

Agenda

B/22/01

NSS BOARD FORMAL

THURSDAY, 10th MARCH 2022 COMMENCING 0930 HRS VIA TEAMS

Lead: Keith Redpath, NSS Chair

In Attendance: Jacqui Jones, Director of HR and Workforce Development

Matthew Neilson, Assoc. Dir Strategy, Performance & Communications
Eilidh McLaughlin/Scott Barnett [*In Private Session*]
Karen Nicholls, Committee Services Manager – Minutes

Apologies: Jacqui Reilly, Nurse Director

Observer: Rachel Browne, Audit Scotland
Inire Evong, Audit Scotland
Stephanie Knight, Scottish Government
Conor Samson, Scottish Government
Cheryl Hume, NSS
Gregor Preston, NSS
Helen Reed, NSS
Swavik Dittmer, NSS
Sumedha Asnani-Chetal, NSS
Paul Smith, NSS
Clairinder Clark, NSS
Michael Stewart, NSS
Victoria Moffat, NSS
Nabeel Arshad, NSS

0930 – 1100 hrs

1. Welcome and Introductions

2. **Items for Approval**

2.1 Minutes of the previous meeting held on 2nd December 2021 and Matters Arising **[B/22/02 and B/22/03]** – Keith Redpath



Chair
Chief Executive

Keith Redpath
Mary Morgan

3. Items for Scrutiny

- 3.1 Chairs Report – **Keith Redpath**
- 3.2 Chief Executive's Report – **Mary Morgan**
- 3.3 Integrated Performance Report **[B/22/05]** – **Lee Neary**
- 3.4 NSS Financial Plan **[B/22/06]** – **Carolyn Low**

4. Items for Information

- 4.1 COVID Inquiry Update **[B/22/07]** – Norma Shippin
- 4.2 Board Forward Programme **[B/22/08]**
- 4.3 NSS Committees Approved and Draft Minutes **[B/22/09]**

5. Any other business

*In Private Session – **Board Members Only***

- 6. COVID Status Application - **[IP/22/01]** – Eilidh McLaughlin/Scott Barnett**

Date of next meeting: Development Session 13.4.22 – Golden Jubilee Hotel and Conference Centre

Minutes (Approved)

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NHS NATIONAL SERVICES SCOTLAND BOARD

MINUTES OF MEETING HELD ON THURSDAY 2ND DECEMBER 2021 VIA TEAMS DIGITAL PLATFORM AT 0930 HRS

Present:

K Redpath, NSS Chair
L Blackett, Non-Executive Director
J Burgess, Non-Executive Director
J Deffenbaugh, Non-Executive Director
G Greenhill, Non-Executive Director
A Langa, Non-Executive Director
M Morgan, Chief Executive [from item 9]
M McDavid, Non-Executive Director
C Low, Director of Finance [from item 9]
L Ramsay, Medical Director
A Rooney, Non-Executive Director

In Attendance:

A McLean, Deputy Director of Finance [Depute for C Low]
J Jones, Director of HR and Workforce Development
M Neilson, Associate Director of Strategy, Performance and Communications
L Neary, Director of Strategy, Performance and Service Transformation
C Spalding, Director SNBTS
M Bell, Director P&CFS
K Nicholls, Committee Services Manager [Minutes]

Apologies:

I Cant, Employee Director
D Mitchelson, Director of Digital and Security

Observers:

I Evong, Audit Scotland
S Knight, Scottish Government
C Samson, Scottish Government
A Lamont, NSS Staff Member
M Stewart, NSS Staff Member
N Arshad, NSS Staff Member
J Lindsay, NSS Staff Member
A Brewer, NSS Staff Member
D Sefton, NSS Staff Member



Chair
Chief Executive

Keith Redpath
Mary Morgan

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

1. WELCOME AND INTRODUCTIONS

- 1.1 K Redpath welcomed all to the meeting, which was being held virtually, via the TEAMS platform. A warm welcome was extended to the Members of Staff and other Observers who had joined the meeting. K Redpath advised that the Chief Executive and Director of Finance would be joining the discussions later as their attendance had been required at a Public Audit Committee. Before starting the formal business of the meeting, K Redpath asked the Board Members if they had any interests to declare in the context of the Agenda items to be considered. No interests were declared.

2. MINUTES AND MATTERS ARISING [Papers B/21/63 and B/21/64 refer]

- 2.1 Members noted the minutes and with some minor typographical changes were content to approve them in full.
- 2.2 Members noted that all outstanding actions were either complete, programmed for a future meeting, or would be covered by the agenda. J Burgess asked for an update in relation to Whistleblowing. K Redpath advised that this had been reviewed by the NSS Staff Governance Committee under the People Report and would not come to Board directly and would be captured in the minutes from the last meeting of that Committee.

3. REGISTER OF INTERESTS [paper B/21/65 refers]

- 3.1 Members noted the register of interests as a true record for Members.

4. SNBTS STRATEGY [paper B/21/66 refers]

- 4.1 Members welcomed Craig Spalding, Director SNBTS to the meeting. It was noted that he would shortly be moving on from NSS to a new role, and Members wished him well for the future and thanked him for his work in the organisation.
- 4.2 C Spalding took Members through a presentation outlining the SNBTS Strategy and noted that this had been updated after comments at the Board development session held on 25th June 2021 and was now submitted for approval.
- 4.3 Members discussed the proposals in full and asked for clarification on some areas, including use of plain English to ensure all readers were able to understand acronyms etc. L Blackett asked how staff had received the new strategy and C Spalding advised that for the most part this had gone down well with staff, and further engagement work would continue throughout the transformation. All agreed that it would be essential that the good work already done be continued after C Spalding had left the organisation and looked forward to further updates throughout the process.
- 4.4 Members noted the paper and were content to approve the recommendations with the minor updates to plain English etc discussed.

5. STURROCK ACTION PLAN [paper B/21/267 refers]

- 5.1 J Jones took Members through the paper and advised that it had been reviewed by the NSS Staff Governance Committee and their meeting held on 24th November and was now presented to Board for final approval to close the Action Plan as all items had now been managed.
- 5.2 Members discussed the paper in full and were content to approve the recommendations, with any routine monitoring via the NSS Staff Governance Committee.

6. CHAIR'S UPDATE

- 6.1 K Redpath provided a verbal update to Members and highlighted the following;
- NSS had received a gold award under the Defence Employer Recognition Scheme, and this had been accepted on behalf of the organisation by Martin Bell, Director P&CFS, the Veterans Champion for NSS. Board Members thanked M Bell for all his support to veterans within the Organisation;
 - NSS Annual Review had taken place on 8th November and was a very positive session. The final outcome letter was still to be received. Members thanked Matthew Neilson, Associate Director of Strategy, Performance and Communications for all his work and asked that the presentation be circulated to Members. **Action: Board Services to circulate presentation;**
 - Weekly sessions with the Cabinet Secretary and all Board Chairs and Chief Executive Officers continued to prepare for winter and continued pressures from the pandemic;
 - Service Audit Steering Group had continued to meet and was focused on three main areas: 1. Current Financial Year Service Audit outcome; 2. Automation of service preparation; 3. Preparation for the future and discussions with NHSScotland Directors of Finance. Members noted that at this stage auditors had found no issues, and the next round of testing was due in January 2022;
 - The Cabinet Secretary had attended SNBTS at the Jack Copland Centre;
 - NSS Response to the National Care Service Consultation had been submitted;
 - NSS Board Development Session had been confirmed for 18th February 2022;
 - L Blackett would be the new NSS Sustainability champion on behalf of the Board and would be focusing on the policy for NHS Scotland on the Climate Emergency and Sustainable Development – DL (2012) 38.

7. PERFORMANCE REPORT [paper B/21/71 refers]

- 7.1 Prior to starting the review of the reports, Members asked that thought be given to how to link the Finance, People and Performance updates with one overarching, high level summary showing linkages across the functions. It was noted that this was the direction of travel for all reporting as part of the active governance approach and would be discussed further at the forthcoming Board Development

Session. In the meantime, L Neary and M Neilson would work on what this could look like for future reporting. **Action: L Neary and M Neilson to review reporting style for future meetings. Action: Board Services to add to agenda for development session.**

7.2 L Neary then took Members through the performance report and highlighted the following:

- Q2 Remobilisation report still showing a strong performance for NSS with 85 measures in the plan on track or exceeding target;
- Phase 1 of the National Testing Programme and ongoing Digital Prescribing and Dispensing completed;
- Two RED targets - South East Payroll – this had been mitigated down from RED to AMBER following a meeting with the NHSScotland Directors of Finance held on 20 November 2021, with agreement at that session on the approach and commitment to take forward. Systems Capacity and Knowledge – the Board is asked to approve the new target date to June 2022 as this measure relied on the new warehouse management system being up and running. This was currently slightly delayed by the supplier due to User Acceptance Testing slippage by one month due to the high risk of introducing the change during the pandemic and implications for winter planning;
- Members noted that one measure had moved from GREEN to AMBER – this related to consumables for patient care. Assurance that this was being managed appropriately was provided and focused on consumables above normal BAU levels within the pandemic stockpile. Discussions were on going with Scottish Government around appropriate levels of additional procurement when required;
- Members noted that the Clinical Governance and Quality Improvement Committee had been briefed on the issue and progress on transvaginal mesh implants;
- All agreed that it was important that this report and the risk register be reviewed to ensure appropriate updates were consistent. J Burgess advised that Angela Wilson-Coutts, Head of Planning and Performance, was already proactively working on this.

7.3 Members discussed the paper in full and were content to approve the recommendations made.

8. PEOPLE REPORT [paper B/21/68 refers]

8.1 J Jones took Members through the report and advised that the NSS Staff Governance Committee (SGC) had seen the report at their meeting on 24th November 2021. For future reporting, Members advised that it would be useful to see the joined-up view including financial impact of items included in reporting. For example, what the potential cost implications could have arisen from the Sturrock Action Plan etc. J Jones would pick up on this sort of information for future reports. **Action: J Jones to update report with implications across performance and finance for future reporting.**

- 8.2 Members went on to discuss the impact of the Future Ready programme on the staff currently on redeployment. J Jones advised that the team were working across all NSS staff around the potential of hybrid working and did not anticipate any issues with those currently on redeployment. However, it was important for the team to be ready for all the NSS organisational change programmes that were currently in the pipeline. NSS did have experience of managing a large number of people potentially coming into redeployment and were already linking with the SBUs affected.
- 8.3 Members noted the slight increase in sickness absence, especially around mental health issues. J Jones advised that this was being monitored closely, and NSS had a suite of support options in this regard. L Blackett added that the HR team should be acknowledged for the massive effort around recruitment and vacancy management that had gone on since the beginning of the pandemic.
- 8.4 Members thanked J Jones for the informative report and noted it in full.

Note: The Chief Executive and Director of Finance joined the meeting.

9. **FINANCE REPORT [paper B/21/69 refers]**

- 9.1 A McLean took Members through the report and highlighted the following areas:
- NSS was on course to meet all statutory financial targets at the mid-year point;
 - Significant movement in COVID 19 related funding, with the remainder due in Quarter 4;
 - Work ongoing with Scottish Government around recurring and non-recurring funding and a detailed paper was provided prior to the formal government budget announcements;
 - Work around RF16 requirements had been presented to the recent NSS Finance, Procurement and Performance Committee to identify the implications to NSS. However, this would be fully met by Scottish Government. Updates would be provided to the FPPC. **Action: Board Services to add to FPPC forward programme;**
 - The resource allocation (RAM) process was currently underway and worked closely with each Strategic Business Unit (SBU) to fully understand the resources required to provide their services, particularly around non-recurring funding. This provided an overarching view and allowed redistribution of resource across NSS if/when required.
- 9.2 Members asked on the impact of the new accounting procedure (RF16) in terms of Value for Money (VFM) and Return on Investment (ROI). A McLean advised that these were both key to any contracts and were fully accounted for. The report provided was a balance sheet, but for future updates this could also be made clearer. **Action: Future updates to reflect VFM and ROI.**
- 9.3 Members discussed the possible impact on NSS for those projects that were managed on behalf of NHSScotland for all Boards, if funding was delayed or lost for any national programmes. A McLean advised that such projects were monitored very closely with Scottish Government and Boards and any slippages were highlighted and managed.

9.3 Members noted the report in full.

10. CHIEF EXECUTIVE'S UPDATE

10.1 M Morgan provided a verbal update to Members and noted the following:

- Members noted that there had been a number of changes to the NSS Executive Management Team since the last report. C Spalding would be undertaking a new role as CEO of Sight Scotland and his recruitment was underway. N Shippin would be retiring from Central Legal Office in Summer 2022 and D Mitchelson had also resigned and these recruitments would commence in the new year;
- COVID 19 status – continues under emergency footing until at least March 2022 and the work on NSS in response was appreciated by NHSScotland and Scottish Government;
- Resilience – UEFA 21 and COP26 events had both progressed well;
- New focus on sustainability and the Health & Care strategy on climate change had stepped up with a new policy from Scottish Government taking immediate affect. EMT were currently working on the action plans for these areas and they would be brought to a future Board meeting for approval. The leads for this were G James and M Neilson with L Blackett confirmed as the Board Champion.
Action: Board Services to add to forward programme;
- Public Audit Committee – M Morgan and C Low had attended to give evidence in relation to the Section 22 audit, specifically around Personal Protective Equipment (PPE) and could provide an update outwith the meeting. Members noted that despite a large number of questions asked it had been a positive experience;
- NSS had provided updates on the Transvaginal Mesh situation with the latest session focused on administration of reimbursements and referral to external providers. G James was working with these providers around contracts, but this had not yet been finalised;
- UK Infected Blood Inquiry – evidence from SNBTS current and past employees was still in progress;
- COVID 19 Public Inquiry principle discussions had now concluded and the Terms of Reference were being finalised. The Inquiry Chair had not yet been confirmed. Work was ongoing with all Boards and CLO to look at recruitment to support the infrastructure of what would be a complicated and extensive project.

10.2 Members thanked M Morgan for the detailed update and noted it in full. Members also recognised the changes to the EMT and passed on their thanks to those who were now leaving the organisation.

11. ITEMS FOR INFORMATION [papers B/21/70 and B/21/72 refer]

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

12. ANY OTHER BUSINESS

- 12.1 There was no other public business to discuss.

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

IN PRIVATE SESSION – MEMBERS ONLY

13. COVID STATUS APP – [paper IP/21/08 refers]

- 13.1 E McLaughlin provided Members with an update in relation to the COVID Status Application in response to questions from the NSS Audit & Risk Committee meeting held on 29th November 2022. Member's attention was drawn to the impact analysis information within the report.
- 13.2 K Redpath added that it was important to remember that this applied to both Scottish Government and NSS as it had been a joint programme approved by Government. Members noted the large amount of work that had been done in the background supporting both the implementation of the App originally and the work now ongoing in relation to the Information Commissioners Office.
- 13.3 Members noted that a full lessons learned was already in progress and any changes to process or procedure identified would be reviewed and implemented as appropriate.

14. CLINICAL WASTE [paper IP/21/09 refers]

- 14.1 G James provided Members with an update in relation to clinical waste, specifically since the recent fire at the main contractor's plant. Members noted that the Directors of Finance (DoFs) were being updated on 8th December with recommendations to be approved.
- 14.2 Members then discussed the paper in full and reviewed the recommendations. Members agreed that the NSS FPPC would be the most appropriate committee to monitor progress with escalation to full Board as and when required.
- 14.3 Members were content to approve the recommendations in the paper with the following updates:
- Further negotiation required. Per meeting with DoFs;
 - Ongoing discussions with SEPA required;
 - Recovery of investment over a 10 year period maximum;
 - Definition of NSS role from Scottish Government;
 - Clear understanding off NSS risk.

There being no further business the meeting ended at 12:47.

NSS BOARD - Action List 2021/22

From 2 December 2021 Meeting

2021-12-02 Item: 6.1 NSS Annual Review

Assigned to: Board Services
Action: Circulate NSS Annual Review Presentation to all.
Deadline: Immediately.
Status: Complete.

2021-12-02 Item: 7.1 Performance Reporting and 8.1 HR reporting

Assigned to: L Neary/M Neilson
Action: Review of how to interlink performance reporting i.e. performance, HR and Finance into one overall report.
Deadline: Board development session 18.2.22
Status: Under review for future reporting. First draft to be reviewed at formal Board 10.3.22

2021-12-02 Item 9.1 Finance Report

Assigned to: Board Services
Action: RF16 requirements to be added to FPPC forward programme.
Deadline: Future meeting.
Status: Complete.

2021-12-02 Item 9.1 Finance Report

Assigned to: Andy McClean
Action: Future reporting to show value for money and return on investment against projects.
Deadline: Future reporting
Status:

2021-12-02 Item 10.1 CEO's Report

Assigned to: Board Services

Action: Health & Care strategy on climate change – NSS Strategy to be added to forward programme.

Deadline: Future Meeting.

Status: Complete. Added to forward programme for June 22 meeting.

From 30th September 2021 Meeting

2021-09-30 Item 11.1 Performance Report [paper B/21/60 refers]

Assigned to: L Neary

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

Deadline: Future meeting

Status:

2021-09-30 Item 12.2 Risks and Issues Report [paper B/21/47 refers]

Assigned to: All

Action: All to feed back to M Neilson on strategic risks.

Deadline: Outwith meeting.

Status: Complete.

From 25 June 2021 Meeting

2021-06-25 Item 3.1 Committee Annual Reports 2020-21

Assigned to: Lynsey Bailey

Action: ARC annual report to be updated and submitted to next Board meeting.

Deadline: 30.9.21

Status: Complete. Agenda item for 30.9.21

2021-06-25 Item 4.2 Chair's Update

Assigned to: Keith Redpath

Action: KR to circulate Ministerial Team Update outwith meeting.

Deadline: Outwith meeting.

Status: Complete.

2021-06-25 Item 6.4 End of Year Performance Report

Assigned to: L Neary/M Neilson

Action: Consider changes to report per minutes.

Deadline: Outwith meeting.

Status: Under review and new reporting would be discussed as part of the Active Governance and Board Assurance Framework.

2021-06-25 Item 7.4 Review of Integrated Risk Management Approach and Risk Management Update

Assigned to: Lee Neary/Matthew Neilson

Action: Pass on thanks from the Board to Marion Walker.

Deadline: Outwith meeting.

Status: Complete.

2021-06-25 Item People Report 8.2

Assigned to: Jacqui Jones

Action: J Jones to expand report to capture aspiration as well as BAU in future years.

Deadline: Future Meeting.

Status: In progress.

Meeting: NSS Board

Meeting date: 10th March 2022

Title: Integrated Performance Report

Paper Number: B/22/05

Responsible Executive/Non-Executive: Lee Neary, Director SPST

Report Author: Angela Wilson-Coutts Head of Planning and Performance; *Carolyn Low, Director of Finance, Jacqui Jones, HR Director*

(Reviewed by: Lee Neary, Director SPST, Carolyn Low, Director of Finance and Jacqui Jones, HR Director)

1. Purpose

The paper is presented to the NSS Board for scrutiny.

2. Recommendation

This is the first report combining performance updates from the Corporate, Finance and HR teams. Individual reports are appended to this cover sheet for further scrutiny.

For this iteration of the report, the cover sheet provides the end of Q3 Remobilisation Plan update and summarises the Risk, Finance and HR positions. Future submissions will provide an oversight of all reports within the cover sheet however, we are not in a position to do that until reporting periods have been aligned by the work that is currently ongoing to move corporate reporting into Tableau.

We recommend that Board Members approve the report and raise any questions or concerns about the information contained therein.

We would also welcome feedback on the new integrated approach.

3. Discussion

Operational Update

Remobilisation Plan 4 (RMP4) was submitted to Scottish Government (SG) in September 2021 and provided a mid-year update on NSS performance against key indicators. Formal sign off for RMP4 was received on 22 December at which time, SG indicated their intention to delay submission of Three Year Plans until July. Instead they commissioned

Quarter 3 and Quarter 4 updates to the RMP to be submitted in January and April respectively.

SG guidance set out the requirements for quarterly updates with the intention that they would not place additional burden on already stretched resources across NHSScotland. As such, we are required to provide the following updates to the delivery template that appeared as the Appendix in RMP4:

- RAG status at 31 December 2021
- Material change to milestones or targets
- Progress against deliverables at 31 December 2021
- Material changes in key risks or controls

Summary Position

At 31 December 2021, NSS reported the following performance:

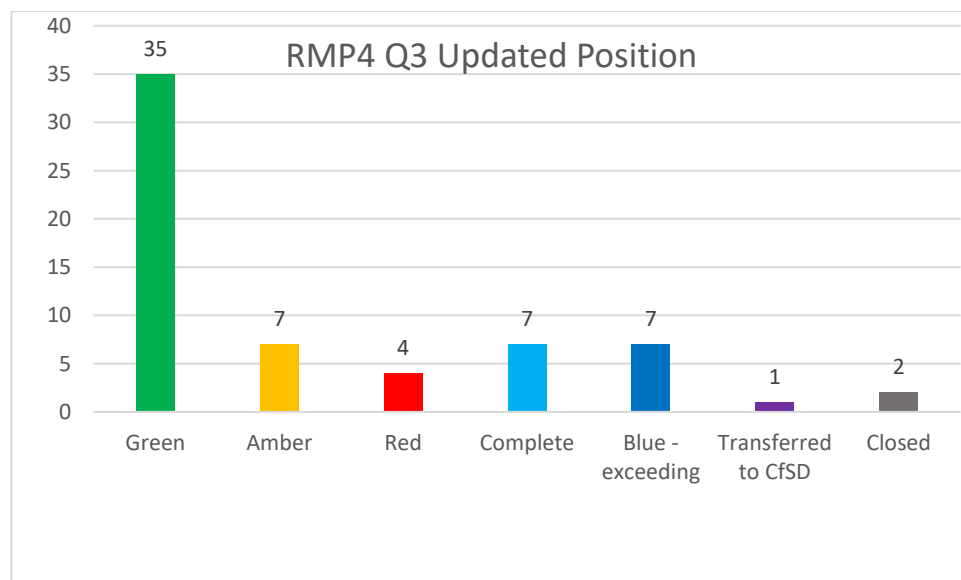


Figure 1

As of 31 December 2021, 78% of measures are on track, exceeding target or have been completed.

Four measures are tracking at Red, all of which sit within PCF and all have been impacted by the Omicron variant. They are as follows:

- Establishing contractual arrangements for ongoing supply which delivers on security of supply, social value and ethical trading achieved 50% against a target of 75%.
- The creation of systems, capacity and knowledge to build forward demand estimates based on long term pandemic planning achieved 64% against a target of 100%.

- The development of sustainable product solutions with low environmental impact, working closely with industry and Scottish Government and Scottish Enterprise achieved 50% against a target of 75%.
- Work with Scottish Government and Scottish Enterprise to help develop resilience in our supply chains achieved 50% against a target of 75%.

Seven measures are reporting at Amber:

- South East Payroll, was tracking as red but has improved in the last quarter.
- National Contact Centre had been exceeding target throughout quarter three in handling managed index cases within 72 hours but this was not sustainable after 14 December with the onset of the Omicron variant.
- ARHAI priority programmes are behind schedule but are expected to complete by the end of Q4.
- The regional Property and Asset Strategy has been delayed until December 2022 to allow for a rewrite focussing on PAMS split, SNBTS, warehouse sites and office accommodation.
- Two measures under Data and Analytics have moved from Green to Amber. Seer v2 is under design with third party involvement but further tools and a requirement for additional Business Intelligence is evident. Migration and upgrade costs have caused concern but Scottish Government have provided support required to create a minimum viable product in year.
- CHI cloud costs remain under review as these have increased from the original plan.
- Approval of the legacy system replacement roadmap under National Digital Infrastructure has moved from Green to Amber as this work is behind schedule. Planning Activity for 2022/23 will bring this back on track.

4. Impact Analysis

4.1 Quality/ Patient Care

All measures which could impact on patient care are being managed and are detailed in Appendix A.

4.2 Equality and Diversity, including health inequalities

All projects and services associated with the risks covered by this paper are required to carry out an equality impact assessment.

4.3 Data protection and information governance

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

5. Risk Assessment/Management

All risks discussed in this report are being managed in line with the Integrated Risk Management Approach. The full risk position is available at Appendix B of this report. The summary position at the end of Q3 is below:

NSS had 56 corporate risks and no issues. This is an increase of two risks in the period. The risk profile for NSS as at 31 December.

Position as at 31/12/2021	RED	AMBER	GREEN	TOTAL
Open risks	5	33	18	56
New risks in Q3	1	0	1	2
Risks escalated to corporate NSS during the period	0	0	0	0
Open Issues	0	0	0	0

Two risks which were red at the end of Q3 have now either closed or mitigated.

- 6608 – COVID impact of Christmas parties closed.
- 6530 - Gartnaval Hard Services Supplier reduced to Amber with a RAG of 9.

6. Financial Implications

Financial considerations are fully accounted for in the Finance Report. The summary position is below:

Performance Summary

NSS continues to forecast full achievement of all statutory financial targets for 2021/22.

The current revenue under spend of £14.5m mainly relates to an underspend within NSD of £11.6m due to a number of services where activity is lower than planned, whilst other SBU's are reporting a net underspend of £2.8m. The NSD underspend is ring fenced and will be returned to Boards in Q4 as agreed with SG Finance and Health Boards through the Corporate Finance Network.

A remaining surplus of £1.4m is forecast with a continued, focussed effort to commit funds on priority developments / advance spend where possible by 31st March 2022.

Key Messages

The projected core revenue surplus has increased over recent months and is currently at £1.4m. The position has further improved with increasing surpluses forecast by SBU's and funding confirmation in a number of at risk areas:

Previously identified major funding risks included the UK infected blood enquiry (£0.6m) and NHSS Assure research funding £0.5m. Both can now be funded from in year savings arising.

The majority of major expenditure risks have been clarified and revised downwards where applicable. This includes, lower financial implications of the Contractor Finance Service Audit, reduced workforce resource pool and redundancy requirements.

An additional pressure of £600k has been built in for 21/22 SEER costs. Any further investment in 22/23 will likely be funded by SG.

It is assumed that any variation in the C-19 forecast (currently £385m) will be matched with SG funding.

Risks and Issues

NSS will be required to manage any material movement in its core position following the submission of the Q3 return. This will become increasingly difficult as we rapidly move towards the end of the Financial Year.

Further movement may occur during Q4, in-line with:

- Confirmation and Allocation of all outstanding funding from SG – it should be noted that SG Finance is very unlikely to transact any outstanding individual funding allocations which are below £100k – the impact of this is c£0.9m for NSS (non C-19) and has already been factored into the overall, updated forecast;
- Further slippage on development programmes, particularly in recently approved projects within DaS;
- Overachievement of income targets - CLO and PGMS forecasts both moving positively;
- Movements in central reserves, e.g. lower redundancy and capital charges;

Currently, there is no confirmed capital funding for a c£1m pressure for the C-19 Regional Labs but SG is aware and funding resolution is anticipated.

7. Workforce Implications

Workforce considerations are fully accounted for in the People Report. The summary position is below:

Headcount

The current headcount for NSS is 3,636 and the total WTE is 3,345.57. Please note the headcount on the dashboard does not include agency/bank staff. There are currently 212 agency staff, the majority of which are in PCF (82), SPST (59) and DaS (43). There are 512 bank staff, the majority of which are in NCC.

Absence

The year to date sickness absence rate for January is 3.93%, which is a small decrease from the previous month (3.99%). Long term absence is at 2.77% and short term absence is 1.16% for the year. Absence cost has seen a decrease of 28% from the previous

month (£446k to £319k). Anxiety/stress/depression remains the most common reason for absence, making up 37% of the total cost of absence for January. Sickness absence rates continue to increase in comparison to the 2020/21 fiscal year, however these are still lower than they have been in previous years. We will continue to monitor and identify any special cause variation.

Statutory Training

Compliance with 3 Year Mandatory Training is at 91% and Statutory Training is at 94%. Whilst improvements continue to be made, further work is required across a number of SBUs to ensure compliance rates remain high.

Turas

Turas compliances are currently at 73% for Appraisal, 70% for PDP and 77% for Objective, which is no change for Appraisal and PDP from the previous month's figures, and an increase of 1% for Objective Compliance.

COVID-19

As of 7 February 2022, a total of 375 employees have tested positive for COVID-19 since April 2020. There has been a total of 2,223 special leave requests submitted, 1,181 have been submitted within this fiscal year (212 in January). There are currently 12 employees on COVID-19 related special leave, seven due to being COVID-19 positive, two due to Test & Protect Isolation, one due to household related self-isolation, one due to Long COVID and one due to an underlying health condition. The cost of COVID-19 special leave in January is £98k with a total of 5,995 hours lost, a decrease of 5k from December. Special leave due to positive COVID-19 cases has been increasing across the third quarter, continuing into January with a peak of 46 employees off due to being COVID-19 positive on 7 January.

8. Route to Meeting

- Finance Procurement and Performance Committee – 2 February 2022
- Staff Governance Committee – 3 February 2022
- Clinical Governance Committee – 16 February 2022
- Executive Management Team – 21 February 2022
- Audit and Risk Committee – 28 February 2022

9. List of Appendices and/or Background Papers

Appendix A – Remobilisation Plan End of Q3 Update – FPP/22/13)

Appendix B – Risks and Issues (End of Q3)

Appendix C - Finance Report (January 2022)

Appendix D – People Report (January 2022)

NHS National Services Scotland

Meeting:	NSS Finance Procurement and Performance Committee (FPPC)
Meeting date:	Wednesday, 2 February 2022
Title:	Remobilisation Plan End of Q3 Update
Paper Number:	FPP/22/13
Responsible Executive/Non-Executive:	Lee Neary, Director SPST
Report Author:	Angela Wilson-Coutts Head of Planning and Performance (Reviewed by: Matthew Neilson, Associate Director)

1. Purpose

The paper is presented to the Finance Procurement and Performance Committee (FPPC) for scrutiny.

2. Recommendation

We recommend the Finance Procurement and Performance Committee (FPPC) approves the report and raises any questions or concerns about the information contained therein.

3. Discussion

Remobilisation Plan 4 (RMP4) was submitted to Scottish Government (SG) in September 2021 and provided a mid-year update on NSS performance against key indicators. Formal sign off for RMP4 was received on 22 December at which time SG indicated their intention to delay submission of Three Year Plans until July, instead commissioning Quarter 3 and Quarter 4 updates to the RMP to be submitted in January and April respectively.

SG guidance set out the requirements for quarterly updates with the intention that they would not place additional burden on already stretched resources across NHSScotland. As such, we are required to provide the following updates to the delivery template that appeared as the Appendix in RMP4:

- RAG status at 31 December 2021
- Material change to milestones or targets
- Progress against deliverables at 31 December 2021
- Material changes in key risks or controls

Summary Position

At 31 December 2021, NSS reported the following performance:

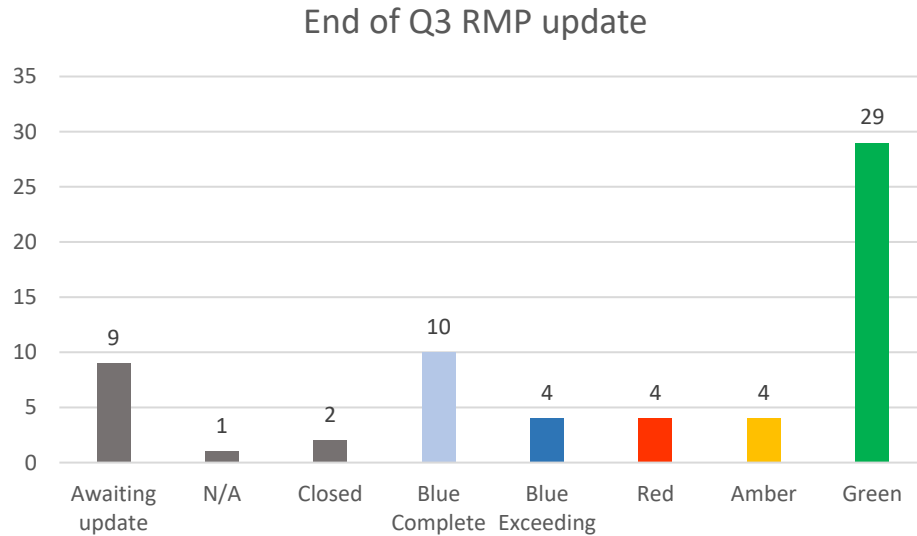


Figure 1

As of 31 December 2021, 68% of measures are on track, exceeding or have completed. We are still awaiting returns on nine measures which should be available week beginning 24 January 2021.

Four measures are tracking at red, all of which sit within PCF and all have been impacted by the Omicron variant. They are as follows:

- Establishing contractual arrangements for ongoing supply which delivers on security of supply, social value and ethical trading achieved 50% against a target of 75%.
- The creation of systems, capacity and knowledge to build forward demand estimates based on long term pandemic planning achieved 64% against a target of 100%.
- The development of sustainable product solutions with low environmental impact, working closely with industry and Scottish Government and Scottish Enterprise achieved 50% against a target of 75%.
- Work with Scottish Government and Scottish Enterprise to help develop resilience in our supply chains achieved 50% against a target of 75%.

Four measures are reporting at amber:

- South East Payroll, was tracking as red but has improved in the last quarter.
- National Contact Centre had been exceeding target throughout quarter three in handling managed index cases within 72 hours but this was not sustainable after 14 December with the onset of the Omicron variant.
- ARHAI priority programmes are behind schedule but are expected to complete by the end of Q4.
- The regional Property and Asset Strategy has been delayed until December 2022 to allow for a rewrite focussing on PAMS split, SNBTS, warehouse sites and office accommodation.

Three Year Plan

The NSS Three Year Plan must now be submitted to SG at the end of July 2022. The initial outline of the plan will be presented to NSS Board in March to allow for a discussion about the strategic direction NSS will take in that three-year period. This discussion will enable a draft plan to be submitted to EMT in April and a final version will be presented to NSS Board for sign off in June.

4. Impact Analysis

4.1 Quality/ Patient Care

All measures which could impact on patient care are being managed and are detailed in Appendix A.

4.2 Equality and Diversity, including health inequalities

All projects and services associated with the risks covered by this paper are required to carry out an equality impact assessment.

4.3 Data protection and information governance

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

5. Risk Assessment/Management

All risks discussed in this report are being managed in line with the Integrated Risk Management Approach.

6. Financial Implications

Financial considerations are accounted for in the Finance Report.

7. Workforce Implications

Workforce considerations are accounted for in the People Report.

8. Route to Meeting

This is the first review of this paper.

9. List of Appendices and/or Background Papers

Appendix A – NSS RMP Q3 Update (Excel Spreadsheet)

Living with COVID-19

Scottish National Testing Programme

NSS has been a critical partner in the delivery of Scotland's Test and Protect programme since the launch of the Scottish COVID-19 testing service in February 2020. We have achieved all of the objectives outlined in RMP3 and have begun delivering on new objectives (see section 2.2) to ensure the sustainability of the testing service.

September 21 Status	December 21 Status	Key Deliverable Description	Summary of activities etc	Milestones / Target	Progress against deliverables end September 21 (NB: for new deliverables, just indicate 'New')	Progress against deliverables end December 21 (NB: for new deliverables, just indicate 'New')	Lead delivery body	Key Risks	Controls/ Actions	Outcome(s)	List any major strategies/ programmes that the deliverable relates to
Blue	COMPLETE	We will deliver operational oversight of sampling routes through the Scottish Government Testing Programme, working with pathway owners to ensure appropriate testing capability is in place.		Objective 1 100% of requests for mobile testing units deployment are met.	Complete We have been a critical partner in the delivery of Scotland's Test and Protect programme since the launch of the Scottish COVID-19 testing service in February 2020. Staff across a wide range of disciplines have been involved in successfully increasing capacity for testing those with symptoms. We have worked to establish a network of sampling sites across Scotland. Currently 8 regional test centres, 53 local test centres and 42 mobile testing units are available.	Same		There is a risk that NSS is unable to meet its programme requirements due to lack of resource (Risk – 6286, Rating – 6).		Complete	
Blue	COMPLETE			Objective 2 109 test sites available in Scotland: · 60 local test sites · 7 regional test sites · 42 mobile testing units	Complete	Complete		There is a risk that NSS is unable to meet its programme requirements due to lack of resource (Risk – 6286, Rating – 6).		Complete	
Blue	COMPLETE			Objective 3 100% of timeframes agreed with Scottish Government for the deployment of the Testing Expansion Plan are met.	Complete	Complete		There is a risk that NSS is unable to meet its programme requirements due to lack of resource (Risk – 6286, Rating – 6).		Complete	
Blue	COMPLETE			Objective 4 100% deployment of the Testing Team Target Operating Model by the target date.	Complete	Complete		There is a risk that NSS is unable to meet its programme requirements due to lack of resource (Risk – 6286, Rating – 6). There is a risk that changes to testing demands impact requirements and potentially delay the implementation of the Target Operating Model.		Complete	
	Green	We will deliver operational oversight of sampling routes through the Scottish Government Testing Programme working with pathway owners to ensure appropriate testing capability is in place.		Objective 1 Manage the scheduling and deployment of mobile testing units across Scotland with local partners and the Scottish Ambulance Service	NEW	NEW on Track					
	Green			Objective 2 Manage availability of test sites in line with Scottish Government and the Department of Health and Social Care requirements and local partners' needs.	NEW	NEW on Track					
	Green			Objective 3 Work with Scottish Government to implement business as usual testing model to aid winter planning and in the context of living 'beyond level zero'	NEW	NEW on Track					
	Green			Objective 4 Continue to implement the NSS COVID-19 Response directorate Business as Usual Target Operating Model by end September 2021	NEW	NEW on Track					

National Contact Tracing Centre

Now known as the National Contact Centre. We will continue to operationally deliver the National Contact Tracing Centre and quickly identify and communicate with those who have tested positive, their close contacts and international travellers.

September 21 Status	December 21 Status	Key Deliverable Description	Summary of activities etc	Milestones / Target	Progress against deliverables end September 21 (NB: for new deliverables, just indicate 'New')	Progress against deliverables end December 21 (NB: for new deliverables, just indicate 'New')	Lead delivery body	Key Risks	Controls/ Actions	Outcome(s)	List any major strategies/ programmes that the deliverable relates to
Green	Green	To ensure NCTC managed index cases and their close contacts' index cases are quickly communicated with following a positive notification.	Increased deployment of digital technologies through wave 3 of the pandemic as case numbers have exceed original Test & Protect design model	Objective 1 80% of NCTC managed index cases and contacts are communicated with within six business hours of NCTC receiving notification of the index case.	98% of index cases and 84% of contacts are communicated to within 6 hours for receipt of notification for the case and contact	98% cases 86% contacts	Test & Protect including NCC	There is a risk that if the National Contact Tracing Centre is not sufficiently resourced and flexible, contact tracing of COVID-19 positive patients could be ineffective leading to a potential increase of community spread.	Additional contractor appointed August 2021 to ensure contact tracing delivery can be maintained against other NCC demands (COVID/flu vaccinations, vaccination status records, COVID testing helpline)	A contact tracing service which is and effective public health intervention during the COVID-19 pandemic, disrupting the spread of COVID-19 by up to 0.3 R	Test & Protect
Green	Green			Objective 2 2,000 border control calls carried out each week.	More than 2,000 border control calls carried out each week except for two week period the service was suspended by the Contact Tracing Executive Delivery Group	24,037 cases managed in Q3				Complete	
Green	Green			Objective 3 100% of NCTC managed index cases contacted within 24 hours of a positive result.	100% of NCTC managed index cases have received and SMS or phone call within 24 hours of the CMS receiving a positive result.	100% contacted digitally or via phone					
Amber	Amber			Objective 4 80% of all NCTC managed index cases created in the case management system should be closed with 72 hours.	78% of cases complete within 72 hours.	91% achievement over Q3 (noting that from 14/12/2021 this was not achieved due to Omicron wave)					

COVID-19 Vaccination Programme

We have successfully achieved the objectives outlined in RMP3, exceeding targets for priority audiences receiving their first and second vaccine doses (performance of 96.4% and 98.2% respectively against targets of 80%).

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Blue	COMPLETE	We will ensure the people of Scotland are vaccinated against COVID-19 quickly and safely and in line with priorities determined by the Joint Committee on Vaccination and Immunisation.		Objective 1 At least 80% of priority cohorts receive their first dose by May 2021.	Achieved. Percentage at end of May was 96.4%	Achieved. Percentage at end of May was 96.4%		There is a risk programme delivery is delayed if there is poor weather, systems/helpline failures or specialist expertise and support not being available.		Complete	
Blue	COMPLETE			Objective 2 At least 80% of priority cohorts receive their second dose by August 2021.	Achieved. Currently at 98.2% with second doses ongoing	Achieved. Currently at 98.2% with second doses ongoing		There is a risk programme delivery is delayed if there is poor weather, systems/helpline failures or specialist expertise and support not being available.		Complete	
Blue	COMPLETE			Objective 3 100% agreement of timelines for remaining cohorts.	Achieved in terms of setting the targets, rest of population target was everyone offered a first dose by mid-July which was achieved (current rest of population 1st dose percentage is 90.9%) and then maximise rest of population second doses by mid-September (on target)	Achieved in terms of setting the targets, rest of population target was everyone offered a first dose by mid-July which was achieved (current rest of population 1st dose percentage is 90.9%) and then maximise rest of population second doses by mid-September (on target)		There is a risk programme delivery is delayed if there is poor weather, systems/helpline failures or specialist expertise and support not being available.		Complete	

Digital Solutions

We have recently deployed digital Vaccination Certificates with the app and tranche two of the winter flu and COVID booster programme is in flight for September delivery.

September 21 Status	December 21 Status	Key Deliverable Description	Summary of activities etc	Milestones / Target	Progress against deliverables end September 21 (NB: for new deliverables, just indicate 'New')	Progress against deliverables end December 21 (NB: for new deliverables, just indicate 'New')	Lead delivery body	Key Risks	Controls/ Actions	Outcome(s)	List any major strategies/ programmes that the deliverable relates to
Green	TBC	We will continue to meet the ongoing digital needs of Scotland's response to the COVID-19 pandemic.		Objective 1 100% delivery of Test and Protect digital requests.	Digital Vaccination Certificates successfully deployed. App and Tranche 2 winter flu and booster in flight for Sept delivery.		NHS NSS	Objectives 1 and 2 There is a risk that increased demands and functionality requests cannot be met within existing funding and resource levels.		Digital Vaccination Certificate successfully deployed.	COVID programme
	TBC			Objective 2 100% deployment of vaccination programme digital solutions.							
	TBC			Objective 3 100% implementation of an 08:00-20:00, seven days a week technical support service.				Objective 3 There is a risk existing staff feel unable to accept new contractual arrangements.			

COVID-19 PPE and ICU Resilience Supply

We have successfully met our objective of decommissioning the NHS Louisa Jordan and returning it to the SEC by July 2021. We continue to make excellent progress against the other objectives described in RMP3.

September 21 Status	December 21 Status	Key Deliverable Description	Summary of activities etc	Milestones / Target	Progress against deliverables end September 21 (NB: for new deliverables, just indicate 'New')	Progress against deliverables end December 21 (NB: for new deliverables, just indicate 'New')	Lead delivery body	Key Risks	Controls/ Actions	Outcome(s)	List any major strategies/ programmes that the deliverable relates to
Blue	COMPLETE	We will support the COVID-19 response and the recovery of services in relation to estates, facilities and infrastructure.		Objective 1 NHS Louisa Jordan decommissioned as per agreed timescales	The decommissioning and reinstatement project is on track and has been completed and the building was handed back to SEC by the end of July	The decommissioning and reinstatement project is on track and has been completed and the building was handed back to SEC by the end of July	NHS NSS	Full risk register managed by NHS Louisa Jordan Decommissioning Board.		Objective is complete July 21.	
Green	Green			Objective 2 Establish a refreshed Scottish Government strategy for public sector pandemic consumables supply resilience across our H&SC sectors.	NSS is a key player across all main planning forums, we continue to work with Scottish Government and other sectors to progress this activity.	Target 75% Actual 75% in agreement with SG colleagues	NHS NSS	NSS as host for H&SC pandemic stockpile. Broader scope to source and purchase (previously DHSC). Liability for stock management, quality and availability for wider public sector	No changes	Target of 75% completion by end of Q3 achieved.	
Green	Green			Objective 3 To consolidate the infrastructure required to support Pandemic resilience stocks.	NSS is a key player across all main planning forums, we continue to work with SG and other sectors to progress this activity	NSS is a key player across all main planning forums, we continue to work with SG and other sectors to progress this activity	NHS NSS	Creating the built environment to hold stock security and with redundancy built in and to manage the stock shelf life expiry to minimise write-down of	No changes	Target of 25% completion by end of Q1 achieved	
Green	Red			Objective 4 To establish contractual arrangements for ongoing supply which delivers on security of supply, social value and ethical trading.	NHSS Procurement sustainability steering group in place to focus and align all of this activity in line with AOP targets.	This measure has been impacted by COVID-19 and the onset of the Omicron variant.	NHS NSS	Allocating resources to this task; ensuring supplier capacity and readiness; working with other Public Sector Centres of Excellence to create a consistent approach for Scotland.	No changes	Target of 75% by end of Q3 achieved. 50% achieved.	
Green	Red			Objective 5 To create the systems, capacity and knowledge to build forward demand estimates based on long term pandemic planning.	Project teams in place and progressing to plan our key activities including inventory management system and Warehouse Management System upgrade.	This measure has been impacted by COVID-19 and the Omicron variant.	NHS NSS	NSS requires involvement at the earliest stages in forward pandemic modelling to ensure early awareness of future demand and stock supply arrangements can be initiated.	No changes	Target of 100% by end of Q3 not achieved. 64% achieved.	
Green	Red			Objective 6 To develop sustainable product solutions with low environmental impact working closely with industry and Scottish Government and Scottish Enterprise	We are progressing activity in line with agreed targets agreed at the SG Procurement climate change forum and detailed in our plan	The measure has been impacted by COVID-19 and the Omicron Variant.	NHS NSS	The support from clinical and service stakeholders in adopting alternative product solutions requiring reprocessing and reuse.	No changes	Target of 75% by end of Q3 not achieved. 50% achieved.	

Critical Care Treatment Capacity (covered under 1.5)

We continue to lead on the supply of critical care lifesaving infrastructure, equipment and essential medical and pharmaceutical supplies[1] in line with the work described above.

Antimicrobial Resistance and Healthcare Associated Infection

We continue to meet our objective to provide COVID-19 related incident, outbreak, cluster and mortality data on an ongoing basis to Scottish Government. We are on track to achieve the other objectives outlined in RMP3.

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Green	Green	We will continue to deliver advice and expertise for the COVID-19 response and deliver agreed work plans for each of the 5 ARHAI priority programmes.		Objective 1 Provision of COVID-19 related incident, outbreak, cluster and mortality data. All COVID-19 reporting commitments: · Incidents & Clusters. · Incidents & Outbreaks Summary. · Clusters Summary & Hospital Onset.	The ARHAI team is providing this data on a regular basis and meeting SG requirements	All completed to plan.		There is a risk that there is a reliance on key individuals and a wider pool of staff is being developed. There is also a risk of over reliance on timely input of local health board information.	To establish a new suite of services designed to improve the quality of healthcare environment under NHSScotland Assure in conjunction with Health Facilities Scotland. No changes	TBC	
Green	Amber			Objective 2 95% of programme deliverables achieved on time and to budget, as agreed by the CNOD, for each of the five ARHAI priority programmes: · ICBED · CARHAI · NPGO · SONAAR · SSHAIP	ICU bacteraemia linkage due June 2021 but pushed back to July 2021 via exception process. Additional time required to identify relevant permissions for this linkage	For October to December 38 deliverables due. Of these: 25 completed, 12 not completed and altered due date via exception process, 1 not completed and not altered due date via exception. This measure will be achieved for end of March 22		Balancing competing priorities. The protection programmes have been in place and are planned but there are a number of requests that need to be balanced and considered to ensure a consistent service.		TBC.	

2. DELIVERING ESSENTIAL NHSSCOTLAND SERVICES

We will enable NHSScotland to deliver a series of new and transformed essential services during the pandemic and support NHSScotland remobilisation.

NHSScotland Assure

We successfully launched the NHSS Assure service on schedule on 1 June 2021. The service continues to develop as per agreed plans.

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Green	Green	In conjunction with Health Facilities and ARHAI Scotland we will establish a new suite of services designed to improve the quality of the healthcare environment under NHSScotland Assure, in June 2021.		Objective 3 Deliver the FY22 agreed work plan for NHSS Assure.	Service launched on schedule at 1 June. Work plan approved by management team. Includes delivery of services established at launch and further service design of services to be brought on stream by March 2022	Target 75% Actual 75% A revised work-plan was agreed at November Interim Management Group: this is subject to further review given Omicron impact on NHSB availability to participate and impact on our teams providing service.	NHS NSS	Risks and resilience considerations will be managed via the NHSS Assure Management Team and the recruitment of additional staff has been agreed and is funded. In addition, a phased launch of the serviced based on agreement with sponsors and stakeholders.	No changes	Target of 75% achieved by end of Q1 achieved.	

NHSScotland Facilities and Infrastructure

We successfully achieved our targets to ensure effective delivery of the Oxygen Service despite the impact of COVID-19 restrictions. We have also undertaken the strategic report of the NSS property portfolio and created a draft strategy which links with national estates rationalisation across the national boards.

September 21 Status	December 21 Status	Key Deliverable Description	Summary of activities etc	Milestones / Target	Progress against deliverables end September 21 (NB: for new deliverables, just indicate 'New')	Progress against deliverables end December 21 (NB: for new deliverables, just indicate 'New')	Lead delivery body	Key Risks	Controls/ Actions	Outcome(s)	List any major strategies/ programmes that the deliverable relates to
Green	Green	We will support the COVID-19 response and the recovery of services in relation to estates, facilities and infrastructure. We will ensure the continued delivery of domiciliary oxygen services, whilst also providing expert advice relating to the repurposing of existing estates to meet the needs of NHS Scotland's remobilisation		Objective 2 Ensure there is continued response for the Oxygen Service delivered against current contract 95% (includes New Patients and C19 resilience).	Targets met fully even in light of COVID -19 restrictions	Currently being delivered on time to target, daily checks are in place to meet new COVID issues with staffing.		Accountability for delivery sits with 3 rd party supplier Dolby Vivasol, appropriate resilience against risk is in place. Assurance, compliance and measurement to timelines and contractual agreement is picked up as there are risks around the supply of the equipment, Oxygen Product (Gas), delivery systems, manpower, vehicles, availability of business premises and functioning IT. All of these risks are well managed and contingencies exist in all areas.	Updated risks related to funding and staffing. See column to the left.	Exceeded target of 95% delivery at end of Q3 but achieving 100%	
Green	Green			Objective 3 Strategic review of the NSS Property portfolio linking with national estate rationalisation programme for National Boards. · Establish group.	On track, draft strategy to discuss future requirements and recognising learning from COVID-19 and bids from technology completed.	We are now fully embedded however there has not been a recent meeting of this programme. NSS Property strategy is incorporated within NHS National Boards Regional PAMS. - This part is on track and formal governance group has been established for other National board collaboration.		There is a risk that national Board engagement and appetite of boards may be impacted given COVID-19 pandemic response.		Target of 75% completion at the end of Q3 exceeded with 100% achieved.	
Green	Amber			· Review regional Property and Asset Management Strategy (PAMS).		Procurement underway to appoint property advisors to support the revision of our PAMS – the revision will focus on a PAMS split, SNBTS and Warehouse sites and then Office based accommodation. This is a complete re-write so the revision timeline will be between 6/9 months. (move from March 22 to December 22)					
Green	Green			· Create draft strategy to discuss future requirements and recognising learning from COVID-19 and bids from technology.		Strategy drafted - There has been no request for new submission at this stage and existing joint PAMS in place. There is a new governance structure around this which will start Jan 2022 with sustainability and infrastructure operational development group (SIDOG). PAMS will be an objective of this group					
Green	Green			· Create proposal.		A formal governance group has been established for other National board collaboration.					

National Procurement

We have largely implemented our remobilisation activity in this area, and have secured Q1 savings of £3.4m ahead of schedule (against a target of £1.4m).

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Green	Green	We will ensure that capacity is in place to allow effective remobilisation by delivering appropriate supply chain and procurement activities that support our front line services across health and social care; promote economic recovery and support local community outcomes.		Objective 1 Remobilise our commercial resources to deliver on the 21/22 work plan and maintain focus on supporting the H&SC recovery needs.	Remobilisation largely been implemented, NSS National Procurement work plan finalised, commercial team recruitment complete, Q1 secured savings ahead of target (£3.4m achieved vs £1.4m target); PPE cell and Test and Protect recruitment ongoing and challenging.	Rescheduled workplan being delivered alongside other priorities and achieving above target secured savings		There is a risk that COVID-19 situation deteriorates with resource identified to deliver these ambitions both internal National Procurement and across NHSS will not be available.	No changes	Target of 75% completion by end of Q3 achieved.	
	Green			Objective 2 To utilise our skills by growing our influence into more spend areas across health and social care, becoming more efficient in our BAU activity to release resource to meet this growth ambition.	Not on the September return	Our rescheduled workplan is being delivered alongside other priorities and achieving above target secured savings				100% achieved	
Green	Red			Objective 3 We will work closely with Scottish Government and Scottish Enterprise to help develop resilience in our supply chains.	We are progressing activity in line with agreed targets agreed at the Scottish Government Procurement climate change forum and detailed in our plan.	Target 75% Actual 50% Ongoing COVID-19 challenges, in particular challenges relating to Omicron have impacted this measure.		To maintain open, fair and equitable competitions for NHSS business needs.	No changes	Target of 75% completion not achieved by end of Q3. Actual completion is 50%.	
Green	Green			Objective 4 With full engagement of NHSS procurement and public health colleagues - launch community benefit marketplace for community organisations and NHSS suppliers to engage toward deliver of community led outcomes linked NHSS contracts.	Community benefit gateway in place to underpin strategic approach, our focus is now on detailed communication and training with procurement teams across NSS and wider NHSS ahead of full compliance by October.	Work instruction updated, monitoring to be implemented		There is a risk that COVID-19 situation deteriorates with resource identified to deliver these ambitions both internal NSS National Procurement and across NHSS will not be available	No changes	Target of 50% completion by end of Q3 exceeded. 75% of high value NP contracts have community benefits built into contract.	
Green	Green			Objective 5 At least 20 community benefits delivered in year across NHSS.	Currently have 5 identified through Community Benefit Gateway	Target 15 Actual 19 CB Gateway facilitating identification and deliver of most of these benefits			No changes.	Target of 15 community benefits registered by end of Q3 achieved and exceeded.	
	Green			All NSS National Procurement high value contracts to have community benefits built in contracts £1m.	Community benefit gateway in place to underpin strategic approach, our focus is now on detailed communication and training with procurement teams across NSS and wider NHSS ahead of full compliance by October. 100% of all NP contracts > £1M have community benefits built in to the contract terms.	Work instruction updated, monitoring to be implemented					

Cyber Security

Work is ongoing to establish the National Cyber Centre of Excellence and further protect NHSScotland against the threat of cyber-attacks but there is an amber risk that reduced funding will impact on resourcing and delivery of this objective.

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Amber	TBC	We will establish the National Cyber Centre of Excellence and further protect NHSScotland against the threat of cyber-attacks.		Objective 1 Establish the National Cyber Centre of Excellence.	Risk is now becoming an issue given reduced funding in year to build the CCoE. Resourcing cannot be on-boarded with the risk that future tooling funding will not be available.			There is a risk that there will not be sufficient funding for a National Health Security Operations Centre (SOC) as recommended by Scottish Government and a Gartner review. (Risk ID – 5523, Rating – 10).			Cyber Security

Data and Analytics

Following the successful launch of the NSS Seer platform last year, version 2 of Seer is currently under design with external 3rd party involvement.

September 21 Status	December 21 Status	Key Deliverable Description	Summary of activities etc	Milestones / Target	Progress against deliverables end September 21 (NB: for new deliverables, just indicate 'New')	Progress against deliverables end December 21 (NB: for new deliverables, just indicate 'New')	Lead delivery body	Key Risks	Controls/ Actions	Outcome(s)	List any major strategies/ programmes that the deliverable relates to
Green	TBC	We will build suitable and effective solutions and technology enabled processes to deliver data driven insights, leveraging areas of expertise in integration and business analytics.		Objective 1 100% delivery of data platforms within NSS Seer to enable screening services and primary care reform.	Seer v2 under design with external 3 rd party involvement.			There is a risk that resources are not deployed effectively if priorities are unclear or resource is reallocated to other activities.			Data
Green	TBC			Objective 2 100% implementation of additional technical products to improve predictive analytics service.	Seer v2 under design with external 3 rd party involvement.			There is a risk that resources are not deployed effectively if priorities are unclear or resource is reallocated to other activities.			Data

National Digital Infrastructure

We will increase our national public cloud hosting capability to underpin health and social care integration and deliver service improvements and cost efficiencies.

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Amber	TBC	We will increase our national public cloud hosting capability to underpin health and social care integration and deliver service improvements and cost efficiencies.		Objective 1 100% hosting of HEPMA & CHI/Child Health systems on the secure cloud platform.	CHI cloud hosting costs currently under review as they have increased from original plan.			There is a risk that the CHI/Child Health Programme cannot be delivered on time, to cost and to specification. (Risk ID – 6072; Rating – 10).			Delivery of a single Scottish Child Public Health & Wellbeing System (SCPHWS)
Green	TBC			Objective 2 100% approval of legacy system replacement roadmap.	Proof of concept underway with external 3rd party to assess a number of applications for migration to the NSS cloud from incumbent hosting provided. Roadmap under development to create a plan to mitigate tech refresh costs.			To be identified as part of the roadmap development.			

Primary and Community Care Reform

We are progressing activities to deliver digital solutions to replace paper based systems. All activities are underway and on track complete within the required timescale.

September 21 Status	December 21 Status	Key Deliverable Description	Summary of activities etc	Milestones / Target	Progress against deliverables end September 21 (NB: for new deliverables, just indicate 'New')	Progress against deliverables end December 21 (NB: for new deliverables, just indicate 'New')	Lead delivery body	Key Risks	Controls/ Actions	Outcome(s)	List any major strategies/ programmes that the deliverable relates to
Green	Green	We will deliver digital solutions to replace paper based systems, with the aim of improving efficiency and ease of access to general practice registration, explore how we can use predictive analytics to target interventions that encourage an increase in the uptake of screening services and deliver the associated digital and support structures required for the delivery of the NHS Education for Scotland Glaucoma Accreditation Training (NEGSAT) programme	Scottish Government Primary Care Directorate funding secured	Objective 1 60,000 paper records destined for 'paper-light' practices to be intercepted and scanned.	Activities to deliver scanning of patients' paper records is well under way and will continue to progress over the remainder of this financial year.	To date, PSD have scanned 46,389 records and we are on target to achieve 60,000 records scanned by the end of the financial year.	NHS NSS	There is a risk we are unable to deliver to time and budget if delivery partners and key stakeholders do not have capacity to fully engage with the programme.		77% of 60,000 records scanned	Primary and Community Care Reform A changing nation: how Scotland will thrive in a digital world
Green	Green	This programme will explore how predictive data models can be used to facilitate engagement and support interventions that will increase uptake of screening services by those least likely to participate in screening; enabling citizens to live healthier lives in their community, regardless of where they live.	Undertake proof of concept with West Lothian and North Lanarkshire HSCPS to test data analytics to achieve intelligence-led, pre-emptive interventions that support an increased uptake of screening programmes amongst the most deprived population cohorts. Scottish Government Primary Care Directorate has advised the funding for the HSCP Screening Inequalities Project, sits within the Screening Digital Modernisation Programme	Objective 2 A proof of concept with West Lothian and North Lanarkshire HSCPS is being designed.	Service design workshops have been undertaken and the requirements around the proof of concept have been captured this information is now being utilised for the proof of concepts.	Service design workshops have been undertaken and the requirements around the proof of concept have been captured this information is now being utilised for the proof of concepts.	NHS NSS	There is a risk that there is insufficient business analytics resource due to priority pressure from ongoing COVID-19 development requirements. There is also a risk that West Lothian H&SCP has insufficient internal capability to support the initiative due to COVID-19 commitments.	Chief Officers within West Lothian and North Lanarkshire are fully engaged with this process.	On track.	Primary and Community Care Reform A changing nation: how Scotland will thrive in a digital world Realistic Medicine
Closed	Closed	In order to free multi-disciplinary team time and space and improve appropriate access to patient data, a successful trial of scanning medical records was undertaken and a proof of concept on the use of RPA for out-of-hours patient documentation was completed. Of the teams involved in the digital scanning work, 94% reported significant benefit through a reduction in administrative workload and the freeing up of essential space to create more clinical capacity.		Objective 3 100% of NHS Ayrshire & Arran utilising the RPA out-of-hours concept.	NHS Ayrshire and Arran have opted for a different technical solution to this problem so this action has been closed.	This action has been closed.				CLOSED	
Green	Green	Also during 2020, a person-centred approach was taken to digitise the GP registration process for Scottish citizens. This was the first step to a more integrated digital transformation of the registration process. The programme will develop the next step by integrating the front end registration process through NHS Inform, with GP practice management systems.		Objective 4 100% mapping of digital systems and dependencies that underpin the existing patient registration process. Agree an outline business case for the implementation of an integrated online patient registration process.	Activities to explore and document existing architecture and national digital landscape to understand dependencies, i.e. GP IT, CHI, NPCCD, have commenced.	Initial wireframe activities have commenced to map out the existing landscape. The programme is a little behind schedule due to challenges securing business analytics.	NHS NSS	There is a risk that there is insufficient digital architecture resource due to priority pressure from ongoing COVID-19 development requirements. There is a risk that National IT programmes and re-provisioning timelines slip delaying the delivery of an integrated registration solution	Business analytics support now secured and work progressing. Level two analysis will be completed on time. Level one analysis will be progressed as far as possible in the financial year.	Slightly behind anticipated schedule. Position is redeemable providing we can retain the business analytics resource, therefore remains green for	Primary and Community Care Reform A changing nation: how Scotland will thrive in a digital world

Digital Prescribing and Dispensing

We have completed phase one of the programme to the satisfaction of Scottish Government sponsors and funding has now been agreed to move on to phase two considerations. Work on phase two is now underway on technical development, market sounding and evaluation.

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Green	TBC	We will partner with NHS Education for Scotland Digital Services to deliver a prototype for paperless prescribing and dispensing in Scotland by July 2021.		Objective 1 95% of projects are on track to deliver to time and budget.	Digital Prescribing and Dispensing programme phase one complete. Programme sponsors were satisfied with phase one therefore funding was agreed to move on to the next phase. Now working on scope and planning for next phase - detailed architectural design and decisions (e.g. ePMS) - further service and process design (e.g. for paramedics) - preparation for procurement (PIN) - estimating resources			There is a risk we are unable to deliver to time and budget if delivery partners and key stakeholders do not have capacity to fully engage with the programme and plans do not align with local IT arrangements.			Primary Care and Community Reform

National Health and Care Innovations

We have received approval for funding to build the minimum viable product of the Navigator system and are progressing well against our objective to deliver a National Service Adoption Readiness Framework, with Key Subject Matter Experts engaged (across the Innovation Ecosystem).

September 21 Status	December 21 Status	Key Deliverable Description	Summary of activities etc	Milestones / Target	Progress against deliverables end September 21 (NB: for new deliverables, just indicate 'New')	Progress against deliverables end December 21 (NB: for new deliverables, just indicate 'New')	Lead delivery body	Key Risks	Controls/ Actions	Outcome(s)	List any major strategies/ programmes that the deliverable relates to
Green	Green	We will establish a framework that enables positively evaluated innovations to be successfully and rapidly scaled up and portal of resources to improve oversight on all health and care innovations in Scotland. These will assist in improving the pace of delivery and adoption of health and care innovations across Scotland.	Work plans and funding requirements developed. Projects and working groups being established.	Objective 1 Deliver the national service adoption readiness framework by March 2022 Deliver innovation playbook by March 2022 Deliver innovation navigator portal by March 2022	Key subject matter experts engaged (across the Innovation Ecosystem) to develop initial content for the toolkit. Plans in place to develop process, workflow and resource requirements for assessment delivery. Funding approval received to build initial Navigator MVP with associated guidance – main focus of delivery will be to support industry access for Health and wider Public Sector innovation.	Key subject matter experts engaged conclude initial content for the toolkit. Plans in place to road test assessment delivery on a potential ANIA project in Q4. Development has commenced on playbook & portal working with representatives from SG and all parts of the public sector.	NSS	There is a risk that this innovation activity duplicates the work of the UK Accelerated Access Collaborative and does not bring about the anticipated value. This risk will be mitigated through an understanding of the relationship between the initiatives and close working with the relevant groups to develop systems which complement each other. (R003 – Amber 3x3)	Project Governance with joint sponsorship from Health & Economy established to ensure that the delivery of minimum viable product is balanced and fit for purpose.		Research, Development and Innovation Strategy

Endoscopy Recovery Service

SCOTCAP and Cytosponge services are now implemented in the majority of mainland Health Boards and adoption work continues to implement in the remainder before March 2022. The first documented objective has now been removed from the NSS RMP as the service performance is already captured in Health Board RMPs and the CfSD Work Plan progress report to Scottish Government – as such, the NSS entry was a duplication of reporting. Work under our second objective, to develop business cases for the sustainability of the SCOTCAP and Cytosponge services, is 50% complete as the SCOTCAP Business Case is complete. The Cytosponge Business Case has been delayed into the New Year due to the late delivery of a costing report from academia colleagues.

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Amber	N/A	We will deliver a managed service to facilitate the wider adoption of SCOTCAP and Cytosponge across NHS Scotland.	Delivery Groups established for both services supported by CfSD, NSS and SG Performance teams to monitor and optimise adoption activity and demand levels.	Objective 1 Deliver a managed service for SCOTCAP with a minimum run rate of 80 procedures per week. Deliver a managed service for Cytosponge with a minimum run rate of 110 procedures per week.	Various efforts continue with CfSD to build demand to anticipated levels including publication of peer reviewed evaluation of CCE and development of front end IT platform for Cytosponge which will enable increased throughput of patients by removing a manual paperwork bottleneck.	Both SCOTCAP and Cytosponge services are now implemented in the majority of mainland Health Boards. Since this measure was created CfSD have assumed accountability for the establishment of the services.	CfSD & NSS	There is a risk the project falls short of the expected implementation levels due to change resistance at health boards (6237 – Rating 16). There is a risk the project falls short of the expected implementation levels due to change resistance at health boards (6239 – Rating 9).	Delivery Groups meeting weekly and Project Boards meeting every 4-6 weeks.	OBJECTIVE REMOVED	Endoscopy Recovery Plan
Green	Green		Working groups established to oversee Business Case development and delivery.	Objective 2 Deliver business cases for the ongoing and sustainable delivery of SCOTCAP and Cytosponge services by Oct 2021 Deliver a managed service for Cytosponge	Draft Business Cases are developing; Templates agreed; Governance routes for approval understood	Both SCOTCAP and Cytosponge services are now implemented in the majority of mainland Health Boards. Since this measure was created CfSD have assumed accountability for the establishment of the services. Various efforts continue with CfSD to build demand to anticipated levels including publication of peer reviewed evaluation of CCE and development of front end IT platform for Cytosponge which will enable increased throughput of patients by removing a manual paperwork bottleneck. THIS OBJECTIVE HAS BEEN REMOVED AS IT IS ALREADY REPORTED IN HEALTH BOARD RMPs AND IN THE CfSD WORKPLAN PROGRESS REPORT TO SCOTTISH GOVT CfSD & NSS SCOTCAP Business Case complete and submitted for approval. Completion of Cytosponge Business Case delayed by CfSD/ Scot Gov due to late delivery of academic costing report. CfSD & NSS	CfSD & NSS	No significant risk to delivery for October 2021 No significant risk to delivery of Cytosponge Business Case in line with expectations – could be further impacted by Omicron Response efforts.	None required.	On track	

National Cancer Resource

We have successfully recruited all the key staff to support increasing capacity, with the Programme Director, Clinical lead, Programme manager, Project Manager and Programme Support Officer now all in post. The Network is also now live, and the first meeting took place in August 2021 as planned.

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Blue	COMPLETE	We will establish new national capacity to work with partners across Scotland to improve the clinical management of and patient pathways for cancer in Scotland.	Establishment of SCN capacity within NSS (key staff) and governance.	Staff recruitment	All key staff recruited – Programme Director, Clinical lead, Programme manager, Project manager and PSO all in post.	All key staff recruited – Programme Director, Clinical lead, Programme manager, Project manager and PSO all in post.	NHS NSS	Risks will be identified as part of the programme development	SCN Programme Board will meet regularly to oversee SCN activity. (First meeting 23 August) SCN also represented at monthly Scottish Cancer Recovery Network meetings.	Complete	Recovery and redesign: cancer services action plan (Scottish Government, December 2020)
Green	COMPLETE		Development of project documentation and delivery in line with plans	Arm 1 – Clinical Management Guidelines (CMG) Deliver 100% of project assets that approved by the programme board (project plan, TOR, PID, Governance framework) within agreed timeframes.	Programme plan agreed with Government by end July as planned. Other documentation in place or being developed.	Programme plan agreed with Government by end July as planned. Other documentation in place or being developed.				Complete	
Green	COMPLETE		Development of project documentation and delivery in line with plans	Arm 2 – Small Volume Cancers (SVC) Deliver 100% of project assets that are approved by the programme board (project plan, TOR, PID, Governance framework) within agreed timeframes	Programme plan agreed with Government by end July as planned. Other documentation in place or being developed	Programme plan agreed with Government by end July as planned. Other documentation in place or being developed				Complete	

Blue	COMPLETE			Launch 100% of National Cancer Resource operationally live	Network operationally live and first Programme Board meeting on 24 August.	Network operationally live and first Programme Board meeting on 24 August.	NHS NSS			Complete	
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Corporate Shared Services

We continue to deliver services to Public Health Scotland but work to develop services for Social Security Scotland has been suspended due to an inability to reach agreement on Agenda for Change terms and conditions. There is also a risk that we will not deliver on the management of the east of Scotland health boards' payroll in this financial year. A report is due to be presented to health board Directors of Finance at the end of September to address concerns. Our Key Deliverable Description has been updated to reflect the changes.

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Green	Green	We will improve on Public Health Scotland's experience of using corporate shared services.* *please note the updated wording to reflect the changed position. Original wording "We will extend corporate shared services provision beyond Public Health Scotland."	Quarterly SLA Performance Reports Annual SLA Review Service Improvement Plans Customer Satisfaction Scores	Objective 1 Improve PHS customer engagement scores by at least 1% on FY21.	Annual review complete and report with NSS and PHS Boards in September. Group to take forward recommendations. SLA refinement underway	The recommendations from review are all moving forward. PHS commissioning independent consultant to undertake a piece of work to determine value for money. Brief was sent to Directors before Christmas and is going out via Procurement next week. EMT will be kept updated as to the timescales and approach they will take to ensure we have time scheduled to take part. Shared Services team working with the five Corporate Services to plan customer satisfaction surveys and service improvement plans. SLA revision due to begin in January and link in with the Value for Money review and the work being done with CapGemini, DaS and PHS on their Digital Strategy.	NSS	There is a risk that Corporate Shared Services do not meet expectations of Public Health Scotland (6199 – Rating 9).	Conduct a review of the PHS/NSS SLA and have changes in place, agreed and signed by end of the financial year Seek clarification on roles and responsibilities for specific roles in NSS and PHS to improve ways of working Collate customer engagement index scores to provide Shared Services baselines. Use data to create a customer engagement plan with all services		Once for Scotland
CLOSED	CLOSED			Objective 2 Commence delivery of payroll and HR shared services to Social Security Scotland.				There is a risk that the service model option Social Security Scotland choose to proceed with will create delivery issues for NSS		CLOSED No agreement for AFC. Scope changed to the point where is wasn't beneficial.	Once for Scotland
Red	Amber			Objective 3 Agree new implementation roadmap with the South East Payroll Consortium. Launch service.	Report for region's DoFs answering concerns due to be delivered by end of September. Agreement on TUPE timeline anticipated after that.	NHS Fife governance sign off is expected in January with TUPE process beginning in April. Shared Services team working with Finance to develop SLAs, Terms of Reference for governance groups and Partnership Charters (incorporating learning from PHS)	NSS	There is a risk that NSS will not be able to deliver a shared payroll service in this financial year	Deliver report to DoFs Hand over to FV and Fife governance sign off within respective committees		Once for Scotland

Plasma for Fractionation

As planned we have been exploring the capacity and capability required to procure UK sourced plasma for fractionation. We are working on the business case to move towards self-sufficiency in critical plasma derived medicinal products for Scotland, and this is on track for delivery as scheduled.

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Green	Blue COMPLETE	We will explore the capacity and capability required to procure UK sourced plasma for fractionation and develop the business case to move towards self-sufficiency in critical plasma derived medicinal products (PDMPs) for Scotland.	Assess the strategic and operational implications and opportunities that the ability to use UK source plasma offers in supporting manufacture of PDMPs for patients in Scotland.	Develop a business case for the establishment of a plasma for fractionation collection programme	Business case development underway and progressing well and on target for delivery	Complete Business Case submitted - awaiting feedback and funding clarification	SNBTS	Not applicable at this stage.		Approval and funding to proceed with plasma collection and storage requirements for UK sourced PDMP	Contributes to SNBTS strategy

National Screening Directorate (New)

NSD as the commissioners of 64 Specialist Services across 7 Health Boards will meet and report remobilisation activity, performance to Directors of Finance and Board Chief Executives quarterly and this will include any financial underspend which will be reported to Board Chief Executives. Remobilisation of the NSD commissioned Screening Programmes will report to National Screening Programme Boards interval changes and/or capacity restrictions (Scottish Screening Committee remobilisation plan Stage 3a) on a quarterly basis. Delivery and completion of the remaining two Trauma centres Scotland due to open in September 2021 has now been completed.

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	Green			Objective 1 NSD Specialist service will report service activity and associated finance implications to Directors of Finance and Board Chief Executives providing them with an impact assessment report on a Quarterly basis.	N/A	Latest report went to BCE in December and DoFs in November. Further updates to the dashboard will be put in place to allow health boards to start to interrogate own data by March 2022. Transplant data was demonstrated to BCE & DoF but pre COVID figures to be input to allow modelling going forward.		Acute care capacity compromised in line with C19 surge. If there is a disruption due to a further Lockdown or C19 surge. Associated complexities of financial planning if activity is reduced as this money will need to be returned to SG. Resilience supported via Commissioned Board remobilisation plans.		100% achieved by end of Q3 against a target of 75%	
	Green			Objective 2 NSD will engage with the nationally commissioned screening laboratories (2 cervical screening labs, 1 bowel screening lab, 3 pregnancy screening labs and 1 new-born screening lab) to monitor activity and turnaround times to ensure they meet specified levels in SLAs by March 2022.	N/A	This is being monitored and Bowel screening is working to capacity and achieving turnaround times. Cervical is being monitored in both labs and turnaround times are improving. This may be affected by staff COVID cases.		Temporary staffing shortages may be caused by COVID-19 related absence.		80% achieved against a target of 75%	NHS Scotland Screening Programmes
	Green			Objective 3 All Breast Screening Centres to have action plans and be on a positive trajectory to reduce round length back to 36 months. Targeted action plan working with East of Scotland Breast Screening Centre (NHS Tayside) to bring back into line with other centres by March 2022.	N/A	All centres have plans in place which are being regularly reviewed. Progress is being currently hampered by rise in COVID cases and some clinics and sessions not being able to be run.		East of Scotland breast screening centre is already a significant outlier in terms of screening round length and there is a risk that a lack of available radiology and radiography staff will prevent the 36 month round length being achieved in the EoS within an acceptable time period, leading to an inequity of service provision for the screening population in that geographical area.		80% achieved against a target of 75%	NHS Scotland Screening Programmes
	Blue COMPLETE			Objective 4 West & South East of Scotland Trauma Centres to open end of Quarter 2.	N/A	This objective is complete.		Should there be a further lock down and a resurgence in COVID-19 acute admissions. This would mean the programme would be delayed due to the dependency on trauma units being available to triage COVID-19 patients rather than trauma patients.		100% achieved COMPLETE	

[1] Full details are included within the COVID-19 PPE and ICU Resilience Supply section in Appendix A of NSS's RMP3 document.

[2] Full details are included within the COVID-19 PPE and ICU Resilience Supply section in Appendix A of NSS's RMP3 document.

Meeting	NSS Board
Meeting date	
Title	Risk and Issues Report as at 31 December 2021
Paper Number	
Responsible Executive/Non-Executive	Lee Neary, Director SPST
Report Author	Angela Wilson-Coutts Head of Planning and Performance

1. Purpose

The paper is presented to the NSS Board for scrutiny and agreement.

2. Recommendation

We ask the Board to consider the contents of this report, the management of the risks contained therein and to highlight any areas of concern.

Recommendations and/or amendments put forward by the Board as a result of this review will be taken forward and actioned to enhance assurance.

Additionally, we ask the Board to consider and confirm the following decision in relation to strategic risks.

- Does the board wish to continue their oversight of the existing strategic risks?

3. Discussion

This report considers the overall corporate NSS risk profile and pays particular attention to all corporate red risks, strategic risks, issues and the risk management approach.

NSS risk position at the end of Quarter 3

NSS had 56 corporate risks and no issues. This is an increase of two risks in the period. The risk profile for NSS as at 31 December is shown in the table and heat map below:

Position as at 31/12/2021	RED	AMBER	GREEN	TOTAL
Open risks	5	33	18	56
New risks in Q3	1	0	1	2
Risks escalated to corporate NSS during the period	0	0	0	0
Open Issues	0	0	0	0

		Score	Likelihood					Total
			Rare	Unlikely	Possible	Likely	Almost Certain	
			1	2	3	4	5	
Impact	Catastrophic	5	1	7	2	3		13
	Major	4		4	8			12
	Moderate	3	1	5	16	2		24
	Minor	2		3	2			5
	Negligible	1		1	1			2
Total			2	20	29	5	0	56

Red Risks

Red risks increased by one in the period to five.

Two risks which were red at the end of Q3 have now either closed or mitigated.

- 6608 – COVID impact of Christmas parties closed.
- 6530 - Gartnaval Hard Services Supplier reduced to Amber with a RAG of 9.

6608 – COVID impact of Christmas parties (closed)

This risk has a RAG status of 16, primary category of clinical and a potential financial impact of £100k - £250k.

A risk was identified within SNBTS that service provision may be impacted by sickness absence as a result of COVID-19 transmission linked to staff socialising over the festive period.

This risk was closed following the festive period and mitigation of the risk.

6530 – Gartnaval Hard Services Supplier (now reduced to amber)

This risk had an initial RAG status of 16 due to concerns that the maintenance for the site at Gartnaval, which is managed by SLA between NSS and Greater Glasgow and Clyde, was not compliant with statutory regulations or commercial agreement.

NHS Greater Glasgow and Clyde have since provided evidence showing that statutory and commercial interests have been met. NSS is however still awaiting confirmation that all building services are being appropriately maintained.

As of 5 January 2022, this risk was mitigated to amber with a RAG status of nine.

6072 – Overarching risk for CHI/Child Health

This risk has a RAG status of 15 and a potential financial impact of between £100k and £250k.

Issues noted in the last update relating to the quality of deliverables from supplier Servalec are being addressed through continued close working between the Programme Team and Servalec. The Servalec Plan shows May 2023 for delivery. Discussions are progressing to identify cost impact, and we are waiting on details from the supplier on resourcing.

Delays to the delivery of CHS impacts on CHI/GPRS timescales to fully deliver all the benefits. This is due to the need to continue to maintain the old CHI and CHS until full transition takes place. Delays due to late delivery of CHS could mean that additional costs need to be paid to the CHI provider. Work is progressing with Atos to take forward the “decoupling” of CHI/CHS in order to mitigate future “financial penalties” from the new CHI supplier, in the event that the Servalec CHS activities are delayed.

Updated position (February): Extensive re-planning with Servalec places the go-live for this project in May 2023 rather than the anticipated July 2022 however it is believed completion without drawdown from contingency could lead to a programme closeout date of 23 August.

A meeting is scheduled with ATOS to consider alternative arrangements for Child Health. Upcoming challenges include the departure of three key individuals leaving their roles by March 2022.

6249 P&CFS Bespoke System

This risk is unchanged since the last reporting period with a risk score of 16.

There is no option for an extension of support with Oracle beyond March 2022, options for a Windows extension are still being investigated.

A high level assessment of changes required to make the National System compliant with Windows 2019 and to make P&CFS compliant with Oracle 19 is now complete. We are still awaiting a detailed statement of works being shared with the business.

The ATOS proposal following assessment of P&CFS systems on Oracle 12C and Microsoft.net has been issued and shared with P&CFS Director. Engagement between NSS and SG is underway to confirm funding.

It is evident that the required work required to complete the proposed tech refresh is of significant magnitude in time and effort. It will not be possible to complete it by 31 March 2022 for Oracle systems and September 2022 for Windows systems. NSS will work with Atos to agree a priority order for works to be carried out this will be discussed at an Apps Compliance Board meeting due to be held week commencing 10 January.

Updated position (February): The Apps Compliance Board meets monthly and an agenda has been set to support work identified as necessary to deliver the tech refresh. The current focus is on the prioritisation of business systems for that refresh.

ATOS continue work to complete technical assessments of systems requiring upgrade, the outcome of this work is expected in mid-February.

Following a review of this risk after the meeting with ATOS and the revised action plan for the tech refresh, the residual risk score for this risk has reduced to 12 due to a reduction in the likelihood score from four to three. This is unlikely to reduce further given the nature of the risk. Work to complete the tech refresh is likely to take the majority of the calendar year (2022) to

complete, the proximity date of the risk has been updated to 31 March 2023 to reflect the work that needs to be carried out by the end of FY23.

6282 Devices with Win10 v1709 Builds

Updated position (February):

As of 22 February there are 117 windows 10 devices on Windows 10 version 1709. All version 1803 devices have been updated. One device remains on version 1809. There are 27 devices on version 1903. 4,940 devices are on version 1909 or above. This represents 97% of the estate. We have now started the upgrade of Windows 10 version 1909 to version 20H2. Support for windows 10 version 1909 will end on 10 May 2022. Since the start of January we upgraded 532 devices during the Testing and Pilot phase. The main upgrade phase for the remaining devices is now underway.

Following an action from the previous EMT, devices that still require an update have been identified and shared with SBU Directors. The following message will be sent to people who have unsupported devices: 'You have been identified as the owner of a device which is running an out-of-date operating system which is in breach of the NSS security policy. This represents a security risk to NSS and therefore we require you to provide business justification, approved by your SBU Director for your device to be granted an exception to remain in use. If we do not receive a response within 14 days of this email your device will be disabled, and you will require to contact the DaS customer support desk for assistance'. DaS will engage with individuals concerns and weekly updates will be provided.

Further details are available in [Appendix A](#).

Watch List

6121 – Unstructured and Unclassified Data

This risk has a RAG status of 12 which is unchanged since the last reporting period.

DaS continues to provide a monthly report of all data held on servers and a reduction has been noted in National Procurement, HR, Finance, P&CFS and DaS. This work is supported by Records Management Leads who are working with teams within their SBUs to provide advice on data cleansing. The proximity date of this risk is 31 March 2022.

Issues

There are no live issues.

Strategic Risks

Strategic risks have been defined by NSS as those that if crystallised would impact the long-term vision and success of NSS. These risks are owned by the Board and as new risks emerge the Board Members have the opportunity to discuss these risks at the Committee meetings within their area of responsibility and decide whether they should be flagged as strategic for their ongoing consideration.

New strategic risks were identified and reviewed at the September EMT. These were presented to the Board for consideration later the same month and were approved.

The following strategic risks are currently live in NSS:

- 5671 nDCVP Programme (Amber - RAG 9)
- 5636 PGMS Service Delivery (Amber - RAG 9)
- 5523 National Security Operations Centre (Green - RAG 5)
- 5114 Infected Blood Inquiry NSS (Green - RAG 8)
- 6528 Skills Gap (Amber - RAG 12)
- 6205 Financial Sustainability in the medium – long term (Amber - RAG 12)
- 5881 Coronavirus (Amber - RAG 12)

Added since end of Q3 (therefore not included in above figures)

- 6679 Properties and Estate PCF (Amber – RAG 12)
- 6680 Level of scrutiny and litigation (Red – RAG 15)

Risk 6680 Level of scrutiny and litigation was raised after the reporting period. It relates to the fact that the level of scrutiny on NSS SBUs may be such that it impacts NSS's ability to deliver on strategic objectives due to the increase in workload. Compliance with the inquiries is a legal requirement.

A number of actions are in place to mitigate this risk including:

- a review of resilience plans to account for inquiry needs
- the exploration of additional funding from SG to help with additional resource requirements
- the establishment of a corporate resource to manage and support the inquiry
- the preparation of a decision making timeline and an increase in SBU operational capacity

4. Impact Analysis

4.1 Quality/ Patient Care

Clinical risks are considered by the Clinical Governance Committee so are not considered in detail in this report.

One risk considered in this report had clinical as a primary category but this risk has since been closed – Risk 6608 COVID impact of Christmas parties.

4.2 Equality and Diversity, including health inequalities

All projects and services associated with the risks covered by this paper are required to carry out an equality impact assessment.

4.3 Data protection and information governance

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

5. Risk Assessment/Management

Risks are managed in line with the Integrated Risk Management Approach (IRMA). SBU Directors engage with Risk Owners and Risk Champions monthly to review risk ratings and action plans and to ensure risks are being managed effectively.

Corporate risks and issues are reviewed monthly by the EMT with additional information being provided as requested.

Corporate red and new amber risks are considered quarterly as follows:

- Business risks – Finance, Procurement and Performance Committee
- Staff risks – Staff Governance Committee
- Clinical Risks – Clinical Governance Committee
- Reputational Risks and Information Governance Risks – Audit and Risk Committee

6. Financial Implications

None of the Red risks have financial implications greater than £1,000k.

Watch list Risk 6121 unstructured and unclassified data has a financial impact of greater than £1,000k.

Details of the actions to address this risk are contained within the appendices.

7. Workforce Implications

Staff risks are considered by the Staff Governance Committee. None of the red risks considered within this report identify staff as the secondary risk category. Three strategic risks identify Staff as the secondary category:

- 5881 Coronavirus
- 6528 Skills Gaps
- 5636 OGMS Service Delivery

8. Route to Meeting

Risks have been reviewed at the following meetings.

- Finance Procurement and Performance Committee – 2 February 2022
- Staff Governance Committee – 3 February 2022
- Clinical Governance Committee – 16 February 2022
- Executive Management Team – 21 February 2022
- Audit and Risk Committee – 28 February 2022

9. List of Appendices and/or Background Papers

- Appendix A [Summary of the Red corporate risks](#)
- Appendix B [Summary of Strategic Risks](#)

Appendix A Summary of the Red corporate risks

NSS Corporate Risks - Red 05/01/2022

Total Risks: 5

6608

COVID impact of Christmas parties

Last Update 20/12/2021

Date Raised	SBU	Risk Description	Impact Description	Owner	Impact	Likelihood	Combined Score	Residual RAG	Mitigation Strategy	Primary Category	Secondary Category
10/12/2021	SNBTS	There is a risk that SNBTS teams socialising during Christmas period may increase likelihood of transmission of Covid-19 between staff members resulting on impact to service provision.	Clinical: In the event of a group of SNBTS staff within one or more teams contracting Covid-19 and subsequent sick leave this may have a severe impact on the delivery of services to patients. This scenario applies to Patient and Donor Services. Business: There is a risk that should a group of SNBTS staff providing a specialist service contract Covid-19 and there is overlap of sick leave within that team that the service cannot be sustained. Staff: An increase in Covid-19 related staff absence increases pressure on remaining staff to cover the gaps and the increased workload. This may have a detrimental effect on staff well being. Reputation: Managers are aware of the potential for an increase in Covid-19 related absence due to social events. However, these events do not take place in work time and are within Scottish Government current guidance. There could be a negative impact on SNBTS reputation if service delivery is impacted.	craig spalding	4	4	16	9	Prevention	Clinical	Business

Date Raised	SBU	Risk Description	Impact Description	Owner	Impact	Likelihood	Combined Score	Residual RAG	Mitigation Strategy	Primary Category	Secondary Category
10/12/2021	SNBTS	There is a risk that SNBTS teams socialising during Christmas period may increase likelihood of transmission of Covid-19 between staff members resulting on impact to service provision.	<p>Clinical: In the event of a group of SNBTS staff within one or more teams contracting Covid-19 and subsequent sick leave this may have a severe impact on the delivery of services to patients. This scenario applies to Patient and Donor Services. Business: There is a risk that should a group of SNBTS staff providing a specialist service contract Covid-19 and there is overlap of sick leave within that team that the service cannot be sustained. Staff: An increase in Covid-19 related staff absence increases pressure on remaining staff to cover the gaps and the increased workload. This may have a detrimental effect on staff well being. Reputation: Managers are aware of the potential for an increase in Covid-19 related absence due to social events. However, these events do not take place in work time and are within Scottish Government current guidance. There could be a negative impact on SNBTS reputation if service delivery is impacted.</p>	craig spalding	4	4	16	9	Prevention	Clinical	Projects

6530 Gartnavel Hard Services Supplier Last Update 03/12/2021

Date Raised	SBU	Risk Description	Impact Description	Owner	Impact	Likelihood	Combined Score	Residual RAG	Mitigation Strategy	Primary Category	Secondary Category
17/09/2021	PCF	There is a risk after further discussions that GG&C Estates Department are not able to provide key planned preventative and reactive maintenance in line with current SLA.	Business: Failure to deliver services in line with commercial agreement and failure to confirm statutory PPM leaves NSS potentially with a non compliant building.. Staff: Failure to complete statutory maintenance could leave the building unsafe and not fit for purpose	barrie richardson	4	4	16	6	Prevention	Business	Staff

6282 Devices with Win10 v1709 Builds Last Update 24/11/2021

Date Raised	SBU	Risk Description	Impact Description	Owner	Impact	Likelihood	Combined Score	Residual RAG	Mitigation Strategy	Primary Category	Secondary Category
10/02/2021	DaS	Devices with Win10 v1709 Builds are no longer receiving Microsoft Security Updates which increases our exposure to Cyber Attacks until upgrade to latest version is completed	Impact Description: Since 11th November Microsoft no longer support the v1709 Release with no further Security Updates made available, these Devices now no longer comply with Scottish Government security compliance regulations and are more vulnerable to Cyber attack so in the event of a Cyber Attack the business would suffer costs in relation to downtime and recovery and our reputation would be damaged.	steven flockhart	5	3	15	5	Reduction	Business	Reputational

Date Raised	SBU	Risk Description	Impact Description	Owner	Impact	Likelihood	Combined Score	Residual RAG	Mitigation Strategy	Primary Category	Secondary Category
13/01/2021	PCFS	The NSS Contract Management Team have informed P&CFS that Oracle will be removing support for their Oracle 12C system from April 2022 and Microsoft are removing their support by September 2022, as a result of this there is a risk that business critical applications used by P&CFS (e.g. Midas, Optix, PMSPS, Medex, EDI, Pharmacy Adjustments system and up to 40 other applications) will be unsupported from this date unless they are moved onto supported platforms e.g. Oracle 19C and Windows 10. There is a business risk that if core systems are not supported they will be less resilient and will also carry security and IG vulnerabilities, therefore a solution will need to be identified to move these systems to more compliant versions of Oracle and Windows. There is a risk that neither NSS nor the Scottish Government will have funding to deliver the required re-engineering work in the required timeframe.	Business - Systems become less reliable, take longer to fix, or cannot be fixed, leading to inability to deliver operational payment cycles. (PCFS pay £2.7B to primary care contractors annually). There is a risk that any one of these applications running on out of date components or infrastructure could fail with no warning, disabling the ability to make monthly payments. Finance - additional resources required to upgrade systems - at this time approximately £2M is estimated. Reputational - significant damage to reputation with stakeholders and move to estimated payments that would be hard to recover from and may over or underpay contractors. IG impact potentially - system security vulnerabilities might expose data. Clinical impact considered but not appropriate at this time. No direct patient impact.	kennedy nelson	4	4	16	8	Reduction	Business	Reputational

6072

Overarching risk for Chi/Child Health

Last Update 16/11/2021

Date Raised	SBU	Risk Description	Impact Description	Owner	Impact	Likelihood	Combined Score	Residual RAG	Mitigation Strategy	Primary Category	Secondary Category
24/07/2020	DaS	There is a risk that the overall Chi/ Child Health Programme cannot be delivered on Time , Cost and to Specification in addition.	The non-delivery/delay of this programme would lead to reputational damage to NSS in addition there could be clinical risk as the benefits of the new system are not delivered and this could cause a budgetary impact due to possible overspend	karen young	5	3	15	6	Reduction	Reputational	Business
24/07/2020	DaS	There is a risk that the overall Chi/ Child Health Programme cannot be delivered on Time , Cost and to Specification in addition.	The non-delivery/delay of this programme would lead to reputational damage to NSS in addition there could be clinical risk as the benefits of the new system are not delivered and this could cause a budgetary impact due to possible overspend	karen young	5	3	15	6	Reduction	Reputational	Projects

Appendix B NSS Strategic Risks (Extract from Risk Register)

5671

nDCVP Programme

Last Update 26/01/2022

Date Raised	SBU	Risk Description	Impact Description	Owner	Impact	Likelihood	Combined Score	Residual RAG	Mitigation Strategy	Primary Category	Secondary Category
12/09/2019	PCFS	There is a risk that New DCVP (Data Capture Validation and Pricing) will not be delivered to agreed costs and timescales.	Business - financial - loss of £1.8m of current investment in the programme and projected loss of £75K per month of expected benefits. Reputational - damage to reputation with stakeholders.	kennedy nelson	3	3	9	6	Reduction	Business	Reputational

ID	Action Created Date	Action Plan	Updated On	Update Description
5671	12/09/2019	Papers being reviewed at October Programme Board.	29/11/2019	Atos/Sopra Sopra have indicated that an assessment of the final specifications agreed in December 2019 vs those used to estimate the fixed fee, fixed time agreement will be undertaken, and that this may result in a Change Notice being issued to NSS. There is therefore a risk that Atos/Sopra will advise an increase in cost and/or schedule to the current CCN. NSS stance is that the scope detailed within the current CCN will not have changed significantly enough to warrant this, particularly as some scope has been removed. However, given this recent exception report it would not be unsurprising to receive a revised fixed price estimate. Programme governance revamped with the establishment of internal and external programme boards now in place supported by an experienced senior programme manager.
			29/11/2019	The Programme Team are currently working with Atos and Sopra Steria to agree and sign off the required specifications to enable the programme re-start. This is currently scheduled to be completed by the end of the year (20/12/19). However, the submission of an exception report by Atos (on behalf of Sopra Steria) on Friday 8th November has indicated that the process to capture all comments and clarifications will take Sopra longer than estimated. Adding a further three weeks to the process, pushing the sign off date into January 2020 and further delaying the programme re-start. Atos advised within this exception report that their current funding would run out at close of business Monday 11th November and that a further 22 days of effort above their previous estimate is required.
			22/10/2019	EMT and PB approved Option 3 - Continue development of the new system with current contractor & sub-contractor. Subject to quality and delivery guarantees and an acceptable cost / financial commitment from the current contractor, option 3 proposes continuing the current development / test / implementation of nDVCP. Required actions to restart the programme are being completed and these will deliver mitigation to this risk.
	12/09/2019	Review of nDCVP current delivered products to be undertaken	26/01/2022	Still on track for finalised requirements.
	17/12/2021		Programme still on track to deliver for Autumn 22	
	19/11/2021		Delivery to UAT successfully completed. Costs for future phases to be defined and agreed.	
	22/10/2021		On track for delivery on fixed price basis to UAT. However, conversations on UAT support cost required. Meeting for proposals 27th October, Programme delivery meeting 4th November.	

5671	12/09/2019	Review of nDCVP current delivered products to be undertaken	17/09/2021	On track currently to delivering within the fixed price model. However, a number of CRs have been approved to support identified enhancements / changes to system functionality or support other programmes.
			31/08/2021	On track currently. One final payment on fixed price model remaining on drop to UAT.
			03/08/2021	Item planned on a fixed price basis by end of October. All change requests actively considered for progression and funding.
			28/06/2021	core development items have been identified and will be included in the RAM submission for SBU in August2021.
			21/05/2021	Core development covered, future development stages still to be clarified. Engaged with finance to make them aware of need to fund the next stages.
			28/04/2021	Working to completion of core development by end of July 2021. A period of system testing to end of August 2021. NSS to receive completed system for UAT testing in September 2021. UAT will continue to end March 2022. Implementation activities start May 2022 and complete in September 2022. Early life support monitoring in production will start October 2022.
			14/04/2021	Progress of the development by Atos/Sopra Steria towards completion has now reached the final phase (Milestone 4) which is due for completion in July. Milestone 3 was completed at end of March. The System Test phase which runs until September is currently 2-3 behind schedule (due to last year's cyber attack), which is a 2 week recovery from the last reported position. It is expected that this delay will be fully recovered within the next couple of months. Budget for 21-22 programme delivery secured. At present overall programme plan for go live in autumn 22 is on schedule.
			19/03/2021	Continuing to monitor new change requests and have factored contingency to support those. Nothing noted at the moment outside of contingency. Atos are on course to deliver the core produced to the agreed CCN value on the fixed price basis.

5671	12/09/2019	Review of nDCVP current delivered products to be undertaken	22/01/2021	<p>The process to reconnect all internal Sopra Steria development servers and the Atos managed data centre commenced on 9th December and was ongoing throughout December 2020. This process has been completed and Sopra Steria have been able to undertake a full impact assessment and advise the recovery process. The Sopra team are on track to deliver the full Milestone 2 demo to the revised date at the end of January, and to deliver the first release into system test. The development itself remains on track to deliver Milestones 3 and 4, and the release into UAT on plan. The System test was due to commence in November, this is now approximately 1 month behind schedule, but Sopra plan to recover this through adding additional resources into the test team throughout January and February. Sopra will be updating the relevant plan and PID documents this month to reflect this. In addition, a Work Package Breakdown similar to that used to monitor progress of the development, will be created for the System Test. This will enable close monitoring of the progress and recovery of the system test phase. The programme remains in AMBER until the stage 2 demo is done and signed off. The following outlines key dates and high level timescales for the key phases of the programme: nDCVP Initiation: complete May 2020 nDCVP Definition/Elaboration: complete July 2020 nDCVP Development/Unit Test: in progress until Jul 2021 (phase 1 complete) nDCVP System Test: scheduled to run Nov 2020 - Aug 2021 nDCVP UAT: scheduled to run Sep 2021 - Feb 2022 Pre-implementation Assurance: scheduled to run Jan 2022 - May 2022 nDCVP Implementation: scheduled to run Jun 2022 - Aug 2022 nDCVP Go Live: scheduled to run Aug 2022 - Oct 2022 nDCVP Early life Support: scheduled to run Dec 2022 - Mar 2023</p>
			18/12/2020	<p>ATOS and Sopra Steria have established connectivity on the leased line. An impact assessment will be carried out to assess the impact on the overall plan.</p>
			02/12/2020	<p>ATOS and Sopra Steria have established some connectivity on the leased line. further evaluation is under way and if successful the plan is to establish full connectivity by w/b 07/12/20 and full development activities will recommence. An impact assessment will be carried out to assess the impact on the overall plan.</p>

5671	12/09/2019	Review of nDCVP current delivered products to be undertaken	27/11/2020	<p>The nDCVP Programme is currently in the development phase. The early phases of the programme (initiation, definition and elaboration) were completed in April and June 2020 respectively. Initiation, Definition & Elaboration The initiation phase included completion of a suite of functional specifications, agreement of fixed price commercial terms with the prime contractor, and high level planning activities. The definition and elaboration phase primarily involved translating the functional specifications into the formal design and completing the detailed planning as to how the development will be executed. The key deliverables from this phase included: - System Architecture Design - Technical Specifications - Requirements Traceability Matrix - Work package breakdown - Plan The Work Package Breakdown now forms a key reporting tool, tracking progress of individual elements of the development, and forms part of the fortnightly progress report issued to NSS. Development - Stage Gate 1 All aspects of the development agreed for delivery within milestone 1 have been achieved, and a successful demonstration of the development to date was delivered on schedule on 6th October. All scenarios/tests that were agreed to be demonstrated were successfully done so. Following completion of the demonstration and all associated assurance activities, stage gate 1 was formally approved and the payment associated with the 25% milestone approved. Development - Stage Gate 2 Following conclusion of Stage 1, focus has moved to Stage 2. Early activity has included a second screens workshop for end users and programme team members. This ensures we have meaningful user input to the design and "usability" of nDCVP. The 25% invoices have been issued by contractor and paid for and the next payment milestone will be at 50%. There has been no change in projected programme costs.</p>
			19/11/2020	<p>A cyber-attack on the Sopra Seteria network has affected development and testing since 21st October 2020. Development progress has been impacted and recovery actions are on-going. All development tasks under Milestone 1 are complete and the stage demo was completed on the 6th of October. The demo scheduled for 18th of December is now at risk and the ODB have requested an impact assessment report from ATOS by the 30th of November 2020. A re-baseline plan is being looked into by the programme.</p>
			15/06/2020	<p>The view from the programme is that Impact 5, which is over £1m is too high after all the work that has been done. Translated this impact assumes the programme was cancelled/not delivered at all or we suffered an extremely lengthy delay to go live (years). Our assessment is that the impact is now 4, this is on the basis that we have an agreed commercial position, EMT approved budget, detailed functional specs, assurance activities, timelines and better understanding by the contractor and sub-contractor on our requirements. Also any change that is encountered now along the way will be managed through change control and anything that we deem to be a necessary change would be envisaged to be in £1000s or £100s rather than £millions. If we ended up with a change that resulted in an impact of >£1m then something has gone catastrophically wrong! Also the likelihood remains 3 as the risk is being pro-actively managed to reduce/mitigate the risk.</p>
			10/06/2020	<p>Detailed specifications agreed, governance and assurance work in place. this should reduce additional cost requirement through change going forward. Process for clarification of issues to be agreed.</p>

5671	12/09/2019	Review of nDCVP current delivered products to be undertaken	22/05/2020	Following the completion of baselining work a revised fixed price has been agreed with contractor Atos to deliver a fully developed system to user acceptance testing (UAT). The increase in cost has been offset by MTS waivers from Atos for current DCVP covering 2020/21 and 2021/22. Change control to be tightly managed and any major change to be scheduled as phase 2 work.
			14/05/2020	Increased costs and timescales due to change identified throughout the development and life of the programme to be monitored. NK to confirm if the EMT have confirmed costs for nDCVP.
			01/05/2020	Sopra have submitted a high level plan but would need to identify when key parts of the development will be happening, and provide an indication of what elements wrap up into each milestone. i.e what are the key elements of the development that make up each 25%, 50% and 75% milestone
			30/04/2020	Review completed and all functional requirements signed off. Awaiting completion of impact assessment by contactor.
			21/02/2020	Ongoing discussions indicate that there could be an increase in costs as the supplier better understands the level of complexity involved in the development. Proposal expected by mid March 2020.
			04/02/2020	The work on baselining of functional specifications has now completed, except for final checks on the validation rules. The contractor has requested 3 weeks to carry out an impact assessment including a review of the fixed price proposal issued in August 2019. The impact assessment is expected to complete by 19th/2/2020. Assuming that the impact assessment will lead to an acceptable fixed price proposal and the Oversight Delivery Board and Programme Board approves a go decision, Initiation Phase will start with joint planning and completion of a project delivery PID and high level plan in March 2020.
			31/12/2019	Business review of all the responses to functional requirements will be completed on the week beginning 6th of January 2020. On the 13th of January 2020 a final workshop between contractor and programme team will be held for the formal signoff and baselining of requirements.
			29/11/2019	6 of the 11 functional requirements documents ready for sign off, awaiting minor clarifications on the remaining 5 and a review of the NFQ and system interface with data and warehouse. Review expected to complete by the 20th of December 2019 to allow a programme restart in January 2020.
	12/09/2019	Costing of upgrading current DCVP to be undertaken		
	12/09/2019	Contingency plans to be reviewed to ensure that payments can still be made		

5636

PGMS Service Delivery

Last Update 06/01/2022

Date Raised	SBU	Risk Description	Impact Description	Owner	Impact	Likelihood	Combined Score	Residual RAG	Mitigation Strategy	Primary Category	Secondary Category
05/09/2019	SP&ST	There is a risk that PgMS cannot meet the surge in demand from Scottish Government, Health Boards and National Health Portfolio Delivery in response to the Remobilisation, Recover and Redesign of health services. PgMS operate a fully cost recoverable service therefore any unforeseen reduction in demand could also result in an adverse financial impact.	The impact of this risk is that inability to meet demand could impact the reputation and strategic partnerships NSS / PgMS have with their customer base. A rapid decrease in demand could result in NSS being required to fund any short fall in respect of a break even trading position.	colette mackenzie	3	3	9	6	Reduction	Business	Staff

ID	Action Created Date	Action Plan	Updated On	Update Description
5636	30/10/2020	PgMS ongoing recruitment campaigns continue to onboarded staff in response to national demand pressures. Increased draw down from agency is providing an additional layer of flexibility to meet rapid deployment where required.	06/01/2022	Recruitment campaign running throughout Q3/Q4 to increase capacity to meet ongoing demand pressure.
			08/06/2021	A significant number of staff across all cohorts are being onboarded throughout FY22 Q1. Demand levels remain high and the demand dashboard is reporting to the PMG / COG monthly.
			12/04/2021	Recruitment campaigns in progress for all staff cohorts.
			29/01/2021	Q4 recruitment campaign planned for all cohorts.

Date Raised	SBU	Risk Description	Impact Description	Owner	Impact	Likelihood	Combined Score	Residual RAG	Mitigation Strategy	Primary Category	Secondary Category
31/05/2019	DaS	There is a risk that the NSS Cyber Centre of Excellence (CCoE) is not adopted by the majority of Health and Social Care organisations as per DHC Tech Enablement Board recommendation. The CCoE provides a National Health Security Operations Centre (SOC) as recommended by SG and Gartner review	There will be no national dashboard managing vulnerabilities and incidents increasing the likelihood and impact of a security breach or incident	scott barnett	5	1	5	5	Prevention	Reputational	Business
31/05/2019	DaS	There is a risk that the NSS Cyber Centre of Excellence (CCoE) is not adopted by the majority of Health and Social Care organisations as per DHC Tech Enablement Board recommendation. The CCoE provides a National Health Security Operations Centre (SOC) as recommended by SG and Gartner review	There will be no national dashboard managing vulnerabilities and incidents increasing the likelihood and impact of a security breach or incident	scott barnett	5	1	5	5	Prevention	Reputational	Projects

ID	Action Created Date	Action Plan	Updated On	Update Description
5523	01/02/2022	CCoE soft launched in April 2021. Year Two and Three recruitment plan, technology adoption roadmap and service catalogue to be ratified by CCoE Governance Board	01/02/2022	CCoE Governance Board now established with several Boards, Abertay Uni, Scottish Gvt, Skills Development Scotland and NCSC all represented. New roles not previously provided by NSS to ratified at Job Evaluation panel and recruited to post.
	31/05/2019	Working on a proposal with costings for National SOC for health. It is possible that we may have funding for year 1 and year 2 through Atos extension opportunity -- to be confirmed by contract board	01/02/2022	Action completed - year one funding fully secured, CCoE launched, North Region and PHS, HIS and NSS all initial adopters.
			12/04/2021	SG is promoting and NSS is funding the effort and a phase approach to rollout being planned with the health Boards. A 3 years fully funded programme is in place. The risk will remain until the rollout plan with the Boards is fully signed up.

5523	31/05/2019	Working on a proposal with costings for National SOC for health. It is possible that we may have funding for year 1 and year 2 through Atos extension opportunity – to be confirmed by contract board	16/02/2021	A 6 year fully SG funded business case is with Chief Executives and Digital Health and Care Technology Enablement Board for approval. This details an NSS provided Cyber Security Centre of Excellence (CCoE) which will include at its heart a national security operations centre. As part of the CCoE, appropriate governance and management reporting as well as operational KRIs and KPIs will be established and real time information will be mde available to decision makers to identify, detect, protect and respond to cyber attacks on our national systems.
			01/09/2020	Head of IS now recruited and business case will be pushed forward
			05/06/2020	the SOC is part of a 3 year SG funded programme and is midway through. This risk was raised a long time ago prior to the programme that is underway and hence why the risk should be downgraded. Eilidh will be reviewing this again in the next month as part of the ISG team risk review and will monitor as appropriate.
			04/06/2020	SOC: working to onboard NCSC's vulnerability disclosure programme. Target model work with Capgemini complete and business case being developed
			01/05/2020	Capgemini engaged and on site preparing a SOC Target Operating Model (TOM) SIEM POC commercial proposal received via Softcat √ progressing PO NCC Group to provide an on-call rapid incident response capability √ PO raised and commercials progressed via G Cloud
			23/03/2020	Update 23/03/20 - Tender awarded to Cap Gemimin to complete design work around SOC. Design expected to be completed early April which should feed into proposal for National Service
			10/01/2020	Include review of backups regime monitoring and ref to Information Security Framewrok
			06/01/2020	SIEM POC progressing with supplier (currently setting up Softcat on boarding) Requirements for national CSOC business case drafted and submitted through procurement Other CSOC services continue to be developed including ATP and security scanning service

5523	31/05/2019	Working on a proposal with costings for National SOC for health. It is possible that we may have funding for year 1 and year 2 through Atos extension opportunity -- to be confirmed by contract board	26/11/2019	Proposal received, working with procurement to progress
			30/10/2019	No further update at this time.
			26/09/2019	We are awaiting a proposal from a supplier to implement a small POC of a SIEM service to support the development of the CSOC. Funding is likely to still be a constraining factor on the scale and extent of services that can be provided. I need to seek an update on the status of the Atos contract funding.
			26/08/2019	Atos contract has been extended and are exploring options to utilise spare capacity/ funding and how much is available for cyber initiatives. There are other delays, however, regarding funding from SG perspective and significant pressure on HBs. This is a threat to realising the national Health SOC which depends on health boards receiving funding to implement local SOC technologies.
			12/08/2019	Aug 19 work ongoing further update to be obtained prior to next eHealth meeting
			22/07/2019	27/June 2019 Further SG meetings held around this initiative. SG recieved info from Gartner that mirrored our proposals.27th May 2019: Proposal developed around National SOC. Proposal costings have been benchmarked. Work is continuing with various suppliers over options
			31/05/2019	27th May 2019: Proposal developed around National SOC. Proposal costings have been benchmarked. Work is continuing with various suppliers over options

Date Raised	SBU	Risk Description	Impact Description	Owner	Impact	Likelihood	Combined Score	Residual RAG	Mitigation Strategy	Primary Category	Secondary Category
17/07/2018	SNBTS	There is a risk the Infected Blood Inquiry may lead to additional cost and adverse reputational impact for SNBTS/NSS.	Reputation -There is a risk of National media interest with the potential for adverse publicity, with associated loss of public confidence in the blood service and a risk of adverse effect on staff morale. Business - There is a risk of additional cost to NSS (£100k - £250k per annum). There is a risk that SNBTS will not be able to achieve its CRES relating to sample archive destruction (£40k per annum) Staff - Limited, although current and previous employees may be called to submit or give evidence to the Inquiry. Clinical -Limited - patient impact is time limited.	marc turner	4	2	8	8	Prevention	Reputational	Business
17/07/2018	SNBTS	There is a risk the Infected Blood Inquiry may lead to additional cost and adverse reputational impact for SNBTS/NSS.	Reputation -There is a risk of National media interest with the potential for adverse publicity, with associated loss of public confidence in the blood service and a risk of adverse effect on staff morale. Business - There is a risk of additional cost to NSS (£100k - £250k per annum). There is a risk that SNBTS will not be able to achieve its CRES relating to sample archive destruction (£40k per annum) Staff - Limited, although current and previous employees may be called to submit or give evidence to the Inquiry. Clinical -Limited - patient impact is time limited.	marc turner	4	2	8	8	Prevention	Reputational	Projects

ID	Action Created Date	Action Plan	Updated On	Update Description
5114	17/07/2018	Engage CLO	27/10/2021	2 x Rule 9 enquiries have been submitted. Order of Statements: NHSBT, SNBTS, WBS and NIBS - NHSBT advised their statement will be in early 2022
			17/03/2021	To date the costs have been recovered so have reduced the likelihood to 2 therefore overall score to 8 green. Will review in 6 months
			27/11/2020	Weekly dialogue between CLO and SNBTS Director and Medical Director is ongoing
			20/04/2020	Engagement on track
			28/08/2019	Progressing on track
			17/01/2019	Relationship build and open communication channels with Inquiry Legal Team working well and to mutual benefit.
			25/09/2018	CLO (Susan Murray) engaged. Counsel (Simon Bowie) appointed and will be present at preliminary hearings

6528

Skills Gaps

Last Update 10/01/2022

Date Raised	SBU	Risk Description	Impact Description	Owner	Impact	Likelihood	Combined Score	Residual RAG	Mitigation Strategy	Primary Category	Secondary Category
15/09/2021	NSS	There is a risk that there are unidentified skills gaps in the organisation and the workforce planning processes are not robust enough to identify these gaps. Failure to address this could impact service delivery and meeting our strategic objectives.	<p>Clinical - Clinical workforce not working to current best practice which could have a detrimental impact on patient/service user health outcomes. This could also result in the breach of clinical governance standards.</p> <p>Business - The effectiveness of services delivered could be reduced meaning that NSS is unable to meet strategic objectives and stakeholder expectation. Failure to deliver services/ strategic objectives could lead to increased scrutiny and legal challenge. Potential increased costs in relation to recruiting in additional staff to address skills gaps. Staff - Disengaged workforce resulting in detrimental impact on staff wellbeing. Potential impact on staff attrition in sickness absence and presenteeism. Increase in staff turnover. Staff are disenfranchised of</p>	jacqui jones	3	4	12	4	Prevention	Business	Staff

ID	Action Created Date	Action Plan	Updated On	Update Description
6528	15/09/2021	Ensure all outputs of Workforce Planning audit are completed within the set timeframes.	10/01/2022	We are working to the current timeframes within the workforce audit.
			11/11/2021	Audit activities are currently being worked on in line with timescales.
	15/09/2021	Clear guidance, process maps and toolkits on Workforce Planning are updated and readily accessible via HR Connect.	10/01/2022	See action above - elearning content about to be made accessible on HR Connect.
			11/11/2021	Updated guidance and a high level process are on HR Connect and currently working on elearning content.
	15/09/2021	Raising the profile of pension changes through a variety of communication channels.	10/01/2022	Communications is about to go out in relation to the pension consultation. We are delivering a joint presentation later this week with TUs(Willie Duffy) and HR on the pension changes
			11/11/2021	Planned in for Q4 due to other priorities.
15/09/2021	Enhance Performance Reporting in relation to Learning and Development and to understand the make up of our workforce based on the skills.	10/01/2022	Work is currently being scoped to build future reporting in relation to L&D insights.	
		11/11/2021	Planned in for Q4 due to other priorities.	

6528	15/09/2021	Training and development for managers on workforce planning	10/01/2022	We have access to an elearning package from NHS England that will be made available to managers, with a view to developing our own content longer term.
			11/11/2021	eLearning tool on workforce planning will be part of phase one of the new management development programme and is currently being developed.
	15/09/2021	Skills gap analysis framework to be introduced across NSS	10/01/2022	Framework developed, and digital will be developed during 2022/23.
			11/11/2021	Skills matrix framework developed however looking to develop a digital tool in 2022-23.
	15/09/2021	Skills assessment framework to be developed	10/01/2022	Framework has been developed, and digital framework is planned in for delivery during 2022/23.
			11/11/2021	Skills assessment framework has been developed but looking to develop a digital tool in 2022-23.
	15/09/2021	Robust workforce planning utilising 6 step methodology including regular reviews of plans and owned by SBU Directors	10/01/2022	SBU plans submitted and detailed discussions with SBU Directors and BPs now complete
			11/11/2021	We have taken receipt of workforce plans utilising 6 step methodology, these are currently undergoing review with the HR Business Partners and SBU Directors.

6205

Financial Sustainability in the medium - long term

Last Update 03/02/2022

Date Raised	SBU	Risk Description	Impact Description	Owner	Impact	Likelihood	Combined Score	Residual RAG	Mitigation Strategy	Primary Category	Secondary Category
27/11/2020	NSS	NSS is unable to deliver financially sustainable services in the longer term due to an increased cost base, reduced funding in-line with economic position - and cessation of COVID funding post 2021-22 financial year	Business - Unable to meet financial targets. Reputation - damage to reputation if unable to continue to deliver services.	andrew mclean	4	3	12	8	Reduction	Business	Reputational

ID	Action Created Date	Action Plan	Updated On	Update Description
6205	27/11/2020	NSS to develop and refine its Financial Sustainability Plan to continue to meet its statutory financial targets and address the current deficit in later years of the financial plan.	06/01/2022	Following on from SBU RAM meetings in December the financial sustainability action plan will be presented and discussed at EMT on 17th January 2022.
			07/06/2021	The financial budget has been agreed and uploaded for 2021/22. this still includes significant non recurring COVID funding. Early in 2021/22 financial planning will commence for 2022 onwards with a focus on financial sustainability through service transformation, and in line with the future ready programme. COG continue to review and prioritise the service transformation programme
			09/04/2021	NSS Board signed of the Financial Plan on 24th March and Scottish Government formal approval is imminent. Financial planning and sustainability of services remains a priority for NSS moving forward.
			03/03/2021	Financial AOP submitted to SG on 26th Feb with a balanced plan for 21/22. Work continues to drive sustainability across NSS in the longer term, including a focus on new ways of working; transformed services; and 'One NSS'
			05/02/2021	NSS Finance continues to drive forward financial planning across all SBUs areas working closely with HR BPs and Planning leads to join financial, workforce and business planning as required. A Budget update paper was presented to FPPC on 3rd February, highlighting the impact of the SG budget on 28th January and the detailed work that was being progressed during February at an SBU level to ensure the overall plan reflects the latest position and additional savings, with a Balanced Position presented to the Board and SG in March

Date Raised	SBU	Risk Description	Impact Description	Owner	Impact	Likelihood	Combined Score	Residual RAG	Mitigation Strategy	Primary Category	Secondary Category
05/03/2020	NSS	There is a risk that the COVID-19 outbreak could have an impact on resourcing across NSS, potentially increasing workload pressures on staff and limiting our ability to deliver a full range of services - particularly within areas where most support is being provided to help manage the outbreak in Scotland.	Business - Competition for resources - people, budget and time - to maintain service delivery levels in line with contracts, service level agreements, memorandums of understanding etc. Staff - Increased workload pressures - volume and hours worked - for staff. Potential for a future staff illness if COVID-19 becomes widespread within Scotland. Reputational - Potential negative impact on our reputation and drop in trust and confidence in our services if we fail to respond appropriately. Clinical - Potential reduction in subject matter experts to provide appropriate clinical advice and guidance to support health and care colleagues, Scottish Government and the 4 nations.	lee neary	4	3	12	9	Contingency	Business	Staff

ID	Action Created Date	Action Plan	Updated On	Update Description
5881	02/09/2021	Report RMP performance to EMT (17/01), SG (03/02) and FPPC (02/02).	10/02/2022	RMP performance has been reported to all relevant committees and meetings and Q3 update has been submitted to SG (09/02/2022).
	02/09/2021	Report RMP performance to EMT (10/10), SG (12/11) and FPPC (18/11).	10/02/2022	RMP performance reported to all relevant committees. RMP4 midyear update submitted to SG and approved.
	25/02/2021	Workforce planning	25/02/2021	Longer term resourcing plan developed for Test, Trace and Vaccinate Programmes. All SBUs are currently reviewing their workforce plans.

6679

Properties and Estates Operational Requirements

Last Update 02/03/2022

Date Raised	SBU	Risk Description	Impact Description	Owner	Impact	Likelihood	Combined Score	Residual RAG	Mitigation Strategy	Primary Category	Secondary Category	Proximity Date
02/03/2022	PCF	There is a risk that NSS estate does not meet the strategic and operational requirements of the service resulting in a reduction in efficiency and associated property costs.	Business: Disruption to service delivery. Current funding spent on maintaining current NSS properties in good state of repair with lower occupancy rates. Future workforce working to a hybrid model of home/ office working leaving large properties underutilised during the remainder of the lease periods. Need to meet climate change targets. Staff: Sites are not able to meet hybrid-working requirements. Disruption resulting from change to base locations should staff need to relocate to new sites. Ongoing concerns about travel and parking to existing and new sites.	julie critchley	4	3	12	6	Prevention	Business	Staff	31/08/2022

ID	Action Created Date	Action Plan	Updated On	Update Description
6679	02/03/2022	Agree hand back and disinvest approach (if approved) with building partners.		
	02/03/2022	Consider alternative availability and potential public sector partners with SG.		
	02/03/2022	Review and agree future requirements for each property before the end of the lease period.		
	02/03/2022	Develop strategy and business case for each NSS property.		
	02/03/2022	Review NSS property strategy with EMT, Board and NSS Partnership Forum.		

*Please note that the following entry is a direct screen print from the Risk Register as it was not included in the Business Objects reporting due to timing.

Risk 6680 Level of Scrutiny and Litigation

ID: 6680	Title: Level of Scrutiny and Litigation
Type: Risk	Status: Open
	Confidential: N
	Owner: shippin, norma
	SBU: CLO
Opened Date: 03/03/2022	
Created By: Lois Bourletsika	
Initial RAG: 15	
Primary Category: Business	Updated Date: 03/03/2022
Risk Appetite: High	Proximity Date: 31/03/2025
Impact: 3	Date of Next Review: 31/03/2022
Likelihood: 5	
RAG: 15	
Secondary Category: Staff	
Financial Impact: £100K - £250K	

Residual Risk Assessment

Residual Impact: 3
Residual Likelihood: 3
Residual RAG: 9

Mitigation Strategy: Contingency

Strategic Objective: Improving the way we do things

Risk Description:

There is a risk the level of scrutiny required of SBUs could affect NSS's ability to fulfil its strategic objectives due to an increase in the workload of a number of teams in NSS, including CLO, SNBTS, HFS, ARHAI and NSD, who will need to comply with the legal requirements of inquiries.

Impact Description:

Teams are stretched by the requirements placed on them by independent inquiries and scrutiny. As a result, they find it difficult to deliver on their objectives and/or inquiry commitments effectively. Litigation arising from inquiries could lead to financial costs to NSS.

Show Archived Details

Business Areas						
Created By	Created Date	Bus Area Type	Bus Area Name	Description	Archive	
bourletsika, lois	03/03/2022	Corporate	CLO			

Actions						
Created Date	Who	Due Date	Action	Update	Archive	
03/03/2022	shippin, norma	31/03/2025	Assess potential for funding with SG to cover additional resource requirements.			
03/03/2022	shippin, norma	31/03/2025	Review resilience plans to account for inquiry needs.			
03/03/2022	shippin, norma	31/03/2025	Prepare decision-making and actions timeline before inquiry commences.			
03/03/2022	shippin, norma	31/03/2025	Increase SBU operational capacity to support the delivery of service.			
03/03/2022	shippin, norma	31/03/2025	Establish corporate resource to manage and support inquiry activity.			

Comments

Permits						
Created By	Created Date	Grantee	Full Control	Note	Archive	
bourletsika, lois	03/03/2022	bourletsika, lois	Y	Default - System creator.		

NHS National Services Scotland

Meeting:	NSS Board
Meeting date:	Thursday 10th March 2022
Title:	Financial Performance – Month 10
Responsible Executive/Non-Executive:	Carolyn Low, Director of Finance
Report Author:	Andy McLean, Deputy Director of Finance (Reviewed by: Carolyn Low, Director of Finance)

1. Purpose

This paper is presented for scrutiny, relating to the annual operating plan and associated financial plan.

2. Recommendation

The Board is asked to note the financial position at Month 10

3. Discussion

This report presents NSS' financial performance for the period to 31st January 2022 (M10).

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

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

4. Impact Analysis

4.1 Quality/ Patient Care

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

4.2 Equality and Diversity, including health inequalities

An impact assessment is not required.

5. Risk Assessment/Management

The report highlights the following financial risks:

- SG Finance has advised that it will be very difficult for them to manage any material financial movements from the forecast position reported to them in the Q3 return on 31st January.

- NSS will be required to manage any material movement in its core position and this will become increasingly difficult as we rapidly move towards the end of the Financial Year and must commit any funds in-line with accounting standards
- Further movement may occur over the last two months, in-line with:
 - Confirmation and Allocation of all outstanding funding from SG
 - Further slippage on development programmes, particularly in latterly approved projects within DaS;
 - Overachievement of income targets - CLO and PGMS forecasts both moving positively;
 - Movements in central reserves, e.g. lower redundancy and capital charges;
- In terms of Capital, there is low YTD expenditure (44% of annual budget) although assurances have been given around progress and timing for the majority of forecast spend. Supply chain issues have added risk to certain fleet and rolling equipment replacement delivery schedules. Also, SG have now confirmed full capital funding for pressures in the C-19 Regional Labs.

Covid costs will be fully funded for 21/22, however a detailed review is underway on service scenarios that can minimise cost commitments into 22/23.

6. Financial Implications

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

NSS Targets	Year to Date £000	Forecast Outturn £000	RAG
Revenue Outturn	14,480	1,400	G
NSS CRES Savings Total	3,600	5,630	G
NSD CRES Savings Total	8,738	10,186	G
Capital Outturn	0	0	G

7. Workforce Implications

There is no impact on workforce in this report.

8. Route to Meeting

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

The financial position was discussed with EMT at its meeting on 21st February 22

9. List of Appendices and/or Background Papers

The following appendices are included with this report:

- Appendix No 1: NSS Financial Performance – Month 10

NSS Financial Performance

January 2022

NHS National Services Scotland Board

Financial Performance – January 2022

Executive Summary



Performance Summary

NSS continues to forecast **full achievement of all statutory financial targets** for 2021/22.

The current revenue under spend of £14.5m mainly relates to an underspend within NSD of £11.6m due to a number of services where activity is lower than planned, whilst other SBU's are reporting a net underspend of £2.8m. **The NSD underspend is ring fenced and will be returned to Boards in Q4 as agreed with SG Finance and Health Boards through the Corporate Finance Network**

A remaining surplus of **£1.4m** is forecast with a continued, focussed effort to commit funds on priority developments / advance spend where possible **by 31st March 2022**

Key Messages

The projected core revenue surplus has increased over recent months and is currently at **£1.4m**. The position has further improved with increasing surpluses forecast by SBU's and funding confirmation in a number of at risk areas:

Previously identified major funding risks included the UK infected blood enquiry (£0.6m) and NHSS Assure research funding £0.5m. **Both can now be funded from in year savings arising.**

The majority of major expenditure risks have been clarified and revised downwards where applicable. This includes, lower financial implications of the Contractor Finance Service Audit, reduced workforce resource pool and redundancy requirements.

An additional pressure of **£600k has been built in for 21/22 SEER costs**. Any further investment in 22/23 will likely be funded by SG

It is assumed that any variation in the C-19 forecast (currently £385m) will be **matched** with SG funding.

NSS Targets	Year to Date £m	Forecast Outturn £m	RAG
Revenue Outturn	14.48	1.4	G
NSS CRES Savings Total	3.600	5.630	G
NSD CRES Savings Total	8.738	10.186	G
Capital Outturn	0	0	G

Risks and Issues

NSS will be required to manage any material movement in its core position following the submission of the Q3 return into SG. This will become increasing difficult as we rapidly move towards the end of the Financial Year.

Further movement may occur during Q4, in-line with:

- **Confirmation and Allocation** of all outstanding funding from SG – it should be noted that SG Finance is **very unlikely to transact any out standing individual funding allocations which are below £100k** – the impact of this is c£0.9m for NSS (non C-19) and has already been factored into the overall, updated forecast;
- **Further slippage** on development programmes, particularly in recently approved projects within DaS;
- **Overachievement of income targets** - CLO and PGMS forecasts both moving positively;
- Movements in **central reserves**, e.g. lower redundancy and capital charges;

Funding has now been confirmed for a **c£1.4m pressure for the C-19 Regional Labs**.

NHS National Services Scotland Board

Financial Performance – January 2022

COVID-19



Summary

- Covid costs YTD are **£277.5m**. This is lower than expected partly due to a **reduction in volume, the impact of lower prices for PPE and a weighting towards year end** for potential pandemic stock write offs.

Louisa Jordan

- The Louisa Jordan facility closed in July. All post-licence works / repairs have been completed. The final accounts have been finalised for three PSCP's, with the remaining one PSCP due to be closed out following March ledger checks. An underspend is projected against the AME provision, but is subject to final invoicing from SEC and settlement for betterment and depreciation calculations which are due to be closed out in February. Guidance from HMRC on VAT treatment for construction costs is still outstanding, and may have an impact on the final position.

Covid-19 Expenditure	20/21	21/22	21/22	Capital
	YTD	YTD	Forecast	
	£000	£000	£000	£000
Additional PPE	213,370	91,323	153,200	-
Contact Tracing	27,099	28,237	25,933	-
Testing	59,742	56,623	75,500	2,783
Covid-19 Vaccination	16,133	42,375	65,578	-
Flu Vaccination	3,754	23,729	20,017	-
Scale up of Public Health Measures	0	836	948	-
Freight costs / Temporary Staffing	5,745	4,069	5,222	-
Add'l Equipment and Maintenance	21,199	9,616	13,441	7,439
Other Additional Staff Costs	329	102	127	-
Loss of Income	542	640	736	-
Other (inc NHS Louisa Jordan)	72,748	19,952	24,920	-
Offsetting Cost Reductions	(2,170)	0	0	-
Total	418,489	277,502	385,621	10,222

Test & Protect Update

- The current forecast for Test, Protect and Vaccinate is £187m. At the end of January costs were running favourable to budget driven mainly by lower than budgeted spend on PCR kits as a result of lower volumes and prices than assumed in budget YTD. The full year position for Test & Protect is currently forecast to break even on the basis it is fully funded by SG.
- SG confirmation of funding for NCC staff to the end of September 2022. Announcement made to all staff in order to address retention issues experienced through Q3.
- The Autumn/Winter vaccination programme continues.
- The emergence of the Omicron variant led to additional measures being put in place with an increase in call volumes. NCC and Commercial Partner spend has increased accordingly but remains within budget.
- Call volumes have decreased in January, with the focus moving to boosters for over 18s, second doses for 12-17 year olds and first doses for 5-11 year olds.

NHS National Services Scotland Board

Financial Performance – January 2022

SBU Operational Performance

Main Movements by SBU

SBUs are reporting a **total operating surplus of £1.5m**

CLO – Surplus of £469k. Predominantly driven by higher levels of income than planned, in addition to savings in pay arising from vacancies. The full year position is forecast at a surplus of £410k and includes higher income from internal charges to NSS SBU's on Inquiry work.

SNBTS - YTD deficit position £254k arising from increased volume pressures in medical costs (lab kits), and transport (vehicle maintenance and fuel). SCRM seeing increased demand over budget levels resulting in deficit £148k YTD and a wider shortfall against additional savings target. **Assumes receipt of funding from reserves to cover the UK infected blood Inquiry £650k.**

DaS – Surplus of £173k. Hosted Funds - underspend £203K with variances driven by timing and will even out over next few months. Any surplus or deficits will be managed at a Scottish Government level. Full year assumes £56k deficit due to core activities.

PCF – Surplus of £12.8m. Mainly due to NSD underspent £11.6m due to under activity, OFM £864k underspend due to pay, property costs and an in month rates rebate for Ellen's Glen Road of £360k. £838k underspend in NHS Assure and ARHAI £429k mainly due to recruitment delays. Pressures in other areas due to staffing and non pay savings shortfall. A surplus of £1.531m is currently forecast and reflects Gartnavel water system now funded from capital and unbudgeted rates rebates.

HR – Surplus of £265k predominantly driven by vacancies in Pay in the HR establishment. Full year position forecast at breakeven and subject to significant COVID / contact tracing funding.

P&CFS – Surplus of £19k, predominantly driven by vacancies which are forecast to be filled as the financial year continues. Full year forecast £67k surplus and includes £291k expenditure on service audit recommendations.

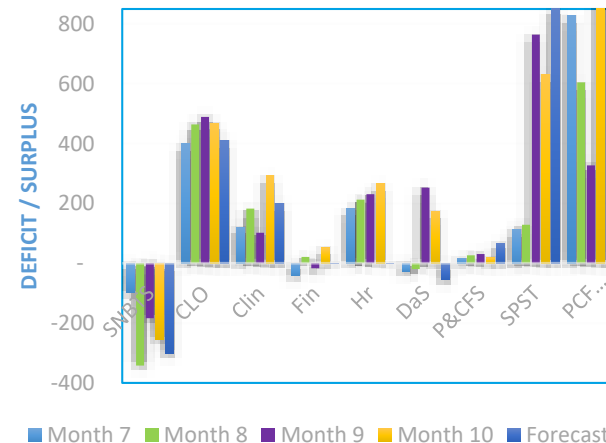
Clinical – Surplus of £294k driven by small underspend on it's main operational budget and programme budgets. The full year position for Clinical is currently forecast at a £199k underspend, £180k Innovation Office & remainder Operational budgets. Programme budgets in Clinical are expected to be full utilised and breakeven for the year.

Finance – YTD surplus of £51k with a full year breakeven forecast.

SPST – Surplus of £632k YTD due to a higher level of PgMS activity than planned. A significant overspend in Pay for agency staff is offset by additional income. A surplus of £858k is forecast for the year, including £477k from PGMS. The income forecast is being reviewed in detail.

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

SBU year to date



Revenue variances - Forecast Outturn



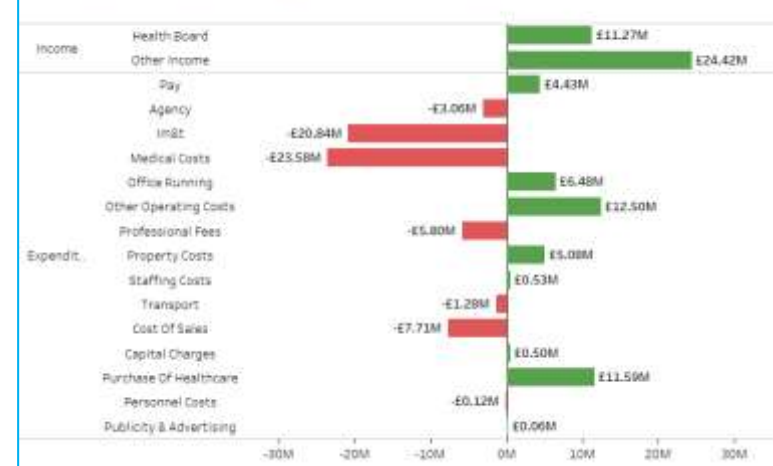
NHS National Services Scotland Board Financial Performance – January 2022 Revenue Analysis



Year to date and Forecast

- The variance across Health Board Income relates to plasma income £4.9m driven by increased pricing, £4.8m on maintenance pass through costs, CLO outlays income £2.1m (pass through) and ATOS recharges (pass through).
- PASAG rebates ahead by £20m due to higher income in year from the new medicines pricing agreement for Vertex. This was previously approved by CFN and shortens the window of receipt of rebates for Board. Other income includes £1.9m UK Govt grant funding to improve remote access to GP & Hospital sites through out Scotland (Rural Gigabit Connectivity).
- SG Allocations forecast variance of £36m relates to reduced allocation requirement for TP&V £17m costs and other allocation adjustments in DaS and PCF.
- Total Pay (including agency) is lower than budget. However this includes an overspend on Agency/contractors of £3.0m, but netted against a payroll underspend of £4.4m. Additional overtime and excess costs related to Covid are included mainly in Das, PCF and SPST with allocation and additional income offsetting.
- IM&T - ATOS costs in FY21/22 are higher than budgets due to additional costs incurred in year. Core charges have increased by £0.4m due to increased print volumes and transformation charges which were agreed in the 2019 contract renewal. C-19 and additional work requested by Boards have also resulted in additional CCN's. There is no adverse impact on NSS as all additional costs covered by recharges to Boards and Service Users. TP&V has an overspend related to further App development.
- Medical costs relate to higher PASAG rebate payments back to Boards £20m and maintenance pass through costs (£4.1m) offset against income above. Plus phasing of Test Protect & Vaccinate test kits and vaccines £6.8m.
- Office Running costs underspend relates to carriage and Logistics for TP&V Testing.
- Cost of Sales relates to product supplied through the NDC including deliveries to vaccination centres.

Revenue variance analysis – Year to Date



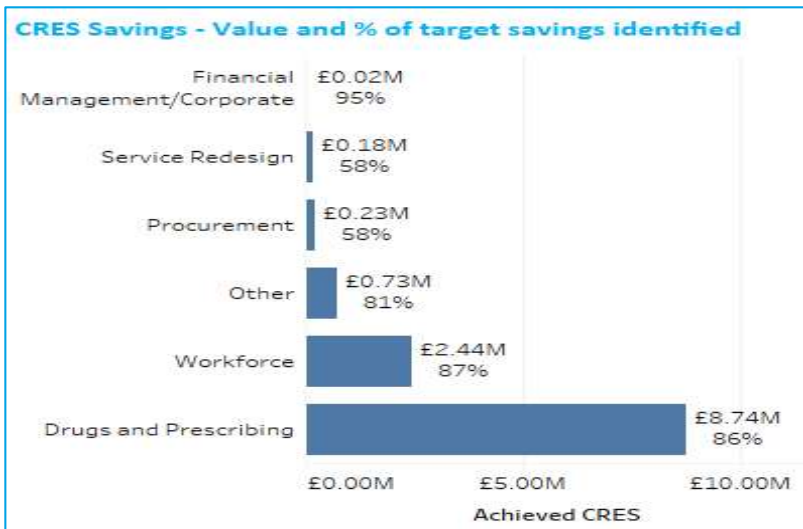
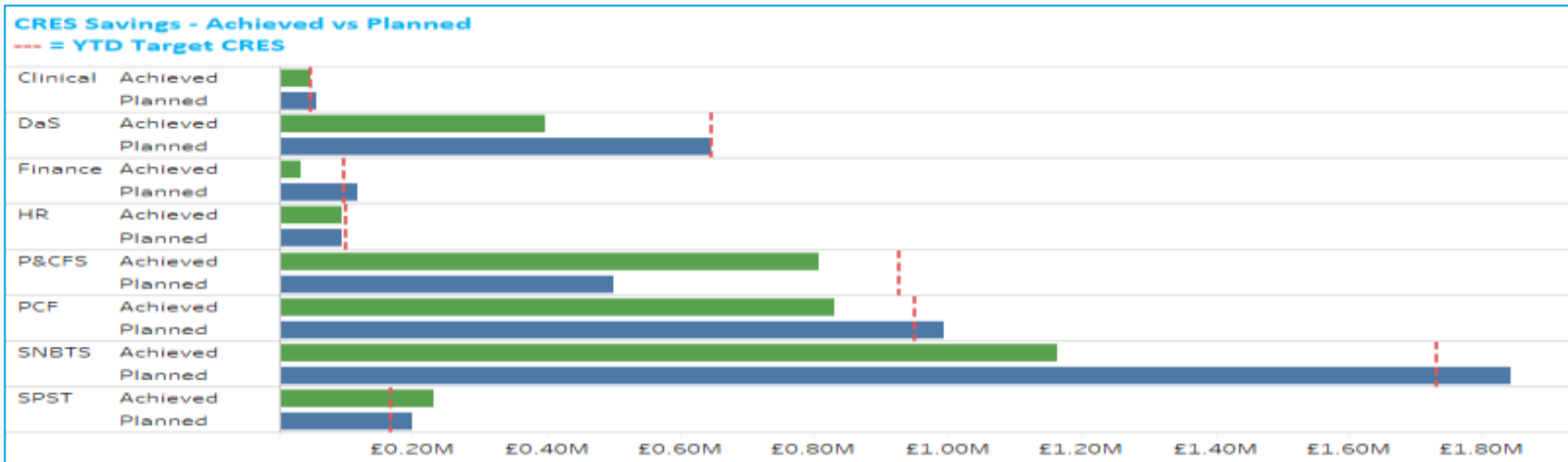
Revenue variance analysis - Forecast Outturn



NHS National Services Scotland Board

Financial Performance – January 2022

Delivery of Cash Releasing Efficiency Savings



NSD annual savings target is £10.2m with £8.7m achieved year to date. A detailed review has provided assurance that targets will be met this year for NSD with a **higher risk into future years due to less scope on contract renegotiations.**

SBU CRES Target is £6.9m, Achieved to date is £3.6m. £2.8m of the CRES Target is being supported by non recurring in year savings.

SBU's continue to have difficulty in delivering planned CRES initiatives on a recurring basis. **For the majority this is compensated by non recurring savings and therefore overall CRES targets will be achieved.** Budgets have been reduced by 5% recurrently at the start of the year.

NHS National Services Scotland Board

Financial Performance – January 2022

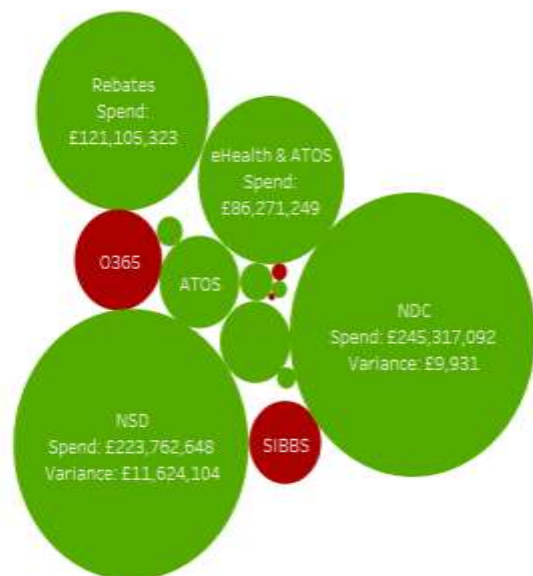
Services delivered on behalf of NHS Scotland



Year to date

- NSS manages services on behalf of NHS Scotland with a full year budget of £843m.
- eHealth SLA, PACS, CHI, ATOS, Scotcap, MESH, Rebates and GPIT are all delivering within plan or small underspends.
- Whilst there are small YTD over spends in O365 and SIBBS, the year end forecast for both services remains break-even with no significant financial risk.

Services delivered on behalf of Scotland - YTD Position



NSD

- NSD are showing an under spend of around £11.5m at the end of January. This increased significantly in month and reflects 9mth forecasts for risk share & most services. Forecasts are not showing any likely 'catch-up' in Q4.
- National screening services for Bowel & Breast are however over spending, due to them currently 'catching up' on activity missed last year.
- These pressures are more than offset by significant under spends on Specialist Healthcare and Riskshare.
- Many high cost/low activity services are currently under active - Transplant services are delivering around 80% of the 'usual planned activity'. And implant services are running at even lower levels (around 50% activity levels for cochlear & deep brain stimulation)
- The biggest under spends are in relation to Out of Area referrals. Patient flow to England has been seriously compromised, and the cost of this care is around 50% of usual levels. This includes Gender Reassignment Surgery & Proton Beam Therapy.
- Spend on IMD Drugs is also much lower than in previous years.
- It is anticipated that NSD will deliver an under spend of £10m across the entire portfolio (excluding the Ultra Orphan Drug costs)
- It is envisaged (if no further Onasmogene patients present) that the UOP under spend will be an additional £4.5m.
- The Corporate Finance Network will decide whether NSD should use the UOP under spend to cover the 3 additional IMD drugs (at a cost of £3.8m per annum) that are currently not covered by the risk share.
- If NSD are asked to cover the 3 additional IMD drugs then the Corporate Finance Group will be asked to endorse a handback from NSD of £10.5m. If the CFN decide that they do not wish NSD to fund the extra IMD Drugs, the group will be asked to endorse a handback of circa £14.5m.

NHS National Services Scotland Board Financial Performance – January 2022 Scottish Government Funding Allocation Tracker

Note – SG allocation letter for month 10 not received until 25th February, well beyond the ledger close date.



Outstanding

Allocations totalling £184m remain outstanding (49 in total) including £138m related to Covid spend.

Low Value Allocations

Due to the proximity of year end, SG Finance Directorate will not pursue sponsor departments for smaller value allocations. NSS has taken the view **that all allocations less than £100k will be removed** from the allocation requests in January. (NSD and Covid allocations excluded). This will result in a **reduced allocation request of £875k**. The impacted allocations are shown in the table.

Other Allocations no longer required

NSS has identified throughout the year a risk to receipt of a number of allocations. A lack of capacity in a number of service areas has resulted in slippage and improved SBU forecasts, therefore the requests for the following allocations will be removed and funded by NSS:-

- 19/20 Carry Forward **£1m**,
- Public Inquiry costs of **£0.9m**
- QHBE Research funding **£0.5m**

Review of Recurring allocations to baseline

SG are currently reviewing the paper submitted on transfer of recurring allocations to baseline. They will present a proposal on which allocations they wish to support as moving to baseline and/or consolidate into larger "themed" allocations. Proposals will be reviewed with relevant service areas before agreement.

	Allocation to be returned	Greater than £100k	less than £100k	Total
⊕ Covid	(13)	138,032	411	138,430
⊕ NSD Allocation	(1,770)	13,878	72	12,181
⊖ Other Allocations	(2,913)	35,363	875	33,325
SNBTS		650	94	744
PCF		23,873	219	24,092
RES		2,750		2,750
DaS	(2,800)	2,739	225	164
P&CFS		177	247	424
SPST		1,100	89	1,190
CD	(113)	3,734		3,621
FINANCE		340		340
Total	(4,696)	187,273	1,358	183,936

Allocations below threshold		less than £100k
⊖ SNBTS		94
SG Allocation Recurring - Distiction Award		36
SG Allocation Opt/Out - Pa		13
SNBTS Convalescent Plasma - Capital Charges		45
⊖ PCF		219
Administration Support		20
Digital Dermatology		88
GP Surveys		60
Innovation		6
Pharmacy		45
⊖ DaS		225
Primary Care - Docman		51
Project management costs for prisons clinical IT		63
SG Funded Capital Charges		99
Telehealth in Prison		13
⊖ P&CFS		247
A&A GP Practices - Automation		10
CNORIS		80
Digitising GP Records		94
Int Citizen Reg at GP		26
RPA A&A plus internal		38
⊖ SPST		89
Secondment from NHS Highland (IS)		89
Total		875

NHS National Services Scotland Board Financial Performance – January 2022 Capital Programme Delivery



Year to date

Expenditure of £7.0m to end of January with **significant further expenditure of £9.1m** over the remaining 2 months of the year. A detailed review of all capital programmes has been undertaken to ensure forecasts are as accurate as possible.

Regional Labs forecast now includes a budget pressure for completion of Forresterhill Chillers and Air Handling Units £300k and also unbudgeted costs to cover legacy costs of the three regional lab fit outs and retention charges.

There remains a risk of further slippage in a number of areas;-

- SG programmes**

Additional Equipment risk of £245k as restricted FM support to facilitate completion of these projects.

- NSS funded programmes**

Limited risk but newly approved projects will be tight to ensure procurement and receipt of goods prior to year end.

The review exercise has also identified **slippage into 22/23** for the following projects.

SG - Radiology **£126k**

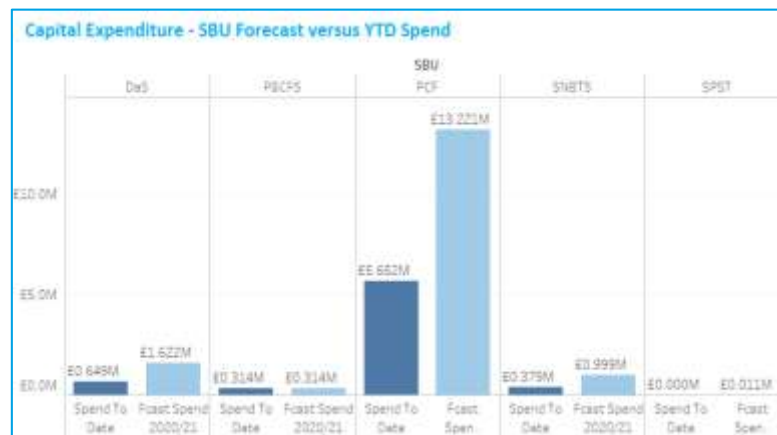
SG - Warehousing **£883k**

NSS - Gartnaval water system replacement **£441k**

Gartnaval will become first call against the NSS Formula allocation in 22/23 with SG being asked to fund the slippage for Radiology and Warehousing.

The additional capital requirement of circa £1.4m has been agreed by SG during February.

CAPITAL FORECASTS	Budget £000	Forecast £000	Variance £000
Formula Allocation	2,927	2,664	263
20-21 slippage	641	623	18
NSS ALLOCATION	3,568	3,288	280
SG Allocation	1,406	1,541	(135)
SG Additional Equipment	618	373	245
Covid - Warehousing	7,194	7,439	(245)
Covid - WGS	1,000	1,462	(462)
Covid - Regional Labs	804	1,096	(292)
Covid - CT Scanner	0	779	(779)
SG ALLOCATIONS	11,022	12,690	(1,668)
TOTAL	14,590	15,978	(1,388)
New Programmes (included above)			
- Digital Breast Screening		449	
- Gartnaval Water (previously revenue)		478	
- Network Hardware		175	
		1,102	





NSS
Finance

NHS National Services Scotland

Meeting:	NSS Board
Meeting date:	Thursday, 10 March 2022
Title:	People Report – January 2022
Responsible Executive/Non-Executive:	Jacqui Jones, Director of HR and Workforce Development
Report Author:	Jacqui Jones, Director of HR and Workforce Development
	(Reviewed by: Mary Morgan, Chief Executive)

1. Purpose

This report is presented to the Board for scrutiny.

2. Recommendation

The Board are asked to scrutinise the report and consider and raise any concerns.

3. Discussion

Overall NSS remains in a positive position on the range of workforce issues reported to Board and some of these are highlighted below. Any areas requiring improvement continue to be raised with individual Strategic Business Unit Directors, through the Executive Management Team, and the NSS Partnership Forum.

Sickness absence YTD position is at 3.93%. Sickness absence rates have increased across the third quarter of the 2021/22 fiscal year. When compared to the same period in the previous fiscal year, there has been a 89% increase in cost and a 82% increase in hours lost. It should be noted that whilst cost and hours lost have been increasing across the current fiscal year, 2020/21 year saw much lower than average costs compared to previous years, particularly in the first half of the year due to the impact of lockdown and shielding. We will continue to monitor and identify any areas of concern which will be raised with SBU Directors and EMT.

COVID-19 special leave has increased due to the number of positive cases across the third quarter, and reached its highest level recorded on 7 January with 46 employees absent. As of 7 February, there are currently 12 employees off on COVID-19 Special Leave, seven due to testing positive for COVID-19, two in Test & Protect isolation, one due to household related self-isolation, one due to Long Covid and one due to an underlying health condition. COVID-19 positive cases continue to make up the majority of Covid special leave requests (33.9%).

HR continue to provide a range of support across NSS to improve the management of sickness absence by contacting managers directly about members of staff who have reached a trigger point or have been at a trigger point over a period of time. The intent is to ensure the manager has access to the right tools and support to provide the right level of support to the employee.

A number of activities have taken place to continue to support the delivery of services as well as add to the improvement of people management practices and employee experience in NSS. These include: -

- **NSS National Contact Centre (NCC)** – A recruitment campaign for a range of posts in the NCC has been on-going throughout January and February. With the recent news that there is to be a transition to “living with Covid” discussions have commenced with the Scottish Government regarding the practicalities of what such a transition would mean for the work of NCC. Organisational Development/Learning and Development continue to support the NCC HR action plan, to embed a coaching approach in NCC. This includes a number of events aimed at supporting ways of working and leading people through change.
- **Recruitment** is still responding to higher demand from across NSS and PHS with the threshold of 15 adverts a week still in place which is a manageable workload for the team in HR.
- **Investigating Managers** – Three investigating manager training sessions, with input from CLO and CFS, were held during January with 24 attendees over the sessions. The impact of this should lessen the amount of time taken to source an Investigating Manager for a case.
- **Management Hub** – The hub continues to increase its membership with now over 1,000 members. Attendees have been growing with over 200 at a recent event. It continues to be utilised as a social space for learning and collaboration across NSS manager population.
- **Health & Safety** – Ongoing support across all Business Units in regards to developing their Risk Profiles and action plans against changing health and safety and infection control requirements and supporting managers closing off outstanding accidents and reports on near misses. This includes tailored support to those SBUs where there have been a number of RIDDORs.
- **Wellbeing Hub** – The hub is currently being reviewed and will be re-launched later this year. Future development of the channel could include the development of chat drop ins and safe/support discussion rooms.

There are a number of issues which we continue to monitor more closely including the number of RIDDORs; appraisal/PDP/objective completion and to a lesser extent statutory and mandatory training where compliance rates are improving.

- In total, five RIDDORs have now been reported year to date. However, the accident and incident rate of 17.47 is below the KPI of <30.42 which is positive. The accident and incident rate also includes near misses which we are encouraging the reporting of. Both the SBUs which have RIDDORs have detailed plans in place which are being taken forward in partnership with trade union colleagues and are reported in detail to OHSAC.
- Compliance with three-year mandatory training is at 91% and statutory training currently at 94% which is a significant improvement. Work is still required in a small number of SBUs to achieve compliance.
- Compliance rates on Turas are showing little change from the previous month’s figures for both PDP and objectives. Discussions continue at Executive

Management Team level and HR are providing regular reports to SBU Directors which highlight both compliance and non-compliance. HR are also providing support to line managers and staff who experience system issues.

4. Impact Analysis

4.1 Quality/ Patient Care

N/A

4.2 Equality and Diversity, including health inequalities

The whole concept of the Staff Governance Standard is about the fair and consistent treatment of staff, how they are managed and they feel they are managed. By ensuring compliance with the Staff Governance Standard and the application of best employment practice should ensure that NSS is an exemplary employer.

4.3 Data protection and information governance

NA

5. Risk Assessment/Management

All issues which are of concern and which represent a risk to NSS are reviewed and discussed at EMT and Partnership Forum.

6. Financial Implications

Through the application of best employment practice, and good people management there should be a positive impact on the finance of the organisation.

7. Workforce Implications

This report covers all key issues associated with compliance with the Staff Governance Standard and best employment practice. It should provide a “snap shot” of the key people management issues in NSS at a given period of time, along with some trend analysis.

8. Route to Meeting

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

- EMT on 21 February 2022
- NSS Partnership Forum on 22 February 2022

9. List of Appendices and/or Background Papers

The following appendices are included with this report:

Appendix No 1, NSS People Report – January 2022 (slide deck)

Jacqui Jones
Director of HR and Workforce Development
1 March 2022

NSS People Report – January 2022

Summary

Headcount

The current headcount for NSS is 3,636 and the total WTE is 3,345.57. Please note the headcount on the dashboard does not include agency/bank staff. There are currently 212 agency staff, the majority of which are in PCF (82), SPST (59) and DaS (43). There are 512 bank staff, the majority of which are in NCC.

Absence

The year to date sickness absence rate for January is 3.93%, which is a small decrease from the previous month (3.99%). Long term absence is at 2.77% and short term absence is 1.16% for the year. Absence cost has seen a decrease of 28% from the previous month (£446k to £319k). Anxiety/stress/depression remains the most common reason for absence, making up 37% of the total cost of absence for January. Sickness absence rates continue to increase in comparison to the 2020/21 fiscal year, however these are still lower than they have been in previous years. We will continue to monitor and identify any special cause variation.

Statutory Training

Compliance with 3 Year Mandatory Training is at 91% and Statutory Training is at 94%. Whilst improvements continue to be made, further work is required across a number of SBUs to ensure compliance rates remain high.

Turas

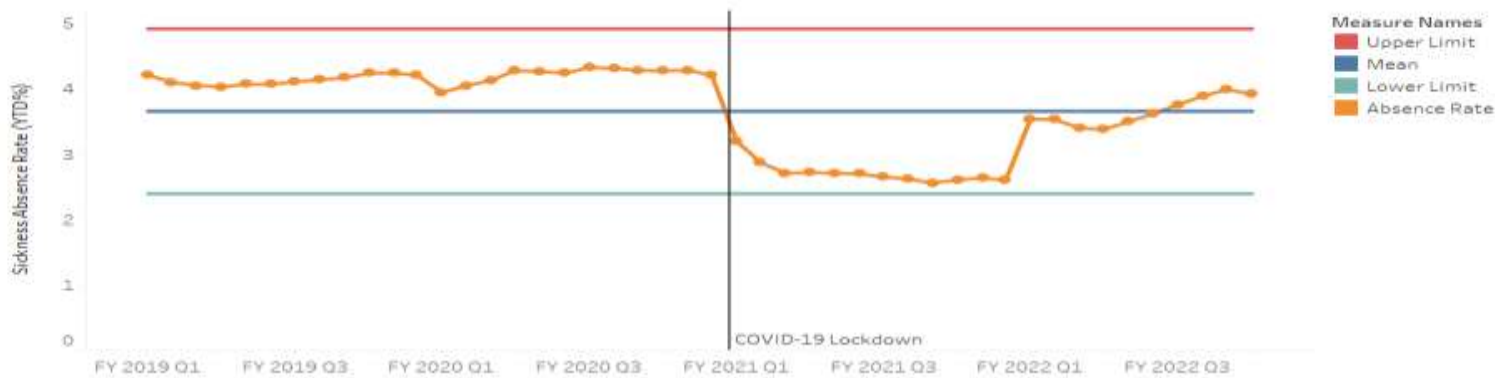
Turas compliances are currently at 73% for Appraisal, 70% for PDP and 77% for Objective, which is no change for Appraisal and PDP from the previous month's figures, and an increase of 1% for Objective Compliance.

COVID-19

As of 7 February 2022, a total of 375 employees have tested positive for COVID-19 since April 2020. There has been a total of 2,223 special leave requests submitted, 1,181 have been submitted within this fiscal year (212 in January). There are currently 12 employees on COVID-19 related special leave, seven due to being COVID-19 positive, two due to Test & Protect Isolation, one due to household related self-isolation, one due to Long Covid and one due to an underlying health condition. The cost of COVID-19 special leave in January is £98k with a total of 5,995 hours lost, a decrease of 5k from December. Special leave due to positive COVID-19 cases has been increasing across the third quarter, continuing into January with a peak of 46 employees off due to being COVID-19 positive on 7 January.

Statistical Process Control

Sickness Absence SPC



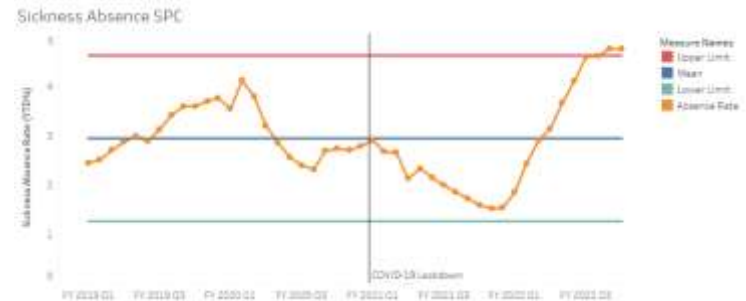
There has been a slight decrease in sickness absence between December (3.99%) and January (3.93%) currently sitting above the mean of 3.66%. Based on the previous three years of absence data, it is forecast to finish the year at 3.12%. Year to date, long term sickness is at 2.77% and short term absence is 1.16%. At NSS level, sickness absence has increased since August 2021 but remains lower than pre-pandemic levels.

Clinical, Finance, HR and P&CFS are sitting between the Lower Control Limit and Mean, with no cause for concern.

DaS, PCF, SNBTS and SPST are above their calculated Mean (which have been calculated at 2.19%, 5.66%, 3.93% and 2.24% respectively) with DaS at 2.74%, PCF at 5.9%, SNBTS at 4.58%, SPST at 2.95%. Although higher than average, DaS, SNBTS and SPST are forecasted to end the year below target.

CLO is above its upper limit (calculated at 4.63%) at 4.76%, no change from the previous month and is due to an increase in Long Term Sickness (currently at 3.96% year to date) all of which is being well managed with no cause for concern.

CLO Sickness Absence SPC



Sickness Absence

January has seen a 28% decrease in cost in comparison to December (£446k to £319k) and a 25% decrease in hours lost. When compared to the same period in the previous fiscal year, there has been a 89% increase in cost and a 82% increase in hours lost. The reduction in monthly cost could be explained by differences in staff absence between higher and lower bandings in January and December. For example, Band 8 staff had an absence cost of £89k in December, with January recording only £52k.

As anticipated in last month's report, there has been an increase in the figures reported for December 2021, as absences were entered late due to public holidays at the end of the month. Absence cost for December has increased retrospectively from £402k to £446k, while hours lost have increased from 23,851 to 26,250.

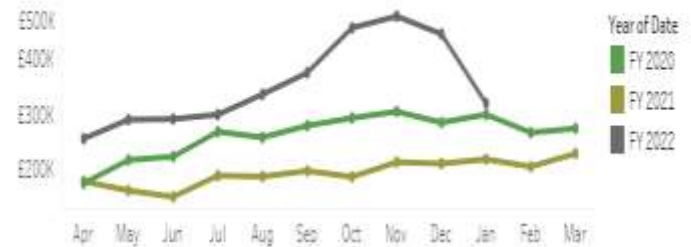
It should be noted that whilst cost and hours lost have been increasing across the current fiscal year, 2020/21 year saw much lower than average costs compared to previous years, particularly in the first half of the year due to the impact of lockdown and shielding. Absence levels will continue to be monitored as sickness absence has been steadily increasing since August of this year, which is when restrictions were lifted and the schools returned.

The top three absence reasons for January make up 52% of the cost of absence for the month, they were:

- **Anxiety/Stress/Depression** - a cost of £118k (37% of monthly cost) and 7,554 hours lost (38% of monthly total)
- **Other Musculoskeletal Problems** - £30k (9% of monthly cost) and 1,755 hours lost (9% of monthly total)
- **Injury, Fracture** - £20k (6% of monthly cost) and 1,175 hours lost (6% of monthly total)

The SBUs with the highest cost and number of hours lost are those with the highest proportion of frontline workers - PCF (27.4%) and SNBTS (31.3%) equating to 58.7% of the overall cost of absence for January.

COA Trend

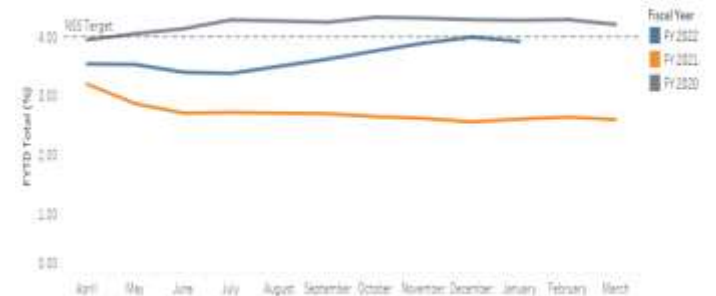


Current month	Current FY	Previous FY	Cost of absence
£318,832	£3,545,345	£1,875,087	
19,748	207,452	114,229	Hours lost

COA by band

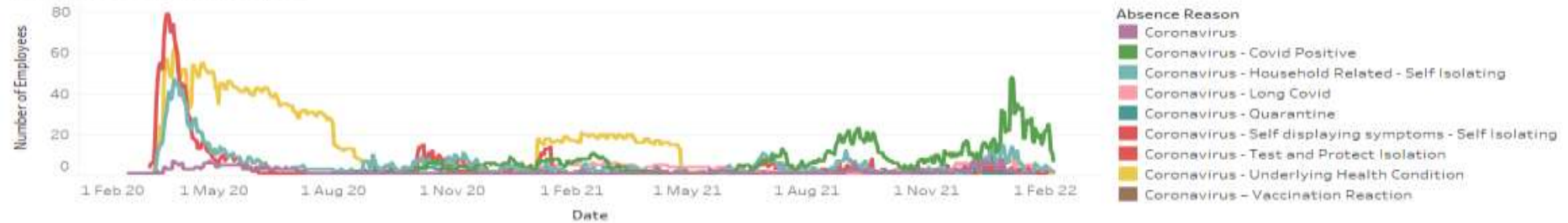


SA Trend



COVID-19 Special Leave

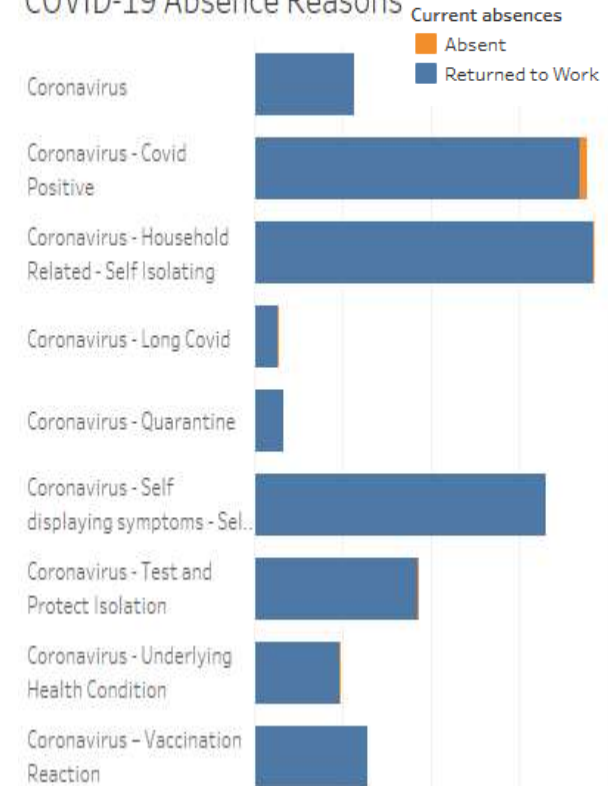
Total Absent Employees



As of 7 February 2022 there have been a total of 375 employees who have tested positive for COVID-19. There are currently 12 employees on special leave due to Coronavirus (six in PCF, five in SNBTS and one in NCC):

- Coronavirus – Covid Positive – 7
- Coronavirus – Test and Protect Isolation – 2
- Coronavirus – Household Self-Isolating – 1
- Coronavirus – Long Covid – 1
- Coronavirus – Underlying Health Condition – 1

COVID-19 Absence Reasons



There has been a total of 2,223 special leave requests (may include multiple requests from the same employee) due to COVID-19, 1,181 of which have been in the current fiscal year, with 212 in January (a decrease of 51 from December). 34.72% of all absences have been due to household members displaying symptoms and 29.75% have been due to employees self-displaying symptoms, while COVID-19 positive cases make up 33.9% of all special leave requests. SNBTS make up 31% of all absences, with PCF at 16%. The most common locations for COVID-19 special leave continues to be Canderside (15.55%), with Gyle Square at 15.1% and Jack Copland Centre at 14.01%.

The cost of COVID-19 special leave in January is £98k with a total of 5,955 hours lost. This is a decrease of £5k absence cost and 62 absence hours from December. Compared to January of the previous year, there has been an increase of £18k. COVID-19 positive absence was the most common reason for COVID-19 special leave in January, with a total cost of £65k and 3,877 hours lost and a peak of 46 employees off on 7 January. Year to date, the total cost for COVID-19 special leave is £504k, a decrease of 267k from the same period in the previous fiscal year.

Case Management

There are currently 137 active cases, with 17 cases opened in January (a decrease of 12 from December). This is higher than the two previous fiscal years (seven cases in January 2020 and five in January 2021.) There have been 23 cases closed in January.

There are a total of 211 employees who have breached sickness absence triggers, of which 62 (29.38%) have active cases with HR. A total of 495 employees have reached an absence trigger in the rolling year, of which 126 (25.45%) have active cases with HR.

Case Category Breakdown:

- Attendance = 90 (-1)
- Capability = 19 (-1)
- Conduct = 18 (-)
- Dependency = 1 (+1)
- Dignity at Work = 5 (+1)
- Grievance = 5 (-)

133 employees have reached a **28+ day** trigger in the current month

80 employees have reached a **4+ episode** trigger in the current month

Active Cases per SBU



Category Informal/formal



New Cases Trend



Turnover

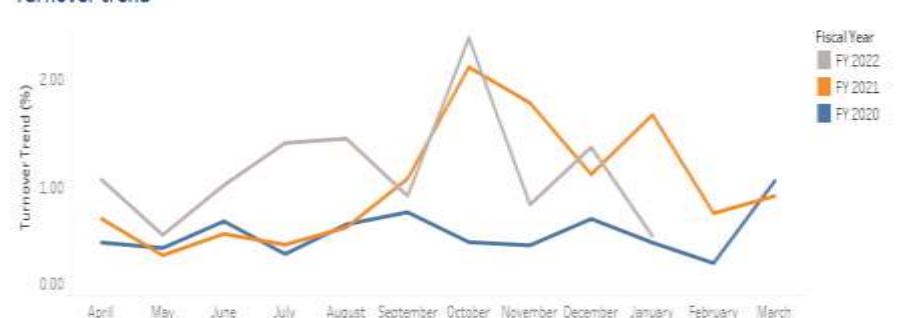
NSS turnover year to date position is 14.27% in January. Turnover currently indicates a year end forecast of 14.05%, well above the agreed target of 7%. However the turnover prediction has been significantly impacted by the National Contact Centre (NCC). NCC accounts for 112 of all 333 (33%) leavers this fiscal year. We will continue to monitor and highlight any areas of concern.

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

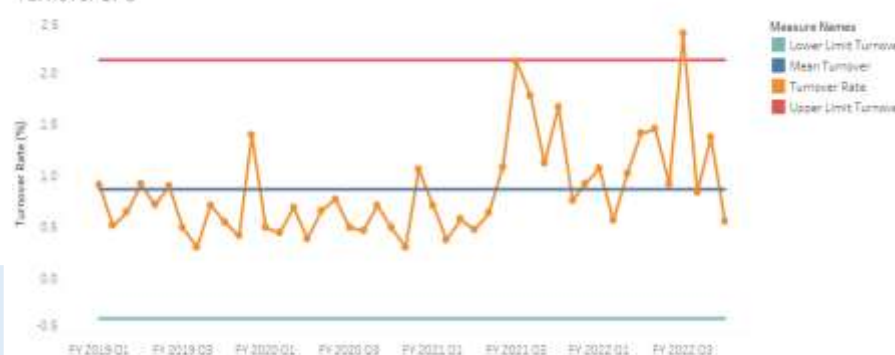
- **NCC – 39.4%** (forecast to end year at 31.54% against 8% target)
- **SNBTS – 9.94%** (forecast to end year at 9.57% against 8.5% target)
- **SPST – 10.63%** (forecast to end year 10.67% against 6% target)

Of the 15 employees who left in January, nine were on Permanent Contracts and six were Fixed Term.

Turnover trend



Turnover SPC



SBU	Leavers in Month	Leavers year to date	SBU	New Starts in Month	New Starts year to date
CLO	1	7	CLO	0	5
Clinical	0	2	Clinical	1	4
DaS	3	22	DaS	8	40
Finance	0	4	Finance	4	7
HR	0	6	HR	0	13
P&CFS	0	19	P&CFS	3	11
PCF	2	42	PCF	9	100
SNBTS	4	91	SNBTS	17	139
NCC	5	112	NCC	0	147
SPST	0	28	SPST	4	39
NSS	15	333	NSS	46	505

Reason for Leaving in January	Number of employees
New employment with NHS outwith Scotland	2
New employment with NHS Scotland	4
Ill Health	1
Retirement- Other	1
Vol. Resignation – Other	4
Other	3

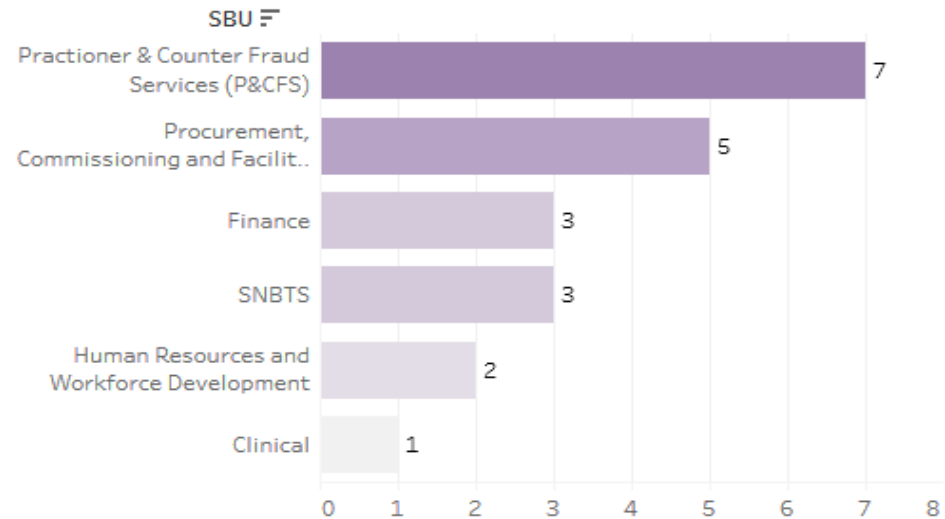
Redeployment

Currently there are 21 Active Redeployments within NSS, of which 13 staff are on temporary work assignments, six are on secondment, one on a trial period and one is seeking opportunities. An additional 23 staff have been successfully redeployed in the current fiscal year.

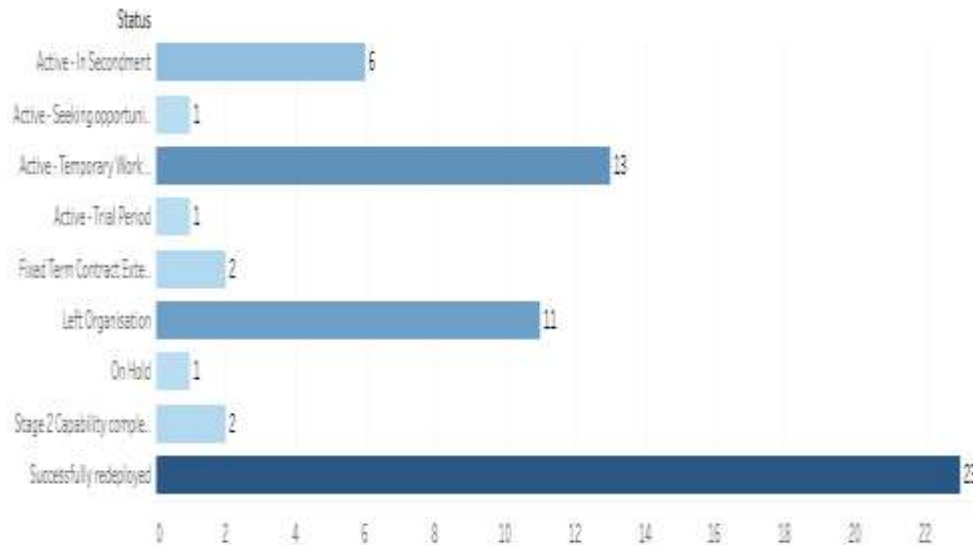
Absence rate for the month of December for redeployees is 5.85%. The absence rate for the current fiscal year is 6.09%, of which 4.83% is in relation to long term absence and 1.26% is short term.

43% of employees on the redeployment register have been there for less than a year, whereas 19% have been on the register for over four years.

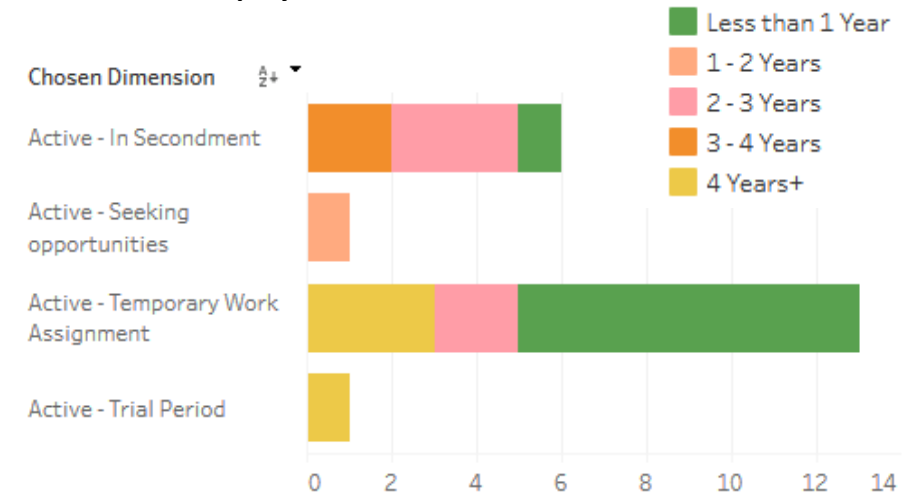
SBU Active Redeployment Breakdown



Redeployment Status



SBU Active Redeployment Breakdown Tenure



Recruitment

There have been **495** jobs advertised year to date (based on a closing date within the current fiscal year), with 48 new jobs posted in January. There has been a total of **1,406** vacancies – 34.5% of vacancies relate to permanent posts, 24.68% fixed term, 19.91% Bank workers (NCC) and 12.3% fixed term or secondment.

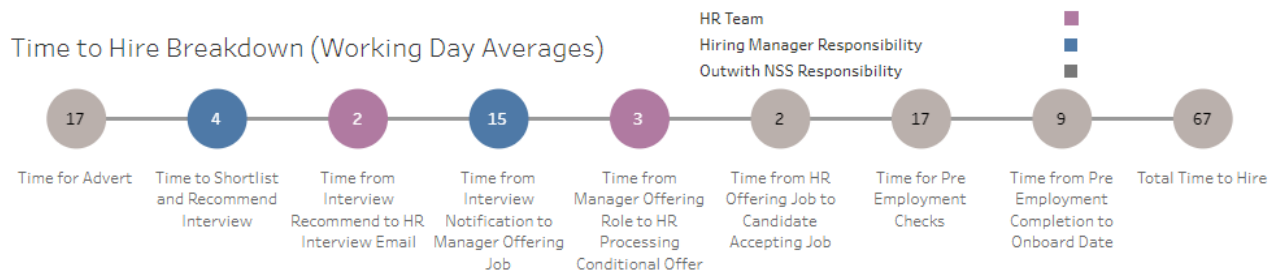
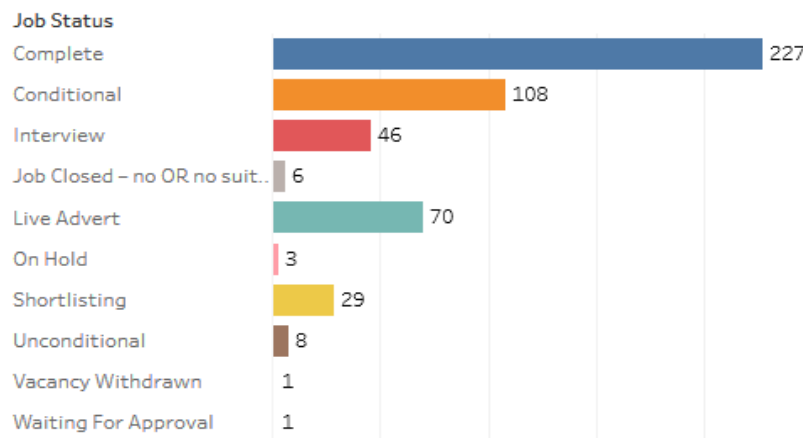
There are currently 70 live adverts, 46 at interview stage, 29 jobs at shortlisting stage and 108 at conditional stage.

There have been 8,789 applicants within the current fiscal year, 27% of which have been for NCC, 24% for SNBTS and 21% for PCF.

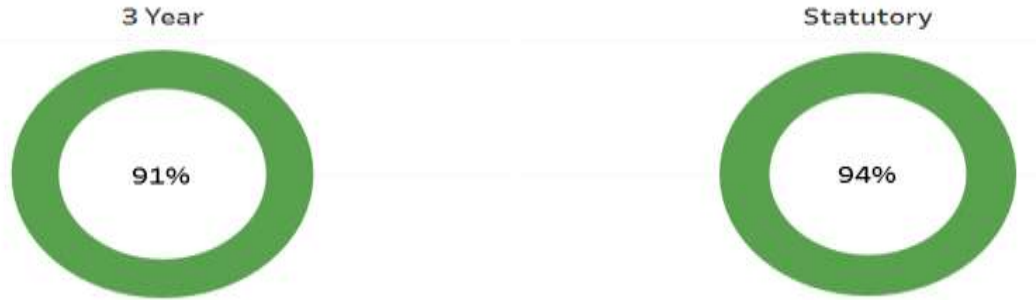
The current average time to hire inclusive of HR and Hiring Manager involvement is at 67 working days (not including NCC) and 83 working days (including NCC). There has been no change from the previous month. The increase in NSS average including NCC is due to the length of time adverts are live for Contact Tracing roles (40 days on average). Pre-employment checks with disclosures take on average 24 days, whereas those without a disclosure check takes 14 days (no change from the previous month).

NCC time to hire sits at 103 days on average (-), with SNBTS at 74 days(-) and CLO at 71 (- one day from December).

SBU	Number of Jobs	Number of Vacancies
CLO	6	10
Clinical	6	6
DaS	76	114
Finance	9	11
HR	18	18
P&CFS	27	33
PCF	122	164
SNBTS	119	167
NCC	12	350
SPST	19	95



Mandatory/Statutory Training



At NSS level, both 3 Year Mandatory Training and Statutory Training Compliance are above the 90% target with 91% (+1%) and 94% (+1%) respectively. Currently, all courses are above 90% compliance.

At SBU level, only **DaS** and **SPST** are below 90% in either compliance – **DaS** in 3 Year Compliance and **SPST** in both 3 Year and Statutory.

Bank Staff (**NCC Bank**) Learning is at 79% for 3 Year Compliance (+3%) and 83% for Statutory Compliance (+2%), with the majority of courses between 70%-80%, Information Governance is the only course that is above 90% with 97% compliance.

Whistleblowing

Please see the table for current compliance figures for employees and managers combined. Please note that the headcount is the Turas Headcount figure. Completions relate to the number of staff who have completed **all** applicable modules. A further 73 employees/managers have started the training but are yet to complete all modules.

SBU	3 Year Compliance	Statutory Compliance	Number of courses non-compliant (of 9)
Clinical	99%	95%	1
CLO	95%	98%	-
DaS	86%	91%	8
Finance	92%	100%	2
HR	93%	95%	-
P&CFS	96%	95%	-
PCF	90%	91%	3
SNBTS	95%	97%	-
SPST	86%	88%	8
NCC (without Bank)	90%	93%	4

Whistleblowing	HC	Complete	Compliance %
Employee/Managers	3,531	2,550	72%

Turas Appraisal

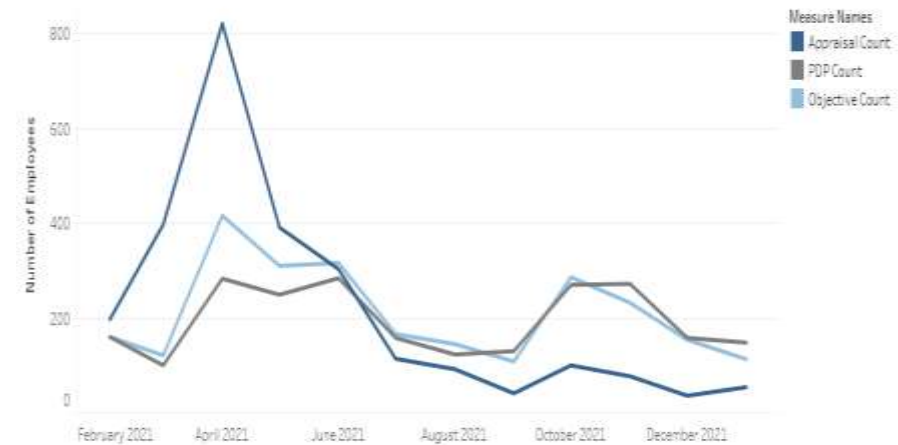
Appraisal Compliance

PDP Compliance

Objective Compliance



Trend



At NSS level there has been no change for Appraisal and PDP Compliance since December, Objective Compliance has increased 1%.

Compliance across SBUs varies and there is little movement from the previous month.

- **CLO** and **P&CFS** have all three compliances above 90%.
- **HR** have two compliances above 80%.
- **PCF, SNBTS** and **SPST** have all three compliances above 70%.
- **Clinical** have two above 70%.
- **Finance** have two compliances below 70%.
- **NCC** has all three compliances below 50% with rates of 41%, 13% and 45%.

SBU Appraisal Compliance



SBU PDP Compliance



SBU Objective Compliance



0% 50% 100%

% Appraisal Compl.

0% 50% 100%

% PDP Compliance

0% 50% 100%

% Objective Compl.

Annual Leave

The current position indicates that approximately 78% has been taken to date. This includes any carry over of annual leave from 2020/21 that has been approved. A further 7% of leave has been planned in with a balance of 15% remaining.

Division	Entitlement	Planned	Taken	Remaining	Remaining %
Central Legal Office (Div/CHP)	29,466	2,478	21,688	5,301	18%
Clinical (Div/CHP)	3,436	15	2,918	504	15%
Digital and Security (Div/CHP)	100,772	9,030	68,965	22,777	23%
Finance (Div/CHP)	17,130	1,565	12,590	2,975	17%
HR & Workforce Development (Div/CHP)	21,626	2,052	15,902	3,672	17%
Practitioner & Counter Fraud (Div/CHP)	107,486	11,113	82,502	13,870	13%
Procure Commission Facilities (Div/CHP)	166,409	10,202	130,535	25,671	15%
SNBTS (Div/CHP)	176,938	5,730	145,927	25,281	14%
SPST-NCTC (Div/CHP)	36,027	202	37,454	- 1,629	-5%
Strategy Performance & Service Transformation (Div/CHP)	57,368	5,800	40,321	11,247	20%
NSS	716,658	48,187	558,802	109,669	15%

*Information collated in this exercise is at 1 February 2022 and is a combination from Crown Flexi and eESS/SSTS. This is only an indication of employees of NSS and excludes Bank Staff, contingent workers, honorary contracts and secondees.

Health & Safety - Accident / Incident Management

RIDDOR – FYTD

Month	AIR No	SBU	Cause
June 2021	1190	SNBTS	Lifting/handling/carrying an object
June 2021	1188	SNBTS	Slip/trip/fall
June 2021	1185	PCF	Struck by moving/flying Object
July 2021	1207	PCF	Struck by a moving vehicle
September 2021	1229	PCF	Fall from Height

RIDDOR - Five RIDDORs have been submitted to date to the Health & Safety Executive (HSE) in the fiscal year to date. RIDDORs account for 183 days out of the 315 days recorded absence due to accidents.

Note:

There are currently three ongoing investigations, two within Canderside Warehouse and one within P&CFS.

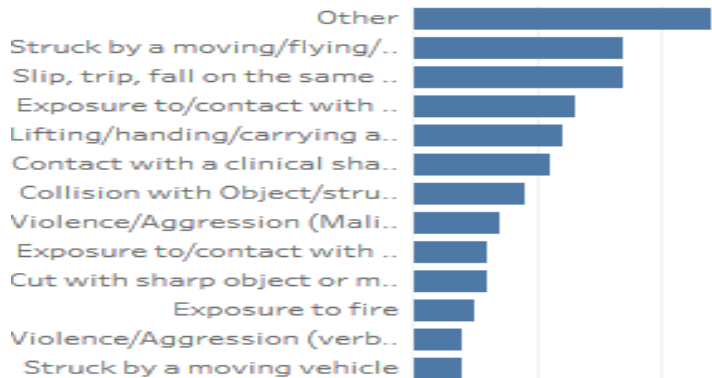
AIR report accident category trend



A total of seven accidents have been submitted in January. There have been 66 accidents submitted fiscal year to date. The accident rate is **17.47** for the year, 1.72 for January. The average time to close is 49 days. The main cause of accidents for January are:

- Contact with a clinical sharp including needlestick (29%)
- Collision with object (29%)
- Struck by a moving/flying/falling object (14%)
- Slip, trip and fall on the same level (14%)
- Lifting/Handling/Carrying an object (24%)

Cause of injury trend against all reports submitted - FYTD



A total of five Incidents/Near Misses were submitted in January. 34 incidents have been submitted fiscal year to date. There have been no absence days in relation to Incidents in January. Average time to closure is currently 60 days.

The main cause of incidents in January were:

- Struck by a moving/flying/falling object (60%)
- Other (40%)

Occupational Health Activity

Appointments

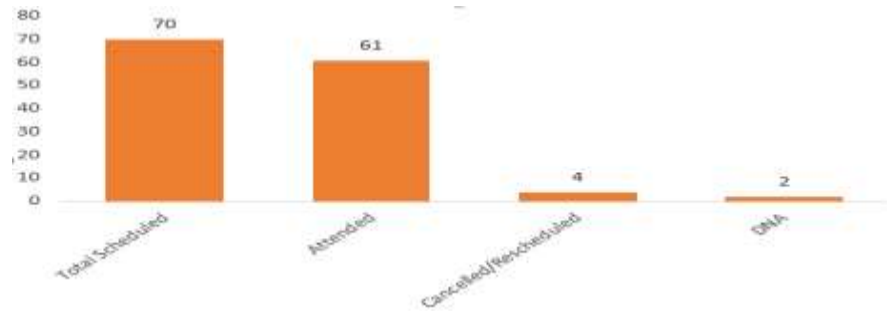
In the fiscal year there have been a total of 724 management or self referral/review appointments. Of these, 70 appointments were arranged in January:-

- 2 resulted in non attendance (3%)
- 4 were rescheduled or cancelled (6%)
- 61 were attended (87%)

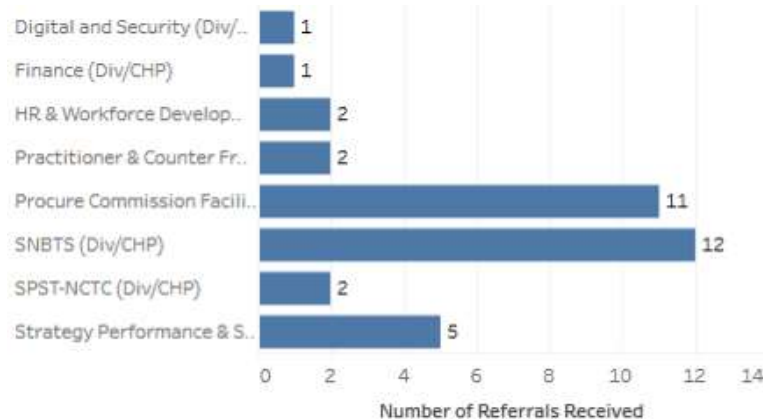
SNBTS account for 50% of appointments delivered in January, while PCF makes up 13% and SPST-NCC account for 10%.

DNA accounts for 8% of appointments not delivered for the fiscal year, while cancelled or rescheduled appointments account for 4%.

Appointments January 2022



Referrals Received in January 2022



Management and Self Referrals

During January there have been 36 new referrals received, a decrease of 11 from December:

- Management Referrals: 34 (74% of referrals), a decrease of one from December.
- Self Referrals: two (26% of referrals), a decrease of 10 from December.

The main reason for referrals is in relation to anxiety/stress/depression and other psychiatric illness equating to 56% of referrals received in January. Other musculoskeletal and back problems is also an area of concern making up 19% of total referrals.

The average time taken to triage referrals (year to date) is four days with the average time from referred to discharged at 27 days. There have been 409 referrals received within the fiscal year, with 180 (44%) discharged.

Pre-Placements Received Fiscal Year 2021/22



Pre-Placements

869 pre-placements have been received year to date with 846 cleared (97%). A total of 28 pre-placements were received in January, with 93% cleared, with an average of one day taken to clear.

National Contact Centre accounts for 41% of the overall volume received within the year and 25% of activity in January.

On average for this fiscal year pre-employments are taking approximately four days to clear from date received.

Meeting:	NSS Board
Meeting date:	Thursday 10th March 2022
Title:	NSS Financial Plan 22/23
Paper Number:	B/22/06
Responsible Executive/Non-Executive:	Carolyn Low, Director of Finance
Report Author:	Andy McLean, Deputy Director of Finance (Reviewed by: Carolyn Low, Director of Finance)

1. Purpose

This paper provides the Board with a balanced financial plan for 2022/23 and is presented for approval. The budget has been prepared in-line with the SG Budget announcement in December 21 and has been updated since to reflect further work and discussion within SBUs; across NSS; and with SG Finance colleagues.

2. Recommendation

The Board is asked to formally approve the NSS Budget for 22/23.

3. Discussion

A balanced financial position across the planning period is presented but within this position, the SBU trading deficit is forecast to increase from £1.5m in 22/23 to £6.3m in 24/25 resulting in little / no investment funding available for prioritised service developments each year.

For 22/23, there is **c£0.7m revenue available for prioritised developments** against a remaining ask of £6.1m (if all corporate priorities are agreed and fully funded).

Without focused action to reduce cost, improve productivity and transform the way we deliver our services (or indeed stop delivering some of our services) a lack of development funding will remain and likely intensify over the planning period. The Financial Sustainability Action Plan will help tackle and address some of these issues FY22/23 onwards

The SBU trading deficit for FY22/23 has improved by £3.9m since the initial RAM discussions in late 2021 but there remains underlying risk in plans

Detailed budgets for 22/23 are currently being finalised and will be formally signed off by budget holders before being loaded into the Financial Ledger system ahead of the first Financial Management cycle next year.

4. Impact Analysis

4.1 Quality/ Patient Care

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

4.2 Equality and Diversity, including health inequalities

An impact assessment is not required.

5. Risk Assessment/Management

The position modelled reflects the impact of known financial risks and work continues to mitigate such risk, and deliver financial sustainability over the longer term:

- **Uncertainty around C-19 Services** – there is an overall funding gap currently across NHS Scotland so there is a risk that NSS is unable to scale back its services and contractual commitments / liabilities in-line with the funding that is available. SG has confirmed that 100% funding will be available in FY22/23 but there is on-going work, challenge and scenario planning across all C-19 services
- **Inflationary Pressures** – whilst SG has advised it will cover any increase to A4C pay beyond the current 2% estimate, the level of non-pay inflation is significant now and for the foreseeable future – with a gap between the baseline funding increase of 2% and CPI which is >5%. SBU budgets have been prepared based on the best information and intelligence available.
- **Service Transformation** – this has been delayed in many areas due to a lack of capacity – with a consequential impact on the financial sustainability of NSS. This will continue to be an area of focus, with oversight from the Change Oversight Group and regular reporting of progress into Finance Procurement and Performance Committee. SBU transformation projects will be prioritised based on value and readiness.

6. Financial Implications

The budget has been prepared in-line with confirmed SG financial planning assumptions:

- 2% baseline uplift across all services – to cover pay and non-pay inflation
 - Non-Pay Inflation is currently higher than 2% with SBU financial plans reflecting a more accurate forecast
 - The current assumption for A4C pay is a 2% rise but this is still to be agreed. Any increase to the 2% position will be fully funded by SG
- Additional recurring funding will be provided by SG to cover the National Insurance increase for Employers
- SG has confirmed that C-19 costs and services will be fully funded. There is a significant funding gap against the current £1.1bn forecast cost across NHS Scotland – and it is clear that the scope of services provided will be very different in FY22/23 due to the affordability.

7. Workforce Implications

There is no impact on workforce in this report.

8. Route to Meeting

This paper builds on previous updates to NSS Board and FPPC during 2021/22, most recently the FPPC on 2nd February 22 and the Board Development Session on 18th February 22.

9. List of Appendices and/or Background Papers

The following appendices are included with this report:

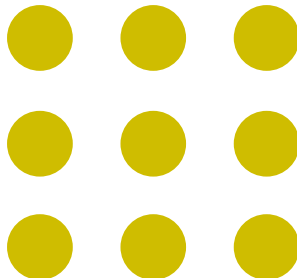
- Appendix No 1: NSS Financial Plan FY22/23

NSS Board

Financial Plan 22/23 – 23/24



10th March 2022



The Scottish Government formally announced their budget plans on **9th December 2021**

Focus

- The Cabinet Secretary clearly set this budget out as a transitional budget, paving the way for a full resource spending review in May 2022
- We will continue to work closely with SG Finance colleagues during 2022 to inform and influence the spending review outcomes, with a focus on reducing NSS' current reliance on non-recurring funding (as highlighted by Audit Scotland).
- At a meeting on 24th January, SG Finance colleagues confirmed they are actively considering our requirements and will prepare a paper with proposals on which allocations they wish to support as moving to baseline and/or consolidated into larger “themed” recurring allocations. It is likely that any changes will apply post spending review.

Financial Planning Assumptions

- The budget announcement confirmed that our original assumptions were robust with no material changes required
- One of the main assumptions is that all C-19 costs and services will be fully funded by SG (where required)
- However it is since become apparent that anticipated funding for C-19 from HMT to SG will not flow in FY22/23, resulting in a significant gap between funding and projected expenditure across NHS Scotland
- Work is on-going to better understand NSS' commitments and financial liabilities for FY22/23, to quantify the level of financial risk across a range of different scenarios.

Financial Framework

- Health Boards are currently required to submit balanced revenue resource plans for 1 Financial Year (i.e. FY22/23) but it envisaged that SG will return to a 'medium-term' Financial Framework, which would include the ability for Boards to deliver a planned over-spend or under-spend in any given year, on the basis that they deliver financial balance over the 3 Year planning period overall
- This is important for NSS to consider in terms of:
 - The variation and level of SBU trading forecasts across future Financial Years
 - The required investment profile to drive value and Financial Sustainability
- Despite the current external reporting requirement only being 1 Financial Year, NSS has prepared a 3 Year revenue plan to ensure the Financial Sustainability of our services in the longer term remains a key focus

Financial Landscape

- It is clear that **NHS Scotland remains acutely resource constrained** with the **projected C-19 funding gap adding to an existing underlying deficit**. This challenging position is **exacerbated by large inflationary pressures** across all areas of expenditure.

Revenue Plan – Assumptions & SBU Position

Main Assumptions (FY22/23)

- **2% baseline uplift across all services** – to cover pay and non-pay inflation
 - Non-Pay Inflation is currently higher than 2% with SBU financial plans reflecting a more accurate forecast
 - The **current assumption for A4C pay is a 2% rise** but this is still to be agreed
 - We have been advised that any increase to the 2% position will be fully funded by SG
 - Additional recurring funding will be provided by SG to cover the National Insurance increase for Employers
- All **C-19 costs and services will be fully funded by SG**
 - However, the level of service delivered in FY22/23 will look very different and a reduced cost

SBU Trading Position

- Since the SBU RAM meetings in late 2021 there has been **significant favourable movement** in the projected position, with the **FY22/23 deficit reducing from £5.4m to £1.5m**
- The plans do carry **an increasing level of risk over the 3 year period** reinforcing the need for continued, on-going **focus on the Financial Sustainability of services across NSS** with robust planning in the longer term as well as the immediate term

	RAM Position			Revised Position		
	22/23 £000s	23/24 £000s	24/25 £000s	22/23 £000s	23/24 £000s	24/25 £000s
SPST	0	0	0	0	0	0
CLO	225	65	-543	299	134	6
Finance	0	0	0	0	0	0
HR	11	13	-147	55	50	-111
PCF	-638	-2,393	-3,865	106	65	-353
Clinical	-113	-138	-179	-25	-17	-54
SNBTS	-945	-2,732	-3,796	0	-2,413	-3,471
P&CFS	-2,801	-2,336	-1,118	-1,817	-1,553	-0
DaS	-1,105	-2,134	-2,272	-105	-1,634	-2,272
	-5,366	-9,655	-11,920	-1,487	-5,367	-6,256

Remaining deficits totalling £1.948m and surpluses of £0.46m



Revenue Plan – SBU Movement

Position Statement: FY22/23 to FY24/25

SBU Trading Position – Key Movements from Opening "RAM" Position

- National Insurance increase is now funded by SG
- Additional income assumptions in DaS and SNBTS
- Additional vacancy management and workforce savings
- Further non-pay savings.

BUT

- limited savings from SBU service transformation
- Estates Rationalisation not yet reflected in plans

	22/23	23/24	24/25
Clinical	88	121	125
CLO	74	70	549
DaS	1,000	500	
HR	43	37	35
P&CFS	984	783	1,118
PCF	744	2,458	3,512
SNBTS	945	319	325
Grand Total	3,878	4,287	5,663

	22/23	23/24	24/25
Income	1,432	1,230	1,221
NI	806	788	770
Vacancy Management	524	103	103
Staff saving	482	492	501
Non Pay Saving - identified	251	1,151	1,876
Correction	249	12	13
Service Transformation	134	512	969
Unidentified savings target			210
Grand Total	3,878	4,287	5,663

COVID Funding FY22/23

A first draft of the NSS Covid budget was submitted to SG in February and is summarised below

NSS Covid-19 Expenditure	£000 20/21	£000 21/22	£000 22/23
Personal protective equipment	201,372	153,162	85,129
Testing	59,742	75,500	60,817
Louisa Jordan costs	63,984	9,805	0
Equipment & Sundries	12,982	5,172	2,586
Contact Tracing Costs	27,099	25,933	30,326
Immunisation Costs (COVID-19)	16,133	65,578	45,504
Additional Freight and Transport	16,016	0	0
Private Healthcare	30,826	11,437	0
Digital, IT & Telephony Costs	3,729	2,732	2,705
Estates/Facilities/Warehousing	3,928	6,620	6,566
Flu Programme Delivery Costs	3,754	20,865	20,865
Additional hospital drug spend	1,807	125	125
Clinical Waste (NSS)	3,171	1,208	170
Other- Mail Shielding Letters	1,923	1,166	400
Additional staffing	4,092	5,396	3,693
Other (incl Conv Plasma)	483	4,034	2,273
Total	451,041	388,733	261,159

Key Messages

- All costs will be fully funded in FY22/23
- The overall NHS Scotland C-19 forecast was c£1.1bn (with NSS' share £261m) but there is a significant funding gap currently
- Test Protect and Vaccinate cost scenarios being progressed for discussion and agreement with SG.
- Whilst most services will continue into FY22/23, they will look very different to this Financial Year and will be delivered at a reduced cost

Revenue Plan – Corporate Provisions & Reserves

Position Statement: FY22/23 to FY24/25

Corporate Provisions and Assumptions

The following provisions have been made within NSS' Reserves:

- **£1m Operating Contingency** – which is line with previous years and may be required in FY22/23 to cover increasing non-pay inflationary pressures
- **£1.5m Support for NSS Transformation** – this is also in-line with previous years and reflects the continued demand for support across NSS
- **5% CRES from Baseline**– as per previous year NSS has retained this funding centrally to help meet additional pressures and fund developments

These provisions can be released in year and redirected as required – including the funding of priority revenue developments

Reserves & Available Funding

The adjacent table summarises the funding available over the Financial Planning period **before developments are considered**:

- **An improved, increase surplus over the planning period**
- **Net SBU trading deficit which erodes funding available for developments**

Whilst there is an increasing projected surplus forecast, this is insufficient to cover **priority developments and any emerging cost pressures**

	22/23	23/24	24/25
Retained CRES in Reserves	17,336	21,319	26,040
Uplift - excl NSD	3,502	2,958	3,017
Efficiency Savings (5%)	6,071	6,265	6,176
AfC uplift (2%) & NI	- 5,590	- 4,502	- 4,502
Reserves Baseline	21,319	26,040	30,730
Capital Charges	- 6,894	- 6,188	- 5,945
Recurring developments	- 8,980	- 7,414	- 6,726
Underlying deficits to be funded	- 1,487	- 5,368	- 6,255
Current Projected Surplus	3,959	7,070	11,805

Revenue Plan – Developments

Funds Available for Reinvestment

Based on improved SBU budget positions, **c4m is available** in FY22/23 to **cover emerging pressures and revenue developments**.

However a review of current pressures and revenue developments has **identified corporate priorities of c£3.3m which leaves little / no funding for SBU priority developments**.

Business cases for the corporate priorities are being finalised to ensure funding can be released if estimates are overstated.

A **criteria-based shortlist** of all other developments will ensure any funds becoming available in year can be allocated with minimal delay. Development bids which (1) improve the financial position by generating savings and/or (2) align to 'Renewal and Recovery' will be prioritised

SBU	Non Rec	Recurring	
Corporate Priorities	2,600	660	3,260
Clinical	220	0	220
DaS	300	1,070	1,370
Finance	73	0	73
HR	87	470	558
P&CFS	1,439	0	1,439
PCF	935	706	1,641
SNBTS	118	226	344
SPST	480	0	480
Grand Total	6,252	3,132	9,384

	Non Rec	Rec	
Corporate Priorities	2,600,000	660,000	3,260,000
Tech Refresh - Oracle 12C to Oracle 20C upgrade	1,000,000	0	1,000,000
Deloitte Recommendations - Analysis and Internal Resouces	1,000,000	0	1,000,000
O365 additional Local contribution	0	400,000	400,000
Scottish Workload formula (response to Deloitte report)	300,000	0	300,000
Seer v2.0 re-platform costs (project costs)	300,000	0	300,000
eRostering - NSS element	0	260,000	260,000

Revenue Plan – Overall Summary

The following table summarises the **overall revenue position for NSS between FY22-23 and FY24-25**, including:

- **SBU Trading Deficit** – which increases over the planning period
- **Retained CRES** – 5% each year
- **Corporate Priorities** – currently totalling £3.3m for FY22/23
- **Residual Funding Available for Developments** – leaving only £0.7m available if all Corporate Priorities are funded
- **Unfunded SBU Developments** – with a current outstanding ask of £6.1m

	22/23	23/24	24/25
Retained CRES in Reserves	17,336	21,319	26,040
Uplift - excl NSD	3,502	2,958	3,017
Efficiency Savings (5%)	6,071	6,265	6,176
AfC uplift (2%) & NI	- 5,590	- 4,502	- 4,502
Reserves Baseline	21,319	26,040	30,730
Capital Charges	- 6,894	- 6,188	- 5,945
Recurring developments	- 8,980	- 7,414	- 6,726
Underlying deficits to be funded	- 1,487	- 5,368	- 6,255
Current Projected Surplus	3,959	7,070	11,805
Corporate priorities - committed	- 3,260	- 660	- 660
Corporate priorities - to be allocated for high priority	- 699		
Corporate priorities - currently undefined		- 6,410	- 11,145
NET POSITION	- 0	0	- 0

Capital Plan – FY 22/23

Formula Capital budget: maintain existing asset base

- Rolling replacement programme requires review
- Ability to fund new programmes impacted by slippage
- Limited capital development bids in FY22/23
- Work is needed to understand the investment required to achieve sustainability targets.
- Additional SG funding may be available, subject to bid submission.

Accounting Standards & Nature of Spend

- IFRS 16 and SAAS. Funding will change in-line with this, but with no detriment to NSS.

Available Funds FY22/23 – If all developments approved **£0.538m available** for further investment

NSS CAPITAL FUNDING		£000
Opening position	CRL	2,927
Rolling Replace and b/f commitments	nDCVP (slipped from 21/22)	-208
	SNBTS Rolling Replacement	-450
	Breast Screening Rolling Replacement	-630
	Committed	-1,288
Available for Developments		1,639
Development Requests	Rolling Replacement Network Infrastructure	-200
	eProgesa	-60
	eDRM	-170
	eProgesa patch	-200
	eTraceline	-30
Capital Funding Remaining		979

Financial Position - Key Messages

- **A balanced budget is presented for FY22/23 for Board approval**
- Prioritisation of development bids will be completed by EMT early in FY22/23 following agreement of budget by SG Finance
- There remains **a level of risk** in achieving the plan in the following areas:
 - **Uncertainty around C-19 Services** – there is an overall funding gap currently across NHS Scotland so there is a risk that NSS is unable to scale back its services and contractual commitments / liabilities in-line with the funding that is available. SG has confirmed that 100% funding will be available in FY22/23 but there is on-going work, challenge and scenario planning across all C-19 services
 - **Inflationary Pressures** – whilst SG has advised it will cover any increase to A4C pay beyond the current 2% estimate, the level of non-pay inflation is significant now and for the foreseeable future – with a gap between the baseline funding increase of 2% and CPI which is >5%. SBU budgets have been prepared based on the best information and intelligence available.
 - **Service Transformation** – this has been delayed in many areas due to a lack of capacity – continuing to impact on the financial sustainability of NSS. This continues to be an area of focus with lots of mitigation in place, including organisational wide objectives such as ‘One NSS’ and prioritisation of SBU transformation projects based on value and readiness.

Next Steps

- Board to approve budget position on **10th March 2021**
- Final submission to SG Finance on **18th March 2021** following Board approval
- Finance are **finalising detailed budgets with SBUs during March** ahead of the new Financial Year
 - This will include formal budget holder sign off by SBU Directors and 'Key Decision Makers'
- Finance will **lead the delivery and implementation of the Financial Sustainability Action Plan** during FY22/23, with a need to plan with more rigour over the longer term

Meeting:	NSS Board Meeting
Meeting date:	10 March 2022
Title:	Update on Public Inquiries
Paper Number:	B/22/07
Responsible Executive/Non-Executive:	Lee Neary and Norma Shippin
Report Author:	Norma Shippin

1. Purpose

For information and noting the current situation in the Public Inquiries where NSS is a Core Participant

2. Recommendation

That the position be noted.

3. Discussion

SCOTTISH HOSPITALS INQUIRY (“SHI”)

The SHI had its first set of substantive public hearings in September 2021 when evidence was heard from patients and patients’ family members about their experiences, mainly in Glasgow, but also in Lothian.

The next set of substantive Hearings is due to start on 8 May 2022 and last for 3 weeks. There are two main themes being explored at these Hearings when we will for the first time hear evidence from NSS staff who are to be called as witnesses. The themes to be covered at the May Hearings broadly are:

- (i) the theory and practice of ventilation in hospitals; and
- (ii) the background to the project for the Royal Hospital for Children and Young People/ Department of Clinical Neuroscience (“RHCYP/DCN”)

NSS will have a particular involvement in the first theme and it looks like at least two NSS staff members are going to be giving evidence in person in May 2022.

There was a Procedural Hearing last month at which Lord Brodie set out the practical arrangements for the May Hearings. These will again be held in person at the same premises in St Andrew’s Square, Edinburgh and the live footage/stream will also be available on a live feed on YouTube. At these Hearings we will also hear from expert

witnesses instructed by the SHI Team together with witnesses from other Core Participants.

In terms of NSS involvement at the May Hearings, two NSS staff members (both from Health Facilities Scotland) have received Rule 8 Requests to provide statements to the SHI. The statements relate both to the theory and practice of ventilation in hospitals and also the status of and background to ventilation guidance. CLO is supporting staff with the preparation of the statements which are due to be submitted to the SHI on 3 March 2022. Thereafter it is expected in short order that the statements from NSS will be shared with other Core Participants and then published on the SHI website for general public access. Following submission of the statements, CLO will meet with NSS staff giving evidence again to support them in their role as witnesses.

Looking ahead to the rest of this year, there are substantive Hearings expected to last around 3 weeks in September (which will also relate to the Lothian site) and a further set of Hearings in November 2022.

Inquiry requests for information and documents from NSS continue to be worked on by NSS.

UK INFECTED BLOOD INQUIRY

Having commenced in mid-2018, the UK Infected Blood Inquiry continues to take evidence from stakeholders. It heard from patients and their families (the group that this Inquiry calls the “Infected and Affected”) during 2019 and 2020. From September until December 2020, it heard from English, Welsh and Scottish clinicians, including many former Haemophilia Centre Directors. In 2021, the Inquiry took evidence from further witnesses, including former London based clinicians, its own Medical Ethics Expert Group, legacy and current financial Trusts and Schemes (responsible for making payments to patients infected with HCV or HIV and their relatives), campaigners from amongst the Infected and Affected, further Government witnesses and pharmaceutical companies. In addition, the Inquiry’s own Counsel have themselves been making many presentations on the documentation that they have recovered, where witnesses are no longer available to give oral evidence.

Since the beginning of November 2021, and currently, evidence is being heard regarding the UK Blood Services. To date, 5 former SNBTS employees have given oral evidence remotely and there are a further 2 scheduled to give evidence in person in London during the latter part of this month. Lengthy written witness statements have been provided to the Inquiry by each of these witnesses, and there are a further 3 SNBTS witnesses from whom a written witness statement was sought, but they have not been called to give oral evidence. SNBTS also continues to process requests from the Inquiry regarding further recovery of the large amounts of documentation which it holds.

Recently, the Inquiry produced a timetable for the remainder of 2022. Most notably, deadline dates have been provided by which SNBTS will require to produce submissions – 20 June 2022 for brief submissions regarding recommendations that this Inquiry may be asked to make, and 24 October 2022 for full and final submissions in respect of all of the evidence heard by the Inquiry. There is currently no indication of how long it may take the Inquiry to produce its Final Report.

COVID INQUIRY

On 14 December, the Deputy First Minister announced the Terms of Reference for the Public Inquiry into the handling of the Coronavirus pandemic in Scotland and that Lady Poole would be the Inquiry Chair. Work has now begun in the CLO to support the Scottish Health Boards at the Inquiry. Teams are being established to support individual Boards and groups of Boards who will have an interest at the Inquiry. Terms of Reference were published in December. A number of counsel have now been appointed but we wait to hear who the solicitor to the inquiry will be and where this will be based.

In addition, the UK Government has announced that the UK COVID Inquiry will start its work. The Rt. Hon Baroness Heather Hallett will lead that Inquiry. The Scottish Government has said that the Scottish Inquiry must 'make reasonable efforts to minimise duplication of investigation, evidence gathering and reports with any other public inquiry established under the Inquiries Act 2005'. Whether that aspiration is realised remains to be seen.

4. Impact Analysis

4.1 Quality/ Patient Care

N/A

4.2 Equality and Diversity, including health inequalities

N/A

4.3 Data protection and information governance

N/A

5. Risk Assessment/Management

The risks are discussed at EMT level where appropriate.

6. Financial Implications

There is likely to be a significant cost burden for NSS in responding to the Inquiries. Those costs will not be recoverable through CNORIS but engagement with SGFD is on-going.

7. Workforce Implications

Discussions regarding the level of administrative support are on-going.

8. Route to Meeting

Chief Executive requested it.

9. List of Appendices and/or Background Papers

None.

MEETING DATES		18.2.22 DEVELOPMENT SESSION	10.3.22 FORMAL	Exec Lead	Author	Due Date	Received Date	Approved by EL	Outcome (Approved, Actioned for Info)
Standing Items		Paper (with Number allocated - receipt confirmed if in Bold)	Paper (with Number allocated - receipt confirmed if in Bold)	Keith Redpath	Board Services	2.3.22	2.3.22		
Standing Items		BDS/22/01 Agenda	Agenda B/22/01	Keith Redpath	Board Services	2.3.22	2.3.22		
		Presentations received:	Minutes B/22/02	Keith Redpath	Board Services	2.3.23	2.3.22		
		Creative Testing SNBTS	Action List B/22/03	Keith Redpath	Keith Redpath				Verbal
Strategic and Key Items		Strategic Objectives FY 23	Chief Executive's Report	Mary Morgan	Mary Morgan				Verbal
			RAM Outcomes						Discussed at development session
			Financial Sustainability Deep Dive	Carolyn Low		2.3.22			From EMT 17.1.22
			Risk 6 month update	Lee Neary	Angela Wilson-Coutts				Subsumed into Integrated Performance Report
Additional Requests			COVID Status Application ICO Update [IP/22/04] IN PRIVATE	Carolyn Low	Eilidh McLaughlin	2.3.22			
			Public Inquiries Report [B/22/07]	Norma Shippin	Norma Shippin	2.3.22	2.3.22		
Items Deferred			Integrated Performance Report [B/22/05]	Lee Neary	Angela Wilson-Coutts	2.3.22			
Performance (Items for Scrutiny)			Finance Report	Carolyn Low	Finance				Subsumed into Integrated Performance Report
			Performance Report - RMPQ3 Update	Lee Neary	Matthew Neilson				Subsumed into Integrated Performance Report
			People Report	Jacqui Jones	HR				Subsumed into Integrated Performance Report
Additional Requests			COVID Status Application ICO Update [IP/22/04] IN PRIVATE	Carolyn Low	Eilidh McLaughlin	2.3.22	2.3.22		
For Info			Public Inquiries Report [B/22/07]	Norma Shippin	Norma Shippin	2.3.22	2.3.22		
			Governance Committee Minutes (Draft and Approved) B/22/09		Board Services	2.3.22	2.3.22		
			Forward Programme [B/22/08]		Board Services	2.3.22	2.3.22		

13.04.22 Development Session			11.7.22 Joint ARC/Board Development Session			29.7.22 FORMAL					
Paper (with Number allocated - receipt confirmed if in Bold)	Exec Lead	Author	Paper (with Number allocated - receipt confirmed if in Bold)	Exec Lead	Author	Paper (with Number allocated - receipt confirmed if in Bold)	Exec Lead	Author	Due Date	Received / Approved	Outcome (Approved, Actioned for Info)
Leadership Coach to run session	Keith Redpath		NSS Annual Report and Accounts - Draft for review			NSS Annual Report and Accounts	Keith Redpath	Board Services			
						Draft Minutes from previous meeting	Keith Redpath	Board Services			
						Actions from previous meetings	Keith Redpath	Board Services			
						NSS Annual Accounts					
						End of Year Performance Report	Lee Neary	Matthew Neilson			
						Register of Interests (6 monthly)	Keith Redpath	Board Services			
						Committee Annual Reports	All Committee Chairs	Board Services			
						Chair's Report	Keith Redpath	Keith Redpath			
						Chief Executives Report	Mary Morgan	Mary Morgan			
						Integrated Performance Report	Lee Neary				

Minutes (Approved)

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NHS NATIONAL SERVICES SCOTLAND FINANCE, PROCUREMENT AND PERFORMANCE COMMITTEE (FPPC)

MINUTES OF MEETING HELD ON THURSDAY 18 NOVEMBER 2021 VIA TEAMS DIGITAL PLATFORM AT 0930 HRS

B/22/09

Present:

Mark McDavid – Non-Executive Director and Committee Chair
Julie Burgess – Non Executive Director
Lisa Blackett – Non-Executive Director
Ian Cant – Non-Executive Director
Gordon Greenhill – Non-Executive Director
Keith Redpath – NSS Chair

In Attendance:

Gordon Beattie, Director of National Procurement
Gordon James, Director of PCF
Mary Morgan, CEO
Kris Lindsay, NSS Head of Procurement (for Item 9)
Carolyn Low, Director of Finance
Hamish McRitchie, PACS Re-provisioning Programme SRO (For Item 7)
Lee Neary, Director SPST
Sarah Riches, Contract and Vendor Management (For Item 7)
Craig Spalding, Director of SNBTS (for Item 4)
Karen Triner, Senior Service Manager (For Item 7)
Angela Wilson-Coutts, Head of Planning and Performance
Steve Woods (for Item 18)
Lynsey Bailey – Committee Secretary [Minutes]

Apologies:

Matthew Neilson,

1. WELCOME AND INTRODUCTIONS

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

2. MINUTES AND MATTERS ARISING [Papers FPP/21/46 and FPP/21/47 refer]

- 2.1 Members noted the minutes from 25 August 2021 and, following a brief discussion, approved them in full. However, Members were keen to ensure the challenge within



Chair
Chief Executive

Keith Redpath
Mary Morgan

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

the discussions was more fully captured going forward to demonstrate governance. This would also tie in with having clarity in the recommendations from the papers so this could be referred back to in the minutes.

Action: Board Services to consider wording in future minutes to better capture the level of scrutiny and challenge.

- 2.2 Members noted that all actions were either completed, covered by the agenda, or programmed in for a future meeting.

[Secretary's Note: The following item was brought forward]

3. SUSTAINABILITY REPORT [Paper FPP/21/59 refers]

- 3.1 G James spoke to paper which updated on the outcomes from both COP26 and the National Sustainability Conference. Members were also updated on a recently issued letter and policy from Scottish Government, which put a significant onus on Boards to comply with new requirements with immediate effect, and NSS was creating an action plan to understand the governance around that. The NHSScotland draft Sustainability Strategy was also launched and responses to the consultation were due by the end of January or Early February 2022. Members were given an overview of how the NSS response would be developed.

- 3.2 Members discussed the new requirement to appoint a member of the Board as a Climate Change champion and received an overview of what that would involve. K Redpath confirmed he would be taking time to discuss with the Non-Executive Board Members about which of them would be the champion. They also noted the requirements around Net Zero for each type of emission (scopes 1, 2 and 3), climate change adaption and the "golden thread" of sustainability that would need to run throughout everything NSS did. Transport and travel created a challenge in respect of the National Distribution Centre and Scottish National Blood Transfusion Services vehicle fleets. Members were advised though that G James and M Neilson were looking at an action plan and governance structure to address that. Members expressed concerns about the need to have historic figures as a baseline and whether that information was available. They were advised that there was work needed to understand what information was there are useable but there was provision made within the requirements for when there was no information available.

ACTION: K Redpath to discuss with the Non-Executive Board members which of them would be the Climate Change Champion.

- 3.3 Members discussed how this would be funded as some of the changes required would incur large costs (e.g. replacement of petrol and diesel cars with electric, installation of more electric car charging points. For some elements of the work, there would be grants available. Members noted that NSS was taking a holistic view of sustainability with three elements (financial, environment and workforce) seen as interlinked so non-recurring savings could be made available to meet some of the costs of implementing the new requirements. Members asked whether the new policy, and its impact. Had been discussed at an Executive Management Team (EMT) meeting. They were advised that it had only been received in the last week but had been circulated and raised with both the EMT and Partnership Forum. There was also a Climate Sustainability Group which had already been set up but NSS was still working through the letter and what it meant

- 3.4 G James provided an overview of the funding request and Members noted that £10bn had been committed over 10 years to support the implementation of the policy. The Scottish Government had asked each Board to feed in what they needed for this and NSS had already responded in terms of procurement and facilities resource. This was being done on a limited basis in the short term and the longer term was still being worked out. Members acknowledged that there was the potential for NSS to get funding resource to pilot initiatives and the opportunity that provided. This approach was a huge shift which was exciting and to be embraced. Some of the work NSS was already doing showed it could lead on this. C Low confirmed that the Scottish Government letter had been shared in Finance so budget planning was being approached with sustainability in mind. Members were updated on the National Sustainable Procurement Steering Group its work, staff training, key supplier engagement, and discussing how to align better where there were gaps. Members were supportive of looking at prioritising areas where the biggest impact could be made - chase the targets but also take the quick wins. Members asked that an action plan for all this be brought to the first Board meeting in 2022.

ACTION: Bring action plan to the Board meeting scheduled for 10 March 2022.

4. PLASMA BUSINESS CASE [Paper FPP/21/48 refers]

- 4.1 C Spalding spoke to paper, which outlined the business case for re-introducing the collection of plasma for the manufacture of medicines within Scotland and was seeking the Committee's approval for submission to the Board. Members asked whether it could be quantified as a cost per gram once this was in place. They were advised that this was complicated due to factors such as the cost of the fractionator and also how the different nations managed their immunoglobulin products. Members were given an overview of what could be put in place and how the costs could be driven down year on year through collecting more efficiently and driving economies of scale. The costs would be more expensive initially (due to the associated set up costs and lag time in being able to reduce the reliance on imports) but would reach a break-even point after four years and have saved approximately £100m after 10 years. Members agreed that while the paper was clear this made sense clinically, this information on costs needed to be more explicitly stated to more successfully make the business aspect of the case.
- 4.2 Members asked about the risk to patients and were advised that the patients most at need were not being denied immunoglobulin and the other treatments being offered to the remaining patients were still just as effective. Members also discussed alternatives such as using capacity elsewhere (e.g. within the EU) and why that was not a viable option. Members expressed concerns with not knowing a part of the cost and also achieving the percentage increase in the donor base that may be needed to ensure the blood supply was maintained. Members were given an overview of the timescales for procuring the plasma and building up collection of plasma. SNBTS did acknowledge the risk but it was felt that the decision could not wait on the procurement of a fractionator in order to avoid sunk costs as seen elsewhere. In terms of the blood supply impact, C Spalding gave an overview of how New Zealand had achieved it, as an example of a country with a similar population size and demographic profile to Scotland. In answer to the concerns about blood supply impact, Members were also reminded that plasma donors can donate 26 times a year compared with the three or four times per year for whole blood donations. Members also agreed this case needed to put more into the perspective of the blood strategy (which included sustainability considerations), with the key decision points clarified.

- 4.3 In conclusion, Members agreed there was a strong clinical case but the paper needed more on the strategic case. Subject to updates addressing the comments made, Members were content for this to progress to the Board.

ACTION: C Spalding to update the Plasma Derived Immunoglobulin Products Business Case based on feedback ahead of presentation to NSS Board.

[**Secretary's Note:** The following two items were brought forward]

5. FINANCE REPORT

- 5.1 Members were taken through the highlights of paper **FPP/21/50** which provided assurance that NSS was still on course to meet its statutory targets. Members were advised that, since the paper had been written, the funding position had been approved with additional allocations confirmed. Some allocations were still to be confirmed and C Low and team were following up on that. The forecast for COVID-19 Services is as robust as it can be but Members acknowledged that it could potentially change although there were no significant risks in respect of that. Members discussed whether the position had improved around recurring vs non-recurring funding, noting that it was currently about the same but C Low was working with Scottish Government on this and the outcomes would be covered in the next paper.
- 5.2 In terms of funding for responding to inquiries, NSS was pushing for early decisions on this. As it stood, it looked as though it would likely need be managed in year this year but this position may change so C Low and her team were trying to secure that to enable more robust planning. Members noted that the Atos costs have gone up and asked for more clarity on how that had come about. C Low and A McLean agreed to circulate the detail outwith the meeting. Members expressed concerns that in the delivery of Cash Releasing Efficiency Savings (CRES), over 50% of the target had still not been identified. They were advised this was because there were some areas which had not specifically articulated where their share of the CRES target was coming from but it was unlikely that it would have an impact on the bottom line. However, it was recognised that this needed to be tracked and reported more clearly.
- Action: C Low and A McLean to circulate detail on the Atos costs to Members outwith the Committee.**
- 5.3 Based on the paper and these discussions, Members confirmed they felt assured regarding NSS's financial position.

6. BUDGET SETTING PROCESS [Paper FPP/21/51 refers]

- 6.1 A McLean spoke to the paper which updated on ongoing work in the development of the Financial Plan for 22/23 to 24/25. Members asked what the biggest concern was and were advised that this was getting buy in and ensuring each SBU had a balanced financial plan. Members were content with the paper, recognising that there were opportunities but also challenges to be addressed. Increasingly NSS would need to have plans that reached across the organisation and be more joined up.

7. PICTURE ARCHIVING AND COMMUNICATIONS SYSTEM RE-PROVISIONING [Paper FPP/21/49 refers]

- 7.1 Members considered the paper which was the Outline Business Case (OBC) for the re-provisioning of the Picture Archiving and Communications System (PACS) and

noted the £33m gap between what it would cost and the baseline funding. Members were asked to note that the figures in the OBC were indicative and the actual gap could only be confirmed when in procurement. They were advised that PACS was on a “Once for Scotland” basis with NSS managing the national contract on behalf of NHSScotland, with local access agreements with the Health Boards. Members expressed concerns about approving an OBC when there was a gap in the funding and no definitive answer to addressing it. There was also some work to do in respect of clarifying the level of discretion and no detriment. Members were also keen to make sure there was clarity in any change control process, as well as around the roles and responsibilities. Regarding the question of the funding, Members were advised that some form of assurance should be given to NSS that the potential gap would be underwritten for M Morgan to be in a position to sign off on the programme going out to advert.

- 7.2 Members discussed the differences between private and public clouds and noted that it did not impact on permissions to access the data but was to do with where the data was stored for retrieval and it was currently felt that a public cloud would not have the speed etc, needed so the preference was to use a private cloud. Members also noted that SWAN (the Scottish Wide Area Network) was also due to be re-procured around the same time and clinicians were keen not to “break” what was already in place. Members were also advised that the discretion mentioned was more about adding on other ologies in future. C Low also gave an overview of the capital funding for these types of projects and the work that needed to be done.
- 7.3 Members stated that this should not proceed without an agreed plan in respect of the funding gap. However, subject to agreement on a plan being reached as appropriate, they would be content for the case to proceed. Members were also keen to ensure that added ologies did create delays. Members were given an overview of the wide engagement which had taken place with current users and how future developments could be included. They noted that other ologies would be added once they were ready but PACS was primarily a radiology system.

8. PROCUREMENT CONTRACT SCHEDULE [Paper FPP/21/52 refers]

- 8.1 G Beattie spoke to paper, which updated on the annual National Procurement workplan, the on-going challenges associated with delivering it, and the active mitigation plan. Members noted that 27 projects were currently being deferred, and potentially another 15 would be added to that to balance the workload. That still left 150 projects within this financial year and 140 for the next financial year which was more than in previous years. Members were pleased to note the level of secured savings (£4.4m on medicines and £11m on non-medicines currently and anticipating a total of £25m by year-end) and delivered savings – (currently £15.4m, forecasting £34m by year-end).
- 8.2 Members asked for an overview of how sustainability was being addressed and noted the various initiatives in place. Procurement had been so innovative in respect of sustainability and Members discussed the possibilities for working with suppliers through the community benefits portal to both leverage money for a good cause and reduce the carbon footprint. They were reminded that the community benefits portal was more about corporate-social responsibility but carbon neutral was now part of the considerations for any contract. Following one final query, Members were also advised that issuing of tender notifications was now back to its normal process.

- 8.3 Members confirmed that they were content to endorse the workplan status, the approach being taken to the challenges and risks associated with delivering it, and the active mitigation plan.

9. NSS PROCUREMENT ANNUAL REPORT [Paper FPP/21/53a refers]

- 9.1 Members considered the paper, which provided visibility of NSS's purchasing activities and allowed NSS to record and publicise its performance and achievements in delivering its procurement strategy. Members commended and thanked K Lindsay for his work in compiling the report and approved it for publication.

10. PORTFOLIO MANAGEMENT GROUP REPORT [Paper FPP/21/54 refers]

- 10.1 C Low spoke to the paper which gave an overview of programme reporting to the NSS Portfolio Management Group. Members noted the challenges in respect of the programmes reporting a red or amber status (particularly CHI). Members asked for more detail on the Forensic Medical Service be provided outwith the meeting to ensure the NSS element of it was on track. Members also sought and received clarity that the report covered programmes which NSS was supporting on behalf of the NHSScotland.

ACTION: More detail on the Forensic Medical Service to be provided to K Redpath outwith the meeting. [CL]

- 10.2 In respect of the Cytosponge programme Members expressed concerns that this did not seem to have been reviewed for six months. They noted that that was to do with arrangements in place but were assured that Lorna Ramsay, NSS's Medical Director, was involved and had no concerns. Members also received clarification that the transition of the Chair of the National CIVAS programme reflected the progression of the project and the development of the plan for it. Members were assured that the transition was being closely managed and would be completed by the next meeting. Members asked for an update on the Cyber Centre of Excellence and noted that an update would be included in the Information Security and Governance Paper going to the next NSS Audit and Risk Committee.
- 10.3 Members felt as though there was duplication with what was reported into other committees of the Board. It was acknowledged that, this report covered the totality of the portfolio of programmes so there would be overlap as each Committee would also need to review any programmes that fell within their remit, albeit through their specific viewpoint. Based on these discussion, Members were content to confirm they were assured regarding the status of the programme watch lists and escalation actions.

11. BOARD ASSURANCE FRAMEWORK UPDATE

- 11.1 L Neary provided a brief presentation, which updated on the progress of activities around delivering the Board Assurance Framework. Three activities had already been completed, one (undertake assurance mapping) had been paused while consideration was being given to the resource requirements, and the remaining activities were in progress and on track. Members noted the updates provided and agreed they were content.

12. NSS STRATEGIC OBJECTIVES REPORT [Paper FPP/21/?? refers]

- 12.1 Members considered the paper which updated on performance against the four NSS Strategy Objectives as at the end of September 2021 and any actions being taken to mitigate areas of concern. Members appreciated the updated format and were pleased to note the areas of improvement highlighted as follows:
- Complaint handling performance increased to 100% in Quarter 2 of 2021/22.
 - Revenue variance was showing a positive improvement due to underspend in the National Services Division (specialist healthcare commissioning).
 - Staff reported personal objectives increased following an HR session with the EMT on how TURAS measures its data.
 - Ongoing focus on fire safety awareness training from last year had continued into this year and performance was being maintained above the 90% target
- 12.2 L Neary also highlighted the main areas of concern as follows, with a brief overview of how they were being addressed.
- Complaints about staff behaviour and attitude rose to 18 during Quarter 2 of 2021/22. All complaints were in SNBTS and had been dealt with in line with requirements.
 - Customer satisfaction, customer effort and customer advocacy were lower than the previous year due to a drop in scores for DAS. An improvement group had been formed.
 - Excess/Overtime WTE remained high due to additional demands in PCF, SPST and DAS to support the COVID-19 response.
 - The Actual WTE position remained low, but was improving as vacancies were filled.
 - Sickness Absence had increased since May 2021 and wellbeing sessions were being established to address concerns with levels of anxiety/stress/depression.
 - Turnover levels had been impacted by the implementation of the National Contact Centre (NCC).
- 12.3 Following a brief discussion, Members confirmed that they felt sufficiently assured by the report and had nothing further they wished to raise.

13. REMOBILISATION PLAN PERFORMANCE REPORT [Paper FPP/21/?? refers]

- 13.1 Members were taken through the paper, which showed performance against the 2021/22 NSS Remobilisation Plan as at the end of September 2021. L Neary highlighted the target date for the current red risk relating to the creation of the systems, capacity and knowledge to build forward demand estimates based on long term pandemic planning being moved to June 2022 and Members noted the reasons for that. Members were pleased to note that 85% of the measures on track or exceeding targets and were taken through the key highlights of the completed measures. The measure for the South East Payroll Consortium was no longer red and Members wished to commend and thank those involved in pushing this forward. Members asked for an updated on the vaccination programme and were advised that the initial measures were now complete but the programme was awaiting confirmation of new measures and targets. Based on the report content and these discussion, Members were happy to approve and, again, wished to commend and acknowledge the effort made by staff.

[**Secretary's Note:** The following item was brought forward]

14. REVIEW OF BUSINESS RISKS [Paper FPP/21/42 refers]

- 14.1 L Neary spoke to the paper which covered risk management activity across all risks, and highlighted all red and new amber business risks on the NSS Risk Register as at 30 September 2021:
- 6121 (Unstructured and Unclassified Data) - Members were updated on the progress made on this risk and the six key actions. They were pleased to note that the impact severity had now reduced which had lowered the overall status to Amber. L Neary provided an overview of how this was being managed and the metrics;
 - Risk 6249 (PCFS Bespoke Systems) - Atos was working on it and a full report form that was expected in time for the Executive Management Team meeting on 13 December 2021;
 - Risk 6282 (Devices with Windows 10 v1709 Builds) – Digital and Security was on track for having any remaining devices either upgraded or disabled by the end of November 2021;
 - New amber risk 6528 (Skills Gap) – Members were updated on the mitigation plan for this risk and noted the high degree of confidence that the risk would be managed down.
- 14.2 Members were pleased to see the progress made on the red risks although briefly discussed whether the amber risk was really a strategic risk. They also discussed how risk was reported into the other Board committees and whether there was duplication. It was acknowledged that, in the same manner as the programmes, there would be overlap as each Committee would need to review the risks which specifically fell within their remit but it would be from a different perspective. Following these discussions, Members agreed they felt assured regarding risk management.

15. RESILIENCE UPDATE [Paper FPP/21/41 refers]

- 15.1 Members were advised that, since the previous meeting, there had been nothing which had required a resilience response other than the 26th UN Climate Change Conference of the Parties (COP26). COP26 had finished earlier in the week and a lessons learned exercise was currently being undertaken. L Neary provided a brief overview of NSS's activities in relation to COP26 which mainly involved participation in resilience groups and exercises, regular communications, and daily stand-up meetings. No serious incident took place during the period of the conference but the plans NSS had in place had given assurance that staff would have been safe if it had been necessary to implement them. A full report, including the lessons learned, would be presented at the next FPPC meeting on 3 February 2022. Members were also reminded that the NHS in Scotland remained on an emergency footing in response to the pandemic, which was creating significant system pressures. Members thanked L Neary for the update.

16. PAPERS FOR INFORMATION

- 16.1 Members noted the following papers which had been included for information:
- NSS Finance Procurement and Performance Committee Forward Programme [Paper **FPP/21/60** refers].

17. ANY OTHER BUSINESS

- 17.1 Members had no additional general business to raise at this point and agreed to move to the In Private session.

18. IN PRIVATE SESSION: E-ROSTERING

- 18.1 M Morgan updated Members on the background to the long process from appointment of supplier to signing off on the contract. Members noted that the small risk of challenge was outweighed by both the risks of not proceeding, and the benefits of implementation. Members sought and received assurance on the position from NHS Chief Executives regarding the funding and legal position. Members were also provided with an overview of how the budget would be managed. Based on this, Members endorsed the recommendation that M Morgan sign the contract on behalf of NHSScotland.

There being no further business, the meeting closed at 1322hrs.

Minutes (Approved)

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NHS NATIONAL SERVICES SCOTLAND AUDIT AND RISK COMMITTEE

MINUTES OF MEETING HELD ON MONDAY 29 NOVEMBER 2021 VIA TEAMs DIGITAL PLATFORM AT 1400 HRS

Present:

Julie Burgess – Non-Executive Director and Committee Chair
John Deffenbaugh – Non Executive Director
Gordon Greenhill – Non-Executive Director
Arturo Langa – Non-Executive Director
Alison Rooney – Non-Executive Director

In Attendance:

Lisa Blackett – Non-Executive Director
Inire Evong – External Auditor, Audit Scotland
Deryck Mitchelson – Director, Digital and Security (and Senior Information Risk Owner {SIRO})
Carole Grant – Audit Scotland
Laura Howard – Associate Director of Finance
Carolyn Low – Director of Finance
James Lucas – Internal Auditor, KPMG
Louise MacLennan – Head of Equality and Engagement
Eilidh McLaughlin – Associate Director, Information Security and Governance (and Deputy SIRO)
Mary Morgan – Chief Executive
Matthew Neilson – Associate Director of Strategy, Performance, and Communications
Lorna Ramsay – NSS Medical Director (and Caldicott Guardian)
Patricia Ruddy – NSS Privacy Adviser
Neil Thomas – Partner, KPMG
Angela Wilson-Coutts – Head of Planning and Performance
Lynsey Bailey – Committee Secretary [Minutes]

Apologies:

None

1. WELCOME AND INTRODUCTIONS

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



Chair
Chief Executive

Keith Redpath
Mary Morgan

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

2. MINUTES AND MATTERS ARISING [Papers AR/21/86 and AR/21/87 refer]

2.1 Members considered the draft minutes from the previous meeting on 16 September 2021. Following a brief discussion, the minutes were approved, subject to the minor typographical errors being picked up as well as the following corrections:

- Minute 6.1 should say “reassured” rather than “assured” and state there was one exception rather than no exceptions;
- Minute 10.1 (Internal Audit: Strategic Objectives) should be updated to have the following action – link in with the NSS Staff Governance Committee regarding the “Great Place To Work” objectives;
- Minute 12.1 (COVID-19 Staff Safety) should be updated to have an action reflecting that the final report was to be brought to this meeting;
- Minute 18.1 (Fraud Update) should be updated to have an action about including the fraud risk register, and also refer to reassurance rather than assurance being provided.

Action: L Bailey to update minutes per feedback.

2.2 Members noted that all other actions were either completed, covered by the agenda, or programmed in for a future meeting.

3. INTERNAL AUDIT PROGRESS [Paper AR/21/88 refers]

3.1 J Lucas spoke to the paper, which provided a summary of progress against the internal audit plan. Members noted the update on audits which had now been scoped and asked to see the Terms of Reference for the Leadership and Essential Line Management audit. The Financial Controls audit was still in progress (awaiting information from NHS Forth Valley), and the report on the audit of Third Party Suppliers was almost complete with a small amount of follow-up on some last pieces left to do. Members briefly discussed how to get the Executive’s view on these and noted that C Low was considering how best to do this. Members were content with the assurance provided but J Burgess re-iterated the importance of the reports being presented on time as the plan was the assurance framework for the Board.

Action: J Lucas to share Terms of Reference for scoped audits

4. INTERNAL AUDIT: COVID-19 STAFF SAFETY [Paper AR/21/89 refers]

4.1 Members noted the outcome of the audit, which was that it provided significant assurance with one efficiency point. Members felt it was an example of excellence in the management of NSS and wished to congratulate everyone involved. Members expressed their hope that this would be reflected in the iMatter results and were advised that it was, as NSS’s level of engagement and score remained the same in spite of the challenging circumstances of the pandemic.

5. INTERNAL AUDIT: OFFICE365 [Paper AR/21/90 refers]

5.1 Members noted the outcome of the audit which was that it provided significant assurance with minor improvement opportunities. It was also highlighted that there were not only actions for NSS, but there were also points to note for wider stakeholders. Although

there might have been findings, it was, overall, a positive report. The recommendations related to engagement with Scottish Government colleagues on the management of national programmes going forward. Members discussed the potential magnitude and were advised the main issue was the level of risk and accountability being retained by NSS for services provided on behalf of NHS Scotland should all Board Chief Executives fail to accept their collective responsibilities locally. It would be important to ensure that stakeholder engagement did not fall through the cracks. Members emphasised the importance of clarity on the roles and responsibilities – e.g. NSS could not be held responsible for the internal conversations in other Boards. Members discussed the independent review and were given an overview of that. They also received clarity around the signing off of the contract and the intent thereafter. Members felt assured but were keen to reinforce the need to clearly define who would be doing what at an early stage, and how the costs would be shared out among the Boards.

6. INTERNAL AUDIT ACTIONS [Paper AR/21/93 refers]

- 6.1 Members were advised that all actions due were completed and two audits were now fully complete as a result. Members commended the report and confirmed they felt sufficiently assured.

7. SERVICE AUDIT STEERING GROUP [Paper AR/21/94 refers]

- 7.1 C Low updated Members on activity overseen by the Service Audit Steering Group since the last NSS Audit and Risk Committee meeting, in particular noting the conversations about the future of service audit and updates on the ongoing work in Practitioner and Counter Fraud Services responding to the Deloitte report. Members wished to record their thanks to all involved. Members sought clarification on the potential contract extension and were advised that it was more to do with having the time to transition properly and get a consensus with stakeholders. Audit Scotland were already having these conversations but this was a conversation NSS also needed to have and would be taking forward. Members also discussed the assurance frameworks, what they would involve and where that would be looked at.

8. SERVICE AUDIT: PROGRESS UPDATE [Paper AR/21/95 refers]

- 8.1 N Thomas spoke to the paper, which updated on the progress made so far in the 2021/22 Service Audit. Members noted that all available controls had been tested as at end of September. Tracked changes had been implemented for updates to controls and none of them had impacted on the evidence as they mainly addressed technical wording issues. Members were pleased to note that the work was on track and control descriptions had been reviewed and tested. Any updates were cosmetic changes and the evidence was being gathered for testing. Members asked for a summary statement similar to that in the future reports. N Thomas reminded Members that this assurance came with the caveat that he could not predict the outcomes from testing in the latter half of the year, especially of the controls which had not yet been used.
- 8.2 Members also received an update on Practitioner and Counter Fraud Services' work in response to the Deloitte Report, noting that significant progress had been made and identifying lots of "quick win" activities that could have a big impact. Members were mindful that this transformational change did not just impact NSS and that NSS was having to take its stakeholders on a journey. Members asked about how this Committee could be assured about the proposed process improvements being in place on 1 April

2022. They were advised that the change control would be the key factor to this and consideration would be given to how that assurance could be provided to future meetings.

9. EXTERNAL AUDIT PROGRESS

- 9.1 Members noted that the Section 22 Report and been presented to the Public Audit Committee and had been well received. Members were pleased to note there had been a lot of support for NSS's role and were reminded that M Morgan and C Low would be attending a further evidence session later in the week. Annual Audit planning would start in January 2022 and Members were given a high-level overview of the work to be done and noted that the draft plan was intended for February 2022. Members also received confirmation that the NSS's Annual Report and Accounts had been laid before Parliament on 12 October 2021.

10. EXTERNAL AUDIT RECOMMENDATIONS [Paper AR/21/96 refers]

- 10.1 Members were taken through the paper, which updated on the responses to the recommendations from the external audit report. They were pleased to note that progress was on track with four actions completed, three ongoing actions on target for completion and any other outstanding actions being worked through. Members confirmed they were content with the level of assurance provided but suggested that it would be helpful to use a different colour to differentiate completed actions from those in progress and on track, and also to provide a little more context in the narrative.

Action: L Howard to use a different colour for completed actions and provide more context in the narrative of future External Audit Recommendation reports.

11. INFORMATION SECURITY AND GOVERNANCE REPORT [Paper AR/21/97 refers]

- 11.1 E McLaughlin spoke to the highlights of the paper, which provided an update on key activity in Information Security and Governance since previous meeting in September 2021. In particular, Members noted the response to the Urgent information Notice from the Information Commissioner's Office (ICO) in relation to the COVID-19 status app and discussed the need to update the Board on it. Members also discussed the risk and impact in relation to reputation and public confidence in the app. Members were advised that it was difficult to predict how the ICO would eventually rule on this. Members were also mindful of the upcoming ICO audit and expressed concerns about the extent to which NSS's information governance resource was being brought into supporting wider COVID work. Members were provided with an overview of the resource within the IG team, noting it operated with a tight financial envelope which was being addressed through the Resource Allocation Meeting process. However, there was also a restriction in terms of availability of people with the necessary skills.

Action: E McLaughlin to provide an update to the Board on the COVID-19 app.

- 11.2 Members discussed the statement about the information security and governance team not being seen as a blocker and the impact on their wellbeing. It was clarified that as business as usual increased with COVID-19 work still ongoing, something would have to give. Inroads had been made into ensuring that information security and governance was not viewed as an obstacle but this was about not reverting to that. The wellbeing concern was simply that staff needed rest – workloads had expended in response to an increased ask and there now needed to be consideration of what could be sustainable

in the longer term. Members discussed risk 6121 (unstructured and unclassified data) and were pleased to note that the small steps taken had made a significant impact. Members were also updated on the information security work being done in National Procurement to help ensure the cyber resilience of suppliers. Following these discussions, Members confirmed they were content with the assurance provided.

12. DATA PROTECTION OFFICER'S REPORT [Paper AR/21/98 refers]

- 12.1 Members noted the paper, which outlined the Data Protection Officer's current assessment of data protection compliance at NSS. Most of the main highlights of the report had already been covered under the previous item (see minute 11.1) as they centred on the COVID-19 status app issues and the unprecedented level of interest they had generated. Data protection resource was under pressure and, in relation to the upcoming ICO audit, there were concerns that NSS may fall short so Members were keen to see a plan to address that. There was already an indication of the specific areas in scope for the ICO audit so the initial priority would be looking at those. Members were given an overview of the governance structure for information governance, the delivery model, and its challenges. Members noted that the plan for a change in model had been put on hold due to COVID and the focus now would be on articulating an updated plan to move forward. Members thanked P Ruddy for her report.

Action: P Ruddy to share preparation plans for the ICO Audit with Members.

13. RISK MANAGEMENT [Paper AR/21/99 refers]

- 13.1 Members considered the paper, which updated on the Risk Management activity across all risks, and highlighted all red and any new amber reputational risks. Members noted the following brief updates:
- Risk 6282 (Devices with Windows 10 v1709 Builds) – there had been a delay in completing this risk but only until the end of the year rather than end of November 2021;
 - Risk 6249 (P&CFS Bespoke System) – the report from ATOS had been delayed and was now due mid-December 2021;
 - Risk 6121 (Unstructured and Unclassified Data) – this had been discussed earlier (see minute 11.2) and Members noted this had now been downgraded to Amber status.
- 13.2 In respect of risk 6143 (Mesh Removal), Members noted the clarification that this was a risk which had changed. They were also provided with a brief summary of the recent update given the previous week at the NSS Clinical Governance and Quality Improvement Committee. Members were given an overview of NSS's role in commissioning the service and securing the contract for the alternative provision. They also sought and received clarity on the governance when NSS was contracting on behalf of the wider NHS in Scotland. They agreed that red was the right status, which was expected to reduce to amber once discussions with the private suppliers had concluded.
- 13.3 Members commended A Wilson-Coutts on the cover sheet and clear recommendation, and they were content to approve the risk status. However, they expressed concerns that the information in the detail did not reflect the discussions which had just taken place. They were updated on recent discussions about this at EMT and noted that there would be more proactive engagement with risk owners. By the next meeting scheduled for

February 2022, the paper should include more recent updates which may reduce the level of challenge.

14. FRAUD REPORT [Paper AR/21/100 refers]

- 14.1 Members noted the report, which provided a quarterly update on the fraud work within NSS, and were content with the assurance it provided. However, they were keen to see the fraud risk register included in the next report as it had been missed this time.

Action: L Howard to ensure the Fraud Risk Register was included in future Fraud Reports

15. FORWARD PROGRAMME [Paper AR/21/101 refers]

- 15.1 Members noted the forward programme and suggested it would be helpful to name the expected completed audit reports.

Action L Bailey to update the forward programme to include the expected completed internal audits

16. ANY OTHER BUSINESS

- 14.1 Members had no further general business to raise.

17. IN PRIVATE SESSION:

- 17.1 Members briefly discussed the paper, which updated on the situation and the steps taken to date to maintain NHSScotland's clinical waste services. They were also updated on the current position, and proposed next steps to be taken by the NSS management team to maintain ongoing service provision. Options to proceed were being discussed with Directors of Finance. The NSS proportion of this was very small as its role was as a co-ordinator. The majority of costs would be shared proportionately amongst the Boards. The expected outcome was that Boards would have discussions with Scottish Government over the finance for this. Members would await further updates but were content to approve the recommendations in the paper.

There being no further business, the meeting closed at 1310hrs.

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

MINUTES OF MEETING HELD ON MONDAY 22 NOVEMBER 2021 VIA TEAMS DIGITAL PLATFORM AT 0930 HRS

Present:

Alison Rooney – Non-Executive Director [Chair]
Lisa Blackett – Non-Executive Director
Gordon Greenhill – Non-Executive Director
Arturo Langa – Non-Executive Director
Mark McDavid – Non-Executive Director
Keith Redpath – NSS Chair

In Attendance:

Lorna Ramsay – Medical Director & Executive Lead for Clinical Governance
Jacqui Reilly – Nurse Director & Executive Lead for Quality Improvement
Calum Thomson - Associate Director for Nursing, Clinical Governance and Quality Improvement
Marc Turner – SNBTS Medical Director
Andrew Longmate – Clinical Lead (Clinical Governance and Quality Improvement
Lynsey Bailey – Committee Secretary [Minutes]

Apologies:

None

1. WELCOME AND INTRODUCTIONS

- 1.1 A Rooney welcomed all to the meeting, in particular A Longmate who was attending for the first time, which was being held virtually via the TEAMS platform.
- 1.2 Before starting the formal business of the meeting, A Rooney asked Members if they had any interests to declare in the context of the Agenda items to be considered. No interests were declared.

2. MINUTES AND MATTERS ARISING [Papers CG/21/39 and CG/21/40 refer]

- 2.1 Members noted the minutes from the previous meeting on 1 September 2021 and, following a brief discussion, approved them as an accurate record of the meeting pending a correction to reflect that M McDavid had given his apologies. Members also noted that all actions were either completed, covered by the agenda, or programmed in for a future meeting.



Chair
Chief Executive

Keith Redpath
Mary Morgan

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3. ANNUAL REPORT: PROFESSIONAL REGISTRATION AND HEALTHCARE SUPPORT WORKERS (CLINICAL POSTS) [Paper CG/21/41 refers]

- 3.1 C Thomson spoke to the paper, which provided assurance that NSS had fulfilled its obligation to ensure that all clinical staff who required registration with a professional body maintained their registration at all times during 2020-21. Members discussed the request to include Healthcare Support Workers and were given an overview of the regulatory requirements and the proposed national framework being developed. Members were made aware of a small number of lapses which had occurred at the start of 2021-22 year, and were pleased to note they had been dealt with effectively. Members discussed the inclusion of the qualifier “as far as possible” in reference to ensuring registration was maintained and were advised it was a wording issue, so would be removed. Members asked for clarification of what the robust mitigations involved and noted the process of checking reports from the electronic Employee Support System (eESS) and SOAR (Scottish Online Appraisal Resource) to identify staff who were coming up for revalidation and then following up on that with them. They also sought and received clarification on the process for trainees from other areas. Following this, Members commended the level of diligence and confirmed they were content to approve this report.

4. ANNUAL REPORT: APPRAISAL AND REVALIDATION OF MEDICAL AND DENTAL STAFF [Paper CG/21/42 refers]

- 4.1 Members noted the contents of the paper, which provided assurance that NSS had fulfilled its obligation to ensure that all its medical and dental staff had undergone Enhanced Appraisal and, where required, Revalidation. L Ramsay confirmed that all NSS’ medical and dental staff remained registered. Members were also provided with an overview of nationally-agreed changes in light of COVID-19 including the GMC extending some doctors’ revalidation dates, but noted that NSS staff had collated the necessary evidence to proceed with their original revalidation date nonetheless. Members received clarification that this meant that NSS had completed their usual checks for 2020/21 but NHS Education for Scotland had not externally audited it. Regarding appraisal training, Members were given an overview of the turnover in appraisers and noted that, while there was still a sufficient number of trained appraisers, this was about trying to ensure resilience within the pool of appraisers. Again, Members commended the diligence of the team and confirmed they were content to approve the report.

5. MEDICAL DIRECTOR’S UPDATE [Paper CG/21/43 refers]

- 5.1 L Ramsay spoke to her update, which covered areas of NSS’ strategic/enabling and underpinning activities of particular clinical relevance. Highlights brought to Members’ attention were:
- NSS’ strategic programmes on Innovation and Digital Prescribing and Dispensing Pathways - in relation to strategic direction and reaching of key milestones;
 - An update on NSS’ involvement in the Scottish Hospitals Public Inquiry;
 - Cervical screening programme incident (whereby women had been excluded from screening inappropriately) progress update and awareness that the Scottish

Government has commissioned Healthcare Improvement Scotland to carry out a review;

- UK Medical Device Regulations consultation - expected new compliance requirements and the NSS MRD Compliance Programme;
- A new request from SG for NSS to establish clinical governance oversight across multiple Covid-19 testing operational delivery pathways and partners in Scotland, giving NSS a new assurance role;
- NSS' progress towards having the required structures and processes in place by April 2022 to comply with the new Safe Staffing legal requirement;
- An update on the current position in relation to commissioning Independent providers for Pelvic Mesh removal surgery and discussion at the recent Scottish Parliament Health, Social Care and Sport Committee;
- Recommencement of Annual Performance Reviews of national specialist services following the pandemic related pause.

5.2 Members expressed concerns that some Boards had not signed up to the Scottish Colon Capsule Programme (SCOTCAP). They were advised that the programme was on track for delivering business cases, although, at present, adoption was up to individual Boards and NSS were only providing the mechanism to make that as easy as possible. Members were advised that the responsibility for uptake performance is now with the Centre for Sustainable Delivery and this would no longer be included in the NSS report from quarter 3. Members asked for more detail around the hospital Inquiry, its requirements, and the retrospective redaction being done. They were advised this had come from the inquiry team and advice had been taken from CLO. It was linked to the scope of the inquiry and was in relation to NSS' own participants. Members discussed the update on National Screening Oversight and audit of the historic exclusions from the cervical screening programme, noting the timescale anticipated was due to the size of the task and that the aim was to remove the need for any further reviews in the future.

5.3 Members sought further assurances on the response to the mesh commissioning and were given an overview of the arrangements and measures being taken to ensure that the care was as safe as possible. NSS was working closely with the Scottish Government on this and meeting frequently. There was confidence that framework agreement terms would be agreed with the selected providers. Members were advised that while the update report referred to a delay in completing the agreements, that rather than a formal delay, that this was relative to the ambition to complete the agreement in a shorter period than was typically required for commissioning of independent providers. However, the issues highlighted in the 2020 Cumberlege report on care provided had been to do with a lack of shared decision-making and informed consent so care was being taken to ensure these issues were not being replicated in the new arrangements. The outstanding assurances sought from one of the independent providers remained information that had been sought in the initial invitation to tender. Members were also interested in the clear face masks and whether there was capacity to get these out to schools and nurseries. However, they were advised that these masks were for use in health and care settings only, and the criteria for use in those settings was based on advice from Royal College of Speech and Language Therapists. Advice on expansion into other sectors would need to come from the relevant authorities. These specific masks were also equivalent to the 2R masks used in healthcare settings and other types of clear masks were available for education settings.

- 5.4 Members sought further detail on the clinical staff flu vaccine issues and noted that taking the decision not to run an in-house vaccine programme has meant that NSS did not have access to the same data on uptake that it normally would have. This had been flagged up to the National Vaccination Programme and a work-around was being investigated, which may involve agreeing a mechanism for self-declaration. Members were pleased to note that Digital Prescribing had received Scottish Government approval to move from scoping to delivery, with agreed funding. NSS' involvement in this would be as a co-delivery partner and Members were given an overview of the plan for this and how the overlapping dependencies would be managed. Members discussed the percentage of prescribing that would be done digitally along with an overview of how that translated into dispensing and noted the differences in how that would need to be managed.
- 5.5 Going back to mesh, Members were advised that NSS was working closely with everyone involved to ensure that the expectations of the women being treated were met. In terms of the provider in the United States of America, this had been more complex due to dealing with a private limited liability company as opposed to a specific hospital, the cultural differences in healthcare provision, and working with insurance providers in respect of the travel arrangements. It was not possible to confirm the exact number of women who would be taking the option of the American provider but, as it currently stood, only about 10 had indicated they wished to go to America for treatment. Based on the earlier discussion (see minute 5.3) Members suggested it may be more accurate to use “ongoing work” instead of “delays” in reference to contracting a provider.
- 5.6 Finally, in relation to the test and protect oversight function, Members were given a brief overview noting that it would be part of the Test and Protect governance structure and would have responsibility for the parts of testing that NSS covered. Following these discussions, Members confirmed that they felt sufficiently assured.

6. BLOOD SAFETY REPORT [Paper CG/21/44 refers]

- 6.1 M Turner spoke to his report, which updated on blood safety issues within the Scottish National Blood Transfusion Service (SNBTS). Members were pleased to note that the recent inspections which had taken place resulted in there being no major or critical findings. There continued to be challenges in maintaining blood stocks and Members noted the measures put in place. Occult Hepatitis B antibody testing had received approval for implementation and Members were given an overview of the plans for introducing that from 1 April 2022. Members also noted the anticipated workload in relation to responding to requests from the UK Infected Blood Inquiry (IBI), which was expected to continue through until the end of March 2022. Members observed the underlying theme of staff pressures and stress and were advised that there was sufficient staff for Business as Usual but, under current circumstances, SNBTS was making it clear that additional tasks would need additional staff.
- 6.2 Members sought and received clarity about the increase in demand for bone despite the drop-off in procedures. They also asked about the impact of the Board's decision on legal and professional privilege and were pleased to note it had been helpful, with no push-back from the Inquiry. Members also discussed the potential impact on the donor base of introducing plasma collection, noting that SNBTS had been running the system as lean as possible for efficiency and donor

health reasons but recognised that more resilience was needed. However, with the right resources, it would be more than possible. Going back to blood stocks, Members were advised that this was managed in a very hands-on manner and were given an overview of how the donor groups were targeted. Members asked about the impact and timescales of the proposed Occult Hepatitis B lookback. They were advised that 85% of donors were repeat donors so this would be important. SNBTS had a large archive which was good but it meant the exercise could take 12-18 months at least. Members confirmed they felt assured by M Turner's report, thanking him and his colleagues for their work.

7. ADVERSE EVENTS AND COMPLAINTS [Paper CG/21/45 refers]

7.1 Members considered the paper which updated on all clinical adverse event activity during the period July to September 2021. In that period:

- One new **external** National Category 1 was reported by PCF.
- One new **external** National Category 2 clinical adverse event was reported by PCF.
- One new NSS National Category 2 clinical adverse event was reported by SNBTS. This related to stem cell collection and processing for one person.
- 31 National Category 3 (i, ii or iii) clinical adverse events were reported by SNBTS (19 NSS), DaS (7 NSS and 2 external) and PCF (3 external) during the quarter.
- Four significant Good Manufacturing Practice (GMP) incidents were reported by SNBTS.
- No complaints considered clinical in nature had been reported

7.2 Members noted that all the reported adverse events and incidents were being managed as appropriate, there were no trends indicating particular areas of concern and nothing had triggered the organisational duty of candour procedure. Members were pleased to note more focus on lessons learned and actions taken. Members confirmed that, based on the detail provided in the report, they were content with the level of assurance provided.

8. CLINICAL RISKS [Paper CG/21/46 refers]

8.1 Members discussed the paper, which provided details of corporate clinical risks on the NSS Risk Register, together with an opportunity to review all red and new amber clinical risks and challenge actions taken. There were currently no red clinical risks, six amber clinical risks and 28 corporate risks with a clinical flag for monitoring. Members were pleased to note the risks were being managed appropriately following an overview of the mitigations for the amber risks and the review process. Members were content with the assurance provided and commended the report as well-written.

9. HEALTHCARE ASSOCIATED INFECTION (HAI) QUARTERLY REPORT [Paper CG/21/47 refers]

9.1 J Reilly spoke to the report, which covered Healthcare Associated Infection (HAI) related activity within NSS, and reminded Members of the background to why it had been separated out from the Medical Director's Report. Members noted that monitoring was done through environmental audits carried out by an Infection

Control Nurse, who was external to SNBTS but still employed by NSS. Members wished to know whether mask compliance was being looked at specifically and were advised that this would come up in the environmental walk-rounds, as that covered all measures. Members also wondered if there could be a comparison of HAI pre-pandemic, during the pandemic and post-pandemic but were advised that this would be subject to much bigger evaluation. However, NSS' compliance with infection prevention and control measures was good before the pandemic and remained good because of the nature of the work.

- 9.2 Members were given an overview of how hand hygiene was monitored, noting that it covered technique and was a well-embedded and monitored process. Members asked about the national picture in respect of HAI and were advised that, overall, it had improved but was still within the average range expected. Members noted that one potential area of focus was that staff's risk perception appeared to be different when dealing with patients than in interactions with colleagues. Following these discussions, Members confirmed that they were content to approve the report.

10. NSS AND CGQC ROLES AND RESPONSIBILITIES IN NATIONAL SCREENING [Paper CG/21/48 refers]

- 10.1 Members noted the presentation which outlined the responsibilities of the Committee in respect of screening services. Members discussed whether there were areas that the Committee did not specifically have responsibility for but other parts of the wider NSS did and where did the governance for that lie. They suggested that it could be useful to reflect on how to address that without having to go across multiple committees. Members agreed that the presentation had been a good next step but they would welcome clarification on the further governance routes for the areas that have been identified as the Committee's responsibility. They also agreed that there needed to be consideration of where responsibility and accountability lay for the deliverables and this was a good example. Members added that they would be keen to see more specific lists rather than general statements. L Ramsay agreed to ask the National Screening Oversight team to update the slide for the January Development Session based on that feedback.

ACTION: L Ramsay to request update of the slide on Roles and Responsibilities in National Screening per the feedback received and bring back to the January Development Session

11. PROPOSALS FOR FUTURE DEVELOPMENT SESSIONS [Paper CG/21/49 refers]

- 11.1 A Rooney invited feedback on the proposed topics listed in the paper and any additional suggestions Members wished to make. Members agreed it would be helpful to have a "helicopter view" of the Clinical Directorate's role, responsibilities, structure, and how they interacted with the SBUs. The January 2022 session had been planned to be a wrap-up session and L Ramsay provided an overview of the plan for it. Members would like to have a session on NHSScotland Assure and also a session on environmental management. Members acknowledged that the programme would evolve over the year depending on what came up in the formal meetings. Members asked whether the sessions would be face-to-face or virtual and were advised that all meetings would remain virtual until at least April 2022.

Members wished to thank L Ramsay and her team for their hard work on these development sessions.

Action: Members to consider and feed back to Board Services on potential topics for development sessions

12. FORWARD PROGRAMME

- 12.1 Members considered the NSS Clinical Governance Committee Forward Programme [paper **CG/21/50** refers] noting that it needed to be updated to reflect the revised process for the annual reports.

13. ANY OTHER BUSINESS

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

There being no further business, the meeting closed at 1222hrs.

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NHS NATIONAL SERVICES SCOTLAND STAFF GOVERNANCE COMMITTEE

MINUTES OF MEETING HELD ON WEDNESDAY 24 NOVEMBER 2021 VIA TEAMs DIGITAL PLATFORM AT 0930 HRS

Present:

John Deffenbaugh – Non-Executive Director and Committee Chair
Lisa Blackett – Non-Executive Director
Ian Cant – Non-Executive Director
Susan Cook – Trade Union Representative
Gordon Greenhill – Non-Executive Director
Tam Hiddleston – Trade Union Representative
Arturo Langa – Non-Executive Director
Gerry McAteer – Trade Union Representative
Suzanne Milliken – Trade Union Representative
Mary Morgan – Chief Executive
Keith Redpath – NSS Chair

In Attendance:

Aileen Stewart – Associate Director
Jane Fewsdale – Head of People Insights, Performance and Systems
Lynsey Bailey – Committee Secretary [Minutes]

Apologies:

Jacqui Jones – Director of HR and Workforce Development
Mark McDavid – Non-Executive Director

1. WELCOME AND INTRODUCTIONS

- 1.1 J Deffenbaugh welcomed all to the meeting, which was being held virtually via the TEAMs platform, noting the apologies as recorded above.
- 1.2 Before starting the formal business of the meeting, J Deffenbaugh asked Members if they had any interests to declare in the context of the items on the agenda. No interests were declared.

2. MINUTES AND MATTERS ARISING [Papers SG/21/32a and SG/21/33 refer]

- 2.1 Members noted the updated minutes from 31 August 2021 and, following a brief discussion, approved them in full. Members noted that all actions were either completed, covered by the agenda, or programmed in for a future meeting. I Cant confirmed that the trade unions had agreed that the Employee Director would be a suitable as trade union representation in the Vice-Chair.



Chair Keith Redpath
Chief Executive Mary Morgan

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Common Services Agency for the Scottish Health Service.

3. NSS STAFF GOVERNANCE COMMITTEE TERMS OF REFERENCE [Paper SG/21/38 refers]

3.1 Members considered the Committee's Terms of Reference as presented. K Redpath provided some of the background to the changes and highlighted the addition of the Vice-Chair role. Following a brief discussion, Members confirmed their approval of the updated Terms of Reference.

4. PARTNERSHIP FORUM UPDATE

4.1 Members were pleased to note that the Partnership Forum continued to be appropriately focussed. M Morgan and I Cant provided the following highlights:

- The most recent meeting had received a presentation on the upcoming pension changes. The presentation had been informative and it provided a platform to consider how to manage the communications with staff around the changes;
- Partnership working remained mature and continued to work very well. It was also acknowledged that the trade unions were currently under pressure in responding to consultations;
- M Morgan advised that she was looking to introduce a staff stories item at Partnership Forum meetings which would be used to hear directly from staff about their experiences and provide an opportunity to share examples of good practice or highlight the impact of key initiatives (e.g. the wellbeing hub);
- Members were reminded about the NSS Excellence Awards Ceremony which would be held virtually again. 116 nominations had been received and shortlisting would be taking place in the coming days. Consideration was being given to how the ceremony could be best used to celebrate successes more generally;
- A Short-Life Working Group had been formed to look at the proposals for buy-back of annual leave;
- Like most groups and committees, the Partnership Forum had mainly been concentrating on NSS's COVID-19 response and now seemed to be reaching a point where it could begin to move back towards a more business as usual space.

4.2 Members thanked M Morgan and I Cant for the update. They were very supportive of the idea of a staff stories item, which could even feed back into this Committee, but were keen to ensure it had a proportionate mix of "the good, the bad, and the ugly".

5. PEOPLE REPORT [Paper SG/21/34a refers]

5.1 A Stewart spoke to the paper which covered all key issues around compliance with the Staff Governance Standard and best employment practice. In particular, Members noted the following highlights:

- There was currently a focus on sickness absence but the rate was still within target levels;
- Staff turnover was exceeding the control limits set. This was mainly driven by the National Contact Centre (NCC), due to the level of bulk recruitment and staff on temporary/fixed-term contracts leaving for permanent jobs elsewhere;
- While there was lots of good work being done, there were also still some challenging areas (such as performance management) but good staff engagement was taking place to try and make improvements;

- Whistleblowing was showing improvement and the positive impact of the lessons learned was starting to come through. Members also noted the outcomes of the cases which had been referred to the Independent National Whistleblowing Officer;
- NSS was in a good position at the mid-year point but there was more work to be done to ensure this was maintained through to year-end.

5.2 Members expressed concerns that staff were not getting through their annual leave but were pleased to see the continuous improvement (which in some areas meant being able to hold steady in the face of increasing pressures) and good iMatter survey results. Members were hopeful that the extension of funding for NCC might lead to a reduction in staff turnover rates in the coming months with staff there having more certainty. In respect of annual leave, Members were also hopeful that staff would choose to use it rather than take up the proposed buy-back option. Members commended the report and noted it did not read like an organisation responding to an emergency situation, which was an impressive achievement.

5.3 Members discussed their concerns over the number of incidents reportable under the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDORs) and potential under-reporting of incidents. They were advised that there had been a focus on staff taking ownership of their own health and safety. Members noted that SNBTS had a high level of occupational health referrals and CLO's sickness absence rate was high. A Stewart agreed she would look into the SNBTS occupational health referrals. However, in respect of CLO, it had a smaller group of staff than other SBUs with one or two staff members on longer term absence due to underlying health issues so this was skewing their numbers.

Action: A Stewart to look into the Occupational Health referrals in SNBTS.

5.4 Members discussed complaints and wondered whether anxiety from the pandemic may be driving some of the increases being seen. A Stewart agreed that this may be one underlying cause but HR would be reviewing this to identify any key themes that needed to be addressed. Members were also provided with an overview of the ways in which SNBTS was addressing their complaints. As Whistleblowing Champion, A Langa also provided feedback on the whistleblowing section - around how the information was presented and additional information to include. A Stewart agreed to take this on board for future reports. In terms of recruitment, Members noted the challenges faced and the work being done on bespoke attraction in certain areas.

Action: A Stewart to look into the factors behind the increase in staff related complaints.

Action: A Langa's feedback on improvements to the whistleblowing section of the report to be incorporated by HR into future People Reports.

5.5 Going back to Sickness absence, Members recognised that the increases may be due to factors beyond NSS's control, as the pauses in health treatments during lockdown could be a contributory factor. Members also discussed the issues with Turas appraisal, noting that this was being worked on. There was evidence appraisal meetings were taking place but, in some cases, there were delays in recording that though Turas, compounded by challenges within the system itself. Members acknowledged that turnover was also having an impact on this in some areas (e.g. NCC). However, it was an improving picture - if somewhat variable.

5.6 Members discussed how NSS compared overall with other Boards. Members noted that there was anecdotal evidence that NSS was in a really positive place. However, Members also recognised that the specific challenges faced by each Board were varied and therefore direct comparisons were not really possible, or even appropriate. Members thanked the HR team for the report, confirming that they were content with the level of assurance provided.

6. STAFF RISKS [Paper SG/21/35 refers]

6.1 A Stewart spoke to paper, which provided details of the current situation for corporate staff risks recorded on the NSS Risk Register as at 31 October 2021, along with assurance that those risks were being appropriately monitored and managed. Members were pleased to note there were no current high or medium risks but HR reviewed the risk register on a monthly basis. It was also highlighted that these risks were not solely HR's responsibility, and Directors and their management teams were being asked to consider how their risks should be addressed and bring that out in their workforce planning. Once this has been done, an overview would be taken of what needed to be done corporately. Members suggested reviewing the paragraph that referred to a Board decision in 2017 and either remove or update it as appropriate. Members confirmed they felt sufficiently assured, commenting the positive report was good to see but were keen to avoid complacency.

7. UPDATE ON STURROCK REPORT [Paper SG/21/36 refers]

7.1 Members were taken through the report and given an overview of the background. Establishing a safe space for Staff was the last remaining action and the impact of COVID-19 meant this had not been able to take shape as originally intended. However, Members were given overview of NSS's response to COVID-19 in ensuring staff felt safe and supported. The introduction of confidential contacts and the new whistleblowing approach was also part of that safe space provision. Members heard that the Sturrock Report had made for hard reading at the time but NSS was committed to the principles and it was good to see it articulated that NSS already had a lot in place. However, it was felt that there was a need to hear more directly from staff about their experiences. The ways of working developed through the COVID-19 pandemic had created positives and there was now more accessibility. Members agreed there was also a need to consider how to get that feedback from staff outside of iMatter as this would be very helpful. It would be important to consider a number of different ways to get non-biased feedback from different groups of staff at different times. It was felt that a lot of this could also come through strengthening the managerial role.

7.2 Members recognised that most of the action plan had been written pre-pandemic and it could be good to revisit from a Future Ready perspective. They were also mindful that there would be members of staff who, for numerous valid reasons, would not be comfortable talking to their managers. NSS was, overall, in a very good place in this respect but there were still gaps and improvements could be made to ensure all staff had someone they could trust to speak to confidentially. An example of this would be the staff networks that had been set up (e.g. disability, LGBTQ+). HR had tried using various communication routes to engage staff and, while there was also a staff responsibility, it was important to always try and do better. However, Members recognised that this was challenging when there were groups of staff who may be reluctant to speak out to then find out what would work. Members were also reminded that safe spaces did not always have to be something an employer put in place. They also recognised there could be benefits in taking a coaching approach and helping people own the solutions.

- 7.3 Members accepted that the world had moved on from Sturrock but also felt it was important not to lose sight of the lessons learned and ensure the good practice remained embedded in day-to-day business. Following Members' inquiries on the subject, they were advised that there was a record of the feedback and numbers regarding the uptake on the well-being channels and that the wellbeing of senior managers was considered as they were included in the overall staff figures. Members were given an overview of the EMT development session which had taken place the previous day and recognised the success of the efforts in leading through what had been difficult times. Following these discussion, Members agreed they were content to endorse the recommendation to close the action list off. However, they were keen that NSS did not rest on its laurels so the paper being presented on this to the next Board should have clear recommendations and advice to keep NSS in the positive position it was currently in.

Action: Paper on Sturrock Action Plan for the Board to have clear recommendations and advice to maintain NSS's positive position.

8. FORWARD PROGRAMME [Paper SG/21/37 refers]

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

9. ANY OTHER BUSINESS

- 9.1 Members had no other business to raise at this point.

There being no further business, the meeting closed at 1057hrs.