been refined and clarified. P&CFS is trying mitigate the indicative £1m pressure in a number of ways, including pursuing compensation from suppliers for delayed progress and the consideration of removing

requirements to a minimum viable product. The current forecast assumes that savings and mitigations will be achieved to reduce the DCVP exposure. There has also been slippage in the project which means that £0.5m of the additional requirement will now be required in 2020/21 rather than the current financial year.

It is anticipated that all known pressures can be managed within our overall reserves position but this will be kept under constant review.

Quarterly Finance Meetings with each SBU Director have taken place during late July / early August where all significant emerging issues and opportunities were discussed and factored into the financial plan.

One of the key issues was additional backlog maintenance liabilities identified as part of the work to refresh the PAMS in the 2019 interim report. This was reported to the Finance, Procurement and Performance Committee with a recommendation that a further contribution of £1.0m to be made towards backlog maintenance in 2019-20 with the remainder (£4.5m) of the backlog maintenance being dealt with in the next planning period.

b) Cash Releasing Efficiency Savings (CRES)

The total CRES target for 2019-20 in NSS is £16.7m, with £9.7m relating to NSD. To date £8.0m has been achieved and there is currently no risk forecast to the delivery of the overall target by 31st March 2020.

c) Capital

At this early stage of the Financial Year there is limited capital expenditure (£0.4m) with no change to the forecast out turn of break-even. Similar to the revenue development position, a number of business cases have been received, reviewed and approved for capital but some remain outstanding.

2. Horizon Scanning

There are a number of emerging issues and pressures which are being closely monitored by Finance, and have been subject to early discussions with SG, either to keep them appraised of emerging financial risks or to seek additional funding support. The latest position on each of these issues is noted below:

- UK Blood enquiry – ongoing costs being incurred – forecast £550k within SNBTS – it is anticipated that SG will fully fund this cost but it is noted as a financial risk at this stage until confirmed and funding is allocated.

- EU EXIT – PCF forecast assumes £1.3m cost will be funded by SG

- ARHAI / HFS – definition of centre of expertise – bids have been submitted with an assumption that additional costs will be funded by SG

- Clinical Waste – costs are being closely monitored – assumed that costs will be met by Boards and/or SG.

- HPV Screening – NSS will meet additional DaS and PHI costs up to £0.5m.

- Corporate Services Provision to Public Health Scotland - SG funding is limited for implementing the new Public Health Body and implementation risk is being closely managed by the programme.

- Funding for Major IT programmes including O365 and CHI / Child Health – this is not an NSS funding risk but delays in implementation will have an adverse impact on future savings plans

- National Board Collaboration – delivering the residual recurring savings. NSS made provision in its financial plan to contribute its pro-rata share of £5.5m each year but there is currently an assumption by SG that NSS will contribute £6.7m as per the initial funding letter. This is being challenged with SG but there remains a risk that NSS will be asked to contribute further towards the shortfall identified.

3. **Summary**

The Board is asked to note this report, in particular:

- NSS is on track to meet of all statutory financial targets, and that all known pressures can be managed within our overall reserves position, but will be kept under constant review

- The significant emerging issue in respect of the DCVP Pharmacy payment system which is contributing to a forecast trading deficit of £1.4m.

- Other emerging pressures on the watch list and major initiatives underway, including the creation of Public Health Scotland and National Board collaboration.

- Endorse the recommendation of Finance, Procurement and Performance Committee for increased investment in the current financial year of £1m for backlog maintenance.

Carolyn Low
Director of Finance
22nd August 2019

B/19/97

Purpose and recommendation

The Board is asked to note and confirm the August 19 update against the Strategy Performance Framework and the proposals agreed by the EMT for progressing strategic priority three: assisting other organisations involved in health and care.

Timing

The Strategy Performance Framework will be reported to the Board twice a year, with the next report due in February 2020.

Background

The NSS Strategy 2019-24 was approved by the Board at its April 2019 meeting and formally launched in July. NSS makes a number of commitments within the strategy and this paper highlights progress to August 19 against those commitments. This is provided as a summary dashboard with more detailed reports contained within Appendix A.

A BRAG status is applied to each area based on its present performance or result if completed.

Blue	Goals/targets (being) exceeded
Green	Goals/targets on target or achieved
Amber	Goals/targets (being) missed by less than 10%
Red	Goals/targets (being) missed by more than 10%
Grey	Goals/targets still to be defined/agreed

Performance to date

Strategic Priorities
There are 15 programmes of work identified in the strategy. 12 are green (80%), 2 are amber (13%) and 1 is still to be defined (7%).

Amber programmes are: Digital and Security (Underpin) and Programme Management (Underpin). Both have been impacted by resource issues – available skills/expertise and recruitment – and are working with HR to address gaps.

The grey (undefined) programme is Digital and Data (Enable). A meeting is taking place in mid-September to identify programme activity ahead of a full proposal to be considered by the Executive Management Team.

Strategic Objectives
19 key performance indicators (KPIs) have been identified to help the Board assess corporate and operational performance. 3 are blue (16%), 8 are green (42%), 8 are amber (42%) and there are no red or grey KPIs.

Amber KPIs relate to:

complaints – improved monitoring has increased complaint levels and training packages are being considered to help improve our approach to customer service;

staffing levels – staffing levels are at 98% of target and SBUs continue to work with HR on recruitment;

business continuity – a category level 1 incident impacted SNBTS for 9 hours in Period 1;

environmentally sustainability – a new, higher target has been introduced (shifting our position to amber from green) and an action plan for achieving it is being developed;

iMatter – new, higher targets have been introduced (shifting our position to amber from green) and all parts of NSS are progressing this year's iMatter activity;

sickness absence – levels are tracking just above target and action plans have been developed in 2 SBUs experiencing the highest volume of absences;

RIDDORS – levels are above forecast and a new training pack is being introduced to help avoid any increase for the remainder of the year.

Please note: Further work will be undertaken to review risks identified across the strategic framework to ensure alignment with the corporate risk register and the Board's Strategic Watch list of risks.

Strategic Priority 3 – Assist other organisations involved in health and care
This paper sets out how NSS will meet its strategic commitments in relation to: Integrated Joint Board (IJBs); Local Government; Emergency Services (non-health); and, the Third Sector. The proposals and action plan have been agreed with the EMT and the paper is provided for information.

Procurement and Legal

No implications.

Engagement

This paper was developed with input from planning and performance teams across NSS, the Assist Strategic Working Group and after a full review by the EMT.

Equality & Diversity

No implications are currently identified.

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NSS Strategy Dashboard: Strategic Objectives AUGUST 2019

Strategic objective	Key Performance Indicator	Frequency	Result Date	YTD Actual	FY20 Target	Status	Notes
Customer at the heart	Customer Satisfaction	Annual	FY19	76%	76%	Green	Report due Apr 2020.
	Customer Advocacy	Annual	FY19	23%	23%	Green	Report due Apr 2020.
	Customer Effort	Annual	FY19	76%	76%	Green	Report due Apr 2020.
	Complaints Volume	Quarterly	Q1 FY20	163	500	Amber	Complaints up 12% on last year. Most relate to 3rd party suppliers.
Improving the way we do things	Cash Releasing Efficiency Savings (£k)	Monthly	Jul-19	£7,641	£16,608	Blue	Planned efficiencies on track to exceed target.
	Staffing Levels (WTE)	Monthly	Jul-19	3265	3328	Amber	Staffing levels at 98% of template.
	Major BCP Incidents	Monthly	Jul-19	1	0	Amber	SNBTS unable to access Traceline for 9 hours (02:00-11:00) in P1.
	Cat 1 Clinical Adverse Events	Monthly	Jul-19	0	0	Green	No incidents to date.
	Cat 1 IG Adverse Events	Monthly	Jul-19	0	0	Green	No incidents to date.
Increasing our service impact	Revenue outturn (£k)	Monthly	Jul-19	£65	£0	Blue	Marginal underspend YTD. A -£1,434k underspend is forecast for the year.
	Capital outturn (£k)	Monthly	Jul-19	£0	£0	Green	On track to deliver capital expenditure.
	Environmental Sustainability	Annual	FY19	48%	55%	Amber	Report due Mar 2020. New action plan in development.
	NHSScotland Contract Savings (£k)	Monthly	Jul-19	£6.6	£60	Green	On target based on forecast savings plan.
	ODP NSS	Quarterly	Q1 FY20	93%	90%	Blue	NSS currently on track to deliver 57 of its 61 performance indicators.
Great place to work	Employee Engagement Index (iMatter)	Annual	FY19	76%	77%	Amber	iMatter launches 26 August. Report due Oct.
	Action Planning (iMatter)	Annual	FY19	77%	85%	Amber	Action planning due to be completed by Dec. Report due Jan.
	Sickness Absence	Monthly	Jul-19	4.28%	4.00%	Amber	Targeted action plans in place for PCF and PCFS to address issue areas.
	RIDDORS	Monthly	Jul-19	2	4	Amber	New training pack being developed to support early identification of RIDDORs.
	Value Sessions	Monthly	Jul-19	48%	100%	Green	SBU plans in place and NSS 'mop up sessions' planned for Sep/Oct.

NSS Strategy Dashboard: Strategic Priorities AUGUST 2019

Strategic priority		Programme	Commitment	Status (last report)	Status (this report)	Status update	Achievements since last report	Value being created
ENABLE health and care transformation		Primary and community care	Assess primary care capability and capacity and the current state of the general practice estate Support the modernisation of primary care systems/processes	Amber	Green	Programme back on track following agreement of GMS Data Capture Tool design approach. Agreement needed on NSS programme approach as scope of activity is to grow and account for all NSS aligned projects.	Stakeholder engagement continues – Rose-Marie Parr, Richard McCallum (both SG) and Harry McQuillan (CPS). GP Practice Sustainability Indicator Tool completed; business case with SG. GMS Data Tool (Workforce and Income-Expenses) pilot was successful. Greg Thompson, Programme Director in place.	Delivering a more sustainable and resilient primary and community care service that improves patient care with more effective multi-disciplinary working.
		Medicines	Redesign prescribing pathways in primary care and improve access to medicines data Research, develop and introduce new treatments	Green	Green	Programme on track. Internal NSS network established, discovery workshops for prescribing planned and Pharmacy Clinical Leadership Fellow appointed. Alignment with other NSS programmes needs to be explored.	Joint commission from SG Primary Care Directorate and Pharmacy and Medicines Division for a discovery project on Primary Care Prescribing/ Dispensing Pathway.	Helping ambitions for the right medicine or right treatment to be given to the right patient at the right time.
		Digital and data	Optimise cloud use and create a new national security operations centre for NHSScotland Improve access and use of NSS national data sets			Programme still to be developed by Digital and Security. Meeting arranged with Deryck Mitchelson to progress.	None to report.	Improved security and information knowledge to reduce risk and support patient care and safety.
		Innovation and transformation	Develop an innovation network and support the scale up of key innovations across Scotland Enable stakeholders and partners to deliver transformational change	Green	Green	Programme on track. Five workstreams defined, workplans being developed and work underway to map existing activity in SBUs. Outline bid for *Organising for Innovation* submitted to the Digital Health and Care Spending Review and ScotCap industry partner selected.	NSS supported the delivery of the first UK Innovation Partnership Procurement in healthcare with ScotCap.	Maximising the potential for key innovations to be sucessfully implemented across health and care.
UNDERPIN NHSScotland with excellent services	Better Health	Blood, tissues and cells	Support hospital blood banks Introduce eBlood management systems	Green	Green	Programme on track. Blood Bank Dashboard delivered and initial roll out of the electronic blood management system (eBMS) to Western Isles being progressed. Alignment of DaS, SNBTS Ops and 3rd party software supplier critical to timely delivery of eTraceline upgrade.	Introduction of Blood Bank Dashboard available to Health Boards/Blood Banks SNBTS representation/influence in Laboratory Shared Services Programme Validated electronic blood management system solution (eBMS)	Resilient, safe and sustainable blood, tissue and cell delivery model.
		Specialist healthcare commissioning	Provide national planning to NHSScotland	Green	Green	Programme on track. All activities receiving positive feedback and support from across NHSScotland.	TAVI plan for Scotland delivered on schedule and positively received Positive feedback on horizon scanning process and outputs to date Board structure and processes of national planning working effectively Referred topic areas routed more effectively to National Planning and NSSC or Regional or Local Planning – due to central function of National Planning	Improved health and tertiary care for those who require specialist services.
		Public Health Scotland	Support the successful establishment of Public Health Scotland	Amber	Green	Programme back on track. Staff consultation due to complete, shadow EMT established, NSS corporate shared services proposal developed and agreed and finance due diligence completed and with SG for agreement	NSS Shared Service Proposal has been agreed in principle by the PHS EMT. Detailed transition plans have been developed for each shared service area to understand the level of activity NSS is required to complete before April 2020.	Delivery of public health reform to improve Scotland's health challenges.
	Better Care	Health facilities	Develop a national approach to infrastructure management	Green	Green	Programme on track. Draft Capital Investment Plan (CIP) completed and shared with directors of finance, chief executives and regional strategic facilities groups. Additional report on environmental impact included.	National Infrastructure Board now fully established.	Safe infrastructure which supports effective clinical care and patient needs.
		Primary care support	Automate primary care payments Refresh the Community Health Index (CHI)	Green	Green	Programme on track. Automation: eOrtho payment and approval roll out commenced with 2% of submissions currently processed electronically. CHI: multiple workstreams in place looking at reporting, resources, processes, data migration, systems, strategy and governance.	Pharmacy automation at 79% and 100% of dental and opthalmic payment claims and prior approval submissions received electronically Universal Claim Framework and self-service prescription tracker delivered All dental & ophthalmic payment schedules viewed electronically with no paper schedules sent to contractors CHI IMA governance agreed and GPPRS registration requirements confirmed	Faster and more accurate primary care payments, increased productivity and cost efficiencies to be released for other services.
		Digital and security	Deliver digital solutions and digital transformation		Amber	Programme off track due to ongoing delays in NSS web transformation and staff resource/experience issues. Satisfaction remains high at 100%. Mitigating actions include: digital workplace team being mobilised, revised web transformation plan to be presented to September COG and staff recruitment/development planned.	Cloud hosting proposals developed for CHI/CH and NE Hepma and Orion Design workshops held for Security Operations Centre Design signed off and order placed for secure connections into Azure	Ensuring health boards and health and social care partnerships are able to work effectively and safely.
	Better Value	Procurement & Logistics	Optimise use of contracted products and services	Green	Green	Programme on track. National Procurement workplan and savings reviewed with HPDG, new and vacant roles being recruited and 2018/19 annual report published.	Innovation team receiving excellent feedback Phase 1 of EU Exit planning completed Clinical Waste contingency operational	Best value in procurement and supply chain services.
		Fraud prevention	Increase fraud detection and prosecution	Green	Green	Programme on track with nearly one-third of prevention target (£1.5m full year) achieved. Good engagement with all health board EMTs and service to be provided to Public Health Scotland and Highlands and Islands Enterprise Board. Filming for second series of BBC1 programme NHS Fraud Investigators completed.	CFS won Prevention Team of the Year award at UK Government Counter Fraud Awards Patient exemption recoveries/savings currently exceeding target	Savings made from detecting and stopping crime witll support the NHS in Scotland in times of significant financial challenge.
		Legal	Implement digital legal services	Green	Green	Programme on track. Staff experience survey of voice recognition completed. Pilots of Secure External File Transfer and electronic legal case files. 95% implementation of electronic legal case files (Commercial Contracts).	Upgrade of Legal Case Management System (Prescient+) Microsoft Office 2016 and Windows 10 fully implemented	Efficient, user focused and easier to access service.
		Programme management	Launch a transformation support service	Amber	Amber	Programme remains slightly off track due to gaps in resource/skills. Recruitment for 2 new Service Design roles underway, upskilling existing team and delivering Service Design training to the wider business. Internal Service Transformation proposition to be launched, benefits tracking approach and ways of working with OD to be agreed.	Web Transformation: full MDT in place and achieving all key milestones Finance Transformation: supported roadmap, TOM and process mapping Medicines/Prescribing Pathway: supported Discovery phase ARHAI: agreed Service Design approach to scope Programme for SG	Ensure transformation benefits can be realised at pace.
ASSIST other organisations in health and care		Integration joint boards Local government Emergency services Third sector	Help IJBs meet ministerial recommendations Strengthen relationships with local authorities Collaborate with Police Scotland and Scottish Fire & Rescue Deliver a new public participation strategy	Green	Green	Programme on track. IJBs: Colin Sinclair exploration of opportunitiues with Chief Officers Network LG: NSS asked to present Joint Chronologies work to COSLA Children and Young Persons Board ES: partnership opportunities explored with Assistant Chief Constable 3S: SG sponsorship of NSS support to Hospices infrastrcuture programme	Exploratory meeting with NHS Lothian, Police Scotland and Scottish Fire and Rescue Service on knowledge sharing and joint working opportunities Data and business intelligence workshop with Renfrewshire Council to explore around potential support for the Drugs and Alcohol Commission.	Better aligned and more efficient service provision.

Enable

NSS Strategy Update – August 19

PRIMARY AND COMMUNITY CARE
AUGUST 2019

NHS National Services Scotland

SERVICES

- **Practitioner Services**
- **Clinical Directorate**
- **Health Facilities Scotland**
- **ISD Scotland**
- **Digital and Security**
- **Programme Management**

STATUS	2-5 YEAR
Green	No

KPIs	Target	Actual
-	-	-
-	-	-
-	-	-

INVESTMENTS

NSS	-
SG	-
Other	-
Total	-

MILESTONES

GMS Phase 2 negotiations	Dec 20
All programme deliverables	Mar 21

PRIORITY

Enable	Underpin	Assist

OUTCOMES

Better Care	Better Health	Better Value

CHANGE TYPE

Innovate	Transform	Improve

SRO

Martin Bell

GOVERNANCE

- SG Primary Care Directorate
- NSS PMG
- NSS Primary Care Board (Required)

AIM

To enable the modernisation, integration and transformation of primary and community care in Scotland.

UPDATE

- **Geospatial Data** collection (GP practice boundaries) plan agreed. Process for digitising paper maps now developed and complete. Maps for NHS Highland (North) digitised, remainder of Board plus NHS Fife under construction. NHS Lothian have confirmed availability of digital maps for adding to the national mapping tool. Plans in place to roll out tool across all boards by March 2020.
- **GMS Data Tool** (Workforce and Income-Expenses). Roll-out plans in place for all boards throughout August /September with data returned in November.
- Internal options appraisal to **back-scan medical records** is complete. Result is less efficient than third party contract options. With c$^1/_3$ of practices scanned, SG is preparing to allocate funding to progress this activity direct to Boards.
- HFS **survey of privately owned GP estate** completed. Data uploaded into HFS Tool for Boards to access and a paper has been submitted to SG. Next step is to discuss with SG the requirement, if any, for a more qualitative evaluation; identifying sites with appropriate capacity for additional clinical space in terms of population need and works required to convert the space into consulting room capacity. A proposal paper is currently in draft.
- Working with Katherine Ross, AD **Social Care**, to engaged Chief Officers and their requirements / opportunities around support to social care.
- **Multi-Disciplinary Teams (MDT)**. An interim report detailing the findings from the MDT Discovery work has been drafted and shared with the NSS Primary Care Targeted Support Board for feedback ahead of wider distribution.
- **Prescribing**. Invites have been issued for the 1st Workshop on 5th Sept planning and material gathering for that workshop is underway.
- **Primary Care** Footprint: Cleansing and ratifying of previously collated data is currently underway .
- **Communications** plan being developed. Focus is to align benefits to Realistic Medicine's Triple Aim, reinforcing need for co-creation and effective spread of ideas / solutions.
- Working with National Boards (NBs) on a proposal for SG to determine any support NBs could provide to HSCPs with service transformation and **implementation of Primary Care Improvement Plans**. Predominantly focussed on connecting network(s) of improvement \ change management expertise; both via online means and by potentially broadening the HIS led Primary Care Quality Improvement Faculty.

ACHIEVEMENTS TO DATE

- Stakeholder engagement continues – Rose-Marie Parr, Richard McCallum (both SG) and Harry McQuillan (CPS).
- GP Practice Sustainability Indicator Tool completed; business case with SG.
- GMS Data Tool (Workforce and Income-Expenses) pilot was successful.
- Greg Thompson, Programme Director in place.

NEXT STEPS

- **GMS Data Tool**. Discussion with SG regarding level of analytics required.
- **Footprint**. Validate data with key stakeholders and develop sharing format.
- Co-ord opportunity to support Boards' procurement and subsequent contract management of **medical records back-scanning** on a 'Once for Scotland.'
- **Multi Disciplinary Team** (MDT) options being developed to ensure NSS is prepared to act should funding become available.
- Implement an overarching NSS Primary Care Board to allow a high level overview of all Primary Care related work across NSS.
- Assess any added value opportunities from combined views of the data being gathered by work-streams and existing NSS datasets; documenting proposals for further consideration.
- Support SG implementation of Primary Care Redesign Digital Board.

RISKS/ISSUES

Medicines
JULY 2019

NHS National Services Scotland

SERVICES

- **PCFS**
- **DaS**
- **PHI**
- **PCF**
- **SNBTS**
- **Finance**
- **Clinical**
- **SPST**

STATUS	2-5 YEAR
GREEN	-

KPIs	Target	Actual
-	-	-
-	-	-
-	-	-

INVESTMENTS

NSS	£72k
SG	-
Other	-
Total	**£72k**

MILESTONES

Prescribing pathway report	DEC 19

PRIORITY

Enable	Underpin	Assist

OUTCOMES

Better Care	Better Health	Better Value

CHANGE TYPE

Innovate	Transform	Improve

SRO

Lorna Ramsay

GOVERNANCE

NSS Programmes Management Group

AIM

To enable the ambition for the right medicine/ right treatment to be given to the right patient at the right time by the right clinician, in any location we will

- Optimise/ align existing **NSS** work
- Review/ redesign **prescribing** pathways in primary care
- Improve access to medicines **data**
- Help to ensure Scotland gets best **value** from its spend on medicines
- Research, development and introduction of new and **innovative** treatments, including developing use of genomics and cellular therapies

UPDATE

- Programme support for the Strategic Theme secured from NSS PgMS
- **Internal Network:** Medicines cross-cutting group now meeting on an as required basis to consider cross-NSS initiatives – successful initial session on Tiered Services (see below)
- **Primary Care Prescribing/ Dispensing Pathway:** Stakeholder groups identified and initial communications issued. Discovery workshops, using a service design approach, scheduled for 5 Sept, 11 Oct and 15 Nov. Invitations sent to representatives nominated by key stakeholder groups and work in progress on agenda and materials.
- **Medicines Value:** Medicines cross-cutting group workshop held to bring breadth of perspectives to a proposed electronic process for Tiered Services (hospital prescribed items dispensed from Community Pharmacies), replacing current manual workaround.
- **Innovation:** Pharmacy Clinical Leadership Fellow appointed to provide support for advanced therapies (ATMP) collaboration

ACHIEVEMENTS TO DATE

- Joint commission from SG Primary Care Directorate and Pharmacy and Medicines Division for a discovery project on Primary Care Prescribing/ Dispensing Pathway

NEXT STEPS

- **Primary Care Prescribing/ Dispensing Pathway:** Complete pre-work for Workshop 1, including personas and user journeys. Explore patient input with Scottish Health Council and The Alliance. Work with International Engagement Team on case studies for later workshops.
- **Medicines Data:** User focus group on value of NSS data to support/ inform prescribing advisors and non-medical prescribers scheduled for 18 September. Work with GPs ongoing on one-to-one basis.
- **Medicines Value:** Follow-up meeting on Tiered Services Universal Claim Form proposal for further refinement and assess impact/ issues.
- **Innovation:** Internal meeting on potential NSS precision medicine role

RISKS/ISSUES

Foster collaborative approach to medicines/prescribing activity across NSS
Evolve relationship with SG towards a more aligned approach

Innovation and Transformation
JULY 2019

EMT/19/138

NHS National Services Scotland

SERVICES

- **Clinical**
- **SPST**
- **PCF**
- **DaS**
- **CLO**
- **PHI**

STATUS	2-5 YEAR
GREEN	-

KPIs	Target	Actual
-	-	-
-	-	-
-	-	-

INVESTMENTS

NSS	£52k
SG (Scotcap)	TBC
Other	-
Total	**TBC**

MILESTONES

ScotCap evaluation and Business Case	Dec 19 Jan 20

PRIORITY

Enable	Underpin	Assist

OUTCOMES

Better Care	Better Health	Better Value

CHANGE TYPE

Innovate	Transform	Improve

SRO

Lorna Ramsay

GOVERNANCE

NSS Programmes Management Group

AIM

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

UPDATE

- Five initial workstreams defined - high level workplans in development
  1. Innovation Network (Internal) – optimise and align existing NSS work
  2. Bi-directional Signposting - unmet need and opportunity
  3. Deliver Innovation Expertise, Advice and Support
  4. Innovation/ Transformation Lifecycle Support – ScotCap exemplar
  5. Orchestration - collaboration for innovation
- Collaboration for Innovation workshop (NSS, DHI, NHS24, HIS, SG, Boards and others) held on June 14th. Follow up meeting with DHI and NHS24 on 23 July.
- Outline bid on 'Organising for Innovation' submission to Digital Health and Care Spending review.
- ScotCap tenders evaluated and industry partner selected
- Initial work to map existing activity in SBUs in progress

ACHIEVEMENTS TO DATE

- NSS support for delivery of the first Innovation Partnership Procurement in healthcare the UK through ScotCap

NEXT STEPS

- Secure core programme resource, further define plan and roadmap
- Internal stakeholder engagement across NSS and building NSS internal innovation support network
- ScotCap clinical evaluation - ensure screening/ symptomatic balance
- Innovation Orchestration: Work with partners to deliver output of June workshop
- Stakeholder engagement: NHSS Chairs Innovation and Reform Steering Group – influence NSS role in national innovation framework event

RISKS/ISSUES

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.

DEPENDENCIES

The outputs from work in progress by the following groups will inform the nature, extent and scale to which NSS leads and supports in the innovation area and how much effort and potential each workstream will demand: NHSS Innovation and Reform Steering Group; SG Access Collaborative: Finding the Way Forward; Health Innovation Network for Scotland (HINS): scoping project for Chief Scientist Office; SG Technology Enabled Care: Service Transformation Landscape review

Underpin

NSS Strategy Update – August 19

Supporting Hospital Blood Banks
AUGUST 2019

NHS National Services Scotland

SERVICE
SNBTS

STATUS	2-5 YEAR
GREEN	-

KPIs	Target	Actual
Dashboards	Live	Live
eBMS validated	Aug	-
-	-	-

INVESTMENTS	
NSS	£471k
SG	-
Other	-
Total	**£471k**

MILESTONES	
eTraceline implementation	Feb 20

PRIORITY		
Enable	**Underpin**	Assist

OUTCOMES		
Better Care	**Better Health**	Better Value

CHANGE TYPE		
Innovate	**Transform**	**Improve**

SRO
Craig Spalding

GOVERNANCE
• SNBTS SMT • DSIDD • SNBTS CGSG

AIM
To provide tailored support to ensure blood bank sustainability

UPDATE
- Hospital Blood Bank Sustainability Risk Assessment data analysed with results presented through an interactive dashboard for interrogation
- 7 of the Boards reporting amber or red regulatory risk have been approached and offered an independent laboratory audit to determine the level of support they require
- Electronic blood management solution developed and validated; in process of initial roll-out to Western Isles as part of a tailored support package
- Engagement with and SNBTS representation at all Regional Laboratory Shared Services Committees
- Associate Director Patient Services invited on to LIMS Programme Board
- SBAR compiled and presented to LIMS PB proposing single transfusion LIMS for Scotland using eTraceline provided nationally via NSS/SNBTS
- Projects are progressing and reviewed monthly at both DSIDD and SMG with issue escalation to SNBTS CGSG

ACHIEVEMENTS TO DATE
- Introduction of Blood Bank Dashboard available to Health Boards/Blood Banks
- SNBTS representation and influence in Laboratory Shared Services Programme
- Validated electronic blood management system solution (eBMS)

NEXT STEPS
- Implement eBMS in Western Isles
- Implement eTraceline within SNBTS and existing supported HB Blood Banks
- Implement IT Connectivity with HB LIMS
- Discussion around possible funding models for transfusion LIMS service delivery and associated sustainability solutions
- Manage project activity to remain on track

RISKS/ISSUES
- Ensuring DaS IT, SNBTS operations and third party software supplier resources aligned to deliver eTraceline upgrade to timescale

DEPENDENCIES
- DaS engagement and capacity to host and support eTraceline as transfusion LIMS for whole of NHSScotland
- Resource commitment to support expansion and adoption of eTraceline and associated eBMS solutions
- Ongoing funding for SNBTS Blood bank Sustainability Team (initial pilot for 2 years)

National Planning
AUGUST 2019

NHS National Services Scotland

SERVICES
NSD

STATUS	2-5 YEAR
GREEN	-

KPIs	Target	Actual
-	-	-
-	-	-
-	-	-

INVESTMENTS

NSS	-
SG	£508k
Other	-
Total	**£508k**

MILESTONES

National Planning Work Plan for 19/20 delivered	31/3/20

PRIORITY

Enable	**Underpin**	Assist

OUTCOMES

Better Care	**Better Health**	**Better Value**

CHANGE TYPE

Innovate	**Transform**	**Improve**

SRO

Fiona Murphy

GOVERNANCE

- NHSS National Planning Board to Board Chief Executives
- SG Healthcare Quality & Improvement
- NSS EMT

AIM

- Providing national planning to NHSScotland

UPDATE

- NHSS National Planning Board commenced in October 2018, reporting to Board chief Executives Group
- Co-Chaired by two BCE/Implementation Leads, with all Implementation Lead BCE's members
- Year One work plan includes: Horizon scans for future 5-10 year service planning needs for Cancer, Stroke, Heart Disease. Reviews for Interventional Radiology, Robotic Assisted Surgery. Service Planning for Trans Aortic Valve Implantation (TAVI),Thrombectomy, Low to Medium Women's Forensic Health.
- Further areas of work currently being scoped/considered at present
- The National Planning core team sit within PCF business unit under Specialist Service, with linked staff in ISD and NHS HIS

ACHIEVEMENTS TO DATE

- TAVI plan for Scotland delivered on schedule and positively received
- Thrombectomy planning under way for creation of a service from Autumn 2020 (provisional timescale)
- Horizon scanning three topics all on track and high level of engagement across NHSS and positive feedback on process and outputs to date
- Board structure and processes of national planning working effectively
- Referred topic areas routed more effectively to National Planning and NSSC or Regional or Local Planning – due to central function of National Planning

NEXT STEPS

- Completion of existing work programme
- Identification of new additional work streams
- Increased communications to wider NHSS re routing to national planning

RISKS/ISSUES

Ensuring National Planning unique contribution is seen positively by regional and local planning systems, rather than another layer.

DEPENDENCIES

Funding of national planning team and work done under the work stream funded by a non recurring route of Transformation Funding – needs mainstreamed for longer term

Enabling Public Health Scotland
AUGUST 2019

NHS National Services Scotland

SERVICES

- PHI
- SPST
- HR
- FS
- DaS
- PCF

STATUS	2-5 YEAR
GREEN	-

KPIs	Target	Actual
-	-	-
-	-	-
-	-	-

INVESTMENTS

NSS	-
SG	£475k
Other	-
Total	**£475k**

MILESTONES

PHS Go Live	APR 20

PRIORITY

Enable	**Underpin**	Assist

OUTCOMES

Better Care	**Better Health**	Better Value

CHANGE TYPE

Innovate	**Transform**	Improve

SRO

Mary Morgan

GOVERNANCE

- PHS EMT (Shadow)
- NSS Board
- NSS EMT

AIM

To support the successful establishment of Public Health Scotland.

UPDATE

- **Staff consultation:** Released on 9th July and will close on 21st August. Timescales for second consultation still to be confirmed.
- **PHS EMT:** Shadow PHS EMT established to replace the PHR Programme Board. Currently chaired by Gareth Brown, will be chaired by the PHS Chief Executive once appointed.
- **HR Steering Group:** Structure of PHS (Directorates and teams) has been developed and is out for approval by the HR Steering Group.
- **Corporate Services:** NSS proposal covering IT, finance, HR, procurement and FM services has been presented and agreed in principle by the shadow PHS EMT. Agreement has been reached that Communications will be delivered by PHS which will result in some NSS Comms staff transferring to PHS, this will be picked up as part of the TUPE 2 consultation exercise.
- **Finance**: Draft due diligence position has been developed and shared with the Finance Project team. Once agreed with SG, this will be reported to PHS EMT, NSS EMT, FP&PC and NSS Board.
- **IT:** Atos has been engaged to provide an estimate of the costs regarding changes to Business Applications (eESS, SSTS, eExpenses, Payroll). Initial indications are that costs for this being in the region of £150k.
- **Collaboration Workshops:** Three workshops held involving teams from PHI, HS and NSS to discuss the shared services provision and agree the collaboration activity to be undertaken before April 2020.

ACHIEVEMENTS TO DATE

- NSS Proposal has been agreed in principle by the PHS EMT.
- Detailed Transition Plans have been developed for each shared service area to understand the level of activity NSS is required to complete before April 2020.

NEXT STEPS

- Outcomes from Collaboration Workshops will support the development of integrated Transition Plans covering each of the five services
- Awaiting response from Atos to confirm the estimated costs covering the identified Business Applications
- Confirmation of the principles which will cover the transfer of Information Assets from PHI to PHS (and confirm which assets will remain with NSS)

RISKS/ISSUES

- Clarity required regarding Active Directory and whether this will be a single instance covering NSS and PHS or two separate instances.
- Consultation timelines for second staff consultation (TUPE 2) are tight and need to be agreed.
- IT Budget to be agreed in detail since confirmation received from SG that this needs to cover system changes required in advance of April 2020.

DEPENDENCIES

Office 365 rollout: Further discussion required to confirm the impact of

National Infrastructure
AUGUST 2019

NHS National Services Scotland

SERVICES	
HFS	

STATUS	2-5 YEAR
GREEN	-

KPIs	Target	Actual
-	-	-
-	-	-
-	-	-

INVESTMENTS	
NSS	-
SG	-
Other	-
Total	-

MILESTONES	
Finalised CIP	March 2020

PRIORITY		
Enable	**Underpin**	Assist

OUTCOMES		
Better Care	**Better Health**	**Better Value**

CHANGE TYPE		
Innovate	**Transform**	Improve

SRO
Jim Miller

GOVERNANCE
• National Infrastructure Board

AIM

Developing a national approach to infrastructure management.

Delivery of NHSS Infrastructure Board governance and Capital Investment Plan (CIP)

UPDATE

• National Infrastructure Board now fully established

• CIP completed in Draft Format

• Draft Capital Investment shared with the following groups:
  • DOFs
  • Chief Executives
  • Regional Strategic Facilities groups

ACHIEVEMENTS TO DATE

• Updates as above

NEXT STEPS

• Capital Investment plan discussion is major agenda item at next National Infrastructure Board meeting – Scheduled for the 22nd August

RISKS/ISSUES

• Linkage with wider public sector review via the infrastructure commission
• Health seen as ahead of the other sectors and potentially competing political appetite

DEPENDENCIES

None reported.

Environmental Impact
AUGUST 2019

NHS National Services Scotland

SERVICES
HFS

STATUS	2-5 YEAR
GREEN	-

KPIs	Target	Actual
-	-	-
-	-	-
-	-	-

INVESTMENTS	
NSS	-
SG	-
Other	-
Total	-

MILESTONES	

PRIORITY		
Enable	**Underpin**	Assist

OUTCOMES		
Better Care	Better Health	Better Value

CHANGE TYPE		
Innovate	Transform	Improve

SRO
Jim Miller

GOVERNANCE

- National Environmental Sustainability Group

AIM

Reducing NHSScotland environmental impact

UPDATE

The Chief Executives discussed and agreed that NHSScotland make a series of initial high-level commitments that will form the basis of the upcoming NHSScotland Sustainability Strategy. These commitments are:

1. NHSScotland will be a 'net-zero' greenhouse gas emissions organisation by 2045 at the latest.
2. All NHSScotland new buildings and major refurbishments will be designed to have net-zero greenhouse emissions from April 2020.
3. Each NHSScotland Board should undertake a Climate Change Risk Assessment covering all operational areas and produce a Climate Change Adaptation Plan to ensure resilience of service under changing climate conditions.
4. NHSScotland transport greenhouse gas emissions from its owned fleet (small/ medium vehicles) will be net-zero by 2032.
5. The NHS supply chain will be reviewed to determine the extent of associated greenhouse gas emissions and environmental impacts. Once the extent of environmental impacts is established, a programme of work will be undertaken to minimise these impacts.
6. Each NHSScotland Board will establish a Climate Change/ Sustainability Governance group to oversee their transition to a net-zero emissions service.

The same commitments were recently discussed at the Strategic Facilities Group and each one was considered appropriate and achievable

The HFS Sustainability Team is now working on how best to communicate this response wider

ACHIEVEMENTS TO DATE

- Achieved senior level commitment to the NHS Scotland Sustainability Strategy from across NHSS

NEXT STEPS

- Registrations for the NHS Scotland Sustainability Conference for 2019 is now completed (It is full with a waiting list)
- This is intended to act as a stakeholder engagement event for the NHS Scotland Sustainability Strategy

RISKS/ISSUES

- Buy-in to the Sustainability Strategy from across the NHS

DEPENDENCIES

Automating primary care payments
AUGUST 2019

NHS National Services Scotland

SERVICES

PSD

STATUS	2-5 YEAR
GREEN	-

KPIs	Target	Actual
-Pharmacy Automation	100%	78.9%
-eOrtho claims PA submissions	100%	2%

INVESTMENTS

NSS	-
SG	-
Other	-
Total	-

MILESTONES

80% Automation	March 2020
100% eOrtho claims	January 2020

PRIORITY

Enable	**Underpin**	Assist

OUTCOMES

Better Care	**Better Health**	**Better Value**

CHANGE TYPE

Innovate	**Transform**	Improve

SRO

Martin Bell / Nelson Kennedy

GOVERNANCE

• Programme & Project Boards

AIM

To modernise, integrate and digitally transform primary care payments' ecosystem from a paper to 100% digitally enabled systems. By managing all transactions electronically the whole process can be modernised and streamlined, delivering improvements in the efficiency, accuracy and customer satisfaction of all the services P&CFS provides in Scotland.

Practitioner Services has been engaged in digital transformation for over 10 years. The current 5-year vision is to transform our business model from processing >10 million paper-submitted claims per month, and mailing towards 5000 printed payment schedules to Primary Care practitioners, to one where all interactions are digital and all paper is removed and processing of claims is automated where feasible.

UPDATE

• Activities on high cost medicines management and vision for medicines support across Primary Care agreed.
• eOrtho payment and Approval roll out commenced - 2% of submissions currently processed electronically

ACHIEVEMENTS TO DATE

• Pharmacy automation achieved 79%
• Universal Claim Framework (UCF) rolled out
• Self-service prescription tracker service delivered
• 100% of dental payment claims and prior approval submissions received electronically and responded to real time
• 100% of Ophthalmic payment claims received electronically responded to real time
• All Dental & Ophthalmic payment schedules are viewed electronically with no paper schedules sent to contractors

NEXT STEPS

• Progress redevelopment of new DCVP
• Progress development of electronic support for nurse and pharmacist prescribing
• Review of prescription forms to identify support required to enable paramedics prescribing.
• Gathering requirements to supporting high cost medication to enable submission of hospital prescriptions through UCF.
• Identity and Access Management (IAM) to review strategic direction of electronic signatures for paperless prescribing.

RISKS/ISSUES

Add risks/issues here

DEPENDENCIES

Add critical dependencies here

Refreshing the Community Health Index **AUGUST 2019**

NHS National Services Scotland

SERVICES

PSD

STATUS	2-5 YEAR
GREEN	-

KPIs	Target	Actual
-	-	-
-	-	-
-	-	-

INVESTMENTS

NSS	-
SG	-
Other	-
Total	-

MILESTONES

Programme Board approves Cloud based solution and able to enter into WIPRO contract	Aug 19
IMA governance approved and established	Aug 19

PRIORITY

Enable	Underpin	Assist

OUTCOMES

Better Care	Better Health	Better Value

CHANGE TYPE

Innovate	Transform	Improve

SRO

Martin Bell

GOVERNANCE

- IMA recommendation
- Project/Programme boards established

AIM

To develop a national patient demographic index, providing real time access to patient information, on a modern platform which provides high level of automation while maintaining data quality.

UPDATE

- We have reviewed the GPPRS registration requirements
- Worked on Output Reports, reducing number of outputs
- Engaged with programme on resource plans
- Discussed cut over processes/plans
- Test different aspect of data migration (data files)
- Looked at different migration strategies (GP/practice)
- Considered single system impact, i.e. removing inter board transfers
- IMA governance paper submitted to programme board
- Developed paper on long term CHI strategy
- NISe submissions to develop test/training team

ACHIEVEMENTS TO DATE

- IMA governance paper agreed
- GPPRS registration requirements confirmed
- Engaged with NHS Board Leads

NEXT STEPS

- Awaiting re establishment of CHI Programme
- Further resource and planning discussions
- IMA paper to be approved at programme board
- Review Standard Operating Model

RISKS/ISSUES

- Delay in approving CHI programme pushes back implementation timetable and benefits realisation
- Any further delays in programme may result in supplier withdrawal

DEPENDENCIES

- Old CHI system can be maintained for minimum of 3 years
- Reliance on ATOS for CHI data extracts

Delivering digital solutions
AUGUST 2019

NHS National Services Scotland

SERVICE(S)
Digital and Security

STATUS	2-5 YEAR
AMBER	-

KPIs 2018/19	Target	Actual
Customer satisfaction score	70%	100%
INVESTMENTS		
NSS		-
Total		-

MILESTONES	
O365 rollout to 2 SBUs	Dec 2019

PRIORITY		
Enable	**Underpin**	Assist
OUTCOMES		
Better Care	**Better Health**	**Better Value**
CHANGE TYPE		
Innovate	**Transform**	Improve
SRO		
Deryck Mitchelson		
GOVERNANCE		

- PMG
- COG
- DaS SMT

AIM

Digital and Security (DaS) will support the transformation of health and care through secure digital solutions

UPDATE

- DaS is leading on 3 major national digital initiatives – GPIT, CHI/CH & O365
- DaS is leading internally on digital transformation – websites and digital workplace
- Continued expansion of ServiceNow and Data capability across NSS

ACHIEVEMENTS TO DATE

- Initial content for CFS web page has been created and deployed. Online tool created to replace CFS risk assessment spreadsheet. 3 SBU landing pages have been created. A generic contact form has been created.
- Web transformation workplan developed for quarter 2
- Design signed off and order placed for secure connections into Azure cloud hosting. Cloud migration and planning workshop held.
- Proposals developed for cloud hosting of CHI/CH and North East Hepma and Orion
- Design workshops held for Security Operations Centre
- 2 internal POCs underway using Azure Power BI rather than Tableau for Business Intelligence purposes
- Proposal submitted to SG for funding for Software as Medical Device Service
- Supporting finance and PCF SBUs with ServiceNow opportunities

NEXT STEPS

- Mobilise digital workplace team
- Q2 web transformation plan to report back to COG in September
- Further recruitment and development activities to grow our team of experienced staff
- SWAN 2 planning session

RISKS/ISSUES

- Risk that DaS will be unable to attract required skilled staff

DEPENDENCIES

- HR support

Optimising contract use
AUGUST 2019

NHS National Services Scotland

SERVICES

NPL

STATUS	2-5 YEAR
GREEN	-

KPIs	Target	Actual
-	-	-
-	-	-
-	-	-

INVESTMENTS

NSS	-
SG	£200k
Other	-
Total	**£200k**

MILESTONES

-	-

PRIORITY

Enable	**Underpin**	Assist

OUTCOMES

Better Care	Better Health	**Better Value**

CHANGE TYPE

Innovate	Transform	**Improve**

SRO

Jim Miller

GOVERNANCE

- FPPC reporting
- Contract Approvals Board
- Annual reporting to SG
- PCF SMT reporting
- Health Procurement Delivery Group (HPDG)
- SS Governance Meeting

AIM

- Optimising contracted products and service usage

UPDATE

- National Procurement workplan and savings reviewed with HPDG
- Recruitment complete for new contract manager role for clinical waste
- Recruitment for National Procurement Director underway
- National Procurement annual report for 2018/19 published

ACHIEVEMENTS TO DATE

- Innovation team receiving excellent feedback
- Phase 1 of EU Exit planning completed
- Clinical Waste contingency operational

NEXT STEPS

- Reviewing future innovation funding with SG
- EU Exit planning, with particular focus on no deal outcome, with health boards, SG and DHSC

RISKS/ISSUES

- Uncertainty around financial budget, staff consultation timeline
- Higher level of resources focused on issues such as EU Exit

DEPENDENCIES

Sustainable success dependent on organisational change and realignment of resources

Fraud prevention and detection
AUGUST 2019

NHS National Services Scotland

SERVICES
CFS

STATUS	2-5 YEAR
GREEN	-

KPIs	Target	Actual
Reduce patient exemption fraud	£1.5m	£427k
	-	-
-	-	-

INVESTMENTS	
NSS	-
SG	-
Other	-
Total	-

MILESTONES	
Op Ariston	March 2020

PRIORITY		
Enable	**Underpin**	Assist

OUTCOMES		
Better Care	Better Health	**Better Value**

CHANGE TYPE		
Innovate	Transform	**Improve**

SRO
Martin Bell/Gordon Young

GOVERNANCE
• CFS Strategic Tasking and Coordinating Group • P&CFS SMT • IPCO

AIM
Increasing fraud prevention, detection and investigation

UPDATE
- Annual HB Visits – Service provision visits completed for all HBs
- CFS transitioned from the Regulation of Investigatory Powers Act to the Investigatory Powers Act
- Service provision for PHS agreed
- Service provision for Highland and Islands Enterprise Board agreed
- Continuing to provide services to Independent Living Fund Scotland
- Patient exemption/NFI data match agreed with Audit Scotland
- Investigatory Powers Commissioner Inspection completed
- Further filming for second series of BBC1 programme NHS Fraud Investigators completed
- Anti bribery and corruption presentations delivered to all HB EMTs
- 9 cases reported to COPFS for consideration of prosecution
- OP Ariston – Large scale bribery and corruption case being progressed by COPFS

ACHIEVEMENTS TO DATE
- CFS won Prevention Team of the Year award at UK Government Counter Fraud Awards
- Patient exemption recoveries/savings currently exceeding target

NEXT STEPS
- Undertake patient exemption/NFI data match
- Continue to provide support for OP Ariston at COPFS
- Launch Fraud & Organised Crime Impact Assessment Tool

RISKS/ISSUES
CFS are experiencing difficulties in maintaining the support of HB Fraud Liaison Officers due to workload pressures of their primary roles. CFS are therefore required to pick up work/activities previously undertaken by the FLOs.

DEPENDENCIES
CFS need investment in their detection capabilities. A short life project, including workforce planning has commenced to allow the preparation of a business case to seek said investment.

Digital Legal Services
AUGUST 2019

NHS National Services Scotland

SERVICE
Central Legal Office

STATUS	2-5 YEAR
GREEN	-

KPIs	Target	Actual
Paperless (%)	10%	15%
Saved time (h)	-	-
Savings (£)	-	-

INVESTMENTS

NSS	-
SG	-
Other	£40k
Total	**£40k**

MILESTONES	
Fully live	MAR 23

PRIORITY

Enable	**Underpin**	Assist

OUTCOMES

Better Care	Better Health	**Better Value**

CHANGE TYPE

Innovate	**Transform**	Improve

SRO

Norma Shippin

GOVERNANCE

- NSS COG

AIM

To fully digitise and integrate CLO services.

UPDATE

- Full Implementation of Prescient + Upgrade, Windows 10 and Microsoft Office 2016
- Review of Voice Recognition – Staff experience survey completed
- Pilot of Secure External File Transfer fully implemented
- Piloting electronic legal case files including the "Bundling Module" (Commercial Property/Litigation/Employment)
- Electronic legal case files (Commercial Contracts) – 95% implementation
- Implemented 80% electronic incoming mail through the Prescient+ Scanning Module.

ACHIEVEMENTS TO DATE

- CLO is the first area in NSS to implement a fully paperless process.
- Voice Recognition fully implemented.
- Upgrade of Legal Case Management System (Prescient+), Microsoft Office 2016 and Windows 10, fully implemented.

NEXT STEPS

- Prescient + - Reporting Tool upgrade
- Improvement of presentation of Reporting – Tableau
- Upgraded Prescient + - Upgrade GDPR requirements (Audit trails, Enhanced Security Module)
- Voice Recognition – Benefits Management Realisation Report and review of survey
- Full Implementation of secure external file transfer
- Full implementation of Skype for Business

RISKS/ISSUES

Ensuring IT resources and availability for the duration of the programme.

DEPENDENCIES

Alignment with the Scottish Digital Justice programme.

Transformation Support Service
AUGUST 2019

NHS National Services Scotland

SERVICE(S)	
Programme Management	

STATUS	2-5 YEAR
AMBER	-

KPIs 2018/19	Target	Actual

INVESTMENTS	
NSS	-
Total	-

MILESTONES	
Launch first SBU engagement	26/08/19
Launch Service Transformation proposition	TBC

PRIORITY		
Enable	**Underpin**	Assist

OUTCOMES		
Better Care	**Better Health**	**Better Value**

CHANGE TYPE		
Innovate	**Transform**	Improve

SRO
Colette Mackenzie

GOVERNANCE
• Strategy, Performance and Service Transformation SMT

AIM
Programme Management Services (PgMS) will support the transformation of health and care and ensure benefits can be realised at pace.

UPDATE
- Ring-fenced Service Design team in place and supporting internal NSS Service Transformation Programme
- First internal SBU identified as Practitioner Services – kick off workshop with key stakeholders arranged for the 26th August
- Recruitment campaign for 2 new Service Design roles (Content Designers and User Researchers) went live 8th August
- Continuing to work with SNOOK and AAB to provide wrap around consultancy support and training for the team

ACHIEVEMENTS TO DATE
- Web Transformation Programme - Full MDT in place working in partnership with DAS and achieving all key milestones
- Finance Transformation Programme - supporting the delivery of Roadmap, TOM and key process mapping
- Medicines/Prescribing Pathway – supporting Discovery phase, Service Design workshops scheduled for Q4
- ARHAI – using a Service Design approach to scope ARHAI Programme for SG

NEXT STEPS
- Recruit for 2 new Service Design Roles (Content Designers and User Researchers) to enhance the skill set in the Service Design Hub and aid the Service Transformation Programme
- Launch internal Service Transformation proposition to the wider business through a tailored communication campaign
- Agree KPI's and KVI's to ensure we can measure and track benefits from the Programme (including future cost savings)
- Agree working partnership with OD team to ensure 'people' side of transformation is fully supported
- Continue to up skill the existing team and provide Service Design training to the wider business

RISKS/ISSUES
- There is a risk that we will not be able to attract appropriately skilled Service Design staff
- There is a risk that the team will be pulled in to other pieces of transformation work and not remain ring fenced for internal transformation

DEPENDENCIES
- Relationship and capacity within DAS for digital transformation work
- HR support for transformation programme

Assist

NSS Strategy Update – August 19

Assist other organisations involved in Health and Care AUGUST 2019

NHS National Services Scotland

SERVICES

- **Public Health and Intelligence**
- **Central Legal Office**
- **Procurement Commissioning & Facilities**
- **Digital and Security**
- **Programme Management**

STATUS	2-5 YEAR
GREEN	-

KPIs	Target	Actual
-	-	-
-	-	-
-	-	-

INVESTMENTS

NSS	-
SG	-
Other	-
Total	-

MILESTONES

Assist Pre-Discovery and Discovery Phases	Aug 19
All programme deliverables	Mar 20

PRIORITY

Enable	Underpin	Assist

OUTCOMES

Better Care	Better Health	Better Value

CHANGE TYPE

Innovate	Transform	Improve

SRO

Mary Morgan

GOVERNANCE

- NSS Board
- NSS EMT
- NSS Assist Strategic Working Group

AIM

To connect with other public bodies where we can use our national position to ensure our services and solutions are aligned, and integrated, into their strategic objectives, which supports transformation across the Scottish health and care system.

UPDATE

- **Integration Joint Boards** – Meetings held with Tom McHugh, Strategic Partnerships Lead and Katharine Ross, Advisor for Social Care, with several IJB Chief Officers, where key themes have been identified which highlight challenges and opportunities for NSS solutions and support. Meeting also held with David Rowland, Special Adviser, SG Health and Social Care Integration to raise awareness of NSS activities around Integration, with future meetings agreed.
- Input provided to meeting on 16th August with Colin Sinclair, Chief Executive and IJB Chief Officers Network. Tom McHugh also attending.
- **Local Government** – NSS Senior Leadership - Norma Shippin, Director and Legal Adviser, CLO and Matthew Neilson, Associate Director, Strategy Performance and Communications, representing NSS at SOLACE Annual Conference on 5th and 6th September'19.
- Pan-Lothian Partnership Children and Young People Joint Chronologies new common approach continues to be tested. Wider interest now being shown including Adult Services. Care Inspectorate providing positive support. Agreed with COSLA to present at the Children and Young Persons Board meeting planned in November'19.
- Scottish Local Government Digital Office and NSS - Both organisations members of the Society of Technology Management (SocITM) Scotland Committee. Steve Roud, Associate Director Architecture and Solutions, Digital and Security is the Chair of SocITM Scotland Committee.
- **Emergency and Other Services** – Ongoing strategic engagement with Police Scotland. Teleconference held with Colin Sinclair and Gary Ritchie, Assistant Chief Constable and agreed to continue to explore partnership and collaboration opportunities.
- Scottish Fire and Rescue Service – Meeting arranged between new incumbent Ross Haggart, Assistant Chief Officer, Prevention and Protection and Tom McHugh to discuss aligning strategic objectives around health and care outcomes.
- **Third and Independent Sector** – Ongoing programme sponsored by Scottish Government around exploring potential solutions to infrastructure requirements from Hospices across Scotland.

ACHIEVEMENTS TO DATE

- Exploratory meeting with NHS Lothian, Police Scotland, Scottish Fire and Rescue Service and NSS around Strategic Innovation knowledge sharing and potential joint working opportunities.
- Joint workshop with Renfrewshire Council around potential support with data and business intelligence requirements as a workstream for the recently established Drugs and Alcohol Commission.

NEXT STEPS

- Present the 'Assist' landscape and plan for discussion and agreement at the EMT on 26th August.
- Review membership of Assist Strategic Working Group to reflect resource requirements to implement action plan.

RISKS/ISSUES

Effective cross organisation planning will mitigate impacts on resource capacities.

DEPENDENCIES

NSS capacity for delivering the 'Assist' strategic objective.

NSS Engagement to 'Assist other organisations involved in health and care'

Purpose

1. To determine how NSS move forward in supporting the ambitions and intentions its Assist strategic priority and seek the EMT's agreement and support for the proposals outlined in this paper and draft action plan.

Background

2. The NSS Strategy 2019 – 2024 outlines areas our stakeholders have said they need us to deliver against over the next five years, and has been informed by a number of key requirements for health and care.

3. In order to be an integral part of a world-leading health and care service, the strategy has been prioritised into three key areas:

   - Enable – health and care transformation with new services
   - Underpin – NHSScotland with excellent services
   - Assist – other organisations involved in health and care

4. For the purposes of this paper, the focus is around Priority 3 'Assist other organisations involved in health and care' as set out in the NSS Strategy, and what actions are required for NSS Senior Leadership to deliver on this priority.

Assist - Strategic Context

5. The NSS Strategy sets out four key stakeholder groups, where there has been engagement and support already provided, and where further opportunities are being explored. These groups are:

   - Integration Joint Boards
   - Local Government
   - Emergency Services
   - The Third and Independent Sector

   We also recognise the need to be more proactive with our public engagement, and to ensure NSS is meeting requirements set out in Scottish Government's Public Participation Standards.

6. NSS is already working in collaboration with a range of pan-public, third and independent sector organisations. Also, we are working with senior leadership and networks including the Convention of Scottish Local Authorities (COSLA), the Society of Local Authority Chief Executives (SOLACE), the Improvement Service and Local Government Digital Office.

7. To understand the scope and planning requirements for the Assist priority, an 'Assist Strategic Working Group has been established with initial representation across NSS as follows:

   - Matthew Neilson – Strategy Performance and Service Transformation
   - Tom McHugh – Strategy Performance and Service Transformation
   - Louise MacLennan – Strategy Performance and Service Transformation
   - Stewart Robison – Strategy Performance and Service Transformation
   - Barry Hurcombe – Procurement, Commissioning and Facilities

- Katharine Ross – Clinical Directorate
- Neil Sinclair – Digital and Security
- Derek Noonan – Digital and Security

Membership will be reviewed post EMT agreement, to ensure appropriate SBU representation is provided.

8. Our aim is to 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.

A diagram detailing our stakeholder groups with some exemplars of engagement, are shown on Appendices A and B. In addition an outline Action Plan shown at Appendix C, has been developed to support the initial delivery goals set out in this paper.

In terms of forward planning, for each of these key stakeholder groups we have identified four key elements around what is the Present Situation; what are the Opportunities; what are our Goals and what are the Next Steps over 2019/20.

Assist – Stakeholder Groups

9. INTEGRATED JOINT BOARDS (IJBs)

Present Situation

We are strengthening our relationships with Chief Officers and exploring opportunities to understand how best NSS can assist the IJBs to deliver the recommendations set out in the Scottish Government Review of Progress with Integration of Health and Social Care (2019).

To date we have met 8 of the 31 IJBs and plans are in place to engage with the remaining Boards. The meetings to date have all been positive and their outputs are now being developed.

In addition, Colin Sinclair, Chief Executive Officer, NSS met with the IJB Chief Officers Group on 16th August 2019 to raise awareness of NSS and explore opportunities for further discussion on the provision of NSS support around integration.

Opportunities

NSS can use its national resources and capabilities to further support integration in line with the 25 recommendations set out in the Ministerial Strategic Group's Review of Progress.

Our initial focus is on recommendation 3(iii): *National improvement bodies must work more collaboratively, and deliver the improvement support partnerships require to make integration work*. However, it is clear there are other recommendations NSS can also support and these will be identified through our engagement activity.

Goals

i. To identify how NSS can fully develop support to all IJB's in relation to Recommendation 3(iii).
ii. To understand which other recommendations NSS can support.

iii. To develop proposals on how each area of support can be taken forward by NSS with the agreement of IJBs and Scottish Government.

Next Steps

To continue discussions with IJBs in order to strengthen relationships, understand the key challenges they face and agree those areas where NSS can support them.

By February 2020 develop and start to implement an NSS plan for supporting IJB's to deliver solutions against the recommendations contained in the Review Report.

10. LOCAL GOVERNMENT

Present Situation

We currently operate at both a strategic and operational service delivery level with Local Authorities.

Strategically we are engaged with bodies, such as the Convention of Scottish Local Authorities (COSLA) and the Society of Local Authority Chief Executives (SOLACE). It is noted that NSS has formal membership with SOLACE at Executive and Senior Leaders Levels.

Operationally, we currently work collaboratively with approximately fifty percent of the Local Government family, including the Improvement Service and the Local Government Digital Office, to deliver a range of projects, services and support via a number of NSS SBU's.

Opportunities

NSS continues to work in collaboration with the Local Government family, and further explore opportunities around re-enforcing NSS strategic relationships, with COSLA and SOLACE. We will build on positive relationships and partnership working with the Local Government family, providing expertise around specialised NSS services, where there are clear mutual benefits.

We will continue to explore common themes around digital and service transformation opportunities, where strategies and operational plans are aligned, and these opportunities are agreed through the appropriate governance for NSS, Health and Local Government.

Goals

i. To build upon strategic relationships with COSLA and SOLACE, and explore how these can be developed further, with the focus on wider health and care collaboration.
ii. To further develop partnership working with the Local Government family, and understand where there are opportunities to expand local initiatives, to enable scale up across other parts of local government.
iii. To agree future arrangements around joint planning where opportunities around digital and service transformation can be further developed through existing governance.

Next Steps

We will re-enforce strategic relationships with COSLA and SOLACE, and explore where there are common synergies around improving health and care outcomes.

We will explore operational relationships where NSS can further support the development of solutions, that can deliver at national and local levels.

We will develop an engagement plan to target strategic and operational meetings with key senior leaders and influencers, where NSS can add value and contribute to wider objectives around better health and care outcomes.

11. EMERGENCY SERVICES

Present Situation

We are engaging with Senior Leadership from Police Scotland and Scottish Fire and Rescue Service, which has culminated in a series of follow on meetings and workshops.

Key elements have been explored around data, intelligence, research and knowledge management, with a range of specific support areas now being progressed.

We have been informed by Police Scotland that NSS would be a key collaborative partner, in addressing at least the following three areas of Police Scotland's Strategy:

- Mental Health and Vulnerability
- Substance Abuse
- Child Protection

This was reinforced at a recent engagement between Colin Sinclair, Chief Executive Officer, NSS and Gary Ritchie, Assistant Chief Constable, Operational Change & Resilience, Partnerships, Prevention and Community Wellbeing, re-affirmed the partnership approach being developed between NSS and Police Scotland, with subsequent actions agreed.

We have been working with Scottish Fire and Rescue Service (SFRS)and several Health and Social Care Partnerships, around the development of a holistic approach to risk assessment for vulnerable groups.

This approach intends to bring together separate operational assessments, into a single managed process, including data management and information sharing across SFRS, Health and other multi-agencies.

We are also working across Criminal Justice, supporting Scottish Government policies around key themes – Drugs and Alcohol, Tobacco, Prisoner Re-offending as well as Mental Health initiatives, and supporting the wider health and care objectives of the Scottish Prison Service.

Opportunities

Our engagements have highlighted there are mutual benefits in collaboration and partnership working with Police Scotland, SFRS, Health in Justice and the Scottish Prison Service. The key opportunities are around where NSS capabilities and expertise, can further support these organisations deliver against their strategies, with a focus on health and care outcomes.

We have also identified opportunities to look at options around current partnership arrangements, with a view to assess these where a more formalised set of governance arrangements should be considered.

Goals

   i. We build upon strategic relationships with Police Scotland, SFRS, Scottish Government Criminal Justice and Scottish Prison Service, and explore how these can be further developed, with the focus on wider health and care collaboration.
   ii. We will assess the current arrangements in place between NSS and these organisations, and extend these as appropriate into a more formalised set of arrangements.

Next Steps

We will continue strengthening strategic relationships with Emergency Services organisations, Criminal Justice and Scottish Prisons Service, and explore where more formal working arrangements as appropriate can be agreed.

We will develop joint planning and delivery approaches with Emergency Services organisations, Criminal Justice and Scottish Prisons Service, where NSS can support delivery of solutions against identified common themes.

12. THIRD AND INDEPENDENT SECTOR

Present Situation

We are engaging across this complex landscape, that includes a range of third and independent sector networks, and representative organisations.

We comply with Public Participation Standards, and strategically engage with the Scottish Health Council, and organisations such as the Scottish Council of Voluntary Organisations (SCVO), to deliver a new public participation strategy.

We also explore our strategic and operational engagements with publicly managed care homes and independent providers, to ensure that NSS is a key player.

Opportunities

We are trying to identify common themes where NSS can develop a public and patient involvement strategy, to ensure all public facing NSS services meets the requirements set out in the national standards for community engagement, and the public sector equality duty.

We shall build on the current collaborative working with the Scottish Health Council, Third and Independent sector and wider public, to improve NSS approach to public involvement.

We can explore and develop Volunteer roles in NSS (impacts and contributes positively to people's health and well-being). It also adds value to NSS services.

Goals

   i. NSS is required to involve people in designing, developing and delivering the health care services they provide for them. Our responsibilities in this area were initially set out in the policy document, *Patient Focus and Public Involvement (PFPI)*. However, to reflect the importance of this agenda, duties of public involvement and equal opportunities were placed on NHS Boards in the *NHS Reform (Scotland) Act 2004.*

ii.   To fulfil our responsibilities for public involvement, we should routinely communicate with and involve the people and communities we serve to inform them about our plans and performance. Where appropriate, this will also include involvement of and partnership working with wider stakeholders and other agencies. In doing so, NSS will follow the principles and practice endorsed by the Scottish Health Council, in particular the *National Standards for Community Engagement.*

iii.   To ensure NSS meets its responsibilities as directed in CEL4 (2010).

Next Steps

We continue to work with the Scottish Health Council, Third and Independent sector and the wider public to draft a public involvement strategy for NSS.

We will review and evaluate the current public involvement process and activity in NSS.

We will work to improve the public's understanding of NSS.

Conclusions

13. The NSS strategic engagements, partnerships and collaborations with, Local Authorities, Community Planning Partnerships, Integrated Joint Boards and wider Public and Third / Independent Sector organisations, has confirmed that NSS is a welcome key player to support organisations deliver on their strategic objectives.

14. In the past few years the awareness and profile of NSS has increased exponentially, across local authorities and the wider public sector. This not only has a positive impact on the reputational standing, but also validates that NSS is seen as a 'partner of choice and trust'. Already, instances of repeat and expanded business engagement can be evidenced.

15. Over the five-year period of the NSS Strategy 2019-2024, the Assist programme should be fully established and integrated, allowing initiatives to transform into the Enable and Underpin strategic priorities.

Recommendations

16. It is recommended that the EMT notes the progress in this paper around NSS strategic engagements, partnerships and collaboration across the wider public, third and independent sectors.

17. It is recommended that NSS continues to develop and build strategic partnerships across sectors, where it is feasible, suitable and acceptable to do so.

18. Also, to agree the Action plan for the 'Assist' strategic priority with a focus on prioritised areas of health and care integration, which complement NSS demand and resource plans.

19. It is recommended that the Assist performance management mechanisms are developed to routinely capture, monitor and report upon progress being made across NSS with all external organisations, to the EMT.

Appendix A: Diagram of NSS strategic engagements, partnerships and collaborations.

Strategic Engagement

- IJBs, 31
- Local Authorities, 32
- Pan Lothian Joint Chronologies, 7
- SOLACE
- Community Planning Partnerships, 8
- Edinburgh and SE Scotland City Region Deal
- Local Government Digital Office
- Young Scot
- Scotland Excel
- Improvement Service
- Wider Public Sector, 10
- 3rd Sector 14
- COSLA
- Police Scotland
- SFRS and HSCPS, 8
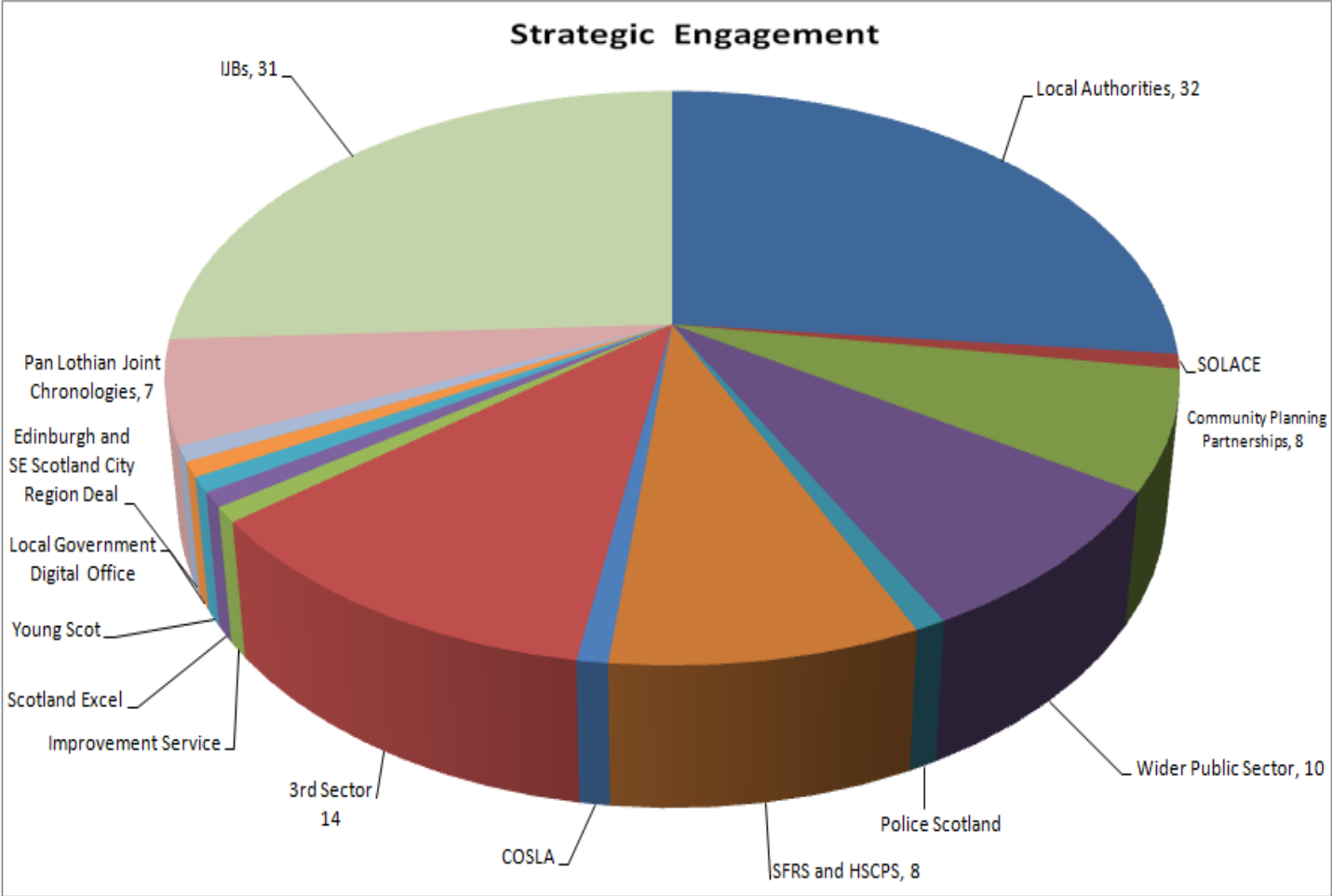
Appendix B: Exemplars of NSS strategic engagements, partnerships and collaborations.

Organisation	Engagement / Support
Scottish Local Government Digital Office	NSS is represented on the governance for Scottish Local Government Digital Transformation, and contributes to regular meetings of the Executive Board, Strategy and Performance Board, Delivery Board and the Partnership Forum, representing 31 Local Authorities, and partners.
Scotland Excel and NSS National Procurement	Both Scotland Excel (SXL) and NSS National Procurement (NP) are now firmly established as two of the country's leading public sector shared services organisations. Through regular engagements there are joint procurement opportunities, underpinned by shared learning and knowledge transfer.
Scottish Wide Area Network (SWAN)	The Scottish Wide Area Network (SWAN) is a single public services network, managed by NSS for the use of all public service organisations across Scotland.
SOLACE	It has been identified by NSS that SOLACE is a key strategic stakeholder group, where there has been a positive working relationship since 2015/16. Meetings with Local Authorities CEOs has not only raised awareness and profile of NSS, but has resulted in further opportunities being explored and developed with respective SBUs. NSS has taken up membership for six senior leaders covering the Executive and Established Leader levels.
COSLA	There are synergies across COSLA and NSS around the Health and Social Care agenda, and where there are opportunities to link up at a strategic level. A series of meetings are taking place with COSLA to further explore areas of mutual interest, where common objectives are focused around national initiatives such as Public Health Reform.
Improvement Service	Ongoing engagement with IS continues to explore other potential opportunities, building on an already well established working relationship, and how wider support can be focused around the national public health reform agenda.
Scottish Fire and Rescue Service	The aim of the Holistic Risk Assessment Profiling for Targeted Vulnerable Groups project, is to bring together data from all the emergency services delivery bodies, and partners to examine the shared patterns of demand facing the partner services, and the nature of vulnerabilities that generate those demand patterns from individuals and households.
Police Scotland	Ongoing engagements with Police Scotland with key outcomes being an agreed consensus that there is an appetite to collaborate around a range of areas – Data & Intelligence, IT, Research and Business Intelligence.
Edinburgh and South East Scotland City Region Deal	The Edinburgh and South East Scotland City Region Deal comprises six local authorities with a £1.1 billion funding agreed 7th August 2018.NSS is supporting the data and informatics theme and the Integrated Regional Employability & Skills Board – Mary Morgan representing Health with the board responsible for £25 million funding.
Children and Young People - Joint Chronologies	Providing leadership and support to the Pan-Lothian Partnership around developing common approaches for Children and Young People Joint Chronologies - Lothian's Data Standards, Protocols and Practices, based on national guidance. Also, to better improve the aggregation, integration and systems exchange of data and information flow across multi-agencies specific to Children and Vulnerable Young Persons.
Scottish Hospices	Providing support to the 15 Independent Scottish Hospices with planning of Digital and Security; promoting increased use of integrated health and care systems; better value, risk reduction and procurement.
Scottish Prison Service	IT Review within Scottish Prisons and Social Work Scotland to develop a Test of change to enable improved Social Care services to be delivered within the prison environment. This builds on previous engagements with SPS and the wider Criminal Justice System.

These are live examples and represent only a small element of the totality of NSS engagement with other organisations.

Appendix C NSS Strategic Objective 'Assist other organisations involved in health and care'

Action Plan and Outcomes

1. Insight and Research that identifies Organisations currently engaged with NSS around health and care

Action					
	We will research and identify all organisations engaged and supported by NSS relative to 'ASSIST'.	We will map those organisations identified to specific NSS services and activities by SBU. We shall also identify key decision makers and influencers for those identified organisations.	We will target key decision makers and influencers within identified organisations to explore further the success of the current formal / informal arrangements in place.	We will also review the status of NSS strategic networks to align with ASSIST priorities and update through a corporate stakeholder map.	We shall map strategic networks to NSS services and activities by stakeholder group: SOLACE COSLA Scottish Government IJBs Local Authorities Emergency Services 3rd / Independent Sector Public Health Scotland City / Growth Deals
By	**August 2019**	**September 2019**	**October 2019**	**November 2019**	**December 2019**
What Does Success Look Like?	• Research outputs that provides an overarching view to the EMT of the landscape that NSS operates supporting organisations involved with health and care. • Ensure a comprehensive oversight of all NSS activities around ASSIST provides value added information to the EMT where future opportunities for joint working across SBUs can be explored. • Positive outcomes from the engagement with IJB Chief Officers Network Group on 16th August. • Review and augment membership of NSS ASSIST Strategic Working Group.	• A mapping of all organisations that are being engaged and supported by SBUs which qualify under the ASSIST strategic objective. • A pathway for NSS to identify and re-affirm where current business relationships exist with key decision makers and influencers. • Gaining insight, knowledge and understanding of key challenges faced by organisations delivering better health and care outcomes and for those challenges where NSS can be an active player.	• As part of mapping exercise, provide an overview of what support arrangements are in operation with ASSIST organisations. • Agree future state of formal / informal arrangements with ASSIST organisations within a common structure across SBUs.	• Provide a comprehensive overview around all NSS strategic networks and governance where there is direct representation and active engagement aligned with the ASSIST strategic objective.	• As part of mapping exercise, cross reference key strategic stakeholders to NSS support activities across SBUs. • Identify where engagement and support to key stakeholder groups are defined as 'Partner' 'Customer' or Single Service User.

Action Plan and Outcomes

2. Assess and Identify Organisations where formal strategic partnership arrangements can be further explored

Action					
	We will agree the strategic direction for NSS to explore options around types of partnerships with organisations currently engaged and supported under ASSIST.	We will explore with identified organisations options around future state partnerships arrangements.	We will engage with key decision makers and influencers within identified organisations to explore options for partnership arrangements.	With support from key decision makers we will establish an ASSIST Champions Network that shall facilitate meetings for NSS with Governance and Senior Management of ASSIST organisations. We shall define and agree partnership arrangements through the appropriate governance including regular review and reporting requirements.	We shall provide a comprehensive overview of partnership arrangements to the NSS Board and EMT with identified organisations and strategic groups namely: SOLACE COSLA Scottish Government IJBs Local Authorities Emergency Services 3rd / Independent Sector Public Health Scotland City / Growth Deals
By	**August 2019**	**September 2019**	**October 2019**	**November 2019**	**December 2019**
What Does Success Look Like?	• Seek agreement and endorsement from the EMT on 26 August on the strategic direction that NSS shall take forward with engaging and supporting organisations involved with health and care. • Agree Action Plan and Outcomes to be managed through the NSS ASSIST Strategic Working Group. • Agree the governance route for regular review and reporting on ASSIST.	• Working with representatives from ASSIST organisations where relationships currently exist, agree approach to engagement with key decision makers around options for future partnership arrangements. • Further opportunities to highlight NSS services and success in collaboration and partnership working.	• Demonstrating that NSS is a 'Partner of Choice' and is a key player in supporting organisations involved in health and care. • Agree what are the future state partnership arrangements which are mutually feasible, suitable and acceptable for engagement with the governance of appropriate organisations.	• Establishment of ASSIST Champions Network supported through regular meetings, and raising awareness and profile through strategic groups / networks e.g. SOLACE Annual Conference and COSLA / Improvement Service Annual Conference.	• Improved awareness and profile of NSS as well as a positive impact on the reputation of NSS being seen as a 'trusted' partner. • Through tactical communications, attendance and active participation at conferences, events etc, shall support the delivery of ASSIST and provide wider opportunities to engage with other organisations which are not aware about NSS.

Action Plan and Outcomes

3. There is a strong national awareness and understanding of NSS engagement and support to organisations involved with health and care

Action					
	We will research and identify all organisations engaged and supported by NSS relative to 'ASSIST'.	We will develop a communications and engagement plan for 'ASSIST'.	We will create compelling content which will drive engagement.	We will identify partners with whom we can jointly communicate; to showcase success, and expand our networks.	We will measure the success of the engagement.
By	**August 2019** ⟶	**September 2019** ⟶	**October 2019** ⟶	**November 2019** ⟶	**December 2019** ⟶
What Does Success Look Like?	Research outputs will provide a basis for completion of a comprehensive communications and engagement plan.	This will cover: • Objectives • Audience • Strategy • Implementation (timescales) Sustainment (ongoing activity)	NSS will have a library of content which is relevant to 'ASSIST', including: • Blog • Social Media • Case Studies • Presentation material • This content will contain 'calls to action' which will result in further engagement.	NSS will be seen as a trusted partner by the wider health and social care environment.	NSS will score positively on the identified metrics

Action Plan and Outcomes

4. There is a robust and transparent outcomes based reporting framework that reflects performance and progress around ASSIST

(Performance management will enable NSS to articulate our service and organisation's business strategy, align all activity to this strategy, identify our key performance indicators (KPIs) and track progress, which can then be shared with decision-makers.)

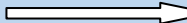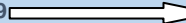| Action					
	• To seek agreement to the review of existing performance management systems and techniques in use across NSS and the development of a new NSS, Outcomes Based Reporting Framework. • This agreement would confirm that NSS should have in use a single view of performance management to help identify areas of best practice, to focus on continuous improvement and delivering improved outcomes; to take action to improve services, improved health and social care and to ensure that the activities of our services are in line with overall organisational strategy	• To establish a Working Group to deliver the Framework. • To establish a database of all existing performance management systems in use across all NSS SBU's. • To identify the key performance indicators in each of the SBU's and their alignment with NSS strategic themes. • To identify options for the best method of routinely, electronically collecting and digitally presenting performance management information at both an SBU and NSS level.	• Develop and draft a new NSS, outcomes based, Performance Reporting Framework and tools. • Seek approval from appropriate governance for the implementation of the Framework and tools. • Agree SBU 'champions'	• Roll out of a Proof of Concept for the Framework and Tools. • Development of Digital Visualisation Dashboard using existing available technology. • Draft roll-out plan developed.	• Agreement of initial outputs from Proof of Concept. • Initial dashboard approved. • Roll-out plan approved.
By	**August 2019** ⟹	**September 2019** **October 2019** ⟹	**November 2019** **December 2019** ⟹	**January 2020** **February 2020** ⟹	**March 2020** **April 2020** ⟹
What Does Success Look Like?	• Agreement to proceed acknowledging that improved performance monitoring should: • define performance targets/goals across key aspects of service delivery – including the management of resources (personnel, infrastructure), customer service and financial viability • provide a comprehensive picture of progress towards achieving targets/goals • provide early indications of emerging issues/pressures that may require remedial action • indicate where there is potential to improve the cost-effectiveness of services.	• Working Group with all SBU's represented. • All existing performance management methods and systems identified. • All KPI's identified for each SBU. • New methods of managing and visualising KPI's and other performance data are established, ideally utilising existing digital technology currently at NSS disposal.	• The framework sets out the NSS wide outcome goals that the EMT and Board uses to monitor the progress of NSS SBU's. • All SBU's identifying ways of maintaining performance data in a format that enables ease of collection into an overall NSS Performance Dashboard. • The Framework would not set out how outcomes should be delivered. • It would be for SBU's to determine how best to deliver improvements by working with colleagues and other organisations to plan how to meet demand and make best use of the resources and tools.	• Proof of Concept agreed • NSS Reporting and visualisation dashboard developed. • Roll-out plan agreed.	• A new formal, regular and rigorous system of data collection and usage to indicate trends and measure the performance of NSS services is in place. • The NSS outcomes indicators provide SBU level accountability for the outcomes that NSS delivers; they drive transparency, performance, quality improvement and outcome measurement through NSS against the 'ASSIST' strategic theme.

Action Plan and Outcomes

5. There are 'trusted' business relationships and stakeholder arrangements in place that reflects NSS principles and values around 'Once for Scotland' and 'Customer at the heart'

Action					
	We will build upon already established relationships both at individual and corporate levels across ASSIST organisations as a 'trusted' partner. Establishment of a formal Stakeholder Engagement process for ASSIST organisations using current NSS Engagement approaches.	We will ensure through effective stakeholder management a robust knowledge collation and feedback mechanism is developed. Through stakeholder management identify key strategic challenges for ASSIST organisations and where NSS solutions can be tailored, developed and implemented as appropriate.	We will work with partnerships and senior leaders where NSS is actively engaged to facilitate and act as an 'honest broker' around joint working opportunities across ASSIST organisations and SBUs.	We will report feedback from regular meetings with ASSIST organisations as part of formal performance review. We shall present feedback as part of reporting progress and highlight potential future business opportunities to the NSS Board and EMT.	We shall work with ASSIST organisations around creation of joint case studies as part of wider NSS Communications Strategy and Plan. We shall work in partnership with ASSIST organisation's own communications teams to ensure consistent messaging around success of partnerships and where clear outcomes around health and care are being achieved.
By	September 2019 ⟹	October 2019 ⟹	November 2019 ⟹ December 2019	January 2020 ⟹ February 2020	March 2020 ⟹
What Does Success Look Like?	• Through building strong and trusted relationships with organisations and senior leaders, NSS can clearly demonstrate it is a 'partner of choice' to support delivery of improved health and care outcomes. • To align ASSIST stakeholder engagement with NSS Corporate Engagement approaches and provide evidence of success through positive feedback and messaging.	• Incorporate knowledge and feedback mechanism for ASSIST organisations using tools and techniques from NSS Corporate Communications Strategy and Plan. • Horizon scan key strategic challenges for ASSIST organisations and identify possible NSS solutions through appropriate NSS teams and governance. • Working across NSS SBUs understand where it is feasible, suitable and acceptable to explore business cases for wider scaling up of developed solutions.	• Through a range of local and regional networks, events and workshops with ASSIST organisations explore potential joint working opportunities. • Map potential joint working opportunities identified across wider ASSIST organisations where there are benefits to extend the scope of joint working e.g. IJBs.	• Through a comprehensive performance reporting process provide progress on outcomes to NSS Board and EMT around all ASSIST activities and support. This shall incorporate the adoption of NSS visualisation tools to augment the reporting process. • Develop an open and transparent performance reporting approach to the governance of ASSIST organisations using the appropriate NSS corporate reporting framework and tools.	• Through adoption of approaches within the NSS Communications Strategy and Plan develop a range of case studies in agreement with ASSIST organisations outlining successful outcomes of NSS partnership and collaboration. • Agreement with senior leaders across ASSIST organisations to act as 'Advocates' and 'Champions' for NSS approaches to 'positive partnership' and how NSS is supporting improvement around wider health and care outcomes.

B/19/98

NSS Board Meeting – Friday, 6ᵗʰ September 2019

Enabling Public Health Scotland Programme

Purpose

To inform the NSS Board of progress made in relation to the establishment of Public Health Scotland (PHS)
To provide an overview of the services to be provided to PHS from 1ˢᵗ April 2020
To provide detail regarding the financial implications and risks for NSS

Recommendation

The Board is asked to:

- Note the progress being made in relation to the establishment of PHS.

- Endorse the proposal made by NSS to deliver Corporate Shared Services for PHS

- Note the progress being made in resolving financial issues relating to the establishment of PHS

- Recommend that the NSS budget for 20/21 and beyond be adjusted to reflect the outcome of the due diligence exercise once completed.

- Recommend that a further update be provided to the Board in November 2019.

Timing

Vesting Day for Public Health Scotland will be on 1ˢᵗ April 2020. It is expected that PHS will be a legal entity from October 2019.

Background
Progress continues to be made to work through all of the necessary steps to establish PHS, transfer staff and to allow the organisation to deliver effective services from day one.

NSS are effecting the smooth transition of staff and services from NSS to PHS and vice versa and are more widely supporting the establishment of PHS.

NSS has developed a Shared Services Offer which has now been agreed by the PHS EMT and will lead to the provision of shared services (IT, HR, Finance, Procurement and FM / Operations) to Public Health Scotland from April 2020 for at least 3 years.

Procurement and Legal

An SLA is under development which will cover the services provided to PHS as well as the services PHS will provide to NSS from April 2020 onwards.

Engagement

Regular engagement has been maintained with key stakeholders including Scottish Government, Health Scotland and NSS staff.
The SG Consultation on the Establishment of PHS has completed.

The TUPE consultation for affected staff in NSS (and Health Scotland) completed on 22nd August.

A second TUPE consultation reflecting the changes in Corporate and Shared Services is being formulated.

Equality & Diversity

No E&D issues or concerns have been identified to date in relation to this programme. This will be monitored on an ongoing basis.

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ENABLING PUBLIC HEALTH SCOTLAND AUGUST 2019

NHS National Services Scotland

SERVICES

- **PHI**
- **SPST**
- **HR**
- **FS**
- **DaS**
- **PCF**

STATUS	2-5 YEAR
GREEN	-

KPIs	Target	Actual
-	-	-
-	-	-
-	-	-

INVESTMENTS

NSS	-
SG	£475k
Other	-
Total	**£475k**

MILESTONES

PHS Go Live	APR 20

PRIORITY

Enable	**Underpin**	Assist

OUTCOMES

Better Care	**Better Health**	Better Value

CHANGE TYPE

Innovate	**Transform**	Improve

SRO

Mary Morgan

GOVERNANCE

- PHS EMT (Shadow)
- NSS Board
- NSS EMT

AIM

To support the successful establishment of Public Health Scotland.

UPDATE

- **Staff consultation:** Released on 9th July and will close on 21st August. Timescales for second consultation still to be confirmed.
- **PHS EMT:** Shadow PHS EMT established to replace the PHR Programme Board. Currently chaired by Gareth Brown, will be chaired by the PHS Chief Executive once appointed.
- **HR Steering Group:** Structure of PHS (Directorates and teams) has been developed and is out for approval by the HR Steering Group.
- **Corporate Services:** NSS proposal covering IT, finance, HR, procurement and FM services has been presented and agreed in principle by the shadow PHS EMT. Agreement has been reached that Communications will be delivered by PHS which will result in some NSS Comms staff transferring to PHS, this will be picked up as part of the TUPE 2 consultation exercise.
- **Finance**: Draft due diligence position has been developed and shared with the Finance Project team. Once agreed with SG, this will be reported to PHS EMT, NSS EMT, FP&PC and NSS Board.
- **IT:** Atos has been engaged to provide an estimate of the costs regarding changes to Business Applications (eESS, SSTS, eExpenses, Payroll). Initial indications are that costs for this being in the region of £150k.
- **Collaboration Workshops:** Three workshops held involving teams from PHI, HS and NSS to discuss the shared services provision and agree the collaboration activity to be undertaken before April 2020.

ACHIEVEMENTS TO DATE

- NSS Proposal has been agreed in principle by the PHS EMT.
- Detailed Transition Plans have been developed for each shared service area to understand the level of activity NSS is required to complete before April 2020.

NEXT STEPS

- Outcomes from Collaboration Workshops will support the development of integrated Transition Plans covering each of the five services
- Awaiting response from Atos to confirm the estimated costs covering the identified Business Applications
- Confirmation of the principles which will cover the transfer of Information Assets from PHI to PHS (and confirm which assets will remain with NSS)

RISKS/ISSUES

- Clarity required regarding Active Directory and whether this will be a single instance covering NSS and PHS or two separate instances.
- Consultation timelines for second staff consultation (TUPE 2) are tight and need to be agreed.
- IT Budget to be agreed in detail since confirmation received from SG that this needs to cover system changes required in advance of April 2020.

DEPENDENCIES

Office 365 rollout: Further discussion required to confirm the impact of O365 against the establishment of PHS in April 2020.

NSS Provision of
Shared Services to
Public Health Scotland

August 2019
Version 1.0

Contents

1. Enabling Public Health Scotland with corporate shared services

Scotland's ambition is to be a world leader in improving the public's health. Public Health Scotland (PHS) is being established to help Scotland achieve its public health vision and priorities. It will support Scotland to have a public health system that is fit for the challenges of the twenty-first century.

Public Health Scotland will be established on 1st April 2020, when the majority of staff and functions of Health Scotland (HS) and the Public Health Intelligence (PHI) strategic business unit of NHS National Services Scotland (NSS) transfer into the new organisation.

Public Health Scotland will receive services from other organisations and Scottish Government has set out its commitment for PHS to use shared services in line with the Christie Commission's recommendations[1].

Decisions on which shared services PHS use will be based on:

- the impact of sharing those services on Public Health Scotland's ability to deliver on its purpose;

- whether another organisation in the public sector can offer the service at a better combination of quality and/or cost.

NSS welcomes the opportunity to deliver shared services to PHS and recognises the significant responsibilities it has as the preferred partner for shared services.

Our proposal has been designed to ensure NSS is able to meet PHS requirements and to achieve the shared service considerations set out by Christie:

- To maximise shared service opportunities, helping ensure PHS budgetary imperatives can be met[2].

- To take forward new shared services based around new technologies, improving value for money and supporting multi-agency working[3].

As a partner in the work of the public health reform programme, NSS understands and respects the scale and ambition of the programme and is keen to be a valued partner organisation with a key role in enabling PHS to deliver against this ambition. We also believe that commissioning support services as a shared service from the outset will allow PHS to focus its efforts on achieving Scotland's public health ambitions.

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[1] Public Health Scotland Target Operating Model 2.0 (2019). Section 8.
[2] Christie Commission on the future delivery of public services (2011). Section 7.32.
[3] Christie Commission on the future delivery of public services (2011). Section 7.33.

2. NHS National Services Scotland

NHS National Services Scotland (NSS) is a non-departmental public body, accountable to Scottish Ministers. It was established as the Common Services Agency in 1974 under The National Health Service (Functions of the Common Services Agency) (Scotland) Order 1974 with a mandate to provide national strategic support services and expert advice to Scotland's health sector whilst maximising health impacts and cost savings.

In 2013, The Public Services Reform (Functions of the Common Services Agency for the Scottish Health Service) (Scotland) Order 2013 extended the remit of NSS, enabling the provision of services to other bodies, including local authorities and government departments.

More recently the Public Bodies (Joint Working) Scotland Act 2014 reinforced this requirement to maximise health, financial and environmental impacts by engaging with, and offering services to, the wider public sector in Scotland.

NSS is currently the only public sector organisation with the statutory powers to deliver services across the Scottish public sector. We cover clinical areas, such as the safe supply of blood, tissues and cells, through to non-clinical areas, such as digital and security.

These services are delivered with 3,367 WTE from 24 sites across Scotland and with an annual budget of £762m. NSS also manages £2,576m of payments to primary care and contract spend worth £1,338m on behalf of NHSScotland.

By entering into a partnership with NSS, PHS is able to access the full range of support and expert advice of our services across Scotland.

3. The benefits of receiving shared services from NSS

NSS is ideally placed to provide shared services to PHS:

- Support services are core business for NSS.

- NSS is an organisation that is always striving to improve the way things are done.

- NSS has a strong track record of delivery and can implement new services at pace and scale.

- NSS provides corporate support services as a shared service to its internal organisations, such as PHI and SNBTS, and to other health boards.

- NSS provides IT infrastructure and services across the public sector.

- NSS provides legal advice to health boards, the Scottish Government and Non-Departmental Public Bodies (NDPBs).

- NSS provides programme management services, predominantly in health and within Government but also in NDPBs and local government.

All shared services provided to PHS will be established from our existing core services and infrastructure to ensure continuity of service.

NSS is committed to the "Once for Scotland" approach and to increasing the scope and scale of shared services delivery across the Scottish public sector. Specific commitments we will make to PHS include:

- Ensuring the smooth and successful transition of services to PHS and working together to co-create a corporate services solution.

- Ensuring all required corporate services are in place so that PHS can function from day one of its establishment.

- Ensuring we work collaboratively with PHS to further improve the quality, value and efficiency of services, including the exploration of alternative delivery models and the continued drive towards shared services.

- Ensuring PHS is supported in its ambition for "Digital First" service delivery.

NSS is in the process of transforming its approach to shared services and will move to a multi-functional operating model that will take advantage of end-to-end process optimisation, e.g. linking HR and payroll and providing a single

helpdesk support for all services, from HR to IT desktop and applications support.

4. Current corporate services support

The constituent parts of PHS currently receive corporate support services from their host organisations (NSS and Health Scotland). As the larger organisation, NSS is able to offer a comprehensive scope of services which operate at scale, both internally and externally.

Some aspects of service provision are provided by both organisations:

- Finance

- HR

- IT

Areas of sharing and collaboration between the two host organisations are already in place:

- Health Scotland share premises with NSS and receive operations management support and services from NSS; and

- Health Scotland receive some aspects of corporate shared services from NSS, e.g. IT.

NSS provides these services under individual service level agreements (SLA). These will be replaced with a single SLA between PHS and NSS for all shared services NSS is commissioned to provide.

Early work as part of National Boards collaboration has fostered closer working relationships between both organisations and a greater understanding of the ways of working, and any variation in practice. These existing relationships provide a strong foundation on which to build a new service, tailored to work effectively to the requirements of PHS.

The direction of travel for increased collaboration and joint working across the National Boards will be further enhanced through the development of a shared services model to PHS.

5. Supplying shared services to Public Health Scotland

NSS has been engaged as the preferred partner for shared services to PHS. NSS has significant knowledge of PHI, giving us a strong partnership start in respect of existing working relationships, understanding the current business and developments on the horizon.

The Public Health Reform Programme Board has agreed that NSS will deliver fraud prevention and legal services to PHS from day one. This proposal sets out our recommendations for providing shared services in:

- Finance services
- Procurement services
- People services
- Operations management
- IT services

As the preferred shared services partner to PHS, NSS will be:

- responsible for the effective transition of supporting infrastructure and services to PHS from day one;
- accountable to PHS for the delivery of flexible, responsive services, in terms of both quality and cost.

NSS will work in partnership with PHS to deliver shared services in line with their ambitions:

- provide strong public health leadership
- lead in a collaborative way
- take a whole system approach
- maintain an external focus
- build strong and lasting relationships
- have a clear focus on supporting the local system
- be visibly a new and different organisation
- be innovative
- be intelligence, data and evidence led

These services will be provided for a period of up to 36 months and subject to review after 18 months.

6. Building shared services that work for PHS – day one and beyond

The immediate priorities for NSS will be to undertake the essential activities to provide shared services to PHS for day one (phase one). Following this, NSS activities will focus on maturing the offering to provide higher quality, more effective and efficient services through partnership working with PHS (phase two).

Longer term, the ambition of NSS is to create a 'Corporate Shared Services' offering that is in line with modern best practice (phase three). This will require NSS to make internal changes to its own service operating model. To bring about this change, NSS wishes to work closely with external stakeholders, including PHS, building relationships, trust and confidence in the ability to collectively deliver this ambition.

Phase one – Day One Readiness

Quick wins and essential activities to provide effective shared services to PHS:

— Creation of service catalogues for PHS
— Identification of cost and charging models.
— Continuation of process improvement work to deliver more efficient, higher quality services.
— SLAs and reporting requirements agreed with PHS
— Co-creation of shared service governance structure.
— Creation of central repository for processes accessible by staff and customers.

Phase two - Partnering

Delivery of **effective shared services** to PHS **that flex as the organisation evolves**

— Services will continue to be delivered along functional lines but with increasing customer focus.
— Deepening engagement with PHS to align and validate future ambitions and strategies of each organisation

Phase three – NSS remodels its Corporate Shared Services Offer

Developing a modern service:
— Process-led rather than functional led service delivery model.
— Creation of centres of excellence as scale increases.
— Investment in technology to enhance processes.
— Move to output-based charging model.

NSS is committed to delivering effective services to PHS from go-live and to working in partnership with PHS to develop the shared service provision as both organisations grow and modernise. NSS is also committed to undertaking a series of activities to improve how it delivers its shared services. Indeed, a number of these are already in-train as part of existing improvement and transformation programmes.

7. Embedding a values and customer based approach to service delivery

NSS will work closely with PHS to develop a long term relationship based on trust and partnership. NSS will actively listen to PHS service users and deliver services that respond to their evolving needs.

PHS has set out its values and expectations for how it will work with other organisations and its staff. NSS is committed to delivering services through behaviours that demonstrate our commitment to the values of both organisations.

NSS recognises that Public Health Scotland's contribution and requirements will change beyond day one as it becomes increasingly focused on how it positively impacts public health in Scotland. We will therefore work in partnership with PHS to adopt shared services best practice and innovation as drivers of improvement.

Research, based on 80 confidential interviews with current users of people, finance, IT, operations management and procurement services within PHI and Health Scotland, was used to identify key priorities for these services in PHS and has shaped the service specifications in this proposal. The results for each service are summarised at the start of the relevant section.

The research also helped us to identify a common set of desired *service principles* for shared services:

- User centred
- Flexible and responsive
- Accessible

- Business aware
- Consistent
- Transparent

NSS will work with PHI, Health Scotland and the PHS shadow executive management team to develop a shared services solution which meets both the initial and developing needs of PHS, building on existing operational arrangements, minimising the structural change and providing resilience during the important early stages of transition.

8. Responding to the shared services design brief

NSS recognises the opportunity it has been given in being the preferred partner for delivering shared services to PHS.

In order to realise this opportunity NSS wants to provide PHS with reassurance that:

1. it has the required capability to deliver these services effectively; and

2. it understands PHS will be a new organisation, with its own ethos and approach and a clear ambition to do things differently.

To assist with this, NSS engaged KPMG to provide an external, independent, perspective on the current maturity of NSS corporate services and to assess readiness for providing corporate shared services to PHS from go-live through to establishing a mature operating model.

In the spirit of developing an open and constructive long term partnership relationship, NSS would like to share a summary of the KPMG report as background and context for our shared services offer.

<u>Our strengths</u>

KPMG found NSS to be committed to collaborative working and shared service delivery and with existing strengths as a shared service provider:

- The relationship with NSS Strategic Business Units has provided a 'test-bed' for delivery of shared services and creation of a customer-focused relationship.

- Shared core technology systems are already in place (PECOS, eFinancials etc) and NSS uses technology that lends itself to shared services (e.g. ServiceNow).

- The HR tiered operating model is typical of a good practice shared service delivery and provides a blueprint for the organisation to follow in other areas.

- Communications is not currently part of the formal shared services offer, but as the operating model we use is based on fulfilling service requests, it could be 'lifted and shifted' directly to provide shared services to PHS.

- There is a commitment to change across NSS, for instance process improvement in Finance and Procurement services as part of a wider transformation programme.

- NSS has a system for measuring and benchmarking customer engagement the principles of which could be applied to shared service customers in a more formal manner.

Areas for improvement

KPMG also identified areas where NSS could improve its delivery of shared services. NSS is sharing these suggestions as a mark of our wish for an open and transparent customer and provider relationship with PHS and to provide reassurance to PHS of NSS's intent to provide an ever improving service.

- NSS will move to a delivery model that supports end to end process management and away from the current focus on functional areas.

- NSS will consider how best to integrate customers into governance forums.

- NSS services will operate with a greater customer-focused mentality, for both SBUs and external customers.

- NSS will work with all its customers, including PHS, to develop an understanding of their potential future needs and demands.

- NSS will develop a more consistent and customer focused approach to reporting on service levels and performance.

9. The shared service delivery model used by NSS

NSS recognises that operating a shared service model will be a new approach for many of the staff of PHS. To get the most value from such a model requires changes not only from the provider (NSS) but also any partners who have not used this approach before (PHS).

The delivery of modern and efficient shared services typically uses a tiered approach, as illustrated below. For this model to operate effectively there must be a commitment from all parties to utilise self-service wherever possible. The model is supported by appropriate technology, e.g. service portals, eForms, systems-enabled self-serve functionality, and requires employees and managers to take ownership and responsibility for routine enquiries.

Although this model will be a departure from current ways of working for some of PHS, NSS believes it is an essential component of the shared service offer if NSS is to deliver the efficiencies that will free up additional resources for PHS that can be used to deliver Scotland's public health priorities.

Delivering this change effectively will require NSS and PHS to work closely and collaboratively, with appropriate investment in change management to ensure staff are able and confident in operating within this model.

NSS will work closely with PHS to understand their needs and requirements, helping both organisations to develop the behaviours and changes required to effectively operate and benefit from shared services.
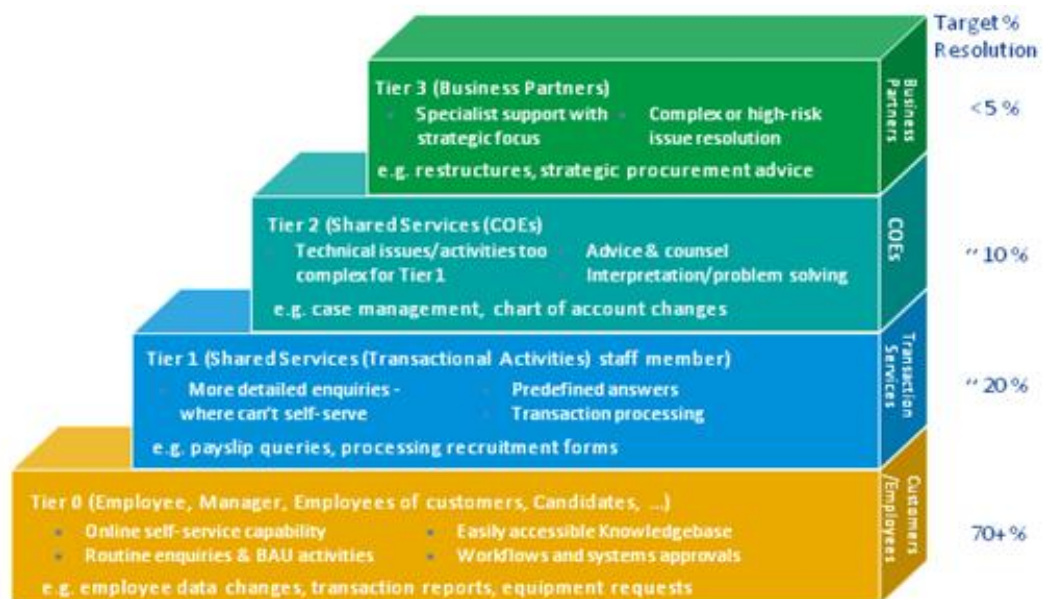
10. National Services Scotland's proposal for shared corporate services

NSS has developed detailed proposals for each of the services that PHS would like to consider for shared services at this stage:

- Finance services
- Procurement services
- People services
- Operations management
- IT services

We understand the new shadow Executive Management Team will also be reviewing the remaining 8 areas that could be considered for shared services. NSS will be pleased to provide additional proposals for these services as required.

Our proposal sets out our approach, the services that will be provided, how they will be delivered and how performance will be measured for each area. We have adopted KPMG's tiered model to show the different levels of shared service provision that will be available to PHS.

Full service details are provided as an appendix and we would invite the PHS shadow EMT to engage with us to review our service proposals to ensure it meets the needs of day one and as part of our commitment, as a partner to PHS, for collaborative and transparent working.

If PHS decides not to take all of the shared services proposed by NSS, there is a risk that we will not be able to deliver the full benefits of an integrated and streamlined shared service model. Such an approach could reduce the potential financial and time gains to PHS; impacting the delivery of core public health functions and value delivered.

The costs associated with the provision of shared services are included with the NSS Board paper titled "The Formation of Public Health Scotland, Financial Implications and Risks for NSS". This paper is due to be discussed at the NSS Board meeting on 6th September 2019.

11. Finance services

Approach

We aim to provide a comprehensive strategic and operational finance service to Public Health Scotland. Effective financial management will make an important contribution to the delivery of Public Health Scotland's goals and to the success of the organisation. We have engaged with users and service providers in both Health Scotland and Public Health and Intelligence to ensure we understand and take account of current and future user needs from these services, and we will continue to do so as we develop the services for the future.

Services

We have detailed our offering across the full spectrum of Strategic and Operational Financial Services including, but not limited to:

- Financial Strategy and planning

- Management Accounting

- Accounts Payable and Receivable

- Financial Accounting

- Payroll services

Service Delivery

We propose that Public Health Scotland access Strategic & Operational Financial Services using a tiered engagement model which is consistent with the recommended best practice shared service model.

> **Tier 1** – self service via service portal allowing staff to access information, guidance and training.

> **Tier 2** – telephone support service for general service queries referred to centres of expertise where appropriate.

> **Tier 3** – direct engagement via Business Controller and Business Partner.

Service Descriptors and Engagement

A full breakdown of services demonstrates the breadth and depth of the offer and articulates the customer engagement model which underpins each of the services. This assures Public Health Scotland that the Strategic and Operational Finance team can deliver a flexible, accessible and consistent service in line with the service principles identified through user and provider research.

Performance Measurement

Delivery of Strategic and Operational Financial Services will be measured using a clearly defined set of performance metrics which have been documented in the offer. Performance against these metrics will be measured through a variety of methods and shared with Public Health Scotland as part of our Customer Management approach. To facilitated successful delivery a clear set of provider and customer dependencies have been documented.

12. People services

Approach

We aim to provide an excellent service in all aspects of employment, from prior to commencement of employment and throughout the employment lifecycle of all staff. We understand the criticality of People Services to the delivery of Public Health Scotland's goals and the contribution these services will make to the success of the organisation. We have engaged with users and service providers in both Health Scotland and Public Health and Intelligence to ensure we understand and take account of current and future user needs from People Services.

Services

Human Resources and Workforce Development (HRWD) has detailed its offerings across the full spectrum of People Services including, but not limited to:

- HR advice and support

- Pay, Terms and Conditions

- People Change Management

- Workforce systems and Data Analytics

- Business Partnering

- Occupational Health, Safety and Wellbeing

Service Delivery

We propose that Public Health Scotland access People Services using a tiered engagement model which is consistent with the recommended best practice shared service model as described by KPMG.

> **Tier 0** – Self Service via HR Connect.
>
> **Tier 1** – Front of House and HR Service Centre.
>
> **Tier 2** – Centre of Expertise.
>
> **Tier 3** – HR Service and Process Owners plus HR Business Partners.

It is recognised that successful delivery of this model will require a relationship management approach enabled through strong partnering between NSS and Public Health Scotland

Service Descriptors and Customer Benefits

A full breakdown of services demonstrates the breadth and depth of the offer and articulates the customer benefits which will be achieved This assures Public Health Scotland that the HRWD team can deliver a modern, flexible, accessible and consistent service in line with the service principles identified through user and provider research.

Performance Measurement

Delivery of People Services will be measured using a clearly defined set of performance metrics which have been documented in the offer. Performance against these metrics will be measured through a variety of methods and shared with Public Health Scotland. To facilitate successful delivery a clear set of customer and external dependencies have been documented.

13. Information Technology services

Approach

We aim to provide innovative technology solutions in support of the national strategy and will work to ensure that the services delivered are supportive and enable staff to be effective, collaborative and innovative We have engaged with users and service providers in both Health Scotland and Public Health and Intelligence to ensure we understand and take account of current and future user needs from Information Technology Services.

Services

Digital and Security has detailed its offerings across the full spectrum of Information Technology Services including, but not limited to:

- Digital Infrastructure

- Cyber Security and Compliance

- Enterprise Digital Solutions

- Business Insight and Intelligence

Service Delivery

We propose that Public Health Scotland access Information Technology Services using a tiered engagement model which is consistent with the recommended best practice shared service model as described by KPMG.

Tier 0 and 1 – self service via Service Now for access to Knowledge Base and call logging.

Tier 2 – Digital and Security centres of expertise via team managers or Operational Service Management team.

Tier 3 – Via the Digital Business Partner for escalation, large projects or requests for wider services.

Full details of the service arrangements including service cover, prioritisation and escalation are provided.

Service Descriptors and Customer Benefits

A full breakdown of services demonstrates the breadth and depth of the offer and clearly articulates the customer benefits which will be achieved. This assures Public Health Scotland that the Digital and Security team can deliver a flexible, accessible and consistent service in line with the service principles identified through user and provider research.

Performance Measurement

Delivery of Information Technology Services will be measured using a clearly defined set of performance metrics which have been documented in the offer. Performance against these metrics will be measured through a variety of methods and shared with Public Health Scotland as part of our Customer Management approach

14. Procurement services

Approach

We aim to provide Procurement Services which operate under the new priorities for public procurement and align with the Scottish Government National Performance Framework. We understand the criticality of Procurement Services to the delivery of Public Health Scotland's goals and the contribution these services will make to the success of the organisation. We have engaged with users and service providers in Health Scotland, Public Health and Intelligence and Scottish Ambulance Service to ensure we understand and take account of current and future user needs from Procurement Services.

Services

NSS Procurement has detailed its offering across the full spectrum of Procurement Services including, but not limited to:

- Regulatory compliance

- Sustainable procurement duty

- Strategic supply analysis

- National contracting

Service Delivery

We propose that Public Health Scotland access Procurement Services using a tiered engagement model which is consistent with the recommended best practice shared service model as described by KPMG.

> **Tier 1** – light touch guidance from NSS procurement for unregulated procurement <£50k.

> **Tier 2** – regulated procurement managed and delivered by NSS Procurement and of a value between £50k and the OJEU (Official Journal of the European Union) threshold.

> **Tier 3** – regulated procurement managed and delivered by NSS Procurement of a value of the OJEU threshold or above.

Service Descriptors and Customer Benefits

A full breakdown of services demonstrates the breadth and depth of the offer and articulates the customer benefits which will be achieved. This assures Public Health Scotland that the NSS Procurement team can deliver a flexible, accessible and consistent service in line with the service principles identified through user and provider research.

Performance Measurement

Delivery of Procurement services will be measured using clearly defined set of performance metrics which have been documented in the offer. Performance against these metrics will be measured through a variety of methods and shared with Public Health Scotland as part of our Customer Management approach.

15. Operations Management

Approach

We aim to provide an excellent service across a range of Operations Management services, ensuring that Public Health Scotland staff work in a safe, clean and secure environment. We understand the criticality of Operations Management Services to the delivery of Public Heath Scotland's goals and the contribution these services will make to the success of the organisation. We have engaged with users and service providers in both Health Scotland and Public Health and Intelligence to ensure we understand and take account of current and future user needs from Operations Management Services.

Services

We have detailed our offering across a range of Operations Management Services including, but not limited to:

- Domestic services

- Security services

- Catering

- Fire safety

Service Delivery

We propose that Public Health Scotland Operations Management Services operate under a refreshed Memorandum of Terms of Occupation (MOTO). Staff will be able to access services via the NSS Operational Facilities helpdesk which can be contacted via phone or email.

Service Descriptors and Engagement

A full breakdown of services demonstrates the breadth and depth of the offer and articulates the customer benefits which will be achieved. This assures Public Health Scotland that the NSS Operational Facilities team can deliver a flexible, accessible and consistent service in line with the service principles identified through user and provider research.

Performance Measurement

Delivery of Operations Management Services will be measured using a clearly defined set of performance metrics which have been documented in the offer. Performance against these metrics will be measured through a variety of methods and shared with Public Health Scotland as part of our Customer Management approach. To facilitate successful delivery a clear set of provider and customer responsibilities have been documented.

**NSS - FINANCE PERFORMANCE & PROCUREMENT COMMITTEE
29th AUGUST 2019**

**THE FORMATION OF PUBLIC HEALTH SCOTLAND
FINANCIAL IMPLICATIONS AND RISKS FOR NSS**

1. Purpose

This paper outlines the financial implications and associated risks arising as a consequence of the formation of the new public health body, Public Health Scotland from 1 April 2020.

2. Background and Context

Public Health Scotland (PHS) will be operational from 1 April 2020 – as a special health board. The Public Health Reform programme has developed a Target Operating Model (TOM) for the new organisation, and through the work of a series of commissions, has defined an ambitious future vision for the organisation and whole system approach which aims to significantly improve the health and wellbeing of the people of Scotland.

The challenge will be to deliver against these ambitions within the constraints of the funding available, and to do this whilst the new organisation is formed, initially from the collective workforce from Health Scotland and the Public Health Intelligence SBU from NSS.

The current planning assumptions are that:

- the 19/20 budget for both Health Scotland and PHI will transfer to Public Health Scotland from 1 April 2020 – together with any applicable funding uplift or additional allocations made available by SG through the 20/21 funding process

- A sum equivalent to the cost of corporate services provided to PHI from NSS will transfer to Public Health Scotland – to meet the cost of corporate services provided by NSS

- A sum equivalent to the cost of services provided by PHI to NSS will be retained by NSS to meet the continued cost of these services going forward.

- NSS will deliver 5 out of 13 defined "corporate services" for the new body, with the remaining 8 services to be delivered directly by the new body.

- All staff within PHI and those staff within Health Scotland not involved in the delivery of the 5 corporate services being delivered by NSS will TUPE into Public Health Scotland from 1 April 2020.

- The staff within Health Scotland currently involved in delivering the 5 corporate services in scope to be delivered by NSS will TUPE into NSS – but their funding will remain within Public Health Scotland

- The TOM will not be in place from day 1. There will be a significant amount of organisational change activity in the early years of the new organisation.

A considerable amount of work will be required between now and 1 April 2020 to ensure the new organisation is ready for business on 1 April 2020. A total of £2m has been made available to support this work overall – covering the cost of the PHR programme itself and implementation activity for the new body. Containing costs within these funding limits will require a significant amount of prioritisation and focus and comes with a certain amount of risk attached as many aspects of the costs involved, particularly in relation to the establishment of corporate systems infrastructure for the new organisation have yet to be quantified.

3. Financial Implications for NSS

The formation of Public Health Scotland has financial implications for NSS in the following ways:

a) A budget transfer from NSS to PHS from 1 April 2020 - reflecting the costs of staff and resources transferring to the new body currently deployed in delivering existing services by PHI which will become the responsibility of the new organisation from that date.

b) A Service Level Agreement between NSS and PHS - for the delivery of Corporate Shared Services - the cost of these services have been agreed between NSS and PHS, and PHS will meet that agreed cost from its budget from 1 April 2020.

c) An emerging financial risk in implementing the Corporate Shared Services for PHS, including the as yet unquantified

d) A Service Level Agreement between PHS and NSS - yet to be agreed - to reflect the requirement for PHS to continue to deliver certain services currently provided to NSS by PHI, on a recurring basis.

e) An underlying financial risk to NSS arising from the transfer of staff from Health Scotland currently supporting the services to be delivered to PHS as a Corporate Shared Service by NSS.

These implications are considered in turn in the following sections.

4. Agreeing the budget transfer to PHS

Significant work has been undertaken to quantify the budget transfer that is required from NSS to PHS from 1 April 2020.
The defined PHI budget allocation is relatively straightforward, and reflects the resources associated with all staff in scope to TUPE transfer to PHS from 1 April 2020. There have been a number of amendments to the staff and services in scope which have been fully reflected - in particular, the transfer of workforce statistics responsibility to NES and retaining the ARHAI service within NSS until the work in defining a new centre of expertise is concluded.
More challenging has been the identification and quantification of an appropriate share of wider NSS functions - in particular Corporate Services functions which should legitimately be transferred to the new body.
This work has evolved in tandem with the development of the Corporate Shared Services proposal, and the budget transfers identified have been calculated on the same basis as the Corporate Shared Services proposal, to minimise risk to NSS.
The paper in Appendix 1 outlines the latest opening budget position for PHS and quantifies the share of NSS budget which NSS suggests should transfer from 1 April.
A due diligence exercise by colleagues from SG Health Finance and SG Internal Audit is currently underway, and following completion of this exercise, the final budget adjustment will be confirmed by SG Finance. Feedback so far has been encouraging with much of the discussion focused on the methods used to apportion the cost of IT services to PHI. It is not thought that the final agreed position will vary significantly from the proposal made.
There is no residual financial risk to NSS - and all financial planning assumptions for 20/21 onwards will reflect the final position agreed by SG.

5. Delivering Corporate Shared Services to PHS

The table below compares the price agreed for the delivery of Corporate Shared Services by NSS to PHS with the combined budgets from NSS and Health Scotland proposed for transfer to PHS - and currently subject to due diligence.

	Health Scotland		NSS – for PHI		Total – Due Diligence		NSS Proposal	Variance
Corporate Services:	WTE	£	WTE	£	WTE	£	£	£
Finance	4	372,000	6.5	529,000	10.5	901,000	551,000	(350,000)
People	6.71	509,000	12.8	771,000	19.51	1,280,000	968,000	(312,000)
IT	9	883,000	79.7	3,212,000	88.7	4,095,000	3,311,000	(784,000)
Procurement	0	81,000	1	67,000	1	148,000	100,000	(48,000)
Facilities / Operations	4.56	1,151,000	3	2,300,000	7.56	3,451,000	3,458,000	7,000
Total	**24.27**	**2,996,000**	**103**	**6,879,000**	**127.27**	**9,875,000**	**8,388,000**	**(1,487,000)**

Finance

The service proposed, and priced, reflects a level of service anticipated from new operating model – and includes roles of business controller and business partner supported by shared centres of expertise supporting financial accounting, management accounting and MI and reporting, and transaction services providing payments, income and debt management and payroll.

Proposal does not include:

- Cost of corporate financial systems
- Internal and External Audit
- Any external taxation advice

On the basis that there is provision for these costs within Health Scotland budget at present and any increase will be marginal.

HR

Service proposed, and priced, reflects level of service delivered to PHI extrapolated for an additional 200 WTE. Costs calculated on a pro-rata basis and this increase covers the cost of HR delivered to Health Scotland at present. Whilst it is expected that economies of scale will be possible, it is acknowledged that there is a significant difference between the service delivery models in place in NSS and HS at present, and whilst the new organisation is in organisational change there will be requirement for significant HR support.

Proposal does not include the cost of corporate HR systems, but does include an element of OD support, which is currently assumed to be provided directly by PHS.

IT

The NSS offer does not include the cost of "on-demand" services which would vary based on consumption:

- Project and programme related BI services
- Web Design, Development and Support
- System integration

- Cloud services

Work is underway to provide estimates for these costs to assist Public Health Scotland in its financial planning.

Procurement

Health Scotland currently receive a procurement service from SAS – having TUPE transferred two members of staff to SAS some years ago. HS retained the budget of £80k to pay for the services provided. The NSS proposal of £100k pa assumes 2WTE will be required to support the service. It has been assumed that no staff will TUPE from SAS to NSS as a result of NSS delivering this service to PHS.

Facilities / Operations

The reduction in costs identified reflects the impact on current Health Scotland costs arising from a change in the method of apportionment of accommodation costs. The charges exclude the cost of the following services which would vary based on consumption:

- Franking
- Provision of catering for meetings / hospitality
- Quoted works for FES
- Gyle M&E upgrade/refurbishment

Consistent with the approach for IT on-demand services, we will provide estimates for these costs to assist Public Health Scotland in its financial planning.

Conclusions

The NSS proposal represents a saving in the region of £1.5m when compared to the funding levels in place in both NSS and HS to support the delivery of these services currently. PHS will utilise this saving to fund any aspects of the services not covered by the NSS proposal and to resource its intelligent customer function.

6. Ensuring effective set up of Corporate Shared Services to PHS

As outlined above, funding made available by SG to support the implementation of PHS has been restricted to £2m. This must meet all costs involved in 2019/20, including the Public Health Reform Team, essential IT infrastructure and the recruitment of the Chief Executive and other senior appointments.

NSS has secured some programme funding from the overall budget, which covers the cost of the programme team and programme and project management - and efforts are being made to ensure we maximise the value from the resources available.

In addition, NSS Service Transformation funding agreed as part of this year's RAM is being prioritised to support the effective set up of Corporate Shared Services in NSS, which will not only ensure the services are ready to provide services from 1 April, but will benefit NSS as a whole and the other health boards we support in the delivery of corporate services.

The costs of implementing the corporate systems infrastructure for PHS is still emerging as requirements are fully understood. PHS will prioritise these costs from their £2m budget allocation, but there is an emerging financial risk which may ultimately fall to NSS to manage, as the implementation of this infrastructure is essential to our ability to deliver services to PHS from 1 April 2020.

7. Ensuring the delivery of key PHI services to NSS from 1 April 2020

NSS has identified a number of core services, currently delivered from PHI baseline resources, which are essential to services provided by other parts of the NSS family and will be required on a recurring basis going forward.

An initial assessment has estimated the cost of these services at £817k per annum on a recurring basis, involving 16.5wte. Work is ongoing to validate these services and the costs identified will be reviewed by SG as part of the due diligence exercise.

These services will form part of an SLA between PHS and NSS. It is assumed that NSS will retain the budget for these services, and will pay PHS to deliver these services on the basis of an agreed price each year.

It is thought that this approach will ensure these services continue to be supported by PHS going forward, whilst ensuring that NSS can continue to benefit from the economies of scale and knowledge and expertise provided.

8. Underlying risk arising from TUPE transfer of Health Scotland staff to NSS

Throughout this process NSS has taken steps to ensure that any budget transfer from NSS to PHS is optimised, whilst ensuring any ensuing risk to NSS is managed and appropriate.

The budget for PHI in the current year was not subject to CRES reductions, and the gross budget will transfer to PHS on 1 April 2020. Any inflationary adjustments pertaining to these costs will be applied and will also transfer to PHS.

It is also assumed that any staff currently delivering services to Health Scotland which will in future be delivered by NSS to PHS will TUPE to NSS. Usual practice would be for an equivalent workforce budget to transfer from Health Scotland to NSS.

In early May, NSS proposed to SG and the PHR team that the cost of any staff in Health Scotland who are currently delivering Corporate Services, and TUPE across to NSS as a result of NSS delivering corporate services would be managed by NSS overall. The indicative cost of this is £1,114k based on 22.5 WTE in scope. Pay costs have been estimated at the top of the pay scale in each case. The table below provides some detail.

Service Area	WTE	Pay Costs (£)
HR	6.71	236,579
L&D	9	134,385
Finance	4	245,743
Procurement	0	0
IT	9	415,441
Operations Management	1	81,498
Total	**22.54**	**1,113,646**

It will be some time before the final position is fully understood, but there is a high degree of confidence that this can be managed within the overall workforce plan for 20/21.

9. CONCLUSIONS

The financial implications for NSS from the establishment of Public Health Scotland are complex but with support from SG colleagues who are undertaking a due diligence review of work undertaken to date, there is clarity of approach and an increasing certainty of the way forward.

Any budget transfers proposed will fully reflect the transfer of people and associated service provision responsibility to the new body, with the risk to NSS minimized.

NSS will retain the risk of delivering corporate shared services in line with the SLA and price agreed. Associated with that will be an emerging risk in ensuring effective mobilization (principally corporate systems) and in managing the redeployment of any staff who TUPE in to NSS from Health Scotland.

10. RECOMMENDATIONS

The NSS Finance, Performance and Procurement Committee is asked to:

- Note the progress being made in resolving financial issues relating to the creation of PHS
- Endorse the proposal made by NSS to deliver Corporate Shared Services for PHS
- Recommend that the NSS budget for 20/21 and beyond be adjusted to reflect the outcome of the due diligence exercise once completed.
- Recommend that a further update be provided to the Committee once all aspects are resolved.

Carolyn Low
Director of Finance
23 August 2019

Appendix 1

Public Health Scotland – Opening Budget

Overview

This paper details the proposed opening budget for Public Health Scotland from 1st April 2020 for the EMT to discuss and consider.

The paper builds on previous work undertaken by Health Scotland and NSS, with refinement and updates to certain costs.

The content will be subject to 'due diligence' which will be undertaken by SG colleagues during August 2019.

Budget Summary – Revenue
The table below summaries the proposed opening budget:

Public Health Scotland Budget	£000's
1 – Health Scotland	21,039
2 – PHI Budget**	39,699
3 – Cost of Services Delivered to NSS funded from PHI Baseline Budget	(817)
4 – Share of NSS Corporate Service Budgets attributable to PHI – Shared Service	6,879
5 – Share of NSS Corporate Service Budgets attributable to PHI – Non Shared Service	148
Total	**66,948**

** The PHI budget excludes aspects which have been identified as out of scope
It should be noted that the proposed £66.9m budget is based on current 2019/20 levels.

It therefore excludes any changes (e.g. funding uplifts / cost pressures) which will be agreed through forthcoming financial planning processes.

Further detail on each element of the proposed budget is contained within the supporting appendices:

- Appendix 1 – Health Scotland Budget 19/20 including movements from 18/19
- Appendix 2 – PHI Budget 19/20 including movements from 18/19 and items out of scope
- Appendix 3 – Cost of Services delivered to NSS funded from PHI baseline budget
- Appendix 4 – Share of NSS Corporate Service Budget attributable to PHI – Shared Service
- Appendix 5 - Share of NSS Corporate Service Budget attributable to PHI

NSS Reserves

The table below summarises the NSS Reserves position:

	Total NSS **	PHI	PHI Share
Baseline	153,800	19,401	13%
Reserves	21,472	2,836	13%

** Please note that the total NSS baseline excludes the NSD ring-fenced allocation

PHI Share of Reserves	£'000s
Retained CRES	939
LIST	800
HPS Transformation	226
SPIRE	379
Capital Charges	492
Total	**2,836**

The proposed opening budget for PHI of £39.7m includes a significant element of non-baseline funding as detailed in Appendix 2. The £2.8m funding listed above is all included within the proposed opening budget so PHS is getting a 13% share of reserves which is consistent with its share of overall baseline funding

It should be noted that this excludes a share of the Apprenticeship Levy – this is £592k for NSS and estimated as a £85k pressure for PHS if the PHI element were to be passed on.

NSS Capital

The NSS formula allocation for capital is currently £3.4m, which covers a number of recurring commitments and rolling programmes such as Breast Screening; Fleet Replacement; and IT Infrastructure.

During 2017-18 and 2018-19, the majority of PHI capital expenditure was on SCRIS with project specific funding from SG allocated to NSS. The total SCRIS allocations was £276k in 17-18 and £303k in 18-19 respectively

For each project, a detailed assessment needs to take place to understand if the work that PHI staff is doing is to maintain existing systems (revenue) or is to develop and enhance any existing assets (capital).

Due Diligence

SG colleagues will be undertaking due diligence during August to give assurance to the Public Health Scotland Board that the opening budget is robust. The timetable below outlines key steps and dates in the required governance process, including NSS Board sign off in early September.

Meeting / Process	Timescales
PHS EMT – Review Budget Paper	31st July 2019
SG Due Diligence	August 2019
NSS EMT	26th August 2019
NSS FiPP	29th August 2019
NSS Board	6th September 2019

Recommendation
Public Health Scotland EMT is asked to:

- Note and discuss this paper, specifically the proposed opening budget of £66.9m
- Confirm and agree next steps

Carolyn Low
Director of Finance, NSS
29 July 2019

The appendices provide more detail of each component within the proposed, opening budget for Public Health Scotland:

Appendix 1 – Health Scotland Budget

£'000s	£'000s	£'000s
2018/19	2019/20	Change
20,169	21,039	870

The Health Scotland Budget has increased by £870k between 18/19 and 19/20. The main driver of this increase is additional, recurring SG funding to cover the increased salary costs for (A) the Employer's Superannuation increase from 14.9% to 20/9% totalling £586k and (B) A4C pay settlement (>1%) totalling £200k.

Appendix 2 – PHI Budget

PHI Budget Overview	Actual Outturn			Budget	Revised Budget - Out of Scope Services
£000's	16/17	17/18	18/19	19/20	19/20
Baseline	17,360	17,254	18,276	18,776	15,708
SG Funding	9,487	11,869	10,569	11,032	11,032
Health Board Income	2,892	3,076	3,329	4,166	4,166
Other Funding	4,816	5,412	5,870	8,793	8,793
Total Income	**34,555**	**37,611**	**38,044**	**42,767**	**39,699**
Pay	30,375	31,314	33,288	37,535	34,483
Non-Pay	4,215	6,049	4,841	5,232	5,216
Total Expenditure	**34,590**	**37,363**	**38,129**	**42,767**	**39,699**
Surplus / Deficit	**-35**	**248**	**-85**	**0**	**0**
WTE	678	711	700	734	680

Similar to Health Scotland, the PHI budget has increased due to additional, recurring SG funding to cover increased salary costs for the Employer's Superannuation increase (£1,651k) and A4C pay settlement (£597k).

There is also planned growth in non-baseline income / funding totalling £1,975k between 18/19 and 19/20. If the additional planned project activity does not arise (34wte growth), then income levels will reduce accordingly, with the associated reduction in staffing cost.

The budget has been reduced by £3,068k to reflect services which are out of scope and will remain with NSS. The main element relates to ARHAI with £2,823k pay costs (48.53wte) and £16k non-pay funding. The remainder relates to the Workforce Team £229k (5.75wte) which will transfer to NES from 2020/21 onwards.

Budget Element	£'000s
Roll Forward from 18/19	38,544
Employer's Superannuation Funding	1,651
A4C Pay Settlement Funding	597
Non-Baseline Income / Funding Growth	1,975
ARHAI – Out of Scope	(2,839)
Workforce Team – Out of Scope	(229)
CRES Target – 5% Baseline	(939)
CRES Target – Retained for Reinvestment	939
Revised Budget	**39,699**

** The PHI baseline has increased from 2018/19 to 2019/20 with HAI funding now part of the baseline.

Historically, the PHI budget (like all other SBUs in NSS) has been subject to a 5% CRES target with funding retained centrally within reserves, against which SBUs could bid for development funding. For 2019/20, it was agreed that PHI could retain in its relative share (£0.9m) to reinvest in key initiatives ahead of transferring into Public Health Scotland next year.

The following table provides a breakdown of the non-baseline income for PHI from 16/17 to 19/20. Please note that the breakdown is based on indicative, budgeted figures where the actual outturn may have changed during the year.

NATIONAL SERVICES SCOTLAND

Analysis of non Baseline income for PHI for since 2016/17

Projects	2016/17	2017/18	2018/19	2019/20 (Budget)
ADP				182,218
AHP MSK Heat	53,100	45,000	47,000	48,385
AHP Oms	60,000	70,000	185,000	175,000
Astra Zenecca Projects				20,000
Atlas of Variation		75,000	240,002	150,000
Benchmarking	150,000	121,000	120,000	126,380
Benchmarking - Dementia	15,000	15,000	16,352	16,782
Burden of Disease	100,823	78,333	80,016	73,500
Cancer Intelligence				7,000
CARDRISS				192,862
Child & Young People with Cancer	4,325	4,357	4,500	5,115
Chronic Pain				77,642
Clinical Sessions	25,727	19,596	30,000	10,000
Clinical Trials	137,002	314,304	312,259	665,832
CMO Taskforce		78,245	46,162	60,224
CYPC	12,675	9,843	9,700	9,700
DAISY	308,466	164,341	255,057	263,344
Data Collection Tool for GP Workforce				100,000
Data Recording Advisory Service	206,529	208,595	208,595	208,595
Data Science		100,000	200,000	
DCVP				21,617
Death Certification	26,169	11,776	9,486	9,786
Dementia	80,000	79,103	80,959	82,925
Dental Action Plan Delivery Support Costs	135,000	150,000	150,000	150,000
Diabetes	60,000		23,971	
Discovery	417,259	437,118	433,813	627,333
Discovery Wrap Around Service	191,741	197,162	200,921	
Distinction Awards	167,924	131,810	116,647	84,688
Drugs Prevalence Study 2015/16	25,727	33,467	44,705	
DSLS				223,776
eDris	1,196,432	1,557,017	1,289,160	915,054
Effective Prescribing		34,000	34,000	
Enhanced Recovery	8,244	21,421	20,427	28,182
European Monies	9,779	15,858	40,000	10,000
Excellence in Care	220,938	250,000	272,794	227,654
Fit Note Evaluation				43,408
GPCD	20,000	100,000	127,000	75,000
H&SC	200,000	200,000	200,000	238,402
HAI	2,001,687	2,193,952	25,312	
HEF Data				6,000
HMUD	83,295	38,013	55,090	74,357
HPS - Travax	185,061	189,492	240,000	120,000
HPS Transformation Development	60,000	301,000	340,000	226,000
IEP/Hep C	54,245	36,392	37,342	37,831
Improving Cancer Journey	52,400	55,473	103,400	79,400
Information Consultancy Income	642,320	472,557	857,292	702,415
Information Requests	26,948	25,720	47,080	34,730
Injury Allowance	7,711	7,845	7,648	7,648
Integrated Resource Framework	437,000	400,000	420,000	430,000
Isle of Man Consultancy	20,000	15,000	20,000	20,000
IVF	43,444	42,715	42,715	37,316
Laboratories				57,000
Labs Funding - Webster				56,499
Lanarkshire DBI	19,963	73,000	84,088	59,000
Lanarkshire Info Dept		12,747	13,062	
Lanarkshire Missed Care		2,000	5,000	
LEAN	251,307	50,000		
Learning Disabilities	30,000		30,000	
Leased Car Recoveries	5,499	5,754	6,677	9,036
LIST	1,920,909	3,603,154	3,846,147	4,179,224
Lothian Information Service	1,006,894	1,236,298	1,575,521	1,747,543
Macmillan	4,086	4,126	5,502	5,502
Macmillan-ISD Scottish Cancer Pathways	63,038	98,659	103,517	120,061
Marie Curie				12,177
Maternity Framework	45,000	50,000	161,525	161,525

Mental Health - Benchmarking	60,151	37,206	38,177	39,176
Mental Health - CAMHS Waits	52,646	18,067	17,516	25,789
Mental Health - Prescribing	13,413	14,361	14,733	15,116
Mental Health - Psych Therapies Waits	59,423	71,353	75,445	82,830
Mental Health - ScotSID	99,467	109,147	112,019	118,560
Mental Health - SMR	3,750	4,427	4,427	4,655
Mental Health - SMR, ScotPHO	50,959	50,395	50,897	53,977
Mental Health - Workforce	34,239	66,408	59,011	64,706
Mental Health Access Improvement Support Team	804,000	810,636	803,988	804,000
MSN BAU		1,500	1,500	1,500
Naloxone	47,909	47,909	49,650	53,714
NASH	26,525	25,927	65,244	76,970
National Cancer Data Audit (NCDA)	43,495	13,089	18,000	42,047
National Clinical Audits	523,342	332,222	387,757	300,000
National Planning				109,506
NDRD	7,000	7,000	7,000	7,000
NES SLA	106,584	157,176	171,501	74,814
NES Workforce Data Platform			42,488	50,808
Neurosurgery	18,500	18,500	18,500	10,000
NHS Board Development	25,968	21,537	24,489	25,500
NHS Lothain - Analytical support	6,000	25,826	32,704	
NHS Performs		7,661	9,094	7,594
NHS Performs Updates		17,339	15,906	16,000
NIPT				10,000
NMWWPP	4,049	122,782	195,250	214,346
Non Invasive Pregnancy Screening				62,827
NPCCD				150,000
NRS Population Estimates	7,919	6,316	9,599	53,159
NSS Capital Charges	462,782	543,738	572,451	123,505
NSS Development Money		50,000	50,000	
Opthalmic Database				20,000
Outpatients Modernisation		94,000	101,677	175,313
Palliative Care	70,000	70,745	73,000	75,693
Patient Flow Analytical Support	44,300	52,640	22,858	
PH ScotPHO Website	24,415	26,576	27,526	28,530
Primary Care Clinical Advisor				55,000
Primary Care Publications	10,000	20,000	20,000	20,000
Prison Dashboard				10,000
Projects Work	1,852,404	1,419,006	211,555	1,694,626
Public Benefit & Privacy Panel	50,000		75,802	39,912
Public Health Reform Commissions			67,826	
Radiology recharge				126,973
Rare Diseases		19,357	66,353	28,476
Regional Planning	3,864	198,000	24,082	278,627
SAOHS		23,750	13,150	13,150
Scotmarap	133,027	146,580	60,000	60,000
SCPES				3,400
SCRIS		351,000	524,519	395,141
Secondments	210,390	325,155	348,244	273,678
Sexual Health			54,507	
SG Analytical Service	477,656	421,647	365,076	406,789
SHAIPI		6,097	8,265	48,359
Smoking Cessation	125,175	136,680	142,098	144,097
SNAP				50,000
SNF			72,000	69,563
SNUG Support	18,000		18,000	20,000
SPIRE	298,500	251,000	605,592	515,000
STAG				33,500
Stoma				25,602
Strathclyde Analytical Support	12,000	12,000	5,604	
SWORD			450,000	250,000
Technology Enabled Care Programme	41,740	42,194	42,866	
Transforming Publications			83,501	92,883
Transvaginal Mesh Oversight				10,000
Treatment Time Guarantee	570,000	695,000	601,109	707,121
Whole System Modelling				150,000
Yellow Fever	1,742	28,806	10,000	10,000
Pay Award (part funded by SG)				597,004
Pension Increase (6% - funded by SG)				1,650,796
Grand Total	**17,195,000**	**20,357,000**	**19,768,000**	**23,991,000**

Appendix 3 Cost of Services Delivered to NSS funded from PHI Baseline Budget

It is recognised that there are a number of services delivered to NSS which are funded by PHI.

An initial assessment involving PHI Heads of Service has identified 25 services in total – 14 services have a number of WTE associated with them totalling £817k (this is based on top of the scale calculations plus 28% to cover Employer Superannuation and National Insurance contributions). The remaining 11 services are provided on the basis of tacit support and ad hoc work which is not specifically planned for year on year. As such, there are no identified resources in place that can be tangibly calculated.

The majority of the cost that has been identified relates to 4 services which do not existing specifically to support other areas of NSS, but also support PHI staff and facilitate access to systems for external users as part of PHI's national role.

It is understood that all services are funded from PHI's baseline budget and therefore this element of the budget should **not** transfer to Public Health Scotland.

Service / Workstream	Estimated Staffing Cost (£'000s)
BBV STI IMMS and RESP HPS	23
CEN MCN	3
eVADIS	166
Genetics Service	142
HPS HAI	19
HPS Microbiology	14
NPCCD	24
PH Microbiology Team	36
Produce Support / User Access System	237
Scottish AAA Screening Programme	31
Scottish Cancer Screening Programmes	123
Total	**817**

Appendix 4 – Share of NSS Corporate Service Budgets attributable to PHI (Shared Service)

NSS has refined the budgets attributable to the 5 corporate services that NSS will provide to Public Health Scotland from 1st April 2020.

NSS

	Original Due Diligence - 18/19 (£'000s)	Updated Due Diligence - 19/20 (£'000s)	Change (£'000s)
Finance	335	529	194
HR	617	771	154
IT	7,106	3,212	(3,894)
Procurement	45	67	22
Facilities	4,173	2,300	(1,873)
Total	**12,276**	**6,879**	**(5,397)**

The original budget attributable to PHI totalled £12.3m – this has been significantly reduced to £6.9m as above.

The original figures were based on 2018-19 prices but the revised figures are based on 2019-20 budgeted levels which include a number of uplifts, including pay inflation (averaging 2.8% across NSS) and Employer Superannuation Contributions (6% increase).

The original allocated share of resource attributable to PHI was based on a number of assumptions, which have been refined through detailed assessments.

The main areas of reduction are IT and Facilities. There has been a £3.9m reduction in IT principally due the revision of the Business Intelligence service cost for PHI which has reduced from an original allocation share of £2.6m to £0.5m. Similarly, other IT services have been reviewed and the PHI allocation reduced based on the detailed assessment undertaken.

In terms of Facilities, the main element of the £1.9m reduction is the share of PHI accommodation costs – the original due diligence costing was calculated on the basis of WTE but this has been updated to reflect Floor Area which is a more robust cost allocation basis.

The cost of Finance; HR; and Procurement has been updated to reflect 19/20 pay budget uplifts as above. Detailed assessments have also been undertaken to inform the allocation basis of the costs attributable to PHI.

Appendix 5 – Share of NSS Corporate Service Budgets attributable to PHI (Non Shared Service)

SPST
The Strategy, Performance and Service Transformation (SPST) SBU within NSS provides a Communications, Engagement and Marketing service.

The cost of this service for PHI was recently updated and reported to the Public Health Scotland shadow EMT. The total budget attributed was **£148k (2.6wte).**

CLO
Like all Health Boards in Scotland and other SBUs in NSS, PHI uses the CLO for specialist legal services (employment; property; procurement; litigation) as and when required – it does not have a recurring budget for such costs so there is therefore no budget to transfer.

Looking at actual legal costs incurred in 2017-18 and 2018-19, PHI has spent an average of £32k, with costs marginally decreasing.

- 2017-18 - £34k
- 2018-19 - £30k

B/19/99

NSS Board Meeting – Friday, 6th September 2019

Scottish Breast Screening Programme Review

Purpose

To inform the Board about the background and scope of the review of the Scottish Breast Screening Programme that will be undertaken by National Services Division.

Recommendation

For the Board to note the need for the review and endorse the approach and scope of the review.

Timing

The review will commence in October 2019 and report in the autumn 2020.

Background

The Review Initiation Document was approved by the Scottish Screening Committee in November 2018 and approved by Ministers in June 2019. The review was announced by the Public Health Minister Joe FitzPatrick on 30 July 2019.

Procurement and Legal

The Scottish Breast Screening Programme is nationally commissioned and the mobile breast screening units and are nationally procured and sit on the asset register for NHS NSS. When digital mammography was implemented Scottish Government provided one off capital funding to procure the mammography equipment in the static centres.

Engagement

Stakeholders have been identified and a communication strategy will be developed. NHS Boards, UK breast screening expertise and the third sector will be represented on the independent review group, as well as the NSS SBUs noted in the attached report.

Equality & Diversity

There is to be no detriment to current inequalities in breast screening as a result of the outcomes of the review.

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Review of the Scottish Breast Screening Programme

1. Background

Breast screening policy in NHS Scotland is that all women aged 50-70 years +364 days are invited for breast screening once every 3 years, with the timing of the invitation linked to the GP practice with which a woman is registered. Women over the age of 71 can self refer for breast screening once every 3 years.

The Scottish Breast Screening Programme (SBSP) is delivered through six static Breast Screening centres and twenty mobile screening units who invite approx 800,000 women for breast screening over a 3 year period. The majority of women who attend for Breast Screening will be advised that there is no abnormality and will be invited for a further screening test in 3 years time.

The SBSP commenced in 1988 and the programme has developed over time due to policy and technology changes but the way in which the programme is delivered has remained largely the same. This is not sustainable in the long term due to the following factors and it has been agreed by Ministers and the Scottish Screening Committee that NSD undertake a fundamental review of the delivery of the programme.

1.1. Call and Recall

Women are invited for screening according to the GP practice with which they are registered and as a result of dynamic scheduling to maximise use of appointments the next routine invitation may not be exactly 3 years after the date of their previous screen. This is a randomised process, with women allocated into an available appointment and is not based on previous invitation or attendance dates. The reason for practice calling is that breast screening is delivered on a locality basis and women are invited to a screening location close to their home or GP practice. This was introduced to minimise travel which is identified as a barrier to attending for screening.

The Scottish Breast Screening System (SBSS) IT system has functionality that identifies women who are outwith screening parameters i.e. for women who are over 53 and have never been screened or for whom it has been more than 36 months since their last invitation/attendance for screening and generates a letter to invite the woman to make contact and attend for screening.

1.2. Programme Slippage & Waiting Times

Programme Slippage is defined as practice calling exceeding the 3 year screening interval beyond a previously agreed tolerance of 3 months. This tolerance was to provide flexibility in practice scheduling, but was also used as the standard against which the screening round length was deemed to be acceptable.

Slippage is evident within SBSP at varying levels in each of the 6 centres and associated mobile units. From 2018 slippage has been reported monthly to NSD with a dashboard being reviewed at the NSD Senior Management Team and shared with NHS Boards, QARC and the Scottish Screening Committee. Reports monitor the performance of mobile and centre capacity rather that individual participant invitations.

NHS NSS has submitted an improvement plan to Scottish Government to reduce slippage utilising a number of interventions, including increasing capacity by overbooking appointments. Screening is a complex programme and increases in invitations need to be balanced with the ability to report results and issue invitations for further assessment within the turnaround times in the Healthcare Improvement Scotland breast screening standards. This is limited by the availability of radiology and other staff groups who are required to undertake the screening examination, read the mammograms, and assess the women identified as having an abnormality on their mammogram.

1.3. Programme Standards

Healthcare Improvement Scotland is responsible for the production and monitoring of Screening Standards. Revised Standards for Breast Screening were published in December 2018.

The aim of the SBSP is to reduce mortality from breast cancer in women invited for breast screening by early detection. The 2018 achievable standards state that all eligible women are to be sent their first invitation to screening before their 53rd birthday and ≥ 90% of women are sent an invitation to screening at 36 month intervals following their previous screen. Provisional unpublished data in recently developed round length reports suggests that this target is not being met. It is anticipated that a validated report should be available for the next Screening Committee in November 2019 which would then allow monitoring of individual participant invitation performance. However it is unlikely that this will improve within the current GP practice calling system.

1.4. Adverse Events

There have been 2 major adverse events in the Scottish Breast Screening Programme in recent years.

In 2015/16 it was identified that 3,831 women had not been invited for screening due to limitations of the former IT system to track women who moved between GP practices and may have missed a screening invitation as a result. The event and its management were subject to an external review by Healthcare Improvement Scotland and NSS completed action to address the review recommendations in 2017.

In May 2018, an adverse event in the Breast Screening programme in NHS England led to a due diligence review in Scotland. In June 2018 the SBSP identified 1761 women who had not been invited to their final screening appointment because they were over the upper age, due primarily to slippage in the programme. All women were contacted to offer an explanation, an apology, and an invitation to contact their local centre for a screening appointment. Further safeguarding measures have been introduced to minimise the risk of women who are 71 at the time of practice calling missing their final invitation.

1.5. Workforce

There are nationwide shortages of key disciplines such as radiologists, issues with recruitment and retention and challenges of providing cover for annual leave, maternity leave and sickness absence. The implementation of digital mammography has resulted in some efficiencies but the impact of an increasing eligible population that will continue to rise for a further ten tears means that screening centres are effectively understaffed. Staffing capacity across disciplines dictates the ability to screen, report and follow-up participants.

2. Requirement for the Breast Screening Review

NSD, the Breast Screening Quality Assurance Reference Committee and the six Breast Screening centres advised that a more fundamental review of the delivery of Breast Screening programme was required and the Scottish Screening Committee approved the Review Initiation Document in November 2018. The review subsequently granted Ministerial approval in June 2019.

2.1. Scope of the Review

A comprehensive review of the Breast Screening Programme in NHS Scotland will take account of previous reviews, recent incidents affecting the programme, current pressures and future options for delivery. It is likely that significant service redesign will be required. Some aspects will be entirely within the limits of the commissioned service, although may

require a review of funding. Some may involve a review of current Scottish Government policy. The scope does **not** include a review of whether breast screening should continue to be made available or the current National Screening Committee advised parameters. This is the remit of the UK NSC which advises the Scottish Government.

2.2   Review Objectives

- To review the current Breast Screening Programme in Scotland.
- To make recommendations on the future delivery of the Programme.
- To make recommendations on policy direction for the Breast Screening Programme
- To develop costed options for service redesign for consideration by NHS Boards and Scottish Government

2.3   Approach to the Review

The review will be informed by standard NSS project management methodologies. The standard approach to reviews as formally conducted by National Services Division will have to be adapted because of the complexity of the SBSP and the number of interdependent work streams involved.

An Independent Review Group and Review Team (Review Group secretariat) will be established with wide membership from key stakeholders, including the third sector. The review will be chaired by a Director level NHS Board senior manager who has been nominated by Board Chief Executives.

The Review Team will be responsible for the day to day management of the review. The Independent Review Group will be responsible for guiding the review, appraising evidence collected and producing the review recommendations.

The review will be undertaken over a twelve month period and is anticipated to commence in October 2019. The final report will be submitted to the Scottish Screening Committee.

2.4   Review governance

The review will be directed by a Review Group with day to day management being undertaken by a senior NHS manager with experience in planning and service review supported by a Project Manager. The review will be assisted by an internal NSD Review Support Team. Strategic guidance and assurance will come from the NSD Senior Management Team who will receive regular progress reports.

Expertise from other parts of NSS will also be required, in particular from the Screening Intelligence team in ISD, the IT commissioning (Service Contracts) and project management teams in DaS and Fleet, Procurement and Facilities teams in HFS

2.5   Costs of review

The current estimate of review team costs for the twelve month duration of the review is £137,500 which will be funded by NSD. Additional costs may be incurred as the work streams develop and this will be considered by NSD SMT.

B/19/100

Update from Digital & Security

Purpose

To provide updates to the board and a level of assurance in relation to the delivery of national programmes including:

CHI/ Child Health – slide 3
Primary and Community Care – Slide 4
Microsoft O365 Cloud & Computing Programme – Slide 5
Security Programme – Slide 6
Public Cloud – Slide 7
Analytics and Data – Slide 8

Recommendation

The board notes the current position in relation to the programmes attached with particular emphasis on the following:

- CHI – Overall status amber to red. Key issues are securing a decision on 'pathway to public cloud and clarifying the role of NES Digital Service in solution design and delivery.
- GP IT – Overall status amber. Key issue one supplier is on schedule as per contract timetable and two are not.
- MS365 – Overall status amber. Key issue is a decision to be made on the supplier for the Service Integration from Microsoft or Accenture.

Timing

The paper covers key activities on national programmes and service developments over the period of July and August 2019.

All recommendations relate to the current position of these activities as at 26th August 2019 when the papers were updated for the board.

Background

The Digital and Security SBU has a mixed portfolio of delivery and support for national programmes as well as development of core digital capabilities to support the business activities of NSS and other NHS boards.

A number of these programmes have a direct bearing on patient care, in particular CHI and Child Health and GP IT which runs under the heading of Primary and Community Care. Whilst these programmes have individual governance arrangements their high profile means that they have the potential to present a risk to the reputation of NSS.

Visibility of this activity and the papers provided are intended to provide appropriate assurance to the NSS board that there is robust control in place and key activities are

being managed and monitored.

Procurement and Legal

The contract and procurement activities associated with CHI/ Child Health, MS 365 and GP IT have been managed through national procurement and the appropriate OJEU procedures.
Legal guidance has been provided in relation to MS 365 and Cloud activities to ensure that the technical strategy is compliant with procurement legislation.

All other DaS activities are conducted in accordance with Standing Financial Instructions and the responsible managers use national procurement contracts where these are available.

Engagement

Programme activities are managed and reported through the appropriate governance boards which include key stakeholders from territorial boards, Scottish Government and other national NHS boards. In addition updates are provided to eHealth leads as part of the monthly meetings.

Other engagement activity is managed through internal and external business partners and through connections to professional bodies and other areas of public service including the Society of IT Management (SOCITM) and the Local Government Digital Office.

Equality & Diversity

Individual programmes are responsible for managing the equality and diversity acitivites required for compliance and good practice. Separate activity is in place relating to the Accessibility Regulations 2018.

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Digital and Security Update – September 2019

Transforming our Service – Securely and Digitally

NHS National Services Scotland

Digital and Security
powered by NSS

Deryck Mitchelson
Director of Digital and Security
September 2019

Agenda

Transforming our Service – Securely & Digitally

1. **Digital Portfolio**

   a) **CHI / Child Health**

   b) **GPIT**

   c) **Office 365**

2. **Security**

3. **Public Cloud**

4. **Analytics and Business Intelligence**

CHI & Child Health Transformation Programme
Introducing first class technology that enables the healthcare system to transform services to improve outcomes for Scotland's population

NHS National Services Scotland

STATUS	2-5 YEAR	
AMBER/RED	£27M (Implementation)	
KPIs	**Target**	**Actual**
	-	-
	-	-
	-	-

INVESTMENTS	
NSS	-
SG	-
Other	-
Total	-

MILESTONES	
Phase 1	-
Phase 2	-
Phase 3	-
Fully Live	

PRIORITY		
Enable	Underpin	Assist

OUTCOMES		
Better Care	Better Health	Better Value

CHANGE TYPE		
Innovate	Transform	Improve

SRO
Under Review

GOVERNANCE
Digital Health & Care Strategic Portfolio Board (DHCSPB)
CHI & Child Health Programme Board

UPDATE: AUGUST 2019

Amber/Red – "Successful delivery of the programme is in doubt with major risks or issues apparent in a number of key areas. Urgent action is needed to ensure these are addressed, and establish whether resolution is feasible."

The programme is mobilising following the recent 'pause'. Recruitment is underway in order to achieve the agreed staff complement. Progress is being made with Suppliers and legal advisors regarding Variation Agreements. Requirements verification is complete, the output from this activity is being socialised with Project Boards. There is no significant change required to the requirements set for CHI, GPPRS and SCPHWS.

Key issues to resolve are:
- Decision on 'pathway to public cloud' – hosting environment availability is a (critical path) day 1 contractual requirement. The delay in obtaining this decision, and the subsequent provision of the environments, is delaying the implementation start date. The Technical Design Authority has recommended a way forward which is being considered by Programme Board members.
- Produce a clear problem statement regarding all areas of stakeholder concern, allowing the programme team to investigate and produce a written response (incl. options/recommendations).
- The role of NES Digital Service in solution design and delivery is being clarified.

KEY DELIVERABLES

Main work streams
CHI and GP Patient Registration System (GPPRS) replacement – one database for Scotland, with new capabilities and flexibility introduced;
A new, single Scottish Child Public Health & Wellbeing System (SCPHWS) for Scotland;
A new standards-based National Integration Platform for Scotland with the potential to substantially simplify and reduce costs for future implementation of national and local systems.

Key Deliverables General Comments
The programme is not a 'tech refresh', only delivering like-for-like capabilities. Day 1 of the live solution will see similar capabilities in use by end users but delivering numerous benefits. Furthermore, the richness of the new solutions allow additional functionality to be 'switched on' soon after initial launch. The new solutions support the aims of the Digital Health & Care Strategy and will enable improved information sharing, access to, and use of personal health records, integrated care, agile working, new service models, and access to real time information with multiple access points.

VALUE CREATED

Milestone General Comments:
Implementation support start date (ISSD) – under review
SCHPWS linked to Legacy CHI and goes live – under review
New CHI receives daily broadcast updates from Legacy CHI and generates outputs to external systems – under review
New CHI becomes master, Legacy CHI is retired – under review
National Integration Platform live – under review

Risks and issues

	Under review	

Dependencies

Inter-programme dependencies with GP-IT, Vaccination Transformation Programme (VTP) and O365 are under review.

PRIMARY AND COMMUNITY CARE
Enabling the modernisation and integration of primary and community care in Scotland

NHS National Services Scotland

- **GP IT Re-Provisioning Project**
- **Phase Three - Implementation**
- **NSS Digital and Security**

STATUS	4 YEARS
AMBER	£ 25 m

KPIs	Target	Actual
TBD	-	-
	-	-
	-	-

INVESTMENTS	
NSS	-
SG	-
Other	-
Total	-

MILESTONES	
Stage 2 End	31 Sept 2019
Stage 3 End	31 Jan 2020
Stage 4 End	31 May 2020
Stage 5 End	30 Nov 2022
Stage 6 Closure	Mar 2023

PRIORITY		
Enable	Underpin	Assist

OUTCOMES		
Better Care	Better Health	Better Value

CHANGE TYPE		
Innovate	Transform	Improve

SRO
Jenny Bodie, NHS Tayside

GOVERNANCE
• GP IT Service Management Board • Digital Health & Care Strategic Portfolio Board

UPDATE: AUGUST 2019

The GP IT Re-Provisioning Project has appointed three suppliers to a Framework and they now have until 1 Feb 2020 to develop their GP IT systems to deliver Tranche 1 of the Scottish requirements, and pass Accreditation Testing. One supplier is on schedule and two are not. Additionally, one supplier is revising its contractual responses to change the system supplied, subject to CCN.

The choice of GP system will be made by Cohorts of GP Practices, via Mini Competitions or Direct Award (where only one supplier is ready). Provisional Cohorts of GPs are anticipated to be formed by the end of September 2019. Cohorts will develop criteria to support selection of system whether by Mini Competitions or Direct Award. It is estimated that the earliest date at which a new GP IT system will go live in a GP Practice will be June 2020, with the new systems then being rolled out across Scotland with each supplier taking approximately 30 months.

KEY DELIVERABLES

- Supporting suppliers to deliver their Scottish system development.
- Supporting one supplier in the revision of their responses to enable them to continue on the Framework with their new solution, subject to Project Board approval and CCN agreement.
- Development of ServiceNow as a Requirements & Test Management Tool for the project.
- Cohort formation and mini competition process advice video.
- Presenting at regional meetings in NHS Ayrshire & Arran and NHS Grampian supporting their Cohort formation process.
- Preparing Selection Criteria to support GP Practice Cohorts, ahead of Provisional Cohort Meetings commencing in October.
- Continuing recruitment.

VALUE CREATED

- Enable GP IT now and into the future.
- Support compliance with the new 2018 GMS Contract.
- Support initiatives such as GP cluster working and evolving models of care based on extended primary care multi-disciplinary teams and new priority services designed to improve services to patients and reduce the workload of GPs.

Top 5 Risks and issues

I 001	Issue: Supplier attempts to change tendered solution	
R028	Delay due to bespoke integration with 3rd party apps	16
R029	Risk of loss of a supplier from the Framework	12
R5182	Delay by Suppliers to deliver new GP IT Services	12
R009	Restricted choice of GP IT systems	12

Critical Dependencies

- SWAN GP IT Upgrade Programme
- Office 365 / Windows 10 (from a hardware refresh perspective)
- CCRS (from an HPV perspective)

MICROSOFT O365 CLOUD & COMPUTING PROGRAMME
Connecting, Enabling and Empowering

NHS National Services Scotland

Digital and Security

Microsoft Cloud Computing Strategy – Office 365 National Programme

STATUS	2-5 YEAR
AMBER	£5.4m

KPIs	Target	Actual
N/A	-	-
	-	-
	-	-

INVESTMENTS

NSS	-
SG	£3.4m
Other	-
Total	£3.4m

MILESTONES

Discovery	Mar 2019
Implementation	Apr 2020
Post Imp	Mar 2021
Fully Live	Mar 2021

PRIORITY

Enable	Underpin	Assist

OUTCOMES

Better Care	Better Health	Better Value

CHANGE TYPE

Innovate	Transform	Improve

SRO

Deryck Mitchelson

GOVERNANCE

- Fortnightly Formal Team Meeting
- Monthly O365 Programme Board
- Fortnightly Risks and Issues review session

UPDATE: September 2019

The O365 Programme RAG remains Amber, the Programme is awaiting a decision to be made on the supplier for the Service Integration from Microsoft / Accenture proposals. A new paper including the further detail requested will be submitted to the O365 Programme Board – Friday 6th September for approval. The Programme has a Baselined Programme Plan which was presented and approved at the August Board our route to Green is to have a decision on the supplier for the Service Integration and Support Model work.

The Programme continues to work with Scottish Government to ensure our the Programme meets audit requirements. First Programme Gateway Assessment 0 took place where it was agreed to hold two Gate 0 reviews for work done prior to the new Programme Team starting and another review to audit successful governance changes to date – due to start October 2019.

Lastly the National Programme has now scheduled Regional Engagement sessions for the Boards to attend throughout September.

KEY DELIVERABLES

- Baselined Programme Plan Approved – 2nd August 2019
- Project Assessment session with Scottish Government – agreement on next steps for Gate 0 reviews
- Second O365 Board engagement took place at Tayside – 27th August
- Scheduled events and submitted invitations for the available regional engagement sessions throughout September
- Risk Project Assessment approved by SRO (High Impact)
- Security and Governance Risk Analyst onboard

Other NSS activity (directly funded by SG)
- N/A

VALUE CREATED

- The Office 365 Programme are working to move NHS Scotland onto a Digital Platform to improve IT Functionality and collaboration within the NHS.
- Engagement Sessions in each Region to allow each Board to attend and receive a presentation on O365 and the chance the ask questions with support provided from the National O365 Programme Team

Risks and Issues

O365_I2	Due to not knowing all data across the Boards there is an issue that our Boards have unstructured data and do not know what data is relevant / irrelevant.	High
O365_14	Due to connectivity problems there is an issue that end users will experience performance issues when accessing O365 applications	High
O365_15	There is an issue that the Boards have a lack of Support Resource available	High
NHS Mail_R071	There is a risk that licence allocation and Boards over use of licences should be kept on the table as a risk. The issue being that there is only one license key and organisation license usage functionality is not provided within the MS licensing portal	High - 16

Dependencies

There is a dependency on NHSMail2 migration package option to be confirmed by Accenture / Prog Team in order to allow migration off their Exchange Platform to Office 365.

There is a dependency on each Board to have an Office 365 programme team and a named Programme Manager in place. This has to be completed as soon as possible for Migration work to progress.

Security Programme

- Status: Green
- Job Descriptions developed for SOC roles and submitted to HR
- Cyber Essentials certification achieved. Preparation for Cyber Essential+ has started
- Work continuing on Information Security Management Systems documentation (ISMS)
- Pre-audit underway for NIS Directive.
- SG sponsored Gartner approach to National Security Operations Centre (SOC) published in draft with NSS proposed as National agent for Health.
- Rollout of Microsoft Defender Advanced Threat Protection has begun at Fife, Lanarkshire & NSS. Onboarding of Windows 10 machines expected to be completed by End September
- Detailed proposed for National SOC completed in July

Public Cloud Programme

- ### Status: Green
- Express Connect Route to NSS Azure Secure Cloud Services solution agreed and order placed with Supplier
- "CHI/Child Health Applications" proposal accepted in principle with approval to proceed with Test and Development environments in NSS Azure Secure Cloud
- "North of Scotland HEPMA" and "HP Zone (Infectious Disease Monitoring)" proposals to host solution in NSS Azure Secure Cloud delivered to respective Programme Boards for consideration
- Assessment of Atos provisioned Services underway to identify opportunities for rationalisation, consolidation and migration to NSS Azure Secure Cloud
- Initial candidate NSS Services identified to populate Migration to NSS Azure Secure Cloud Roadmap
- Workforce Planning, PDP and Recruitment options being assessed to establish a scalable NSS Secure Cloud Service Management and Support Team to meet demand for hosting NSS and other NHSS Services
- 4 Cloud DaS demo workshops currently delivered. Request to provide workshop within a number of health boards
- Engaged with Grampian to review cloud hosting provisioning options
- Cloud Citrix costing provided to Grampian
- eSEAN cloud hosting authentication solution provided
- Review DaS DevOp provisioning

Analytics and Data

- Status: Green
- Internal Vizathon planned for December 2019. Topic to be finalised.
- PHD work continuing, plan to employ short term resource to help manage academic activity and build additional links.
- MSc student has completed evaluation of tools for developing predictive models. In dialogue with NHS24 to look at how this could develop using their data as a use case.
- Business cases submitted for machine learning and AI capabilities in Azure to develop services based on MSc work.
- Proposal provided to WoSCAN to redesign their current system using data services in Azure.

minutes (Approved)

NHS NATIONAL SERVICES SCOTLAND BOARD

MINUTES OF MEETING OF THE FINANCE, PROCUREMENT AND PERFORMANCE COMMITTEE (FPPC) HELD IN ROOM 030, GYLE SQUARE, EDINBURGH COMMENCING AT 0930HRS ON MONDAY 13 MAY 2019

Present:	Ms Julie Burgess, Non Executive Director (in the Chair)
	Mr Ian Cant, Non-Executive Director
	Professor Elizabeth Ireland, NSS Chair
In Attendance:	Mr Markus Hiemann, Sustainability Lead (Item 11)
	Mrs Carolyn Low, Director, Finance and Business Services
	Mr Colin Sinclair, Chief Executive
	Mr Martin Street, Strategic Sourcing Director (Item 7)
	Mrs Marion Walker, Risk Manager Lead (Item 10)
	Mrs Lynsey Bailey, Committee Secretary [Minutes]
Apologies:	Mrs Kate Dunlop, Non Executive Director
	Mrs Mary Morgan, Director of Strategy, Performance and Transformation

ACTION

1. INTRODUCTION AND APOLOGIES FOR ABSENCE

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

2. MINUTES OF THE MEETING HELD ON 14 FEBRUARY 2019 AND MATTERS ARISING [papers FPP/19/20 and FPP/19/21 refer]

2.1 Following a brief discussion, Members approved the minutes of the meeting held on 14 February 2019, subject to minute 2.1 being reworded to remove reference to specific names. Members also asked Mrs Bailey to check the wording was consistent with references to other sets of minutes which had been drafted by someone other than the original note taker. **L Bailey**

2.2 Members noted that all the actions were completed, covered by the agenda, or covered by an update provided on the action list. However, Members asked for the updated Terms of Reference to be put onto the next agenda, **L Bailey**

3. DRAFT ANNUAL REPORT TO THE BOARD [paper FPP/19/22 refers]

3.1 Members felt that the Annual Report needed to be updated to capture the assurance aspect of the items under the Procurement heading. They wished to expand on the existing paragraph by highlighting the assurance provided over the whole procurement cycle, from setting strategy to approval of contracts. Members also suggested the inclusion of an audit on Procurement to be added to the 2020/21 Audit Plan **L Bailey**

4. REVISIONS TO NSS'S STANDING FINANCIAL INSTRUCTIONS [paper FPP/19/23 refers]

4.1 Members noted that no changes were being proposed to NSS's Standing Financial Instructions (SFIs) at this time due to the substantial revisions undertaken in 2018, and the lack of new legislation or any issues since then. Mrs Low advised that was also felt it would also be beneficial to allow time for the

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

Chair   Professor Elizabeth Ireland
Chief Executive   Mr Colin Sinclair

ACTION

SFI training to roll out and look at its impact one year on. Members were assured that NSS was as up to date as it could be and the existing SFIs aligned with all current governance requirements. Members discussed how the effectiveness of the SFI training could be measured (e.g. more effective budgetary control due to budget holders being better informed and equipped to do their job). They also recognised that a sense of shared ownership and accountability, alongside a supportive approach would also be vital. Mrs Low agreed to prepare a proposal to take to a future NSS Partnership Forum on developing a survey to measure the impact of the mandatory SFI training course on LearnPro.

C Low

5.   FINANCIAL PERFORMANCE [paper FPPC/19/24 refers]

5.1   Mrs Low spoke to the paper, highlighting NSS's £6m contribution to the £15m National Board savings, and that £2m had been returned to NHS Boards through procurement savings in the National Specialist and Screening Directorate. Members noted that the biggest challenge was accurate budget forecasting and were provided with an overview of how this was being addressed. Budget allocations were well-managed overall and returns tended to be the results of slippage, and often for reasons not directly within NSS's control. Members were also updated on the status of the transformational change fund programmes. Members expressed concerns about NSS continuing to provide more than its share of the National Boards' collaborative savings target and felt that NSS should look to articulate the impact of that (e.g. what additional services NSS could have provided instead) and challenge the other National Boards more. Mr Sinclair provided assurance that he, along with other Board CEs, had made the point that all Boards needed to contribute. Following a discussion about the methodology for achieving the £15m savings more collaboratively, Mr Sinclair agreed to go back to the other National Board Chief Executives and get assurances around the development of a more formal strategic plan to deliver this.

C Sinclair

5.2   Mrs Low spoke to a presentation on the lessons learned from the eHealth funding issues in the previous year. The presentation provided an overview of the actions agreed, progress against those actions, what had gone well and what could be done differently in future. One of the main points highlighted was that the right technology was in use but working practices had not changed sufficiently to take full advantage of its capabilities. Members were also given an overview of the "quick wins" already achieved, and the proposed five-year roadmap to move Finance from its current guardian role and more towards that of business advocate or strategic partner. Members were assured by this and commended the approach taken to this issue, as it illustrated NSS's organisational values – focussing on what needed to improve rather than "who was to blame". Members advised that they would like to hear more about the relationship with Scottish Government Finance, and also have spotlight sessions on financial stewardship in different parts of NSS - particularly the National Specialist and Screening Directorate. Members also asked for Mrs Low to provide a slightly abbreviated version of her eHealth Lessons Learned presentation to the NSS Board meeting and for an update on finance transformation at the next NSS Finance, Procurement and Performance Committee meeting on Thursday, 29 August 2019.

L Bailey

C Low

C Low

6.   OCCURENCES WHERE STANDING FINANCIAL INSTRUCTIONS HAVE NOT BEEN FOLLOWED

6.1   Members were assured that there had been no instances where the NSS Standing Finance Instructions had not been followed.

7.   NATIONAL PROCUREMENT UPDATE [paper FPP/19/25 refers]

7.1   Mr Street took Members through his paper, highlighting the 2018/19 year-end secured and delivered savings figures of £52.3m and £85.4m respectively. The savings figure being forecast for the 2019/20 Strategic Sourcing Workplan was

ACTION

slightly down on previous years. This was due to both the anticipated cost pressures arising from Britain's EU exit, and usual cost saving measures having a lesser impact than before. In respect of preparations for EU Exit, National Procurement was looking to hold a higher level of stock than usual until the practicalities of the exit terms were known. The triage service previously put in place was also on hold in the meantime, but could be reactivated as necessary ahead of 31 October 2019. Currently, support was being directed to better understanding the Social Care sector's supply chain and its vulnerabilities. Work on innovation was progressing well, but there was still work to be done to promote the message of Procurement as an enabler to innovation, rather than a blocker.

7.2   Issues in respect of clinical waste were still ongoing. Members were given a high level overview of both the current contingency arrangements in place and the previous supplier's current status, noting there had been some recent negativity in the press about the contingency arrangements. Members were briefed on some of the significant challenges which had arisen around the treatment of waste and received assurances about the agreements put in place to address them. Members noted that the proposed, future clinical waste procurement structure for the UK could be similar to the contingency arrangements put in place in Scotland – a range of both logistics and treatment suppliers, with a central co-ordination point. Members were also given an overview of the possible options to clear any waste still held at the previous supplier's sites across the UK, whilst minimising the impact on day to day operations. Members suggested that undertaking some form of lessons learned exercise would be useful and were advised that KPMG was being approached to assist with a review along these lines.

8.   NSS OPERATIONAL DELIVERY PLAN PERFORMANCE REPORT [paper FPP/19/26 refers]

8.1   Members discussed the contents of the report. They were pleased to note that NSS was well positioned and were assured regarding the few "amber" measures.

9.   RESILIENCE UPDATE [paper FPP/19/27 refers]

9.1   Members noted the contents of the paper and were assured regarding resilience arrangements and planning,

10.   REVIEW OF BUSINESS RISKS ON RISK REGISTER

10.1   Mrs Walker spoke to paper **FPP/19/28**, highlighting that there were currently no Red business risks being managed under the Integrated Risk Management approach. One new Amber business risk had been raised (5432) which related to Health Protection Scotland and possible legal action following challenge to an incident management report. Members were provided with further context to this risk and agreed it should be brought to the attention of the Board through the Committee's Highlights report due to the potential reputational element it had. Members looked for some more detail about risk 3394 (Practitioner and Counter Fraud Services (PCFS) Bespoke Systems – End of Life and Applications Compliance) and Mrs Walker agreed to get specific feedback for the next meeting in August 2019, including a view from Mr M Bell on this and any other PCFS business risks. Members asked if there were any risks relating to the infected blood inquiry on the register. They were advised that there was a risk on the register and, as a primarily reputational risk, it would be reviewed and monitored by NSS's Audit and Risk Committee. However, the EMT would consider if there was a need to ensure visibility at other committees. Members wished to ensure that the EU exit, and its possible economic impact, was also fully covered within the risk register. Mr Sinclair requested that Mrs Walker liaise with Mr Street and obtain his view on the potential risks in respect of a deal/no deal EU exit and the impact this could have on NSS.

**M Walker/
M Bell**

M Walker

ACTION

11.   SUSTAINABILITY UPDATE

11.1   Mr Hiemann spoke to his presentation about the work and progress on sustainability initiatives. Members were pleased with what had been achieved so far, noting there were some opportunities still to be exploited. Members were also pleased to note NSS had achieved a Good Corporate Citizenship score of 81%, exceeding the target NSS had set itself.   Members were updated on the future plans to continue this momentum and acknowledged that filtering down the message that everyone can have an impact would be key. Members also raised the possibility of doing this through publicising the impact of some of the existing initiatives.

12.   FEEDBACK FROM RELEVANT SUB COMMITTEE CHAIRS ON GOVERNANCE ISSUES

12.1   Members were given a high level overview of two sessions held at the recent NSS Staff Governance Committee - the interactive development session for the Annual Report and a spotlight session on culture and transformation.

13.   BOARD HIGHLIGHTS REPORT [paper FPP/19/29 refers]

13.1   Members agreed the key points for the Sub-Committee Highlights report to the next formal NSS Board meeting on Friday, 28 June 2019. Mrs L Bailey agreed to send a draft of the report to Mrs J Burgess and Mrs K Dunlop as soon as possible   **L Bailey**

14.   ANY OTHER BUSINESS

14.1   Members asked Mrs Bailey to add an item on Trackcare to the Forward **L Bailey** Programme.

14.2   As it was Professor Ireland's last Finance Procurement and Performance Committee meeting, she wished to commend the progress made and record her thanks to all those who had contributed to the Committee's work. In turn, Members also wished to record their thanks to Professor Ireland for her work.

15.   DATE OF NEXT MEETING

15.1   Thursday, 29 August 2019, GS 1.1, Gyle Square, Edinburgh EH12 9EB, commencing 0930 hours.

 There being no further business, the meeting finished at 1230hrs.

NHS National Services Scotland

Minutes (APPROVED)

B/19/103

NHS NATIONAL SERVICES SCOTLAND (NSS)

MINUTES OF AUDIT AND RISK COMMITTEE MEETING HELD ON THURSDAY 24 MAY 2019 IN BOARDROOM 1, GYLE SQUARE, EDINBURGH COMMENCING AT 0930HRS

Present:	Mr Mark McDavid – Non-Executive Director (Chair) Mr John Deffenbaugh – Non-Executive Director Mrs Kate Dunlop – Non-Executive Director Mrs Alison Rooney – Non-Executive Director
In Attendance:	Ms Rachel Browne – External Auditor, Audit Scotland Ms Laura Howard – Interim Associate Director of Finance Mr Paul Kelly – Service Auditor, Scott Moncrieff [Items 1-9] Mrs Carolyn Low – Director of Finance Mr James Lucas – Internal Auditor, KPMG Mr Deryck Mitchelson – Director of National Digital [Items 1 – 7, via videoconference] Mrs Lynn Morrow – Corporate Affairs & Compliance Manager Mr Andy North – Service Auditor, KPMG [Items 10-19] Mr Colin Sinclair – NSS Chief Executive Mrs Lynsey Bailey – Committee Secretary [Minutes]
Apologies	Elizabeth Ireland, NSS Chair

ACTION

1.   WELCOME AND APOLOGIES

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

2.   MINUTES OF THE NSS AUDIT AND RISK COMMITTEE MEETING HELD ON 29 March 2019 [paper ARC/19/20 refers]

2.1   The minutes of the previous NSS Audit and Risk Committee meeting, held on Friday 29 March 2019, were accepted as a true and accurate record.

3.   MATTERS ARISING [paper ARC/19/21 refers]

3.1   Members noted that the majority of actions were completed, covered by agenda or scheduled for a future meeting.

3.2   Regarding action 2.2 (following up lessons learned from payroll audit and clarification on NHS 24 decision), Mr Sinclair provided an overview of the identified lessons learned and how the feedback from this was being used to inform the shared services work for Public Health Scotland. In the ensuing discussion, Members agreed that they felt the requirement to use shared services should be mandated somehow. However, they also recognised that this would need to be supported by ensuring shared service providers achieved a level of service quality and cost efficiency which would mean that no-one would actively want to look elsewhere.

Headquarters
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Chair   Professor Elizabeth Ireland
Chief Executive   Mr Colin Sinclair

ACTION

3.3   Mr Mitchelson provided an update in relation to the Atos security patching issues. Members were given assurance that contact with Atos had taken place to manage these issues more proactively. This would be reported through the Executive Management Team and the NSS Information Governance Committee. Mr Mitchelson advised that he was also looking at prioritisation of the patching schedule as different systems would have different requirements, service impacts, and risk levels.

4.   INFORMATION SECURITY MANAGEMENT SYSTEM - UPDATE ON AUDIT ACTIONS

4.1   Members noted that the Information Security Management System (ISMS) was a critical part of the Network and Information Systems (NIS Directive) Act 2018, and had been discussed at the NSS Information Governance Committee the previous week.   Following an audit for Cyber Essentials taking place in early June 2019, there would be a need to review this risk and what it meant. Members were provided with an overview of the plan to achieve a minimum level of compliance by end of June 2020 and then progress to achieving national maturity by end of March 2023.   However, Members recognised that even reaching a level of national maturity would not eliminate cyber security risks entirely.   NSS was further ahead than most Boards, and probably in the top thee best prepared, but Members were assured this would not lead to complacency.

        [**SECRETARY'S NOTE:** The following 5 items were taken out of order and brought forward]

5.   FOLLOW-UP ON IT HIGH LEVEL FINDINGS [paper ARC/19/24 refers]

5.1   Members were updated on work done around the high risk findings from the IT Project Benefits and Change report. The risks were not yet fully mitigated – the required structure and governance had been developed but was still being embedded. This would be revisited in six months' time when it was anticipated the actions could be closed. Members were also keen to ensure the lessons learned could be shared and applied elsewhere. Members enquired about the "Once for Scotland" potential and were advised there was a National Governance Group which would set policy, and where governance challenges could be raised.   It had a good base level of expertise but had only been in place a year so was still working towards a level of maturity.

6.   SERVICE AUDIT REPORT – NATIONAL IT SERVICES CONTRACT [paper ARC/19/25 refers]

6.1   The key issue emerging from this report had been security patching and Members were pleased to note the improved and updated management response. Of the 12 control weaknesses identified, nine were classified as moderate risk exposure and three were classified as limited risk exposure. Members were given an overview of the plan to achieve real-time reporting of security patching. Members sought and received clarity about actions relating to previous financial years, noting the challenges in getting the necessary information reconciled, and were glad it had been captured in the audit to provide leverage for future years.

7.   INTERNAL AUDIT ACTIONS REPORT [paper ARC/19/30 refers]

7.1   Members noted the following recommendations for approval: handover of reporting on the ISMS audit actions to the NSS Information Governance Committee; extending the IT People and Talent Management Audit; and closure of the action relating to Public Health Scotland corporate/shared services. After

ACTION

a discussion, and receiving assurances regarding the requested extensions, Members were content to give their approval.

8.　SERVICE AUDIT REPORT – PAYROLL SERVICES [paper ARC/19/26 refers]

8.1　Members were pleased to note that no issues had been identified, and were content with the actions and controls identified. They were updated on the systems put in place to allow better monitoring. However, Members sought further assurances around the alignment between finance and people systems. Mrs Low advised that an interface existed between the HR system and Payroll, bridging the two systems. However, it was reliant on line managers updating the HR systems on a timely basis, and KPI reports from HR systems also needed to synchronise with the date of payroll runs to ensure complete alignment of HR and financial information.　Mrs Low advised that she was working with **C Low** Mrs Jacqui Jones, Director of HR, on ways to improve this reporting.

9.　SERVICE AUDIT REPORT – PRACTITIONER SERVICES [paper ARC/19/27 refers]

9.1　Mr Kelly spoke to the paper and Members were advised that there were no matters requiring attention. Members discussed how the data for payments was used for engagement purposes and identifying efficiencies, as well as how it could be better used in areas like health inequalities, frequently prescribed medicines, fraud monitoring etc. With regard to variation in automation across the various payment streams within Practitioner Services, Members were keen **L Bailey/** to invite Mr M Bell, Director of Primary Care and Counter Fraud Services, to a **M Bell** future meeting to discuss his strategic plan to address this.　Members commended the good points raised within the report, and the vision for the future.　They wished to formally record their thanks to Mr Kelly and his colleagues at Scott Moncrieff for their work during their time as Service Auditors. Mr Kelly also wished to record his thanks for the level of engagement NSS had with the service audit process.

10.　INTERNAL AUDIT STATUS REPORT [paper ARC/19/22 refers]

10.1　Members were updated on the progress against the internal audit plan, noting that it was on track. Members discussed whether the clinical waste contingency audit should be brought forward, and, following a brief overview of the work being done, noted that it was likely to be completed earlier. They also discussed the audit for the work around Public Health Scotland in light of the new vesting date, and whether its timescales should be reviewed. Members were advised that there was potential merit in two different views within the audit: one for assurance regarding the separation of the budgets, movement of staff etc; and another, overall view of the service itself once it had been established.

11.　ANNUAL ACCOUNTS 2018-19 – PART A: REPORTS AND CERTIFICATES [paper ARC/19/28 refers]

11.1　Ms Howard spoke to the early draft of the main section of NSS's annual accounts which had been provided. There had been no major change to the format, but more content had been included around strategic direction and risks. Members were pleased to note that it had been a successful year for NSS and were particularly pleased to see the inclusion of lessons learned from the eHealth funding issues in 2017/18. Noting that it was also with the EMT for review, and that additional proof reading and editing would take place ahead of submitting the final draft, Members confirmed that they were satisfied with the content of the paper. Following a discussion, Members were keen that, across all committees, draft submissions were as close to the final version as possible.

12.　ANNUAL ACCOUNTS 2018-19 – PART B: ACCOUNTING POLICIES [paper

ACTION

ARC/19/29 refers]

12.1   Ms Howard highlighted the changes from 2017/18 but advised Members that there was nothing which had a material impact. Following this assurance, Members were content to approve this section of the Annual Accounts.

13.   PROGRESS ON ANNUAL ACCOUNTS

13.1   Ms Browne briefly updated on the progress of the annual accounts audit and highlighted that timescales for finalising a paper for the next NSS Audit and Risk Committee meeting on Friday, 14 June 2019 would be tight. However, Members were assured that the work was progressing as planned. Members noted that, while the audit would not be fully complete by 14 June 2019, Audit Scotland would be in a position to provide the relevant assurances.

[**SECRETARY'S NOTE:** The following item was brought forward]

14.   ANNUAL REVIEW OF NSS'S STANDING ORDERS

14.1   Members briefly discussed paper **ARC/19/31**, which collated all the previously discussed and agreed updates to NSS's Standing Orders. They also noted the caveat that further updates may be required following publication of the finalised Corporate Governance Blueprint from the Scottish Government. Subject to this, Members were content with the proposed updates.

15.   SERVICE AUDIT PLANS AND TIMESCALES FOR 2019-2020 [paper ARC/19/34 refers]

15.1   Mr North reminded Members of the work he had undertaken to understand NSS and its Service Audit needs. This initial stage was now complete and Members were given an overview of the timescales for the next stage and more detail on the plans for each area – IT, Practitioner Services and Payroll. Members were given assurance that KPMG would have access to look back and monitor patterns and trends from previous years as part of the work they would be doing. Mr North confirmed that the next progress update would be in December 2019 and that he would ensure the NSS Information Governance Committee would have visibility of the updates relating to the IT Service Audit.

16.   COMMITTEE HIGHLIGHTS REPORT FOR THE NSS BOARD [paper ARC/19/32 refers]

16.1   Mrs Bailey agreed to pull together an initial draft of the Sub-Committee Highlights report to be included with highlights from the next NSS Audit and Risk Committee for the next NSS Board meeting on Friday 28 June 2019.   **L Bailey**

17.   ANY OTHER BUSINESS

17.1   Members had no further business to raise.

18.   DATE OF NEXT MEETING

18.1   Friday, 14 June 2019 at 0930hrs in Boardrooms 1 & 2, Gyle Square, Edinburgh.

19.   FOR INFORMATION

19.1   NSS Audit and Risk Committee Forward Programme for 2019 [paper **ARC/19/33** refers]

There being no further business the meeting finished at 1235hrs