

## NSS Board Meeting

09:30 - 16:45, 02 February 2018  
Boardrooms 1 and 2, Gyle Square, Edinburgh

### Agenda [B/18/01]

#### 1. Apologies for Absence

#### 2. In Attendance

Members of the NSS Executive Management Team  
James Hall, Director of IT Operations [Item 14]  
Caroline Lang, Board Secretary  
Eilidh McLaughlin, Associate Director, Corporate Affairs and Compliance  
Katherine Ross, Social Care Lead for NSS [Item 10.2]  
Mike Winter, Joint Interim Medical Director

#### 3. Observers

Stuart Aitken, Directorate for Health Finance, Scottish Government  
Rachel Browne, Audit Scotland  
Inire Browne, Audit Scotland  
Dr Natalie Smee, Scottish Clinical Leadership Fellow  
Tina Worth, Member of the Public

#### 4. INTRODUCTION

25 minutes

##### 4.1. Chair's Introduction and Report [B/18/02]

Elizabeth Ireland



B1802 Chairs Update.pdf

(8 pages)

##### 4.2. Chief Executive's Update [B/18/03 to follow]

Colin Sinclair

*FOR APPROVAL*

##### 5. Minutes of the Meeting held on 3 November 2017 and Matters Arising [B/18/04 & B/18/05]

5 minutes

Elizabeth Ireland

##### 6. NSS Vision, Key Priorities and Resource Allocation Management - 5 Year Plan [presentation B/18/06 to follow]

180 minutes

Colin Sinclair

*LUNCH*

30 minutes

**7. Review of NSS Risk Appetite [B/18/07]**

15 minutes

Martin Bell



B1807 NSS Risk Appetite.pdf

(3 pages)

*FOR CONSIDERATION*

**8. Draft Local Delivery Plan [B/18/08 to follow]**

30 minutes

Colin Sinclair

**9. Finance Report [B/18/09]**

15 minutes

Carolyn Low



B1809 Finance Report 1 April to 31 December 2017.pdf (22 pages)

**10. Clinical Directorate**

30 minutes

**10.1. Update from Joint Interim Medical Directors [B/18/10]**

Mike Winter



B1810 Clinical Directorate Update.pdf

(2 pages)

**10.2. Social Care Lead for NSS - Role and Reflections  
[presentation B/18/11]**

Katharine Ross



B1811 Social Care Engagement.pdf

(8 pages)

**11. Public Health Body - Implications for NSS [presentation  
B/18/12]**

15 minutes

Mary Morgan



B1812 Public Health Body Update.pdf

(7 pages)

**12. People Report [B/18/13]**

15 minutes

Jacqui Jones



B1813 NSS People Report.pdf

(22 pages)

**13. Digital Transformation - Update on outcomes  
[presentation B/18/14]**







15 minutes











Matthew Neilson



B1814 Digital Transformation Outcomes Update.pdf

(11 pages)

- 14. CHI and Child Health Systems Update [presentation B/18/15 to follow]** 15 minutes  
James Hall
- 15. NSS External Facing Website - Current/Future Approach [presentation B/18/16]** 15 minutes  
Matthew Neilson
-  B1816 Digital Transformation Web Overview.pdf (16 pages)
- 16. NSS Audit and Risk Committee Update [B/18/17]** 10 minutes  
Mark McDavid
-  B1817 ARC Board Highlights Report December 2017.pdf (2 pages)
- 17. Highlights from NSS Board Sub-Committees [B/18/18]** 10 minutes  
Sub-Committee Chairs
- 18. Update on Register of Interests [B/18/19]** 5 minutes  
Elizabeth Ireland
-  B1819 Register of Interests.pdf (3 pages)
- FOR INFORMATON / NOTING* 0 minutes
- 19. NSS Audit and Risk Committee**
- 19.1. Meeting held on 1 December 2017 - Draft Minutes [B/18/20]**
-  B1820 ARC Draft Minutes 011217.pdf (10 pages)
- 19.2. Meeting held on 14 September 2017 - Approved Minutes [B/18/21]**
-  B1821 ARC Approved Minutes 140917.pdf (8 pages)
- 20. NSS Information Governance Committee**
- 20.1. Meeting held on 25 January 2018 (see Item 17)**
- 20.2. Meeting held on 7 September 2017 - Approved Minutes [B/18/22]**
-  B1822 IGC Approved Minutes 070917.pdf (6 pages)
- 21. NSS Staff Governance Committee**

- 21.1. Meeting held on 30 November 2017 - Draft Minutes [B/18/23]**
-  B1823 SGC Draft Minutes 301117.pdf (6 pages)
- 21.2. Meeting held on 20 September 2017 - Approved Minutes [B/18/24]**
-  B1824 SGC Approved Minutes 200917.pdf (4 pages)
- 22. NSS Clinical Governance Committee**
- 22.1. Meeting held on 1 December 2017 - Draft Minutes [B/18/25]**
-  B1825 CGC Draft Minutes 011217.pdf (4 pages)
- 22.2. Meeting held on 25 September 2017 - Approved Minutes [B/18/26]**
-  B1826 CGC Approved Minutes 250917.pdf (6 pages)
- 23. NSS Policies**
- 23.1. Patient Group Directions [B/18/28]**
-  B1828 Patient Group Directions Policy.pdf (11 pages)
- 23.2. Checking Professional Registrations [B/18/29]**
-  B1829 Checking Prof Regs Policy.pdf (24 pages)
- 23.3. Social Media [B/18/30]**
-  B1830 Social Media Policy.pdf (12 pages)
- 23.4. Annualised Hours [B/18/31]**
-  B1831 Annualised Hours Policy.pdf (12 pages)
- 23.5. Parental Leave [B/18/32]**
-  B1832 Parental Leave Policy.pdf (12 pages)
- 23.6. Maternity Support (Paternity) [B/18/33]**
-  B1833 Maternity Support (Paternity) Policy.pdf (12 pages)
- 23.7. Breastfeeding [B/18/34]**

0 minutes



B1834 Breastfeeding Policy.pdf

(7 pages)

**24. Any Other Business**

5 minutes

**25. Date of Next Meeting**

Board Development Session - Friday, 2 March 2018

Board Meeting - Friday, 6 April 2018

# Minutes (APPROVED)

## NHS NATIONAL SERVICES SCOTLAND BOARD

### MINUTES OF FORMAL BOARD MEETING HELD ON FRIDAY, 2 FEBRUARY 2018 IN BOARDROOMS, GYLE SQUARE, EDINBURGH, COMMENCING AT 0930HRS

- Present:** Professor Elizabeth Ireland – NSS Chair  
Ms Julie Burgess – Non-Executive Director  
Mrs Jane Davidson – Non-Executive Director  
Mr John Deffenbaugh – Non-Executive Director  
Mrs Kate Dunlop – Non-Executive Director  
Mrs Carolyn Low – Director of Finance and Business Services  
Mr Mark McDavid – Non-Executive Director  
Ms Alison Rooney – Non-Executive Director  
Mr Colin Sinclair – Chief Executive
- In Attendance:** Mr Martin Bell – Interim Director of Strategy and Governance  
Mr Phil Couser – Director of Public Health and Intelligence [Items 1 - 8]  
Mr James Hall – Deputy Director of IT [Item 16]  
Mrs Jacqui Jones – Director of HR and Workforce Development  
Mrs Eilidh McLaughlin - Associate Director of Corporate Affairs and Compliance  
Mr Jim Miller – Director of Procurement, Commissioning and Facilities  
Mrs Mary Morgan – Director of the Scottish National Blood Transfusion Service [Items 1 - 13]  
Mr Martin Morrison – Head of Service Delivery; Practitioner and Counter Fraud Services [Items 1- 8]  
Mr Matthew Neilson – Director of Customer Engagement and Development [Items 1 – 8, 14 and 15]  
Mr Andy Robertson – Director of Information Technology [Items 1-8 and 14]  
Dr Mike Winter – Joint Interim Medical Director  
Mrs Lynsey Bailey – Committee Secretary [Minutes]
- Apologies:** Mr Ian Cant – Employee Director
- Observer:** Mr Stuart Aitken – Directorate for Health Finance; Scottish Government  
Ms Inire Evong – Senior Auditor; Audit Scotland  
Ms Caroline McDermott – Head of Planning; Strategy and Governance  
Dr Natalie Smee – Scottish Clinical Leadership Fellow  
Ms Tina Worth – Member of the Public

## ACTION

### 1. INTRODUCTION

- 1.1 Professor E Ireland welcomed everyone to the meeting. Members noted the Executive Management Team (EMT) were in attendance for the first half of the day and a number of other individuals would be attending at various times to speak to specific items on the agenda.
- 1.2 Before starting the formal business of the meeting, Professor E Ireland asked the Board Members if they had any interests to declare in the context of the Agenda items to be considered. No interests were declared.



#### Headquarters

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

Chair Professor Elizabeth Ireland  
Chief Executive Colin Sinclair

**2. CHAIR'S REPORT [paper B/18/02 refers]**

- 2.1 Professor E Ireland spoke to her update, which covered her main activities and discussions since the last Board meeting. She acknowledged the challenging winter, particularly in respect of the demand on GPs and hospitals, and thanked NSS staff for their invaluable support. Professor Ireland went on to highlight the annual review letter from the Cabinet Secretary and wished to record her thanks to all involved in the organisation of the review. Members were updated on the presentation about the work of NSS, given by Mr C Sinclair and Ms Fiona Murphy to the NHS Chairs meeting on 4 December 2017 and were advised that this had been well received. Members also discussed the Excellence Awards which had taken place earlier in the week and congratulated all the nominees and winners. Members also wished to commend the work of all who had contributed to making the event a success.

**3. CHIEF EXECUTIVE'S UPDATE**

- 3.1 Mr C Sinclair briefly spoke to paper **B/18/03**, which updated the Board on his key activities and a number of matters for noting. In particular, Members noted that Mr A Robertson and Ms N Kent would both be leaving during the coming year. Brief, high-level progress updates were also provided on the National Planning arrangements, the National Boards collaboration and the major IT programmes NSS was involved with. Mr C Sinclair also highlighted NSS's key role in a range of initiatives focussed on balancing access to medicines with efficiency and cost effectiveness. Members were advised that this work would be given significant attention at the upcoming NSS Board Development Session on 2 March 2018.

**4. MINUTES OF THE NSS BOARD MEETING HELD ON 3 NOVEMBER 2017**

- 4.1 Pending correction of the header date, and the "In Attendance" list, Members were content to approve the minutes of their meeting on 3 November 2017, paper **B/18/04**, as a true record.

**5. MATTERS ARISING FROM THE NSS BOARD MEETING HELD ON 3 NOVEMBER 2017 AND PREVIOUS MEETINGS [paper B/18/05 refers]**

- 5.1 Members noted that all outstanding actions were either covered within the agenda for this meeting or programmed in for a future meeting.

**6. NSS VISION, KEY PRIORITIES AND RESOURCE ALLOCATION MANAGEMENT – 5 YEAR PLAN**

- 6.1 Mr C Sinclair spoke to his presentation which outlined NSS's five year plan for 2018-2023. To provide some context to this, Members were advised that the impact of an aging population, and the associated increasing demand, was beginning to be felt now and there was a need to look at how to engage that population in order to plan differently. They also noted that a £120m transformation fund was being made available by the Scottish Government and there was an opportunity to get an allocation of that. In respect of Health and Social Care delivery, NSS would need to ensure that its plan aligned with the regional plans.
- 6.2 The proposed mission statement was unchanged from the previous year and, following a brief discussion, Members agreed they were content with this. In respect of the vision statement, Members were given an overview of discussions which had taken place to develop the vision in light of their challenge to the EMT for greater clarity without getting too specific within the

**ACTION**

current climate of unpredictability. Members were generally content with the proposed wording as they felt it struck the appropriate balance, was understandable, and could be clearly related to the mission statement. However, Members suggested the following changes be made:

**M Bell**

- removal of the word “social” in the first sentence so that it reads “health and care”;
- the final sentence to finish “...where there is value in doing so.” with the remainder of the sentence to be removed;
- Removal of the numbers on the dials indicating the level of energy/resource/focus etc. being dedicated to each part of the statement to avoid making them too precise or prescriptive.

6.3 Members discussed NSS’s market and what was needed, in particular around Once for Scotland initiatives and NSS’s potential role as an enabler or facilitator in those. Members recognised that digital delivery was an area where NSS could position itself as an expert and capitalise on the link between IT and data. Members also acknowledged that digital delivery was more of an enabler for transformation rather than a transformation programme in itself. It was not solely about IT infrastructure but included agile working approaches and customer engagement.

6.4 With regard to the formation of the Public Health Body, Members were advised that, to date, the discussions had been dominated by the public health domain. Therefore, there was a need to balance that with input from other impacted sectors - in particular, health and social care.

6.5 Mrs C Low provided a high level overview of financial planning context and its implications, particularly the baseline resource increases. Members recognised the scale of the challenge and the savings required to achieve a sustainable, break-even position. They were also provided with a summary of the reserve levels, the review process and the challenges faced in respect of allocating funding bids. Moving on to the scenarios for 2018/19, Members were updated on the potential implications of the pay cap being lifted and were assured that this was being factored in. Members were supportive of NSS contributing more than its pro-rata share towards the National Boards’ efficiency savings target, provided that this was arrived at through a collaborative strategy. They were also keen that, in doing so, NSS did not compromise its ability to meet the cost of any contingencies or invest in developments. In respect of workforce planning, Members were advised that major service redesign was needed in order to meet the budget deficit.

**[Secretary’s Note: The next two items were taken out of order]**

## **7. LOCAL DELIVERY PLAN**

7.1 Mr M Bell provided an overview of the first draft of NSS’s Local Delivery Plan for 2018–2023 [paper **B/18/08** refers]. Members also took note of its associated planning timetable. The discussions in the previous item (see 6.1 - 6.5 above) had already identified some updates for the plan but Members were invited to raise any additional points which may not have been covered. However, after some consideration, Members agreed that they were content with the draft so far.

## **8. RISK APPETITE [paper B/18/07 refers]**

8.1 Members noted that there were no proposed changes to the level of risk NSS was willing to take on, with the statements remaining unchanged.



**ACTION**

However, Members suggested changing the wording used in the statement on the reputational risk appetite (specifically “NSS preserves a high reputation...”) to something more easily understood. Subject to this change, Members were content to endorse the statement.

**M Bell/M Walker**

**9. FINANCE REPORT [paper B/18/09 refers]**

- 9.1 Mrs C Low presented the report which assured that, overall, NSS continued to perform strongly. Three areas were reporting a budgetary deficit but NSS was managing this corporately to achieve an overall surplus. Capital programmes were all on track to be delivered within budget and a small over-achievement was predicted with regard to the Cash Releasing Efficiency Savings targets. Members sought and received one or two minor points of clarification and assurance around the revenue position and accounting controls in place.

**[Secretary’s Note:** The next item was brought forward]

**10. PEOPLE REPORT [paper B/18/13 refers]**

- 10.1 Members were pleased to note that NSS remained in a positive position with regard to its key workforce measures (corporate responsibility targets, sickness absence, statutory training etc.). The report acknowledged the issues with incidents reportable under the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR) and Members were provided with assurance around the actions being taken. Members were also given an overview of the progress on iMatter action plans. The Chair advised that the NSS Board, as a team, would be an outlier with the rest of the organisation but developing their iMatter action plan would be part of the development session scheduled for 2 March 2018. Members briefly discussed flu vaccines – whether it should be a staff duty, and if not, how best to encourage uptake. Members were advised that Scottish Government’s Chief Medical Officer was reluctant to take a directive approach but consideration was being given as to how to maximise uptake.

- 10.2 Going back to the RIDDOR reportable incidents, Members were keen to understand how the respective Short-life Working Group would be learning from others and looking to best practice examples. Members were assured that the management of the response to these incidents was very proactive and robust in all respects. Members requested that a separate update paper on RIDDORS be provided to the next Staff Governance Committee meeting, scheduled for 16 February 2018, along with the terms of reference for the Short-Life Working Group.

**J Jones/  
L Bailey**

**11. CLINICAL DIRECTORATE UPDATE [paper B/18/10a refers]**

- 11.1 Members were pleased to note the update on the work of the Clinical Directorate. Members’ attention was particularly directed to the summaries Professor M Turner’s input into the Scottish element of the Northern Advanced Therapies Treatment Centre (a UK funded programme of innovative use of cellular therapies) and the progress in the recruitment of the new NSS Medical Director.

**12. HEALTH AND SOCIAL CARE ENGAGEMENT**

- 12.1 Ms K Ross spoke to a presentation [paper **B/18/11** refers] which provided an overview of the Health and Social Care engagement project and its strategic objectives. This was also provided in the context of the projected demographic change in Scotland’s population and the challenges this

**ACTION**

posed. Members were advised that there was huge potential within this work which was not yet being fully realised so the next steps were engagement with the various key stakeholders and sharing information. Members were keen to see what NSS could do to support this and help find practical solutions. Members also briefly discussed what could be done to remove barriers between health and social care to enable better integration.

**13. PUBLIC HEALTH BODY UPDATE [paper B/18/12 refers]**

13.1 Mrs M Morgan updated the Board on progress made so far in respect of NSS enabling the new Public Health Body (PHB). Members received assurance that the impact of change had been broadly identified and was not unmanageable. Members were provided with an overview of the proposed governance structure for the programme of work and noted that the main risks and issues had been identified, scored, and were being managed. NSS was now awaiting further direction from the PHB oversight board, which would continue to be pursued. In the meantime, HR would be undertaking a scoping exercise in relation to the staff impacted and Members were reassurance that consideration would be given to HR's capacity to deal with the change. Members were advised that there would possibly be some slight delays due to the ongoing finessing of the PHB's purpose and also, while the PHB would be vested as of April 2019, staff moves may be phased over a period of time following that date.

13.2 Members were looking for assurance as to where the political risks would be managed. They were advised that this would be Transformation Programme Board. A plan had also been drawn up making it as clear as possible about what NSS's responsibilities would be. Members were also provided with an overview of the communications plans and were pleased to note good practice adopted in the Jack Copland Centre project would be replicated. Members asked to receive regular updates on this programme of work, particularly focussing on the NSS impact and the management of opportunity costs.

**M Morgan/  
C Lang**

**14. DIGITAL TRANSFORMATION [paper B/18/14 refers]**

14.1 Mr M Neilson spoke to presentation, which provided an overview of the highlights and achievements of the Digital Transformation project so far, and laid out the plan for the next phase. Members received clarification that Scottish Government was driving this programme and NSS was pitching to be the delivery partner of choice, Members asked who was the national lead on this and whether they could attend a future meeting of the Board. They were advised that the national lead was Mr Geoff Huggins as both Director of Health and Social Care Integration, and Director of Digital Health and Social Care. Mr C Sinclair agreed to invite him to the meeting scheduled for 29 June 2018. Members also requested a presentation or paper covering what had been done so far, the enablers in place, next steps, and the Health Impact/Financial Impact assessment for the next Board meeting scheduled for 6 April 2018.

**C Sinclair (for  
29.06.18 Board)**

**M Neilson  
(for 06.04.18  
Board)**

[**Secretary's Note:** The following two items were taken out of order]

**15. WEB OVERVIEW [paper B/18/16 refers]**

15.1 Members were given an overview of the background and progress to date of the work being done to develop NSS's web estate. Members enquired about how much of this work was being outsourced and were advised that some of the technical skills had to be outsourced for now. However,

consideration was being given to how this could be developed in house – particularly in respect of content design and architecture. There followed a brief discussion about retiring/archiving old sites that are no longer necessary and what the core web estate would be. Members were given reassurance of the rigour being applied to budget allocation for this work, as well as ensuring what came out of it was as “future-proof” as possible.

## 16. CHI AND CHILD HEALTH [paper B/18/15 refers]

16.1 Mr J Hall spoke to a presentation which updated on the progress to date of the Community Health Index (CHI) and Child Health systems transformation programme. Members were advised that NSS was the commissioned organisation for the programme, as per a decision by the NHS Boards’ Chief Executives. Members were given a summary of what that meant, what was being worked through and an overview of the implementation risk factors and mitigations. Members were also assured that the suppliers involved were not heavily dependent on government contracts and were financially stable. Members noted the main decisions to be taken and the approval timescales. Members asked whether there was a regional Board Chief Executive on the programme board. They were advised that the invitation had been made but, due to a lack of availability, it had been agreed to go forward without that representation at this stage.

16.2 Members were assured that there was recognition this was an ambitious and risky programme of work but it fell within the agreed risk appetite. Members were keen NSS ensured that the strategic questions were satisfied to allow the risks to be managed as far as possible. There would be high-level government oversight which would provide some assurance that it linked in with the broader public sector picture. However, there were concerns that events could take so long to move on that NSS would be left fighting to catch up in other respects. Members were advised that most of this should be covered within the Full Business Case. The Board requested a further update on this programme at their April meeting but suggested that, going forward, the Audit and Risk Committee should have regular oversight with referral back to any future Board meetings as appropriate. Members also made some suggestions of potential points of reference and additional groups/individuals to engage with to help with the development of the Full Business Case.

## 17. NSS BOARD SUB-COMMITTEE MINUTES

17.1 The Members noted the following Minutes and Reports from meetings of the NSS Board Sub-Committees.

- (i) NSS Audit and Risk Committee Update (paper **B/18/17** refers).
- (ii) Highlights from NSS Board Sub-Committees (paper **B/18/18** refers).
- (iii) Draft Minutes of the NSS Audit and Risk Committee meeting held on 7 December 2017 (paper **B/18/20** refers).
- (iv) Approved Minutes of the NSS Audit and Risk Committee meeting held on 14 September 2017 (paper **B/18/21** refers).
- (v) Approved Minutes of the NSS Information Governance Committee meeting held on 7 September 2017 (paper **B/18/22** refers).
- (vi) Draft Minutes of the NSS Staff Governance Committee meeting held on 30 November 2017 (paper **B/18/23** refers).
- (vii) Approved Minutes of the NSS Staff Governance Committee meeting held on 20 September 2017 (paper **B/18/24** refers).

**ACTION**

- (viii) Draft Minutes of the NSS Clinical Governance Committee meeting held on 1 December 2017 (paper **B/18/25** refers).
- (ix) Approved Minutes of the NSS Clinical Governance Committee meeting held on 25 September 2017 (paper **B/18/26** refers).

**18. REGISTER OF INTERESTS**

- 18.1 The Members noted the updated Register of Interests for NSS Board Members and were reminded that they should provide the Board Secretary with any updates (paper **B/18/19** refers).

**19. NSS POLICIES**

- 19.1 The Board had been circulated with a copy of the following policies:-
- (i) Patient Group Directions (paper **B/18/28** refers)
  - (ii) NSS Checking Professional Registrations Policy (paper **B/18/29** refers)
  - (iii) NSS Social Media Policy (paper **B/18/30** refers)
  - (iv) NSS Annualised Hours Policy (paper **B/18/31** refers)
  - (v) NSS Parental Leave Policy (paper **B/18/32** refers)
  - (vi) NSS Maternity Support Policy (paper **B/18/33** refers)
  - (vii) NSS Breastfeeding Policy (paper **B/18/34** refers)

**20. ANY OTHER BUSINESS**

- 20.1 Members were advised that, in the previous few days, the Bawa-Garba case regarding de-registration of a young doctor had highlighted potential conflicts with the Duty of Candour. A joint statement released by Scottish Government's National Clinical Director, Chief Medical Officer, and Chief Nursing Officer would be circulated following the meeting. **L Bailey**
- 20.2 Following the recent UK-wide, public sector impact of a major contractor's insolvency proceedings, Members requested assurance via the risk register that NSS had reviewed its suppliers and the contingencies in place.

**21. DATE OF NEXT MEETING**

- 21.1 The next NSS Board meeting would be held on 6 April 2018.

There being no further business, the meeting finished at 1625hrs.

**B/18/02**

**NSS Formal Board Meeting – Friday, 2 February 2018**

## **Chair's Update**

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

This winter period has seen many people across Scotland struggle with the effects of flu; the hazards of ice and snow and the knowledge that health and care services are under immense pressure. Staff right across care providers have delivered time and again and, from a practice perspective, I have witnessed the burden of ill health on individuals, families, carers, and those delivering care. NSS staff have been providing invaluable support, for example in Health Protection Scotland (with their clear and informed updates to all practitioners about flu, and their guidance on prescribing anti-viral medication) and ISD (in the inexorable demand for weekly stats to inform government and ministers). My thanks to all staff across NSS.

### **NSS:**

- **Governance**
  - The board diagnostic tool is live and the results will inform our thinking about NSS governance when we meet at the Board Development session in March 2018.
  - There has been ongoing engagement between Non Executives and the CEO to progress discussions about NSS Vision – which comes to the Board today. This has been invaluable and productive.
  - I have met with Martin Bell in his role as Interim Director for Strategy and Governance and will continue to meet regularly.
  - I have attended Audit and Risk, Clinical Governance, Remuneration and Succession Planning and Information Governance Committees.
- **Performance**
  - Letter received from the Cabinet Secretary summarising the main points discussed and actions arising at the NSS Annual Review held in November 2017 (see attached).
- **Visit to HPS**
  - I observed the work of the clinical leads and their interaction with health board colleagues and Scottish Government resilience team around flu.
- **Jack Copland Centre**
  - Update following CIC meeting today.
- **NSS Excellence Awards**
  - Take place on 31 January 2018 – a verbal update will be provided at the Board.
- **Medical Director Recruitment**
  - Closing date for applicants is 2 February 2018.
  - We have had communication from Scottish Government that all board appointments should take a values based approach (has been used at Golden Jubilee).
  - Proposed interview date is 5 March 2018 with Dept CMO (Gregor Smith) as external advisor.

### **NHS Chairs**

- **Chairs mentoring scheme**
  - I attended a workshop and continue to act as a mentor for Martin Toye.

- **NSS presentation at NHS Chairs**
  - This was delivered by CEO and Fiona Murphy and was well received by board chairs.
- **Transformation National Board**
  - There has been a change of civil service support for this board – which supports Shirley Rogers. Phil Raines and I have had two meetings and he has also met CEO. I have also met with Fiona Murphy and been updated on the thinking around a National Planning Board. Co-production with Social Care remains a risk for this board.
- **National Boards CEO and Chairs Meeting**
  - An initial meeting of the chairs and CEOs of the national boards took place to invigorate and challenge ourselves to be more ambitious. Engagement continues and the next Chair and CEO meeting will be attended by John Deffenbaugh on my behalf.

#### **CMO Task Force on Rape and Sexual Abuse**

- HIS standards published
- Sig role for network hosted within NSD for implementation

#### **Local Governance Review Involvement Through SG Directorate of Public Sector Reform**

- A verbal update on this will be provided at the Board meeting.

**Professor E Ireland**  
**NSS Chair**  
**January 2018**



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NHS National Services Scotland  
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NHS NATIONAL SERVICES SCOTLAND	
RECEIVED <b>11 JAN 2018</b>	
FILE No.	
REFERRED TO	ACTION TAKEN

Our ref: A19623401  
8 January 2018

*Dear Elizabeth,*

### **NHS NATIONAL SERVICES SCOTLAND ANNUAL REVIEW: 23 NOVEMBER 2017**

1. This letter summarises the main points discussed and actions arising at the NHS National Services Scotland (NSS) Annual Review at the Boards Headquarters in Edinburgh on Thursday 23 November 2017.
2. As you know, I want to ensure continuous and rigorous scrutiny of NHS Boards' performance whilst encouraging as much direct accountability between stakeholders and their Health Board as possible.
3. As one of the Boards that did not have a Review chaired by a Minister this year, you conducted the Review meeting in public on the afternoon of 23 November. You clearly outlined progress, success and challenges faced by the Board and gave the audience the opportunity to question the Board's Senior Management Team.
4. I asked Government officials to attend the Annual Review and I understand that it was a very positive afternoon. This letter summarises the main points and actions arising from the meeting. I am aware of the amount of preparation that goes into arranging the Review, and I would like to thank all those involved in organising the day.

### **Introduction**

5. As in previous years, all Boards were expected to submit a written report on their performance over the previous year and plans for the current year. This Self-Assessment paper you submitted provided a detailed account of the specific progress the Board has made in a number of areas. The Self-Assessment paper also provided a

helpful summary on progress made in achieving the four actions arising from last year's Annual Review which took place on 21 September 2016.

6. The "At a Glance" document was made available to members of the audience that provided a clear overview of the progress made during 2016-17 and helped inform the discussion at the Annual Review.
7. You delivered the Review by way of a presentation that clearly and powerfully demonstrated the achievements of the Board during 2016-17.

### **Local Delivery Plan (LDP)**

8. I note that the Board achieved 90% of LDP targets. I am aware that the targets support the territorial Boards in delivering improvements to the healthcare of the people of Scotland, through delivering best value and supporting the drive for integrating services across health and social care.

### **New Headquarters for Scottish National Blood Transfusion Service**

9. The Board is to be congratulated on the delivery of the new Jack Copland Centre. The state of the art facility will deliver a first rate service in the processing, testing, supply, research and development of blood and donor tissues and cells. I was delighted to hear that the Medicines & Healthcare products Regulatory Agency have rated the new Centre as one of the best facilities of its kind in the world.

### **Health Impact**

10. Several examples were provided where NSS had impacted positively on the people of Scotland and some of the areas highlighted included; the number of incidents and outbreak of infection reported to Health Protection Scotland; the engagement of the Local Intelligence Support Teams with all Integration Joint Boards across Scotland to improve local decision making; the home oxygen service and the valuable service this provides to those in need; and the new designated specialist Secure Care Adolescent Mental Health Services.

### **Financial Impact**

11. It was noted the continued impact that NSS has on the wider NHS in delivering financial savings, and this was highlighted through £58.0 million of savings being achieved through national contracts, £3.5 million in actions and initiatives aimed at countering fraud and the competitive rates for legal services when compared to those in the private sector.
12. The Board again met all its financial targets in 2016-17 and it is forecast that there will be a similar balanced position for 2017-18.



## **Workforce**

13. I know that both you and the Chief Executive paid tribute to the work and commitment of the staff of NSS and I would echo these sentiments.
14. The Annual Review meeting heard of a positive set of iMatter survey results based on a positive response rate of 81%. I know that there is a positive relationship between Management and Staff Side Representatives with a strong emphasis on partnership working to ensure achievements of Staff Governance Standards.

## **Future Direction**

15. It was acknowledged that NSS faces challenges moving forward as it strives to support improvements to the health and wellbeing of the people of Scotland. Improving the health of the nation, increasing service demand along with financial pressures were highlighted as the major challenges faced by the Board.
16. However, the organisation has a clear set of strategic principles in place that are aligned to the Health and Social Care Delivery Plan that ensures the Board can rise to these challenges.

## **Transformation**

17. It was acknowledged that it is vitally important that NHSScotland works together on our continued commitment to drive transformational change and to ensure healthcare is delivered in the best possible way, while managing resources as efficiently as possible. In an effort to meet the current challenges, there was a need to look at the alternative ways of working, embracing innovation and challenging risk. There was a need to break down any existing barriers to work in a more collaborative way. There is no doubt that a whole system approach is required to meet our aspirations for the delivery of health and social care in Scotland.

## **Questions from the Audience**

### Care Settings

18. A member of staff asked about the shift of care from an acute setting. It was noted that NSS will support the wider NHS to ensure that those who need care are provided with this in most suitable setting. It is the aim that where appropriate, people can be supported in their own homes and communities for as long as possible.

### Pay Cap

19. In response to a question from a member of staff on the pay cap, the Chief Executive noted the recent announcement from the Scottish Government on pay restraint.

## **Conclusion**

20. NSS is respected as a high performing Board and this is reflected in the achievement of 90% of Local Delivery Plan targets while achieving all its financial targets.

21. Transformational change is key to delivering improvement in the way we deliver healthcare services in future. NSS has a crucial role to play in supporting the way we deliver health and social care services in the future through continued collaboration with partners to ensure best value is delivered across health and social care.
22. Once again I would like to pass on my thanks to you and the Senior Management Team for delivering a constructive and informative Annual Review. I would also like to take this opportunity to thank all the dedicated staff of NSS for the achievements delivered over the past year.

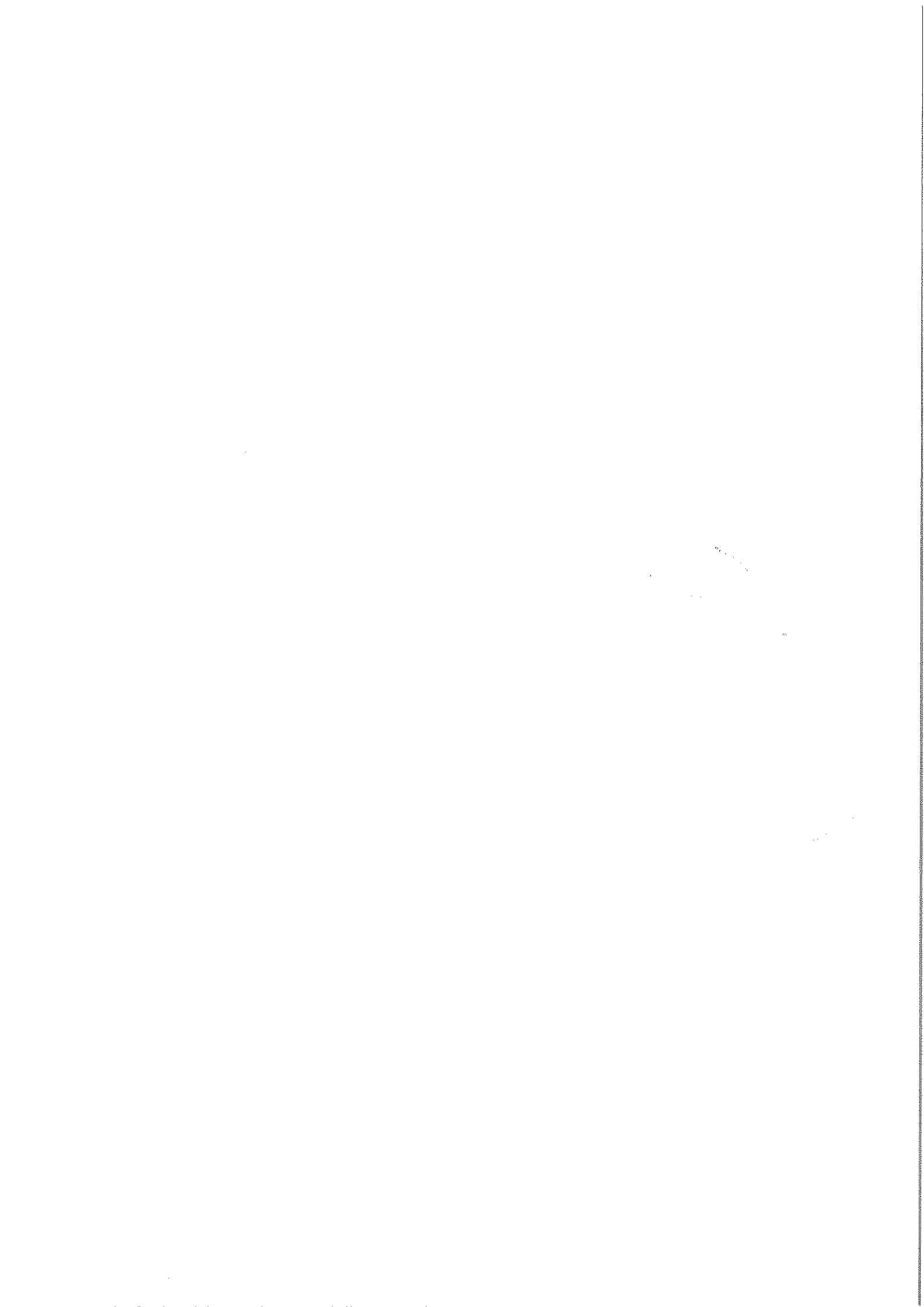
Best wishes,  
Shona.

**Shona Robison**

**NSS ANNUAL REVIEW 2017: KEY ACTION POINTS**

The Board will:

- Provide updates at quarterly Sponsor meetings on the progress being achieved in the delivery of the Board's 2017-18 Local Delivery Plan.
- Provide updates at quarterly Sponsor meetings of the opportunities arising to provide shared service support to the wider public sector.
- Continue to keep SG Health Finance colleagues informed on progress of finance related matters and ensure financial targets are achieved.



**B/18/03**

**NSS Formal Board Meeting – Friday, 2<sup>nd</sup> February 2018**

## **Chief Executive's Update**

### **1 Context**

The last three months have been challenging for NSS with the transformational change programme and the operational issues presented by both the winter months and Christmas demands. Our overall performance remains positive operationally and financially and both SNBTS and National Logistics provided excellent service over the busy Christmas period. Of particular note, was the response of HPS to the flu outbreak where their support to Health Boards and SG was greatly appreciated. The flu impact seems to be peaking but the Boards are still under significant pressure and it remains important we respond appropriately across all our services.

Further changes to the EMT will result in 2018 following the resignations of Andy Robertson and Noreen Kent.

Significant work has taken place to further develop our strategy and vision in advance of today's meeting and with support of Board colleagues, we have developed a proposition which has broad support and will be subject to detailed discussion today.

The Public Health Review is continuing and the establishment of an Executive Management Team in SG has put some momentum behind the programme. NSS, and PHI directly, have contributed significantly to the thinking and more detailed plans including the approach to property and shared services should be confirmed in the next 2-3 months.

The work on National Board collaboration is continuing to develop. Progress is being made on bringing focus to our plan to support territorial health boards. The key elements will be around digital enablement, workforce planning, supporting transformational change and improving cost and efficiency. There is still more work to be done in terms of our joint working to drive efficiencies between our boards but work is underway which will hopefully develop this over the next couple of months.

Transformational Planning in NHSS continues with a priority in ensuring strong relationships with IJBs and Local Authorities as a whole system approach is necessary. We continue to support these developments through a range of service areas with Programme Management having increased profile. National and Territorial Boards are expected to have updated plans in place for the end of March.

Our workload remains high across our Business Units with all having major projects underway in support of transformation. Ensuring we can manage these effectively while continuing to deliver our services on a daily basis is a key challenge. The financial settlement for 2018/19 is more testing than in previous years with no uplift, increased pay pressures and ongoing contributions to the National Boards additional savings target. Our ability to generate money to invest in key projects such as digital will be increasingly challenging particularly looking beyond 2018/19 where the financial position looks much more difficult.

## **2 Response to Health and Social Care Delivery Plan**

### NHSS Approach

The Transformational Programme has been running for a year with the key focus being on the development of Regional and National Board plans. There is a review of the overall approach underway to ensure there is the appropriate balance between governance and delivery. The budget challenges facing the service next year added to the increased demand and sustainability challenges make transformational delivery an even bigger priority. As regional plans develop, the importance of overarching National Planning is becoming increasingly understood. A proposal for a new National Planning approach has been made to Chief Executives and my feeling is that this will be accepted. Delivery of this service will almost certainly sit with NSD within NSS. This is a step forward and positive recognition of our capabilities.

Our engagement with territorial regions remains positive across a broad spectrum and there is a real opportunity through the leadership of PSD for NSS to support the development of the new GMS contract.

### Public Health

The development of the new Public Health Body is well underway and the establishment of an Executive Delivery Team, led by Marion Bain, is beginning to have an impact. The recent Oversight Group was presented with a high level programme which should see specific recommendations across a range of topics brought to the April Oversight meeting. This included a slimmed down programme governance approach which will support quicker decision making and increased delivery. We are continuing to build our relationships with Health Scotland to support the new body's development and a range of formal and informal governance mechanisms have been put in place. Mary Morgan continues to lead the project and we have been able to appoint a Project Director who will start sometime during February.

It is important that there is significant progress over the next few months recognising that there is a lot to do to establish the new organisation. From an NSS perspective, we need to understand the impact particularly around shared services, property and the ongoing relationship between principally our IT business unit and the new body. Work is also underway to establish the legal status of the new body and the services it will provide and I am working to ensure that this does not impact on NSS and our existing Standing Orders.

### National Board Collaboration

The National Boards now have a more focussed high level plan as outlined in my introduction but have work to do over the next 2-3 months to turn this into an action plan which meets the needs of the regions. A project Director, Greg Thomson, who works for NSS, has been appointed and this will have a positive impact as we move forward. It is important we establish a vision of how the 8 Boards will work together in the future both to deliver our outward facing plan but also how we will drive efficiency between us and the delivery of the ongoing £15m savings target. Collaborative work so far has been positive but on a tactical basis and we need a much more strategic approach if we are to achieve the efficiency requirements on a sustainable basis. I think this will inevitably change the relationship between the National Boards and particularly the way in which support services will be provided. The meeting of National Board Chief Executives and Chairs next week will be important in understanding these challenges.

### **3 Performance Summary**

#### Finance/Operations/People

LDP delivery remains on track to achieve our 90% target. We have a financial surplus of £1.5m at the end of December with a year-end forecast of £700k favourable. This is driven by delays with the JCC which we are able to carry forward into 2018/19. We are likely to finish the year with a higher surplus than £700k but this will be needed to contribute to the National Boards savings and has been delivered through the good work of the SBUs in driving savings. Sickness absence continues to be below 4% although I am sure will come under pressure when the January figures are available given the overall flu numbers. Delays with the JCC are continuing to impact on vacancy numbers but given the anticipated signing of the Notification of Change Agreements, this should resolve itself over the next few months.

#### Data and Intelligence

Demand continues and we are playing a key role in supporting the regions as they develop their own plans. The strategic session at February Chief Executives has been handed over solely to ISD to do a workshop on our current intelligence tools and to work with CEs on what services would make a difference to them going forward. This is a very positive step and shows the increasing reliance on ISD and tools such as Discovery and SPIRE. Our new Corporate Data Warehouse is now operating effectively and delivering the productivity benefits expected. We have also implemented a data virtualisation tool which allows unstructured data from a range of sources to be gathered and modelled into meaningful management information. These two products have been developed with IT working with PHI and will be available to stakeholders.

#### Medicines

NHSScotland spends close to £1.8billion on medicines through primary and secondary care and NSS has a significant role particularly in procurement in the acute sector, payments to primary care and the provision of data. There is increasing pressure to balance the need for access to new medicines while recognising their cost effectiveness and affordability. NSS is playing a key role across a range of initiatives including the Single National Formulary, the Effective Prescribing Programme, Realistic Medicine and the Development of Processes to Access New Medicines. This is a major area of focus currently and will be subject to more detailed discussion at a future Board Development Session.

#### Shared Services

Shared Services continues to progress effectively, particularly with radiology and procurement. PCF, through Health Facilities Scotland, is gaining increasing traction in operational shared services, particularly in catering and laundry. Outline proposals are being put to Chief Executives and other stakeholders on a more strategic approach to our management of facilities services and infrastructure. This is supported by Scottish Government and will support the regions.

#### Key Initiatives

Our digital programme continues to develop and we are looking to find investment to ensure it can continue in 2018/19 as it is an essential part of our long term development. NSS is also involved in the governance discussions about the delivery of the overall Health and Social Care Digital Strategy in partnership with National Board colleagues and Local Authorities.

## 4 **Key Issues**

Current key operational issues are as follows:

JCC – The JCC is working very effectively but still to a limited extent due to the difficulties with the Notifications of Change. Agreement has at last been reached with Seacole, the funders, and Interserve Facilities Management to allow the required changes to proceed. This will enable the remaining staff to transfer over the next 6 months. This has been an extremely frustrating process in dealing with the multiple stakeholders involved and the extremely risk averse approach that has been taken, not helped by the recent demise of Carillion. The lack of customer focus from our stakeholders has been extremely disappointing and I will be raising this with all the parties involved, particularly given our 25 year relationship.

Senior Management Roles – The recruitment process for the new Medical Director is well underway with final interviews scheduled for early March. The IT Director post will be advertised shortly with a slight change on emphasis encompassing the digital elements of the role more directly. James Hall will take over from Andy Robertson at the end of March on an interim basis. Noreen Kent has indicated she will leave at the end of June and I will work with her and other colleagues on how the duties of the role will be carried out in future. Martin Bell will continue as Strategy and Governance Director on an interim basis once John Fox-Davies leaves at the end of February.

IT – the level of demand on IT continues to be significant with prominence around a range of key national projects. Many of these revolve around replacing our existing systems where there is significant cost and, while there are some incremental improvements in capability, essentially it is replacing existing services. Key areas of focus are business systems, GP IT, CHI and Child Health, PACS, Community and internal productivity developments such as 365. I am engaging with SG to ensure we have appropriate understanding of the challenges and that eHealth governance and funding is appropriate.

Staff Engagement – Following Board agreement on strategic direction, I will be engaging with staff across the organisation to ensure they fully understand our direction of travel and have the opportunity to engage on a two way basis as much as possible. I will be developing a programme of engagement and communication to take place over the spring.

Meeting the Challenges – The Resource Allocation process has clearly highlighted the challenges we will face as an organisation particularly in years 2-5 of our plan. In order to deliver the services required, while recognising the financial challenges, we will need to look at different ways of delivering services. Working in partnership, I intend to set up a programme of work to look at the challenges we will face in future years and what steps we need to take organisationally to ensure we can continue to deliver effectively going forward. The exact nature of this programme will be subject to Board discussion and developed over the coming months.

## 5 **Next Steps**

- Continue to support regional development
- Support delivery of national board plan
- Deliver plan to achieve £15m national board savings
- Continue with programme to implement public health strategy
- Support IT developments
- Deliver strategy review and complete 18/19 RAM process
- Conclude property negotiations on Meridian Court and Bridge View

**COLIN SINCLAIR**  
**January 2018**



# Minutes (DRAFT FOR APPROVAL)

## NHS NATIONAL SERVICES SCOTLAND BOARD

### MINUTES OF FORMAL BOARD MEETING HELD ON FRIDAY, 1 SEPTEMBER 2017 IN Rooms 4.7 & 4.8, MERIDIAN COURT, GLASGOW, COMMENCING AT 0935HRS

**Present:** Elizabeth Ireland, NSS Chair  
Marion Bain, Medical Director  
Julie Burgess, Non-Executive Director  
Jane Davidson, Non-Executive Director  
John Deffenbaugh, Non-Executive Director  
Kate Dunlop, Non-Executive Director  
Carolyn Low, Director of Finance and Business Services  
Mark McDavid, Non-Executive Director  
Alison Rooney, Non-Executive Director  
Colin Sinclair, Chief Executive

**In Attendance:** Martin Bell, Associate Director, Planning, Performance and Service Delivery  
Jacqui Jones, Director, Human Resources and Workforce Development  
Caroline Lang, Board Secretary [Minutes]  
Eilidh McLaughlin, Associate Director, Corporate Affairs and Compliance  
Matthew Neilson, Director, Customer Engagement and Development  
Aileen Stewart, Interim HR Associate Director  
Mike Winter, Joint Interim Medical Director

**Apologies:** Ian Cant, Employee Director

**Observer:** Rachel Brown, Audit Scotland

## ACTION

### 1. INTRODUCTION

- 1.1 The Chair welcomed members to the meeting and noted that Rachel Brown from Audit Scotland would be observing. Apologies were as noted above. Professor E Ireland advised that a number of individuals would be attending to speak to specific items on the agenda.
- 1.2 Before starting the formal business of the meeting, E Ireland asked the Board Members if they had any interests to declare in the context of the Agenda items to be considered. No interests were declared.

### 2. CHAIR'S REPORT

- 2.1 The Members noted a report from E Ireland on her main activities and discussions since the last Board meeting (paper **B/17/113** refers). She thanked members for the work undertaken on the vision and recognised the



#### Headquarters

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

Chair Professor Elizabeth Ireland  
Chief Executive Colin Sinclair

**ACTION**

context of this in relation to the changing internal and external landscapes. Members note that Mary Morgan, Director of the Scottish National Blood Transfusion Service, had been appointed as the Senior Responsible Officer to coordinate changes to NSS through the creation of the new Public Health Body. Professor Ireland commented that the Chairs Group had been discussing collaboration and common areas of importance. She continued that a Chairs group development session was in to be held around collective intelligence in relation to innovation and that she and Mr C Sinclair would be presenting at that session. Members noted that Dr M Winter and Dr L Ramsay had been appointed as joint interim Medical Director until recruitment into the permanent post could be undertaken. Professor Ireland thanked colleagues for taking part in the iMatter survey and noted that the results had been positive. In connection with this, Professor Ireland highlighted that the Board Diagnostic Tool survey would be circulated shortly and urged members to complete this.

**3. CHIEF EXECUTIVE'S UPDATE**

- 3.1 C Sinclair introduced paper **B/17/114** which updated the Board on his key activities and a number of matters for noting. Mr Sinclair commented on the successful transition into the Jack Copeland Centre. Mr Sinclair also noted that clarity of the composition of the new Public Health Body would follow shortly and the implications of this for NSS could then be considered. Mr Sinclair concluded that he and the Executive team were aware of pressure on staff to complete usual business as well as transform services, and this would be monitored. Mr Sinclair noted that the renewal of the leases at Bridge View in Aberdeen and at Meridian Court in Glasgow would require consideration shortly and it was requested that the business cases for these properties were brought back to Board at the appropriate date.

**CS****4. MINUTES OF THE NSS BOARD MEETING HELD ON 1 SEPTEMBER 2017**

- 4.1 The Minutes of the NSS Board meeting held on 1 September 2017 were accepted as a true record (paper **B/17/115** refers).

**5. MATTERS ARISING FROM THE NSS BOARD MEETING HELD ON 1 SEPTEMBER 2017 AND PREVIOUS MEETINGS [papers B/17/115 and B/17/116 refer]**

- 5.1 The Members noted progress on actions from previous meetings and that the majority had been completed, programmed into a future meeting or were covered in the main Agenda. Professor Ireland requested that a paper be brought to the next Board meeting around the implications for NSS of the new Public Health Body.

**MMorgan****6. FRAMEWORK AGREEMENT**

The draft updated Framework Agreement was approved by members subject to the finalisation of the updated vision. Mrs E McLaughlin would update the Framework Agreement once the vision was approved and at that point, the Framework Agreement would be uploaded to the NSS website

**EMcLaughlin**

**ACTION****7. NSS BOARD OFFSITE INITIAL FEEDBACK**

Mr Sinclair introduced the paper summarises key themes and messages from the Board offsite (paper **B/17/118** refers). In particular, members were asked to note the updated vision statement, approve the use of the headings “Transform” and “Enable” and approve the articulation of where NSS believed itself to be in relation to those headings. Members were generally supportive of the headings but considered that the vision required further refining, including detailing the sense of ambition within NSS. It was commented that the vision should also be written in plain English, understandable to all. Professor Ireland requested that some members work with Mr Sinclair and his team to undertake this work and bring it back to the next Board meeting in February

**CS/ARooney/  
JDavidson**

**Board Secretary**

**8. MID YEAR PERFORMANCE REPORT**

Mr M Bell introduced the Mid Year Performance Report (paper **B/17/119** refers). Members recognised and thanked the endeavours by staff in meeting targets in the context of all the current challenges and transformation.

**9. FINANCE REPORT**

- 9.1 The Members were provided with an update on NSS’s financial performance as at 30 September 2017 (paper **B/17/120** refers). As Chair of the NSS Performance and Finance Committee, K Dunlop assured Members that the report had also been considered in detail at the Committee meeting on 25 October 2017. C Low was pleased to report that NSS continued to perform strongly within a challenging financial environment for NHSScotland and was on track to meet its key financial targets for 2017/18. Members’ attention was drawn to the challenges around achieving the agreed Cash Releasing Efficiency Savings (CRES) target for NSS National Services Division (NSD) and that further work with NHS Board would be required to identify non-recurring savings and to meet any year pressures. An update on these negotiations would be provided at the next NSS Board meeting on 2 February 2018. There were a number of options available to commit the remaining capital and the NSS Executive Management Team was considering a number of candidate projects. C Low also highlighted the sections in the report detailing the current and forecast financial position for the Jack Copland Centre project and the Digital Transformation budget for the year by strategic theme. In response to Members’ comments, J Jones assured Members that NSS would continue to work with business areas to reduce the use of agency staff.

**C Low  
[Board – 02.02.18]**

- 9.2 With the above comments, Members noted the Finance Report and that NSS’s financial position would continue to be closely monitored to ensure targets were achieved.

**10. PEOPLE REPORT**

- 10.1 The Members had been circulated with a copy of the People Report for the financial year as at 30 September 2017 (paper **B/17/121** refers). It was noted that the position was mostly positive with sickness absence reducing. The four RIDDORS were highlighted with assurance that there was ongoing work within Human Relations to support safe systems of work. The positive engagement in relation to iMatter was recognised. Training figures were

**ACTION**

noted and assurance provided. It was requested by members that a paper be brought to the next Staff Governance Committee on data collection and analysis within Human Resources which underpins the People Report and figures on training etc. **JJones**

**11. RISK MANAGEMENT UPDATE**

Mr Bell presented the report (paper **B/17/122** refers) and commented that all risks were being managed in line with the set principles. It was noted that there had been a downwards movement in red risks (to six), with none categorised as catastrophic. It was noted that all mitigating actions were being managed appropriately. The paper highlighted the positive continuous improvement work in this area. Mr J Deffenbaugh asked whether a risk around the new Public Health Body had been captured. Members asked that this be covered in the paper to be brought to the February Board. **MMorgan**

**12. NSS AUDIT AND RISK COMMITTEE UPDATE**

Mr M McDavid highlighted the work of the Audit and Risk Committee (paper **B/17/123** refers). In particular, members note the positive internal audit reports and the further assurance received in relation to Health and Safety.

**13. NSS BOARD SUB-COMMITTEE MINUTES**

13.1 The Members noted the following Minutes and Reports from meetings of the NSS Board Sub-Committees.

- (i) Draft Minutes of the NSS Audit and Risk Committee meeting held on 14 September 2017 (paper **B/17/126** refers).
- (ii) Approved Minutes of the NSS Audit and Risk Committee meeting held on 22 June 2017 (paper **B/17/127** refers).
- (ii1) Draft Minutes of the NSS Information Governance Committee meeting held on 7 September 2017 (paper **B/17/128** refers).
- (iv) Approved Minutes of the NSS Information Governance Committee meeting held on 26 April 2017 (paper **B/17/129** refers).
- (v) Draft Minutes of the NSS Staff Governance Committee meeting held on 20 September 2017 (paper **B/17/130** refers).
- (vi) Approved Minutes of the NSS Staff Governance Committee meeting held on 12 May 2017 (paper **B/17/131** refers).
- (vii) Draft Minutes of the NSS Clinical Governance Committee meeting held on 25 September 2017 (paper **B/17/132** refers).
- (viii) Approved Minutes of the NSS Clinical Governance Committee meeting held on 12 June 2017 (paper **B/17/133** refers).
- (ix) Approved Minutes of the NSS Performance and Finance Committee meeting held on 31 May 2017 (paper **B/17/134** refers).

**14. ANY OTHER BUSINESS**

14.1 There was no other competent business.

**15. DATE OF NEXT MEETING**

15.1 The next NSS Board meeting would be held on Friday, 2 February 2017.

There being no further business, the meeting finished at 1240hrs.

DRAFT

# NSS FORMAL BOARD ACTION LIST 2017-2018



CLOSED

<b>B/18/05</b>
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Ref Item	Action	Responsible	Deadline	Status
<b>FROM 3 NOVEMBER 2017 MEETING – NO OUTSTANDING ACTIONS</b>				
3.1	<b>Chief Executive's Update</b> Provide a paper to Board on the business cases for Bridge View, Aberdeen and Meridian Court, Glasgow	C Sinclair	To a future Board meeting	
5.1	<b>Matters Arising</b> A paper on the implications of the new Public Health Body for NSS, including a section on risk	M Morgan	Board – 02.02.2018	On Agenda
6	<b>Framework Agreement</b> Update the Agreement with the agreed vision once ready	E McLaughlin	After Board on 02.02.2018	
7	<b>NSS Board Offsite Feedback</b> Vision to be further defined and update	C Sinclair/A Rooney/J Davidson	Board – 02.02.2018	On Agenda
9	<b>Finance Report</b> An update on the CRES negotiations in relation to NSD was requested	C Low	Board – 02.02.2018	
10.1	<b>People Report</b> a paper was requested for the next Staff Governance Committee on data collection and analysis within Human Resources which underpins the People Report and figures on training etc.	J Jones	S.G.C. on 30.11.2017	Completed.
<b>FROM 1 SEPTEMBER 2017 MEETING – NO OUTSTANDING ACTIONS</b>				
5.2	<b>Health and Safety</b> Circulate to Board Members the update on recommendations from the Health and Safety Audit and subsequent actions which C Sinclair emailed to the Chair of the NSS Audit and Risk Committee on 31.07.17.	C Sinclair	Before the ARC on 14.09.17	[CJL] Completed. Copy emailed to Board Members on 06.09.17.
18.1	<b>NSS Annual Review</b> Discuss with Christine McLaughlin, NSS Sponsor, Scottish Government, the possibility of a Cabinet Secretary NSS Annual Review on 23.11.17.	E Ireland	01.09.17	Completed. [CMcD 05.09.17] Cabinet Secretary Annual Review will not happen this year but would be prioritised for 2018.
	<b><u>Finance Report</u></b>			
6.1	Review the way in which section 8 'Risks and Opportunities' was presented in the Finance Report in order to provide greater synergy.	C Low	In time for the next Board – 03.11.17	Noted.
6.1	Projected SBU financial positions to be considered in more detail at the next NSS Performance and Finance Committee meeting and reported back to the next NSS Board meeting through the	C Low / K Dunlop	PFC – 25.10.17 Board – 03.11.17	Actioned.

Ref Item	Action	Responsible	Deadline	Status
	Sub-Committees' Update report.			
	<b>Public Health</b> Read and digest relevant supporting documentation issued in advance of the NSS Board/EMT Development Session on 2 and 3 Oct'17 in order to help inform the discussion on the creation of a new public health body.	All	02.10.17	Completed.
8.1	<b>People Report</b> Clarify the definition of 'available staff' against the target for mandatory training included in the Guidance section of the People Report.	A Stewart [J Jones]	In time for the next Board – 03.11.17	[AS 13.10.17] Completed. Amended from "available staff" to "all staff".
9.1	<b>National Board Delivery Plan</b> Share early draft of National Board Delivery Plan with Board Members for initial comments.	C Sinclair [J Fox-Davies]	Once available	Completed.
<b>FROM 29 JUNE 2017 MEETING – NO OUTSTANDING ACTIONS</b>				
	<b>Public Health</b>			
2.4 (v)	Formally invite Andrew Scott, Gareth Brown, Robert Skey, and Christine McLaughlin from the Scottish Government to update the Board at its meeting in September 2017 on progress with the public health new body and to explore opportunities and risks identified. Invite Mr Phil Couser, Director PHI to take part in the discussion.	E Ireland	Board – 01.09.17	Completed. All attending with the exception of Robert Skey.
2.4 (v)	Consider how the views of staff could be brought into the discussion at the September Board meeting.	C Sinclair / I Cant	Board – 01.09.17	Actioned.
3.1	<b>Draft National Boards' Delivery Plan</b> Add to the forward programme for the September Board meeting.	C Lang	Board – 01.09.17	On the Agenda for the NSS Board meeting on 01.09.17.
3.3.	<b>Health and Safety Audits</b> Consider convening an ad hoc meeting of the NSS Occupational Health and Safety Committee to consider the action plan developed following health and safety audits by RoSPA and KPMG.	I Cant	Before the next NSS Board meeting	Ad hoc OHSAC meeting held on 22 August 2017.
8.2	<b>NSS Standing Financial Instructions</b> Amend sections 2.04-2.05 on Outside Occupation to reflect that secondary employment could only be done in consultation with an individual's Line Manager and in accordance with NSS guidance/policy on secondary employment.	C Low / J Jones	As soon as possible	Under consideration.
17.1	<b>Picture Archiving and Communications System (PACS)</b> Speak to Dr Lorna Ramsay and Professor M Bain about articulating a clinical risk to individuals if image not available.	J Hall	15.07.17	Actioned.
18.1	<b>NSS Annual Review</b> Issue a communication to Board Members as soon as a date for NSS's Annual Review with the Scottish	J Fox-Davies	Once available	Completed. Annual Review to be held on 23 November 2017.

Ref Item	Action	Responsible	Deadline	Status
	Government had been set.			
21.2	<b>Board Reports</b> Consider how the Finance and People Reports could be amended to better address the Board's needs e.g. level of detail, analysis, key points Members should focus on.	C Low / J Jones	Board – 01.09.17	Actioned.
23.1	<b>Strategic Risks</b>			
	Consider Risk 4062 (Public Health Microbiology Strategy) at the next NSS Clinical Governance Committee meeting.	J Burgess	CGC – 25.09.17	On the forward programme of Agenda items.
	Consider Risk 4184 (NSS Workforce Effectiveness) at the next NSS Staff Governance Committee meeting.	J Deffenbaugh	SGC – 20.09.17	On the forward programme of Agenda items
	'Watch-list' of risks owned by the Board to be reviewed as part of the biannual risk management update to the November 2017 Board meeting	J Fox-Davies	Board – 03.11.17	Noted.
<b>FROM 7 APRIL 2017 MEETING – NO OUTSTANDING ACTIONS</b>				
3.1	<b>Public Health</b> Include on the Agenda for the May 2017 Board Development Session a discussion on the options for the split of capabilities delivered by the Public Health and Intelligence (PHI) business unit of NSS between a soon to be established new national public health body and NSS.	C Lang	BDS – 05.05.17	Completed.
8.1	<b>Equalities Reporting</b>			
	Last paragraph in the Foreword from E Ireland and C Sinclair to be strengthened around services.	C Sinclair/ E Ireland	24.04.17	Completed.
	Consider providing a quarterly progress report to the NSS Partnership Forum on the actions associated with the NSS Equality Outcome Plan.	E Prentice	Future PF Meetings	Under consideration.
11.1	<b>People Report</b> Present the narrative as page one of the People Report to help put the ratings on the performance dashboard into context.	J Jones	Future Reports	Completed.
13.1	<b>OHSAC</b> Review the arrangement whereby the Employee Director Chaired the Occupational Health, Safety and Advisory Committee.	J Jones/ I Cant	April 2018	To be programmed in for April 2018.
14.1	<b>Audit and Risk</b> In line with best practice, the NSS Chair, Chief Executive and Committee Chair would meet on a more regular basis to discuss Audit and Risk Committee matters.	E Ireland/ C Sinclair/ M McDavid	As appropriate	Noted.
19.1	<b>Stakeholder Engagement</b> Non-Executive Directors to let E Ireland know if they would like to attend a NHS Chair's	Non-Executive Directors	As appropriate	On-going.



Ref Item	Action	Responsible	Deadline	Status
	meeting.			



**NHS National  
Services  
Scotland**

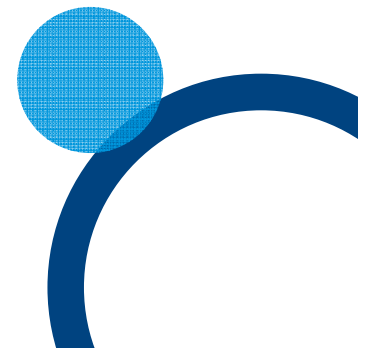


**Five Year Plan  
2018 - 23**

**Colin Sinclair**  
Chief Executive  
2 Feb 18

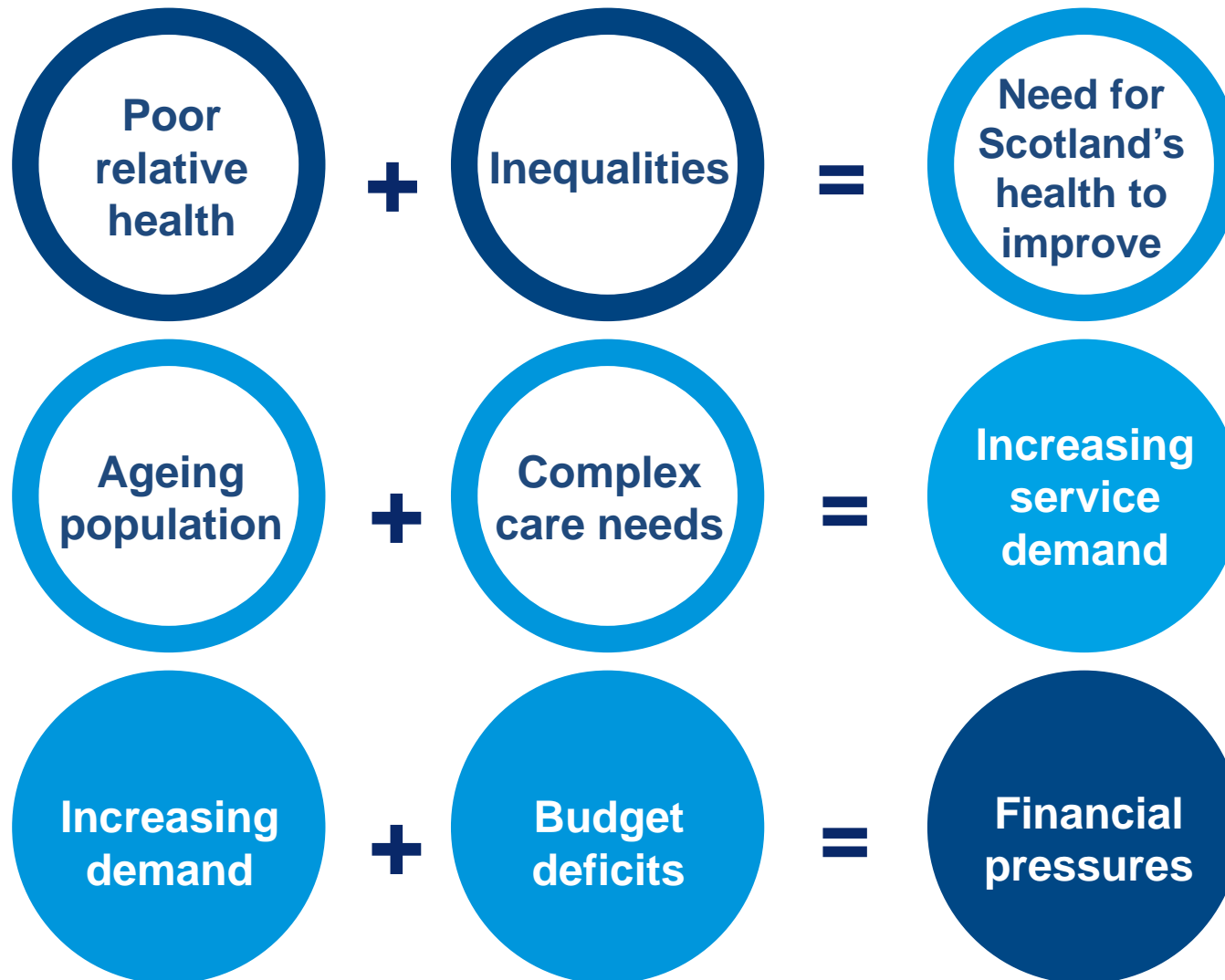
# Areas for today

- Context
- Vision and strategic direction
- Consequences and plan
- Finance and workforce
- Conclusions



# The challenge remains

Needs/demands increasing whilst money gets tighter



# Delivering the Health and Social Care Delivery Plan

Four major programmes:

## Health and social care integration

*“Optimising and joining up balanced health and care services, whether provided by NHS Scotland, local government or the third and independent sectors”*

## The National Clinical Strategy

*“Strengthen primary and community care; improve secondary and acute care; focus on realistic medicine”*




## Public health improvement

*“Create a clear set of national public health priorities for Scotland as a whole and streamline the currently cluttered public health landscape”*

## NHS Board review

*“Review the functions of existing national NHS Boards to explore the scope for more effective and consistent delivery of national services and the support provided to local health and social care system for service delivery at regional level”*

# Why we are here



**“To improve the health and wellbeing of the people of Scotland, we provide solutions to support and deliver public services.”**

# Our vision

## Where we want to be

### *Supporting the transformation of health and social care*

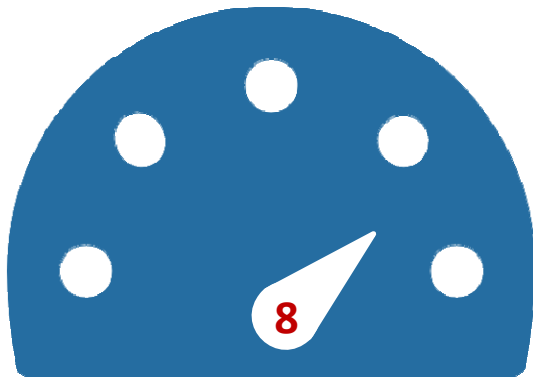
NSS, working with others, will **enable** the transformation of health and social care to help improve the health and wellbeing of the people of Scotland.

We will continue to **underpin** a sustainable and resilient NHSScotland by providing excellent support services and expertise.

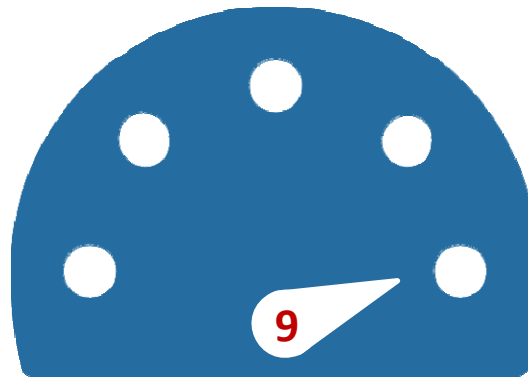
We will **assist** other public sector organisations where there is value in doing so and without compromising our health and care focus.

# Our vision

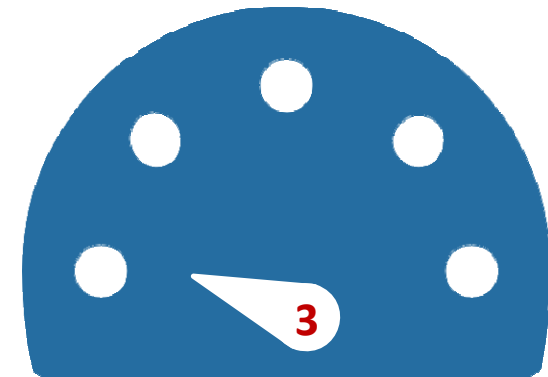
## Where we want to be



*To **enable** the transformation of health and social care to help improve the health and wellbeing of the people of Scotland.*



*To **underpin** a sustainable and resilient NHSScotland by providing excellent support services and expertise.*



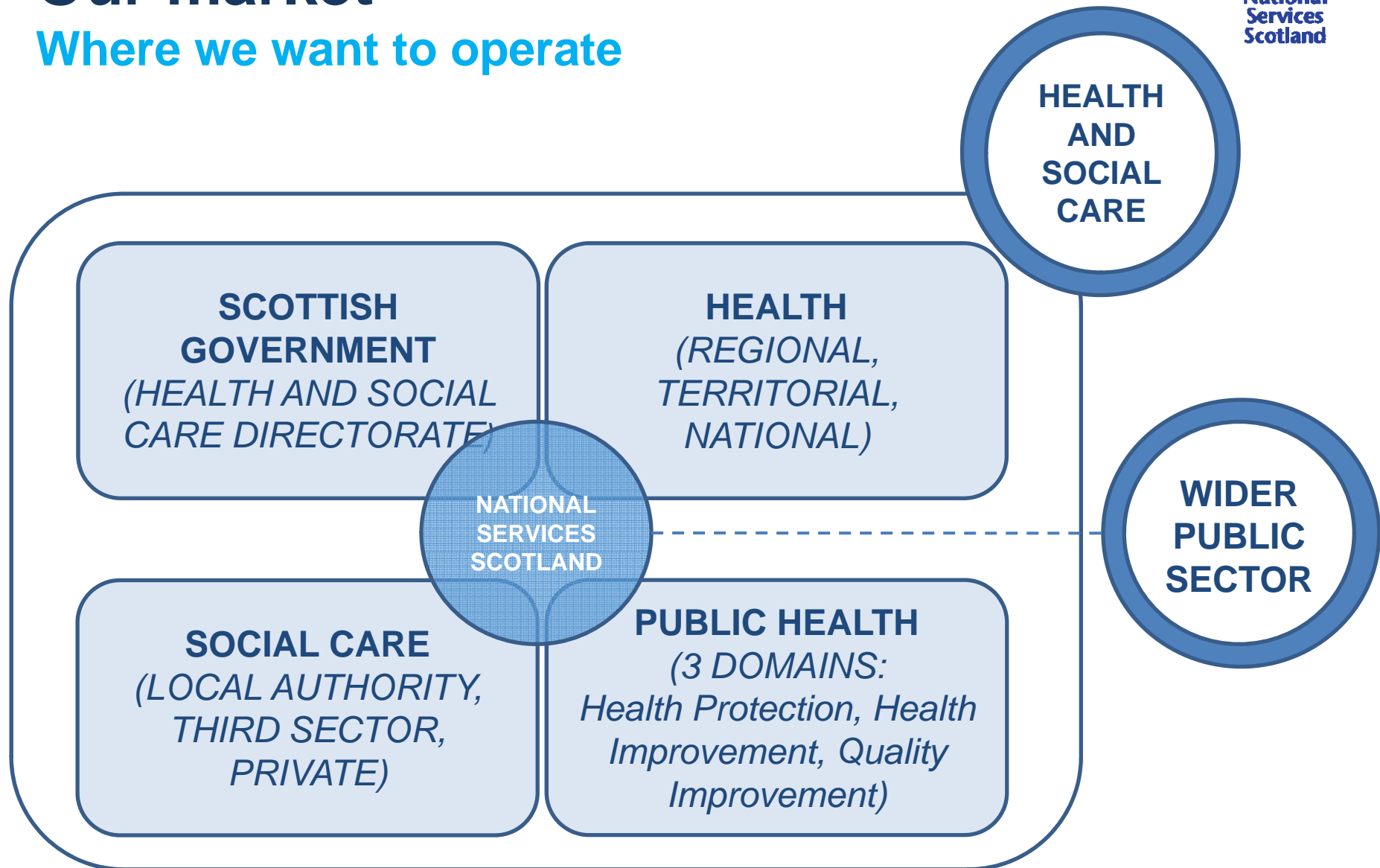
*To **assist** other public sector organisations where there is value in doing so and without compromising our health and care focus*

It's not about doing all three all of the time, we adapt the areas we focus on at any given time to meet the evolving needs of our partners, stakeholders and customers. Individual services will also place emphasis on each area to differing levels.



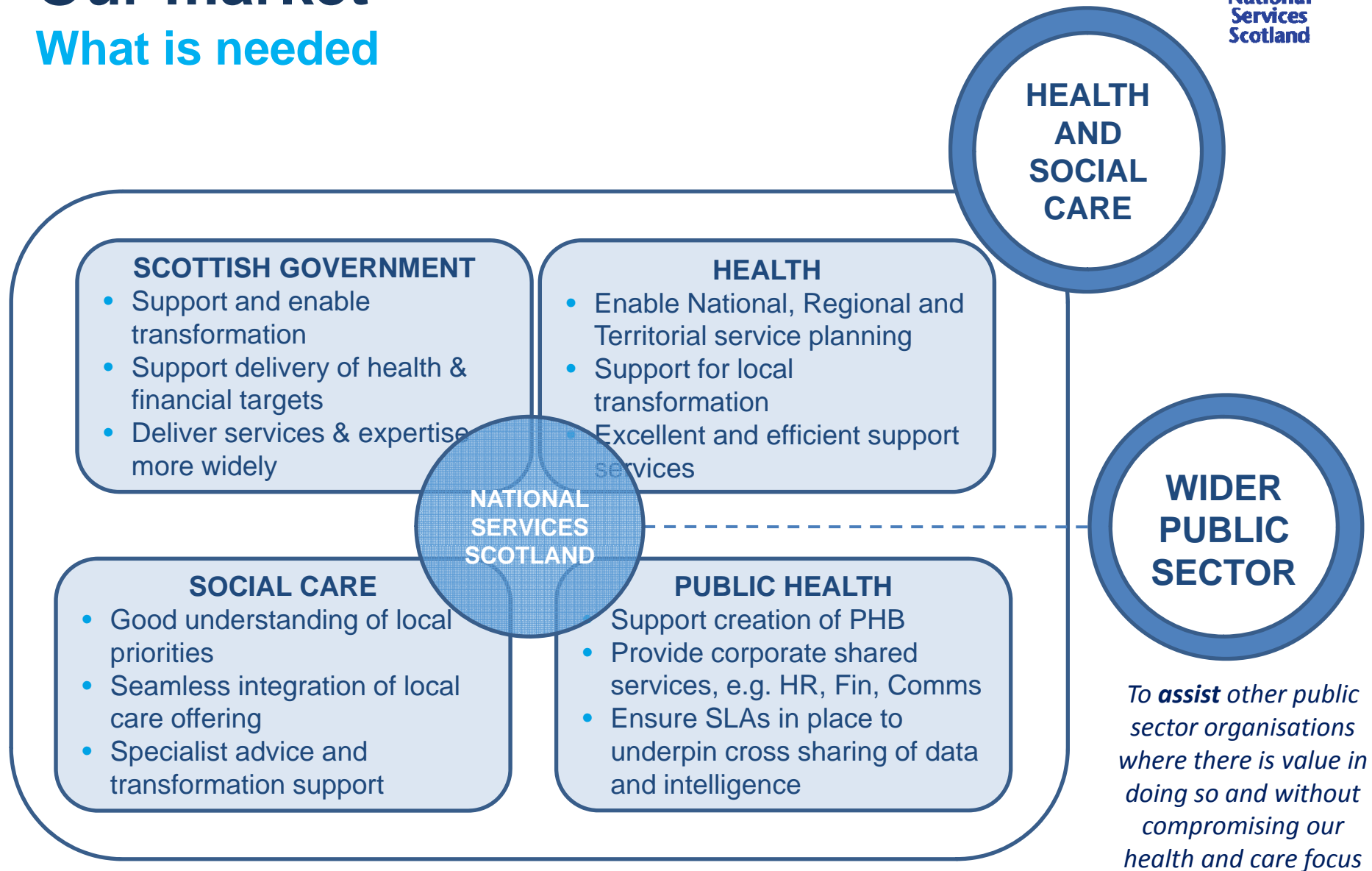
# Our market

## Where we want to operate



# Our market

## What is needed



# Transformation

## Our focus on the need

NSS will play an important role in supporting the transformational change needed to deliver the Health and Social Care Delivery Plan.



Once for  
Scotland



National  
Boards  
Collaborations



Digital  
Delivery



Clinical & Business  
Enablement



Public  
Health

# SBU visions and priorities

## External strategic focus



Area	Vision	Priorities
<b>SNBTS</b>	Transforming health through integrated transfusion, tissue and cell therapy products, services and solutions	<ul style="list-style-type: none"> <li>• Blood system safety and sustainability</li> <li>• Embracing new treatment opportunities.</li> </ul>
<b>P&amp;CFS</b>	A 100% digitally enabled Primary Care support service. To be the leading counter fraud agency in the public sector	<ul style="list-style-type: none"> <li>• Digital transformation of primary care transactions</li> <li>• Supporting new primary care delivery of care models</li> </ul>
<b>PHI</b>	Robust Health Protection function to protect the health and wellbeing for the people of Scotland. Joined up public service data and intelligence to enable: <ul style="list-style-type: none"> <li>• The public to make informed decisions</li> <li>• Professionals to drive improved outcomes</li> <li>• Public bodies to deliver service value</li> </ul>	<ul style="list-style-type: none"> <li>• Protecting the health of the people of Scotland</li> <li>• Supporting public health reform including the development of public health priorities and establishment of the new body</li> <li>• Continuous improvement of digital services to underpin sustainable and resilient services</li> <li>• Responding to all workstreams of the Health and Social Care Delivery Plan</li> </ul>
<b>PCF</b>	Supporting the development of new models of care through leading clinical and commercial solutions	<ul style="list-style-type: none"> <li>• Increasing response to the requirements of regional service planning and emergence of national planning requirement</li> <li>• Improve the Quality Assurance of our commissioned population screening services and build the clinical support provided to health boards. Increasing levels of governance in operating environment</li> </ul>
<b>CLO</b>	CLO to be the recognised provider of choice for selected legal services in support of Health and available to the wider public service in Scotland	<ul style="list-style-type: none"> <li>• Continued high level of satisfaction from NHS clients and this remains a priority.</li> <li>• Fully digital CLO.</li> </ul>
<b>IT</b>	To be valued as a trusted, integral and strategic IT / Digital services partner to the Health & Care Sector in Scotland	<ul style="list-style-type: none"> <li>• Digital transformation and other technology / methods shifts will drive need for considerable re-skilling of IT workforce.</li> <li>• Need to address resilience and sustainability of national applications and networks over next few years. Increased focus on security.</li> </ul>

# SBU visions and priorities

## Internal strategic focus



Area	Vision	Priorities
<b>Business Services</b>	<p>To deliver excellence in strategic financial management and governance enabled by efficient and effective finance shared services</p> <p>To enable public service reform by providing valued service transformation capability and trusted delivery expertise to NHS Scotland and the wider public sector</p>	<ul style="list-style-type: none"> <li>• Reposition PgMS as Transformation Services, providing capability to support the delivery of the Health &amp; Social Care Delivery Plan</li> <li>• Lead the design and implementation of digitally enabled shared services for the new Public Health Body and a new Finance operating model for National Boards</li> <li>• Embed Digital Transformation through agile methodology to support new ways of working</li> </ul>
<b>CEAD</b>	To drive engagement, understanding and value for NSS customers and stakeholders	<ul style="list-style-type: none"> <li>• Drive understanding and adoption of NSS</li> <li>• Transform how NSS engages with stakeholders</li> </ul>
<b>Strategy and Governance</b>	Driving best in class strategy, governance and performance management	<ul style="list-style-type: none"> <li>• Continuous improvement in all areas.</li> <li>• Collaboration on business shared services for NSS and with special boards</li> </ul>
<b>Clinical</b>	To ensure Scotland's health and social care needs are being met through successful and innovative NSS services and solutions	<ul style="list-style-type: none"> <li>• Strengthening awareness and partnering with the clinical community of NHSScotland</li> <li>• Influencing the Scottish health and care agenda through professional and clinical leadership to influence, inform and support</li> </ul>
<b>HR</b>	Providing innovative people solutions and leadership to enable NSS and our partners to improve the health and wellbeing of the people of Scotland	<ul style="list-style-type: none"> <li>• HR is a key enabler to support NSS deliver transformational change and build capability through :-                      People and Cultural Change                      Service Redesign                      Digital Transformation Programme</li> </ul>

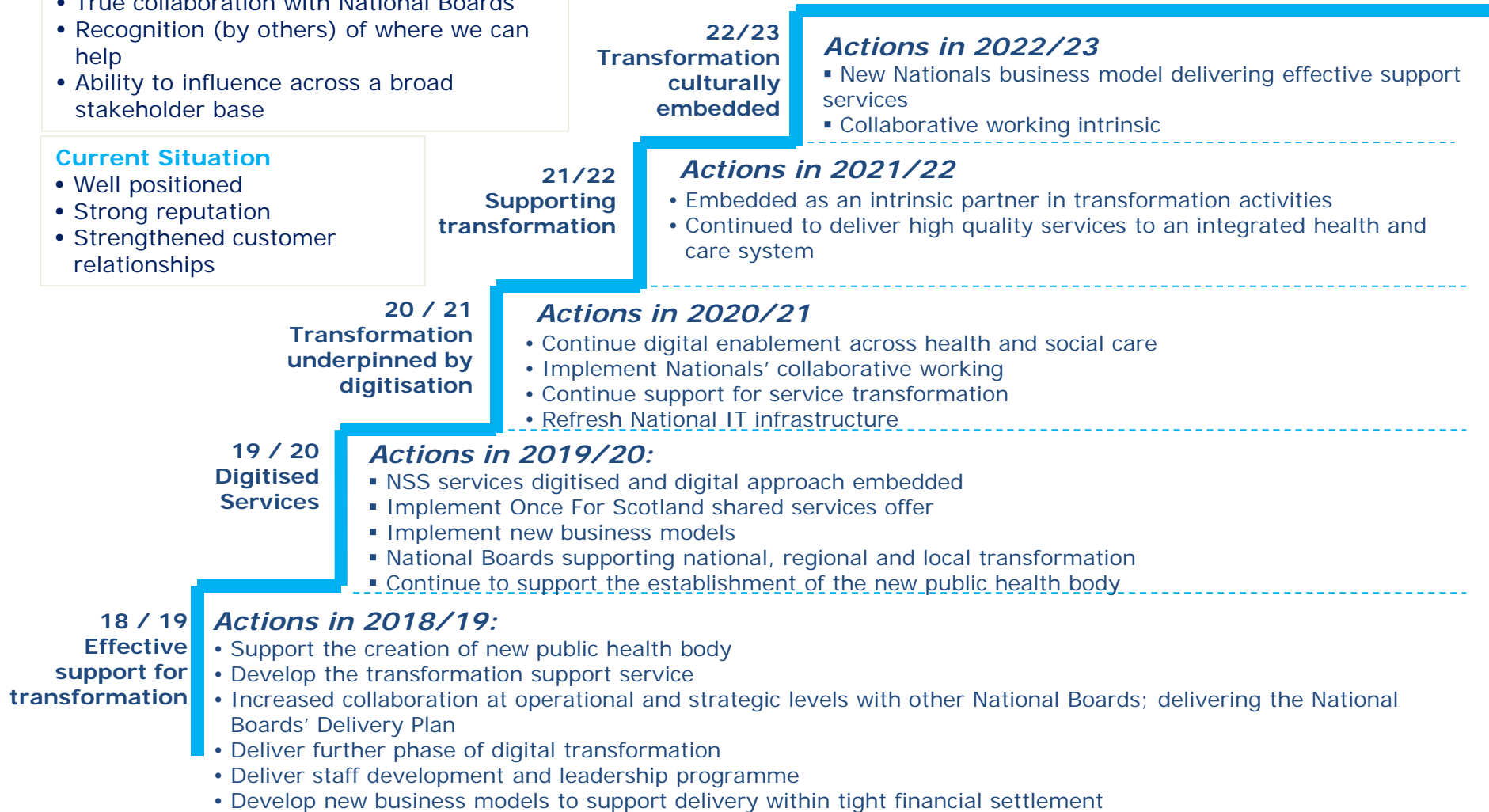
# Overview - 5 Year Strategy



**Vision: Supporting transformation of health and social care**

- GAP Analysis**
- People skilled for digital service delivery
  - True collaboration with National Boards
  - Recognition (by others) of where we can help
  - Ability to influence across a broad stakeholder base

- Current Situation**
- Well positioned
  - Strong reputation
  - Strengthened customer relationships



# Overview - last year's steps

## Progress against 2017-18 Actions



Action	Outcome
Modernise blood service	<ul style="list-style-type: none"> <li>• JCC Occupied and move of manufacturing ongoing</li> </ul>
Support NHSScotland transformational change, developing solutions and progress shared services	<ul style="list-style-type: none"> <li>• Pursuing collaboration with national boards including co-authoring the nationals' delivery plan</li> <li>• LIST working with health and social care partnerships, supporting NHS benchmarking through Discovery.</li> <li>• PgMS supporting health and social care delivery.</li> <li>• Shared services continue to progress</li> </ul>
Continue implementation of digital transformation	<ul style="list-style-type: none"> <li>• Digital programme continues to progress as planned</li> <li>• Recent RAM process identified customer needs and corresponding digital requirements</li> <li>• Digital Transformation Roadmap being implemented</li> </ul>
Deliver operational excellence, focusing on what we do and doing it well to meet needs	<ul style="list-style-type: none"> <li>• All areas pursuing and measuring progress against 'Improve the way we do things'</li> <li>• Operational excellence embedded and underpinning all activity</li> </ul>
Continued focus on staff development	<ul style="list-style-type: none"> <li>• Staff Governance Action Plan in place</li> <li>• Staff Excellence awards scheme refocused</li> <li>• Workforce planning continues in all areas</li> <li>• Succession planning progressing beyond executive cohort</li> </ul>

# SWOT analysis



<p><b>Strengths</b></p> <ul style="list-style-type: none"><li>• Track record of delivery</li><li>• Size, breadth and scale</li><li>• Willingness to help others</li></ul>	<p><b>Weaknesses</b></p> <ul style="list-style-type: none"><li>• Authority and investment</li><li>• Financial constraints</li><li>• Lack of public visibility / interest</li><li>• Limited influence</li></ul>
<p><b>Opportunities</b></p> <ul style="list-style-type: none"><li>• Once for Scotland</li><li>• Digital transformation</li><li>• National boards' collaboration</li><li>• Clinical engagement</li></ul>	<p><b>Threats</b></p> <ul style="list-style-type: none"><li>• Cultural resistance and pace of change</li><li>• Magnitude of 'ask' but uncertain future environment</li><li>• Imbalance between national, regional and local transformation</li></ul>



# High level actions

## Customer at the heart



Customer/stakeholder engagement



Implementation of public health body

## Increase our services impact



Digital transformation



'Once for Scotland'

## Improving the way we do things



NSS Shared services 'Once for NSS'



NSS Sustainable service programme

## Great place to work



Staff development



Staff feedback

## Our Key Enablers



Innovation



Empowerment



Operational excellence

# Service delivery planning

Services	NSS's Strategic Intention	Rationale	Potential to Increase HI	Potential to Increase FI
Blood , Tissues & Cells	Disinvest	Modernisation	Medium	Medium
Information & Intelligence	Invest	Transformation	High	Medium
Health Protection	Maintain	Health & well-being	High	Low
Information Technology	Invest	Digitisation	Medium	High
Legal	Maintain	Quality service	Low	Medium
Procurement	Maintain	Efficiency & flexibility	Medium	High
Logistics	Maintain	Efficiency	Low	Medium
Specialist Healthcare Commissioning	Invest	National planning	High	Medium
Facilities	Invest	National planning	Low	Medium
Primary Care -Support	Invest	Transformation	Medium	Medium
Primary Care - Payments	Divest	Modernisation	Low	Medium
Fraud prevention	Maintain	Quality service	Low	High
Programme Management	Invest	Transformation	Medium	High

# National board collaboration

## Opportunities and challenges

### External Services

- Focused outcome based deliverables that are more than sum of parts
  - Digital
  - Workforce
  - Transformations Support
  - Efficiency and Financial Improvement

### Internal Efficiency

- Vision for new operating model required to meet on going financial challenge
- Current collaborative approach having limited impact

# Public health body

## Programme

- New body to be established by April 2019
- Chief Executive on national Public Health Reform Oversight Board
- Internal programme board established with Mary Morgan as SRO
- Programme Director appointed and starting end of February

## Impact

- Most or all of PHI (ISD & HPS) will move to new body
- PHI makes up 20% of NSS staff and 5% of the total revenue spend

## Opportunity

- NSS to develop and deliver a shared services offering to the new body; presenting an opportunity to demonstrate a model for shared services with wider applicability

## Risk

- Risk to the delivery to NSS services due to interdependencies
- Funding allocations may be insufficient to deliver the programme
- Timescales may be too short for delivery
- PHI services may be impacted due to perceived misalignment

# Local Delivery Plan



## Local, Regional and National Planning

- Territorial Boards now focused on delivering regional plans by March 18
- NSS joined up with National Boards to develop a collaborative plan over the same timescale
- We will continue to underpin local, regional and national needs with solutions and deliver actions to support the Health and Social Care Delivery Plan
- We will support the creation of a new Public Health Body and the move of staff in relation to this

## Developing the NSS LDP

- Pending revised guidance we continue to work to existing direction
- The NSS LDP is expected to be aligned, if not included, within the National Boards' Delivery Plan
  - February 2018 - Performance and Finance Committee to sign off final draft
  - March 2018 - Comments from SG
  - April 2018 - NSS LDP finalised and signed off by April Board.

# Financial planning context



**The financial challenges facing NHS Scotland are significant and growing.**

- Current forecasts indicate a deficit of c£80m for NHS Scotland in 2017-18.
- Non-recurring measures underpinning finances this year must be saved on a recurring basis from 2018-19 onwards.

**Funding for NHS Reform will increase by £175m to £303m in 2018-19:**

- Transformational Change Fund £126m
- Primary Care £110m
- Mental Health £47m
- Trauma Networks £10m
- Cancer £10m

**This distribution of resources is designed to support a further shift in the share of the frontline NHS budget dedicated to mental health and to primary, community and social care.**

# Financial planning assumptions



## Baseline Resource increases

- Territorial Boards will receive a cash uplift of 1.5%
- The 4 patient facing National Boards will each receive a cash uplift of 1.0%
- Other National Boards, including NSS, will receive a “flat cash” settlement
- NSD will however receive an uplift of 1.5%

## Efficiency Targets

- The National Boards savings target of £15m in 2017-18 will be made recurring from 2018-19 onwards

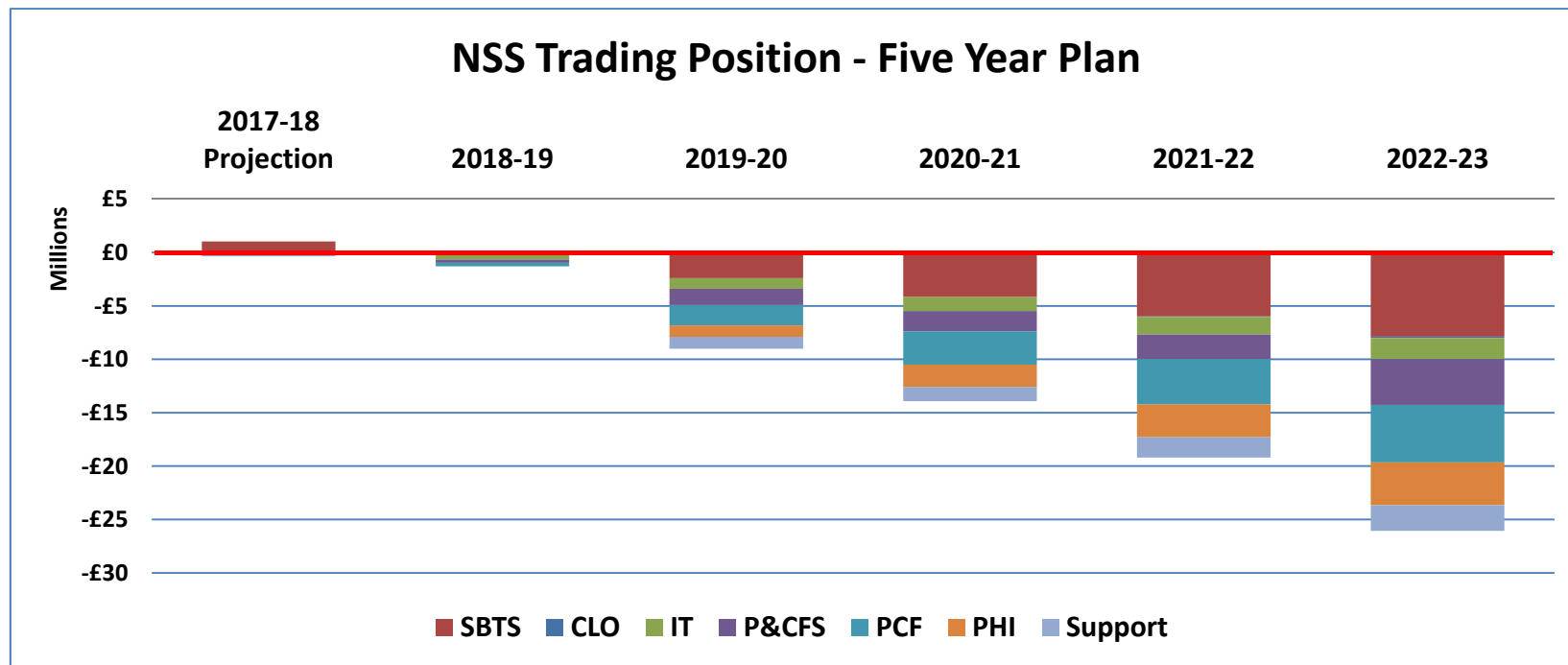
## Addressing the Pay Cap: Scottish Government Pay Policy applied:

- 3% Increase for staff earning £30,000 or less
- 2% Increase for staff earning above £30,000, capped at £1,600 for those earning more than £80,000

# Scale of financial challenge ahead

## Years 3-5 will present a significant challenge

- Whilst 2018-19 and 2019-20 look manageable years 3-5 will present a real challenge to breakeven
- We must plan to leverage Digital and deliver our services differently

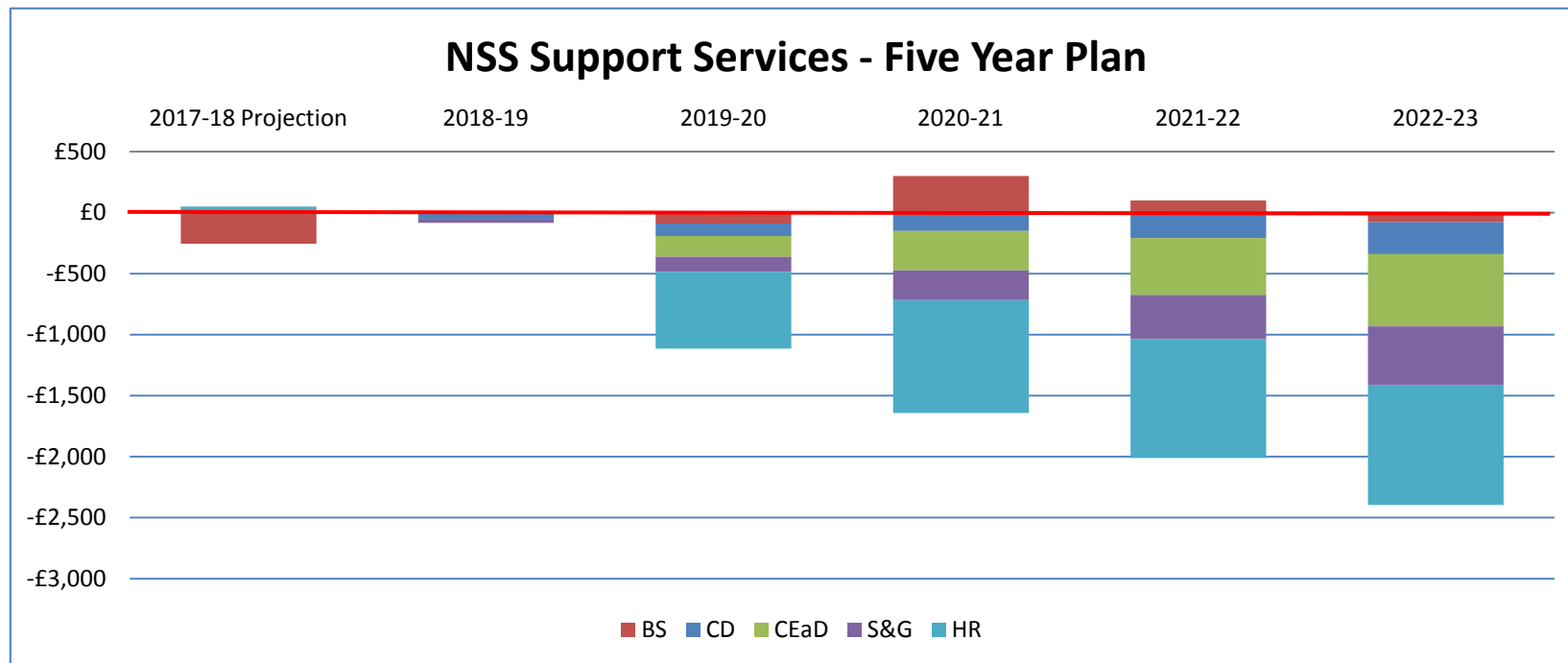




# Scale of financial challenge ahead

## Our support services model is no longer sustainable

- 2018-19 breakeven is non-recurring
- A new operating model which embraces digital delivery and shared services is essential
- Once for NSS and National Boards Collaboration new public health body provide drivers for change



# Savings required in 2018-19



SBUs have been asked to deliver 5% CRES and contain cost pressures

- Trading position currently -£1,385m
- Some figures are subject to confirmation

	CLO £000s	IT £000s	P&CFS £000s	PCF £000s	PHI £000s	SNBTS £000s	Support £000s	Total £000s
<b>Baseline</b>	-	16,492	22,822	15,993	18,276	40,039	16,780	130,402
5% CRES	-	868	1,201	842	978	2,107	884	6,880
<b>Cost Pressures</b>								
Pay Increase	200	442	279	540	760	700	381	3,302
Incremental Drift	28	25	26	442	260	145	248	1,174
Non Pay inflation	11	2,100	80	-	-	273	1,216	3,680
CRES relief applied	-	463	-	-	-	-	1,057	1,520
<b>Total Savings Target</b>	<b>239</b>	<b>2,972</b>	<b>1,586</b>	<b>1,824</b>	<b>1,998</b>	<b>3,225</b>	<b>1,672</b>	<b>13,516</b>
<b>As a % of Baseline</b>	<b>n/a</b>	<b>18%</b>	<b>7%</b>	<b>11%</b>	<b>11%</b>	<b>8%</b>	<b>10%</b>	<b>10%</b>

# Reserves position 2018-19



## Reserves are used to fund corporate costs and service developments

- Position shown reflects un-allocated resources available to meet in year pressures and any essential developments
- National Boards Contributions and Contingency are provided for

	2018/19 £000s
<b>Reserves position per prior plan</b>	<b>7,912</b>
<b>Movements:</b>	
Impact of 0% uplift	1,514
NSS Internal change programme delivery	1,000
CRES relief rent and rates	1,057
Apprenticeship levy	170
In year movements - Planned Developments	204
<b>Reserves position RAM 2 1819</b>	<b>3,945</b>

# Development funding bids



## Essential development requests will be subject to prioritisation

- Requests are both revenue and capital in nature
- Full reconciliation of digital demand underway (includes £1.8m from PHI)
- CLO digital investment will be self funded
- PCF Developments include NDC Warehouse Management System Upgrade £1m
- BS Developments includes £1m Transformation Fund for Internal Demand already in plan

	Digital	Business Critical	Business Discretionary	Mandatory / Regulatory	Other	Total Bids
BS	£350,000	£1,160,000	£150,000			£1,660,000
CEAD	£794,000					£794,000
Clinical		£50,000			£450,000	£500,000
CLO	£0					£0
HR	£72,000					£72,000
IT		£1,150,000	£700,000		£120,000	£1,970,000
P&CFS	£155,000	£850,224	£105,000			£1,110,224
PCF		£1,830,000	£250,000			£2,080,000
PHI	£2,251,000	£1,474,000	£125,000		£775,000	£4,625,000
S&G	£10,000			£65,000		£75,000
SNBTS	£323,202	£1,695,000			£142,500	£2,160,702
<b>NSS TOTAL</b>	<b>£3,955,202</b>	<b>£8,209,224</b>	<b>£1,330,000</b>	<b>£65,000</b>	<b>£1,487,500</b>	<b>£15,046,926</b>

# Planning scenarios 2018-19



## There may be some flexibility in our assumptions

- Development requests of circa £10m
- Available resources (including programme delivery £3.6m)
- Potential consequentials for pay award in year - £1.9m

	Current Plan £000s	Scenario 1 £000s	Scenario 2 £000s
SBU Trading position	-1,385		
Reserves	3,945		
<b>Funds available for Developments</b>	<b>2,643</b>		
<b>Underlying assumptions within Reserves:</b>			
National Boards Collaboration Share	7,500	6,500	5,500
Contingency	2,000	1,000	0
<b>Additional Resources for Developments</b>	<b>0</b>	<b>2,000</b>	<b>4,000</b>

# Sustainable Workforce

NSS	FY18					
	Forecast	FY19	FY20	FY21	FY22	FY23
Workforce numbers (WTE)	3,332	3,405	2,683	2,628	2,645	2,664
Paybill £	£145m	£149m	£117m	£118m	£119m	£121m
Agency Staffing (WTE)	74	42	47	57	67	79
Agency budget	£4m	£1m	£2m	£2m	£3m	£3m
% of Agency Staffing (WTE)	2.2%	1.2%	1.4%	1.7%	2.0%	2.4%
Total NSS Workforce Numbers (WTE)	3,405	3,448	2,730	2,685	2,712	2,743
Total Paybill £	£149m	£150m	£119m	£120m	£122m	£124m
% Movement on Total WTE		1.2%	-20.8%	-1.6%	-1.0%	1.1%
% Movement of Total Paybill		1.1%	-20.9%	0.8%	1.9%	1.9%

# Sustainable workforce

## Key issues

- RAM process has provided clarity around financial deficits in each SBU which will result in service redesign in a number of areas.
- Predicted staff reductions require more clarification to establish accurate redeployee figures.
- Workforce plans are being developed which describe the future workforce requirement and also meet the budget deficit
- An assumption has been made with the formation of the new Public Health Body from 19/20 onwards (approx 700 WTE) transferring out of NSS.
- Agency costs mainly relate to IT, PCF and Finance & Business Services with the main driver being 10% year on year increase from PgMS

# Opportunities and risks

## Opportunities

### Once for Scotland

- Inform and shape policy implementation
- Innovative service delivery
- Improve resilience for clinical shared services
- Improved transformation funding

### National Boards' Collaboration

- Driving synergy and efficiency across shared services
- Supporting primary care transformation
- Life sciences

### Improving Health

- Clinical leadership / engagement
- Supporting primary care transformation
- Life sciences and personalised medicine

**Digitisation** – within and beyond NSS

## Risks

### Political Commitment

- Reliance on collaboration to deliver outcomes
- Structural financial position weakened:
  - No contingency gives significant exposure
  - Accessing transformation funding

### Public Sector Reform

- Challenging relationships between Health and Local Authorities
- Local and Regional diversity
- Greater distance from the public health agenda

### Workforce

- Skills and capabilities



# Summary

## Enable Transformation through:

- Once for Scotland approach, National Boards' Collaboration and Digital transformation
- Creating the Public Health Body

## Underpin core services by:

- Understanding and engaging with our customers / stakeholders
- Develop services and solutions that match changing demand

## Assist wider Public Bodies:

- Where there is value in doing so and without compromising our health and care focus

## Financially challenging:

- No uplift, little or no contingency and added pressure from Nationals Collaboration requirement

## People:

- Motivated and engaged with focus on digital skills



**Questions?**

**B/18/07**

**NSS Formal Board Meeting – Friday, 2 February 2018**

## **NSS Risk Appetite Statement**

### **Purpose**

Board Members are being asked to approve the wording for the NSS Risk Appetite Statement. The statement forms part of the NSS Integrated Risk Management Approach (IRMA).

### **Recommendation**

Board Members are requested to agree that the NSS Risk Appetite Statement attached as Appendix A, remains appropriate.

### **Timing**

The NSS Board and Executive Management Team (EMT) at their Strategic Development Session held in October 2017, considered NSS's strategic direction. On the basis of feedback from these discussions no changes have been made to the current risk appetite statement. The Audit and Risk Committee at their 1 December 2017 meeting reviewed our appetite to risk and recommend to the Board that no changes be made to our current "Risk Appetite Statement".

### **Background**

In November 2015 the NSS Board Members, from a best practice governance perspective, approved the formal definition of the risk appetite for NSS, in the form of a Risk Appetite Statement.

At the Autumn 2016 Strategic Development Session the Board and EMT Members agreed that NSS had a flexible approach to its risk appetite and suggested that the Risk Appetite Statement be amended to reflect this view.

At the 3 March 2017 Board Development Session the Members discussed NSS's appetite to risk and Members were content with the current levels of appetite to risk in each category.

### **Risk Appetite**

Risk appetite is the amount of risk that an organisation is willing to seek or accept in the pursuit of its long term objectives. As you are aware it is the Board of Directors responsibility to define this part of the risk management system and to ensure that the exercise of risk management throughout the organisation is consistent with that appetite.

The level of risk which NSS is willing to take is assessed and reviewed through their strategic planning process. This includes annual Resource Allocation Meetings (RAMs), Senior Management reviews in the Strategic and Support Business Units and Directorates, monthly EMT meetings, NSS Board Sub-Committee and biannual NSS Board reviews. In line with good practice NSS refers to this in the context of a "Risk Appetite Statement" in our IRMA.

The Members are requested to agree the unchanged NSS Risk Appetite Statement attached as Appendix A.

### **Engagement**

Engagement has taken place with the Board, EMT and Audit & Risk Committee Members.

**Marion Walker**  
**Risk Manager Lead**  
[marion.walker@nhs.net](mailto:marion.walker@nhs.net)

**Martin Bell**  
**Interim Director, Strategy & Governance Directorate**  
[martinbell4@nhs.net](mailto:martinbell4@nhs.net)

## Statement

NHS National Services Scotland (NSS) has a flexible approach to its risk appetite in pursuit of its four principal objectives: Customers at the Heart of Everything We Do, Increase our Services Impact, Improving the Way We Do Things and Be a Great Place to Work. Where risks to new and on-going activities are identified, NSS will always attempt to mitigate the likelihood or impact of the risk to a level judged to be acceptable in the prevailing conditions. This is in line with the NSS Integrated Risk Management Approach.

## Governance

The level of risk which NSS is willing to take is continually assessed and reviewed through the strategic planning process. This includes annual Resource Allocation Meetings (RAMs), Senior Management reviews across the Strategic and Support Business Units and Directorates, monthly Executive Management Team (EMT) meetings, NSS Board Sub-Committee's and biannually by the NSS Board. The NSS Risk Appetite will be reviewed by the NSS Audit and Risk Committee and approved by the NSS Board, on an annual basis.

Articulated below are the risk categories and current risk appetite together with an explanation of why.

<b>Risk Category</b>	<b>Current Risk Appetite</b>	<b>Why</b>
Business	High	NSS places high importance on services and processes. NSS has a high risk appetite aimed at increasing the impact of existing services as well as improving the way these operates. The high risk appetite also allows NSS to explore the opportunity to deliver existing and new services into new markets.
Clinical	Low	Patient safety is paramount to NSS and as such it has a low appetite for clinical risk.
Information Governance	Low	NSS places high importance on using and handling information properly. Having the correct information when required is vital to patient care and effective service delivery. NSS has set a low risk appetite to safeguard sensitive data and ensure regulatory compliance is maintained.
Reputational	Medium	NSS preserves a high reputation and has set a medium appetite for risk. NSS seeks to conduct its activities in a way that maintains its reputation; mitigating anything that might jeopardise this and result in adverse publicity. Maintaining the trust and confidence of its existing NHS customer base remains central to NSS values. However, it is accepted that some risk exposure is taken when growing the wider public sector market; a key element to the revised NSS strategy.
Staff	Medium	Staff are critical to NSS achieving its objectives. NSS therefore invests heavily to support and develop its people. This medium appetite allows NSS scope to implement initiatives and procedures that seek to inspire staff and support transformational change whilst ensuring it remains a safe place to work. Staff engagement, involvement and empowerment are all themes that emerge from this medium risk stance.

**B/18/08**

**NSS NHS Board Meeting – Friday 2nd February 2018**

## **Draft Local Delivery Plan 2018 - 23**

### **Purpose**

The Board is asked to note the first draft of the Local Delivery Plan 2018 – 23 and associated planning timetable.

### **Recommendation**

This document is at the draft stage. The Board is asked to note the document for information and comment, prior to approval by the Performance and Finance Committee for submission to Scottish Government as a draft for comment.

Risks to delivering the Plan will be incorporated in to the Corporate Risk Register when the targets are agreed with sponsors.

The associated finance and workforce plans will be developed alongside this service plan.

### **Timing**

Future timings are as follows:

- Following the Performance and Finance Committee, the Plan will be submitted to Scottish Government sponsors for comments during March.
- Our aim is to finalise the Local Delivery Plan by end March. This will be presented to the Board meeting in April for approval.
- Scottish Government will sign off final Plans by 30<sup>th</sup> September.

### **Background**

Targets and milestones have been submitted by SBUs as part of the Strategic Planning and Resource Allocation process and are fairly consistent with last year. The introductory section has also been reviewed. At this stage, some milestones still require to be made measurable in order that progress against the Plan can be measured.

Work is ongoing with the other national Boards to develop a collaborative Delivery Plan, which will set out how the national Boards will develop a transformation service to support the regions and territorial Boards. Targets and milestones contained within the NSS Local Delivery Plan show initiatives which are undertaken in the main by NSS and therefore are separate to the national Boards' Plan.

### **Engagement**

Engagement has included Executive Management Team members in the bringing together of the document. SBUs have engaged various stakeholders in the development of targets.

**Caroline McDermott**

**Head of Planning**

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**January 2018**

## **1.0 Chief Executive's Summary**

This Local Delivery Plan (LDP) sets out the agreement between NHS National Services Scotland (NSS) and the Scottish Government (SG) as to the targets to be delivered in support of Scotland's 2020 Vision for Health and Social Care, the SG's National Strategic Objectives and the Health and Social Care Delivery Plan. It encompasses all aspects of NSS activities; whether funded directly by SG or through other sources. In maximising its unique skills, expertise and national scale, NSS can deliver best value for Scotland, its people, their health and well-being as well as enabling integration across health and social care.

Whilst the LDP sets formal targets for the year ending 31<sup>st</sup> March 2018, NSS plans on a 5-year horizon. Long-term programmes are therefore included with appropriate delivery milestones showing the public value provided by undertaking these activities.

During 2018-19 NSS will prioritise enablement of transformation across the following areas on the basis that our routine shared services support will continue to underpin NHSScotland and other existing customers:

- **Once for Scotland Shared Services.** NSS will support the transformation of Scotland's health and care services by developing existing common services and where appropriate specialist analytical and healthcare services. The aim is to free up territorial boards and their regional groupings, to focus on the operational delivery of their principle service functions, assured in the knowledge that the value of underpinning support services will be maximised to provide the stable, consistent and continuously improved platforms they require.
- **National Board Collaboration.** In line with the Health and Social Care Delivery Plan, NSS will conduct specific activity to maximise collaboration between its services and the other national Boards. Four specific areas of effort will be developed, namely: a national evaluation, improvement and transformation service, digital services transformation plus workforce and financial sustainability. These opportunities will seek to develop and transform service provision, maximising synergy, efficiency and effectiveness. This will include contributing, appropriately, to the required financial efficiency of £15m on top of existing Cash Releasing Efficiency Savings (CRES) measures. Full details of the deliverables for these four programmes will be captured in the National Boards' Delivery Plan.
- **Digital Transformation.** The Health and Social Care Delivery Plan identified digital as a key enabler. NSS has already commenced significant digital transformation activity across its own services. Where possible and appropriate services will be digitised over the next 5 years. This will support NSS internal efficiency and productivity through consistent, standardised and quality assured processes and systems. It will also improve access to timely data and analytics, supporting broader reach, greater pace and more informed decision making, particularly when working with other boards.
- **Clinical and Business Engagement.** NSS has a highly respected clinical leadership cohort. The professional and clinical insight and influence these exert, internally and externally, are central to the enablement of our various transformation programmes. They also underpin NSS clinical governance and systemic quality improvement. This high level, clinical engagement ensures health and care remains at the heart of NSS services, visibly delivering the National Clinical Strategy and Realistic Medicine outcomes. Our clinicians

are also engaged across with health and life science research initiatives; seeking innovative new developments around advance medical therapies and novel ways to use technology to support health and well-being outcomes across our population.

- **Public Health Body.** NSS has a significant role to play in the creation of the new Public Health Body. As large elements of the Public Health and Intelligence business unit will migrate to the new body, it is essential that the people, governance and processes are well informed and prepared for the transition. NSS is already fully committed to working with the transition group to ensure issues and risks are identified early and mitigated where possible.

These programmes, combined with the extremely challenging fiscal environment, represent some of the greatest challenges NSS has had to face over the last decade. Significant engagement and collaboration is required across all stakeholder groups. The pace of transformation will also be dependent on the level of support and guidance from organisation sponsors.

To address the latter bullet, NSS will work in partnership with our Trade Union colleagues to ensure staff matters arising from the creation of the Public Health Body's creation are mitigated as far as is practicable. Again time to conclude meaningful engagement with staff is a key but finite resource. NSS will also need to refocus its priorities once the move of Public Health and Intelligence has been completed. This will ensure the remainder of NSS is appropriately realigned to deliver the transformative and core shared services effects required in support of national boards and 'Once for Scotland' collaboration.

Finally, it is essential that NSS work with partner boards to ensure the outcomes and benefits of collaboration deliver tangible benefits and are not simply focused on shifting of boundaries without adding value. Streamlining of governance and service improvements will only be delivered when all partners can see, believe in and articulate the added value to justify the effort required for transformation.

## 2.0 Strategic Intent

NSS has set out a vision for the next 5 years, which is:

*Supporting the transformation of health and social care*

NSS, working with others, will **enable** the transformation of health and social care to help improve the health and wellbeing of the people of Scotland.

We will continue to **underpin** a sustainable and resilient NHSScotland by providing excellent support services and expertise.

We will **assist** other public sector organisations where there is value in doing so and without compromising our health and care focus.

We will achieve this through our strategic objectives

- We put the **customer at the heart** by listening and understanding their needs.
- We **increase our service impact** by being bold, embracing new technologies and new ways of working together.
- We **improve how we do things** by sharing knowledge and continually innovating to find new and better ways of doing things.
- We make NSS **a great place to work** by listening to, supporting and investing in our most important resource – our people.



### 3.0 Planning Environment

#### 2020 Vision for Health and Social Care

The NSS Local Delivery Plan is aligned to the 2020 Vision for health and social care, which states:

*'Our vision is that by 2020 everyone is able to live longer healthier lives at home, or in a homely setting. We will have a healthcare system where we have integrated health and social care, a focus on prevention, participation and supported self management. When hospital treatment is required, and cannot be provided in a community setting, day case treatment will be the norm. Whatever the setting, care will be provided to the highest standards of quality and safety, with the person at the centre of all decisions. There will be a focus on ensuring that people get back into their home or community environment as soon as appropriate with minimal risk of re-admission.'*

### 4.0 Nationals' Delivery Plan

NSS is working collaboratively with the other seven National Boards to develop a Delivery Plan to support high quality and sustainable services across health and social care either directly or by supporting regional delivery. This Plan covers the activities of NSS alone and will not repeat initiatives within the Nationals' Delivery Plan and vice versa.

### 5.0 Achieving Our Local Delivery Plan

The specific targets within this Local Delivery Plan have been agreed with a range of stakeholders and our sponsor in SG Health and Social Care Directorate. Targets can have a number of measurements in the form of key performance indicators or milestones and it is through these that we will evidence performance and service delivery. Responsibility for achievement against the targets is identified against NSS Directorates or Strategic Business Units (SBUs):

Strategic Business Units:

- Scottish National Blood Transfusion Service
- Public Health and Intelligence
- Practitioner and Counter Fraud Services
- Procurement, Commissioning and Facilities
- Information Technology
- Central Legal Office

Support Business Units:

- Business Services (Support SBU)
- Human Resources (Support SBU)

Directorates:

- Clinical
- Customer Engagement and Development
- Strategy and Governance

The Local Delivery Plan will be monitored on a quarterly basis. Progress will be shared with staff, customers, stakeholders and SG colleagues as appropriate.

## 6.0 Local Delivery Plan Risk Profile

Risks associated with the achievement of LDP targets are identified and managed in a consistent manner through the NSS Integrated Risk Management Approach. Risk Register identification numbers from our corporate risk register are included alongside the targets below for ease of reference. This LDP's risk profile is shown at Table 1 below.

Table 1 – risks to be added

## 7.0 Customers at the Heart of Everything We Do

We recognise the importance of the requirements of our customers in shaping the future services we deliver. We have a range of customers with varying need. To better support these needs, we have identified the following 3 segments.

- **Public Bodies** - We aim to retain and expand our existing health customers and develop new business with integrated bodies and where value can be added, the wider public sector. We will lead the shared services agenda, using our capabilities to do things once for Scotland. This includes increasing collaboration with the other seven National Boards.
- **Professions** - We will provide leadership to maximise the positive impact NSS has on Scotland's health, wellbeing and tackling inequalities agenda. We aim to build trust and understanding and engagement across the professional cadres both internally and externally.
- **The Public** - NSS has identified the role we have in delivering the person centred care ambition of the 2020 Vision for health and social care. We will focus on a number of areas, to improve services for the public who either directly or indirectly utilise our services. We also continue to engage our service users in representative networks to improve services across Scotland.

## 8.0 Tackling inequalities

NSS recognises their obligation to the legal duty to preventing discrimination from taking place and providing equity of opportunity including setting clear targets to improve the diversity of our workforce. NSS has worked with the Glasgow Centre for Inclusive Living and the Disabled Graduate Scheme; NP implemented the Modern Apprenticeship Scheme which has rolled out to other SBUs and National Services Division is working with Health Scotland to increase uptake of screening, across all programmes, in deprived communities. We continue to provide opportunities for learning and development to all our staff through a range of online and face to face training to recognise both organisational and personal responsibilities in terms of equality and diversity. We believe that the impact of this training will not only benefit our staff, but also our customers' experience, whenever they contact NSS.

We have increased the inequalities content of much of our published work which takes us in the right direction. We are also due to publish a report on inequalities before the end of the year; this will help in identifying where we could potentially do more.

## **Draft Targets**

### **1. Health Impact**

#### **1.1 Safe and sufficient supply of blood, tissues and cells through Service Modernisation (SNBTS).**

- No avoidable Transfusion or Tissue Transmitted Infections (TTIs) Risk 4230
- 3 or more days blood supply available for all blood groups Risk 3236

#### **1.2 Leverage the benefits of moving to the Jack Copland Centre (SNBTS).**

- Complete transition to the Jack Copland Centre within 9 months of Practical completion date (by quarter 3). Risk 4129, 1812.

#### **1.3 Build Research, Development and Innovation capability within NSS (SNBTS).**

- Perform dose escalation followed by multiple treatment arm of the MATCH study (autologous macrophages in cirrhosis) completion by March 2019.
- Establish an HLA-typed Allogeneic Mesenchymal Stromal Cell bank to improve and support transplant and regenerative early-phase clinical trials by December 2018.
- Derivation and expansion of the first UK GMP-grade iPSC cell lines by December 2019 to support the rapidly growing pluripotent stem cell-derived regenerative medicine field in Scotland and wider UK.

#### **1.4 Build Research, Development and Innovation capability within NSS (Public Health and Intelligence)**

- eDRIS – increased volume of projects (60) and improved efficiency.
- Engaged in City Deal.

#### **1.5 Facilities programmes in place to support improved patient care (Procurement, Commissioning and Facilities).**

- Reduce the potential for healthcare associated infection by testing and validating equipment for decontamination of reusable medical devices to greater than 90% against the planned programme.
- Aim to reduce healthcare associated infection by implementing the Decontamination Strategy Action Plan, with year 3 measures by March 19.
- All new patients receive oxygen service within 4 days of notification (100%).

#### **1.6 National Specialist Services and Screening programmes meet national standards and demonstrate evidence of continuous quality improvement with a view to achieving optimal outcomes for patients (Procurement, Commissioning and Facilities).**

- 100% of commissioned specialist, screening services and networks have quality reviews annually, to identify areas for improvement to deliver better services and patient outcomes by March 2019.
- Quality standards in 33% of commissioning service agreements would be reviewed and updated against international benchmarks to help deliver better services and optimal outcomes by March 2019 (2ns of 3 year programme).
- Implement policy changes in national screening programmes within agreed timeframes, specifically:
  - Milestones in relation to Hr-HPV for Cervical Screening met by March 2019
  - Something in relation to NIPT (TBC if approved & funded)
  - Something in relation to DRS frequency (TBC if approved & funded)

- Ensure equitable access to national specialist services and risk share schemes by monitoring geographic uptake against the Scottish average and reporting to NHS Boards. 90% of specialist activity by Board within agreed targets by March 2019.
- Review 12 commissioned specialist service and networks against the national designation criteria to ensure ongoing need in Scotland by March 2019

### **1.7 Meet the need of customers for information and intelligence to improve outcomes for the people of Scotland (Public Health and Intelligence).**

- Completion to schedule of 95% of all national information and intelligence deliverables identified within the PHI/SG SLA
- Publishing transformation - more innovative ways of accessing data
- Quality Assurance – embedding new Statistics Code of Practice
- Discovery
- Atlas of Variation
- Regional support
- Excellence in Care
- Primary Care/SPIRE
- Cancer – delivery of the Scottish Cancer Registry and Intelligence Service (SCRIS)
- Whole System Modelling
- Health Data Research UK (HDR UK)
- Burden of disease

### **1.8 Intelligence led decision making across the public sector (Public Health and Intelligence).**

- LIST:
  - Actively working with 60% of GP clusters in H&SC Partnerships
  - Sustained support to 100% of Integrated Authorities (IAs)
  - Working with 4 CPPs as tests of change
  - Supporting 10 projects involving the third/voluntary sector
- SOURCE established as the 'single source' for social care data

### **1.9 Tackling inequalities - Integrate health inequalities (Public Health and Intelligence).**

- Developing and promoting actionable inequalities intelligence
- Evaluate impact of White Paper?

### **1.10 Monitor hazards and manage outbreaks and incidents through the national health protection service.**

- Ensuring completion to schedule of 95% of all health protection deliverables identified within the PHI/SG SLA

### **1.11 Provide surveillance and response coordination as appropriate for all national level health protection threats including healthcare associated infections.**

- 100% of all national incidents and outbreaks caused by organisms/agents under current national surveillance are identified through the surveillance system and managed according to the national guideline

### **1.12 Delivery of Antimicrobial Resistance and Healthcare Associated Infections (ARHAI) Programme portfolio supporting the national ARHAI strategy.**

- 95% deliverables to time and quality

### **1.13 Delivery of agreed IT Services to health, including Boards and SGHSCD (IT).**

- Ninety-Five percent (95%) delivery to Boards of the national SLA for business as usual services on an annual basis.

- Ninety-Five percent (95%) delivery to Boards of other services in the national SLA (e.g. IT project management) on a quarterly basis.
- Ninety-Five percent (95%) delivery of agreed outcomes to Scottish Government's Health and Social Care delivered on time and within budget on a quarterly basis.

#### **1.14 Measure customer satisfaction around performance on major programmes of work (IT).**

- A survey will be held on a quarterly basis of our key eHealth stakeholders. The target will be to obtain an 8 out of 10 (80%) rating across all programmes.

## **2. Financial Impact**

### **2.1 Source and deliver goods to support the NHS to achieve financial targets (Procurement, Commissioning and Facilities).**

- Collaborative Contract Coverage £1.4bn.
- Actual NDC Revenue Throughput £153.7m.
- National Contract Delivered Savings £50m (consolidated from contract performance and year 2 of the procurement services transformation programme).

### **2.2 Single and consistent eProcurement system and processes in place to enable NHS Boards to procure products in a standard manner (Procurement, Commissioning and Facilities).**

### **2.3 Pay approximately £2.5 billion to over 8000 primary care practitioners to agreed standards of accuracy and timeliness (Practitioner and Counter Fraud Services).**

- Target of 99.5% accuracy to agreed dates

### **2.4 To support health improvement in NHS Scotland by undertaking prevention, detection and investigation initiatives to reduce patient exemption fraud or error by £1million (Practitioner and Counter Fraud Services).**

- This will be achieved through a combination of recoveries and cost avoidance

### **2.5 Deliver cost effective litigation, commercial property, commercial contracts and employment legal services (Central Legal Office).**

- Achieve greater than 90% customer satisfaction levels for Legal Services and set the annual increase of fees at 0%.

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

- 100% update of Clinical Negligence Claims – Value and Settlement Dates.

### **2.7 Delivery of agreed IT Services to the Scottish public sector beyond health (IT).**

- Ninety percent (90%) delivery to public sector customers of the SLA for BAU services on an annual basis.
- Ninety (90%) delivery of agreed outcomes to public sector customers delivered on time and within budget on a quarterly basis.

## **2.8 Support financial sustainability across NHSScotland: (Business Services)**

- Contribution to National Board £15 million recurring savings

## **2.9 Ensure customers understand what NSS can offer them and have high levels of satisfaction with our service delivery (Customer Engagement and Development).**

- All core NSS services achieve a minimum customer satisfaction score of 70%
- Migrate 100% of NSS core service websites to NSS platform by March 2019
- Ensure ≥70% usability rating with nhsnss.org by March 2019
- Achieve SG agreed standards for International Engagement, focusing on global outlook, relationships and partnerships, reputation and attractiveness and the EU by July 2020
- Implement at least one new solution in partnership with SOLACE

## **3. Environmental Impact**

### **3.1 Build Sustainable Development into all our services to ensure resilience is delivered, including: reduced emissions, adapting for climate change and behaving sustainably (Strategy and Governance).**

- Deliver a Good Corporate Citizenship score of:
  - >80% by March 2019
  - ≥ 85% by March 2020

**B/18/09**

**NSS Board Meeting – Friday, 2 February 2018**

## **Finance Report**

### **Purpose**

The purpose of the attached paper is to report on NSS Financial Performance against agreed LDP targets for the period 1 April to 31 December 2017.

### **Recommendation**

The Board is asked note the contents of this report.

### **Timing**

N/A

### **Background**

The Financial Performance of NSS is measured in terms of the achievement of the following key metrics:

- a) Operate effectively and deliver all LDP targets within a balanced revenue budget of £756.8m (Revenue Outturn Breakeven)
- b) Deliver our capital investment programme within a balanced budget of £3.872m (Capital Outturn Breakeven)
- c) Deliver Cash Releasing Efficiency Savings of 5% of baseline on a recurring basis

NSS continues to perform strongly within a challenging financial environment and is on track to meet its targets.

<b>NSS Target</b>	<b>RAG rating*</b>	<b>Year to Date</b>	<b>Full Year Forecast</b>
Revenue outturn	Green	£1.5m surplus	£0.7m surplus
NSS CRES savings	Green	90%	121%
NSS CRES savings	Green	78%	102%
Capital outturn	Green	Breakeven	Breakeven

#### Key

Red: Target will not be met

Amber: Uncertainty over whether target will be met

Green: On target

### **Engagement**

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

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**Director of Finance & Business Services**

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## NSS BOARD

### FINANCE REPORT - For the year to 31<sup>st</sup> December 2017

#### 1. PERFORMANCE AGAINST LDP FINANCIAL TARGETS

NSS is performing strongly within an increasingly challenging financial environment.

**Revenue** – NSS is reporting a YTD £1.4m surplus as at the end of December, with the majority of SBUs trading ahead of plan. Business Services, P&CFS and PCF all report a year to date deficit position. In the main, these cost pressures reflect the impact of NSS continuing to support key shared services and once for Scotland initiatives and National Board collaboration without specific additional funding from Government. These pressures are being managed by NSS corporately overall.

The most significant variance relates to the £0.8m under spend reported by SNBTS driven by a greater level of staff vacancies than planned due to the delayed transition to the JCC. NSS's favourable trading position has enabled essential developments identified during planning for 2018-19 to be brought forward into this financial year. The key areas of spend were discussed and agreed by EMT.

NSS is currently forecasting a £0.7m surplus at year end as a result of delayed transition to the JCC which means that staff may not be displaced until next financial year but provision was made in 2017-18. SG has previously indicated that any under spend in relation to the delayed transition to JCC will be reinstated next year. Discussions with Government are ongoing, and whilst not confirmed it is anticipated that approval to carry forward this sum will be forthcoming.

**Capital** – NSS is reporting a YTD and full year break-even position. EMT agreed to fund capital investment in Blood Banking, Radiology and IT in September and NSD Laboratory Genetics investment in November. NSS received an additional £430k from SG to support the capital programme in December. There is reported slippage on the Radiology programme of £560k and NSS has agreed with Scottish Government to return the funding this year.

**CRES** – NSS is continuing to forecast a slight overachievement of agreed SBU CRES targets - this has improved as a result of further identified non recurring savings within IT. NSD have extended a number of contracts which has resulted in further recurring savings of £3m. Overall NSS will achieve efficiencies of £18.6m - £2m ahead of target, of which £1.9m relates to NSD

NSS Target	RAG rating*	Year to Date	Full Year Forecast
Revenue outturn	Green	£1.4m surplus	£0.7m surplus
NSD CRES savings	Green	90%	121%
NSS CRES savings	Amber	78%	102%
Capital outturn	Green	Breakeven	Breakeven



**Key**

Red: Target will not be met

Amber: Uncertainty over whether target will be met

Green: On target

## 2. REVENUE POSITION

At end December 2017, NSS is operating ahead of plan. The surplus is £1.4m ahead of budget. The revenue position is summarised below. Major variances are explored in detail in the following paragraphs.

	YTD Budget £000	YTD Actual £000	YTD v Budget £000	FY Forecast £000	CM Budget £000	CM Actual £000	CM v Budget £000
NSS Baseline Allocation	238,473	238,473	0	328,188	26,851	26,851	0
SG Allocation	72,937	72,871	(66)	107,896	5,711	5,711	0
NHSS Health Board Trading	197,812	196,277	(1,535)	262,651	25,246	25,447	202
SGHD Trading	1,234	1,237	3	1,528	131	388	257
Non-NHSS Income	41,702	42,644	942	56,538	4,884	13,051	8,166
<b>Total Income</b>	<b>552,159</b>	<b>551,502</b>	<b>(656)</b>	<b>756,801</b>	<b>62,823</b>	<b>71,448</b>	<b>8,625</b>
Pay	112,474	110,188	2,287	148,221	12,777	12,793	(16)
Non Pay	128,709	130,912	(2,203)	197,135	13,782	22,706	(8,925)
Depreciation/Capital Charges	6,546	6,501	45	8,985	748	742	6
Purchase of Healthcare	164,232	164,313	(82)	219,209	18,362	18,342	20
Cost Of Sales (Logistics)	139,983	137,920	2,063	182,460	16,826	16,849	(22)
AME	0	0	0	91	0	0	0
<b>Total Expenditure</b>	<b>551,944</b>	<b>549,834</b>	<b>2,110</b>	<b>756,101</b>	<b>62,496</b>	<b>71,433</b>	<b>(8,936)</b>
<b>Net Surplus/(Deficit)</b>	<b>214</b>	<b>1,668</b>	<b>1,454</b>	<b>700</b>	<b>327</b>	<b>15</b>	<b>(312)</b>

### a) Income

Income received year to date is £0.7m less than planned. A breakdown of the key variances by SBU is presented in the table below:

	CLO	PCF	IT	P&CFS	CD	CEAD	S&G	BSS	HR	PHI	SNBTS	WRP	Reserves	TOTAL
Health Board	(280)	(1,500)	154	(24)	(19)	0	0	101	50	(74)	58	0	0	(1,535)
Sg Trading	2	35	0	40	0	0	0	(124)	0	120	0	0	(71)	3
Non Nhs Income	(3)	1,652	39	(311)	1	(0)	0	(510)	2	(59)	129	0	0	942
<b>The main variances are:</b>	<b>(280)</b>	<b>186</b>	<b>193</b>	<b>(295)</b>	<b>(17)</b>	<b>(0)</b>	<b>0</b>	<b>(533)</b>	<b>52</b>	<b>(13)</b>	<b>186</b>	<b>0</b>	<b>(71)</b>	<b>(590)</b>

- **NHSS Health Board Trading income -**

- **CLO** (£0.3m lower than budget) due to lower than expected levels of activity with NHS Boards. This is offset by increased activity within NSS which is disclosed as a credit within non pay.
- **PCF** (£1.5m lower than budget) this relates mainly to pass through items which have no impact on the overall bottom line
- **IT** (£0.2m higher the budget) this relates mainly to due diligence work on behalf of NHS 24 this is offset by additional costs within non pay.
- **BSS** (£0.1m higher than budget) primarily due to increased demand for PgMS services.

- **Non NHS income -**

- **PCF** (£1.7m higher than budget) this relates mainly to pass through income for pharmacy rebates which has no impact on the bottom line.
- **P&CFS** (£0.3m lower than budget) due to the decision between Scottish Government and Optometry Scotland that the service cannot charge for paper processing despite an electronic solution being in place. NSS have agreed to fund this shortfall in year.
- **BS** (£0.5m lower than budget) this is partially due to the focus on project work with the health boards as discussed above and an ambitious income generation target included

in plan. PgMS is actively pursuing alternative funding sources for unfunded projects whilst ensuring that any resource capacity later in 2017-18 is utilised against funded programmes.

- **SNBTS** (£0.2m higher than budget) this is as a result of higher level of patient services to third parties.

## b) Pay/WTE

Pay is the key driver of the NSS operating surplus, with a net £2.3m under spend and 67.9wte vacancies at the end of December. Pay and WTE variances for the year to date by SBU are detailed in the tables below:

### Pay Variances

	CLO	PCF	IT	P&CFS	CD	CEAD	S&G	BSS	HR	PHI	BTC	WRP	Reserves	TOTAL
Agency	36	(430)	(57)	(82)	0	(114)	0	(119)	(15)	(18)	(2)	0	0	(801)
Seconded Costs	(11)	78	0	0	20	0	(2)	(38)	23	(28)	(45)	0	0	(2)
Pay	172	257	182	616	(19)	164	(5)	357	2	146	914	235	71	3,090
<b>Total Pay</b>	<b>197</b>	<b>(95)</b>	<b>125</b>	<b>535</b>	<b>1</b>	<b>49</b>	<b>(7)</b>	<b>199</b>	<b>11</b>	<b>100</b>	<b>867</b>	<b>235</b>	<b>71</b>	<b>2,287</b>

### WTE Variances

SBU	M9			Full Year Forecast		
	Budget	Actual	Variance	Budget	Actual	Variance
SNBTS	822.0	793.5	28.5	822.0	794.1	27.9
PHI	695.0	706.1	- 11.1	702.9	705.7	- 2.8
PCF	660.9	666.7	- 5.8	642.1	627.1	15.0
CLO	113.7	112.4	1.3	113.7	111.8	2.0
IT	343.0	346.6	- 3.6	345.0	355.3	- 10.3
P&CFS	490.7	466.9	23.7	490.7	462.0	28.7
BS	167.1	162.2	4.9	172.1	168.9	3.1
HR	74.9	75.1	- 0.2	74.9	75.8	- 0.9
CD	7.8	6.9	0.9	7.8	7.0	0.8
CEaD	28.3	26.7	1.6	28.3	30.5	- 2.2
S&G	38.0	36.4	1.6	37.0	36.8	0.2
WRT	42.4	16.3	26.2	42.4	30.4	12.0
<b>Total</b>	<b>3,483.7</b>	<b>3,415.7</b>	<b>67.9</b>	<b>3,478.8</b>	<b>3,405.3</b>	<b>73.5</b>

Staffing levels continue to be actively managed by SBUs and at a corporate level. Some SBUs are using agency staff to provide services in a more flexible way and cover vacancies within agreed establishments.

The main variances are:

- **SNBTS** (£0.9m underspend and 28.5 WTE variance) - this is mainly due to the timing of the move to JCC but recruitment is ongoing to fill all the remaining vacancies.
- **P&CFS** (£0.5m under spend and 23.7 WTE variance) - this is due to the strict management of vacancies to offset the shortfall against GOS income and additional costs relating to the ATOS contract.

## c) Non Pay

Non pay variances for the year to date by SBU are detailed in the tables below;-

	CLO	PCF	IT	P&CFS	CD	CEAD	S&G	BSS	HR	PHI	BTC	WRP	Reserves	TOTAL
Non Pay	265	(2,016)	(336)	(260)	54	31	26	142	35	152	(370)	(4)	77	(2,203)
Capital Charges	(0)	(49)	8	1	0	0	0	56	0	(1)	31	0	0	45
Purchase Of Healthc	0	(99)	17	0	0	0	0	0	0	0	0	0	0	(82)
Cost of Sales	0	2,011	0	0	0	0	0	0	0	0	52	0	0	2,063
<b>Total Non Pay</b>	<b>265</b>	<b>(153)</b>	<b>(311)</b>	<b>(259)</b>	<b>54</b>	<b>31</b>	<b>26</b>	<b>198</b>	<b>35</b>	<b>151</b>	<b>(288)</b>	<b>(4)</b>	<b>77</b>	<b>(176)</b>

The main variances are:

- **CLO** (£0.3m under spend) as reported above this is mainly due to higher than expected activity within NSS.
- **PCF** (£0.2m over spend) this relates mainly to dual running costs within facilities as a result of the delayed transition to JCC.
- **IT** (£0.3m over spend) as discussed above additional costs relate mainly to the due diligence work for NHS 24 and the extended warranty for IT servers through the Capita contract.
- **P&CFS** (£0.3m over spend) mainly due to additional IT change control costs.
- **SNBTS** (£0.3m over spend) this is due to additional professional fees and maintenance costs as a result of the delayed transition to JCC.

### SBU FINANCIAL PERFORMANCE

SBU financial performance is monitored monthly with dashboards highlighting key variances against plan with a supporting narrative are agreed with SBU directors. These dashboards are presented in Appendix 3, and demonstrate how each part of NSS contributes to overall financial performance.

## 3. MAJOR PROGRAMMES

### a) Jack Copland Centre

The table below outlines the current and forecast financial position for the Jack Copland Centre project as at 31<sup>st</sup> December 2017.

An overall deficit of £0.3m is due to the delayed transition. A cost pressure of £0.4m has been identified for dual running where existing SNBTS sites must remain operational longer than originally planned due to the delay. This is offset by under spend on excess travel - deferred expenditure which will impact in next financial year.

The initial budget assumed that Rates relief for the first year of occupation of new build properties would be applicable to the JCC. It has since been confirmed that this relief does not come into effect until April 2018 resulting in a further cost pressure.

JCC POSITION AS AT 31st DECEMBER 2017	YTD - P09			FY18		
	Budget	Actual	Variance	Budget	Forecast	Variance
	£	£	£	£	£	£
<b>SNBTS</b>						
Pay Costs	171,336	171,336	0	185,133	183,133	2,000
Professional Fees	125,421	125,421	0	142,640	182,640	(40,000)
<b>Transition costs</b>						
Relocation /Decommissioning	115,922	115,922	0	349,649	474,000	(124,351)
Validation	175,244	175,244	0	446,296	294,332	151,964
<b>Total Transition Costs</b>	<b>291,166</b>	<b>291,166</b>	<b>0</b>	<b>795,945</b>	<b>768,332</b>	<b>27,613</b>
Excess travel costs	0	0	0	247,000	82,917	164,083
<b>FACILITIES MANAGEMENT</b>						
Dual running costs	257,714	442,999	(185,285)	451,000	913,106	(462,106)
Rates (Year 1 relief)	200,000	181,764	18,236	350,000	363,527	(13,527)
Decommissioning costs	0	0	0	150,000	150,000	0
<b>OPERATIONAL EQUIPMENT</b>						
Equipping List - IT	38,201	38,167	34	68,000	68,000	0
Equipping List - FM	0	5,354	(5,354)	0	5,354	(5,354)
Furniture & Fittings - FM	0	0	0	0		0
<b>Total Revenue</b>	<b>1,083,838</b>	<b>1,256,207</b>	<b>(172,369)</b>	<b>2,389,718</b>	<b>2,717,009</b>	<b>(327,290)</b>
	<b>Budget</b>	<b>Actual</b>	<b>Variance</b>	<b>Budget</b>	<b>Actual</b>	<b>Variance</b>
	<b>£</b>	<b>£</b>	<b>£</b>	<b>£</b>	<b>£</b>	<b>£</b>
<b>CAPITAL - SNBTS</b>						
Post PC change controls	65,000	65,000	0	600,000	600,000	0
	<b>65,000</b>	<b>65,000</b>	<b>0</b>	<b>600,000</b>	<b>600,000</b>	<b>0</b>
<b>Total Capital</b>	<b>65,000</b>	<b>65,000</b>	<b>0</b>	<b>600,000</b>	<b>600,000</b>	<b>0</b>

## b) Digital Transformation

The table below sets out the budget for the year by strategic theme:

Strategic Theme	Lead SBUs	Revised Budget Allocation (£K)	Spend to Date	Committed spend	Projected Variance
Digital Workplace	Corporate / IT	460	49	411	-
Digital Engagement	CEAD / IT	369	58	311	-
Data and Technology	PHI / IT	753	219	534	-
Single Customer View	CEAD	-	-	-	-
Agile	PGMS	133	-	133	-
Digital Delivery	Core Team / SBUs	155	-	155	-
People	HR	40	-	40	-
	<b>TOTAL</b>	<b>1,910</b>	<b>326</b>	<b>1,584</b>	<b>-</b>

The year to date spend against the programme is £0.3m with further spend commitments of £1.6m. The revised budget reflects the £1.6m approved as part of the plan and a further investment of £0.3m during the year.

## 4. EFFICIENCY PROGRAMME

The SG CRES target is set at 5% of the baseline allocation which for NSS is £7.7m and £8.9m for NSD. Performance against the CRES programme is shown in the following table:

	SNBTS	IT	PCFS	PCF	PHI	Corporate	NSS Total	NSD	LDP
	£000	£000	£000	£000	£000	£000	£000	£000	Efficiencies £000
Baseline	41,635	16,878	24,023	188,637	17,225	39,968	328,366	0	328,366
CRES Target (5% of baseline)	2,082	844	1,201	561	861	2,129	7,678	8,871	16,549
Target Savings to December 2017	1,594	478	879	435	1,309	662	5,358	5,928	11,286
Savings to December 2017	1,732	633	977	449	1,358	812	5,960	7,946	13,906
YTD savings over/(under) achieved against target	138	154	98	14	48	150	602	2,018	2,620
Total savings forecast to March 2018	2,106	844	1,264	584	1,426	1,588	7,813	10,737	18,550
<b>Total savings over/(under) achieved against target</b>	<b>25</b>	<b>(0)</b>	<b>63</b>	<b>23</b>	<b>565</b>	<b>(541)</b>	<b>135</b>	<b>1,866</b>	<b>2,001</b>

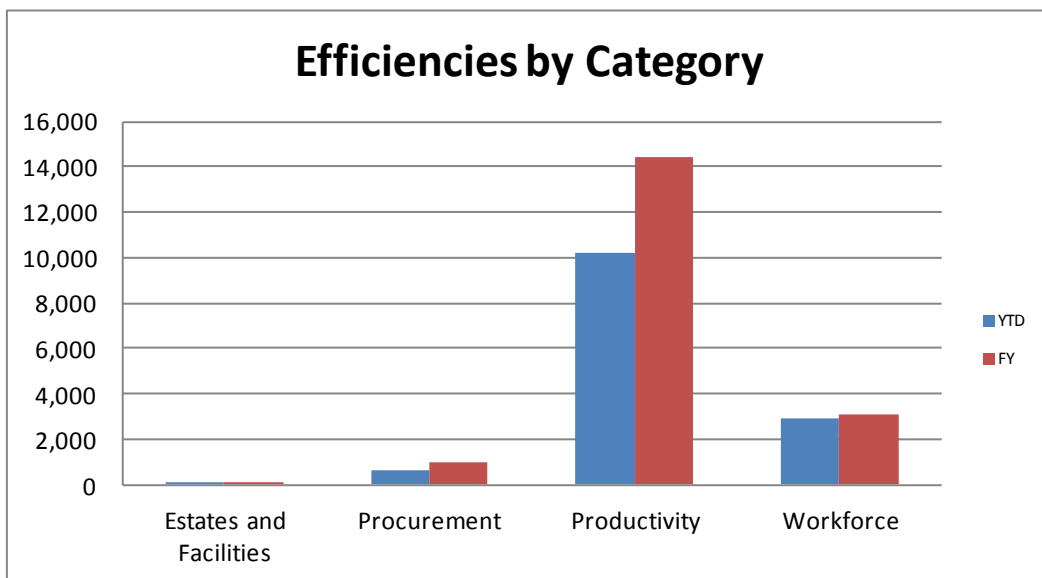
At the start of the financial year, 5% efficiencies are applied to baseline and retained for reinvestment. During the financial year, services must demonstrate delivery of this efficiency and break-even against agreed budgets.

The previously reported concerns relating to the achievement of the CRES target for NSD have now been addressed. The extension of the Factor VIII contract has delivered further savings to meet the shortfall.

NSS are now forecasting £18.6m savings in year, £2.0m ahead of target – the majority of which relates to NSD at £1.9m.

As highlighted above, the identification of efficiencies across SBUs has allowed NSS to make an overall £4.8m cash contribution towards the National Boards Collaboration target of £15m.

The chart below provides a breakdown of the local efficiency savings programme by category



## 5. CAPITAL

The detailed capital programme is shown in Appendix 1 by project.

The main points to note are:

- The full capital allocation of £4.2m has been received.

- In addition, £0.8m was returned to SG 16/17 for re issue in this financial year. £0.6m of this is for practical completion works for the JCC.
- £1.2m is transferred to NHS Boards to support the NSD capital plan.
- There are still a number of business cases outstanding which will require approval prior to any expenditure being committed totalling £1.1m.

## **6. SUMMARY**

NSS is on track to deliver its financial targets in FY18 and the position will be closely monitored to ensure targets are achieved. The projected £0.7m surplus on revenue is a result of delayed transition to JCC and SG has indicated that NSS will be able to carry forward this surplus into 2018-19 when the costs will be incurred.

The NSS Board is asked to note this report.

**Carolyn Low**  
**Director of Finance & Business Services**  
**17<sup>th</sup> January 2018**

## Appendix 1 – Capital Programme

SBU	NSS Funded Programmes	Business Cases o/s	LDP Capital Plan £'000	Movement in funding £'000	Revised Programme £'000	YTD Budget £'000	YTD Expenditure £'000	Full Year Expenditure £'000	FY Variance £'000
PHI	CivTech Wallscope	No	110	(10)	100	0	0	100	0
	National Audit System	Yes	75	0	75	0	0	75	0
	Legacy System Programme	Yes	120	0	120	0	0	120	0
	CivTech Symphonic	Yes	65	0	65	0	0	65	0
	SCRIS	Yes	0	276	276	0	0	276	0
	Piper to SPIRE Transition	No	100	(100)	0	0	0	0	0
	Research Ready Data Work	No	100	(100)	0	0	0	0	0
<b>Subtotal PHI</b>			<b>570</b>	<b>66</b>	<b>636</b>	<b>0</b>	<b>0</b>	<b>636</b>	<b>0</b>
PCF	Breast Screening Mobile Trailer Maintenance	No	300	(300)	0	0	0	0	0
	Breast Screening Mobile Equipment Maintenance	No	130	(130)	0	12	0	0	0
	Facilities upgrades / Compressor JCC	No	0	30	30	12	0	30	0
	Gyle Courtyard	Yes	0	40	40	0	0	40	0
	General Capital Programme - Transferred to Boards	No	500	(511)	(11)	0	0	0	(11)
	Molecular Genetics - Transferred to Boards	No	300	(300)	0	0	0	0	0
	Deliver Solution for M&E Lighting - Gyle	No	295	0	295	0	0	0	295
	Genetics	No	0	(10)	(10)	0	0	0	(10)
	Fire Alarm Replacement	No	57	0	57	0	0	0	57
<b>Subtotal PCF</b>			<b>1,582</b>	<b>(1,181)</b>	<b>401</b>	<b>24</b>	<b>0</b>	<b>70</b>	<b>331</b>
IT	IAM	Yes	150	0	150	0	0	150	0
	Resilience Activity SNBTS/NP	Yes	50	0	50	0	0	50	0
	Network Infrastructure	Yes	325	0	325	0	0	325	0
	Data Virtualisation	No	0	585	585	479	479	585	0
	IT Server Refresh		0	0	0	0	0	319	(319)
<b>Subtotal IT</b>			<b>525</b>	<b>585</b>	<b>1,110</b>	<b>479</b>	<b>479</b>	<b>1,429</b>	<b>(319)</b>
SNBTS	National Fleet Replacement	No	350	0	350	25	25	350	0
	National Replacement & Equipment Improvement Programme	No	400	0	400	204	204	400	0
	eProgesa reconfiguration (Semester patch)	No	50	(50)	0	0	0	0	0
	eTraceline (Clinical)	No	200	(200)	0	0	0	0	0
	IT System for Sample Referral & Reporting (NMRU)	No	50	(50)	0	0	0	0	0
	Medussa data migration	No	10	(10)	0	0	0	0	0
	JCC	No	600	0	600	38	38	600	(0)
	Donor Session record Scanning	No	0	42	42	0	0	42	0
	Blood Bank Sustainability (IT)	No	0	150	150	0	0	150	0
<b>Subtotal SNBTS</b>			<b>1,660</b>	<b>(118)</b>	<b>1,542</b>	<b>267</b>	<b>267</b>	<b>1,542</b>	<b>0</b>
BS	Radiology - Shared Services Programme	No	0	195	195	0	0	195	0
<b>Subtotal BS</b>			<b>0</b>	<b>195</b>	<b>195</b>	<b>0</b>	<b>0</b>	<b>195</b>	<b>0</b>
RES	unique identifiers		0	13	13	0	0	0	13
	Unallocated capital		613	(638)	(25)	0	0	0	(25)
	<b>Reserves</b>		<b>613</b>	<b>(625)</b>	<b>(12)</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>(12)</b>
<b>Total Capital Programme</b>			<b>4,950</b>	<b>(1,078)</b>	<b>3,872</b>	<b>770</b>	<b>746</b>	<b>3,872</b>	<b>0</b>

**Appendix 2 – Efficiency Savings**



Efficiency Savings	SBU	RAG	Full Year Targ	Year to Date	Forecast year end outtu
			£000s	£000s	£000s
<b>Total savings target per agreed LDP</b>				<b>11,286</b>	<b>16,549</b>
Specialist and Screening efficiencies	PCF	R	1,892	0	0
Additional income for manual form processing of GOS (General Ophthalmic Service)	PCFS	R	500	35	140
Apheresis reduction	SNBTS	R	0	0	0
<b>TOTAL RED EFFICIENCIES</b>			<b>2,392</b>	<b>35</b>	<b>140</b>
Management of Vacancies	PCFS	A	78	224	298
National Centre synergies	SNBTS	A	100	10	20
IIA/Once for NSS	Corporate	A	500	0	500
Savings to be identified by SMT	PCFS	G	0	0	0
Logistics productivity savings	PCF	A	256	133	200
<b>TOTAL AMBER EFFICIENCIES</b>			<b>434</b>	<b>367</b>	<b>1,018</b>
Specialist and Screening efficiencies	PCF	G	7,000	7,946	10,737
Staff Rationalisation - dis-established posts & associated costs	SNBTS	G	598	764	764
A&I Pay : 11.36 WTE	PHI	G	402	402	402
DM Pay : 9.1 WTE	PHI	G	378	146	146
Vacancies not Filled/reduction of travel costs	PCFS	G	263	263	263
HP Non Pay : Prof Fees, Uncon.Gas & Travax	PHI	G	40	40	40
CKRS Pay : 4.5 WTE	PHI	G	148	148	148
CKRS Non Pay : Rocket maintenance	PHI	G	14	14	14
eSystems Automation (inc termination of QOF charges)	PCFS	G	273	194	258
Moving towards current best practice	Corporate	G	250	188	250
Supply & Demand - Changes	SNBTS	G	250	180	246
DM: Non-recurring Income	PHI	G	0	208	232
Review of support services across NSS	Corporate	G	205	154	205
Collaborative procurement	SNBTS	G	200	366	584
Staff Rationalisation & Restructure - Lean improvements	SNBTS	G	177	177	177
Changes in Service Delivery	SNBTS	G	175	89	145
CLINICAL : Non-recurring Income	PHI	G	169	124	169
Non Pay Savings	Corporate	G	159	119	159
Reduction in GP Stationery & NHS Publications	PCFS	G	150	113	150
Synergies from NSS Business IT. Transfer staff to externally funded services and NSS	IT	G	132	38	50
ePharmacy Contractors	PCFS	G	0	125	125
HP Non Pay : Prof Fees, reduction to GCU contracts	PHI	G	120	120	120
Business Development efficiency	PCF	G	106	106	106
Pay protection reduction	SNBTS	G	100	75	100
NSS portion (including benefit to P & CFS) of National IT Contract (NITC) Atos OA eg up	IT	G	100	99	132
Hosted Only power efficiency & increased transaction volume efficiency from modernisi	IT	G	100	50	100
Vacancies not being replaced	Corporate	G	100	75	100
HP Pay : 1.90 WTE	PHI	G	92	92	92
Non Pay Savings	Corporate	G	89	66	81
Non Pay Savings	Corporate	G	88	66	88
Facilities pay efficiency	PCF	G	85	85	85
Director PCF non pay saving	PCF	G	83	42	83
G&S Rationalisation	SNBTS	G	70	70	70
Additional external income	IT	G	50	376	412
Savings to NSS from collaborative working IT tools such as Office 365	IT	G	50	0	50
Reduce WTE through shared services	Corporate	G	50	38	50
Vacancies not being replaced	Corporate	G	50	38	50
Non Pay Savings	Corporate	G	43	29	43
eLinks data transfer efficiencies	IT	G	0	70	100
1% reduction in property costs	PCF	G	0	74	100
VAT Savings	Corporate	G	0	30	40
CKRS : Non-recurring income	PHI	G	35	35	35
Independent Living Fund (Scotland) - CFS provision of services	PCFS	G	0	24	30
CKRS Non Pay : Library & Printing	PHI	G	11	11	11
A&I Non Pay : Audits Chair Fees	PHI	G	100	10	10
Strategic Sourcing pay efficiency	PCF	G	10	10	10
CKRS Non Pay : Office running costs	PHI	G	9	9	9
Board Pad Licences	PHI	G	0	0	7
Finance - EDM Image Charges	Corporate	G	0	11	15
<b>TOTAL GREEN EFFICIENCIES</b>			<b>12,524</b>	<b>13,505</b>	<b>17,392</b>
<b>TOTAL EFFICIENCIES</b>			<b>15,350</b>	<b>13,906</b>	<b>18,550</b>
<b>Balance (outstanding) / overachieved</b>			<b>7,672</b>	<b>2,620</b>	<b>2,001</b>

## Appendix 3 – SBU Performance CLO

FINANCIAL POSITION		Actual 16/17 £000	Budget 17/18 £000	Movement / Variance £000	
FULL YEAR	Total Allocations	0	121	↑ 121	#DIV/0!
	Income	7,104	7,498	↑ 394	5.5%
	<b>Total Income</b>	<b>7,104</b>	<b>7,619</b>	↑ <b>515</b>	<b>7.2%</b>
	Total Pay	6,505	6,834	329	5.1%
	Non Pay	587	785	198	33.8%
	Cost Of Sales / Healthcare	0	0	0	#DIV/0!
	<b>Total Expenditure</b>	<b>7,092</b>	<b>7,619</b>	↑ <b>527</b>	<b>7.4%</b>
	<b>Net Surplus/(Deficit)</b>	<b>12</b>	<b>0</b>		

STAFFING	WTE
Actual (Mar 17)	111.6
Budget (current period)	113.7
Actual (current period)	112.4
<b>Variance (Current period)</b>	<b>1.3</b>
Movement since Mar 17	↑ 0.8

<b>Active Vacancies</b>	<b>0.0</b>
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		Budget	Actual	Variance	Forecast
YEAR TO DATE	Total Allocations	121	121	0	121
	Income	5,789	5,509	(280)	7,171
	<b>Total Income</b>	<b>5,911</b>	<b>5,630</b>	<b>(280)</b>	<b>7,292</b>
	Total Pay	5,089	4,892	197	6,600
	Non Pay	606	341	265	692
	Cost Of Sales (Logistics)	0	0	(0)	0
	<b>Total Expenditure</b>	<b>5,695</b>	<b>5,233</b>	<b>462</b>	<b>7,292</b>
	<b>Net Surplus/(Deficit)</b>	<b>215</b>	<b>397</b>	<b>182</b>	<b>0</b>

CRES	£000
Target YTD	0
Actual YTD	0
Variance	0

CLO is reporting an underspend of £182k at the end of December. This underspend is a result of a £197k pay underspend with an average of 3.2wte vacancies during the first 9 months. In addition there is also an underspend of £265k across non-pay budgets, some of which are related to spend which will be incurred later in the financial year. Given that monthly income targets remain challenging (Health Board recovery below target but NSS recovery above target), the service is still forecasting a year end position of break-even.

# IT

FINANCIAL POSITION		Actual 16/17 £000	Budget 17/18 £000	Movement / Variance £000	
FULL YEAR	Total Allocations	22,594	33,392	↑ 10,798	47.8%
	Income	56,021	55,291	↓ (730)	-1.3%
	<b>Total Income</b>	<b>78,615</b>	<b>88,683</b>	<b>↑ 10,068</b>	<b>12.8%</b>
	Total Pay	17,971	18,599	628	3.5%
	Non Pay	58,608	71,159	12,551	21.4%
	Cost Of Sales / Healthcare	2,036	(1,074)	(3,110)	-152.7%
	<b>Total Expenditure</b>	<b>78,615</b>	<b>88,683</b>	<b>↑ 10,068</b>	<b>12.8%</b>
	<b>Net Surplus/(Deficit)</b>	<b>0</b>	<b>0</b>		

STAFFING	WTE
Actual (Mar 17)	333.8
Budget (current period)	343.0
Actual (current period)	346.6
<b>Variance (Current period)</b>	<b>-3.6</b>
Movement since Mar 17	↑ 12.8

Active Vacancies	
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		Budget	Actual	Variance	Forecast
YEAR TO DATE	Total Allocations	19,877	19,877	0	33,392
	Income	39,773	39,966	193	55,348
	<b>Total Income</b>	<b>59,650</b>	<b>59,844</b>	<b>193</b>	<b>88,740</b>
	Total Pay	13,748	13,622	125	18,451
	Non Pay	45,902	46,214	(311)	70,289
	Cost Of Sales (Logistics)	0	0	(0)	0
	<b>Total Expenditure</b>	<b>59,650</b>	<b>59,836</b>	<b>(186)</b>	<b>88,740</b>
	<b>Net Surplus/(Deficit)</b>	<b>0</b>	<b>8</b>	<b>7</b>	<b>0</b>

CRES	£000
Target YTD	3,888
Actual YTD	3,888
Variance	0

The IT SBU YTD position is a very small underspend of £8k; challenging targets of external income have been reached for 2017/18. £218k unfunded costs of the Digital Transformation is being recovered as incurred from the central NSS Digital Transformation budget which has helped the SBU to achieve its full year forecast of breakeven.

## P&CFS

FINANCIAL POSITION		Actual 16/17 £000	Budget 17/18 £000	Movement / Variance £000	
FULL YEAR	Total Allocations	28,625	32,785	↑ 4,160	14.5%
	Income	923	970	↑ 47	5.1%
	<b>Total Income</b>	<b>29,548</b>	<b>33,755</b>	↑ <b>4,207</b>	<b>14.2%</b>
	Total Pay	16,678	16,981	303	1.8%
	Non Pay	12,866	16,774	3,908	30.4%
	<b>Total Expenditure</b>	<b>29,544</b>	<b>33,755</b>	↑ <b>4,211</b>	<b>14.3%</b>
	<b>Net Surplus/(Deficit)</b>	<b>4</b>	<b>0</b>		

STAFFING	WTE
Actual (Mar 17)	491.6
Budget (current period)	490.7
Actual (current period)	466.9
<b>Variance (Current period)</b>	<b>23.7</b>
Movement since Mar 17	-24.7

		Budget	Actual	Variance	Forecast
YEAR TO DATE	Total Allocations	22,751	22,751	0	32,785
	Income	886	591	(295)	683
	<b>Total Income</b>	<b>23,637</b>	<b>23,342</b>	<b>(295)</b>	<b>33,468</b>
	Total Pay	12,580	12,045	535	16,124
	Non Pay	11,057	11,316	(259)	17,345
	<b>Total Expenditure</b>	<b>23,637</b>	<b>23,361</b>	<b>276</b>	<b>33,469</b>
	<b>Net Surplus/(Deficit)</b>	<b>(0)</b>	<b>(19)</b>	<b>(19)</b>	<b>(0)</b>

CRES	£000
Target YTD	975
Actual YTD	977
Variance	2

P&CFS is reporting an overspend position of £19k at the end of December, with the main pressure being an under-recovery of income: £500k income from opticians for charging for paper claims to be processed (instead of using the e-Ophthalmic solution) which has not been achieved due to an agreement between Scottish Government and Optometry Scotland for 2017-18. However, NSS have now provided an additional allocation of £300k funding to help mitigate some of this pressure. In addition to this income from NSS the under recovery of income has also been partially offset by an under spend in pay with the number of current vacancies exceeding the agreed budgeted vacancy factor. The remaining forecasted underspend following the additional allocation has been used to help P&CFS make some progress on planned expenditure that was originally not being progressed due to our forecast financial position earlier in 2017/18. P&CFS are now able to project a breakeven position for Financial Year 2017-18

## PCF

FINANCIAL POSITION		Actual 16/17 £000	Budget 17/18 £000	Movement / Variance £000	
FULL YEAR	Total Allocations	248,695	262,912	↑ 14,216	5.7%
	Income	212,611	240,210	↑ 27,599	13.0%
	<b>Total Income</b>	<b>461,306</b>	<b>503,122</b>	↑ <b>41,815</b>	<b>9.1%</b>
	Total Pay	22,180	25,301	3,121	14.1%
	Non Pay	44,118	70,490	26,372	59.8%
	Cost Of Sales / Healthcare	394,904	407,331	12,427	3.1%
	<b>Total Expenditure</b>	<b>461,202</b>	<b>503,122</b>	↑ <b>41,920</b>	<b>9.1%</b>
	<b>Net Surplus/(Deficit)</b>	<b>105</b>	<b>0</b>		

STAFFING	WTE
Actual (Mar 17)	568.8
Budget (current period)	660.9
Actual (current period)	666.7
<b>Variance (Current period)</b>	<b>-5.8</b>
Movement since Mar 17	↑ 97.9

Active Vacancies	
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		Budget	Actual	Variance	Forecast
YEAR TO DATE	Total Allocations	194,079	194,079	● 0	262,898
	Income	179,630	179,817	● 186	238,716
	<b>Total Income</b>	<b>373,710</b>	<b>373,896</b>	● <b>186</b>	<b>501,614</b>
	Total Pay	18,841	18,936	● (95)	25,525
	Non Pay	214,896	217,060	● (2,164)	293,755
	Cost Of Sales (Logistics)	139,974	137,963	● 2,011	182,485
	<b>Total Expenditure</b>	<b>373,711</b>	<b>373,959</b>	● <b>(248)</b>	<b>501,764</b>
	<b>Net Surplus/(Deficit)</b>	<b>(1)</b>	<b>(63)</b>	● <b>(62)</b>	<b>(150)</b>

CRES	£000
Target YTD	7,134
Actual YTD	8,395
Variance	● <b>1,261</b>

PCF is currently £62k in deficit for the year to date. Unfunded Once for Scotland work, including National Fleet management costs (£380k) and MASNET costs (£110k), are being partly mitigated by non recurring underspends across the SBU. Logistics NDC income is lower than target by £3m and forecast £5m behind budget, although volume / activity through the warehouse is higher than target. The impact of this price mix change is being considered by the DOFs Logistics Group. The year end forecast for PCF of £150k deficit, also includes a projected overspend on dual running costs associated with the delayed JCC entry.

## PHI

FINANCIAL POSITION		Actual 16/17 £000	Budget 17/18 £000	Movement / Variance £000	
FULL YEAR	Total Allocations	29,249	31,598	↑ 2,350	8.0%
	Income	5,306	6,263	↑ 957	18.0%
	<b>Total Income</b>	<b>34,555</b>	<b>37,862</b>	↑ <b>3,307</b>	<b>9.6%</b>
	Total Pay	30,375	31,943	1,569	5.2%
	Non Pay	4,215	5,919	1,704	40.4%
	<b>Total Expenditure</b>	<b>34,589</b>	<b>37,862</b>	↑ <b>3,272</b>	<b>9.5%</b>
	<b>Net Surplus/(Deficit)</b>	<b>(34)</b>	<b>0</b>		

		Budget	Actual	Variance	Forecast
YEAR TO DATE	Total Allocations	22,809	22,809	● 0	31,598
	Income	4,684	4,672	● (13)	6,263
	<b>Total Income</b>	<b>27,493</b>	<b>27,480</b>	● <b>(13)</b>	<b>37,862</b>
	Total Pay	23,550	23,450	● 100	31,943
	Non Pay	3,943	3,792	● 151	5,918
	<b>Total Expenditure</b>	<b>27,493</b>	<b>27,242</b>	● <b>251</b>	<b>37,862</b>
	<b>Net Surplus/(Deficit)</b>	<b>(0)</b>	<b>239</b>	● <b>239</b>	<b>(0)</b>

STAFFING	WTE
Actual (Mar 17)	677.6
Budget (current period)	695.0
Actual (current period)	706.1
<b>Variance (Current period)</b>	<b>-11.1</b>
Movement since Mar 17	↑ 28.5

Active Vacancies	● 8.0
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CRES	£000
Target YTD	1,268
Actual YTD	1,358
Variance	● 90

A balanced year end position is forecast and the surplus currently reported should gradually reduce, with no significant variances to report and CRES remains ahead of schedule. Several more awards were allocated in December from SG so only just over £1m remains outstanding and any associated risk can be managed. Staffing levels have increased to just over establishment levels, further reducing the risk of there being insufficient resource to deliver income projections.

## SNBTS

FINANCIAL POSITION		Actual 16/17 £000	Budget 17/18 £000	Movement / Variance £000	
FULL YEAR	Total Allocations	47,068	44,311	↓ (2,757)	-5.9%
	Income	8,018	7,889	↓ (129)	-1.6%
	<b>Total Income</b>	<b>55,086</b>	<b>52,200</b>	<b>↓ (2,886)</b>	<b>-5.2%</b>
	Total Pay	35,677	35,933	256	0.7%
	Non Pay	17,654	16,639	(1,015)	-5.8%
	Cost Of Sales / Healthcare	11	(371)	(382)	-3475.7%
	<b>Total Expenditure</b>	<b>53,342</b>	<b>52,200</b>	<b>↓ (1,142)</b>	<b>-2.1%</b>
	<b>Net Surplus/(Deficit)</b>	<b>1,744</b>	<b>0</b>		

STAFFING	WTE
Actual (Mar 17)	828.7
Budget (current period)	822.0
Actual (current period)	793.5
<b>Variance (Current period)</b>	<b>28.5</b>
Movement since Mar 17	↓ -35.2

<b>Active Vacancies</b>	<b>19.2</b>
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		Budget	Actual	Variance	Forecast
YEAR TO DATE	Total Allocations	32,518	32,518	0	44,311
	Income	6,074	6,261	186	7,988
	<b>Total Income</b>	<b>38,592</b>	<b>38,779</b>	<b>186</b>	<b>52,299</b>
	Total Pay	27,120	26,253	867	34,954
	Non Pay	11,472	11,760	(288)	16,330
	Cost Of Sales (Logistics)	0	0	(0)	(24)
	<b>Total Expenditure</b>	<b>38,592</b>	<b>38,013</b>	<b>579</b>	<b>51,259</b>
	<b>Net Surplus/(Deficit)</b>	<b>(0)</b>	<b>766</b>	<b>766</b>	<b>1,040</b>

CRES	£000
Target YTD	1,579
Actual YTD	1,732
Variance	<b>153</b>

SNBTS has a current underspend of £766k resulting from :

- lower pay costs £867k from continuing vacancies but rate reduced latterly due to P&T budget taking out the 15 P&T staff in October's budget
- lower collections and hence lower medical and transport costs
- Overspends in other operating costs at EGR (£629k) which includes the savings target figures

Forecast position for full year 17-18 is underspend of £1,040k resulting from underspend in pay reduced by continuing staff in P&T (budget ended in September), income from Western Isles, HEV funding, transitional costs to JCC

## BS

FINANCIAL POSITION		Actual 16/17 £000	Budget 17/18 £000	Movement / Variance £000	
FULL YEAR	Total Allocations	19,976	16,329	↓ (3,647)	-18.3%
	Income	4,314	3,862	↓ (452)	-10.5%
	<b>Total Income</b>	<b>24,290</b>	<b>20,191</b>	↓ <b>(4,099)</b>	<b>-16.9%</b>
	Total Pay	8,722	6,865	(1,857)	-21.3%
	Non Pay	15,353	13,326	(2,028)	-13.2%
	<b>Total Expenditure</b>	<b>24,075</b>	<b>20,191</b>	↓ <b>(3,884)</b>	<b>-16.1%</b>
	<b>Net Surplus/(Deficit)</b>	<b>215</b>	<b>0</b>		

STAFFING	WTE
Actual (Mar 17)	164.6
Budget (current period)	167.1
Actual (current period)	162.2
<b>Variance (Current period)</b>	<b>4.9</b>
Movement since Mar 17	↓ -2.4

<b>Active Vacancies</b>	<b>4.0</b>
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		Budget	Actual	Variance	Forecast
YEAR TO DATE	Total Allocations	11,466	11,400	● (66)	16,329
	Income	2,905	2,372	● (533)	3,301
	<b>Total Income</b>	<b>14,371</b>	<b>13,772</b>	● <b>(599)</b>	<b>19,630</b>
	Total Pay	4,714	4,514	● 199	6,711
	Non Pay	9,657	9,458	● 198	13,172
	<b>Total Expenditure</b>	<b>14,371</b>	<b>13,973</b>	● <b>398</b>	<b>19,883</b>
	<b>Net Surplus/(Deficit)</b>	<b>(0)</b>	<b>(201)</b>	● <b>(201)</b>	<b>(254)</b>

CRES	£000
Target YTD	380
Actual YTD	533
Variance	● 153

Business Services is reporting an overspend position of £201k at the end of December, which is being driven by £193k pressure within PgMS mainly as a result of an increasing number of corporate initiatives e.g National Boards Collaboration, the new Public Health Body and Tailored Support service provided to boards. The projected year end position is a deficit of £254k mainly attributed to the current pressures within PgMS. To mitigate this pressure, the service remains committed to continue to reduce this deficit and identify any alternative funding sources whilst ensuring any resource capacity is utilised against funded workstreams.



## CD

FINANCIAL POSITION		Actual 16/17 £000	Budget 17/18 £000	Movement / Variance £000	
FULL YEAR	Total Allocations	1,611	1,485	↓ (125)	-7.8%
	Income	2	27	↑ 25	1144.6%
	<b>Total Income</b>	<b>1,613</b>	<b>1,512</b>	<b>↓ (100)</b>	<b>-6.2%</b>
	Total Pay	1,465	1,319	(145)	-9.9%
	Non Pay	148	193	45	30.3%
	Cost Of Sales / Healthcare	0	0	0	#DIV/0!
	<b>Total Expenditure</b>	<b>1,613</b>	<b>1,512</b>	<b>↓ (100)</b>	<b>-6.2%</b>
	<b>Net Surplus/(Deficit)</b>	<b>0</b>	<b>0</b>		

STAFFING	WTE
Actual (Mar 17)	9.8
Budget (current period)	7.8
Actual (current period)	6.9
<b>Variance (Current period)</b>	<b>0.9</b>
Movement since Mar 17	↓ -2.9

<b>Active Vacancies</b>	<b>0.0</b>
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		Budget	Actual	Variance	Forecast
YEAR TO DATE	Total Allocations	1,090	1,090	0	1,485
	Income	20	3	(17)	3
	<b>Total Income</b>	<b>1,111</b>	<b>1,093</b>	<b>(17)</b>	<b>1,488</b>
	Total Pay	983	982	1	1,293
	Non Pay	128	73	54	196
	Cost Of Sales (Logistics)	0	0	(0)	0
	<b>Total Expenditure</b>	<b>1,111</b>	<b>1,056</b>	<b>55</b>	<b>1,489</b>
	<b>Net Surplus/(Deficit)</b>	<b>(0)</b>	<b>38</b>	<b>38</b>	<b>(1)</b>

CRES	£000
Target YTD	29
Actual YTD	29
Variance	0

The Clinical Directorate is reporting an under spend of £38k as at the end of December. This is made up of non-pay budgets for innovation and training for PhD students which are evenly phased although expenditure will happen in the last quarter of the financial year..

## CEAD

FINANCIAL POSITION		Actual 16/17 £000	Budget 17/18 £000	Movement / Variance £000	
FULL YEAR	Total Allocations	1,923	1,714	↓ (209)	-10.9%
	Income	0	3	↑ 2	639.9%
	<b>Total Income</b>	<b>1,924</b>	<b>1,717</b>	<b>↓ (207)</b>	<b>-10.8%</b>
	Total Pay	1,413	1,480	67	4.8%
	Non Pay	511	236	(274)	-53.7%
	Cost Of Sales / Healthcare	0	0	0	#DIV/0!
	<b>Total Expenditure</b>	<b>1,924</b>	<b>1,717</b>	<b>↓ (207)</b>	<b>-10.8%</b>
	<b>Net Surplus/(Deficit)</b>	<b>0</b>	<b>0</b>		

STAFFING	WTE
Actual (Mar 17)	28.7
Budget (current period)	28.3
Actual (current period)	26.7
<b>Variance (Current period)</b>	<b>1.6</b>
Movement since Mar 17	↓ -2.0

Active Vacancies	6.0
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		Budget	Actual	Variance	Forecast
YEAR TO DATE	Total Allocations	1,285	1,285	0	1,714
	Income	2	2	(0)	3
	<b>Total Income</b>	<b>1,287</b>	<b>1,287</b>	<b>(0)</b>	<b>1,717</b>
	Total Pay	1,110	1,061	49	1,440
	Non Pay	177	146	31	277
	Cost Of Sales (Logistics)	0	0	(0)	0
	<b>Total Expenditure</b>	<b>1,287</b>	<b>1,208</b>	<b>80</b>	<b>1,717</b>
	<b>Net Surplus/(Deficit)</b>	<b>(0)</b>	<b>80</b>	<b>80</b>	<b>(0)</b>

CRES	£000
Target YTD	66
Actual YTD	66
Variance	0

CEAD is reporting an underspend of £80k at the end of December. This favourable position includes a £49k underspend in pay due to vacancies resulting from organisational change. Roles are being filled and we expect CEAD to be fully resourced by January. The surplus pay budget is being used to create a small dedicated team to deliver CEAD's digital transformation requirements in Quarter 4. Non-pay budget is £42k under spent, primarily due to changes in delivery dates. CEAD is still projecting a break-even out-turn position overall and a number of key activities and initiatives are being progressed to ensure that outcome.

## HR

FINANCIAL POSITION		Actual 16/17 £000	Budget 17/18 £000	Movement / Variance £000	
FULL YEAR	Total Allocations	3,616	3,503	↓ (113)	-3.1%
	Income	847	857	↑ 10	1.2%
	<b>Total Income</b>	<b>4,463</b>	<b>4,360</b>	↓ (103)	<b>-2.3%</b>
	Total Pay	3,105	3,177	72	2.3%
	Non Pay	1,266	1,183	(83)	-6.5%
	Cost Of Sales / Healthcare	0	0	0	#DIV/0!
	<b>Total Expenditure</b>	<b>4,371</b>	<b>4,360</b>	↓ (11)	<b>-0.2%</b>
	<b>Net Surplus/(Deficit)</b>	<b>92</b>	<b>0</b>		

STAFFING	WTE
Actual (Mar 17)	72.9
Budget (current period)	74.9
Actual (current period)	75.1
<b>Variance (Current period)</b>	<b>-0.2</b>
Movement since Mar 17	↑ 2.2

Active Vacancies	0.0
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		Budget	Actual	Variance	Forecast
YEAR TO DATE	Total Allocations	2,588	2,588	0	3,503
	Income	643	695	52	880
	<b>Total Income</b>	<b>3,231</b>	<b>3,283</b>	<b>52</b>	<b>4,383</b>
	Total Pay	2,374	2,363	11	3,141
	Non Pay	857	822	35	1,191
	Cost Of Sales (Logistics)	0	0	(0)	0
	<b>Total Expenditure</b>	<b>3,231</b>	<b>3,185</b>	<b>46</b>	<b>4,333</b>
	<b>Net Surplus/(Deficit)</b>	<b>0</b>	<b>98</b>	<b>98</b>	<b>50</b>

CRES	£000
Target YTD	119
Actual YTD	119
Variance	0

HR is reporting a YTD under spend of £98k at the end of December. Within this position, pay budgets are underspent by £11k despite the fact there is a 5WTE vacancy factor built in. There has been additional income received to budget due to £20k coming from HIS for work in the previous financial year. The underspend across non-pay budgets is mainly due to budget phasing but spend will be incurred over the rest of the Financial Year. The year-end forecast is a £50k surplus which relates to the Management Development budget. This project has been rephased over two years. The funding requirement of £50k for next year is included in the current RAM financial plan.

## S&G

FINANCIAL POSITION		Actual 16/17 £000	Budget 17/18 £000	Movement / Variance £000	
FULL YEAR	Total Allocations	1,971	1,864	↓ (107)	-5.4%
	Income	16	3	↓ (13)	-80.2%
	<b>Total Income</b>	<b>1,987</b>	<b>1,867</b>	↓ (120)	<b>-6.0%</b>
	Total Pay	1,581	1,623	42	2.6%
	Non Pay	268	245	(23)	-8.7%
	Cost Of Sales / Healthcare	0	0	0	#DIV/0!
	<b>Total Expenditure</b>	<b>1,849</b>	<b>1,867</b>	↑ 18	<b>1.0%</b>
	<b>Net Surplus/(Deficit)</b>	<b>138</b>	<b>0</b>		

STAFFING	WTE
Actual (Mar 17)	41.1
Budget (current period)	38.0
Actual (current period)	36.4
<b>Variance (Current period)</b>	<b>1.6</b>
Movement since Mar 17	↓ -4.7

Active Vacancies	0.0
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		Budget	Actual	Variance	Forecast
YEAR TO DATE	Total Allocations	1,402	1,402	0	1,864
	Income	3	3	0	3
	<b>Total Income</b>	<b>1,405</b>	<b>1,405</b>	<b>0</b>	<b>1,867</b>
	Total Pay	1,221	1,229	(7)	1,615
	Non Pay	183	158	26	252
	Cost Of Sales (Logistics)	0	0	(0)	0
	<b>Total Expenditure</b>	<b>1,405</b>	<b>1,386</b>	<b>18</b>	<b>1,867</b>
	<b>Net Surplus/(Deficit)</b>	<b>(0)</b>	<b>18</b>	<b>18</b>	<b>0</b>

CRES	£000
Target YTD	66
Actual YTD	66
Variance	0

S&G is reporting a marginal underspend of £18k at the end of December mainly in non-pay areas where spend is expected during the coming months to bring this back up to budget. This favourable position includes the assumption that 50% cost will be recovered from NHS Fife in respect of Tailored Support service provision.

**B/18/10a**

**NSS Formal Board Meeting – 2<sup>nd</sup> February 2018**

## **Clinical Directorate Update**

### **PURPOSE**

This brief report is to inform NSS Board members of key activities undertaken by the interim Medical Directors and members of the NSS Clinical Directorate

### **RECOMMENDATION**

Board members are asked to note the content – further information on any topic is available on request – [l.ramsay@nhs.net](mailto:l.ramsay@nhs.net) or [mike.winter@nhs.net](mailto:mike.winter@nhs.net)

### **UPDATE**

#### **Organisational Arrangements – NSS Governance**

The Joint Interim Medical Director appointments have been in place since 2<sup>nd</sup> November 2017. Agreement was reached to confirm individual governance responsibilities to provide assurance to Chief Executive, as the accountable officer, and to NSS Board. Dr Ramsay is recognised as Caldicott Guardian and responsible for Information Governance, Dr Winter is recognised by the GMC as Responsible Officer and within the Clinical Directorate for HR and Financial issues; this includes engagement with the Joint Local Medical Committee and NSS partnership Forum. Noreen Kent continues to lead on Clinical Governance and Adverse Event Management.

#### **Organisational Arrangements – Clinical Directorate**

Following a successful Clinical Leadership Forum (6<sup>th</sup> November) and discussion with individual members of the Clinical Directorate it has been agreed that the Directorate will lead work across NSS in 4 main workstreams -

- Innovation and Improvement
- Pharmacy and Medicines Portfolio
- Health and Care In Community
- Clinical Service Transformation / Clinical Enablement

This is expected to better align existing programmes of work, being led by individual members of the Clinical Directorate, and will allow a greater resilience within the team as well as more clearly leading and supporting work NSS is undertaking to deliver against national policy with particular reference to National Clinical Strategy, Realistic Medicine, and the health and Social Care Delivery Plan.

#### **RAM (Resource Allocation Meetings)**

The Interim Medical Directors have contributed to the development of proposals from all of the business units within NSS. In line with NSS strategic intention this input has sought to ensure that a clinical focus is present in all of NSS future plans.

#### **External Engagement**

- Dr Ramsay is leading work on behalf of SAMD linked to senior clinical professional support for clinical service transformation with input from NSS Leadership Fellow – Dr Natalie Smee. Progress was reported to SAMD business meeting on 24<sup>th</sup> January.
- The Clinical Directorate is opening opportunities for NSS to support service

transformation of across NHS Scotland. This includes working with the Modern Outpatient Programme to support scale and spread of digital innovation, initially through the SCOTCAP project and collaborating with IT and PgMS to support digital enablement of Anticipatory Care Planning and ReSPECT as key aspects of implementing Realistic Medicine.

- Access to Medicines – NSS is involved through a number of contacts in supporting both NHS Boards and Scottish Government achieve a workable solution that will lead to the Scottish population having access to effective medicines. CMO has accepted an offer made at SAMD that NSS will use the resource previously identified for EPP (Effective Prescribing Programme) to support an urgent consideration of the challenges set out in recent meetings.
- Meeting with Chief Medical Officer – The interim Medical Directors had an informal session with CMO which covered a range of current work being led by NSS, including:
  - SNBTS – improving resilience of Blood Banks in Scotland;
  - PCF – pilot work on implementation of UDI (Unique Device Indicators);
  - PgMS - progress on the Shared Services clinical portfolio (imaging, aseptic pharmacy and laboratories).
  - CMO also welcomed the suggestion that NSS should provide an update to all Chief Professional Officers later in 2018; with a firm suggestion that, when the session is developed, consideration should be given to engaging with a wider audience – to ensure NHS Scotland is aware of the range of activities that NSS supports.

### **Forward Look**

- The interim Medical Directors both continue to cover their responsibilities within core contract and backfill arrangements are now progressing. The permanent post for Medical Director for NSS has been advertised. NSS Board can be assured that the interim cover arrangements are secure and will continue till this important appointment is made.
- Work continues to engage with Prof Bain and others on the development of the new Public health Body for Scotland with a particular focus on the implications and opportunities that will arise for clinical staff currently employed by NSS whether or not they will transfer to the new organisation.
- Innovation – NSS has been explicitly asked to review support for procurement and this is being led by PCF colleagues but has strong cross-over with the digital transformation activity led from within the Clinical Directorate.
- NSS role, led by SNBTS, NSD, and Director of Pharmacy, in implementing the Scottish element of the ‘Northern ATTC (Advanced Therapies Treatment Centre)’, a UK funded programme of innovative use of cellular therapies (actually a specialist network with focus on Newcastle as the possible treatment ‘centre’).
- Medicines Access – supporting work involving NHS Boards (Medical Directors, Directors Pharmacy, Directors of Public Health, and Directors of Finance); Scottish Government (various directorates); and Healthcare Improvement Scotland, including SMC (Scottish Medicines Consortium).
- National Boards Collaboration – As the nationals plan continues to develop, engagement with MD colleagues will be sought to consider the clinical implications and opportunities.

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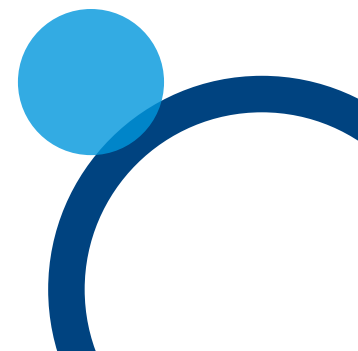
**B/18/11**



# **Realising the potential of NSS and social care engagement**

**Katharine Ross**  
**Social Care Advisor – Clinical Directorate**

The future delivery of NHS services in Scotland is completely dependent on the integration of health and social care services being both prioritised *and* realised in the present.





# Overview of project and strategic objectives

- Bring a **strategic and operational understanding** of the social care sector to NSS
- Identify **current touch points** between NSS and the social care sector
- Provide NSS Clinical Directorate with **recommendations regarding engagement** with the social care sector
- **Develop NSS services and products** to support Scotland achieve better health and wellbeing outcomes



# Demographic change

Over the next **10 years** the proportion of over 75s in Scotland's population – who tend to be the highest users of health care services – will increase by over **25%**.


By 2033 (**15 years**) the number of people over 75 is likely to have increased by almost **60%**.



**This is to be  
celebrated but....**

# Challenges for NSS and NHS Scotland

- Projects and activities largely focused on health interventions and service delivery
- “We really struggle to gain engagement in the social care arena. It’s the lack of knowledge about who to go to (national and HSCP level) that remains a problem.”
- NSS identified as “a highly complex organisation working in an increasingly complex environment.”



**...how do we  
provide timely,  
personalised and  
aspirational  
healthcare for all?**

# Huge potential

- Growing recognition of the importance, relevance and benefits of building strategic & operational links with social care services
- Significant opportunities to develop LIST's offer
- “Technology heading in the right direction but the fundamental problems have to be overcome.”



**“Huge potential  
.....but it's not  
happening yet.”**

# Next steps

- Continuing to speak to NSS colleagues – taking initial discussions to the next level
- Initial discussion with two large care home providers – independent and third sector organisations with a member of the Clinical Directorate Team
- Presented to the Architecture and Solution Service Team – potential for future information sharing
- Preliminary discussions with ISD Health and Social Care Team



**Engagement, sharing, informing  
– and listening**

**Please get in touch!**  
**[katharine.ross1@nhs.net](mailto:katharine.ross1@nhs.net)**

**Katharine Ross**  
**Social Care**  
**Advisor**

B/18/12



**NSS enabling the  
new Public Health  
Body**

**Programme  
Update –  
January 2018**

# Progress so far

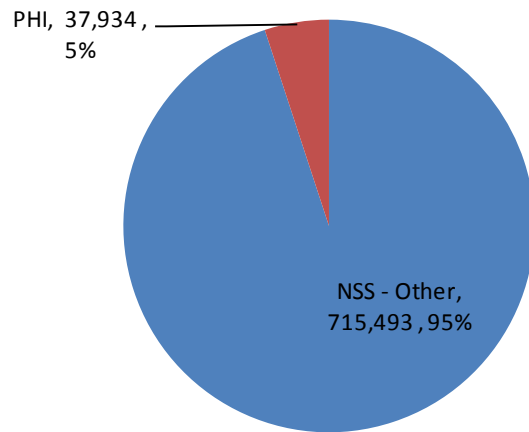
## To date:

- Initial analysis of quantum of change – Audit & Risk committee
- Programme Director – offer accepted
- A number of thought pieces have been drafted and submitted to PHB Executive Team for consideration (Information Governance, Shared Services, Information Technology)
- NSS Programme Board and governance arrangements set up
- Risk workshop undertaken and a number of risks identified, logged and being actively managed
- Communications strategy drafted
- Awaiting direction from PHB Oversight Board around next steps

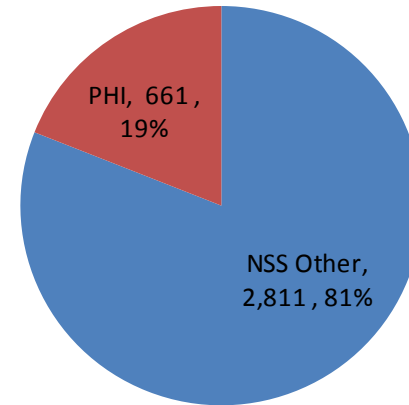


# Impact of Change

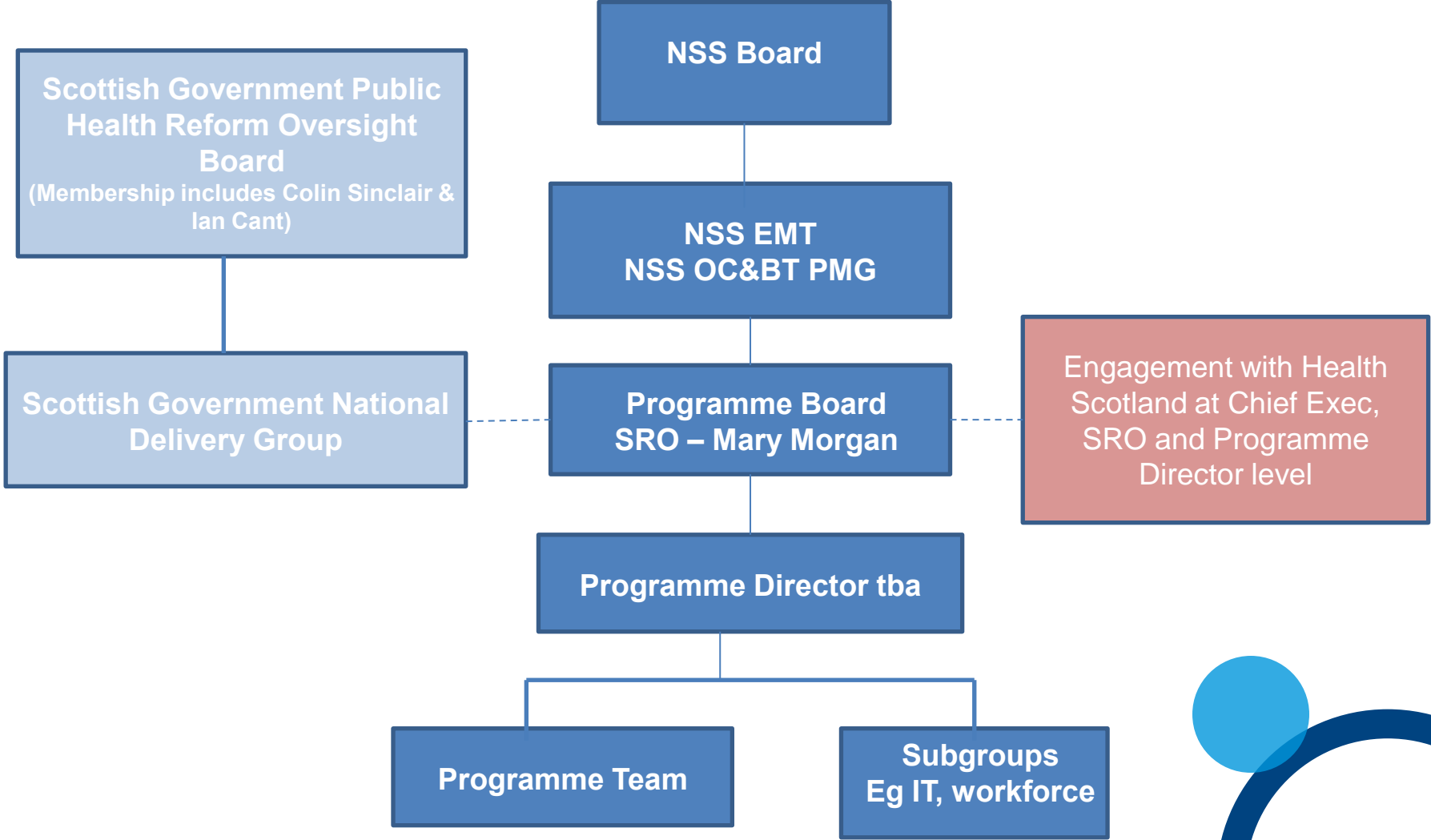
### NSS Expenditure - £'000s



### Workforce - WTE



# Governance – NSS enabling the new public health body programme



# Risks and Issues

A number of risks have been identified, scored and managed in accordance with IRMA.

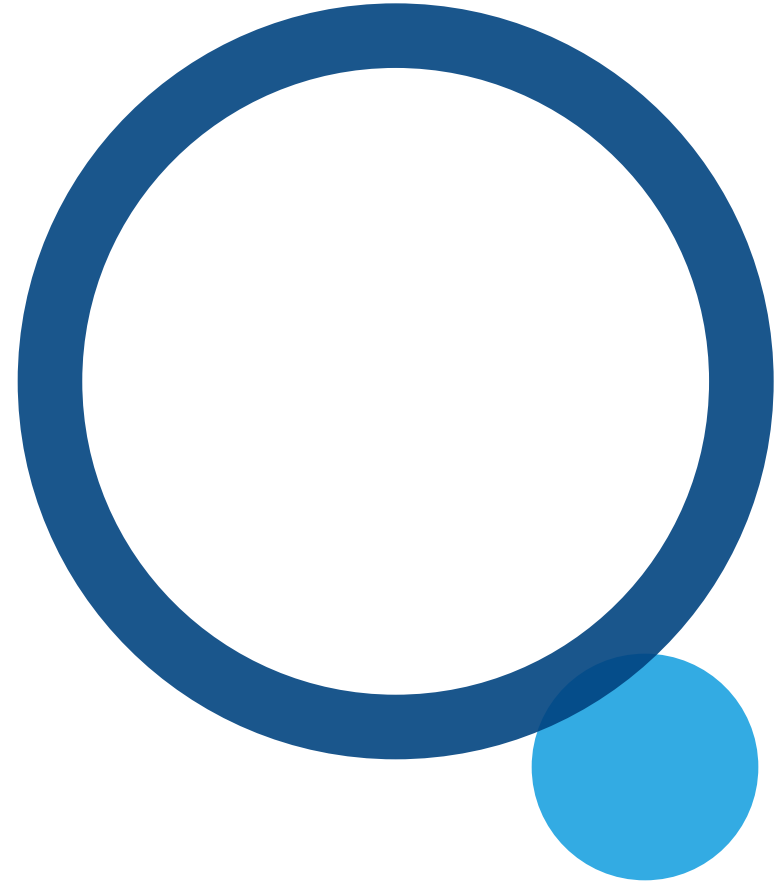
		L I K E L I H O O D					
		Rare	Unlikely	Possible	Likely	Almost Certain	
	SCORE	1	2	3	4	5	TOTAL
I	Catastrophic	5					
M	Major	4		4			4
P	Moderate	3		4	2		6
A	Minor	2					
C	Minor	2					
T	Negligible	1					
				8	2		10

## The 4 risks scoring the highest are:

- There is a risk that delivery of the NSS strategies may be impacted due to the formation of the new PHB. Impacts on NSS service offering. Score - 12 Amber
- There is a risk that NSS may fall short of costs required for this programme due to no allocation of funding from SG and increased resource costs. May result in the ability to deliver the programme. Score - 12 Amber
- There is a risk that timescales are too short for implementation due to timescales set by SG colleagues. May result in NSS not meeting the expected objectives. Score - 12 Amber
- There is a risk that the PHI service offering may be impacted due to misalignment. This could result in a break of current service offering or a vital service is not provided. Score - 12 Amber

# Next steps

- Await further direction from PHP Oversight Board regarding next steps
- Programme Director joining the team



**NSS Board**  
**Friday, 2 February 2018**

## **NSS People Report**

### **Purpose**

The purpose of this paper is to inform the Board of the progress against the key workforce targets contained within the NSS Great Place to Work Plan and to summarise the key workforce information as at 31 December 2017.

### **Recommendation**

The Board is asked to note the information contained in the report and the key points for consideration within the summary section below.

### **Timing**

The report covers the month of December 2017.

### **Summary**

Overall NSS continues to report a really positive position on a range of workforce and people management issues which are highlighted below.

NSS has achieved the Corporate Responsibility targets and HR are of the view, that this along with the overall culture of NSS is making us an attractive organisation to work particularly for those staff with disabilities. In respect of the target to increase the number of young people we recruit, during December 2017 13% of all NSS applicants were in the category 25 and under and 13% were offered posts.

The Dignity at Work survey was launched on 6 November 2017 utilising the same system and process as iMatter with more detailed outcomes awaited in February 2018.

In terms of the RIDDOR position linked to PCF, the Logistics Director is forming a short life working group to review forklift truck and pedestrian movement and separation in the Canderside warehouse. Slips and trips have also been discussed in some detail at OHSAC and a range of actions have been agreed.

The December 2017 Sickness Absence figures show an increase of 0.03% over the previous month, which is the first overall increase for several months; the total for the month is 3.87% YTD. This increase in sickness absence is due to cough/colds and flu. This figure continues to be lower than that recorded for December 2015 at 4.50% and December 2016 at 4.56%.

Statutory Training on Fire Safety Awareness is currently sitting at 51% at the end of December 2017 an increase of 27% from September 2017.

In summary, NSS is doing well against the majority of key workforce measures and a focus on maintaining this position for the final quarter of the year is in place via all SBUs.

## **Great Place to Work Measures**

### **iMatter**

NSS is currently reporting Green against the key deliverables required by the Scottish Government and NSS iMatter Project Plan.

2016 key survey actions delivered:

- 72 out of 380 action plans have been closed as at 22 December 2017. Due to the 2017 survey being brought forward into the one calendar year, this means NSS for the next five months can potentially run co-current action plans (2016 and 2017).

2017 key survey results:

- In respect to iMatter, there were 270 team action plans out of 348 (78%) submitted by 22 December 2017. On this basis, this will be the data that Scottish Government will enter for NSS in the overarching NHS Staff Experience Report.
- The system for the inputting of action plans has no cut off point, managers and teams should still be encouraged to follow the iMatter process.

Dignity at Work Survey:

The Dignity at Work survey was launched on 6 November 2017 utilising the same system and process as iMatter with more detailed outcomes due in February 2018. There were some technical difficulties across NHS Scotland which the system owners resolved. NSS have a reported participation rate of 63%, the third highest of all Health Boards.

Scottish Government Update:

- NHS National Report Scottish Government has confirmed that all Board Chair team data will be removed for the 2017 report prior to publishing, this is due to the Chair not directly line managing non executives.
- A short life working group will be formed early 2018 to review the potential of linking eESS and iMatter systems. This will be led by Scottish Government and the NHS National eESS Team. NSS has agreed to be a test of change due to the initial work that has been delivered.

### **Health and Safety – RIDDORs**

A total of three RIDDOR reportable injuries were submitted to the Health and Safety Executive from October to December 2017. This now brings the total RIDDORs, submitted by NSS in 2017-18, to five which exceeds the NSS KPI target of less than four. Two of these were attributed to PCF as a result of warehouse vehicle related accidents at Canderside. Both of these injuries resulted in significant periods of sickness absence as a consequence.

The PCF Logistics Director is forming a short life working group to review forklift truck and pedestrian movement and separation around the warehouse. The group will consist of PCF warehouse managers, members of the Warehouse Operations Safety Committee and Healthy Working Lives Health & Safety Advisors.

Further control measures may need to be implemented to ensure adequate separation of warehouse vehicles and pedestrians is maintained. If this is not achievable through physical

segregation then suitable clear exclusion zones between someone on foot and a moving warehouse vehicle should be set as a standard operational requirement whenever any warehouse vehicle manoeuvre is in progress.

Slips and trips have also been discussed in some detail at OHSAC and it was agreed that the Health and Safety Committee or equivalent, within each SBU, would be asked to look at what measures could be put in place to reduce slips and trips and generally remind and make staff aware of their working environment. It should also be noted that a campaign has recently been rolled out on reporting accidents and incidents.

### **Sickness Absence**

Sickness absence figures improved during October and November however the December 2017 figures show an increase of 0.03% over the previous month, which is the first overall increase for several months, the total for the month is 3.87% YTD. This figure continues to be lower than that recorded for December 2015 at 4.50% and December 2016 at 4.56%.

In relation to SBUs, four SBUs have seen a decrease overall in their sickness absence figures with seven increasing overall. All SBUs saw rises in relation to short term absence in terms of YTD totals which is at 1.43% YTD figure in December, an increase of 0.05% from the November figure. There has been an overall reduction in long term absence with a YTD total of 2.44% a reduction of 0.01% on November figures.

The main reasons for absence shows an increase in those off sick with cold/cough/flu – influenza with 44 more employees absent when compared to November 2017 totals. There has also been an increase in the numbers off with gastro-intestinal problems and back problems. Taking these against the total figure broken down these reasons are likely to equate for the rise overall in short term absence. The largest reduction has been in relation to absence due to anxiety/stress/depression/other psychiatric illness with a reduction of 13 and other known causes not otherwise classified reducing by 10.

In relation to hours lost to stress and mental health, December saw an increase in the overall hours lost which shows a figure of 4,340 an increase of 397 hours against the November 2017 figure. There are two SBUs which show the highest increases; P&CFS and PCF however given the number of hours lost this could equate to a small number of employees in each.

The table below provides the December 2017 breakdown of information.

<b>December Absence Reasons</b>	<b>Count of Employee Number</b>
Cold, cough, flu – influenza	166
Gastro-intestinal problems	91
Anxiety/stress/depression/other psychiatric illnesses	39
Other known causes - not otherwise classified	34
Back problems	25
Chest & respiratory problems	23
Unknown causes/not specified	22
Headache/migraine	21
Injury, fracture	20
Ear, nose, throat (ENT)	14



Benign and malignant tumours, cancers	11
Other musculoskeletal problems	8
Heart, cardiac & circulatory problems	7
Eye problems	7
Genitourinary & gynaecological disorders - exclude pregnancy related disorders	6
Pregnancy related disorders	6
Dental & oral problems	4
Skin disorders	3
Nervous system disorders - exclude headache, migraine	3
Asthma	2
Blood disorders	2
Endocrine/glandular problems	1
Infectious diseases	1
Substance abuse - include alcoholism & drug dependence	1
Burns, poisoning, frostbite, hypothermia	0
Total	517

Further alerts are now in place to notify line managers when staff have been absent long term for 24 weeks to ensure the absence is being managed, and also for absences of eight consecutive days with a reminder that a fit note is required.

Absence workshops continue to be positively received and requested by SBUs. The Mentally Healthy in the Workplace training is also now receiving more interest and feedback has been very positive.

In the coming months an updated version of HR Connect will be implemented which will have a dedicated sickness absence page with useful guidance, FAQs and checklists, which will enable managers to access information easily when required.

### **Sickness Absence Project**

The project is in the final phase with many of the achieved actions now being business as usual. A review of the range of sickness absence reports is underway to ensure they are of added value to SBUs and the organisation and to determine if there is any information still required to report on going forward.

The focus for the remainder of the financial year will be to ensure the project transitions into business as usual and the organisation continues to get support to manage sickness absence effectively.

### **Workforce Capability, Sustainability and Optimisation**

#### **Staff Turnover and Leavers**

Staff turnover rate has increased in October and November. In December there was a further increase of 0.11% and is currently at 0.64% in month. The largest increase in turnover relates to the eESS team who currently sit within the HR SBU figures. However all SBUs continue to monitor their figures and are not reporting any concerns.

## **Agency Spend**

Overall the Agency spend is reporting 0.471M in December with a YTD figure of 2.978M, which is 0.497M over the target set for NSS. This is a result of the Agency WTE figure increasing to 106.76 WTE with an YTD figure of 91.97 WTE, which is 30.23 WTE over the target set of 61.53 WTE.

The main reasons for the increase relate to a number of SBUs covering sickness absence, delivery of business as usual whilst recruitment processes are underway, support whilst implementing organisational change and in respect of the IT SBU, externally funded work which has a shelf life and short term requirement and not funded from baseline. In terms of PCF SBU, the forecast is favourable and they are now using the new framework agreement which is predicted to save £60K in a full year.

Whilst the overall NSS forecast is to end the year above target, this will still be within the overall staffing budget.

## **Recruitment**

NSS has continued to have an increase in the number of vacancies being filled. During December 291 posts were recruited to: 99 posts were band 1-4; 164 posts were band 5-7 and above; 21 posts were band 8a-8d; five posts were medical and dental and two posts were Executive level.

There continues to be a high number of posts filled by external candidates, amounting to 64% of the 286 posts in December. Whilst this generates new energy and different perspectives and experiences, as an organisation we are also keen to develop and retain existing staff and skills. However, considering the roles which have been filled during this period then the balance between external and internal appointments is not something to cause concern at this stage. HR are currently scoping out and developing proposals around succession planning and talent management for internal staff.

## **Key Workforce Data**

### **Mandatory & Statutory Training**

Overall NSS targets for statutory and mandatory training remain on track to meet the targets set for 2017-18, with all SBUs monitoring locally. Statutory Training on Fire Safety Awareness is currently sitting at 51% at the end of December 2017 an increase of 27% from September 2017.

### **Case Management Activity**

Case management has increased over this period and in December there was an overall increase in cases by 14%. Promoting Attendance accounts for 70% of new cases, with Management of Capability, Dignity at Work, Management of Conduct, and Grievance accounting for the remaining 30%. In comparison to the previous year, the increase in Promoting Attendance is relatively high for this time of year and is forecast to rise again in January, which is consistent with previous years. No cases were closed or progressed to dismissal in December.

## **Corporate Responsibility**

NSS have achieved their Corporate Responsibility targets. In particular the number of applicants appointed who have a disability, which is way in excess of the target with a year to date figure of 12 against a target of six. This is as a result of the work of the Recruitment Team in attracting candidates who have a disability and having good processes in place which ensure that those candidates who meet the minimum criteria of the post are interviewed. Also the overall culture of NSS which is generally supportive of disabled employees is making us an attractive organisation to work for.

In respect of increasing the recruitment of young people this is also positive with a year to date figure of 52 against a target of 46. However, as NSS does have an aging workforce then do we need to consider how to attract younger applicants. During December, 13% of applicants were under the age of 25 and 13% of those were offered posts. HR will continue working with SBUs and developing the Candidate Attraction Strategy in order to maximise the opportunities presented by the diverse range of roles and working environments across NSS.

**Jacqui Jones**  
**Director of HR and Workforce Development**  
**January 2018**

## NSS People Dashboard December 2017

### Great Place to Work Measures

	Target	Current Month	YTD	Forecast	RAG	Progress
Riddors	<4	1	5	7	●	↑
Accident Incident Rate	<30.42	1.81	24.87	33.16	●	↓
Sickness Absence Total (%)	4.00	3.97	3.87	3.85	●	↓
Long Term Total (%)	N/A	1.68	2.44	2.64	●	↑
Short Term Total (%)	N/A	2.30	1.43	1.21	●	↓
Hours Lost (Stress & MH)	63,291	4340	48596	66,168	●	↑

### Workforce Capability, Sustainability & Optimisation

	Target	Current Month	YTD	Forecast	RAG	Progress
Staff Turnover (%)	7.00	0.64	7.07	8.13	●	↑
Workforce Numbers (WTE)	3486.84	3308.97	3283.42	3321.70	●	↑
Paybill £	£148.258 M	£12.323 M	£107.077 M	£144.614 M	●	↑
Agency expenditure £	£3.146 M	£0.471 M	£2.978 M	£4.112 M	●	↑
Agency (WTE)	61.53	106.76	91.97	87.28	●	↑
% of Agency (WTE)	0%	3%	3%	3%	●	↑
No. Leavers	242	23	264	311	●	↑

### Key Workforce Data

	Target	Current Position	Progress
Mandatory Training 3 YR Ave (%)	100	91	↔
Mandatory Training 2 YR Ave (%)	100	84	↑
Statutory Training 2 Years (%)	100	51	↑

### Case Management Activity

	2016-17	Current Month	YTD	Forecast	Progress
Cases – Informal	202	7	130	229	↓
Cases – Formal	175	12	124	169	↑
Total Managed Cases	377	19	254	342	↓
Active Cases	N/A	159	N/A	N/A	↑
No. Formal B&H	1	0	0	0	↔
No. Discrimination cases	1	0	0	0	↔

### Recruitment

	Target	Current Month	YTD
Active Vacancies		105	N/A
Authorised Recruitment		18	313
Posts Filled		24	442
Vacancy Factor			

## BS People Dashboard December 2017

### Great Place to Work Measures

	Target	Current Month	YTD	Forecast	RAG	Progress
Riddors	<4	0	0	0	●	↔
Sickness Absence Total (%)	4.00	3.53	2.74	2.21	●	↑
Long Term Total (%)	N/A	1.18	1.63	1.96	●	↓
Short Term Total (%)	N/A	2.35	1.11	0.34	●	↑

### Workforce Capability, Sustainability & Optimisation

	Target	Current Month	YTD	Forecast	RAG	Progress
Staff Turnover (%)	6.00	0.00	9.16	7.84	●	↓
Workforce Numbers (WTE)	164.65	156.18	165.46	155.64	●	↓
Paybill £	£6.712 M	£0.57 M	£4.278 M	£6.415 M	●	↑
Agency expenditure £	£0.153 M	£0.028 M	£0.237 M	£0.296 M	●	↑
Agency (WTE)	4.00	6.00	10.22	5.28	●	↔
% of Agency (WTE)	0%	4%	6%	3%	●	↑
No. Leavers	28	0	19	20	●	↓

### Key Highlights:

Our workforce position continues to be positive.

There is an increase in sickness absence rates in short term absence. This is due to seasonal illness for example cold and flu.

### Key Workforce Data

	Target	Current Position	Progress
Mandatory Training 3 YR Ave (%)	100	100	↔
Mandatory Training 2 YR Ave (%)	100	96	↓
Statutory Training 2 Years (%)	100	46	↑

### Case Management Activity

	2016-17	Current Month	YTD	Forecast	Progress
Cases – Informal	25	0	3	8	↔
Cases – Formal	20	0	2	11	↔
Total Cases	45	0	5	13	↔
Active Cases	N/A	5	N/A	N/A	↔
No. Formal B&H	0	0	0	0	↔
No. Discrimination cases	0	0	0	0	↔

### Recruitment

	Target	Current Month	YTD
Active Vacancies		5	N/A
Authorised Recruitment		0	21
Posts Filled		4	62
Vacancy Factor			

## CLO People Dashboard

December 2017

### Great Place to Work Measures

	Target	Current Month	YTD	Forecast	RAG	Progress
Riddors	<4	0	0	0	●	↔
Sickness Absence Total (%)	3.50	2.50	2.15	1.55	●	↓
Long Term Total (%)	N/A	0.00	0.71	0.80	●	↔
Short Term Total (%)	N/A	2.50	1.44	0.75	●	↓

### Workforce Capability, Sustainability & Optimisation

	Target	Current Month	YTD	Forecast	RAG	Progress
Staff Turnover (%)	7.00	0.66	4.01	2.85	●	↑
Workforce Numbers (WTE)	111.20	112.36	110.00	110.61	●	↑
Paybill £	£6.772 M	£0.554 M	£4.882 M	£6.589 M	●	↑
Agency expenditure £	£0.062 M	£0. M	£0.01 M	£0.01 M	●	↔
Agency (WTE)	2.50	0.00	0.89	0.33	●	↔
% of Agency (WTE)	250%	0%	1%	0%	●	↔
No. Leavers	6	1	6	6	●	↑

### Key Highlights:

CLO present a very healthy scorecard maintaining their sickness absence comfortably within the target.

There are no HR issues within this SBU for comment at this point in time.

## Key Workforce Data

	Target	Current Position	Progress
Mandatory Training 3 YR Ave (%)	100	92	↑
Mandatory Training 2 YR Ave (%)	100	88	↔
Statutory Training 2 Years (%)	100	87	↑

### Case Management Activity

	2016-17	Current Month	YTD	Forecast	Progress
Cases – Informal	4	0	1	3	↔
Cases – Formal	1	1	1	1	↑
Total Cases	5	1	2	3	↑
Active Cases	N/A	2	N/A	N/A	↑
No. Formal B&H	0	0	0	0	↔
No. Discrimination cases	0	0	0	0	↔

### Recruitment

	Target	Current Month	YTD
Active Vacancies		2	N/A
Authorised Recruitment		0	9
Posts Filled		0	12
Vacancy Factor			

**Clinical People Dashboard**  
December 2017

**Great Place to Work Measures**

	Target	Current Month	YTD	Forecast	RAG	Progress
Riddors	<4	0	0	0	●	↔
Sickness Absence Total (%)	3.80	2.42	0.55	0.45	●	↑
Long Term Total (%)	N/A	0.00	0.00	0.00	●	↔
Short Term Total (%)	N/A	2.42	0.55	0.45	●	↑

**Workforce Capability, Sustainability & Optimisation**

	Target	Current Month	YTD	Forecast	RAG	Progress
Staff Turnover (%)	7.00	0.00	0.00	1.38	●	↔
Workforce Numbers (WTE)	7.80	6.90	8.55	7.89	●	↓
Paybill £	£1.319 M	£0.101 M	£0.982 M	£1.293 M	●	↓
Agency expenditure £	£0. M	£0. M	£0. M	£0. M	●	↔
Agency (WTE)	0.00	0.00	0.00	0.00	●	↔
% of Agency (WTE)	0%	0%	0%	0%	●	↔
No. Leavers	1	0	0	0	●	↔

**Key Workforce Data**

	Target	Current Position	Progress
Mandatory Training 3 YR Ave (%)	100	92	↔
Mandatory Training 2 YR Ave (%)	100	80	↓
Statutory Training 2 Years (%)	100	80	↑

**Case Management Activity**

	2016-17	Current Month	YTD	Forecast	Progress
Cases – Informal	0	0	0	0	↔
Cases – Formal	0	0	0	0	↔
Total Cases	0	0	0	0	↔
Active Cases	N/A	0	N/A	N/A	↔
No. Formal B&H	0	0	0	0	↔
No. Discrimination cases	0	0	0	0	↔

**Recruitment**

	Target	Current Month	YTD
Active Vacancies		1	N/A
Authorised Recruitment		0	0
Posts Filled		0	0
Vacancy Factor			

**Key Highlights:**

The Clinical Directorate does not have any areas of concern, absence, turnover and case management are all low.

In terms of statutory and mandatory training these figures are discussed at Clinical Directorate meetings.

**CEAD People Dashboard**  
December 2017

**Great Place to Work Measures**

	Target	Current Month	YTD	Forecast	RAG	Progress
Riddors	<4	0	0	0	●	↔
Sickness Absence Total (%)	3.80	0.99	3.93	4.54	●	↑
Long Term Total (%)	N/A	0.00	3.11	3.92	●	↔
Short Term Total (%)	N/A	0.99	0.81	0.62	●	↑

**Workforce Capability, Sustainability & Optimisation**

	Target	Current Month	YTD	Forecast	RAG	Progress
Staff Turnover (%)	5.00	0.00	12.50	10.03	●	↔
Workforce Numbers (WTE)	27.50	22.73	21.04	23.76	●	↓
Paybill £	£1.378 M	£0.095 M	£0.845 M	£1.148 M	●	↑
Agency expenditure £	£0.102 M	£0.046 M	£0.217 M	£0.292 M	●	↑
Agency (WTE)	2.00	4.00	4.22	3.58	●	↓
% of Agency (WTE)	0%	18%	20%	15%	●	↓
No. Leavers	3	0	3	3	●	↔

**Key Workforce Data**

	Target	Current Position	Progress
Mandatory Training 3 YR Ave (%)	100	78	↔
Mandatory Training 2 YR Ave (%)	100	71	↓
Statutory Training 2 Years (%)	100	50	↓

**Case Management Activity**

	2016-17	Current Month	YTD	Forecast	Progress
Cases – Informal	0	0	0	0	↔
Cases – Formal	0	0	1	2	↔
Total Cases	0	0	1	1	↔
Active Cases	N/A	1	N/A	N/A	↔
No. Formal B&H	0	0	0	0	↔
No. Discrimination cases	0	0	0	0	↔

**Recruitment**

	Target	Current Month	YTD
Active Vacancies		7	N/A
Authorised Recruitment		1	17
Posts Filled		0	7
Vacancy Factor			

**Key Highlights:**

CEAD continue to manage the sickness absence below target with no long term sickness absence since July 2017 and a slight increase this month in short term sickness absence to 1%.

Whilst there has been no turnover again this month the RAG shows red based on the actual against forecast. There is no concern with regards to turnover at this point in time and the CEAD Senior Leadership Team continually assess and review engagement particularly because of the recent change programme, transition to the new model and the continued demands on the team.

There is a continued use of agency staff to support CEAD deliver against the requirements of the Digital programme as well as ensure continued BAU delivery whilst the recruitment and on boarding of new staff is finalised post the CEAD organisational change programme.



## HR People Dashboard December 2017

### Great Place to Work Measures

	Target	Current Month	YTD	Forecast	RAG	Progress
Riddors	<4	0	0	0	●	↔
Sickness Absence Total (%)	4.00	2.30	3.10	4.90	●	↑
Long Term Total (%)	N/A	0.00	1.93	3.79	●	↔
Short Term Total (%)	N/A	2.30	1.17	1.13	●	↑

### Workforce Capability, Sustainability & Optimisation

	Target	Current Month	YTD	Forecast	RAG	Progress
Staff Turnover (%)	10.00	2.38	10.59	13.80	●	↑
Workforce Numbers (WTE)	79.90	74.11	74.22	74.94	●	↓
Paybill £	£3.177 M	£0.274 M	£2.348 M	£3.129 M	●	↑
Agency expenditure £	£0. M	£0.003 M	£0.015 M	£0.012 M	●	↑
Agency (WTE)	0.00	1.00	1.03	0.85	●	↑
% of Agency (WTE)	0%	1%	1%	1%	●	↑
No. Leavers	7	2	9	11	●	↑

### Key Highlights:

Absence has increased in December within the HR function and this relates to short term sickness and seasonal ill health. There are no long term sickness cases within the function at present. All managers within the HR function have attended a refresher course in Absence Awareness to ensure that they follow best practice in line with policy.

As indicated in last month's update, staff turnover is higher than the target of 10% and this is predominantly due to leavers within HR Services and development opportunities within this area for new entrants into the profession.

HR has reached 100% statutory training and the focus will continue to be achieving the mandatory training targets.

### Key Workforce Data

	Target	Current Position	Progress
Mandatory Training 3 YR Ave (%)	100	87	↑
Mandatory Training 2 YR Ave (%)	100	79	↓
Statutory Training 2 Years (%)	100	100	↑

### Case Management Activity

	2016-17	Current Month	YTD	Forecast	Progress
Cases – Informal	1	0	0	0	↔
Cases – Formal	1	0	3	5	↔
Total Cases	2	0	3	4	↔
Active Cases	N/A	2	N/A	N/A	↔
No. Formal B&H	0	0	0	0	↔
No. Discrimination cases	0	0	0	0	↔

### Recruitment

	Target	Current Month	YTD
Active Vacancies		3	N/A
Authorised Recruitment		0	9
Posts Filled		0	13
Vacancy Factor			

## IT People Dashboard December 2017

### Great Place to Work Measures

	Target	Current	YTD	Forecast	RAG	Progress
Riddors	<4	0	0	0	●	↔
Sickness Absence Total (%)	3.20	1.65	2.71	3.06	●	↓
Long Term Total (%)	N/A	0.31	1.53	2.01	●	↓
Short Term Total (%)	N/A	1.34	1.18	1.04	●	↓

### Workforce Capability, Sustainability & Optimisation

	Target	Current	YTD	Forecast	RAG	Progress
Staff Turnover (%)	5.00	0.29	4.47	5.23	●	↓
Workforce Numbers (WTE)	331.00	329.58	322.26	325.41	●	↑
Paybill £	£17.035 M	£1.517 M	£12.535 M	£16.83 M	●	↑
Agency expenditure £	£1.563 M	£0.145 M	£1.087 M	£1.62 M	●	↑
Agency (WTE)	16.00	17.00	16.33	16.75	●	↓
% of Agency (WTE)	0%	5%	5%	5%	●	↓
No. Leavers	14	1	15	19	●	↓

### Key Workforce Data

	Target	Current Position	Progress
Mandatory Training 3 YR Ave (%)	100	82	↑
Mandatory Training 2 YR Ave (%)	100	79	↔
Statutory Training 2 Years (%)	100	57	↑

### Case Management Activity

	2016-17	Current Month	YTD	Forecast	Progress
Cases – Informal	14	0	9	20	↓
Cases – Formal	5	0	4	5	↔
Total Cases	19	0	13	19	↓
Active Cases	N/A	7	N/A	N/A	↔
No. Formal B&H	0	0	0	0	↔
No. Discrimination cases	0	0	0	0	↔

### Recruitment

	Target	Current Month	YTD
Active Vacancies		10	N/A
Authorised Recruitment		2	48
Posts Filled		2	43
Vacancy Factor			

### Key Highlights:

With a continued focus at SMT on sickness absence the IT SBU sees both long term and short term sickness absence fall.

Turnover as reported last month is made up of predominantly retirements and there is a slight increase with one leaver this month. The Senior Management Team continue to monitor leavers but it isn't considered a specific concern for the SBU at this point.

The SBU are having a focused drive to ensure all staff have an assigned KSF post outline with the remaining few staff being aligned to the generic post outlines prior to the switch to the Turas system.

**P&CFS People Dashboard  
December 2017**

**Great Place to Work Measures**

	Target	Current Month	YTD	Forecast	RAG	Progress
Riddors	<4	0	0	0	●	↔
Sickness Absence Total (%)	4.00	4.99	4.10	3.97	●	↑
Long Term Total (%)	N/A	2.01	2.31	2.39	●	↑
Short Term Total (%)	N/A	2.98	1.79	1.58	●	↓

**Workforce Capability, Sustainability & Optimisation**

	Target	Current Month	YTD	Forecast	RAG	Progress
Staff Turnover (%)	6.00	0.19	4.44	5.24	●	↓
Workforce Numbers (WTE)	495.33	456.57	465.14	462.29	●	↓
Paybill £	£16.73 M	£1.305 M	£11.846 M	£15.859 M	●	↑
Agency expenditure £	£0.251 M	£0.021 M	£0.199 M	£0.265 M	●	↓
Agency (WTE)	2.33	10.36	9.79	9.36	●	↓
% of Agency (WTE)	0%	2%	2%	2%	●	↓
No. Leavers	15	1	24	25	●	↓

**Key Workforce Data**

	Target	Current Position	Progress
Mandatory Training 3 YR Ave (%)	100	98	↑
Mandatory Training 2 YR Ave (%)	100	96	↑
Statutory Training 2 Years (%)	100	86	↑

**Case Management Activity**

	2016-17	Current Month	YTD	Forecast	Progress
Cases – Informal	22	1	9	36	↓
Cases – Formal	20	2	22	14	↑
Total Cases	42	3	31	43	↓
Active Cases	N/A	26	N/A	N/A	↑
No. Formal B&H	0	0	0	0	↔
No. Discrimination cases	0	0	0	0	↔

**Recruitment**

	Target	Current Month	YTD
Active Vacancies		4	N/A
Authorised Recruitment		1	14
Posts Filled		0	11
Vacancy Factor			

**Key Highlights:**

P&CFS has seen a very slight increase in the year to date sickness absence due to an increase in long term sickness absence in one area. The Senior Management Team are reviewing their own areas to ensure all cases are being managed and supported so there is a maintained focus on promoting attendance within the SBU.

The number of leavers has risen slightly (by one head) which continues to reflect the expectation of the P&CFS Workforce plan. The issue for discussion at the Senior Management Team is the ability to align the resource against the needs of the business. This is in the SBU's workforce plan and part of on going discussion with the Trade Unions.

There has been a strong focus across the SBU on mandatory and statutory training which is reflected in the figures.

**PCF People Dashboard**  
December 2017

**Great Place to Work Measures**

	Target	Current Month	YTD	Forecast	RAG	Progress
Riddors	<4	1	3	4	●	↑
Sickness Absence Total (%)	4.00	6.73	5.87	5.84	●	↑
Long Term Total (%)	N/A	3.87	4.46	4.50	●	↓
Short Term Total (%)	N/A	2.86	1.41	1.39	●	↑

**Workforce Capability, Sustainability & Optimisation**

	Target	Current Month	YTD	Forecast	RAG	Progress
Staff Turnover (%)	7.00	0.91	6.97	7.69	●	↑
Workforce Numbers (WTE)	640.82	606.25	580.66	593.04	●	↑
Paybill £	£24.305 M	£2.049 M	£17.759 M	£23.947 M	●	↑
Agency expenditure £	£0.996 M	£0.148 M	£1.177 M	£1.578 M	●	↑
Agency (WTE)	30.43	60.40	47.32	48.71	●	↑
% of Agency (WTE)	0%	10%	8%	8%	●	↑
No. Leavers	31	6	42	47	●	↑

**Key Highlights:**

Absence has increased overall this month although it has reduced slightly in terms of long term sick and the increase relates to short term sickness which is seasonal. The three highest areas of sickness in PCF are Logistics, Business Development and Facilities and the sickness in Facilities stems from the Operational Facilities team that moved over to PCF in July. HR and management are working closely to support staff back to work and managers are attending all training that HR offer to ensure they are managing staff in line with policy.

Turnover is likely to exceed the target for this financial year as it is in an amber RAG status at present and leavers are at a red RAG status. Within PCF the leavers are from Business Development, Logistics, Strategic Sourcing and Operational Facilities Management and although the figures are slightly higher than expected this is not a concern to the SMT as turnover is still relatively low.

Statutory training within PCF has increased this month and mandatory training over the two year period is reduced slightly. This is discussed and managed by the Senior Management Team and increased emphasis will ensure targets are met. As the dashboard indicates there has been a decrease in informal casework this month but an increase in formal casework, this relates to absence management cases which are the main type of casework in the business unit. The Senior Management Team are looking at the overall deficit within PCF and how this will be reduced/managed in 2018-2019.

**Key Workforce Data**

	Target	Current Position	Progress
Mandatory Training 3 YR Ave (%)	100	81	↔
Mandatory Training 2 YR Ave (%)	100	78	↓
Statutory Training 2 Years (%)	100	29	↑

**Case Management Activity**

	2016-17	Current Month	YTD	Forecast	Progress
Cases – Informal	31	1	36	48	↓
Cases – Formal	45	5	46	67	↑
Total Cases	76	6	82	105	↓
Active Cases	N/A	46	N/A	N/A	↑
No. Formal B&H	1	0	0	0	↔
No. Discrimination cases	1	0	0	0	↔

**Recruitment**

	Target	Current Month	YTD
Active Vacancies		9	N/A
Authorised Recruitment		3	45
Posts Filled		1	62
Vacancy Factor			

**PHI People Dashboard  
December 2017**

**Great Place to Work Measures**

	Target	Current Month	YTD	Forecast	RAG	Progress
Riddors	<4	0	0	0	●	↔
Sickness Absence Total (%)	4.00	2.93	2.94	2.83	●	↓
Long Term Total (%)	N/A	1.08	1.54	1.60	●	↑
Short Term Total (%)	N/A	1.85	1.40	1.23	●	↓

**Workforce Capability, Sustainability & Optimisation**

	Target	Current Month	YTD	Forecast	RAG	Progress
Staff Turnover (%)	6.00	0.25	6.47	6.35	●	↓
Workforce Numbers (WTE)	718.77	702.11	680.34	685.87	●	↑
Paybill £	£31.924 M	£2.687 M	£23.415 M	£31.908 M	●	↑
Agency expenditure £	£0.019 M	£0.008 M	£0.034 M	£0.035 M	●	↑
Agency (WTE)	1.27	4.00	1.89	1.94	●	↑
% of Agency (WTE)	0%	1%	0%	0%	●	↑
No. Leavers	57	2	51	53	●	↓

**Key Highlights:**

There is a small increase in long term absence which is offset against a reduction in short term absence resulting in a continuing positive overall trend in our sickness absence stats and it is anticipated that our year end sickness absence will be well within target.

There is a reduction in completion rates of mandatory training (two year) however we have robust plans in place that are monitored regularly to ensure that all mandatory and statutory training is completed as required.

**Key Workforce Data**

	Target	Current Position	Progress
Mandatory Training 3 YR Ave (%)	100	78	↔
Mandatory Training 2 YR Ave (%)	100	68	↓
Statutory Training 2 Years (%)	100	15	↑

**Case Management Activity**

	2016-17	Current Month	YTD	Forecast	Progress
Cases – Informal	27	1	22	34	↑
Cases – Formal	15	0	8	10	↓
Total Cases	42	1	30	38	↔
Active Cases	N/A	17	N/A	N/A	↑
No. Formal B&H	0	0	0	0	↔
No. Discrimination cases	0	0	0	0	↔

**Recruitment**

	Target	Current Month	YTD
Active Vacancies		20	N/A
Authorised Recruitment		0	57
Posts Filled		10	132
Vacancy Factor			

**SNBTS People Dashboard  
December 2017**

**Great Place to Work Measures**

	Target	Current Month	YTD	Forecast	RAG	Progress
Riddors	<4	0	2	3	●	↔
Sickness Absence Total (%)	4.50	3.71	4.16	4.19	●	↓
Long Term Total (%)	N/A	1.40	2.66	2.86	●	↑
Short Term Total (%)	N/A	2.31	1.51	1.33	●	↓

**Workforce Capability, Sustainability & Optimisation**

	Target	Current Month	YTD	Forecast	RAG	Progress
Staff Turnover (%)	8.50	1.07	9.79	12.88	●	↑
Workforce Numbers (WTE)	831.47	792.50	805.49	802.11	●	↑
Paybill £	£35.933 M	£2.912 M	£26.251 M	£34.95 M	●	↑
Agency expenditure £	£0. M	£0.001 M	£0.002 M	£0.004 M	●	↑
Agency (WTE)	0.00	1.00	0.29	0.47	●	↑
% of Agency (WTE)	0%	0%	0%	0%	●	↑
No. Leavers	75	10	93	114	●	↑

**Key Workforce Data**

	Target	Current Position	Progress
Mandatory Training 3 YR Ave (%)	100	100	↔
Mandatory Training 2 YR Ave (%)	100	99	↓
Statutory Training 2 Years (%)	100	63	↑

**Case Management Activity**

	2016-17	Current Month	YTD	Forecast	Progress
Cases – Informal	76	4	48	73	↑
Cases – Formal	68	4	36	52	↑
Total Cases	144	8	84	111	↑
Active Cases	N/A	53	N/A	N/A	↑
No. Formal B&H	0	0	0	0	↔
No. Discrimination cases	0	0	0	0	↔

**Recruitment**

	Target	Current Month	YTD
Active Vacancies		43	N/A
Authorised Recruitment		10	90
Posts Filled		6	99
Vacancy Factor			

**Key Highlights:**

The move to the Jack Copland Centre (JCC) is progressing well. People issues continue to be addressed working in partnership with trade unions, management and staff. This has allowed necessary changes to be put in place within Processing to allow a smooth transition. However due to technical issues with the JCC the transition of Testing is delayed and anticipated to take place by April 2018.

There has been a continued focus on sickness absence management within SNBTS, which has continued to see an improvement in attendance at work. Sickness absence is being addressed by management, HR and Healthy Working Lives; stress risk assessments have been completed successfully, with interventions being arranged by HWL and OD to assist staff in the transition to the JCC.

Contributing factors to turnover within SNBTS are the exit of staff through long term sickness absence, the national move to the JCC, as well as retirement within certain areas of SNBTS.

Recruitment to vacancies is taking longer within SNBTS at present due to redeployment of staff that has been identified through work life balance panels to be unable to move to the JCC. All vacancies are being scrutinised by redeployment and the SNBTS Director to ensure staff are given every opportunity of redeployment where appropriate.

## Strategy & Governance People Dashboard December 2017

### Great Place to Work Measures

	Target	Current Month	YTD	Forecast	RAG	Progress
Riddors	<4	0	0	0	●	↔
Sickness Absence Total (%)	3.50	4.18	2.65	3.22	●	↑
Long Term Total (%)	N/A	2.83	1.80	3.13	●	↓
Short Term Total (%)	N/A	1.35	0.85	0.10	●	↑

### Workforce Capability, Sustainability & Optimisation

	Target	Current Month	YTD	Forecast	RAG	Progress
Staff Turnover (%)	6.00	0.00	5.26	5.57	●	↔
Workforce Numbers (WTE)	39.00	36.43	37.56	37.74	●	↓
Paybill £	£1.623 M	£0.147 M	£1.229 M	£1.615 M	●	↑
Agency expenditure £	£0. M	£0. M	£0. M	£0. M	●	↔
Agency (WTE)	0.00	0.00	0.00	0.00	●	↔
% of Agency (WTE)	0%	0%	0%	0%	●	↔
No. Leavers	1	0	2	2	●	↔

### Key Highlights:

Sickness absence has increased this month and this is due to seasonal ill health however absence is still within the organisational and directorate targets. The S&G long term sickness rate is expected to increase over Quarter 4 due to the second spell of sustained absence for one of our team; the latter occurrence being due to injuries sustained at work.

The Directorate's RAG status for leavers will also turn red by the year end. This is due to a further two further departures in February 2018.

Mandatory and statutory training targets are being met and overall there are no significant concerns within this Directorate.

### Key Workforce Data

	Target	Current Position	Progress
Mandatory Training 3 YR Ave (%)	100	93	↓
Mandatory Training 2 YR Ave (%)	100	84	↓
Statutory Training 2 Years (%)	100	89	↑

### Case Management Activity

	2016-17	Current Month	YTD	Forecast	Progress
Cases – Informal	0	0	2	2	↔
Cases – Formal	1	0	1	3	↔
Total Cases	1	0	3	4	↔
Active Cases	N/A	0	N/A	N/A	↔
No. Formal B&H	0	0	0	0	↔
No. Discrimination cases	0	0	0	0	↔

### Recruitment

	Target	Current Month	YTD
Active Vacancies		1	N/A
Authorised Recruitment		1	3
Posts Filled		1	1
Vacancy Factor			

## People Report Guidance

<b>RIDDORS</b>	Please see link below for information on riddor definition and types of work related injuries: <a href="http://www.hse.gov.uk/riddor/reportable-incidents.htm">http://www.hse.gov.uk/riddor/reportable-incidents.htm</a>
Data Source	Healthy Working Lives Team
Target	Less than 4 is the overall measure agreed by NSS, there is not an individual SBU target
Mth	Any new recordings for the month specified
YTD	Total of recordings for the financial year to date period
Forecast	Forecast is a year end predicted value which has been calculated using a trend formula based on existing values from the range of data for a rolling period of 24 mths.
RAG	The RAG status is used to highlight the overall risk to the organisation/SBU.  The RAG status within the People report is calculated by comparing the predicted value against the target value.  Each measure on the system has a 'Target', 'Level of tolerance' and a forecast value. The RAG status for riddors is calculated on the tolerance noted below.
Tolerance Level	Green =1    Amber =2    Red =3+
Progress	This will indicate the the progress of the current month in comparrison to the previous month using the following levels: ⇔ No change    ↓ Reduction    ↑ Increase

<b>Accident Rate</b>	Accident Incidence Rates are used to benchmark against national accident statistics and measure health and safety performance with other workplaces, particularly those in similar industries. They also provide a useful measuring tool to compare against our own previous quarterly or annual figures, and the means by which to set our own targets. The rate is calculated by multiplying the amount of work related injuries sustained over an agreed period by a common multiplier (which in NSS's case is 1000) and then dividing that figure by the average number of staff employed over that agreed period. This gives you the number of work related injuries per 1000 employees known as the Accident Incidence Rate.
Data Source	Healthy Working Lives Team
Target	Less than 30.42% overall for NSS
Mth	Any new recordings for the month specified
YTD	Total of recordings for the financial year to date period
Forecast	As this is a new measure we do not currently have retrospective data to forecast upon and therefore this has been calculated using an average projection based on the current financial year
RAG	The RAG status is used to highlight the overall risk to the organisation/SBU.  The RAG status within the people report is calculated by comparing the predicted value against the target value.  Each measure on the system has a 'Target', 'Level of tolerance' and a forecast value. The tolerance rate is set at 10% above the target depending on the measure. This will determine the RAG status. e.g The target for NSS is 30.42, 10% of this would equate to 3.04%, therefore Red = more than 33.46 Amber = 30.43 - 33.46 Green = less than 30.43
Tolerance Level	10% above the target
Progress	This will indicate the the progress of the current month in comparrison to the previous month using the following levels: ⇔ No change    ↓ Reduction    ↑ Increase



<b>Sickness Absence</b>	Sickness Absence Rate % and Hours Lost
Data Source	eESS
Target	Less than 4% is the overall measure agreed by NSS, each SBU's have set Individual targets which we have sourced from DST. If there is no measure in DST we will default to the NSS target
Mth	Any new recordings for the month specified
YTD	Total of recordings for the financial year to date period
Forecast	Forecast is a year end predicted value which has been calculated using a trend formula based on existing values from the range of data for a rolling period of 24 mths.
RAG	<p>The RAG status is used to highlight the overall risk to the organisation/SBU.</p> <p>The RAG status within the People report is calculated by comparing the predicted value against the target value.</p> <p>Each measure on the system has a 'Target', 'Level of tolerance' and a forecast value. The tolerance rate is set at 10% above the target depending on the measure. This will determine the RAG status.  e.g The target for NSS is 4%, 10% of this would equate to 0.4%, therefore  Red = more than 4.4%  Amber = 4% - 4.4%  Green = less than 4%</p>
Tolerance Level	10% above the target
Progress	<p>This will indicate the the progress of the current month in comparison to the previous month using the following levels:</p> <p>⇔ No change   ↓ Reduction   ↑ Increase</p>

<b>Turnover</b>	Turnover rate %
Data Source	eESS
Target	Less than 4% is the overall measure agreed by NSS, each SBU's have set Individual targets. Hours lost due to stress and mental health has a target of 63,291, however this is only reported on at NSS level.
Mth	Any new recordings for the month specified
YTD	Total of recordings for the financial year to date period
Forecast	Forecast is a year end predicted value which has been calculated using a trend formula based on existing values from the range of data for a rolling period of 24 mths.
RAG	<p>The RAG status is used to highlight the overall risk to the organisation/SBU.</p> <p>The RAG status within the People report is calculated by comparing the predicted value against the target value.</p> <p>Each measure on the system has a 'Target', 'Level of tolerance' and a forecast value. The tolerance rate is set at 10% above the target depending on the measure. This will determine the RAG status.  e.g The target for NSS is 7%, 10% of this would equate to 0.7%, therefore  Red = more than 7.7%  Amber = 7% - 7.7%  Green = less than 7%</p>
Tolerance Level	10% above the target
Progress	<p>This will indicate the the progress of the current month in comparison to the previous month using the following levels:</p> <p>⇔ No change   ↓ Reduction   ↑ Increase</p>

<b>Leavers</b>	Number of Leavers
Data Source	eESS
Target	There is no target set for the number of leavers. We measure the current year to the previous year.
Mth	Any new recordings for the month specified
YTD	Total of recordings for the financial year to date period
Forecast	Forecast is a year end predicted value which has been calculated using a trend formula based on existing values from the range of data for a rolling period of 24 mths.
RAG	<p>The RAG status is used to highlight the overall risk to the organisation/SBU.</p> <p>The RAG status within the People report is calculated by comparing the predicted value against the target value.</p> <p>Leavers do not hold a specific target, we measure the current year on previous year total. The tolerance rate is set at 10% above the target depending on the measure. This will determine the RAG status. e.g Last year total number of leavers for NSS was 242, 10% of this would equate to 24, therefore the RAG calculation for NSS is indicated below:  Red = more than 266  Amber = 242 - 266  Green = less than 242</p>
Tolerance Level	10% above the target
Progress	<p>This will indicate the the progress of the current month in comparrison to the previous month using the following levels:</p> <p>⇔ No change   ↓ Reduction   ↑ Increase</p>

<b>Mandatory Training</b>	<p>Mandatory training is required to be completed by all staff within the current reporting cycle, at the instistance of NSS and as result of the Scottish Government Directive. I have noted the training cycles below:</p> <p><b>2 Year Compliance</b>  Safe Information Handling  Equality &amp; Diversity</p> <p><b>3 Year Compliance</b>  Health &amp; Safety Induction  Risk &amp; Resillience  Freedom of Information  Manual Handling Passport  Counter Fraud Awareness</p>
Data Source	Learnpro
Target - <b>Target is currently under review</b>	100% of training completed for all staff
Current Position	The overall training compliance % is calculated using the number of successful completions for each module divided by the total headcount for the SBU to produce a %. This is then calculated into an average based on the number of courses within the 2 or 3 year cycle.
Forecast	Forecast is a year end predicted value which has been calculated using a forecast formula based on existing values and rate of increase, from the range of data for a rolling period of 24 or 36 mths as equivelent.
RAG	<p>The RAG status is used to highlight the overall risk to the organisation/SBU.</p> <p>The RAG status within the people report is calculated by comparing the predicted value against the target value. Each measure on the system has a 'Target', 'Level of tolerance' and a forecast value. The tolerance rate is set at 20% below the target depending on the measure. This will determine the RAG status. e.g The target for NSS is 100%, 20% of 100% would equate to 20%, therefore the RAG for NSS is indicated below:</p> <p>Red = Less than 80%  Amber = between 80-89%  Green = More than 90%</p>
Tolerance Level	20% below the target
Progress	<p>This will indicate the the progress of the current month in comparrison to the previous month using the following levels:</p> <p>⇔ No change   ↓ Reduction   ↑ Increase</p>

<b>Statutory Training</b>	Statutory Training Compliance - Awaiting Narrative
Data Source	Business Services - Fire safety team
Target	100% of training completed for all staff
Current Position	The current position is calculated will have a total number of passes, this is then divided by the total headcount for SBU to produce the %
Forecast	As this is a new cycle we do not currently have retrospective data to forecast upon and therefore this has been calculated using an average projection based on the current financial year
RAG	The RAG status is used to highlight the overall risk to the organisation/SBU. The RAG status within the people report is calculated by comparing the predicted value against the target value.
Tolerance Level	No tolerance
Progress	This will indicate the the progress of the current month in comparrison to the previous month using the following levels: ↔ No change   ↓ Reduction   ↑ Increase

<b>Case Management</b>	Number of new cases and current active cases
Data Source	eESS
Target	There is no target set for the number of leavers. We measure the current year to the previous year.
Mth	Any new cases for the month specified
YTD	Total number of cases for the financial year to date period
Forecast	Forecast is a year end predicted value which has been calculated using a trend formula based on existing values from the range of data for a rolling period of 24 mths.
RAG	We have removed the RAG calculation for cases as we do not feel that this is beneficial.
Progress	This will indicate the the progress of the current month in comparrison to the previous month using the following levels: ↔ No change   ↓ Reduction   ↑ Increase

<b>Corporate Responsibility</b>	Number of new staff within the age category of under 25. New staff who have declared a disability
Data Source	eESS
Target	NSS Target for under 25 is equal to 46 NSS Target for disability is equal to 6
Mth	Any new recordings for the month specified
YTD	Total of recordings for the financial year to date period
Forecast	Forecast is a year end predicted value which has been calculated using a trend formula based on existing values from the range of data for a rolling period of 24 mths.
RAG	The RAG status is used to highlight the overall risk to the organisation/SBU. The RAG status within the people report is calculated by comparing the predicted value against the target value. Corporate responsibility has a target for NSS overall, however not target has been set at SBU Level, for SBU level we measure the RAG by comparing current year to the previous year total. The tolerance rate is set at 10% below the target. This will determine the RAG status. e.g The target for NSS for the under 25 category is 46, 10% of this would equate to 4.6, rounding to 5 therefore the RAG measure for NSS is indicated below:  Red = less than 40 Amber =40 - 45 Green = more than 45
Tolerance Level	10% below the target
Progress	This will indicate the the progress of the current month in comparrison to the previous month using the following levels: ↔ No change   ↓ Reduction   ↑ Increase

**B/18/14**

**Digital.**



**Our  
transformation  
journey.**

# Digital vision

**“ We will transform the way we provide services. Using modern digital delivery we will drive an efficient and scalable shared services capability for the public sector in Scotland, through the deployment of common capabilities, technologies and data.”**

# Digital principles

## Customer-centred

Focused on their outcomes and needs

## Digital first

Remove the manual burden

## Evidence-based

Data based decision-making and service delivery

## Secure

Protecting data, our customers and patients

## Agile

Releasing value quickly

## Automate

Reduce effort and accelerate

## Collaborative

Co-creating with our customers and partners

## Innovate

Unafraid to experiment and explore safely

## Accessible

Whenever and wherever needed

# NSS Digital Governance

Portfolio



**NSS Portfolio  
Management Group**  
(quarterly)



**NSS Oversight Group**  
(monthly)

Programme



**NSS Product  
Management**  
(fortnightly)



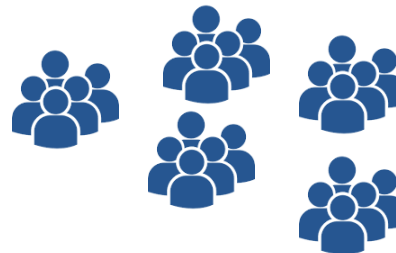
**Release Train  
Engineer(s)**  
(fortnightly)



**NSS Digital Design  
Authority**  
(fortnightly)

Project

**NSS Digital Teams**  
(self-organising)



# PI1 highlights

- **Practitioner Services website into beta**
- **Social media policy**
- **NSS agile framework**
- **Automated acute syntax**
- **Service demand matrix**
- **IT architectural roadmap**



# PI2 highlights

- **Health protection website content audit**
- **Practitioner Services website into live**
- **Digital workplace personas**
- **Customer relationship management dashboard prototype**
- **Introduction to agile training**
- **Digital architectural runway**
- **Data publishing interactive dashboard**

# PI3 highlights

- **Digital academy prototype**
- **Scrum coaching**
- **Digital SBU/service roadmaps**
- **Corporate data warehouse live**
- **Culture change action plan**
- **Data explorer website live**
- **Additional collaboration spaces**

# PI2 performance

**57%**

Of defined Features in PI2 delivered within 5 sprints.

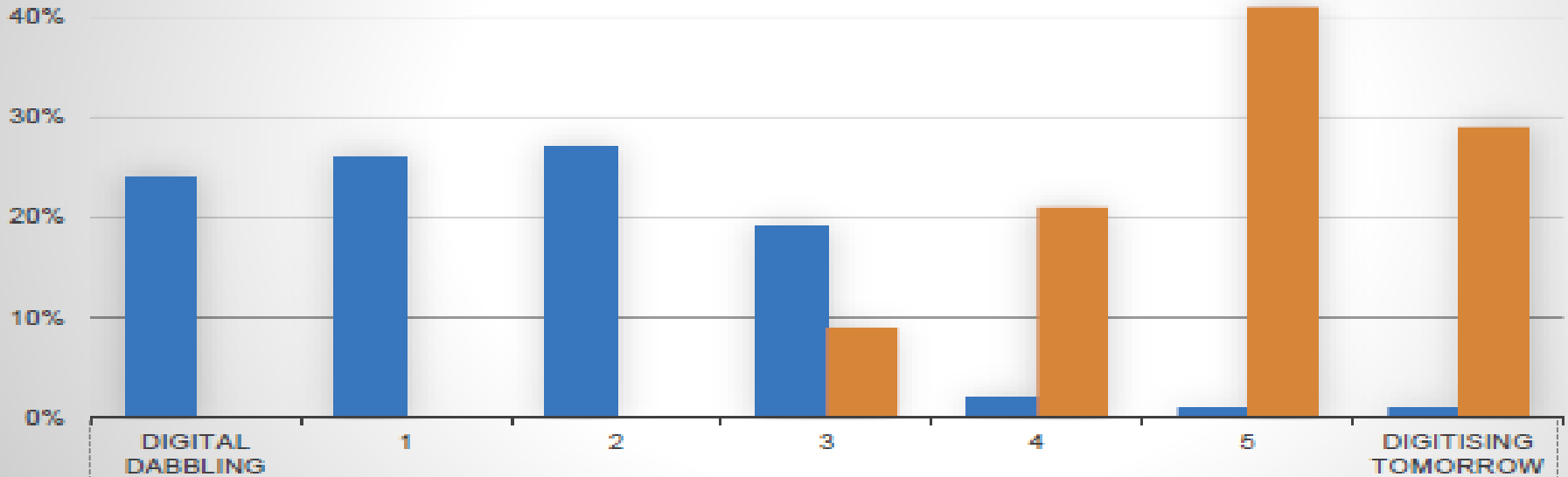
**65%**

Counting unplanned features and those anticipated in I&A

# Developing our maturity

■ Present state  
■ Desired state

## NSS Digital Maturity



### PI1

Initiating Programme  
 Agile training  
 Scaled framework  
 Digital enablers

### PI2

Programme metrics  
 Backlog management  
 Solutions Architecture  
 Digital quick wins



AD HOC  
AGILE

DOING  
AGILE

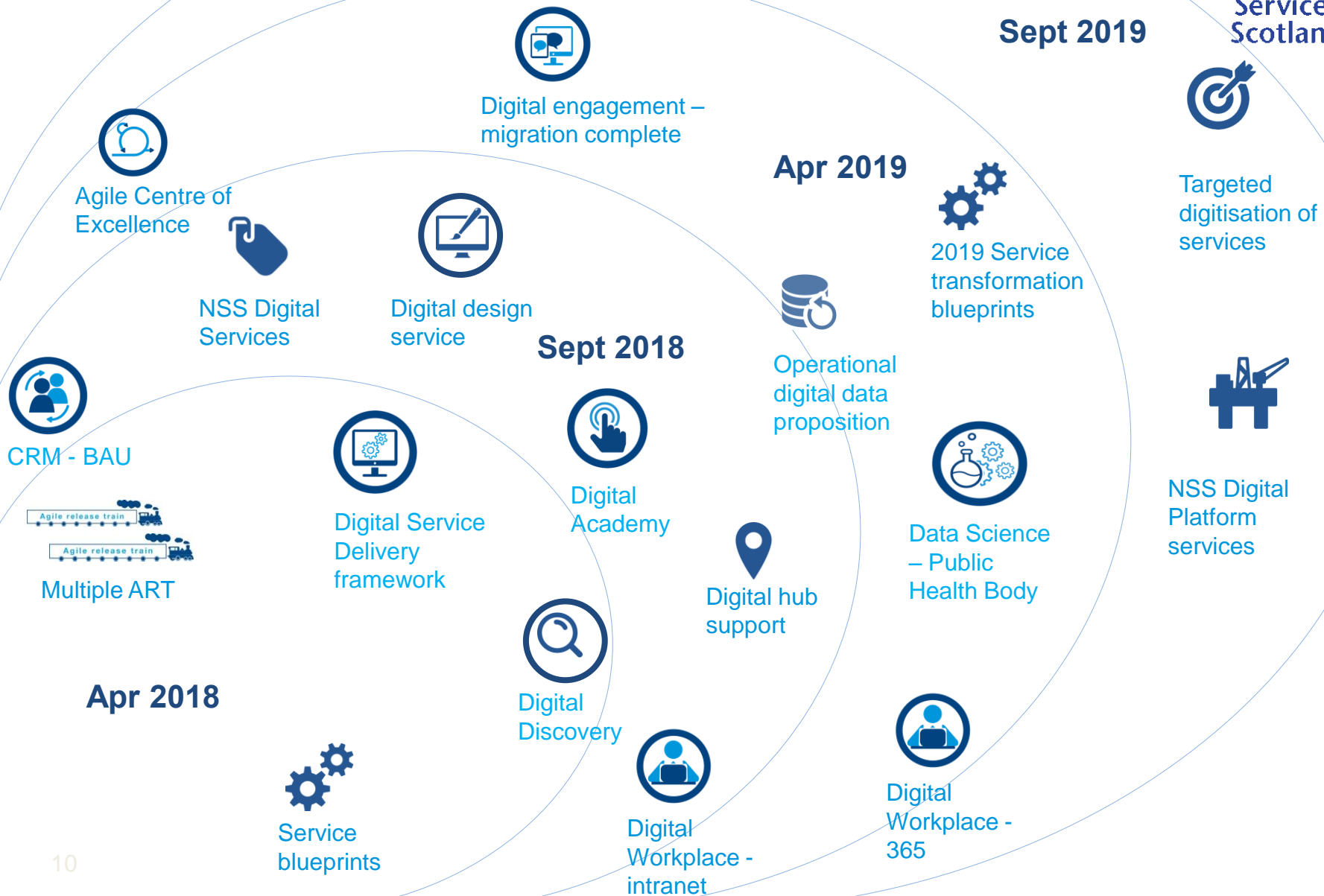
BEING  
AGILE

THINKING  
AGILE

CULTURALLY  
AGILE

## NSS Agile Maturity

# Digital transformation roadmap



- Digital Scope
- eHealth / IT

**Citizen/Patient**

*Single identity/secure access*

**Health and Social Care Portal**

**Data / AI  
Platforms**

(CDW, DV, Big Data, Other  
Data Platforms)

**Core  
Transaction  
Engines**

(PMS, GPIT, Clinical  
Applications, Business &  
Admin Systems)

**Digital  
Engagement  
Platforms**

(Web & Social Media)

**Custom Transactions / Portals / Access / Capability**

**Data Analysis**

(Discovery, SPIRE,  
LIST)

**Clinical  
Portals**

(Orion, Trakcare)

**Employee/  
Workforce Dev**

(TURAS)

**Productivity  
& Comms**

(Desktop / 365)

**Workflow &  
Service Mgt**

(Service Now)

*Single identity/secure access*

**Public Sector  
Employee**

# CHI & Child Health Transformation Programme

## NSS Board Meeting

Fri 2<sup>nd</sup> Feb 2018

# Background

## Outline Business Case



OBC based on a number of Business, Technical concerns:

- **Inflexibility:** CHI system is poor at supporting changing business priorities and at meeting new requirements
- **Poor Architecture:** CHI processes are batch based and compete for a very limited batch window.
- **Legacy Technology:** hosted on the Fujitsu VME, old and expensive to maintain
- **Atos Contractual Position:** support model expires in March 2018 (now extended through 2022)



# Reminder : The Vision.....



To introduce first class technology that enables the health care system to transform services to improve outcomes for Scotland's population. We will do this...

- ***Once for Scotland*** through a consistent approach supported by standards; and
- ***In collaboration with*** the health & care professionals, staff and people in Scotland.

This vision describes a better future and provides the basis for the outcomes and the benefits to be delivered by the Programme.

# Vision for the Community Health Index (CHI)



<b>Data</b>	Provide a unique and reliable identification service with improved data quality which enables data for an individual to be brought together from multiple systems.
<b>Practitioners</b>	Enable GPs, community and hospital staff to quickly and accurately complete Positive Patient Identification on a more flexible 24 hours/7 day basis and be assured that any communication is reaching the intended recipient in the form they require.
<b>Patients</b>	Support individuals to manage their health and influence their interaction with health services – unique identification based on CHI is key to the proposed online personal health record. Individuals want to “tell the service once” about their contact details and preferences.
<b>Integration</b>	By ‘cross-matching’ health and social care identifiers the CHI service will give the ability to exchange and improve the flow of data across organisational boundaries.
<b>Quality</b>	Contribute to the delivery of safe person centred care.
<b>Efficiency</b>	Develop and deliver a Once for Scotland service model that reduces costs and represents public sector value.

# Vision for the GP Patient Registration System



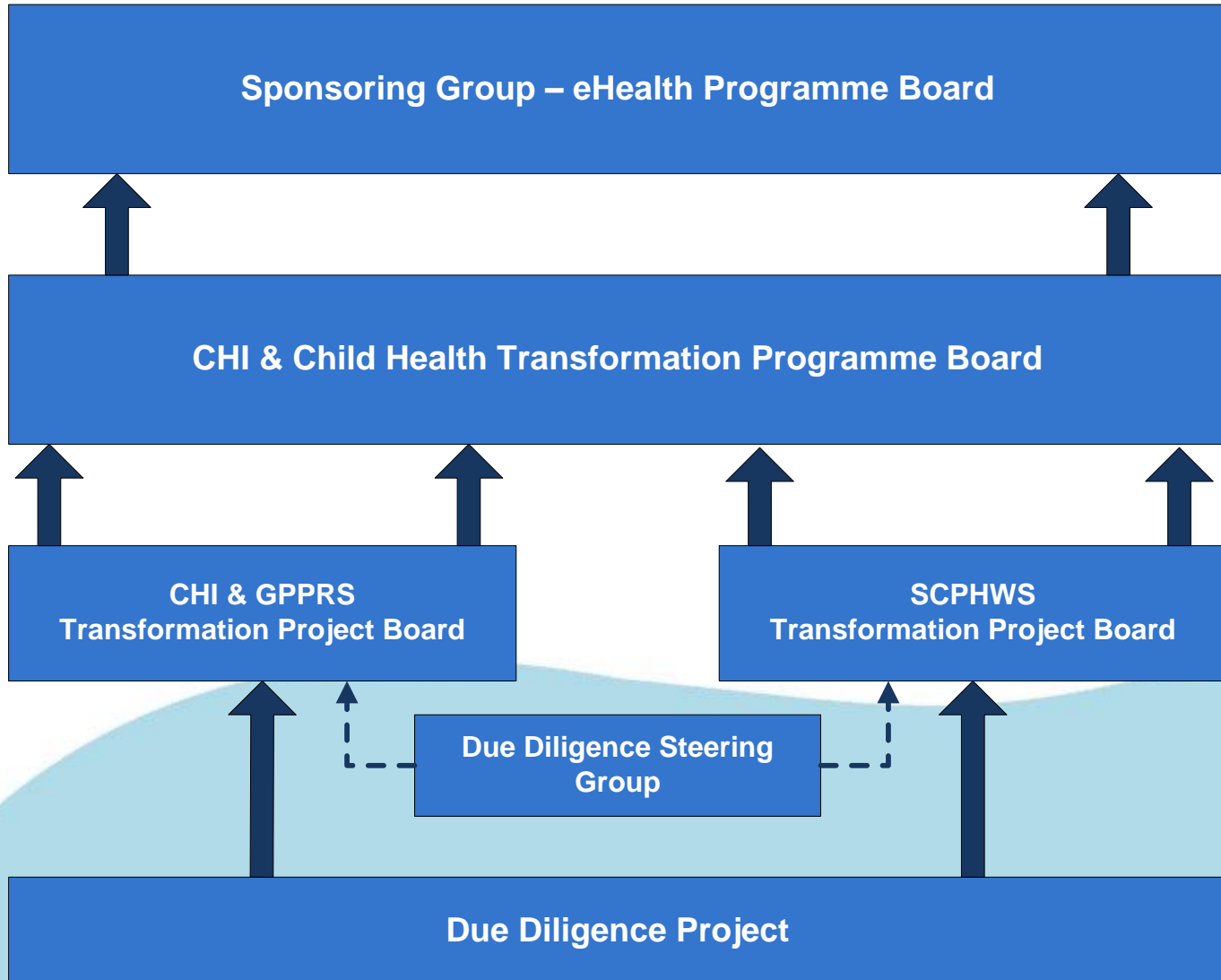
<b>Data</b>	Increase data quality and accuracy of patient information.
<b>Practitioners</b>	Enable practitioners to more effectively share information to support patient identification and deliver safe, person centred care.
<b>Patients</b>	Support the delivery of the electronic personal health record.
<b>Quality</b>	Single registration system for new patients and change updates for all primary care contracted services – initially GPs, Pharmacists
<b>Efficiency</b>	Reduce unnecessary processes and paper-based duplication, thereby reducing costs through a standards-based consistent approach linked effectively to changes to CHI outlined above.

# Our Detailed Vision for Child Health System



<b>System</b>	Introduce a progressive and responsive system that is fit for the future and better supports the delivery of child health surveillance and immunisation programmes.
<b>Data</b>	Replace error-prone duplicate data entry and paper based recording.
<b>Practitioners</b>	Support GP Practice, Hospital and Community teams to provide safe effective and timely care to children, young people and their families.
<b>Patients</b>	Provide an accurate and up-to-date child health record to help make sure children don't slip through the net when offered immunisations.
<b>Quality</b>	Provide practitioners with access to high quality immunisation and public health surveillance data.
<b>Efficiency</b>	Reduce unnecessary processes and paper-based duplication, thereby reducing costs through a standards-based consistent approach.

# Governance



# Programme Board Members



- Hugo Van Woerden – NHS Highland (Chair)
- Dr David Cromie – NHS Lanarkshire
- John Froggatt – SG
- Mark White – NHS GGC
- Graham Gault - SG
- William Edwards – NHS GGC
- Lesly Donovan – NHS Fife
- David Knowles – NSS Practitioner Services
- Andy Robertson – NSS IT
- Michael Johnston – NSS CLO

# Programme Plan - Tranche 1



Tranche	Capability
#1 March 2017	<ul style="list-style-type: none"><li>▪ New CHI, GPPRS and SCPHWS IT suppliers appointed based on most economically advantageous terms.</li><li>▪ New systems provide significant additional functional and technical capability.</li><li>▪ A single Hosting &amp; MTS solution for CHI, GPPRS and SCPHWS based on low operational risk and good value for money.</li><li>▪ An agreed Data Migration Strategy for CHI, GPPRS and SCPHWS.</li><li>▪ A decision on the National Integration Platform.</li></ul>

# Programme Plan - Tranches 2 & 3

Tranche	Capability
#2 Mar 2018	<ul style="list-style-type: none"><li data-bbox="376 382 1812 496">▪ A robust Programme Business Case providing justification for future investment.</li><li data-bbox="376 511 1812 625">▪ A definition of the required change and a clear set of benefits to be realised by the 'Service'.</li><li data-bbox="376 639 1812 753">▪ Confidence that the overall technical solution will work based on suppliers meeting the PoC exit criteria.</li><li data-bbox="376 768 1812 882">▪ A confirmed Roll out price for Lot 1 based on a due diligence exercise.</li><li data-bbox="376 896 1812 1139">▪ A robust implementation plan with agreed resources and costs. The plan will be created through input from Territorial Boards, NSS, Atos and the CHI and SCPHWS suppliers.</li></ul>
#3 Dec 2018?	<ul style="list-style-type: none"><li data-bbox="376 1172 1812 1282">▪ A scalable National Integration Platform built and able to provide significant interoperability capability.</li></ul>



# Programme Plan - Tranches 4 & 5



Tranche	Capability
#4 Sep 2019?	<ul style="list-style-type: none"><li>▪ New CHI, GPPRS and SCPHWS capability deployed with significant technical and functional benefits for users.</li><li>▪ Existing CHI, GPRS and Child Health (CHSP-PS, CHSP-S and SIRS) IT systems decommissioned.</li></ul>
#5 Mar 2020?	<ul style="list-style-type: none"><li>▪ Replacing Daily Broadcasts with Real Time messaging.</li><li>▪ Introduction of the Record Locator Service.</li><li>▪ Full audit capability on transactions.</li><li>▪ Golden Record extended usage to include multi agency – social care.</li><li>▪ Using CHI/RLS and repositories to enable longitudinal health records.</li><li>▪ Mobile working for Child Health.</li><li>▪ Integration with other national indices such as Patient Demographic Service, Welsh Demographic Service.</li><li>▪ Recording of Consent models.</li></ul>

# Programme Progress Completed



- Tranche #1 'Procurement' Contracts signed on 13<sup>th</sup> February 2017:
  - Wipro (with NextGate) for CHI; and
  - Servelec for SCPHWS (i.e. Child Health).
- In addition, Wipro (with NextGate) will provide the new GP Patient Registration System (GPPRS).
- Atos will provide the Hosting & MTS for the new IT systems.
- Integration Platform upgrade agreed.

# Programme Progress

## Current



- Tranche #2 'Transition'
- This 'transition work' has taken longer than planned (scheduled for Oct 17 but now Mar 18) :
  - 1) A Proof of Concept to ensure the new IT systems can work with the existing technical infrastructure.
  - 2) Due Diligence to gather information to inform the FBC and implementation approach for the new IT systems.
  - 3) A planning exercise to produce a detailed implementation schedule.
  - 4) A Full Business Case (FBC) with informed timeline, costs and high level choices / alternatives

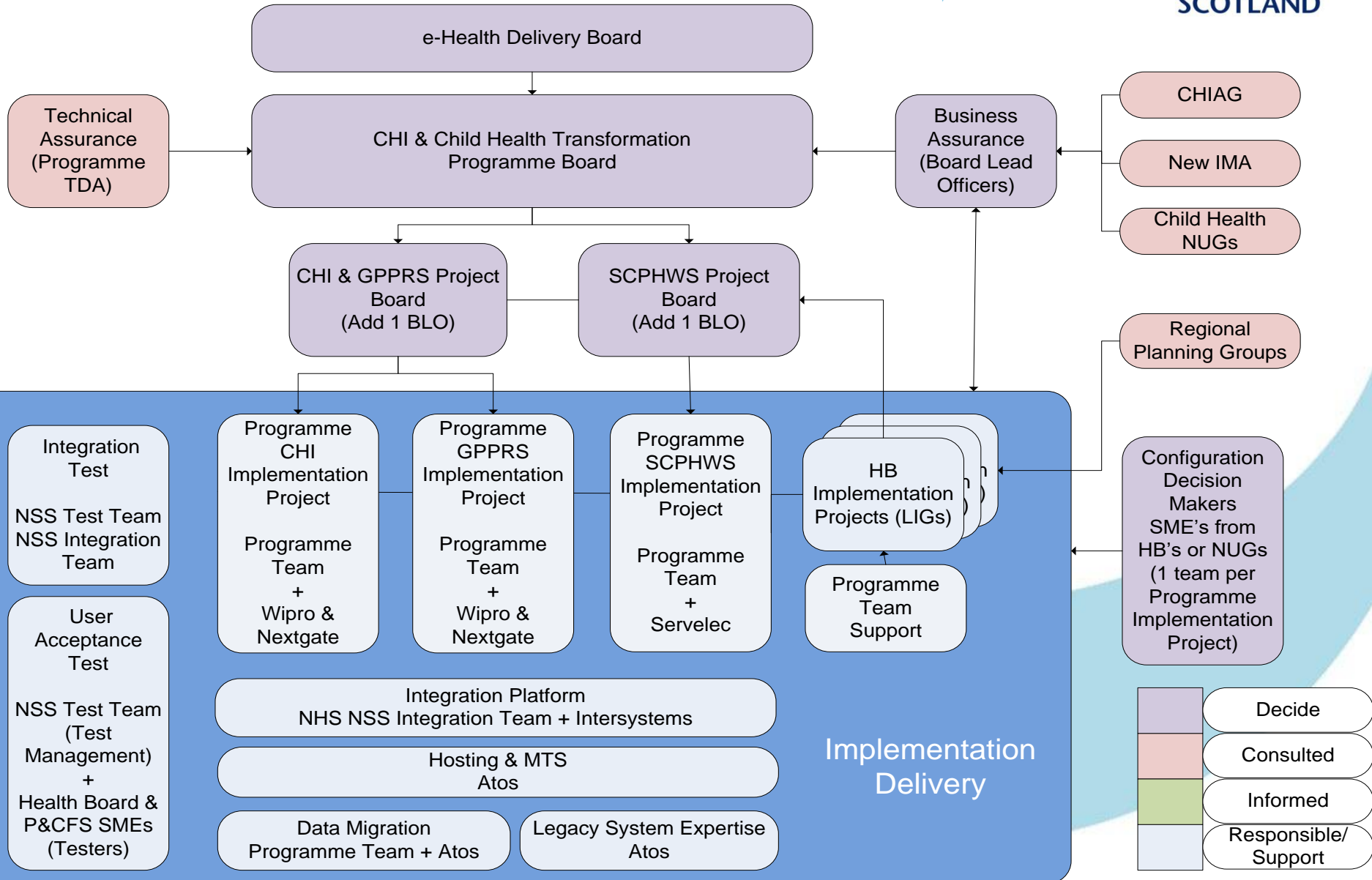
# Legal Position

## Terminate after Tranche 2



- There is a specific right for NSS to terminate before issue of the Implementation Start Notice, subject to payment of the PoC and DD charges.
- The contracts are in NSS's favour proceeding to Implementation. - there was no guarantee that the project would proceed to full implementation and roll out.
- However, a case for compensation beyond the sums agreed for the PoC and DD charges is open to question, there may be advantages in reaching some sort of accommodation with a contractor with regard to reputational damage, avoid a formal legal dispute

# CHI & Child Health Implementation Structure



# Funding



- Programme funding is limited and is under the governance of the eHealth Delivery Board and the CHI & Child Health Transformation Programme Board.
- The Programme is funded through mixture of Health Boards (through eHealth Reinvestment Fund) and SG eHealth
- Health Board Local Implementation activities, including local testing or activities needed to implement new working practices, are the responsibility of the respective NHS Health Boards.
- As with the procurement, the programme funding does not cover payment to Health Boards to pay for Subject Matter Experts who support the Programme team – for example to support configuration decision making, or to carry out National User Acceptance Testing

# Commission



- Scottish Government (as primary funders of this programme) will commission a Board / multiple Boards / a consortia to lead on the implementation phase...
- Key content of commissions
  - Introduction / Background – driven by FBC
  - Commissioned Organisation or Consortia – NSS (CEs decision)
  - Scope / Objectives / Deliverables – driven by FBC
  - Governance Arrangements – **decision required...**
  - Conditions, Constraints and Limits – **decision required...**
- Response from Commissioned organisation
  - Recommendations / Risks / Assumptions – **decision required...**
  - Projected Costs – driven by FBC
  - Programme Plan / Timeline – driven by FBC
  - Confirmation of Acceptance through own Governance – when ready

# Implementation Risk Factors



- Large Scale
- Multiple sub-projects
- New technologies (systems and platforms / infrastructure)
- Scope certainty / knowledge of existing systems
- Mission critical systems / high cost of failure
- Multi-supplier / overall design risk sits with client
- High levels of dependency – supplier and client side
- Dual running of environments / high cutover costs
- High level of local collaboration / activity required



# Mitigating the Risks - 1



- **OWNERSHIP** – Commissioned organisation
  - Board Chief Executive involvement / engagement / SRO ?
  - Scottish Government directorate involvement
  - Board linkages will be key
- **MULTIPLE SUPPLIERS** – How to best manage
  - Retain strong procurement / commercial / legal help
  - Ensure implementation phase CCNs are watertight
  - Create supplier sub-group within Prog Governance
  - Integrated plan with formal acceptance of all parties
- **COLLABORATION WITHIN NHSS** – How to assure
  - Formal commitments through each Board Chief Executive
  - High visibility through Health Board governance structures
  - Board Lead Officers represented on governance groups

# Mitigating the Risks - 2

- **COST CONTROL – Risk mitigation**
  - Clear delineation of programme costs ownership
  - Strong programme level financial tracking regime
  - Contingency arrangements / limits
  - Strong supplier contract management / billing oversight
  - Risk sharing across NHSS ?
- **QUALITY ASSURANCE – Oversight / Control**
  - Continued high level of project / programme board scrutiny
  - External QA / Board assurance on regular basis
  - Adherence to MSP / Prince2 methodology
  - Resilience / sustainability of team addressed / assured
- **OTHER KEY ISSUES FROM CHIEF EXECS ?**

# Major Decisions Required - 1



- SG Oversight / Commissioning Directorate
  - SG eHealth – Graham Gault / Geoff Huggins
- Ownership Model
  - NSS to own commission
- Governance Structure
  - As per current structure + linkage with Chief Execs Group
  - New SG Digital governance link tbd
- Chief Executives involvement / engagement
  - Programme Board membership / leadership ?
  - Regular Review / Major Decision consultation ?

# Major Decisions Required - 2



- Supplier Management Group
  - NSS, Servelec, Wipro, Atos, Health Board linkage ?
- Resource Commitment / Risk Sharing
  - Chief Exec letter / MOU / written commitment ?
  - SG role / underwriting of risk ?
- External Assurance
  - Programme Delivery - Ongoing / Gateway / Internal Audit  
Clinical Assurance arrangements thro NSS (P Campbell)
- Conditions, Constraints & Limits
  - Tolerances and Contingencies / Escalation routes ?
  - External dependencies ?

# Approval / Timeline


- FBC / Commission Consultation / Approval / Governance
  - CHI / CHS Programme Board
  - SG Funding & Sponsoring Directorates / DoF
  - eHealth Leads Group
  - SG Digital Assurance Board / Delivery Board
  - Chief Executives Group
  - Commissioned Health Boards Governance Groups
  - Local Health Boards Governance Groups
- Timeline for Commission
  - Discussion with Programme Board : December 15
  - Review with SG eHealth : January 12
  - Discussion with Chief Execs : January 16
  - Draft in correspondence for Board : Feb 9
  - Final draft / proposal for FBC : February 23
  - Back to Chief Execs / NSS Board in March.....

**Digital.**



**Transforming  
our web  
presence**

# Website: Objective

A large, thick blue arc forms a partial circle around the central text. A smaller, solid blue circle is positioned to the left of the arc, overlapping its edge.

**To develop and maintain  
an efficient, optimised,  
responsive, relevant  
NSS web estate**

# Websites: Strategy

**Create a single, responsive, service-based NSS website infrastructure.**

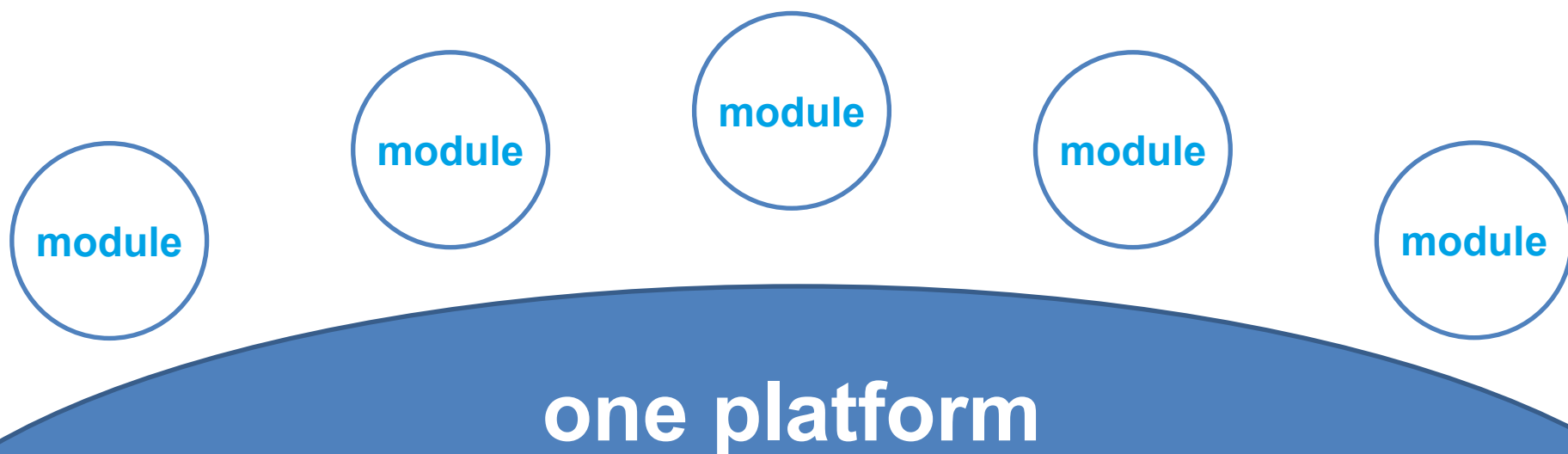
**Migrate all NSS services to a single platform using standardised templates, re-using functionality where possible (recycle, buy, then build as last resort).**



# Websites: Approach

**We are creating a single platform with modules to support the delivery of content and services.**

**These modules can be utilised by many parts of NSS to support service delivery.**



# Websites: [nhsnss.org](http://nhsnss.org)



NHS National Services Scotland



Search services, how NSS works, news, and more

Search

[Home](#) [Services](#) [How NSS works](#) [Contact us](#) [Careers](#) [Blog / News](#)



## Our Annual Review 2016 to 2017

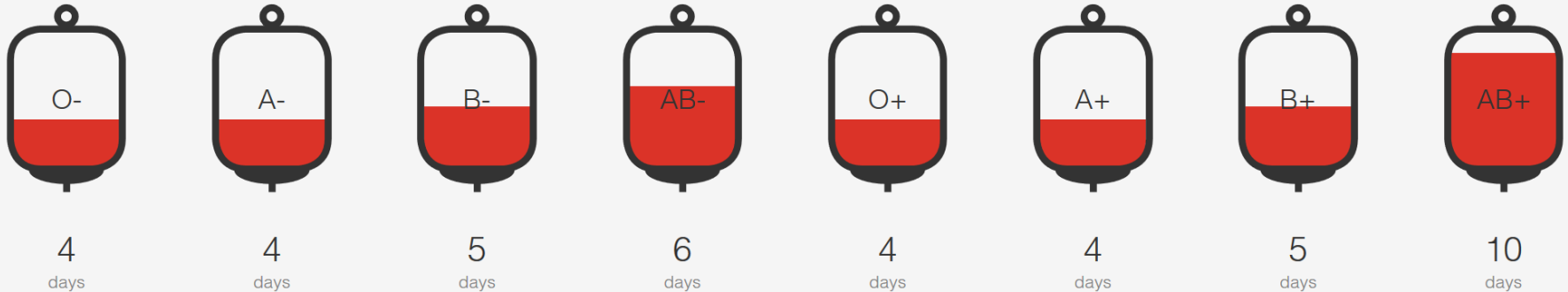
Chief Executive, Colin Sinclair, reported on another successful year for NSS at our Annual Review.

[Read about our performance for financial year 2016 to 2017](#)



## Current blood stock levels across Scotland

Friday 19 January



We aim to retain **6 days** of stocks at any time in order to meet the requirements of patients in Scotland.

# **GOV.UK**

## **Digital Service Standard**

**The Digital Service Standard is a set of 18 criteria to help government create and run good digital services.**

**All public facing transactional services must meet the standard. It's used by departments and the Government Digital Service to check whether a service is good enough for public use.**

**mygov.scot**

# **Digital First Service Standard**

**A set of 22 criteria that all digital services developed by Scottish Central Government sector organisations and Scottish Government corporate services must meet.**

**The standard has 3 themes:**

- 1. User needs**
- 2. Technology**
- 3. Business capability and capacity**

**The standard aims to make sure that services in Scotland are continually improving and that users are always the focus.**

# Websites: Scale

Target of 1  
platform

Started with  
97 sites

Another 64  
to migrate

# Websites: benefits

## Security

Sites on legacy platforms are prone to attacks. In 2014 our corporate website was compromised.

[Home](#) [Our Services](#) [How We Work](#) [Publications](#) [News](#) [Contact Us](#)

You are here : [Home](#) > [How We Work](#) > [Board Members and Business](#) > [Board Members](#)

### Board Members and Business

> [Board Members](#)

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### Robert Calderwood

#### Non-Executive Director



Robert Calderwood is NHS Chief Executive of Greater Glasgow and Clyde.

longchamp pas cher longchamp soldes longchamp pas cher christian louboutin uk sac longchamp soldes longchamp soldes

# Websites: benefits

## Resilience

**We can flex and scale hosting. This means our sites still perform even if traffic increases significantly.**

**20,080**

During the Clutha incident in November 2013 site performance was impacted when page views spiked at 20,080.

**25,645**

The Manchester Arena Attack in May 2017 caused page views to increase to 25,645 with no impact on site performance.



# Websites: benefits

## Accessibility

The Equalities Act 2010 requires us to make our services accessible to everyone who needs to use it.

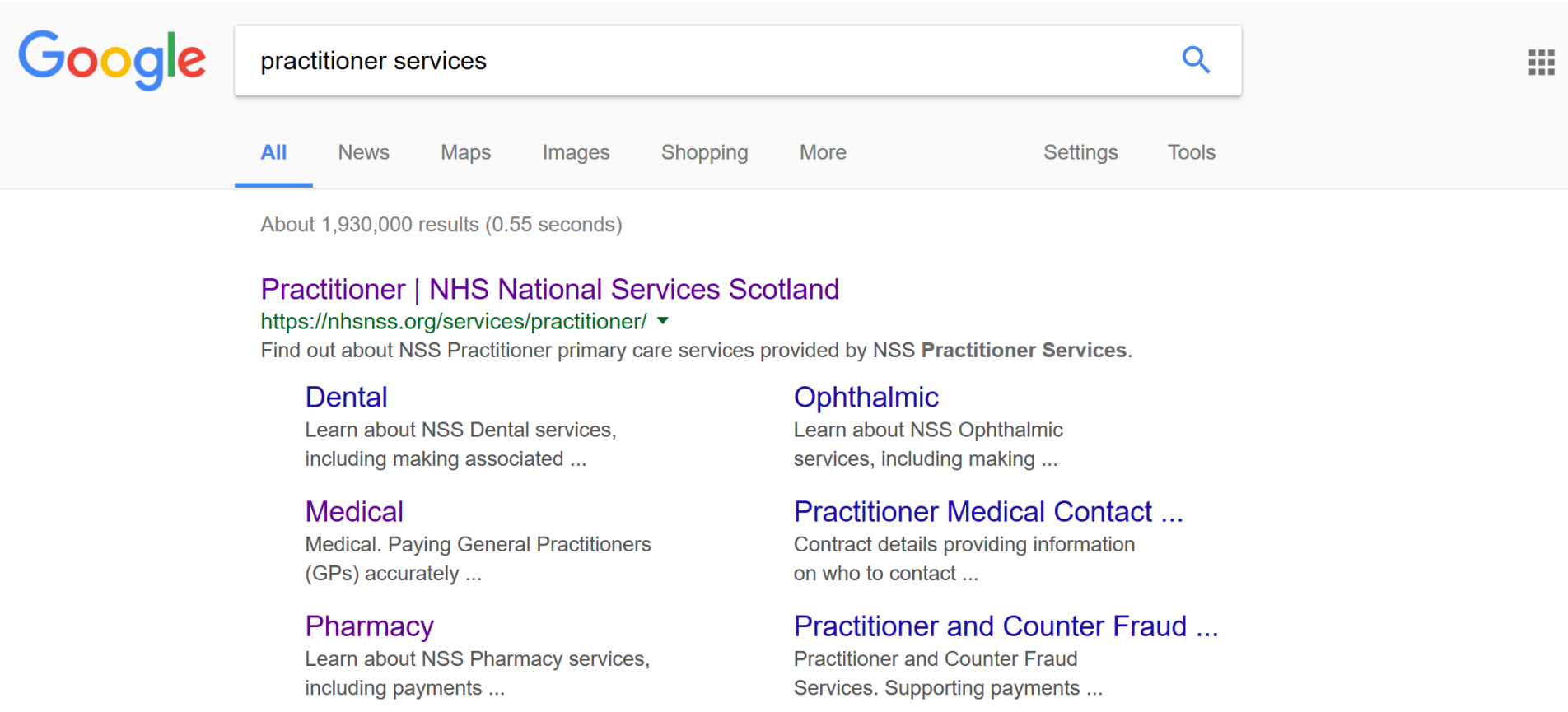
DEVICE	NHSNSS*	SCOTBLOOD*	UK AVERAGE*
Desktop	73%	28%	51%
Mobile	22%	63%	38%
Tablet	5%	9%	11%

\*Oct-Dec 2017

# Websites: benefits

## Search

We have optimised our web technology so that it can be indexed easily and accurately by search engines.



Google

practitioner services

All News Maps Images Shopping More Settings Tools

About 1,930,000 results (0.55 seconds)

**Practitioner | NHS National Services Scotland**  
<https://nhsnss.org/services/practitioner/>

Find out about NSS Practitioner primary care services provided by NSS **Practitioner Services**.

<b>Dental</b> Learn about NSS Dental services, including making associated ...	<b>Ophthalmic</b> Learn about NSS Ophthalmic services, including making ...
<b>Medical</b> Medical. Paying General Practitioners (GPs) accurately ...	<b>Practitioner Medical Contact ...</b> Contract details providing information on who to contact ...
<b>Pharmacy</b> Learn about NSS Pharmacy services, including payments ...	<b>Practitioner and Counter Fraud ...</b> Practitioner and Counter Fraud Services. Supporting payments ...

# Websites: benefits

## Digital marketing

Our website may not be the only way to address user needs and our approach enables us to explore options.



# Websites: benefits

## Content

Migration enables us to rationalise our content based on user needs – making it easier to use and manage.

The content we're exploring with ISD Scotland.



**80,000+ Excel  
files**



**11,500+ PDF  
files**



**22 sites &  
400,00+ pages**

# Websites: future opportunities

## Search

Homepages and portals are largely being bypassed and being optimised for search allows user to go direct.

## Mobile

Moving to Office 365 increases the potential for users to access our services through portable devices.

## Prediction

Site navigation will 'disappear' with suggestions served up based on the users live activity.

# HIGHLIGHTS FROM NSS BOARD SUB-COMMITTEE FOR FEBRUARY 2018 NSS BOARD NSS AUDIT AND RISK COMMITTEE

B/18/17

## Issues & Risks for the Board's Attention

This report will go to the Board as a standalone item. Given the remit of Audit and Risk Committee ("ARC") and their role as a scrutinising committee, this report will be more detailed than for other sub-committees of Board.

### Key Audit Matters:

Internal Audit: All planned audit reports were approved. Members commended the work undertaken to date in the set up of the Infected Blood Payment Scheme by PCFS. The CHI audit commissioned by the CHI Programme Board was approved and it was commented that the audit had been completed at a good point in the Programme. The presentation by Andy Robertson was well received and an update on CHI would be brought to the February Board meeting. It was noted that Chief Executives would require an update. Colin Sinclair and Jane Davidson agreed to ensure this occurred.

Service Audit: Progress with the audit plans was noted.

External audit: The annual audit plan was noted.

### Key Risk Matters:

The risk report was accepted though clarity was sought on the risk in relation to Bridgeview. This was discussed in the committee and members were assured. All NSS standard reports were accepted.

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

Following from the last meeting, the assurance provided on Health & Safety within the organisation was approved and the report commended. Members confirmed that they were assured in respect of H&S process.

A paper was received on the possible implications for NSS in relation to the new Public Health Body. This included projected possible financial implications and the plan for NSS in terms of the timeline for creation of the new body. The proposal in respect of governance for decisions for NSS was approved. It was requested that risk be explored more fully for the next update.

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

It was agreed that PACs should be a standing item on the Clinical Governance Committee agenda. This suggested governance improvement allowed the risk to be discussed in one forum and shared appropriately across the other forums. Members noted the Board learning in risk governance process by adopting this approach.

It was requested that Chairs of the individual committees be involved in internal audit planning in future years.

**Other Matters of Interest**

## HIGHLIGHTS FROM NSS BOARD SUB-COMMITTEES SINCE <3 NOVEMBER 2017> NSS BOARD MEETING

### NSS CLINICAL GOVERNANCE COMMITTEE – 1 December 2017

#### Issues & Risks for the Board's Attention

- 

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

- The Committee were advised that consideration was being given to how to take forward organisational learning from incidents and complaints, particularly in respect of human factors.

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

- The Committee heard about Ms N Kent and Ms J Burgess's recent visit to the Scottish National Blood Transfusion Service site at the Royal Infirmary of Edinburgh, which had been useful and assuring with one or two observations which would be fed back as potential improvement opportunities.
- The Committee also discussed the Draft Internal Audit Plan and how they could ensure the clinical implications of the audits already planned were taken into account.
- Specific monitoring reports relating to the risks reported on the Picture Archiving & Communications System, and the Community Health Index and Child Health systems were to be added to the standing agenda items for the foreseeable future.

#### Other Matters of Interest

-



## **HIGHLIGHTS FROM NSS BOARD SUB-COMMITTEES**

### **NSS INFORMATION GOVERNANCE COMMITTEE: Thursday 25 January 2018**

#### **Issues & Risks for the Board's Attention**

- 

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

- The Committee received a presentation which provided assurance of information governance processes in respect of clinical directorate, as well as highlighting their potential role in influencing strategic conversations at a national level.
- The Committee were pleased to note that information governance risks were being well managed
- Of the 417 Freedom of Information Requests managed in the last year, none had been referred to the Scottish Information Commissioner
- The Committee were provided with an overview of the work being done around Cyber Security and were pleased to note that NSS was, overall, well placed in this respect.

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

- The Committee was keen to ensure that Information Governance was perceived as an enabling tool rather than an obstacle.
- The Committee received an update on the updated training on safe information handling and agreed that there should be a discussion at the Board Development Session in March 2018 as to whether it should be mandatory for Non-Executives.
- The Committee also agreed there was a need to review the format of report and look at the interplay between committees at the March 2018 Board Development Session
- The Full Business Case for the CHI and Child Health Transformation Programme would be coming to a future meeting.

#### **Other Matters of Interest**

-

**B/18/19**

**NSS Formal Board Meeting – Friday, 2 February 2018**

## **Register of Interests 2017/18**

### **Purpose**

In keeping with good governance standards, the Register of Interests as at 25 January 2018 is submitted to the NSS Board for consideration.

### **Recommendation**

The Board Members are requested to agree the Register of Interests as at 25 January 2018 for publication on the NHS NSS Web pages.

### **Timing**

No timing issues.

### **Background**

In accordance with the Ethical Standards in Public Life, etc (Scotland) Act 2000 (Register of Interests) Regulations 2003, Board Members of devolved public bodies are required to give notice of their interests.

Under the Regulations, information declared will be made available to the public.

### **Engagement**

Engagement has taken place with all Board Members prior to completion of the paper.

**Name of the Author:** Caroline Lang

**Designation:** Board Secretary

**Tel:** 0131 275 7090

**Email:** clang@nhs.net

2017/18 REGISTER - AS AT 25/01/2018

Changes during year

Changes since last report to Board

Board Member	Gifts & Hospitality	Remuneration	Related Undertakings	Contracts	House, Land & Buildings	Shares & Securities	Non Financial Interests	Election Expenses
							Member, BMA Fellow, Faculty of Public Health UK Fellow, Royal College of Physicians of Edinburgh Member, BMA Member, Stratified Medicine Scotland - Innovation Centre Board Member, Medical & Dental Defence Union, Scotland Member, Health Science Scotland (HSS) Executive Board Co-Chair, Scottish Association of Medical Directors	
Marion Bain	Nil	Nil	Nil	Nil	Nil	Nil	Honorary Professor in the College of Medicine & Veterinary Medicine, University of Edinburgh	Nil
			Advisory Board Member (Health) of Interim Partners, part of the New Street Group. Trustee, St Peter's and St James' Hospice in Mid Sussex				NED/Trustee - Birmingham St Mary's Hospice Public Members - Birmingham Women's NHS FT Trustee, St Peter's and St James' Hospice in Mid Sussex	
Julie Burgess	Nil	Director, Wale King Associates		Wale King Associates - NHS Elect (England) and IMD Consultancy	Nil	Nil		Nil
Ian Cant	Nil	Nil	Nil	Nil	Nil	Nil	Chair Unison Scottish Health Care Branch (wef 26/03/15)	Nil
Jane Davidson	See note in Appendix A	Chief Executive, NHS Borders	Nil	Nil	Nil	Nil	Member - Managers In Partnership Member - Institute of Chartered Accountants Scotland	Nil
John Deffenbaugh	Nil	Director, Frontline Consultants Ltd Chair, Alan Dunlop Architects	Director, Frontline Consultants Ltd	Nil	Nil	Nil	Nil	Nil
Kate Dunlop	Nil	Non-Executive Director, Education Scotland Non-Executive Director, Accountant in Bankruptcy	Nil	Nil	Nil	Nil	Nil	Nil
							Vice Chair of NHS Chairs Group NHS Chairs' Representative, CMO task Force, Improving Services for Victims of Rape and Sexual Abuse Member, National Health and Social Care Delivery Plan Board Fellow of Royal College of Physicians Honorary Chair, University of Stirling Member, Medical & Dental Defence Union, Scotland Member, BMA	
Elizabeth Ireland	Nil	Part time salaried GP at Cos Lane Medical Practice, Glenrothes	Nil	Nil	Nil	Nil		Nil
Carolyn Low	Nil	Nil	Nil	Nil	Nil	Nil	Company Secretary, Breeze Media Ltd (Unpaid)	Nil
Mark McDavid	Nil	Chairman, Plan-Bee Ltd Non-Executive Chair, Thirsk Food Logistics Ltd (Trading as HECK)	Nil	Nil	Nil	Nil	Chair, Trinity Park Foundation	Nil
Alison Rooney	Nil	Chief Executive - Royal College of Surgeons, Edinburgh	Nil	Nil	Nil	Nil	Nil	Nil
							Chair, National Infertility Group Member, Data Management Board, Scottish Government Member, National Health and Social Care Delivery Plan Group Member Scottish Medicines Consortium Member, Infrastructure Delivery Group Bishop, The Church of Jesus Christ of Latter-day Saints Member, Scottish National Party (SNP)	
Colin Sinclair	Nil	Nil	Nil	Nil	Nil	Nil		Nil
							Member of Retired Police Officers Association Member of National Association of Crohn's and Colitis	
Douglas Yates	Nil	Non-Executive Director, Scottish Children's Reporter Administration (SCRA)	Nil	Nil	Nil	Nil		Nil

On a 2 Year Secondment to Scottish Government

Term of office ended 30 April 2017

Board Member	Event	Date	Host	Value
Marion Bain	Dinner with the Director of the Usher Institute of Population Health Services/Informatics & Vice Principle - Data Science, Edinburgh University/Scottish Government Chief Scientist/Director of the Farr Institute, and the Director of Innivative Healthcare Delivery Programme	07/06/2017	Professor Andrew Morris	£30
Colin Sinclair	Dinner with the Director of the Usher Institute of Population Health Services/Informatics & Vice Principle - Data Science, Edinburgh University/Scottish Government Chief Scientist/Director of the Farr Institute, and the Director of Innivative Healthcare Delivery Programme	07/06/2017	Professor Andrew Morris	£30
Colin Sinclair	Dinner hosted by Scottish Institute of Health Management and supported by Atos	13/06/2017	Scottish Institute of Healthcare Management	£75
Mark McDavid	EY Public Sector Independent Directors' Programme, in partnership with CIPFA Scotland. The topic for this dinner being ' <i>The never-ending journey towards good governance</i> ' .	04/10/2017	Ernst & Young	£40

**NOTE**

Jane Davidson - Details of any gifts and hospitality received are registered under NHS Borders (<http://www.nhsborders.scot.nhs.uk>)

# minutes (DRAFT FOR APPROVAL)

B/18/20

## NHS NATIONAL SERVICES SCOTLAND (NSS)

### MINUTES OF AUDIT AND RISK COMMITTEE MEETING HELD ON FRIDAY 1 DECEMBER 2017 IN BOARDROOM 1, GYLE SQUARE, EDINBURGH COMMENCING AT 0930HRS

**Present:** Julie Burgess, Non Executive Director  
Jane Davidson, Non Executive Director  
Mark McDavid, Non-Executive Director (Chair of the Committee)  
Alison Rooney, Non Executive Director

**In Attendance:** Martin Bell, Interim Director, Strategy & Governance  
Helen Berry, Scott Moncrieff (Minute Item 13)  
Rachel Browne, Audit Scotland  
Ian Cant, Non Executive Director – (Minute Item 5)  
John Fox-Davies, Outgoing, Director of Strategy and Governance  
Professor Elizabeth Ireland, NSS Chair  
Jacqui Jones HR and Workforce Development Director - (Minute Items 5 and 7)  
Paul Kelly, Scott Moncrieff, (Minute Item 13)  
David Knowles, PCFS Director, – (Minute Item 9)  
Carolyn Low, Finance and Business Services Director  
James Lucas, Internal Auditor, KPMG  
Eilidh McLaughlin, Associate Director of Corporate Affairs and Compliance  
Mary Morgan, SNBTS Director – (Minute Item 16)  
Andy Robertson, Director of IT – (Minute Item 10 and 11)  
Andy Shaw, Internal Auditor, KPMG  
Colin Sinclair, Chief Executive  
Aileen Stewart, Head of Organisational Effectiveness (Minute Item 7 only)  
Mark Taylor, Audit Scotland  
Drew McErlean, Committee Secretary (Minutes)

**Apologies** Kate Dunlop, Non Executive Director  
Fraser Nicol, Scott Moncrieff

#### ACTION

## 1. CHAIRMAN'S INTRODUCTION

- 1.1 Mark McDavid welcomed members and attendees to the meeting. Apologies were noted as above.
- 1.2 Members confirmed that they had no interests to declare in relation to any of the agenda items.

## 2. MINUTES OF THE NSS AUDIT AND RISK COMMITTEE MEETING HELD ON 14 SEPTEMBER 2017 [Paper AR/17/89 refers]

- 2.1 The Minutes were agreed as an accurate record of the meeting.



#### Headquarters

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

Chair  
Chief Executive

Professor Elizabeth Ireland  
Colin Sinclair

**Matters Arising****3. Action Sheet from the NSS Audit & Risk Committee Meeting held on 14 September 2017 [Paper ARC/17/90 refers]**

3.1. All of the actions were noted as being complete.

**4. IT Resilience Audit – PACs update since meeting of 14.09.17 [Paper ARC/17/91 refers]**

4.1. Julie Burgess noted that there appeared to be different aspects of this issue being raised at various meetings and questioned whether the governance was being managed correctly on this issue. Audit Scotland had raised some concerns about the interim fix and how long this would take to be implemented. This had been raised at operational management level but appeared to require escalation.

4.2. Colin Sinclair noted that the risk on this issue was now low and a lot of work had been done to mitigate the risk. There was still a lot of work to be done around clinical, technical and commercial issues but matters had moved on significantly. It was agreed that a list of the current issues would be pulled together and that the governance on this issue would be progressed via the Clinical Governance Committee in the future, where it would be a standing item on the agenda for their meetings.

**Committee  
Secretary**

**5. Health and Safety Controls Audit – Follow up to meeting of 14.09.17 - [Paper ARC/17/92 refers]**

5.1. Jacqui Jones noted that the Audit & Risk Committee had previously requested reassurance and clarity over the Health and Safety controls within NSS. The remits of the independent reviews conducted were noted. Both reviews had concluded that robust systems were in place and were being operated effectively. Some recommendations had also been made and the completion of these would be progressed via an action plan that would be overseen by the Occupational Health and Safety Committee (OHSAC). In addition a bid had been made to purchase licences for an IT system that would enable some of the current processes to be automated and improve record keeping.

5.2. Leadership at all levels of management was key to ensuring that Health and Safety issues were given the required priority and there was some scope for leadership to be improved at SBU Director level. This was primarily around making sure there was constant reinforcement of the key health and safety messages and that it was an issue which was discussed rigorously at management and partnership meetings. In response to a question from Jane Davidson it was noted that if the audit work was carried out again now, a very different and more assured report would be produced.

5.3. In response to a question from Alison Rooney it was noted that NSS was consistent with other Health Boards in relation to their record on slips and trips. This continued to be the biggest Health and Safety issue for NSS. There would be an information campaign launched to address this and OHSAC would oversee whether or not the campaign resulted in improved performance. The main issue was making staff in office environments more aware of their immediate surroundings and the potential hazards that existed.

- 5.4. Elizabeth Ireland noted that all RIDDORs had been thoroughly investigated and appropriate mitigating actions taken. It was agreed that all Non Executive Board members should sign up to take part in the Leadership Training on Health and Safety.
- 5.5. Ian Cant commented that as Chair of OHSAC he had been reassured by the reports produced from the recent reviews. From a Trade Union perspective they did not feel that Health and Safety was a particular area of concern within NSS. The Audit & Risk Committee noted it was content that the concerns they had previously raised had been addressed and that there was a robust plan and approach in place to progress the completion of all recommended actions.

## INTERNAL AUDIT

### 6. Report on Internal Audit Status Including Completed Reviews [Paper ARC/17/93 refers]

- 6.1. Andy Shaw noted that Property Transaction Monitoring audit would be re-scheduled. The audit on delivery of NSS strategy had been deferred at the request of management due to the work that had been done to review the current strategy statement. The audit reports that would be brought to the meeting of the Audit & Risk Committee on 28 March 2018 were noted.

### 7. Statutory and Mandatory Training Audit Report [Paper ARC/17/94 refers]

- 7.1. James Lucas noted there was mandatory training that applied to all staff, whilst other mandatory training was either role specific or for individual specialists. The scope for this audit had been the mandatory training that applied to all staff. The process overall was robust and the overall report rating was 'Significant assurance with minor improvements'.
- 7.2. There had been one medium rated risk around the potential for duplicating the process for evaluation of training requirements. This had been considered by the Executive Management Team (EMT). James Lucas confirmed he was satisfied with what had been proposed – i.e. that final approval would be from the EMT. Aileen Stewart confirmed that HR were very happy with the outcome of the audit. There had not been any new mandatory training that required approval for a while so it had been helpful to have the approval process confirmed.

- 7.3. Aileen Stewart noted that some mandatory training modules were generic across other NHS Boards but not across the wider public sector. Some of the mandatory training was more appropriate than others for Non Executive Directors. The modules that were most relevant would be identified and the method of delivery for this training to Non Executive Directors would need to be considered so that it was done in the most efficient way. It was noted that a development action for the Board had been for members to engage with other NHS Boards and attend their Board meetings to assist with broader understanding of the key issues across the health sector. Elizabeth Ireland undertook to coordinate this.

**Elizabeth Ireland**

### 8. Financial Sustainability/ Revenue Generation Audit Report [ARC/17/95 refers]

- 8.1. James Lucas noted the background to the scope of the audit work which had focussed on two SBUs – Programme Management Support Services (PGMS) and IT. The overall report rating had been 'Significant assurance

with minor improvements'. A medium rated recommendation had been raised over the need for a consistent approach to recharging and delivery of internal work. This was noted as being applied more consistently in IT Division. The investment in Agile methodology was reported as being a positive development as Agile trained staff were well regarded in the marketplace. This may result in there being a need for better demand management if an increased level of opportunities arose. In response to a question from Alison Rooney it was noted that the level of inconsistency in re-charging was not too significant and the main issue was around internal work within NSS. Carolyn Low noted that work would be done to look at how cross charging could be improved but that would be balanced against the risk of introducing an overly bureaucratic process. Elizabeth Ireland noted that she felt this was a sensible approach and the key issue was to ensure that PGMS was sustainable.

- 8.2. In response to a question from Jane Davidson it was noted that productivity had not been part of the audit scope. Carolyn Low noted that there would be some work done to consider wider use of productivity metrics. It was noted that all projects undertaken by PGMS were fully funded.
- 8..3. Mark McDavid asked what competition there was for the services that PGMS supplied. Carolyn Low advised that the other Health Boards had the option of doing their own programme management. NSS services were probably a bit more expensive than in-house management but the added value came from the expertise and knowledge of the wider health and public sectors that NSS brought.

**9. Infected Blood Scheme Payments Report [Paper ARC/17/96 refers]**

- 9.1. James Lucas noted that the overall report rating was 'significant reassurance with minor improvements'. There had been two medium rated recommendations made. One of these related to access to the records of the previous scheme administrators and this issue would continue to be raised by the Scottish Government with the UK Government Department of Health. With regards to the other finding, segregation of duties would be in place until an IT fix was implemented to address the self authorisation potential on payments.
- 9..2. David Knowles commented that the Payment Scheme had been set up in a very demanding timescale and that the progress made had been very positive. The Payments regime is relatively complex due to many clinical issues that can contribute to the decision about eligibility for a payment to be made to a claimant. An appeals panel had also been established as required under the terms of the scheme. This had met once, with one appeal being successful and another rejected.
- 9.3. Julie Burgess asked what issues could cause things to go awry with the payments process. David Knowles noted the dependency on technology to process payments and the complexity of the calculations were potential risks. There was also a dependency on key staff but that was not a significant issue. Colin Sinclair noted that it had been a very complex and demanding piece of work for NSS to take on responsibility for this payment process and a lot of improvements had been made in comparison to the previous administration. A much better service was being provided to patients and their families. The Committee noted its appreciation of the work undertaken by those who had set up the scheme payments process within NSS.



**10. CHI Audit Report [Paper **ARC/17/97**refers]**

- 10.1. Andy Robertson noted the background to the production of the audit report. The CHI system was at the core of NHS IT and was essential in the delivery of patient care. It was old technology that had to be replaced. The project had gone beyond the procurement stage with preferred suppliers having been selected. The proof of concept phase was an extra step in the usual IT system development cycle but had been regarded as essential in this instance. It had been agreed that before further work was commissioned via a full business case, evidence was required that the proposed developments could function successfully in the NHS IT environment.
- 10.2. The Proof of Concept phase would identify whether the proposed solution was either too complex or too expensive. Andy Robertson outlined how the programme of work was being managed and the challenges that had arisen including the need to recruit a new Programme Manager when the previous incumbent resigned. There had been 3 months slippage in the project but it was agreed that this slippage was less of a concern than making sure that the development challenges were fully researched and all possible issues surfaced at this point. All of the recommendations made in the report had been accepted.
- 10.3. In response to a question from Julie Burgess it was noted that NSS was currently responsible for delivery up to and including the proof of concept phase. If a decision was made to proceed beyond the proof of concept phase the responsibilities were yet to be determined. Julie Burgess noted that she was concerned about NSS being held responsible for any issues if the work was signed off by the CHI Board. Andy Robertson noted that NSS would have the right not to take on a role beyond proof of concept if it was uncomfortable with any decision made by the CHI Board.
- 10.4. In response to a question from Elizabeth Ireland it was noted by David Knowles that there was a lot of engagement with stakeholders to ensure that they fully understood the complexities of this work and what their governance responsibilities were. Andy Robertson noted that he had advised the CHI Board that now was the time to say if they felt any lack of confidence in the role NSS had in this project. They had not indicated any concerns on this issue.
- 10.5. The Committee noted that given the level of complexity and sensitivity over accountabilities for this work the proof of concept phase had been a very sensible and pragmatic approach to take. It was also essential that NSS was fully aware of the level of risk it could take on for any future involvement in this project and for the organisation to have appropriate risk mitigations in place. It would ultimately be a decision for the NSS Board about what role if any NSS should take on if the CHI Board decided that the project should progress beyond the current phase.

**11. CHI Update**

- 11.1. In addition to the Audit Report a presentation was given by Andy Robertson explaining the wider issues related to the commissioning of CHI and Child Health Systems implementation phase. It was emphasised that the NSS Board would need to determine if it wanted to be part of the commissioning of any work beyond the proof of concept phase. It was agreed that an update on the project would be provided at the meeting of the NSS Board on 2 February 2018.

**Andy  
Robertson/  
Committee  
Secretary**

- 11.2. The complexity and risk issues were noted with particular reference to the need to run the existing and new systems concurrently for a period of up to one year following initial implementation. That would have to be coordinated across all 22 Health Boards in Scotland. In Andy Robertson's opinion it was reasonable to describe this as the single biggest IT development undertaken by the NHS in Scotland in a generation. Jane Davidson commented that this was a make or break piece of work for the NHS. Colin Sinclair questioned whether the NHS could afford not to do it given the risk of failure of the current technology. It was agreed that this issue would be discussed with the NHS CEOs at their meeting in January 2018 to gauge the level of commitment and understanding about this project at that level. **Colin Sinclair**
- 11.3. In response to a question from Julie Burgess it was noted that work had started to define the clinical risks that would arise if this development did not proceed. This would be discussed by the Clinical Governance Committee in March 2018. **Julie Burgess.**
- 11.4. Andy Robertson also emphasised that work was needed to look at what needed to be done to keep the existing technology functioning effectively whilst any new development was underway. Alison Rooney noted that at the NSS Board meeting on 2 February there would be a need to consider the risks at the level above the project work to ensure that all of the broader issues were fully understood. **Andy Robertson**

**12. Draft Internal Audit Plan for 2018/2019 [Paper ARC/17/99 refers]**

- 12.1. Andy Shaw noted that the final version of the plan would be brought to the meeting of the Audit & Risk Committee on 28 March 2018. Mark Taylor noted that Audit Scotland were content from their initial review of the plan that it addressed the key areas. An appropriate balance between strategic and operational issues had been achieved. Elizabeth Ireland noted there needed to be some governance audits added but these may occur in 2019/2020. In response to a question from Julie Burgess it was noted that clinical issues would be addressed within the detail of some of the audits. The meeting of the Clinical Governance Committee on 1 December would consider whether it felt that any specific clinical issues should be added to the audit plan. **Julie Burgess**

**Service Audit**

**13. Service Audit Progress Reports**

**National IT Service Contracts Audit Report [Paper ARC/17/100 refers]**

- 13.1 Paul Kelly noted that work was being progressed on schedule and no major issues had been identified to date. All of the actions from the 2016-2017 audit had been completed by ATOS.

**Payroll Services Audit Report [Paper ARC/17/101 refers]**

- 13.2. Helen Berry reported that the full programme of testing for the 2017-2018 audit had been agreed with management. All of the actions from the 2016-2017 audit had been completed.

**Practitioner Services Audit Report [Paper ARC/17/102 refers]**

- 13.3. Helen Berry noted that preliminary testing had been completed in the key areas and there were no matters of concern to report at this stage. Six of the

eight actions identified in the 2016-2017 audit were complete. The other 2 were not yet due for completion but would be tested in January 2018.

### **Service Audit Reporting to Audit & Risk Committee**

- 13.4. It was agreed on the assumption that the current pattern of Audit & Risk Committee meetings was unchanged, that for future December meetings the Service Auditors would only be required to attend and report to the Committee if they had a significant issue to bring to the Committee's attention. The Forward Programme would be updated accordingly. **Committee Secretary.**

### **External Audit**

#### **14. Draft Annual Audit Plan 2017-2018 incl External Audit view of Internal Audit [Paper ARC/17/103 refers]**

- 14.1. Mark Taylor noted the different dimensions covered by the Plan and the risk based approach taken. Key areas of focus for the year ahead would be –

- Financial sustainability
- Creation of the new Public Health Body
- Cyber security
- Contract management regimes – e.g. the CHI work.

- 14.2. In response to a question from Elizabeth Ireland, Audit Scotland suggested it could add value to the audit process by applying their knowledge of what was happening in other Health Boards. Carolyn Low noted that this audit was primarily about NSS Performance rather than broader public sector and health issues. It was agreed that the wording of Item 8 in the plan, which referenced CRES savings, should be re-defined and updated. **Rachel Browne**

- 14.3. In response to a question from Alison Rooney the work done by NSS to track the delivery of planned efficiency savings was noted by Colin Sinclair. This tracking was more effective for the larger scale initiatives and there was some scope to do more to evidence the benefits actually delivered.

#### **15. NHS in Scotland 2017: National Overview Report [Paper ARC/17/104 refers]**

- 15.1. This paper had previously been tabled at the NSS Board meeting in October 2017. Elizabeth Ireland noted that the NHS Chairs had welcomed the report as it addressed very important issues. Colin Sinclair commented that the Executive Management Team (EMT) had reviewed the report to identify any opportunities that may exist for NSS in the areas covered.

### **NSS Updates**

#### **16. New Public Health Body [Paper ARC/17/105 refers]**

- 16.1. Colin Sinclair noted that the paper pulled together all the implications for NSS of the new Public Health Body into one paper. This issue would be considered in detail by the NSS Board at their meeting on 2 February 2018. It was noted that the expectation was that all costs and income associated with the Public Health Information (PHI) department at NSS would transfer to the new body. There would be no threat to the sustainability of NSS from the creation of the new Public Health Body.

- 16.2. It was currently anticipated that NSS would provide shared services to the new Public Health Body that covered the overheads used by PHI within NSS. If the new body wanted to deliver these services in-house there was the possibility that some NSS staff could transfer to the new body under a TUPE arrangement or transfer order. Colin Sinclair noted there may be some services currently delivered by PHI that would remain within NSS.
- 16.3. In response to a question from Julie Burgess it was confirmed by Mary Morgan, who was the SRO for the project within NSS, that the broad picture was unlikely to change. The Scottish Government had emphasised that it did not wish to destabilise services currently provided by NSS and wanted the new body to pioneer shared service arrangements. There was no intention to create new accommodation for the new body beyond the possibility of a very small Headquarters. Most staff that transferred to the new body would continue to work from their current location. Elizabeth Ireland noted that at a meeting on 30 November it had been confirmed that Information Services Division (ISD) would be part of the new Public Health body
- 16.4. Mary Morgan noted the risk assessment work that had been done within NSS to consider the organisational change impact. Further work on this would be done at a meeting of the Project Board on 6 December. Colin Sinclair and Elizabeth Ireland would be meeting with Health Scotland in the week beginning 4 December to discuss how the shared services for the new public health body would be delivered. There would also need to be some work done to consider what services NSS would require from the new body.
- 16.5. The governance arrangements for the project were noted and it was confirmed that a full time Programme Manager would be appointed. The role of the SRO would primarily be about key stakeholder engagement. Discussions were ongoing with the Scottish Government around the funding of the extra work that this project would cost NSS. EI
- 17. Internal Audit Actions Report [Paper ARC/17/106 refers]**
- 17.1. There were no issues raised in connection with this report, which was noted by the Committee.
- 18. Risk Management Update [Paper ARC/17/107 refers]**
- 18.1 In relation to Risk 4758 around 'Bridgeview IT Performance Issues', it was noted that work to address the issues was on-going. A move away from these premises was planned for 2018 so there would be no need for any significant further investment. The paper was noted by the Committee.
- 19. Risk Appetite Paper [Paper ARC/17/108 refers]**
- 19.1 The NSS Board would review its Risk Appetite statement at their meeting on 2 February 2018. The report was noted.
- 20. Fraud Update [Paper ARC/17/109 refers]**
- 20.1. There were no issues raised in connection with this report which was noted by the Committee.

**21. Quarterly Feedback Concerns and Complaints Report** [paper ARC/17/110 refers]

21.1. There were no issues raised in connection with this report which was noted by the Committee as having previously been seen by the Staff Governance Committee.

**22 Committee Highlights for the NSS Board Meeting on 29 June 2017** [Paper ARC/17/111 refers]

**22.1. Issues & Risks for the Board's Attention**

**Key Audit Matters:**

Internal Audit: All planned audit reports were approved. Members commended the work undertaken in the set up of the Infected Blood Payment Scheme by PCFS. The CHI audit commissioned by the CHI Programme Board was approved and it was commented that the audit had been completed at a good point in the Programme. The presentation by Andy Robertson was well received and an update on CHI would be brought to the February Board meeting. It was noted that Chief Executives would require an update. Colin Sinclair and Jane Davidson agreed to ensure this occurred.

Service Audit: Progress with the audit plans was noted.

External audit: The annual audit plan was noted.

**Key Risk Matters:**

The risk report was accepted though clarity was sought on the risk in relation to Bridgeview. This was discussed in the committee and members were assured. All NSS standard reports were accepted.

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

Following from the last meeting, the assurance provided on Health & Safety within the organisation was approved and the report commended. Members confirmed that they were assured in respect of H&S process.

A paper was received on the possible implications for NSS from the new Public Health Body. This included projected possible financial implications and the plan for NSS in terms of the timeline for creation of the new body. The proposal in respect of governance for decisions for NSS was approved. It was requested that risk be explored more fully for the next update.

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

It was agreed that PACs should be a standing item on the Clinical Governance Committee agenda. This suggested governance improvement allowed the risk to be discussed in one forum and shared appropriately across the other forums. Members noted the Board learning in risk governance process by adopting this approach.

It was requested that Chairs of the individual committees be involved in internal audit planning in future years.

**23      Any Other Business**

23.1      There was no other business raised.

**24.      DATE OF NEXT MEETING**

24.1      The next NSS Audit and Risk Committee Meeting would be held on Wednesday 28 March 2018 at 0930hrs

**FOR INFORMATION**

**25.      ARC Meeting Dates for 2018 [Paper **ARC/17/112** refers].**

25.1.      The schedule of meeting dates for 2018 was noted.

**26.      Audit & Risk Committee Forward Programme 2016 [Paper **ARC/17/113** refers]**

26.1.      The programme was noted.

There being no further business the meeting finished at 12.50 hrs

# minutes (APPROVED)

B/18/21

## NHS NATIONAL SERVICES SCOTLAND (NSS)

### MINUTES OF AUDIT AND RISK COMMITTEE MEETING HELD ON THURSDAY 14 SEPTEMBER 2017 IN BOARDROOM 1, GYLE SQUARE, EDINBURGH COMMENCING AT 0930HRS

**Present:** Mark McDavid, Non-Executive Director (Chair of the Committee)  
Julie Burgess, Non Executive Director  
Kate Dunlop, Non Executive Director  
Alison Rooney, Non Executive Director

**In Attendance:** Mahmood Adil, Medical Director, Public Health Intelligence NSS (Minute Item 8)  
Rachel Browne, Audit Scotland  
John Fox-Davies, Director of Strategy and Governance, NSS  
Laura Howard, Head of Corporate Reporting, NSS (Deputising for Carolyn Low)  
Troy Hutson, Internal Auditor, KPMG (Left after minute item 7)  
Jacqui Jones, HR and Workforce Development Director, NSS (Minute Item 6)  
Paul Kelly, Auditor, Scott Moncrieff  
James Lucas, Internal Auditor, KPMG  
Louise MacLennan, Head of Public Participation and Engagement NSS (Minute Item 16)  
Eilidh McLaughlin, Associate Director of Corporate Affairs and Compliance, NSS  
Fraser Nicol, Auditor, Scott Moncrieff  
Louise Roberts, Head of Finance SNBTS NSS– (Minute Item 15)  
Andy Robertson, IT Director, NSS (Minute Item 7)  
Andy Shaw, Internal Auditor, KPMG (Left after Minute item 8)  
Colin Sinclair, Chief Executive, NSS  
Marion Walker, Risk Manager Lead, (Minute Item 14)  
Drew McErlean, Committee Secretary NSS (Minutes)

**Apologies** Jane Davidson, Non Executive Director  
Professor Elizabeth Ireland, NSS Chair  
Ms Carolyn Low, Finance and Business Services Director, NSS

## ACTION

### 1. CHAIRMAN'S INTRODUCTION

1.1 Mr Mark McDavid welcomed members and attendees to the meeting. Apologies. Were noted as above. It was noted that Alison Rooney and Fraser Nicol were attending their first meeting of the Committee.

1.2 Alison Rooney advised that she had an interest from her role at the Royal College of Surgeons in relation to the Cleft Palate Surgery agenda item and noted would only take part in the discussion to seek clarification on the report that had been tabled. There were no other declarations of interest.



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Chair  
Chief Executive

Professor Elizabeth Ireland  
Colin Sinclair

**2. MINUTES OF THE NSS AUDIT AND RISK COMMITTEE MEETING HELD ON 22 JUNE 2017** [Paper AR/17/68 refers]

2.1 The minutes were agreed as being an accurate record of the meeting.

**3. Matters Arising**

**Action Sheet from the NSS Audit & Risk Committee Meeting held on 22 June 2017** [Paper AR/17/69 refers]

3.1. All of the actions were complete.

**4. Single Site Cleft Surgical Service** [Paper ARC/17/70 refers]

4.1.. Colin Sinclair noted that this issue had been unresolved for a long period of time and that the solution referenced in the paper with regards to a single site for surgery had been agreed by the Cabinet Secretary. This was an issue that had attracted a lot of political and patient interest and extensive press coverage.

4.2. There were currently only two surgeons rather than three supporting the service and this issue would need to be resolved soon. Weekend surgical lists had been required to manage the workload. Kate Dunlop asked in the context of the length of time this issue had existed what the patient impacts had been. There was a concern that the current approach of weekend surgery etc was not sustainable. Colin Sinclair noted there was no indication of any clinical impacts but would seek further clarification on this.

**Colin  
Sinclair**

4.3. Julie Burgess asked what NSS was accountable for. This was commissioning and funding of the service and making sure that a robust service was in place to meet patient needs and clinical targets. The commissioning was done via Greater Glasgow and Clyde Health Board at the moment but NSS had a management role in delivery of the service. Julie Burgess asked at what point re-commissioning the service, perhaps to a Health Board in England where greater resource was available, might be considered appropriate to address concerns over sustainability of the service. Colin Sinclair noted that to date there had been no indication that the service would need to be re-commissioned.

4.4. Colin Sinclair noted that the responsibilities for prioritising surgery and managing any backlog of patients lay with the surgical team but that NSD was closely involved in the overall management of the service. There was a service level agreement based on the regulated waiting times and this was being closely monitored. Colin Sinclair undertook to provide information on performance against the waiting time target and would circulate this to the members of the Committee. Colin Sinclair emphasised that NSD were fully aware of the importance and significance of this issue.

**Colin  
Sinclair**

**INTERNAL AUDIT**

**5 Report on Internal Audit Status Including Completed Reviews** [Paper ARC/17/71 refers]

5.1. Andy Shaw noted the progress against the plan. As previously requested an additional column had been added to the report which noted changes to the original timetable for delivery of the audit reports. The workplan was on schedule to be completed by the end of the financial year. The Property Transaction Monitoring report had been re-scheduled from September to December 2017. The Financial Sustainability: Revenue Generation audit would be re-scheduled to a later date as some of the audit objectives had been re-defined.



**6. Health and Safety Controls Audit Report [Paper ARC/17/72 refers]**

6.1. James Lucas noted the background to the audit report which had been to provide assurance regarding action taken by NSS in response to a report issued by the Royal Society for the Prevention of Accidents (“RoSPA”). The overall audit report rating was ‘Partial Assurance with improvements required’. There had been one high, three medium and one low priority recommendations made. The review was not an audit of health and safety compliance. It was a review of the extent to which health and safety guidance was complied with across NSS and to assess the appropriateness of accountability and oversight for health and safety. Two SBUs had been reviewed: Procurement, Commissioning and Facilities (“PCF”) and Practitioner Counter Fraud Services (“PCFS”).

6.2. Mark McDavid noted the report had been discussed extensively at the ‘in camera’ session prior to the meeting. The members of the Committee were not convinced they had received clarity in the context of the plans and actions reported. They felt that the key issues raised in the report were not properly addressed. As a consequence of this the Committee felt they could not be confident that the Health and Safety regime was currently meeting the needs of NSS. Mark McDavid stated that a clearer and more convincing action plan was required.

6.3. Colin Sinclair noted he was reassured that Health and Safety processes across NSS were robust but agreed that the audit report response needed more work to convey this message in a clear and concise manner. The KPMG audit was in relation to a RoSPA report that had only covered a very specific area of NSS. There was a need to look at how these had become regarded as broader issues. Colin Sinclair noted that he felt the Occupational Health and Safety Committee (OHSAC) and Partnership working in NSS provided broad reassurance on the effectiveness of Health and Safety controls across NSS. It was agreed that the action plan could be simplified to convey this message for the Audit & Risk Committee. Greater clarity around the processes and the management of the audit actions would be provided. Kate Dunlop commented that she felt Colin Sinclair had articulated the issues correctly and what was needed was evidence of the focus that the management team clearly felt was in place. This was not the first time that the Committee had asked for this level of reassurance and that was the reason behind the concerns of the Committee members.

**Colin  
Sinclair**

6.4. Mark McDavid noted he had some concerns about the hierarchical structure for Health and Safety Responsibility within NSS as shown in the report. Jacqui Jones noted this structure had been approved by the NSS Board. Alison Rooney noted that she felt the Committee needed to be given reassurance that there was a robust health and safety process across the organisation and that anything that needed to be actioned was being dealt with in an appropriate and timely manner. Colin Sinclair commented that he felt the audit reports had not been properly contextualised. John Fox Davies noted that the key issue in the next update for the Committee would be to address the broader picture and not to get drawn further into the very detailed issues from the ROSPA or KPMG audit reports.

**7. IT Business Resilience Audit Report [Paper ARC/17/73 refers]**

7.1. Troy Hutson noted the background to the audit work and advised that the overall audit rating had been ‘partial assurance with improvements required’. There had been two high and one low priority recommendations made. Kate Dunlop commented that she felt this was a good report. The Committee had discussed IT Resilience in detail before in the context of the pace of change and the need for further investment and resource at a time when availability of finance was a very significant challenge.

- 7.2. It was noted that KPMG had assessed the level of maturity of the overall processes as being 'ad-hoc'. Andy Robertson noted that it had been management concerns around this issue that had resulted in the request for the audit to be carried out. The level of risk around IT had inevitably increased as the use of and dependency on IT expanded. The level of complexity and the pace of change were also increasing and IT resilience was a continuous challenge. Andy Robertson commented on the need for NSS to have a much more coherent and stronger IT framework than was currently in place.
- 7.3. Colin Sinclair noted that the report findings were not a surprise and emphasised the pressure that the IT infra-structure had been under for a number of years. The report highlighted that the situation had been well managed but that key aspects of the resilience plans had not been fully documented. There were significant demands for IT development investment but there also had to be a strong focus on resilience issues within any investment. Colin Sinclair noted that the organisation would focus on putting appropriate levels of funding and resource into this issue over the coming months but reminded everyone that the overarching financial situation had to be taken into account.
- 7.4. In response to a question from Alison Rooney it was noted that the ability of the organisation to recover systems to pre-incident functionality had been thoroughly tested during the recent cyber attack and this had worked very well. It was noted that the arrangements with other Boards that NSS provided IT services to were better documented than those for the internal systems. These Third Party arrangements were covered by contracts and Service Level Agreements.
- 7.5. Troy Hutson noted that the documentation for test plans around IT resilience needed to be improved by being risk based, and having lessons learned from issues and incidents built in to them. In general there was a need for much stronger and more detailed documentation. Andy Robertson noted the intention to add new posts to the IT SBU which would have oversight of the critical IT risks as a key component of the roles. This would address the risks that were inherent with increased dependency on IT, the demand for new IT developments and the additional support requirements generated.
- 7.6. Julie Burgess noted concerns that the PACs issues had been discussed by the Audit & Risk Committee in May 2017 and the NSS Board in June 2017 but she still did not feel comfortable that all of the issues around the use of Tape Back Ups had been fully identified and addressed. This was a significant concern as previously the Clinical Governance Committee had been given reassurances that everything had been identified and was being addressed. It now felt that there may be a lack of understanding about what all of the risks actually were and that new risks were still emerging. Colin Sinclair noted that 'backing up' to something that did not work made no sense and this would be addressed.

**Colin  
Sinclair**

**Post Meeting Note Provided on 14 September 2017:** It was reported by Andy Robertson that backup tapes do not provide enough clarity to be useful. The information on this issue had satisfied Julie Burgess that this was not a new issue but a re-statement of a previously reported issue. A note clarifying this would be prepared and circulated to the members of the Committee. There would also at the request of Colin Sinclair be a further discussion about this Audit Report at the next meeting of the Audit & Risk Committee on 1 December 2017.

**8. Health Inequalities Audit Report [Paper ARC/17/74 refers]**

- 8.1. James Lucas apologised for the late delivery of the audit report. The report rating was 'significant assurance with minor improvements'. There were 2 medium and 3 low priority recommendations. A focus of the audit had been how NSS interacted with other organisations. It was felt that health inequalities were well defined in the organisation and the issue was addressed in all of the relevant strategies and plans. The actions taken in response to the medium rated findings were noted. Kate Dunlop commented that she felt the report showed NSS was in a good state of readiness to play its part in addressing health inequalities issues.

**SERVICE AUDIT****Service Progress Reports****9. National IT Services Contract Audit Report [Paper ARC/17/75 refers]**

- 9.1. Paul Kelly noted the work done in preparation for the 2017-2018 audit. All of the recommended actions from the 2016-2017 audit were now complete.
- 9.2. In relation to a question from Mark McDavid it was noted that the relationship between NSS and ATOS evidenced strong partnership working and was regarded as being very robust. There was a level of maturity based on continuity of people. There was evidence of effective challenge and debate with action taken in response to those challenges.

**10.. Payroll Services Audit Report [Paper ARC/17/76 refers]**

- 10.1. Fraser Nicol noted that he had met with Payroll to plan the audit work which would start in November. There were now automated interfaces between HR systems and Payroll systems which would bring a new dimension to the audit but would result in less need for the review of paper trails. All of the recommended actions from the 2016-2017 audit were complete.

**11. Practitioner Services Audit Report Paper ARC/17/77 refers]**

- 11.1. Fraser Nicol noted that he had met with the Business Services Director to plan the audit work. This had included the agreement to include a data analytics approach. Of the recommended actions from the 2016-2017 audit 6 were complete and 2 were not yet due for completion. It was confirmed these 2 items were on track to be closed off by the target dates.

**EXTERNAL AUDIT****12. External Audit Report 2017/2018 Updates [Paper ARC/17/78 refers]**

- 12.1. Rachel Browne noted that the detailed work to plan the audit for 2017-2018 would take place in October. Meetings had taken place with the Director of IT around the governance of NSS engagement and support for the national ehealth programme. Julie Burgess asked if in light of the earlier discussions around the Picture Archiving and Communication System (PACS) Audit Scotland had sufficient assurance in relation to the actions being taken. Rachel Brown noted that it was clear that the more the PACS issue was investigated the more reassurance there was that the issues were being flushed out and addressed. NSS were on top of the situation. Paul Kelly noted that as part of the NITSC audit work meetings had been held with Carestream and there was assurance from those discussions that there was robust management in place and there was focus on the key issues.

**NSS UPDATES**

- 13. Internal Audit Actions Report** [Papers **ARC/17/79** and **ARC/17/79a** refer]
- 13.1. An updated paper had been issued following the release of the original papers as the request for an extended deadline for completion of an audit action in relation to PHI was no longer required. The request for an extension on an Accounts Receivable action to 31 December 2017 was agreed. Julie Burgess noted that there were many fewer requests for extensions to deadlines now than had been the case previously. This provided reassurance that audit actions were being closed off in a timely manner.
- 14. Risk Management Update** [Paper **ARC/17/80** refers]
- 14.1. Marion Walker noted there was one new Amber rated risk – i.e. (Risk 4708) that the CHI and Child Health Transformation Programme may fail or go over budget. Update – Actions had been taken to ensure the programme had senior leadership, robust governance arrangements and sufficient resources required to deliver the required outcomes.
- 14.2. At the August Executive Management Team (EMT) meeting the members requested that greater visibility be provided to issues and in particular risks that had crystallised into issues. It had been proposed that in the next Risk Report to the Audit & Risk Committee details of these issues be included similar to those provided within the Information Governance and Clinical Governance Committee risk reports. It was agreed that the EMT would consider this further but in general the members of the Audit & Risk Committee did not feel that inclusion of this information would be essential.
- 14.3. It was noted that the risks identified as strategic and categorised as Reputational had been included within this report for the first time. This would allow the Committee the opportunity to focus on all Reputational strategic risks and not just the Red and new Amber Reputational risks. The Committee welcomed the inclusion of this information in the report.
- 14.4. Marion Walker provided an update on the current red rated risks (with the exception of the Single Site Cleft Surgical Service which had been reported on separately to the Committee).
- Risk 3882 – Health Protection Website. – This was being progressed via the Digital Transformation Programme and the risk would be downgraded when a beta version of the website was launched.
  - Risk 4460 – Emergency Care Summary Functionality. Technical analysis work had been undertaken and the conclusion had been that the clinical risk was minimal. Non technical recommendations such as guidance had been progressed. One change request for IT systems had been signed off by the Service Board with another under consideration.
  - 4438 Scottish Breast Screening System IT development. The Programme board had reviewed the risk level in July and expected to reduce this following the release of a new version of the software. That decision would be made at the next meeting of the Programme Board.
- 15. Fraud Update – Annual Report** [Paper **ARC/17/81** refers]
- 15.1. Louise Roberts noted that the OPSAVA II work referred to in the report was now being rolled out as a national exercise. Counter Fraud Services were continuing to roll out their Cybercrime workshop. All 652 cases notified from the Cabinet Office in relation to the National Fraud Initiative had been investigated and no

major issues had been found. ABPI checks had been conducted with nothing to report. There had been 109 fraud reports to NHS Scotland in the first quarter of 2017 – 2018. This was a decrease of 35.5% on the same period in the previous year. In summary there was nothing of any significance to report to the Committee.

- 15.2. It was noted that the details of the 2017 - 2018 work plan were in the course of being agreed.

**16. Quarterly Feedback Comments Concerns and Complaints Report [Paper ARC/17/82 refers]**

- 16.1. Louise MacLennan advised that in quarter 1 of 2017 - 2018 NSS had received 118 complaints in comparison to 134 in the previous quarter and 119 in the same quarter of the previous year. The majority of the complaints were generated in SNBTS, PCF and PCFS. PCF were now only reporting complaints that related to their services and 3rd party complaints were not included in this report. However it was important to note that PCF continue to facilitate any 3<sup>rd</sup> party complaints with the NHS Boards and the relevant 3<sup>rd</sup> party. Colin Sinclair commented that he wanted to consider whether or not excluding these complaints from the reporting to the Audit & Risk Committee was appropriate.

**Colin  
Sinclair**

- 16.2. In response to a question from Mark McDavid it was confirmed that the majority of complaints to SNBTS continued to be from people who had presented themselves to make a blood donation which was then refused. The work that was being done to improve communication to potential donors was outlined – for example on-line information about which blood types were not currently required and how long blood could be stored for before it could be used safely.

- 16.3. It was reported that the Ombudsman had very recently advised that the complaint which had been referred to their service from a transgender patient would not be upheld.

- 16.4. The Committee discussed how complaints were recognised and recorded as distinct from staff dealing with what they regarded as 'feedback'. Training was undertaken to ensure that staff could differentiate between feedback and a situation where a customer wanted to go to the stage of having their feedback recorded as a complaint. Staff were encouraged to ask customers who provided feedback, for example as a verbal expression of dis-satisfaction, whether they would like it recorded as a complaint. This had been covered in the work that resulted in the introduction of the Model Complaints Handling Procedures.

**17 Committee Highlights for the NSS Board Meeting on 29 June 2017 [Paper ARC/17/83 refers]**

**17.1. Issues & Risks for the Board's Attention**

**Key Audit Matters:**

The Health and Safety Controls audit issues.

The IT resilience audit report with particular reference to the discussions around PACs.

**Key Risk Matters:**

The potential risks of sustainability around the Single Site Cleft Surgical Service.

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

Nothing include under this item.

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

Fewer requests for extension of audit action deadlines over a sustained period of time.

The inclusion of strategic risks in the Risk Report to the Committee.

The fraud report was commented on positively by members.

**Other Matters of Interest:**

Very positive Service and External Audit feedback.

**18 Any Other Business**

- 18.1 James Lucas noted that the draft internal audit plan for 2018 – 2019 would be presented to the meeting of the Audit & Risk Committee on 1 December 2017 and asked that management should be available over the next few weeks to ensure that the content of the plan could be agreed.

**19 DATE OF NEXT MEETING**

- 19.1 The next NSS Audit and Risk Committee Meeting would be held on Friday 1 December 2017 at 0930hrs

**FOR INFORMATION**

**20 Audit & Risk Committee Forward Programme 2016 [Paper AR/17/84 refers].**

- 20.1. The programme was noted.

There being no further business the meeting finished at 12.00 hrs

# minutes (APPROVED)

B/18/22

**NHS NATIONAL SERVICES SCOTLAND (NSS)**

**MINUTES OF INFORMATION GOVERNANCE COMMITTEE MEETING HELD ON THURSDAY 7 SEPTEMBER 2017 IN BOARDROOM 1, GYLE SQUARE, EDINBURGH COMMENCING AT 0930HRS**

**Present:** Kate Dunlop, Non-Executive Director (in the Chair)  
 Professor Elizabeth Ireland, Chair of NSS  
 Alison Rooney, Non Executive Director

**Apologies** Professor Marion Bain, Medical Director  
 Ian Cant, Non-Executive Director

**In Attendance:** John Fox Davies, Director of Strategy and Governance,  
 Janis Heaney, Senior Customer Engagement Manager, CEAD (Minute item 12 only)  
 Eilidh McLaughlin, Associate Director Corporate Affairs & Compliance  
 Stacey Moffat, Information Governance Lead, NSS  
 Martin Morrison, Head of Service Delivery, PCFS (Minute Items 5 and 6 only)  
 Dr Janet Murray, Consultant CPHM, Public Health and Intelligence (Minute Item 11 only)  
 Colin Sinclair, NSS Chief Executive  
 Drew McErlean, Committee Secretary [Minutes]

**ACTION**

**1. Chair’s Introduction**

- 1.1 The Chair welcomed everyone present to the meeting and noted apologies as above.
- 1.2 Members confirmed that they had no interests to declare in the context of the agenda items to be considered.

**2. Minutes of the NSS Information Governance Committee Meeting Held on 26 April 2017 [paper IG/17/21 refers]**

2.1. Amend Section 4.6. to state ‘The Committee reached a view that potentially one approach might be to propose that the transfer of paper records as a matter of routine, should cease’.

Amend Section 4.7. to state ‘John Fox-Davies commented that a joint lessons learned exercise would be undertaken with NHS Highland as he was concerned that a clear action plan to appropriately address the underlying issues needed to be in place.’

The minutes were otherwise agreed as being an accurate record of the meeting.



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Chair Professor Elizabeth Ireland  
 Chief Executive Colin Sinclair

**3. Matters Arising from the NSS Information Governance Committee Meeting of 26 April 2017 [Paper IG/17/22 refers]**

3.1 All of the action points were either complete, covered via the agenda for this meeting or programmed into a future meeting.

**4. NSS Information Governance Improvement and Strategy Update [Paper IG/17/23 refers]**

4.1. Eilidh McLaughlin noted that the Information Governance (IG) Improvement Strategy had been reviewed, an updated vision proposed and an updated 5-step provided. This was approved by the Committee. There has been good progress against General Data Protection Regulations, implementation of the Information Assets Register and redrafting of the mandatory training module.

4.2. It was noted that the training projections were based on HR systems. Although they appeared very “red”, when looked at closely the figures, were near to the target percentage required. Therefore, there were no concerns of not meeting target at present. It was agreed that the RAG status was misleading and should be removed as the underlying numbers were actually very positive.

**Colin Sinclair**

4.3. It was agreed that PHI would need to be mindful of the change implications for them from the work to create the new Public Health Body, but would also need to remain very focused on what needed done now. This change was happening at a time when health and social care would become more integrated and that was a big challenge to manage in relation to Public Health issues.

4.4. A recent audit of Information Governance and Data Security was presented for approval, at the June meeting of the NSS Audit and Risk Committee. Overall the report commented that there was significant assurance with minor improvement opportunities in this area and raised two medium and two low findings

**5. Information Governance Adverse Events, Risks and Complaints Report [Paper IG/17/24 refers]**

5.1. Stacey Moffat referenced the report which covered Q4 of 2016 -2017 and Q1 of 2017 – 2018. There had been no new category 1 or category 2 adverse events. It was noted that SNBTS had reviewed all adverse events to see if they had an IG implication. It was noted that the number of adverse events reported by SNBTS was much higher than all other SBUs due to the increased identification of IG related events (e.g. incorrect labelling of samples, missed / unanswered questions on Donor Session Records and using incorrect or outdated paperwork) which has resulted in an unbalanced view of the number and type of events being recorded across the organisation. None of these IG related ‘events’ included anything that was a concern. It was agreed that the scope of what SNBTS would include as IG related events should be reviewed.

**Stacey Moffat**

5.2. It was agreed that the summary of the report should be amended in the future to highlight the key messages and that some of the detailed reporting could be summarised into higher level findings. This may also help to identify trends that require changes to processes. The risk part of the report will also be split out separately to help bring more clarity to that issue.

**Stacey Moffat**



- 5.3. Stacey Moffat noted that a category 1 event was currently being reviewed and the outcome of that would be included in future reporting. **Stacey Moffat**

**6. Highland GP Files Update [Paper IG/17/25 refers]**

- 6.1. Martin Morrison provided an update on the progress of the various actions that were incomplete. There had been no response received from any of the patients who had so far been contacted to advise them of the incident. These were the patients still resident in Scotland. It was agreed that there should be no follow up communication issued to these patients. These letters should have been sent sooner. Ownership of the process should have been clearly allocated to one person rather than trying to progress it as a joint exercise. There had been too many iterations and discussions around the process rather than the focus being on the patients impacted. Martin Morrison would progress communication with the remaining 6 patients who were resident in either England or Ireland. It was agreed that these letters should be issued with minimal further delay. **Martin Morrison**
- 6.2. The Information Commissioner's Office (ICO) had responded on 6 September to the formal notification by asking about the progress of the clinical risk impact and had also asked for an update on the reconstruct of the lost data. Martin Morrison would ensure that appropriate responses were sent to the ICO.
- 6.3. Eilidh McLaughlin and Martin Morrison had attended the lessons learned exercise with NHS Highland and the actions from that workshop were now being progressed. Martin Morrison commented that the exercise had been very helpful in identifying a number of changes that could be made to current protocols.
- 6.4. Elizabeth Ireland commented that the key issue was to force discussion about how much longer the practice of moving paper records around was going to continue. Whilst this would lead to another issue about the management and governance of paper records, that was a secondary matter that could be dealt with pragmatically. This was an issue that needed to be taken forward by the Scottish Government in conjunction with Primary Care and other organisations like the BMA. A paper that addressed these issues had been prepared by NSS and would be discussed with the Scottish Government on 14 September.

**7. Review of Cyber Security across NSS Boards**

- 7.1. There was no business raised under the item. It was agreed that Eilidh McLaughlin would circulate any important issues that would have been included in the presentation to the members of the Committee. **Eilidh McLaughlin**

**8. NSS Digital Transformation Programme Project Update**

- 8.1 Eilidh McLaughlin noted that work that was being done on the programme using the Agile methodology. There was now a good understanding of how good information governance practices should be built into the programme's work. The priorities for the next few months were being planned. Elizabeth Ireland noted there would be a discussion on this work at the Board and Executive Management Team offsite meeting in early October.

**9. NSS Once for Scotland IG**

- 9.1. Eilidh McLaughlin referenced the work that had been started with the other national NHS Boards such as NHS24. The State Hospital Board was not yet engaged with the work despite having indicated that they were keen to be involved. The need to mandate all Boards to get involved in this work was discussed as the current situation where there varying levels of commitment was regarded as not being acceptable and would result in the overall objectives not being achieved. Potential collaboration opportunities across the wider public sector, for example with Police Scotland were also referenced.

**10. General Data Protection Regulations Update [Paper IG/17/28 refers]**

- 10.1. The UK Government had published a draft Data Protection Bill in August 2017 which was essentially the same as the EU General Data Protection Regulations (GDPR). The work that was being progressed to meet the May 2018 deadline for the implementation of the GDPR was referenced. This includes three formal checkpoint meetings with Information Governance Leads which will test whether the organisation is on track to meet the deadline. Colin Sinclair noted that the recent presentation to the Executive Management Team had been very helpful. It was important to ensure that there was a consistent approach across all SBUs.

**11. National Strategic and Operational Governance Update [Paper IG/17/29 refers]**

- 11.1. Janet Murray noted that the Digital Strategy for Scotland had been published in March 2017. A National Information and Knowledge Steering Group had been formed to drive forward the implementation of this.
- 11.2. The Local Intelligence Support Team (LIST) work was now expanding into Primary Care to support cluster quality working. Elizabeth Ireland commented that she was aware from her own experience as a GP, what a positive impact this work was having. The links between LIST and SPIRE were very important. Alison Rooney commented on the importance of patient data being available to every organisation involved in Health and Social Care so that the data could be used to ensure all patient needs could be identified and acted on in a timely manner.
- 11..3. In relation to the Public Benefit and Privacy Panel (PBPP) Janet Murray commented that they were coping very well with the number of applications received but resourcing issues would need to be addressed to maintain the current level of service.
- 11.4. Kate Dunlop asked if there was any sense of the government changing tone with regards to governance. Janet Murray responded that there had tended to be a mis-match between ambition and capability of what could be supported but that a greater understanding of the complexity was now beginning to emerge.

**12. Focus On Directorate – Customer Engagement And Development [CEAD]**

- 12.1. Janis Heaney provided a background to the work carried out in CEAD and explained how information governance was managed. As of August 2017

75% of CEAD staff had completed the mandatory Freedom of Information Training and 75% had also completed the Safe Information Handling module. There had been one IG adverse event in this year to date which related to an incorrect e-mail address in a survey. There is a programme of information governance walkabouts to identify any issues and ensure good practice is being followed.

- 12.2. CEAD was actively involved in NSS Information governance programmes such as the Information Assets Register. A Performance and Planning Manager had been recruited and part of that role would be to coordinate information governance for CEAD. There was a target to achieve 100% completion for mandatory training on information governance.
- 12.3. In response to a question from Elizabeth Ireland it was noted that the Customer Database did not capture every interaction. It records opportunities but not to the same level of detail as the PSD. Having one overall customer database for NSS was a longer term objective. The database was not a Customer Relationship Management (CRM) system but a CRM strategy was being worked on.
- 12.4. In response to a question from Alison Rooney it was noted that 'competitors' for NSS are in the area of Programme Management service- so the main Audit Groups would be an example. Janis Heaney noted that clear guidelines were in place about what could and could not be recorded on the Customer Database – i.e. no person identifiable data. Everything must be fact based and high level.

### **13. Items which the IGC may wish to include in the next Internal Audit Plan**

- 13.1 An audit of Cyber Security would be considered along with the other suggested items for inclusion in the 2018 – 2019 internal audit programme.

### **14. Board Highlights Report [Paper IG/17/30 refers]**

#### **14.1 Issues & Risks for the Board's Attention**

- The scale of the information governance work being undertaken in NSS.
- The discussion around the RAG status and the completion rates for Safe Information Handling training.
- The work on a range of national issues leading to the implementation of the Data Protection Regulations in May 2018.

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

- The potential for collaboration work with other NHS Boards and the wider public sector.

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

- The work taken in response to the Highland GP Practice Files issue.
- The focus that had been brought to information governance since the inception of the Committee three years previously.
- The evidence of pro-action within NSS on information governance.

- The production of the Redaction Guidelines.

**15. Any Other Business: Schedule of Meeting Dates for 2018 IGC Forward Programme [Paper IG/17/31 refers]**

15.1. The schedule of meeting dates for 2018 was agreed.

**16. Documents Circulated for Noting Redaction Guidelines [Paper IG/17/32 refers]**

16.1. Eilidh McLaughlin noted the work done by Roddy Mitchell of SNBTS on the preparation of the guidelines. It was agreed that the Chair of NSS would write to Roddy to thank him for his input.

**Elizabeth Ireland**

**17 Date of Next Meeting**

17.1 The next NSS Information Governance Committee Meeting would be held on Thursday 25 January 2018 at 09.30 hrs - Gyle Square Edinburgh

**18. Documents Circulated for Information / General Update only**

18.1. IGC Forward Programme [Paper IG/17/33 refers]

B/18/23

# Minutes (DRAFT FOR APPROVAL)

## NHS NATIONAL SERVICES SCOTLAND STAFF GOVERNANCE COMMITTEE

MINUTES OF NSS STAFF GOVERNANCE COMMITTEE MEETING HELD ON THURSDAY, 30 NOVEMBER 2017 IN BOARDROOM 2, GYLE SQUARE, EDINBURGH, COMMENCING 0930 HOURS

- Present:** Mr John Deffenbaugh - Non-Executive Director [Chair]  
 Mr Ian Cant - Employee Director  
 Professor Elizabeth Ireland - NSS Chair  
 Mr Gerry McAteer - UNISON  
 Mr Mark McDavid - Non-Executive Director  
 Mr Bert Stillie - Unite
- In Attendance:** Ms Jane Fewsdale - HR Workforce Information, Systems & Business Support Manager [Items 7-8]  
 Ms Mairi Gaffney - Head of Healthy Working Lives  
 Ms Hazel Mackay – HR Services Manager [Items 4 & 5]  
 Ms Louise MacLennan - Head of Equality and Engagement [Item ?]  
 Mr Jim Miller – Director of Procurement, Commissioning and Facilities [Items 1-3]  
 Ms Jenny Pope – HR Business Partner [Items 1-3]  
 Mr Mike Smith - Associate Director, Facilities Management  
 Mr Colin Sinclair - Chief Executive  
 Ms Aileen Stewart – Head of Organisational Effectiveness (deputising for Mrs J Jones)  
 Mrs Lynsey Bailey - Committee Secretary [Minutes]
- Observing:** Mr Martin Bell - Associate Director, Planning, Performance & Service Delivery
- Apologies:** Mr Tam Hiddleston - UNISON  
 Mrs Jacqui Jones – Director of HR and Workforce Development

### ACTION

#### 1. APOLOGIES AND INTRODUCTIONS

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

#### 2. MINUTES AND MATTERS ARISING FROM STAFF GOVERNANCE COMMITTEE MEETING HELD ON 20 SEPTEMBER 2017 [papers SG/17/51 & SG/17/52 refer]

- 2.1 Following a brief discussion, Members approved the minutes of the meeting held on 20 September 2017 pending a rewording of the second bullet point of minute 4.1 (refer to taking a consistent approach rather than not having less). Members also received confirmation that the approved minutes of 12 May 2017 were updated to specify the specific Staff Governance standard (Appropriately Trained and Developed).
- 2.2 Members noted the updates provided on the action list, and that all outstanding actions were either being take forward or were covered by the agenda and papers.



#### Headquarters

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 EDINBURGH EH12 9EB

Chair  
 Chief Executive

Professor Elizabeth Ireland  
 Mr Colin Sinclair

## ACTION

### 3. SBU SPOTLIGHT – PROCUREMENT, COMMISSIONING AND FACILITIES (PCF)

3.1 Mr J Miller spoke to his presentation which gave an overview of PCF staff demographics, trends in health and safety statistics, engagement initiatives Local Partnership Forum activity and the focussed staff governance work (e.g. equality and diversity, learning and development, and absence management):

- PCF recognised both the challenges posed by upcoming organisational change, and the need to manage these changes for the benefit of all.
- Members were assured regarding the planning and partnership working in place to achieve the organisational objectives.
- It had been agreed that the Equality and Diversity, and iMatter action plans would be the priority for the Local Partnership Forum sub-groups. Members were assured around data cleansing for accuracy of figures and ensuring that reductions were the result of actions being taken rather than a change in the method of reporting
- Members suggested specifying the inclusion of a trade union representative in invitations to future spotlight sessions
- The key messages being highlighted were:
  - PCF was wider than National Procurement and incredibly diverse,
  - Members could be assured that two-way engagement was being used to ensure consistency across the SBU.

L Bailey

### 4. HR PEOPLE REPORT

4.1 Members noted the content of paper **SG/17/53**, which provided an update on HR case management, the management of employee capability, sickness absence figures and workforce issues.

- NSS, overall, remained in a positive position on a wide range of workforce and people management issues
- There had been improvement in sickness absence, which could be credited to the work put in by Ms H Mackay and her team to develop SBU-specific, tailored solutions.
- Significant progress had been made in the recording of statutory and mandatory training, with Fire Safety Awareness training in particular showing an in-month increase of 24%
- NSS was exceeding its corporate responsibility targets, especially around youth and employment of those with disabilities.
- The number of incidents reportable under the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR) was a concern but Members were reassured that SBUs were fully supported in enforcing safe systems of work, investigating all reported near-misses or accidents, and implementing lessons learned arising from these investigations
- The response rate to the Dignity at Work survey was low for NSS at around 63% however there had been significant technical issues affecting access to the survey across NHS Scotland. This had been picked up and responses were being provided to Scottish Govt on behalf of NSS.

### 5. NSS RESOURCING OVERVIEW [paper SG/17/54 refers]

5.1 Members noted the contents of the paper which provided an overview of NSS's workforce planning statistics and any associated risks or issues. Members were assured:

- Redeployment numbers had remained stable
- There was recognition of stress involved for staff who were being displaced and consideration was given to how this was managed as best as possible

## ACTION

**6. OCCUPATIONAL HEALTH, SAFETY, WELL-BEING AND FIRE 2017/18 QUARTER 1 REPORT [paper SG/17/55 refers]**

6.1 Members noted the contents of the paper, which informed Members of the key work completed and progress made by NSS within Occupational Health, Safety, Wellbeing and Fire in line with current legislative and Government requirements/recommendations.

- NSS's RIDDOR figures had been benchmarked against other NHS Boards and were found to be comparable.
- Healthy Working Lives were keen to ensure that all accident/incident investigations were not done in isolation and considered the wider behavioural implications.
- Significant work was being done around mental health and promoting the management training around this.
- Teething issues with the electronic registration for the Active Safety Leadership course had meant the initial uptake had been low but this had now been fixed and improved attendance was expected going forward.
- A report on the review of Health and Safety Processes was being presented to the upcoming Audit and Risk Committee meeting on Friday, 1 December 2017. It would be circulated by Mrs L Bailey following that meeting.
- The review of NSS's Fire Policy was being progressed
- Members were provided with an overview of the up-to-date fire safety statistics (drills, alarm activations, training figures)

L Bailey

**7. FIRE SAFETY AWARENESS TRAINING – PROPOSAL**

7.1 Members noted the contents of paper **SG/17/56**, which updated on the recommendations for delivery and recording of Fire Safety Awareness training following a pilot, and Members were content for the EMT to progress it.

**8. STAFF RISKS – RED AND AMBER [paper SG/17/57 refers]**

8.1 Members considered the contents of the paper, which provided details of the staff-related risks appearing on the Corporate and Strategic Business Unit Risk Registers.

- Overall, staff risks within NSS were well managed
- Common themes were around staff pressures resulting from service demand and/or sickness absence. However, all appropriate mitigations were in place.
- Members discussed the inclusion of lower level risks appearing on the corporate risk register but agreed it was better to have these things raised as they could always be scaled back down if the corporate register was found not to be the right place for it.

**9. QUARTERLY FEEDBACK REPORT (STAFF) - 2017-18 QUARTER 1: APRIL-JUNE 2017 [paper SG/17/58 refers]**

9.1 Members noted the paper, which summarised of the number and nature of feedback received relating to staff and how it had been responded to:

- There had been an increase in complaints but the underlying causes for this had been identified and were being addressed.
- The number of compliments outweighed the number of complaints
- NSS had maintained a response rate of 98-99% of complaints responded to within 20 days.
- Members were invited to attend one of the Donor Awards Ceremonies held to recognise the contribution of blood donors and the dates would be passed on following the meeting.

L MacLennan/  
L Bailey

**10. NSS PARTNERSHIP FORUM UPDATE**

- 10.1 Members considered the contents of paper **SG/17/59**, which were the available sets of approved and draft NSS Partnership Forum minutes:
- The key issues discussed were public health and national board collaboration.
  - The January 2018 Partnership Forum would be run as a workshop session to develop Local Development Plans following the outcomes of the Resource Allocation Meetings
  - Members were given assurance that the Partnership Forum was somewhere where issues could be raised, and would then be addressed

**11. PUBLIC HEALTH BODY**

- 11.1 Members were provided with an update with regard to the formation of the new Public Health Body:
- A Programme Board, set up to manage NSS's programme of work in respect of this, had met and held a scoping session.
  - In respect of moment of staff, the assumption was that this would be done under Transfer of Undertakings [Protection of Employment] (TUPE) regulations or Staff Transfer Order.
  - HR was beginning to develop high level plans on this basis.
  - HR was also working to ensure relevant workforce data was as up to date as possible and additional support and training was made available for managers around leading through change.
  - A one page briefing, clarifying the differences between TUPE and Staff Transfer Order, would be developed for the Programme Board and would be available to anyone else who wanted to see it.
  - In the immediate term, there would be a standing agenda item for the NSS Staff Governance, and the NSS Board, to receive updates from the Programme Board.
  - Members were keen to ensure people issues did not get lost in processes
  - Consideration was being given to using the learning from SNBTS's move to the Jack Copland Centre and this was part of the reason for Mrs M Morgan had been appointed Senior Responsible Officer for this programme.
  - Members recognised the importance of communications, particularly in respect of any consultations and managing expectations.

**12. NATIONAL BOARD COLLABORATION - VACANCY MANAGEMENT**

- 12.1 Members received an overview of the discussions which had gone on at a national level regarding a joined up approach to recruitment/vacancy management across all the National Boards:
- A document had been issued by Golden Jubilee, on behalf of the 8 National Boards, outlining some proposals to achieve this.
  - NSS provided feedback and had requested clarity around equity of access and compliance with existing policies and processes.
  - Going forward, there would be a greater emphasis on finding areas of collaboration for National Boards, as there was recognition that approaches to the planning and delivery of services needed to change.

**13. TURAS APPRAISAL/e-KSF**

- 13.1 Members noted the contents of paper **SG/17/60**, which provided an overview and assurance around the implementation of Turas Appraisal, the successor to the electronic Knowledge and Skills Framework (e-KSF) system:
- Since Turas Appraisal was still being built, there were no guarantees that it would meet all requirements but, there would be opportunities for input to try and ensure it would be as close as possible.



**ACTION**

- It was more important to ensure that the appraisal process took place and not be too focussed on the specifics of how it was recorded.
- With regard to training on the use of Turas Appraisal, Learning and Development departments were engaged to ensure that agile and digital solutions would be used to meet the anticipated timescales.
- The implementation and data transfer period should not impact performance reviews and objective setting for staff.

**15. WORKFORCE PLANNING POTENTIAL UPDATE**

15.1 In the absence of Mrs J Jones, Mr C Sinclair provided a high level update:

- The importance of a standardised approach and methodology in workforce planning was being emphasised across the organisation.
- The main aim was to ensure that NSS would be best placed to meet the specific workforce challenges it was beginning to face.

**16. LEADERSHIP PROGRAMME**

16.1 Members received an overview of the Leadership Programme to date, the feedback received from participants and the potential future approaches to being considered:

- Members suggested HR could make use of Mr J Deffenbaugh's expertise with regard to evaluation methodology.
- Members were keen to get assurance that there was an alignment of individual and organisational objectives.
- HR agreed to bring back a paper with developed proposals for the new leadership training programme structure.

**17. REVIEW OF STAFF GOVERNANCE COMMITTEE TERMS OF REFERENCE [paper SG/17/61 refers]**

17.1 Members considered the current version of the Terms of Reference, in particular any potential rewording of paragraphs 5 a) - c):

- Members asked Mrs J Jones and Mr I Cant to work on it and circulate their proposed amendments between meetings.
- A finalised version would then be presented at the next Staff Governance Committee meeting on Friday, 16 February 2018.

**J Jones/  
I Cant**

**18. REVIEW STAFF GOVERNANCE ITEMS ON THE DRAFT NSS INTERNAL AUDIT PLAN [paper SG/17/62 refers]**

18.1 Members considered the draft NSS Internal Audit plan for 2018/19. While there was nothing immediate to add to this plan, Members felt future audit plans may wish to look at:

- Measuring the impact of "upstream" work on policies, processes, learning and development etc.
- Identifying further areas for investing resources into which would maximise the outcomes.

**19. OTHER RELEVANT COMMITTEE GOVERNANCE ISSUES**

19.1 Members received updates on items of relevance discussed at recent meetings of the other NSS Sub-Committees:

- Clinical Governance Committee on 25 September 2017 had discussed the learning from Healthcare Improvement Scotland's review of the Scottish Breast Screening Programme.
- The Remuneration and Succession Planning Committee had held a Discretionary Points – overview of not just the award but support being given to applicants.

**ACTION**

**20. ITEMS FOR THE SUB-COMMITTEE HIGHLIGHTS REPORT**

- 20.1 Members agreed the key points for the Sub-Committee Highlights report to the next formal NSS Board meeting on Friday, 2 February 2018. Mrs L Bailey would send a draft of the report to Mr J Deffenbaugh as soon as possible. **L Bailey**

**21. ANY OTHER COMPETENT BUSINESS**

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

**22. DATE OF NEXT MEETING**

- 22.1 The next meeting was scheduled for Friday, 16 February 2018 in Meeting Room 19, Gyle Square, Edinburgh at 0930hrs.

There being no further business, the meeting finished at 1230hrs.

# Minutes (APPROVED)

B/18/24

## NHS NATIONAL SERVICES SCOTLAND STAFF GOVERNANCE COMMITTEE

### MINUTES OF NSS STAFF GOVERNANCE COMMITTEE MEETING HELD ON WEDNESDAY, 20 SEPTEMBER 2017 IN ROOM 030, GYLE SQUARE, EDINBURGH, COMMENCING 1400 HOURS

**Present:** Mr John Deffenbaugh, Non-Executive Director [Chair]  
 Mr Ian Cant, Employee Director  
 Mr Tam Hiddleston, UNISON  
 Mr Gerry McAteer, UNISON  
 Mr Bert Stillie, Unite

**In Attendance:** Mr Peter Donachie - Senior Policy Advisor, Scottish Government [Items 1-4]  
 Ms Mairi Gaffney - Head of Healthy Working Lives  
 Ms Anna Gilbert - Head of Staff Governance, Scottish Government [Items 1- 4]  
 Mrs Jacqui Jones - Director of HR and Workforce Development  
 Ms Louise MacLennan - Head of Equality and Engagement [Item 9]  
 Ms Cliodhna Nolan - HR Team Leader (Redeployment) [Item 7]  
 Mr Mike Smith - Associate Director, Facilities Management  
 Mr Colin Sinclair - Chief Executive  
 Ms Aileen Stewart – Head of Organisational Effectiveness  
 Mrs Lynsey Bailey - Committee Secretary [Minutes]

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

#### ACTION

#### 1. APOLOGIES AND INTRODUCTIONS

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

#### 2. MINUTES AND MATTERS ARISING FROM STAFF GOVERNANCE COMMITTEE MEETING HELD ON 16 FEBRUARY 2017 [papers SG/17/38 & SG/17/39 refer]

2.1 Following a brief discussion, Members approved the minutes of the meeting held on 12 May 2017 pending clarification of the specific aspect of the staff governance standard referred to at minute 7.1.

2.2 Members noted the updates provided on the action list, and commented:

- All outstanding actions were updated or covered by the agenda and papers.
- iMatter 2017 survey had an overall response rate of 76% (slightly down but still comparable with 2016). The survey had run during a peak holiday period, so an extension had been requested to give NSS an opportunity to capture areas which may have had significant workload and cover challenges during this time. A response to this request was still awaited.

#### 3. PROPOSED DATES [paper SG/17/40 refers]

3.1 Members were content with the majority of the proposed meeting dates for 2018, which had been previously circulated. However, they agreed that the meeting in September 2018 should be moved to the latter half of the month.

**L Bailey**



Headquarters

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Chair  
 Chief Executive

Professor Elizabeth Ireland  
 Mr Colin Sinclair

**ACTION****4. SCOTTISH GOVERNMENT NATIONAL ANNUAL MONITORING RETURN**

4.1 Ms A Gilbert and Mr P Donachie provided an update on the Once for Scotland agenda. This included an overview of the work in respect of service delivery which covered clinical services, digital systems and standardisation of employment processes.

- Information was being collected from each Board to identify the variance from the policies issued by the Partnership Information Network (PIN), any associated resource implications and where PIN policies could be improved.
- Prioritisation of policies to go through this process, the approach, remit etc., was still being discussed. However, there was recognition of the need for partnership working, and agreement that a consistent approach should be taken across NHSScotland.
- It was important to identify where a particular need could be addressed through a process, rather than an enhancement to the policy itself.
- Most of the issues to be tackled were created by the structure of the NHS in Scotland. Since structural change was not imminent, there was a need to find a way to work within that, although this would come with significant challenges.
- Ms A Stewart suggested that the scope of the PIN Policy reviews be widened to consider those HR Policies not currently covered by PIN. Mrs J Jones agreed to raise this matter, with the appropriate Group at Scottish level.
- In respect of the Staff Governance National Annual Monitoring return, the Scottish Government was trying to develop a more streamlined way of gather the information instead. Ms Susan Russell, Staff Governance Associate at the Scottish Government, would be submitting a paper to the Scottish Workforce and Governance Committee on this
- Members were very supportive of the Once for Scotland work and were keen to ensure the engagement around this was right.

**J Jones****5. NSS PARTNERSHIP FORUM UPDATE**

5.1 Members considered the contents of paper **SG/17/41**, which were the available sets of approved and draft NSS Partnership Forum minutes:

- The digital transformation agenda and the formation of the new public health body had been the dominant areas of discussion.
- SNBTS staff had now begun to move into the Jack Copland Centre (JCC).
- Members felt the addition of the front cover summary to the paper had been helpful. However, they suggested future versions (for this and any of the other papers) include a summary at the outset.

**Paper  
Authors****6. HR PEOPLE REPORT**

6.1 Members noted the content of paper **SG/17/42**, which provided an update on HR case management, the management of employee capability, sickness absence figures and workforce issues.

- NSS, overall, had a solid performance – good progress made in most areas but some issues to be addressed in others.
- Sickness absence figures had generally shown improvement, although two SBUs had particular issues. Focussed work was being done in those areas and improvements were expected. However, with the upcoming winter months and flu season, a six to eight month overview would give the best indication of this. Some of the figures were also to be clarified.
- There had been a slight increase in staff turnover which was, in the main, the result of SNBTS staff being displaced due to the JCC moves.
- Agency spend was under target

**ACTION**

- The recording of statutory fire training had improved and NSS was now showing as on course to meet its target.
- A Dignity at Work survey was planned for November 2017, and a communication plan was already being developed for it.

**7. NSS RESOURCING OVERVIEW [paper SG/17/43 refers]**

7.1 Members noted the contents of the paper which provided an overview of NSS's workforce planning statistics and any associated risks or issues. Members were assured:

- There had been an increase in the number of staff on redeployment – mainly due to fixed-term contracts ending, and displacement of SNBTS staff as a result of the JCC moves and other organisational/transformational change.
- Members were reassured that redeployment cases were being managed closely and well.

**8. OCCUPATIONAL HEALTH, SAFETY, WELL-BEING AND FIRE 2017/18 QUARTER 1 REPORT [papers SG/17/44 and SG/17/45 refer]**

8.1 Members noted the contents of the paper, which informed Members of the key work completed and progress made by NSS within Occupational Health, Safety, Wellbeing and Fire in line with current legislative and Government requirements/recommendations.

- An overview of the updated process for recording mandatory fire safety training was provided along with reassurance NSS was now well-placed to meet its target.
- As a result of the Grenfell Tower fire, all NSS properties had been checked in respect of cladding materials and were found to be compliant with current safety standards.
- Flu planning was now high on the agenda. All staff had the option to receive vaccinations through Healthy Working Lives and uptake was generally good among non-clinical staff. The main challenge was encouraging uptake among clinical staff and Members briefly discussed how this could be done.
- The RAG status against the Occupational Health, Safety, Wellbeing and Fire Action Plan was currently green
- One accident occurred which was reportable under the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR). It had been investigated with mitigating actions identified and taken forward.
- Healthy Working Lives had been supporting SNBTS to ensure all health and safety issues were addressed in their transition to the JCC
- Following the KPMG audit findings, and the report from the Royal Society for the Prevention of Accidents, an action plan was being developed which set out the processes in place and highlighted the areas for improvement.
- An Active Health and Safety Leadership training programme was being rolled out for all the Directors and their Senior Management Teams.

**9. QUARTERLY FEEDBACK REPORT (STAFF) - 2017-18 QUARTER 1: APRIL-JUNE 2017 [paper SG/17/46 refers]**

9.1 Members noted the paper, which summarised of the number and nature of feedback received relating to staff and how it had been responded to:

- NSS had maintained a response rate of 99% of complaints responded to within 20 days.
- The number of complaints relating to staff attitude and behaviour in the quarter remained at five. In respect of these, communications were being further developed in an attempt to better manage donor expectations.

**ACTION**

- A Train the Trainer programme for the Model Complaints Handling Procedure had been developed and was being updated to reflect some recent changes (the introduction of Duty of Candour etc.)
- It was acknowledged that having zero complaints would always be an aspiration but, given the nature of NSS's work, it was not a realistic expectation. The focus was ensuring that NSS made all efforts to keep complaints as a small proportion of overall interactions. Key to this was taking on board all feedback and considering lessons to be learned from it.
- Members were pleased to note that the compliments received tended to outweigh the complaints

**10. STAFF RISKS – RED AND AMBER [paper SG/17/47 refers]**

10.1 Members considered the contents of the paper, which provided details of the staff-related risks appearing on the Corporate and Strategic Business Unit Risk Registers.

- Five risks on the Corporate Risk Register specifically related to staff – two were rated medium (amber) and the other three were rated low (green).
- Members were satisfied with the mitigations in place and were content that NSS was in an acceptable position in terms of risk.

**11. OTHER RELEVANT COMMITTEE GOVERNANCE ISSUES**

11.1 Members received updates on items of relevance discussed at recent meetings of the other NSS Sub-Committees:

- The NSS Audit and Risk Committee raised concerns following the KPMG Health and Safety Audit report and asked for a statement on this at their next meeting on 1 December 2017;
- The NSS Remuneration and Succession Planning Committee requested assurance on appraisals across the whole organisation, not just Senior Management level.
- The NSS Clinical Governance Committee had received assurances on completion of the actions arising from Healthcare Improvement Scotland's review of the breast screening programme. This was followed by a wider discussion on clinical risk and having appropriate visibility. The Committee also received an update on the JCC move delays and the associated impact on clinical services.

**12. ITEMS FOR THE SUB-COMMITTEE HIGHLIGHTS REPORT**

12.1 Members agreed the key points for the Sub-Committee Highlights report to the next formal NSS Board meeting on 3 November 2017. Mrs L Bailey would send a draft of the report to Mr J Deffenbaugh as soon as possible.

**L Bailey****13. ANY OTHER COMPETENT BUSINESS**

13.1 Members were advised there was a Hepatitis B vaccine shortage and noted a risk assessment was being undertaken to establish the impact on staff at risk.

**14. DATE OF NEXT MEETING**

14.1 The next meeting was scheduled for Thursday, 30 November 2017 in Boardroom 2, Gyle Square, Edinburgh at 0930hrs.

**15. POLICY OVERSIGHT**

15.1 NSS Job Share Policy [paper **SG/17/48** refers]

15.2 NSS Reserve Forces Training and Mobilisation Policy [paper **SG/17/49** refers]

There being no further business, the meeting finished at 1618hrs.

# Minutes (DRAFT FOR APPROVAL)

B/18/25

## NHS NATIONAL SERVICES SCOTLAND CLINICAL GOVERNANCE COMMITTEE

### MINUTES OF CLINICAL GOVERNANCE COMMITTEE MEETING HELD ON 1 DECEMBER 2017 IN MEETING ROOM 18, GYLE SQUARE, EDINBURGH, COMMENCING AT 1355 HRS

**Present:** Ms Julie Burgess - Non-Executive Director [Chair]  
Ms Jane Davidson - Non-Executive Director  
Mr John Deffenbaugh - Non-Executive Director  
Professor Elizabeth Ireland - Chair of NSS

**In Attendance:** Mrs Noreen Kent – NSS Nurse Director and Executive Lead for Clinical Governance  
Mrs Eilidh McLaughlin – Associate Director of Corporate Affairs and Compliance  
Dr Lorna Ramsay – Joint Interim NSS Medical Director  
Mr Colin Sinclair – NSS Chief Executive  
Professor Marc Turner – Medical Director, SNBTS  
Mrs Lynsey Bailey – Committee Secretary [Minutes]

**Apologies:** Dr Mike Winter – Joint Interim NSS Medical Director

#### ACTION

#### 1. WELCOME, APOLOGIES AND DECLARATION OF INTERESTS

1.1 Ms J Burgess welcomed everyone to the meeting and noted the apologies as above. Members were asked to declare any interests in the context of the agenda items but none were declared.

#### 2. MINUTES OF CLINICAL GOVERNANCE COMMITTEE MEETING HELD ON MONDAY, 25 SEPTEMBER 2017 [paper CG/17/51 refers]

2.1 Following a brief discussion, Members were content to approve the minutes of the meeting held on Monday, 25 September 2017.

#### 3. MATTERS ARISING AND ACTION LIST [paper CG/17/52 refers]

3.1 Members noted that the majority of the items on the action list were either in progress, closed or covered within the agenda and papers for this meeting.

#### 4. UPDATE ON BLOOD & TISSUE SAFETY MEASURES

4.1 Professor M Turner spoke to confidential paper **CG/17/58a** which provided an update on blood safety issues within the Scottish National Blood Transfusion Service (SNBTS). The report covered the following areas:

- i. Clinical Apheresis Event
- ii. Update on anti-GBM antibody testing incident
- iii. Update on Donor Notification Incident
- iv. Update on BioRad Incident
- v. Regulatory and Professional Inspections and Audits
- vi. Donor Deferral Criteria
- vii. Transition Plans to Jack Copland Centre (JCC)
- viii. Letter from Joan McAlpine MSP
- ix. Sustainability of Scottish Hospital Blood Banks
- x. HAI Report



#### Headquarters

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

Chair Professor Elizabeth Ireland  
Chief Executive Colin Sinclair

**ACTION**

- 4.2 Clinical Apheresis Event – Members noted the detail provided of the event involving a patient with thrombotic thrombocytopenic purpura (TTP) and acknowledged the role and response of SNBTS clinicians and the host Board.
- 4.3 Update on anti-GBM antibody testing incident – These tests continued to be run on a different platform with suitable validations in place to avoid any recurrence. SNBTS was still awaiting responses regarding 46 patients from the clinicians who had been contacted.
- 4.4 Update on Donor Notification – Only one donor notification remained “pending” and a full report would be prepared over the next month.
- 4.5 Update on BioRad Incident - Members noted the Variation of Contract agreed with BioRad and its implications.
- 4.6 Regulatory and Professional Inspections and Audits - Members noted the appended reports from the inspections which had taken place since the previous meeting. They also noted that the action plans in respect of any non-conformances had been submitted and closed. Members sought and received reassurance that Professor M Turner had no significant concerns in respect of the content of the reports. With the successful outcome of its first inspection as a new facility, the JCC was now able to issue blood. Members acknowledged the very positive feedback and the role of staff in achieving this.
- 4.7 Donor Deferral Criteria – Members received an overview of the recent updates to donor deferral criteria. SNBTS were hopeful that these new measures would lead to some reduction in deferral rates.
- 4.8 JCC Transition - Members were pleased to note that around 250 staff had now successfully moved into the JCC. They were also provided with an overview of the slight delay for the transition of the testing function and the contingencies in place to continue in the meantime.
- 4.9 Letter from Joan McAlpine MSP – Professor M Turner provided an overview of SNBTS's response to a request, via their MSP, from a family who had concerns about their father's haemophilia treatment in the early 1980s. Members commended the openness of the response.
- 4.10 Sustainability of Scottish Hospital Blood Banks – Members noted the update provided, and received an overview of a proposed approach to a systems-wide governance structure for hospital blood banks. Members sought and received assurance around the management of any safety concerns that arose and that workforce issues (training etc,) were being factored in.
- 4.11 HAI – Members were advised that SNBTS continued to maintain an excellent level of hand hygiene compliance.
- 4.12 Walkround – Ms N Kent and Ms J Burgess provided an update on their recent visit to SNBTS's site at the Royal Infirmary of Edinburgh. Overall, it had been a useful and assuring visit, with one or two observations which would be fed back as potential improvement opportunities.
- 4.13 Members suggested that future front cover sheets, for this and any of the other papers, include a summary and/or statement of assurance at the outset.

**Paper Authors****5. NSS CLINICAL ADVERSE EVENTS, RISKS & COMPLAINTS QUARTERLY UPDATE**

- 5.1 Members briefly discussed paper **CG/17/69** which provided an update on clinical adverse events, risks and complaints since the last meeting on



**ACTION**

Monday, 25 September 2017. There had been marginal increases in all three areas but nothing to give cause for concern.

5.2 Starting with the adverse events, Members were assured that NHS Greater Glasgow and Clyde were leading on the response to the previously reported Paediatric Allogeneic Stem Cell Transplantation Service event and that NSS had appropriate involvement and visibility. Members noted the detail provided on the Abdominal Aortic Aneurysm Screening. While it was useful from a quality assurance perspective, Members felt, in this case, it was sufficient for them to note the event and monitor for any further occurrence. Members also suggested inviting Ms F Murphy to attend a future meeting where NSD case presentations could be used to better illustrate the complexities of NSS & Board roles and accountability. Ms N Kent and Ms J Burgess agreed to discuss and plan this out with the meeting.

**N Kent/  
J Burgess**

5.3 Members noted that there were two red risks reported, which had subsequently been reduced after the papers were issued - one to amber and one to green. Members noted the specific update provided in the additional paper **CG/17/74**, which detailed the risk posed in respect of IT support for the current Scottish Electroconvulsive Therapy Accreditation Network database system and the proposed options to resolve this. Members were assured that good progress had been made but there was still work to be done.

5.4 The number of complaints had slightly increased, mainly in respect of Staff Behaviour and work was being done to address the specific issues raised. Members were advised that training on the Model Complaints Handling Procedure was being developed and consideration was being given to how to take forward organisational learning, particularly in respect of human factors.

## **6. BROADER ACTIONS AROUND RISK MANAGEMENT [paper CG/17/70 refers]**

6.1 Members noted the paper, which updated on the review of clinical incidents and adverse events with the aim of identifying any which were not anticipated by risks. Members were reminded that there was also a review of the impact of the clinical flag which was due to come to the committee in June 2018.

## **7. NSS HEALTH IMPACT PERFORMANCE REPORT [paper CG/17/71 refers]**

7.1 Members noted that, at the end of the second quarter of 2017/18, achievement against the Key Performance Indicators (KPIs) was tracking as 100% green, 0% amber and 0% red. Members discussed changing the paper title to be more reflective of the content and the selected KPIs (i.e. to be clearer that it dealt with more “upstream” impacts). Members considered the suggestion that, for next year, they looked at the LDP and agreed the level of detail they wanted to see.

## **8. CLINICAL DIRECTORATE REPORT [paper CG/17/72 refers]**

8.1 Members noted the Clinical Update report, which detailed the work undertaken by the Clinical Directorate since the last NSS Clinical Governance Committee meeting on Monday, 25 September 2017. Dr L Ramsay highlighted the addition of Ms Katherine Ross to the team to undertake work around social care engagement, the work done around Primary Care, and the work done on the Oral and Dental Health Plan. Members were advised that, based on the level of activity undertaken, the Clinical Directorate was confident it had the right level of professional perspectives and expertise. It was now time to focus on where more “value-add” could be achieved.

**ACTION****9. OTHER NSS GOVERNANCE COMMITTEE ISSUES**

9.1 Members received the following updates from the other NSS Board Sub-Committees on items of direct relevance to the NSS Clinical Governance Committee (CGC):

NSS Audit and Risk Committee (ARC)

- The risk which had been previously raised around health and safety processes had been re-assessed as low.
- The governance of the Picture Archiving & Communications System was discussed and the ARC requested that the CGC monitor this risk and take forward any actions. A paper would be brought to a future meeting for the purposes of tracking and providing assurance. Until the risk was resolved, this would be a standing item on the agenda for CGC meetings.
- The ARC recognised the clinical risks in implementation of the changes/updates to the Community Health Index and Child Health systems so a dedicated report listing these would also be provided for monitoring purposes.
- The Draft Internal Audit Plan was also discussed and the CGC agreed that they should ensure the clinical implications of audits already planned were taken into account. They recognised much was already covered between other audits (which the CGC may not have visibility of) and annual reporting. Mrs E McLaughlin agreed to provide a list of these to allow the CGC to decide what they would like to see in more detail.

**L Bailey/  
L Ramsay**

**E McLaughlin**

NSS Staff Governance Committee (SGC)

- The SGC had been monitoring staff impact of SNBTS's move to the JCC and how it was being managed,
- The staff impact of the new Public Health Body formation would be a standing item for the foreseeable future.

**10. ITEMS FOR THE SUB-COMMITTEE HIGHLIGHTS REPORT TO THE BOARD**

10.1 Mrs L Bailey agreed to draft up the Sub-Committee Highlights Report and send it to Mrs J Burgess for approval to issue with the papers for the next formal NSS Board meeting on Friday, 2 February 2018.

**L Bailey**

**11. ANY OTHER BUSINESS**

11.1 Members had no additional business to raise at this point.

**12. DATE OF NEXT MEETING**

12.1 Members noted the next meeting was scheduled for Friday, 22 March 2017 in Boardroom 2, Gyle Square, Edinburgh at 1230hrs.

**13. FOR INFORMATION/NOTING**

13.1 Patient Group Directions Audit [paper **CG/17/73** refers]

There being no further business, the meeting finished at 1555hrs.

# Minutes B/18/26 (DRAFT FOR APPROVAL)

## NHS NATIONAL SERVICES SCOTLAND CLINICAL GOVERNANCE COMMITTEE

### MINUTES OF CLINICAL GOVERNANCE COMMITTEE MEETING HELD ON 25 SEPTEMBER 2017 IN ROOM 030, GYLE SQUARE, EDINBURGH, COMMENCING AT 0930 HRS

**Present:** Ms Julie Burgess, Non-Executive Director [Chair]  
 Ms Jane Davidson, Non-Executive Director  
 Mr John Deffenbaugh, Non-Executive Director (via teleconference)  
 Professor Elizabeth Ireland, Chair of NSS (via teleconference)

**In Attendance:** Mrs Noreen Kent – NSS Nurse Director  
 Mrs Eilidh McLaughlin – Associate Director of Corporate Affairs & Compliance  
 Ms Fiona Murphy – Director, NSD [Items 6-11]  
 Mr Andy Roberson – Director, IT [Item 12]  
 Professor Marc Turner – Medical Director, SNBTS  
 Dr Mike Winter – Medical Director, PCF [Items 6-11]  
 Mrs Lynsey Bailey – Committee Secretary [Minutes]

**Apologies:** Professor Marion Bain – NSS Medical Director  
 Mr Colin Sinclair – NSS Chief Executive

#### ACTION

#### 1. WELCOME, APOLOGIES AND DECLARATION OF INTERESTS

1.1 Ms J Burgess welcomed everyone to the meeting and noted the apologies as above. Members were asked to declare any interests in the context of the agenda items but none were declared.

#### 2. MINUTES OF CLINICAL GOVERNANCE COMMITTEE MEETING HELD ON MONDAY, 12 JUNE 2017 [paper CG/17/51 refers]

2.1 Following a brief discussion, Members were content to approve the minutes of the meeting held on Monday, 12 June 2017 pending an update to the list of attendees to show Mr J Deffenbaugh had given his apologies. **L Bailey**

#### 3. MATTERS ARISING AND ACTION LIST [paper CG/17/52 refers]

3.1 Members noted that the majority of the items on the action list were either in progress, closed or covered within the agenda and papers for this meeting.

#### 4. PROPOSED NSS CLINICAL GOVERNANCE COMMITTEE MEETING DATES [paper CG/17/53 refers]

4.1 Members were content with the majority of the proposed dates, with the possible exception of Thursday, 6 December 2018 for Ms J Davidson (which she would check and confirm). Members confirmed they wished to hold their June 2018 meeting in Meridian Court. Mrs L Bailey also agreed to look into venues for the meetings in the latter half of 2018 to allow the Committee to visit other NSS sites. **L Bailey**



#### Headquarters

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

Chair Professor Elizabeth Ireland  
 Chief Executive Colin Sinclair

**ACTION****5 DUTY OF CANDOUR**

- 5.1 Mrs E McLaughlin spoke to her presentation on the activity so far in preparation for the Duty of Candour implementation. The NSS Clinical Governance Committee would be the “guardian” and primary recipient of NSS’s Duty of Candour report when it came into being and an updated policy would be brought for signature to the NSS Clinical Governance Committee meeting scheduled for Thursday, 22 March 2018. Members were keen not to lose sight of good practice already in place, or the impact NSS can have when communicating with those impacted by an incident, and were pleased to note that the Duty of Candour would actually formalise this. They also recognised the fine balance involved in issuing communications when an incident arises without creating undue anxiety. In discussing who would be leading on this work, and the membership of the Short-Life Working Group, Members were assured that the clinical voice was recognised as being crucial. Clinical input would be sought early on and this was currently being finalised. In conclusion, Members were reassured by the ongoing work to address implementation of the Duty of Candour, including building it explicitly into existing processes.

**CGC****6 HEALTHCARE IMPROVEMENT SCOTLAND (HIS) BREAST SCREENING PROGRAMME REVIEW - ACTION PLAN UPDATE [paper CG/17/54 refers]**

- 6.1 Ms F Murphy spoke to the final report on NSS’s actions in respect of the recommendations arising from HIS’s review of the Scottish Breast Screening Programme (SBSP). The proposed changes to the governance of the SBSP had been commended and agreed. Members noted that a wider national review of the governance of all screening programmes was taking place and completion of that review was awaited before any major change was implemented. In addition, HIS may also want to share the final report with the expert review group which could come back with further comments and Ms F Murphy agreed to find out when NSS could expect a response confirming that the action plan could be closed off.
- 6.2 Members were provided with an overview of the interim governance arrangements in place and were content that the roles and responsibilities in respect of incident management were clearer. There was still work in progress on the internal lessons learned and a full report on this would be presented to the NSS Clinical Governance Committee meeting scheduled for Thursday, 22 March 2018. Members sought assurance that all recommendations had been addressed and HIS’s original findings would not be repeated in the event of another incident. They were advised that the interim and proposed governance structures were more explicit and formalised as to the expectations on each of the organisations involved, which would satisfy in the event of any similar future incidents.
- 6.3 Members were also keen to discuss the impact on the staff involved and were pleased to note that staff were happier now there was clarity in the processes being followed. However, there was understandable concern about the wider review of the screening programmes’ governance structures and what that could bring. In particular, SBSP staff were trying to embed significant IT changes and, in recognition of the complexity involved in this, an entry had been put onto the risk register. In respect of system health for the SBSP, there was a meeting scheduled that afternoon to look at implementation of an upgrade. The expectation was that the risk would reduce and the system would work as designed. However, as there was room to improve, it would be placed on a continuous upgrade programme.

**F Murphy**

## ACTION

**7. NHS SCREENING PROGRAMMES SCHEME OF DELEGATION [paper CG/17/55 refers]**

7.1 This had been covered earlier in the meeting (see minutes 6.1 and 6.2).

**8. SBSP IMPACT [paper CG/17/56 refers]**

8.1 Members noted the contents of the paper presented and recognised that there were too many variables to know for sure whether the SBSP incident had made any difference to the outcomes for the women affected. They were reassured the uptake among these women was now in line with general uptake and that all reasonable efforts had been made in this respect. The impact would not be part of the overall screening review as the Screening Committee would prefer to focus on increasing uptake in areas where it was low. However, there would be some monitoring of outcomes for patients referred from a positive screening.

**9. UPDATE ON BROADER ACTIONS AROUND RISK MANAGEMENT [paper CG/17/64 refers]**

9.1 Mrs E McLaughlin spoke to the paper which summarised the progress against wider actions, identified through the HIS review of the SBSP, in respect of risk management. Most of these actions were now completed and those which remained open were well in progress. A paper on a retrospective review of adverse events, and the role of risk management as a predictive tool to mitigate against such events, would be brought to the next NSS Clinical Governance Committee meeting scheduled for Friday, 1 December 2017. However, Members indicated that they were content with the current position.

**E McLaughlin/  
S Moffat**

**10. STEM CELL TRANSPLANT [paper CG/17/57 refers]**

10.1 Members noted the paper provided on concerns regarding the paediatric allogeneic stem cell transplant service in Glasgow. NHS Greater Glasgow and Clyde would be undertaking the service review and NSS would provide all appropriate support. Members briefly discussed the role of NSS in assessing quality standards of commissioned services and the options open to it to recommend continuance or indeed to move to another centre, potentially outwith Scotland. However, this issue was still at an early stage and Members would receive updates as and when information became available.

[**SECRETARY'S NOTE:** The following two items were a late addition to the agenda.]

**11. CLEFT RISK**

11.1 Dr M Winter assured Members that the current cleft service provision was meeting standards, albeit within a stressed system, and NHS Greater Glasgow and Clyde accepted the associated clinical risks. However, NSS retained visibility of these risks in its role as facilitator. Members were keen to ensure that the context of the environment, and NSS's role as service facilitator, were articulated clearly in the risk register entry.

**M Winter**

**12. PICTURE ARCHIVING AND COMMUNICATIONS SYSTEM UPDATE**

12.1 Members were advised that the IT resilience and disaster recovery audit report submitted to the recent NSS Audit and Risk Committee stated that the use of tape backup was insufficient as the image quality was not useful. It was established this statement was inaccurate and should have been removed. However, the replacement statement submitted by IT was not as clear as it could have been and therefore the auditors had retained their original

statement in the report. Going forward, there was a plan to replace the tape back-ups with disc storage. Members were reassured the risk was medium (“amber”) as originally thought, and they were satisfied with the response.

### 13. UPDATE ON BLOOD & TISSUE SAFETY MEASURES

13.1 Professor M Turner spoke to confidential paper **CG/17/58a** which provided an update on blood safety issues within the Scottish National Blood Transfusion Service (SNBTS). The report covered the following areas:

- i. Hepatitis E Virus (HEV) Testing
- ii. Hepatitis A (HAV) Outbreak
- iii. Possible Platelet Bacterial Transmission
- iv. Donor Notification Incident
- v. Immunology incident
- vi. BioRad Incident
- vii. Regulatory and Professional Inspections and Audits
- viii. The Advisory Committee on the Safety of Blood, Tissues and Organs (SaBTO) Review of Deferral Criteria
- ix. Transition Plans for Jack Copland Centre (JCC)
- x. Western Isles Blood Bank

13.2 HEV Testing - Universal HEV testing had now been successfully implemented. All blood, tissues and cells were HEV tested prior to being issued.

13.3 HAV Outbreak - A temporary deferral was put in place to contain the outbreak and no adverse consequences had been reported for the patient impacted. Donor selection criteria for the UK have been reviewed and were expected to be updated shortly.

13.4 Possible Platelet Bacterial Transmission - Members noted that all reasonable measures were being taken - i.e. donor suspension on a precautionary basis.

13.5 Donor Notification - Members were satisfied that all reasonable steps had been taken to contact and follow up with affected donors.

13.6 Immunology Incident - There had been no reports to date of any patients with false positive GBM Antibody tests being treated with immuno-suppressive medication. Members noted that the GBM Antibody testing was only one aspect of testing when considering a diagnosis.

13.7 BioRad Incident - Members were provided with an overview of the issues being experienced with analysers provided by BioRad through one of their subsidiaries. Members were updated on the remedial actions proposed and they were pleased to note the service was now stabilised and new software would be provided to address any remaining issues. Members were also assured SNBTS was content that no clinical risk remained for patients. However, this would be monitored closely on an ongoing basis.

13.8 Regulatory and Professional Inspections and Audits - Members noted the appended reports from the two inspections which had taken place since the previous meeting. They also noted that the action plans in respect of any non-conformances had been submitted and closed.

**ACTION**

- 13.9 SaBTO's Review of Deferral Criteria - Recommendations have been agreed for amended deferral criteria in respect of a variety of donor groups. These were scheduled to be applied in November 2017 with the exception of those relating to invasive procedures and tissue donation. They were on a longer timeline due to other regulatory and practical considerations.
- 13.10 JCC Transition Plans - Members were pleased to hear that the first group of staff had moved into the JCC and noted the update on the expected timelines for the other groups to move in. Members recognised and commended the work done to get to this point.
- 13.11 Western Isles Blood Bank - Members received an overview of progress to date, and the support being provided by SNBTS. Service sustainability, along with ensuring regulatory compliance and clinical safety were the major concerns. Members suggested that this could potentially be something to consider in the context of the shared service agenda if these challenges were replicated in other smaller blood banks.
- 14. NSS CLINICAL ADVERSE EVENTS, RISKS & COMPLAINTS: JANUARY - MARCH 2017**
- 14.1 Members briefly discussed paper **CG/17/59** which provided an update on clinical adverse events, risks and complaints from 1 April to 30 June 2017. They noted that the National Category 2 clinical adverse incident (i.e. event that may have contributed to, or resulted in, temporary harm) was the Hepatitis A outbreak which had been covered earlier in the agenda [see minute 13.3]. Looking at the remaining two high, "red" risks with a clinical primary category, Members were supportive of these being reviewed to establish the exact nature of the risk that was being reported, particularly in respect of the risk relating to the Public Health Microbiology strategy.
- 14.2 Moving onto updates on previously reported adverse events, Members were pleased to note that, for the incident involving missing GP medical records, lessons learned about clinical input at an early stage were being taken forward and work was ongoing to contact the affected patients. This incident had also been covered at the recent meeting of the NSS Information Governance Committee on Thursday, 7 September 2017 and Members recognised that care needed to be taken to avoid duplication of work that other committees have done. However, they also acknowledged that the possible clinical impact required to be fully considered.
- 14.3 Members were pleased to note that, regarding complaints, NSS was well placed and had an excellent response rate. The number of complaints relating to Opportunity to Donate was still high but some communications work was being done to address that.
- 15. NSS HEALTH IMPACT PERFORMANCE REPORT [paper CG/17/60 refers]**
- 15.1 Members noted that, at the end of the first quarter, achievement against the 2017/18 Key Performance Indicators (KPIs) was 96.3% green, 3.7% amber and 0% red.
- 16. CLINICAL DIRECTORATE REPORT [paper CG/17/61 refers]**
- 16.1 Members noted the Clinical Update report, which detailed the work undertaken by the Clinical Directorate since the last NSS Clinical Governance Committee meeting on Monday, 12 June 2017.

**ACTION****17. OTHER NSS GOVERNANCE COMMITTEE ISSUES**

- 17.1 Members noted that the vast majority of items from the other Sub-Committees which were of relevance to the NSS Clinical Governance Committee would have already been covered through the highlights reports to previous NSS Board meetings. However, they were advised that the NSS Audit and Risk Committee were seeking further assurances in respect of the response to the Health & Safety Audit.

**18. ITEMS FOR THE SUB-COMMITTEE HIGHLIGHTS REPORT TO THE BOARD**

- 18.1 Mrs L Bailey to draft up the Sub-Committee Highlights Report and send to Mrs J Burgess for approval to issue with the papers for the next formal NSS Board meeting on Friday, 3 November 2017. **L Bailey**

**19. ANY OTHER BUSINESS**

- 19.1 Members had no additional business to raise at this point.

**20. DATE OF NEXT MEETING**

- 20.1 Members noted the next meeting was scheduled for Friday, 1 December 2017 in MR18, Gyle Square, Edinburgh at 0930hrs.

**21. FOR INFORMATION/NOTING**

- 21.1 Nursing 2030 Vision [paper **CG/17/62** refers]  
21.2 Achieving Excellence in Pharmaceutical Care: A Strategy For Scotland [paper **CG/17/63** refers]

There being no further business, the meeting finished at 1241hrs.



# PATIENT GROUP DIRECTIONS POLICY



# DOCUMENT CONTROL SHEET:

## Key Information:

<b>Title:</b>	Patient Group Directions
<b>Date Published/Issued:</b>	November 2013
<b>Date Effective From:</b>	November 2013
<b>Version/Issue Number:</b>	V1.4
<b>Document Type:</b>	Policy
<b>Document status:</b>	Final
<b>Author:</b>	Head of Clinical Practice Development
<b>Owner:</b>	Director of Nursing
<b>Approver:</b>	NSS Corporate Compliance Group
<b>Approved by and Date:</b>	NSS Corporate Compliance Group
<b>Contact:</b>	Calum Thomson 0131 275 7132

## Revision History:

<b>Version:</b>	<b>Date:</b>	<b>Summary of Changes:</b>
V1.0	November 2010	Finalised Policy
V1.1	September 2013	Policy Review
V1.2	November 2014	Policy Review
V1.3	December 2016	Policy Review

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## 1. Summary

A patient group direction is a written instruction for the supply or administration of medicines to groups of patients. Medicines may be supplied or administered under patient group directions in limited situations where doing so offers an advantage for patient care without compromising patient safety, and where it is consistent with appropriate professional relationships and accountability. Local clinicians should consult with all appropriate persons to confirm that the proposed direction is appropriate, does not compromise patient safety, and is consistent with professional relationships and accountability.

Patient Group Directions (PGDs) facilitate the supply and administration of medicines by professionally registered groups of staff to identified groups without the need for the donor/client to be seen first by a qualified prescriber. The development of a PGD must follow strict criteria and NSS is responsible for ensuring that effective governance arrangements are in place, including the maintenance of a central register of all approved PGDs.

The relevant legislative framework is contained within:

Regulations 229-232 of the Human Medicines Regulations 2012.

The legal framework relating to PGDs for use in the NHS contain certain criteria that must be met in order for the PGD to be valid:

- It must be authorised by the Health Board.
- a senior doctor; a senior pharmacist; and a member of the professional group to which the PGD applies must be involved in its development.
- it must contain certain information relating to the drug itself and the patient group to which it applies.

### **Guidance from MHRA and Scottish Government States**

The PGD must be reviewed by a Board Area Drugs and Therapeutics Committee or an appropriate group; In NSS this will be the Clinical Directorate.

MHRA states “The expiry date for a PGD needs to be decided on a case-by-case basis in the interest of patient safety. The expiry date should not be more than 3 years from the date the PGD was authorised.” In NSS this will be every two years. This Policy and Procedure is designed to ensure that NSS has in place a robust process to ensure effective governance of the development and use of PGDs within its clinical, staff and client groups.

Should members of staff have any difficulties with understanding any aspect of this policy, or require further information in respect of accessibility, interpretation or application of the policy, they should contact the Head of Clinical Practice Development or their Line Manager.

## 2. Useful Information

Other NSS policies/guidance that you may find useful include: -

- NSS Checking Professional Registrations Policy (2014)
- NSS Management of Employee Capability Policy (2013)
- NSS Management of Employee Conduct Policy (2012)
- NSS Integrated Risk Management Approach (2012)
- Nursing & Midwifery Council – The Code - Professional Standards of Practice and behaviour for Nurses and Midwives (2015)
- Nursing & Midwifery Council – Standards for Medicines Management (2010)
- Royal Pharmaceutical Society - Medicines, Ethics & Practice Guide (July 2013)

The following websites may also be of interest: -

- [www.nes.scot.nhs.uk/pgds](http://www.nes.scot.nhs.uk/pgds)
- <https://www.gov.uk/government/publications/patient-group-directions-pgds/patient-group-directions-who-can-use-them>
- [www.staffgovernance.scot.nhs.uk](http://www.staffgovernance.scot.nhs.uk) - Staff Governance
- Department for Business Innovation & Skills - [www.bis.gov.uk](http://www.bis.gov.uk)
- ACAS – [www.acas.org.uk](http://www.acas.org.uk)
- Nursing & Midwifery Council – [www.nmc-org.uk](http://www.nmc-org.uk)
- <http://www.legislation.gov.uk/ukxi/2012/1916/contents/made>

## 3. Policy Review

This policy will be reviewed two years from its effective date to ensure that arrangements put in place are appropriate to the operating requirements of National Services Scotland (NSS).

**Date Policy is effective: 2010**

**Reviewed by: NSS Partnership Forum, 21.3.17**

Agreed by:



**Chair, Staff Governance Committee**

Date: 27/09/2017

## PATIENT GROUP DIRECTIONS GUIDELINES



Date Published: 21.3.17  
Version: V1.4  
Owner/Author: Director of Nursing

#### **4. Identification of Need**

Clinical care should be provided on an individual, patient-specific basis. It is recognised that in limited circumstances there is a need to supply and administer drugs to groups of patients who may not be individually identified before presenting for intervention. The aim of the PGD is to facilitate these situations to maintain quality of care without compromising patient safety and to maintain professional accountability.

The supply and administration of medicines under PGDs is not prescribing. A PGD is a written instruction for the supply or administration of a medicine(s) and should be reserved for those limited situations where this offers advantages for patient care (without compromising patient safety).

NSS Strategic Business Units may identify opportunities, subject to the restrictions in section 5 below and as outlined in the relevant legislation, where the development of a PGD may enhance the health impact delivered by NSS or contribute towards positive outcomes for clients, donors or staff.

NSS Strategic Business Units may develop a PGD, in line with the necessary legislation and the information contained within this policy. Irrespective of the origin, each PGD will be required to be submitted to the NSS Clinical Directorate, reviewed, agreed and signed off by the NSS Medical Director, Director of Nursing and Director of Pharmacy. In the case of SNBTS individual drug monographs must be stored as controlled documents on the Q pulse system.

#### **5. Limitations and Exclusions**

Certain drugs are excluded, or are included with limitations, from administration under a PGD

- Controlled drugs (except Schedules 4 and 5 under certain circumstances; see footnote 1 below) seasonal flu vaccinations approved for national immunisation purposes are by definition 'black triangle drugs' and are the only exception to the exclusion of black triangle drugs acceptable for use in NSS
- Radiopharmaceuticals
- Black triangle drugs
- Unlicensed medicines

A PGD cannot be utilised if the supply or administration involves adjustment of the dose of a medicine. The medicine should ideally be used within the terms of its Marketing Authorisation. If it is being used "off-label" this must be stated clearly within the PGD, and the practitioner involved must be aware of their direct accountability for usage in this circumstance.

Appropriately trained Registered Nurses are eligible to administer medicines under a PGD within NSS. Legislation encompasses other groups who are registered by their professional and/or regulatory body to supply or administer medicines under a PGD: Midwives, Pharmacists, Paramedics, Physiotherapists, Chiropodists or Podiatrists, Dieticians, Optometrists, Orthoptists, Radiographers, Prosthetists, Orthotists, Speech and Language Therapists, Occupational Therapists, Dental Hygienists and Dental Therapists.

## 6. Procedure for PGD Development and Approval: Necessary Elements

- The development and authorisation of a PGD for use by NSS staff should involve an NSS pharmacist and the Medical Lead for the Strategic Business Unit
- Where this does not apply (for example PGDs being used by NSS staff working within other NHS Boards and where the PGD is authorised by and falls under the governance of the hosting NHS Board) the Clinical Directorate should review the content of that PGD to ensure that it meets NSS requirements before accepting the PGD for entry onto the central NSS register.
- The responsible medical member of staff for the area in which the PGD is to be used should submit the PGD to the Clinical Directorate to facilitate wider clinical relevancy, accuracy and approval
- Where only a minor change to a previously ratified PGD is proposed, such as the change in composition of the annual flu vaccine, the clinical area(s) concerned should seek approval and sign off for such changes from the Clinical Directorate (Medical Director, Director of Pharmacy and Director of Nursing).
- In the case of vaccinations which may change on a yearly basis (influenza). The PGD should stipulate the approved formula for the current vaccination.

The PGD must contain the following information :

- ◆ It should be clear on the PGD that it is for use in NSS
- ◆ The start and expiry dates of the PGD
- ◆ Description of the medicine
- ◆ Class of healthcare professional who is able to supply or administer
- ◆ Signature of the health professionals involved in the development of the PGD
- ◆ Signature by the NSS Director of Nursing or nominated deputy to authorise its use within NSS
- ◆ Clinical condition or situation to which the PGD applies
- ◆ Description of patients or donors excluded from treatment under the PGD
- ◆ Description of circumstances when further advice should be sought from a doctor
- ◆ Details of dosage, maximum total dosage, quantity, pharmaceutical form and strength, route and frequency of administration, maximum and minimum period over which the medicine is administered
- ◆ Warnings and potential adverse reactions, contra-indications; including any serious drug to drug or food to drug interactions
- ◆ Details of any necessary follow-up actions and circumstances
- ◆ Information on required record-keeping



## **7. Staff**

Registered nursing staff are professionally accountable for their practice and must ensure compliance with the requirements of the NMC Code, the relevant legislation, and the appropriate PGD.

Staff who enter into an arrangement to administer medicines under a PGD:

- Will receive appropriate training and must achieve the appropriate level of competency which will be reviewed every two years
- Will do so on a voluntary basis except where it is a necessary element of their role and is a contractual requirement
- Will maintain contemporary knowledge and competency via the Personal and Professional Development Planning process
- Will have their details logged onto the NSS central register which will be maintained electronically via a shared folder
- Must ensure that appropriate systems of up-to-date record-keeping are maintained

There must be a secure system for recording and monitoring medicine use so that it is possible to reconcile stock and outgoings on an individual patient or donor basis. Ordinarily this would be the nurse-in charge of the clinical area or programme of vaccination concerned.

Staff must report any adverse events according to NSS incident reporting guidelines.

## **8. Governance**

NSS is required to have in place a formal process to ensure that all PGDs being used by NSS staff are logged, approved and meet the requirements of this policy and the NSS Clinical Directorate.

Where PGD's are used by NSS staff to treat patients under the care and management of territorial Boards i.e. SNBTS Clinical Apheresis, new or updated PGD's should be approved by the boards concerned through the Area Drugs and Therapeutics Committee.

A central element of this process is the existence and maintenance of a central register of approved PGDs and a register of the staff that are qualified to administer them.

This register will be reviewed twice yearly by the Head of Clinical Practice Development on behalf of the NSS Director of Nursing.

Influenza vaccination is reviewed yearly due to the need to adjust the vaccination to suit the particular flu strain.

Updating of the central register will be the responsibility of the Senior Nurse in each area where the PGD is in use. (For example Blood Tissue and Cells Clinical apheresis; PGD registrants will be entered on the central register and edited as required by the Nurse-in-Charge of each regional unit).

Staff administering medications under the auspices of the PGD are expected to maintain competency as per their relevant Professional Body Code of Professional Conduct.

When PGD's are updated or changed all staff must acquaint themselves with those changes before administering the medication(s) concerned.

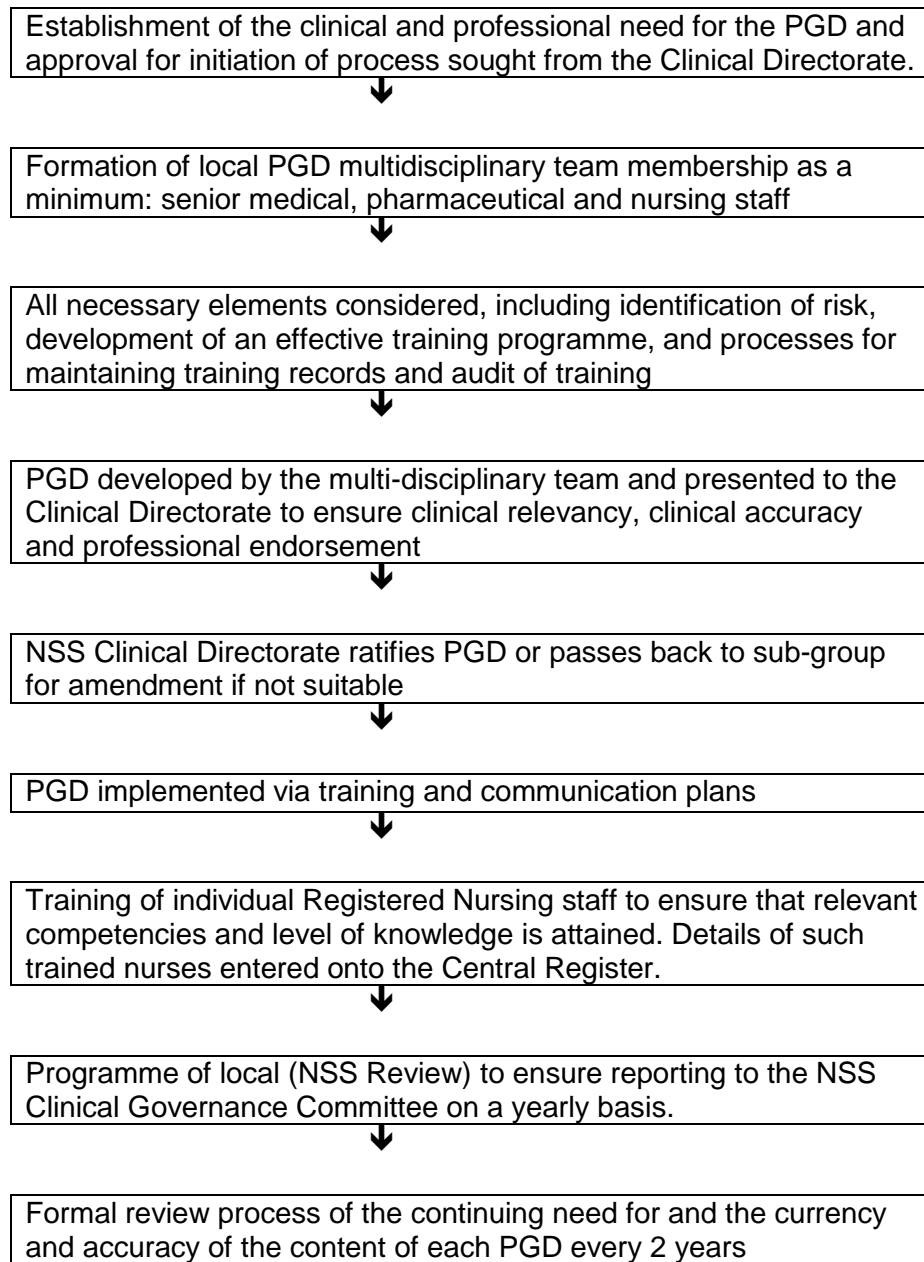
#### **9. Audit and Review**

The NSS Director of Nursing will be responsible for ensuring that arrangements are in place for auditing the implementation of the PGD, effectiveness and outcomes, and for ensuring that a 2 yearly cycle of review is in place.

An internal review of the PGD will be carried out using the appended template (Appendix 2)

The NSS Director of Nursing will ensure that appropriate reports are made available annually to the NSS Clinical Governance Committee.

Appendix 1 Flow Chart Development of PGD in NHS NSS.



## CHECKING PROFESSIONAL REGISTRATIONS POLICY



# DOCUMENT CONTROL SHEET:

## Key Information:

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## Revision History:

Version:	Date:	Summary of Changes:
V1.0	July 2010	Previous version of policy
V0.1	13.03.2013	Revised policy submitted to PRG group
V0.2	09.05.2014	Revised policy submitted to WPTC
V0.3	10.06.2014	Updated following comments from WPTC
V0.4	07.07.2014	Updated following consultation
V0.5	13.08.2014	Track changes of V0.4 accepted following agreement at August WPTC
V0.6	15.11.2014	Updated following CLO advice
V2.0	December 2014	Endorsed by NSS Partnership Forum and Submitted to Staff Governance Chair for sign off
V2.1	09/06/2015	Updated following feedback from Interim Nurse Director
V3	20/04/2016	Updated following feedback from CLO re temp suspension by statutory body, comments from WPTC after discussion re Nurse Revalidation and comments from Professional Leads.
V3.1	18/10/2016	Updated further following feedback from Professional Leads.
V3.2	04/05/2017	Updated following comments from WPTC

**Distribution:** This document has been distributed to:-

Name:	Title/SBU:	Date of Issue:	Version:

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## 1. Summary

The NHS National Services Scotland (NSS) Checking Professional Registrations Policy provides a framework for checking the relevant professional registration status of individuals within NSS. The policy applies to all NSS occupational groups for whom professional registration is a statutory requirement for employment.

It is the aim of the policy to ensure that all individuals who require to be registered with a professional regulatory body, have a clear understanding of their role, their manager's role; the NSS Responsible Officer's role (as identified for each occupational group at Appendix 3) and HR's role in this process, and the potential consequences to their continued employment with NSS if they are not appropriately registered.

Should members of staff have any difficulties with understanding any aspect of this policy, or require further information in respect of accessibility, interpretation or application of the policy, they should contact HR, their Line Manager or Professional Organisation/Trade Union Representative

## 2. Scope

Certain staff employed by NSS directly or under contract are required by their contract of employment (or under their agreement to provide services) to be and remain registered with an appropriate professional regulatory body. These include healthcare scientists, allied health professionals, medical practitioners, dental practitioners, optometrists, pharmacists, nurses and midwives, public health specialists and solicitors.

All persons employed by NSS in any of these or other professions requiring registration must be and remain registered by the appropriate professional regulatory body and therefore current registration with the appropriate body. *(Please refer to Employment Rights Act 1996 [http://www.opsi.gov.uk/acts/acts1996/Ukpga\\_19960018\\_en\\_1](http://www.opsi.gov.uk/acts/acts1996/Ukpga_19960018_en_1) Part X, Chapter 1)*

For the avoidance of doubt this policy therefore applies to:

- Staff directly employed by NSS
- Staff employed in the private and voluntary sector and who provide services on behalf of NSS to patients and clients
- Staff supplied to NSS by employment agencies or third party contractors

It should be noted that the principles of maintaining registration may apply to those individuals whose post does not require professional registration, where the maintenance of such registration is deemed to add value, as defined by the NSS Policy Statement on the Definition of Clinical in the Context of the NSS Workforce (Appendix 1).

Where a professionally registered individual is temporarily moved to a role which does not require registration e.g. where the individual moves into a temporary work assignment as part of the redeployment process for reasons relating to health or organisational change, the individual will be provided the opportunity and support to maintain their professional registration.

The specific requirements for Revalidation and Enhanced Appraisal for Medical Staff registered with the General Medical Council are outlined in Appendix 4 of this Policy.

Specific information relating to the Revalidation Procedure for Nursing and Midwifery Staff registered with the Nursing & Midwifery Council are outlined at Appendix 5 of this Policy.

### **3. Aims of the Policy**

The aims of this policy are to ensure that:

- Managers who have the responsibility and accountability for staff who require to be or remain registered with the appropriate professional regulatory body monitor, review and update these registrations in a timely and proactive manner; and
- Individual members of staff who require to be registered or to remain registered with the appropriate professional regulatory body understand their personal responsibility and accountability for their professional registration.

In order to achieve these aims the following principles and values will apply:

- This policy will be appropriately communicated to all employees and will be made readily accessible to them;
- All employees will be made aware of their role as a practitioner and their personal and professional responsibility to maintain this registration and update their Line Manager accordingly.
- This policy will be subject to ongoing monitoring to ensure that it is being fairly and consistently applied and that the stated principles and values are being met.
- This policy will be subject to regular reviews, in partnership, to ensure that any new standards, systems and/or structures are incorporated when necessary and that it remains fit for purpose.

### **4. Roles and Responsibilities**

#### Practitioners/Employees

Practitioners have a personal and professional responsibility to maintain their registration and to inform their Line Manager immediately when difficulty in maintaining their registration is anticipated, or where the practitioner's registration has lapsed, had conditions of practice imposed, or where the practitioner is subject to investigation by the professional regulatory body. This responsibility would also include escalating the matter to the appropriate Professional Lead.

It is the employee's responsibility to update their professional registration details in a timely manner via the self-service facility of the electronic HR system which the Line Manager will verify with the professional regulatory body. Employees should aim to complete this at the earliest opportunity.

#### Line Managers

It is the responsibility of the appropriate Line Manager to check each individual's professional registration. This check should be carried out as a minimum annually regardless of the renewal cycle for the professional regulatory body to allow accurate yearly reporting and provide robust governance around professional registration. Managers must verify registration by logging into the website of the appropriate professional body. A copy of the original certificate or the screenshot from the online registration check should be taken and passed to HR to be placed in the personal file.



Line Managers should verify that registration status has been correctly recorded by checking the professional membership page in the individual's electronic HR record for:

- Registration check date
- Date of registration expiry

If a Line Manager does not complete the checking of Professional Registration status of staff within their area of responsibility in a timely manner and a lapse in registration is subsequently identified, the Line Manager may be held accountable for this action not being carried out.

#### Responsible Officers

The Responsible Officer is responsible for ensuring NSS' compliance with the professional standards of the appropriate regulatory bodies. Details of the Responsible Officer for each professional group can be found in Appendix 3.

#### Trade Union/Professional Organisation Representatives

It is the responsibility of the trade unions/professional organisations to:

- support their members where required ensuring that their members are aware of their responsibilities under this policy
- participate in partnership monitoring, evaluation and review of this policy

#### Human Resources:

HR will ensure that recruitment processes comply with the requirement to check professional registration status prior to a conditional offer being issued. (as detailed in Section 6 below)  
To enable NSS to monitor continued compliance, HR will produce a monthly report of employees whose registration will lapse in the following month for dissemination to SBU designated contacts.

HR will also provide the Head of Clinical Practice Development with a monthly registration status report for all clinically registered staff to ensure that all registrations have been updated appropriately. Any possible lapsed registrations will be reported to the SBU Director/Responsible Officer

Please see Section 8 for process on Failure to Produce a Current Certificate of Registration.

#### HR and Workforce Development Director

The Director of HR and Workforce Development is responsible for the provision of effective systems and processes to ensure the verification of professional registration.

## **5. Recruitment and Selection**

All adverts for positions within NSS will contain details of the professional registration required for the post. All job descriptions will reflect the professional registration requirements for the post advertised.

#### Verification of Registration of New Starts

It is the responsibility of HR at the interview stage to confirm that individuals who require to be registered are registered with the appropriate professional regulatory body prior to a conditional offer being issued. If HR are not present at interview the interview panel chair will forward photocopied documents to HR immediately after interview.

The practitioner will be asked to produce evidence of current registration at interview which must be checked and copied by either the Chair of the Interview Panel or member of HR if present and placed in the candidate's file.

The documentation provides only limited evidence of the currency of professional registration. Therefore, and in addition, prior to employment being offered, HR, in conjunction with the Line Manager, must independently verify with the relevant professional regulatory body that:

- the practitioner is appropriately registered (job descriptions must state if the post requires professional registration)
- the registration is appropriate for the proposed role
- the registration is not subject to any current restrictions
- the potential employee is not currently subject to any fitness to practice investigation.

The result of this verification process must be documented within the individual's file.

Not every statutory regulatory body discloses fitness to practise proceedings openly or online. In addition, some statutory regulatory bodies do not make changes to the registrant's details until proceedings are complete and a sanction or warning has been applied. It is therefore not sufficient simply to consult the statutory regulatory body's website to confirm fitness to practise information.

HR will retain a copy of the appropriate certification, and will sign and date a copy of this certification before placing in the personal files.

Where professional registration is a requirement of the role, the contract of employment must include a statement confirming that it is a condition of employment that professional registration is maintained by the individual.

Where NSS requires to engage agency staff through the national contract for the supply of agency staff, it is the responsibility of the Recruiting Manager to seek assurance from the agency that all necessary checks have been carried out.

When a new member of staff commences employment it is the responsibility of HR to enter registration details on the employee's electronic HR record.

## **6. Renewal/Registration Checks**

NSS is required by law to ensure that there is due governance relating to ongoing maintenance and renewal of professional registration for those in the organisation who require to be registered with a professional regulatory body.

## **7. Lapsed Registration**

In the event of a registration lapse, the Line Manager must establish the circumstances around the lapse e.g. whether the cause relates to something out with the individual's control, whether there are exceptional mitigating circumstances, or whether the failure to register lies with the individual registrant. This information should be readily available following discussion with the staff member and with their Professional Body. It is important that the outline circumstances of the case are established as soon as possible, ideally within one or two days.

Where a registrant has made an application to their professional body to defer re-registration due to exceptional circumstances eg extended periods of maternity leave, career break, serious illness, the Line Manager can provide evidence to support this submission based on the individual facts.

An employee **cannot** practice as a registered member of staff until registration is renewed , and the Line Manager must inform the NSS Responsible Officer (see Appendix 3) of any registration lapses. NSS aims to support the employee in such circumstances and will endeavour to identify alternative options while attempts to restore professional registration are pursued.

While re-registration is being processed by the regulatory body, the Line Manager, in discussion with the Professional Lead should consider the options below in sequence:

7.1 Where possible, consideration should be given to temporary alternative employment into a vacant post which does not require professional registration while attempts to restore professional registration are pursued. In the event that no suitable alternative posts are available within the SBU, then the Line Manager should contact HR Services in the first instance and, where appropriate, a Case Advisor will be assigned to advise whether there are any suitable posts elsewhere in the organisation.

Where the error lies with the Regulatory Body, the employee should continue to be paid at the level of their substantive post.

In all other circumstances, the employee will enter the lower salary band at the bottom of the grade. However, where completed years of service in the same or higher band is deemed to be relevant to the temporary alternative role, this service can be recognised for the purposes of salary placement and the employee placed on the appropriate point of the lower band. It should be noted however that an employee will adopt the full terms and conditions applicable to the temporary role/band and any protection of earnings would cease for the duration of the temporary alternative employment.

Should circumstances arise where an alternative approach is proposed, this should be referred to the Director of HR and Workforce Development for consideration.

In the event that no suitable alternative employment is available, or acceptable to the employee, the employee should take unpaid leave from work until professional registration is restored.

The Line Manager, Professional Lead and NSS Responsible Officer (see Appendix 3), will discuss the individual circumstances of each case of lapsed registration, and the NSS Responsible Officer will determine any course of action to be taken proportionate to the situation. This may result in the matter being considered under the terms of the NSS Management of Employee Conduct Policy or NSS Management of Employee Capability Policy, if appropriate. It may also require a fitness to practice referral to the relevant professional regulatory body if appropriate.

## **8. Recurring Lapses in Registration / Failure to inform**

If there is evidence of recurring failure to maintain registration, or concerns are raised that the registered professional has deliberately failed to inform NSS that their registration has lapsed, the matter will be subject to the NSS Management of Employee Conduct Policy and may require a fitness to practice referral to the individual's professional body.

## 9. Removal/Suspension from the Professional Register

Should an individual be suspended from their professional register they have a duty to inform their Line Manager immediately. If an employee becomes ineligible for registration with the relevant body then they can no longer be employed in a post requiring registration. This situation may therefore result in an investigation under the terms of the NSS Management of Employee Conduct Policy or NSS Management of Employee Capability Policy as appropriate.

However, where registration is suspended by the relevant statutory regulatory body as a **holding measure** whilst an investigation is underway into an individual (but where the individual continues to be employed by NSS), suspension from work (where it is identified that this is required) should be on full pay as per the terms of the NSS Management of Employee Conduct Policy.

In addition, if they are engaged in secondary employment which requires registration, e.g. as a “bank” employee, the employee must also notify the secondary employer.

Should any individual become aware that a person is working whilst on suspension from their professional register, they should raise this in accordance with the Implementing and Reviewing Whistleblowing Arrangements in NSS Policy.

A number of professional regulatory bodies circulate regular updates identifying individuals who have been temporarily suspended or removed from their professional register. The organisation should ordinarily be aware of any ongoing process that might result in removal from a professional register. Under normal circumstances the organisation should be directly informed of an individual’s enforced change in registration status by the professional regulatory body concerned and HR will also cross-reference notifications received from professional bodies and will notify the appropriate NSS Responsible Officer (see Appendix 3.) of any existing staff who are identified, against existing staff holding professional registration. The professional registration details for clinical employees can be accessed on the individual’s electronic HR record.

## 10. Retention of Records

All records will be retained in accordance with the NSS Document Storage, Retention and Disposal Policy.

## 11. Useful Information

Other policies/standards/PIN Guidelines which you may find useful include:

- NSS Recruitment and Selection Policy
- NSS Management of Employee Capability Policy
- NSS Redeployment Policy
- NSS Management of Employee Conduct Policy
- NHS Safer Pre and Post Employment Checks PIN Policy
- Implementing and Reviewing Whistleblowing Arrangements in NSS Policy
- NSS Document Storage, Retention and Disposal Policy

The following websites may also be of interest:

- NHSScotland Staff Governance - [www.staffgovernance.scot.nhs.uk](http://www.staffgovernance.scot.nhs.uk)
- Department for Business Innovation and Skills - [www.bis.gov.uk](http://www.bis.gov.uk)

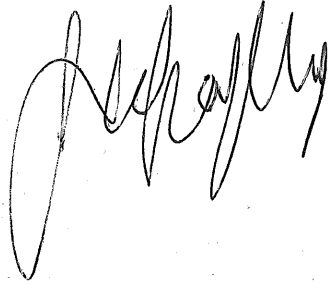
**12. Policy Review**

This policy will be reviewed two years from its effective date to ensure that arrangements put in place are appropriate to the operating requirements of National Services Scotland.

**Date Policy is effective:**

**Date Reviewed by:**

**Agreed by:**

A handwritten signature in black ink, appearing to be 'M. Kelly', written over the 'Agreed by:' label.

**Date:**

20.9.17

## Appendix 1

### Policy Statement on the Definition of Clinical in the Context of NSS Workforce

#### Background

##### Defining the NSS Clinical Workforce

The term “clinical workforce” in the context of NSS will include some staff members who are not necessarily seen as clinical practitioners who carry out face to face patient care but do have a professional responsibility in respect of the advice that they give to frontline clinicians. Public Health Specialists or some Healthcare Scientists for example would fall in to this grouping.

NHS NSS has for some time found the definition of “clinical” challenging as a descriptor for some of its workforce. It is well understood that the entire NHS NSS workforce, both clinical and non-clinical whatever the definition, must endeavour to maximise its health and financial impact.

This paper does not take away from that fact that there is a need predicated by workforce data collection and government requirement to be able to describe and define what constitutes being a “clinical” member of staff.

NSS is still challenged by a wider view that it is not clinical in nature and having a clear definition and number of clinical staff will help to identify the clinical nature of its health and financial impact.

#### Policy Definition of Clinical

##### Definition “Clinical”

NSS posts which satisfy at least one of the following requirements will be classified as 'Clinical Posts'

1. The post requires the post holder to have a professional registration with a Healthcare Regulatory Body (for example, General Dental Council, General Medical Council, General Optical Council, General Pharmaceutical Council, Health and Care Professions Council, UK Public Health Register, Nursing & Midwifery Council)
2. All senior donor carers and donor carers in SNBTS.
3. Medical Laboratory Assistants and Medical Technical Officers.
4. Where professional registration is not required for post, (or is not included in the post job description) but where an individual's professional registration brings

added value to the post, maintenance of the individual's professional registration will be supported by the organisation and will include support to fulfil revalidation requirements. This will not change the job description for that post and will remain only as long as the individual is in post and will be decided on a case by case basis.

### **Professional Registration**

Where registration with a professional body (e.g. Nursing and Midwifery Council / General Dental Council) is a requirement for post / job, there is an obligation on the organisation to facilitate and support the individual to meet the requirements of the professional body with regards to professional registration, for example minimum practice hours or learning and development time. The organisation is not required to fund the cost of registering with a professional body.

### **Decisions regarding Professional Registration When Not Required for Post**

In cases where professional registration is not required but may add value, individuals should discuss with Line managers in the first instance. Thereafter, a final decision on whether or not maintenance of registration will be supported will be taken by the appropriate NSS Responsible Officer (see Appendix 3).

If a decision is taken to support professional registration, the Checking Professional Registration Policy will be adhered to as for all others who do require registration as a part of their post.

## Checking Professional Registration Policy – Responsibilities

	<b>Individual</b>	<b>Manager</b>	<b>Human Resources</b>
<b>On appointment and during employment</b>	<p>Provide HR with registration details.</p> <p>Maintain active registration at all times.</p> <p>Renew registration in good time and update their electronic record on HR system.</p> <p>Advise Line Manager of any change in registration (i.e. suspension, conditions of practice or removal).</p> <p>Advise Line Manager if subject to investigation by professional regulatory body.</p> <p>Notify professional regulatory body of change of details (i.e. Name, address etc).</p>	<p>Complete annual check of each employee's professional registration and record electronically.</p> <p>Verify registration certificate and forward a photocopy to HR for retention.</p> <p>Provide support and guidance to HR on relevance of registration to the post being applied for</p> <p>Help HR understand the implications if any restrictions on fitness to practise are imposed.</p>	<p>Verify registration status prior to employment commencing.</p> <p>Record registration information on employees' electronic HR record. Issue contract of employment with registration as condition of employment.</p> <p>Retain a copy of current registration certificate on employees' personal file.</p> <p>Produce registration status reports for distribution to Head of Clinical Practice Development and also for SBU nominated contacts for review/discussion with Line Managers.</p>
<b>Lapsed Registration</b>	<p>Notify Line Manager and senior professional lead immediately.</p> <p>Refrain from undertaking any registered practitioner activity whilst not active on the Register.</p> <p>Contact the professional regulatory body and arrange to re-register.</p> <p>Comply with temporary Management requirements.</p> <p>Advise manager when registration is live again.</p>	<p>Notify the NSS Responsible Officer.</p> <p>Instigate an investigation under the relevant HR policy into why the individual has not renewed registration.</p> <p>Consider implications for working practice whilst unregistered.</p> <p>Use process within Checking Professional Registrations Policy to determine with others whether a temporary role can be undertaken until re-registered.</p> <p>Notify individual, confirming duration and salary implications.</p> <p>Notify individual of the implications in consultation with HR.</p>	<p>Provide guidance/advice/template letters to Line Manager.</p>
<b>Suspension/ Removal</b>	<p>Advise Line Manager and senior professional lead of suspension from register at the earliest opportunity.</p> <p>Advise Line Manager and senior professional lead of any subsequent development in relation to suspension/ removal at the earliest opportunity.</p>	<p>Notify the NSS Responsible Officer.</p> <p>Ensure that employees are not working in a professional role.</p> <p>Instigate an investigation where individual has been temporarily or permanently removed from register.</p> <p>Consider whether the matter requires to be dealt with under the Management of Employee Conduct or Employee Capability.</p> <p>Notify individual of the implications in consultation with HR.</p>	<p>Provide guidance/advice /template letters to Line Manager.</p>



## Appendix 3

### Checking Professional Registrations – Professional Bodies and NSS Responsible Officers

Professional Bodies	Roles covered include:	NSS Responsible Officer
General Medical Council (GMC) <a href="http://www.gmc-uk.org/">http://www.gmc-uk.org/</a>	Medical Practitioners	Medical Director
Nursing and Midwifery Council (NMC) <a href="http://www.nmc-uk.org/">http://www.nmc-uk.org/</a>	All registered nurses and midwives	Nurse Director
Health and Care Professions Council (HCPC) <a href="http://www.hcpc-uk.org/">http://www.hcpc-uk.org/</a>	There are currently 15 professions covered by the HCPC. In NSS these include: <ul style="list-style-type: none"> <li>- Healthcare Scientist</li> <li>- Allied Health Professions (AHPs)</li> </ul>	Director of Healthcare Science for Healthcare Scientists, Nurse Director for other AHPs
General Pharmaceutical Council (GPhC) <a href="http://www.pharmacyregulation.org/">http://www.pharmacyregulation.org/</a>	Pharmacists and pharmacy technicians	Director of Pharmacy
General Dental Council (GDC) <a href="http://www.gdc-uk.org/">http://www.gdc-uk.org/</a>	Regulatory body for the dental profession.	Director of Dentistry
General Optical Council (GOC) <a href="http://www.optical.org/">http://www.optical.org/</a>	Regulatory body for the optical professions	Medical Director
UK Public Health Register <a href="http://www.ukphr.org/">http://www.ukphr.org/</a>	Regulatory body for public health specialists	Medical Director
Law Society of Scotland <a href="http://www.lawscot.org.uk/">http://www.lawscot.org.uk/</a>	Regulatory body for the legal profession.	Director of Central Legal Office

## Appendix 4

### NSS Policy: Revalidation of Medical Staff

#### Section A POLICY STATEMENTS

This policy applies to all Medical Staff employed by NSS. It should also be read and understood by all staff with line management responsibilities for Medical Staff

It is a requirement that all medical staff employed by NSS:

- A1.** are **Registered with the General Medical Council or UK Public Health Register** and hold a current **Licence to Practise**
- A2.** participate in **Annual Appraisal** using a trained appraiser nominated by NSS
- A3.** participate in **Revalidation** as required by the General Medical Council to demonstrate that the doctor is practising in line with GMC Good Medical Practice

#### Section B BACKGROUND to POLICY STATEMENTS

##### **B1. Registration with the General Medical Council/Licence to Practise**

- 1.1 All medical staff will maintain their registration with the General Medical Council and will comply with the requirements of the NSS professional registration policy. Their registration status must be checked by their line manager as part of annual job plan review.
- 1.2 Each Doctor must pay an annual registration fee which requires confirmation of a current contact address. This address can be either a home address or a place of work address.
- 1.3 Each Doctor is required to confirm to the GMC that they have a 'connection' to a 'designated body'; which for all Doctors employed by the NHS is their employer i.e. NSS. The GMC sought this confirmation from all doctors when the Licence to Practise was issued.
- 1.4 All Doctors registered with the GMC were issued with a Licence to Practise in August 2009 and this is renewed for a period of 5 years based on a 'recommendation for revalidation' made by the NSS Responsible Officer. All doctors in NSS will have their licence to practise renewed prior to, or during 2015.
- 1.5 With respect to 1.3 and 1.4; in the case of GPs who require to be appraised by their host Board to stay on the performers list, their designated body will be their host Board, and Responsible Officer the Responsible Officer for their host Board.

## **B2. Appraisal/Positive recommendation to Revalidate**

2.1 In Scotland it has been agreed that the Responsible Officer can make a positive recommendation to the GMC for a doctor's revalidation based on evidence that the Doctor has demonstrated that they have:

- participated in Appraisal on an annual basis
- completed the mandatory health and probity declarations on an annual basis
- demonstrate that no disciplinary or remedial action has been required within the 5 year revalidation cycle; or have satisfactorily completed a remedial process
- undertaken a multisource / 360 colleague feedback at least once in every 5 years undertaken a patient feedback at least once every 5 years (doctors who do not work directly with patients are not required to do this but the relevant form 4 must explain why no patient feedback has been undertaken)

2.2 Appraisal in NSS is delivered by a group of Appraisers who have undertaken the NES Enhanced Appraisal training and who are allocated to individual doctors by the NSS appraisal administration team.

2.3 Satisfactory participation in Appraisal is demonstrated by the individual doctor:

- providing a portfolio of evidence which reflects their own professional practise and which includes evidence of continuing professional development. The information which needs to be collected is guided by GMC Good Medical Practice and by the relevant Medical Royal College/ Faculty as appropriate
- agreeing a date for appraisal with their nominated appraiser and ensuring that the portfolio of evidence that is to be discussed is made available to the Appraiser in time for this to be reviewed. It is expected that all agreed dates will be adhered to unless exceptional circumstances require a change

In line with all NHS Boards, NSS expects the doctor to use the SOAR (Scottish On-line Appraisal Resource) website to upload the information to be used in the Appraisal discussion. If used, SOAR will offer links to the mandatory GMC annual health and probity statements and to other resources to assist the doctor prepare for Appraisal.

All information uploaded on SOAR (Forms 1-3) is secure and can only be accessed by the Appraisee and their nominated Appraiser during the agreed appraisal window. Any other access to Forms 1-3, even if the request is from GMC, requires the appraisee's explicit permission. Neither the Responsible Officer nor the Appraisal Lead have access to information held in SOAR Forms 1-3.

## **B3. Completion and submission of Form 4**

3.1 The Appraiser is responsible for developing a Form 4 which summarises the Appraisal discussion in sufficient detail to allow the Responsible Officer to make a recommendation for revalidation to GMC that the doctor is working in line with the standards as set out in Good Medical Practice. The Appraisee has opportunity to review and agree the draft Form 4, or seek changes to its content, prior to its submission to the Responsible Officer.

3.2 The Form 4 may be subject to review by the NSS Appraisal Lead (random sampling) for the purposes of quality assurance of the Appraisal process.

3.3

The information about future professional development (part of Form 4) could be used by the doctor in discussing CPD plans with their professional line manager. This must be shared with the individual doctor as the line manager has no automatic access to SOAR.

#### **B4. GMC Revalidation**

4.1 Each doctor will be given notice by the GMC of when their own revalidation will take place – they must ensure that an appraisal has been undertaken annually in each of the 5 years leading up to revalidation (see 2.1 above).

4.2 A positive recommendation to revalidate is based on evidence that the doctor:

- has participated in Appraisal on an ANNUAL basis, this to include Colleague/ Peer feedback (MSF/360) and Patient feedback (if required) at least once in each 5 year cycle;  
and
- remains in good professional standing, with no outstanding disciplinary or performance issues requiring remediation at the time that GMC require the recommendation to be submitted

4.3 The GMC makes the decision regarding a doctor's Revalidation and if approved, their Licence to Practise will be renewed for a period of 5 years. This renewal remains valid as long as the doctor remains registered with the GMC, in good professional standing with their employer, and continues to participate in appraisal. If a doctor retires or changes employer the GMC will seek information from the doctor as to their 'connection' with a 'designated body' – if this cannot be provided the Licence to Practise will be withdrawn.

### **Section C MANAGING CONCERNS**

#### **C1. Registration with the General Medical Council / Licence to Practise**

1.1 It remains the individual doctor's responsibility to maintain their registration with the GMC. NSS as the employer will provide an appropriate level of support to assist in this process. The status of the doctor's registration with the GMC will be formally checked by NSS on an annual basis.

#### **C2. Appraisal / Positive recommendation to Revalidate**

All Doctors will be advised of the name of their Appraiser and should agree a mutually acceptable date for their own Appraisal. It is accepted that a doctor may wish to seek a change of Appraiser and this must be notified, without any reason being provided once in each appraisal cycle. NSS will reallocate another Appraiser from the pool of NSS enhanced Appraisers – the doctor cannot choose their own Appraiser.

- 2.1 Failure to agree a date or to attend or to provide information for discussion at the Appraisal will be regarded as failure to participate.

1<sup>st</sup> failure - if an appropriate explanation is offered the Appraiser may agree to offer an alternative date for Appraisal

2<sup>nd</sup> failure – the doctor will be referred to the Responsible Officer/Appraisal Lead for investigation of the reasons

Continued non participation in Appraisal is a breach of contract and will be referred for formal investigation using nationally agreed disciplinary processes. The Responsible Officer also has authority to refer the doctor to the GMC for review of their Licence to Practise.

- 2.2 GMC Good Medical Practice requires a doctor to be open and transparent about all matters that may impact on their professional standing. Standard GMC Health and Probity declarations, within SOAR, must be signed off and discussed in every appraisal. If it is evidenced that relevant issues regarding the doctor's health or professional standing have not been disclosed in the appraisal this will result in the doctor being referred by the Responsible Officer for formal investigation using nationally agreed disciplinary processes.

### **C3. GMC Revalidation**

- 3.1 If there are concerns reported or identified at any point in the doctor's professional life it is anticipated that these will be managed in a positive manner. Remediation will be offered through a programme designed for the needs of that individual doctor. If GMC revalidation is scheduled to occur whilst a remediation programme is running the Responsible Officer will seek deferment of revalidation.
- 3.2 A recommendation for revalidation can be deferred if the doctor has been absent from work – health, maternity, other agreed reason – and will be reinstated on their return to usual employment.
- 3.3 Revalidation will also be deferred if a doctor is under investigation or subject to disciplinary proceedings when the GMC seeks a recommendation.
- 3.4 On the basis that the issues that led to a remediation programme or disciplinary proceedings are fully resolved to the employers satisfaction, it is expected that the Responsible Officer can make a positive recommendation for revalidation to the GMC.

## Appendix 5

### **NHS National Services Scotland**

### **Nursing & Midwifery Revalidation Procedure**

#### **Introduction and Background**

The NMC is the largest health professional regulator in the world and ensures public protection through regulation of nursing and midwifery professionals. It has a registrant body in excess of 680,000, approximately 10% of whom work in Scotland. Implementation of NMC Revalidation will affect all nurses and midwives in Scotland, including those who work in NHS Scotland, the care sector, and the independent and third sectors.

Following a number of reviews of NMC processes (Council for Healthcare Regulatory Excellence 2012, Francis Report 2013) the NMC committed to introducing a more robust system of assurance for ensuring the on-going fitness to practise of nurses and midwives and confirmed to the Health Select Committee of the UK Parliament that this system would be introduced by October 2015. The requirements for revalidation were approved by NMC Council in October 2015 with a go-live date of 1<sup>st</sup> April 2016.

Revalidation is the new process that all nurses and midwives will need to engage with to demonstrate that they practise safely and effectively throughout their career. Registered nurses and midwives will be required to demonstrate to the NMC that they remain fit to practise. It replaces the PREP (Post Registration Education and Practice) standards and self-declaration that is currently required to maintain registration with the NMC.

Revalidation seeks to promote greater professionalism among nurses and midwives and also to improve the quality of care that patients receive by encouraging reflection on practice against the revised *NMC Code: Professional standards of practice and behaviour for nurses and midwives*. The revised Code was published on the 29 January 2015 and has been effective since 31 March 2015.

Revalidation is a continuous process that nurses and midwives will engage with throughout their career. It is not a point in time activity or assessment. It is about promoting good practice across the whole population of nurses and midwives. It is not an assessment of a nurse or midwife's fitness to practise and it is not intended to address bad practice amongst a small number of nurses and midwives. The NMC already have fitness to practise processes in place for that.

Detailed information and templates for submission of evidence can be found at: <http://revalidation.nmc.org.uk/>

#### **1. PURPOSE OF PROCEDURE**

- 1.1** To provide assurance to NHS NSS that there is robust governance around the continuing professional registration process for nurses and midwives and that it is both understood and adhered to by registrants and managers.
- 1.2** To ensure that NHS NSS has a consistent approach in supporting its nurses and midwives to prepare for and meet the Nursing and Midwifery Council's revalidation requirements.
- 1.3** To ensure any risk associated with revalidation is mitigated where possible to reduce the potential negative impact of a failure to revalidate on the individual registrant, and on NHS NSS and the services it provides.

*For the purposes of this document, 'registrant' will be used to describe any nurse or midwife registered on Parts 1 - 3 of the NMC register. This guideline must be read in conjunction with the 'How to Revalidate' NMC (2015) documentation.*

## **2. WHERE THE PROCEDURE APPLIES**

- 2.1** To all registrants and line managers of registrants employed within NHS NSS.

## **3. RESPONSIBILITY**

- 3.1** The Board Nurse Director and Heads of Nursing/Lead Nurses across the Strategic Business Units (SBU's), Directorates and Support Business Units within NHS NSS have responsibility for the professional oversight of this process, and its delivery, to assure appropriate governance.
- 3.2** Directors of Strategic Business Units and line managers of registrants have the responsibility to ensure that the process is implemented operationally within their areas of responsibility.
- 3.3** Senior Charge Nurses/Charge Nurses/ and Donor Service Managers including non-clinical line managers of registrants, must ensure that all staff are aware of and comply with the process, and implement strategies to ensure compliance.
- 3.4** All registrants employed by NHS NSS must adhere to the guidance provided in this procedure.
- 3.5** Professional organisation/Trade Union representatives are responsible for supporting their members with the revalidation process and offering advice on resources which their organisation may have developed to assist its members.

## **4. OPERATIONAL SYSTEM**

### **4.1 Registrant Renewal Dates**

- 4.1.1** All registrants are responsible for ensuring their professional registration is current, and that any payment or information submission (including revalidation) required by the NMC is provided in time to ensure their seamless maintenance on the register.
- 4.1.2** All registrants are responsible for providing evidence of their current registration, including fee due date and renewal (revalidation) expiry date to their line manager.
- 4.1.3** All registrants must enter their annual retention and renewal (revalidation) dates on the HR system to maintain a central record of registrants and registration/renewal dates. <http://www.nssscotlandhr.scot.nhs.uk/workforce-information/eess-2.htm>
- 4.1.4** Line managers are required to access the HR system on a regular basis to provide assurance that all registrants employed within their area of responsibility in NSS have a current professional registration.
- 4.1.5** Line managers should check that the information on the HR system regarding registrant's dates is correct and up to date on an annual basis by comparing to that which is held by the NMC.
- 4.1.6** Line managers will be required to authorise any changes to information completed by registrants on the HR system. <http://www.nssscotlandhr.scot.nhs.uk/workforce-information/eess-2.htm>

- 4.1.7 A report of all registrants' registration status will be sent to the Head of Clinical Practice Development each month. This will be scrutinised and in the first instance SBU'S informed of any registrants whose details are "out of date". The report will also highlight those registrants' whose registration expires in the coming month.

*Of note, an example of a registrant's evidence of registration is a current print out of their Statement of Entry on the NMC register. From 1st January 2016 there is the ability to confirm the renewal date via the NMC website using the appropriate manager log in.*

## 4.2 Collecting Evidence

- 4.2.1 Registrants are personally responsible for collecting their own evidence in accordance with NMC guidance to enable them to revalidate.
- 4.2.2 The evidence collected to meet revalidation requirements must refer to the current 3 year renewal period.
- 4.2.3 The evidence collected must be anonymised and comply with confidentiality guidance provided by the NMC (NMC, 2015).
- 4.2.4 The NMC have indicated that revalidation is a continuous process which registrants will engage with throughout their career – it is not a point in time activity or assessment. As such registrants employed within NSS are strongly encouraged to use the existing yearly or twice yearly PDP process to build the evidence required and engage in professional reflective discussions over the three year period leading up to their own revalidation date.
- 4.2.5 Any decision to allow an extension to the revalidation date in the case of exceptional or extenuating circumstances lies with the NMC and not with the employer, and a formal application and supporting documentation is required to enable the NMC to consider whether to grant this. No extension will be given to the payment of the annual retention fee. Registrants who fail to maintain current registration either due to failure to pay the annual retention fee, or revalidate timeously, are required to reapply for restoration to the register which the NMC have indicated could take up to six weeks. During this period it will be unlawful for the registrant to work as a nurse/midwife.

## 4.3 Reflective Discussion

- 4.3.1 In accordance with the NMC process, each registrant is required to have a reflective discussion with an NMC registered professional. The purpose of the professional reflective discussion is to ensure the registrant can reflect on their practice and link their evidence, experience and learning in relation to 'The Code'. This reflective discussion should encompass the registrants 5 reflective accounts. Due to the nature and business of NSS, not all registrants are line managed by colleagues who are also NMC registrants.
- 4.3.2 If the registrant's line manager is a current NMC registrant the professional discussion can be undertaken **during the confirmation meeting (see 4.4 below)**. Where the registrant's line manager is **NOT** an NMC registrant, the registrant revalidating will be required to have a separate discussion with an NMC registrant (this will usually be the registrant's professional lead) and must **collate a signed paper record of that discussion, signed by their professional lead using the NMC Reflective Discussion Form**. Where the confirmer and NMC colleague taking part in the reflective discussion are not the same person, the reflective discussion **must** take place prior to the confirmation meeting.



- 4.3.3 As per the NSS Clinical Definition policy, where a post does not require the individual to be registered, a decision as to whether registration “adds value” to the post will need to be taken with the Line Manager. If it is agreed that NMC registration adds value, the registrant **will still be required** to evidence that they can fulfil the requirements of registration as per the NMC guidance.
- 4.3.4 If registration is not required for a post and is not deemed to add value, it is of note that it is the registrant’s decision whether they can fulfil their professional requirements to allow them to revalidate – this is not a line management decision. The registrant must then make arrangements to fulfil the requirements for registration.
- 4.3.5 Where a post has previously been deemed to require professional registration, and was recruited to with this being an essential criteria, any proposed change must involve and be endorsed by the professional lead and the job description for the post updated as appropriate.

#### 4.4 Confirmation

- 4.4.1 Confirmation should be completed by the registrant’s line manager/appraiser in all cases. If the registrant’s line manager/appraiser is unavailable, another manager must be identified following escalation of the situation to the relevant Senior SBU nurse. If the registrant has legitimate concerns regarding their line manager undertaking this role, they can escalate this concern to the Nurse Director who will consider a request for an alternative confirmer to be allocated.

- 4.4.2 At the confirmation meeting the registrant is required to demonstrate that they have met the requirements of revalidation in accordance with the NMC, that is:

##### 4.4.2.1 Practice hours

Via written evidence that satisfies the confirmer that the registrant has practised the minimum number of hours (450 hours) over a three year period required for their registration (for example, pay slips). Where a registrant is on both parts of the nursing and midwifery register, the registrant must evidence the required 900 hours of practice.

##### 4.4.2.2 Continuing Professional Development (CPD)

Via written evidence that satisfies the confirmer that the registrant has undertaken a minimum of 35 hours of CPD relevant to their practice as a nurse or midwife. N.B. 20 of the 35 hours **MUST** be **participatory learning** relevant to their scope of practice as a nurse or midwife. Evidence must be provided in written form using a CPD log.

##### 4.4.2.3 Practice-related feedback

The confirmer must be satisfied that they have received evidence that the registrant has obtained five pieces of practice-related feedback. This feedback can be shared verbally or in writing.

##### 4.4.2.4 Written reflective accounts

The confirmer must be provided with written evidence of five reflective accounts on the registrant’s CPD and/or practice-related feedback and/or an event or experience in their practice and how this relates to the Code. **Each account must be written on the NMC Reflective Account Form.**

#### 4.4.2.5 Reflective discussion

Once the confirmer has been provided with the necessary evidence and where required the written evidence of a completed reflective discussion, they must complete the **NMC Reflective Discussion Form** which should be retained in paper copy by the registrant.

- 4.4.3** It is the registrant's responsibility to arrange their confirmation meeting in a timely manner, at least 3 months prior to their renewal date. The registrant is required to submit their online revalidation **by the 1st of the month** in which they are due to revalidate **NOT** by the end of that month as was previously the case, to allow the NMC time to seek additional evidence if registrant chosen for random audit. Any barriers to arranging this confirmation meeting should therefore be escalated to the registrant's manager or senior SBU nurse.
- 4.4.4** It is the registrant's responsibility to demonstrate to the confirmer that they have met the requirements to support their revalidation.
- 4.4.5** The confirmer must be satisfied that the evidence provided meets the requirements of the NMC revalidation process. This evidence must relate to the scope of practice for the registrant.
- 4.4.6** Following review of the evidence the confirmer must complete the **NMC Confirmation Form** in **paper copy**. This written record is then retained by the registrant to support completion of the online revalidation procedure. A summary of the confirmation checklist criteria is detailed below, and is available at;
- <http://www.nmc.org.uk/globalassets/sitedocuments/revalidation/confirmation-form.pdf>
- 4.4.7** In the situation where a **registrant fails to meet the standards expected** from the reflective discussion or confirmation process, the confirmer/professional lead is required to provide constructive feedback to the registrant to enable them to understand the deficit and update their evidence to demonstrate the appropriate content. The confirmer and / or professional lead is then required to re-meet with the registrant in a timely manner (suggest within 2 weeks) to review their amended evidence. If a re-meet is required, it is the registrant's responsibility to arrange the meeting.
- 4.4.8** If there continues to be concern about the evidence provided by the registrant this situation should be referred to the appropriate senior nurse in the SBU by the registrant and confirmer by mutual agreement, who will arrange to meet with the registrant and their confirmer to review the evidence provided.
- 4.4.9** If the Senior SBU nurse does not support the registrants ability to revalidate this outcome will be fed back to the registrant and their line manager.

#### Confirmation checklist of revalidation requirements

##### Practice hours

You have seen written evidence that satisfies you that the nurse or midwife has practised the minimum number of hours required for their registration.

##### Continuing professional development

You have seen written evidence that satisfies you that the nurse or midwife has undertaken 35 hours of CPD relevant to their practice as a nurse or midwife

You have seen evidence that at least 20 of the 35 hours include participatory learning relevant to their practice as a nurse or midwife.

You have seen accurate records of the CPD undertaken.

### **Practice-related feedback**

You are satisfied that the nurse or midwife has obtained five pieces of practice-related feedback.

### **Written reflective accounts**

You have seen five written reflective accounts on the nurse or midwife's CPD and/or practice-related feedback and/or an event or experience in their practice and how this relates to the Code, recorded on the NMC form.

### **Reflective discussion**

You have seen a completed and signed form showing that the nurse or midwife has discussed their reflective accounts with another NMC-registered nurse or midwife (or you are an NMC-registered nurse or midwife who has discussed these with the nurse or midwife yourself)

*Reference: NMC On line (2015), Confirmation Form. For full document please see;*

**<http://www.nmc.org.uk/globalassets/sitedocuments/revalidation/confirmation-form.pdf>**

Manager support to produce the appropriate evidence will be given.

However if the registrant continues to fail to meet the information requirements stated by the NMC the case will be discussed with HR and depending on the circumstances will be investigated under the Management of Employee Capability or Management of Employee Conduct policy.

### **4.5 Communication & updates**

Registrants and managers should refer to the NMC Revalidation Guidance.

The NMC website will be regularly updated and any changes to the guidance published there.

NSS will circulate revalidation updates which arise from the Scottish Government revalidation lead or Scottish Executive Nurse Directors (SEND).

### **4.6 Quality assurance measures**

Monthly reporting as per 4.1.7 will provide assurance of ongoing registration status. This will be reported in DST.

## **5. RELATED/SUPPORTING INFORMATION & APPENDICES**

**5.1** NMC <http://www.nmc.org.uk/revalidation>

**5.2** NHS NSS HR Connect <http://www.nssscotlandhr.scot.nhs.uk/Archive%20Pages/employee-relations-direct/professionalregistration.htm>

**5.3** NHS NSS HR Connect <http://www.nssscotland-hr.scot.nhs.uk/workforceinformation/eess-2.htm>

**5.4** NHS NSS HR Connect <http://www.nssscotlandhr.scot.nhs.uk/Archive%20Pages/employee-relations-direct/disciplinary.htm>

**5.5** <https://www.nmc.org.uk/globalassets/sitedocuments/revalidation/alternativesupport-guidance-sheet.pdf>

## **6. RISK MANAGEMENT**

**6.1** The implementation of Nursing & Midwifery Revalidation in NHS NSS is led by the Nurse Director, supported by the Head of Clinical Practice Development and SBU Lead Nurses.

**6.1.1** Risks associated with professional registration and revalidation are managed via the NSS risk register.

NHS National Services Scotland  
Social Media Policy

Date Published: November 2017  
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Author: James Ley  
Owner: Matthew Neilson

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## Policy Review

This policy will be reviewed every year from its effective date to ensure that arrangements put in place are appropriate to the operating requirements of NHS National Services Scotland (NSS).

Date policy is effective: November 2017

Reviewed by: November 2018



Agreed by: ..... Date: 30/11/2017  
Chair, Staff Governance Committee

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## **1. Summary**

Using Social Media effectively enhances NSS's efficiency and reputation, providing opportunities to communicate and interact. The use of social media also carries risks that may affect NSS in terms of legal liability, reputation and business effectiveness. Therefore, to maximise the benefits, manage the risks and protect NSS and its employees, this policy explains how staff should conduct themselves when engaging with social media.

## **2. Scope**

This policy applies to all NSS staff. Parts of this policy apply to the personal use of social media as individuals. Agency staff, consultants and contractors are required to comply with standards outlined in this policy while they are working for NSS.

## **3. Our definition of social media**

For the purposes of this policy, 'social media' is defined as websites and applications that enable users to create and share content or to participate in social networking. Social media includes branded platforms like Facebook, Twitter, LinkedIn, YouTube, Flickr, Snapchat and Instagram, as well as generic online environments such as forums, blogs, podcasts and online news comments boards.

Mobile applications and accessing the internet through mobiles is a growing area and the increase in the use of smart phones is allowing people to access the internet with ease and at point of need. NSS staff should be aware that these guidelines and related policies and procedures are equally applicable to mobile access and applications.

## **4. Staff responsibilities**

Whether or not staff are posting on behalf of NSS in an official capacity, posting as a professional or just as an individual, the responsibilities are the same:

- Have respect for the organisation and your colleagues
- Remember the terms of employment or contract and other relevant NSS policies apply when engaging with social media (See [Section 5](#))

People use social media in different ways. Some people talk about their work and use it purely for professional purposes. Others prefer not to talk about work at all, and have



networks that are exclusively personal. Some combine these, discussing personal and professional life on the same platform. However staff choose to use social media, this must be compliant with all policies and respects the privacy of others. Staff should also be mindful of their own privacy and protection:

### **Privacy**

- Review and use privacy settings. Most social media sites allow you to control how visible your information is on that site. You should decide how visible you want your contact and profile information, videos, photos, and other posts to be, and take the time to set the appropriate controls
- In most social media sites, you can limit who can see photos or video tagged with your name. Consider how appropriate any material is before you upload it. Take particular care with photos or video. Remember that once posted, material may be copied and posted on other sites, even if you delete the original.

### **Protection**

- Be wary of links sent via social media accounts. Have a healthy suspicion of links sent to you via social media, no matter the source.
- Protect social media accounts from being hijacked. Use strong passwords (the [NSS IT Acceptable Use Policy](#) has guidelines on this. Be careful not to disclose your credentials. Using your credentials, your account could be hijacked and used to spread malicious software or offensive material to your family, friends and contacts.

Material should never be posted which is unlawful or libellous, which harasses, bullies or stalks another person or which compromises the privacy of others. Doing so may have consequences for employment and could result in legal action. The link to the NSS Management of Employee Conduct Policy can be found in [Section 5](#).

The following sub-sections outline your responsibilities with regard to personal, professional and official use of social media.

#### **4.1 'Personal' use**

NSS employees are free to express their personal views, including political views, on social media but should take care to do so in a way that does not damage the reputation of NSS or undermine public confidence in our services.

Try to think about how your words could be interpreted as well as the context in which you intended them to be read. Any message you post on social media can be spread around the world in a matter of seconds and will possibly be indexed and found in real-time searches. These messages have the power to compromise your safety or your identity, jeopardise the reputation of NSS, or just be embarrassing, so always post with care.

**Be transparent:** On your own social media channels, make it clear you are speaking in a personal capacity. You can use a phrase such as, “All views expressed are my own” though you should remember this does not absolve you of your responsibilities to respect others.

**Be honest:** You must not claim to represent the views of NSS unless you have permission to do so as part of your job. Similarly, you must not try to pass off your own comments or views as being from someone else.

**Be careful:** In general it is not advisable to give out personal details such as home address or phone number. Remember:

- anything you post online is permanently available and open to being republished in other media
- don't say anything online that you wouldn't in person
- you may attract media interest in yourself as an individual, so proceed with care whether you are commenting in an official, professional or a personal capacity

**Be discreet:** You must not use social media sites to make complaints about your employment. If you want to make a complaint about any aspect of your employment with NSS you must use the appropriate employment procedure i.e. NSS Dealing with Employee Grievances Policy, NSS Prevention of Harassment and Bullying Policy, NSS Whistle blowing Policy.

#### **4.2 ‘Professional’ use**

When you are commenting personally but as an experienced person in your particular field, for example, as a clinician and an expert in your field you may want to comment on an issue that is related to your profession. As an NSS employee you should make it clear that you are not speaking on behalf of NSS and if registered with a professional body, ensure you comply with any guidelines set by them with regard to confidentiality.

**Be respectful of your colleagues' privacy:** In the interest of privacy and decency, you must be respectful of your colleagues' privacy and not share any of their data including photographs of them without their express permission.

**Be diligent:** You must not upload confidential or sensitive data relating to individuals, partner organisations or share any aspect of NSS business on social media without appropriate permission from your manager. Do not tweet pictures of work on a whiteboard or a slide from a presentation unless you have clear permission from the creator or owner of such material. Treat all documents, presentations, conversations and emails as strictly confidential.

**Be credible, accurate and fair:** Stick to your area of expertise. Seek factual information from an appropriate expert.

#### **4.3 Official use**

This specifically applies to NSS employees who manage NSS's social media presence and sets out the general principles. When you are using social media in an official NSS capacity, this will always be from an approved NSS platform using an approved process in accordance with the NSS Social Media Strategy and associated process documents i.e. tweeting from @NHSNSS.

**Be strategic:** Use social media if it brings real benefits, not just to check a box.

**It's a long game, not a quick win:** Building a social media presence online takes time and resource.

**Be professional:** You are a representative of NSS and you should ensure you engage online in the same way as you would in person. In some networks you may be the sole voice of NSS.

**Be respectful:** Be sure that you communicate in a way that supports NSS policies. Never post information anywhere online that:

- Is unlawful under the Equalities Act 2010
- Damages NSS's reputation or undermines public confidence in NSS
- Supports political activity (other than any required in your role)

- Includes any defamatory material or statements about an individual, company, body or organisation
- Harasses, bullies or stalks another person
- Compromises the privacy of others

**Be clear about your aims:** Think about what story you are trying to tell, to whom and why. Add value: provide worthwhile information and perspective.

**Be helpful:** Take responsibility when you see an unanswered query or question and check that it is being responded to in line with the relevant process for that platform.

**Be integrated:** Go where people are. Make every effort to connect with all relevant communities. Wherever possible, align online with offline communication.

**Be personable, helpful and willing to learn:** The ‘social’ in social media is there for a reason. It’s not about delivering staid corporate messages. It is conversations between individuals and should be treated that way.

**Be responsive and respectful:** Frequently visit the online spaces where you have a presence and respond promptly to the conversations. Always pause and think before posting. Respect your audience. When disagreeing with other opinions, keep it appropriate and polite.

**Be accountable:** You are responsible for what you say online. You cannot cover up mistakes, you can only seek to correct them.

**Be responsible:** Make sure that anything you post or comment upon meets the standards of conduct of all NSS policies including the [IT Acceptable Use Policy](#) and all HR policies. Links to these can be found in [Section 5](#).

**Be compliant:** Make sure you comply with other Scottish Government and UK Government policies (including the data protection policy, data handling policy, IT Code of Conduct and information security) when using social media and to be aware of (and stay within) the relevant legislative framework.

**Be judicious:** Libel, defamation, copyright, freedom of information and data protection laws apply to all materials you post and everything you comment on online. If in doubt, seek advice.

#### **4.3.1 Handling social media enquiries**

Social media is becoming the channel of choice for customers communicating with organisations. Many people use Twitter to alert a company of a fault with their product or service or ask a question. It is important to respond to communications originating on social media, and to be mindful that the speed and efficiency of response is important due to the public nature of these channels.

#### **4.3.2 Freedom of Information (FOI) responsibilities**

If you engage on social media platforms in an official capacity, you need to be aware of the possible interactions with FOI/Environmental Information Regulations (EIR) legislation. What you say on a social media platform (and other platforms such as text messages or private email accounts), even if you make the message private, may be subject to access legislation such as FOI or EIR.

A social media account that has the appearance of being official may be a legitimate way for someone to communicate a request for information. So make sure you monitor accounts, or go through an approved process to retire them and shut them down if they're no longer used.

#### **4.3.3 Dealing with publishing mistakes**

There may be an occasion when something is posted that should not have been – either by mistake or because an account is hacked. If this happens, there are a number of important steps to follow:

- Tell your manager and report the incident to CEAD
- If a customer has commented and complained, explain what happened and apologise
- If possible (i.e. no-one has commented or the post uses bad language) delete the offending post (after taking a screen grab as a record)
- Agree what you are going to do to limit the chances of it happening again

In order to mitigate against the mishap in the first place, there are some things you should consider:

- Don't send passwords around by email and follow the account access and password governance. This governance is relevant to each platform and is owned by the platform owner.
- Double check that you are logged in to the right account before posting
- Remember your responsibilities whether you are posting officially, professionally or personally

#### **4.3.4 Account access and password governance**

All staff, including contractors, must follow the [NSS IT Acceptable Use Policy](#) which has specific guidance on passwords in Section 10.2. Social media is a channel where poor password management can and often does have a catastrophic impact on the business. For this reason there are some additional measures that need to be undertaken to ensure good password governance. Everyone managing a platform should ensure they follow these principles and have a robust and well managed process.

- The NSS IT Acceptable Use policy should be followed by all staff, contractors and consultants
- Every person with an NSS social media account access should be accounted for on a master list
- The master list notes each person's access to social media platforms
- Whenever anyone leaves the organisation who has access to an account, the passwords must be updated immediately
- The password should be secure and comply with the IT Acceptable Use Policy
- Any other reasonable precaution to ensure social media password security is high should be taken and processes and controls should be regularly reviewed and improved in line with any updates and changes to platforms, their use and to technology
- Social media passwords should never be written down. This would represent an increased risk for compromise.

## **5. Useful links**

Other policies/guidance that you may find useful include: -

- [Scottish Government's 'Using Social Media' policy](#)
- [NSS Social Media Strategy](#)

The following NSS Policies are relevant to this:

- [NSS IT Acceptable Use Policy](#)
- [NSS Management of Employee Conduct Policy](#)
- [NSS Prevention of Harassment and Bullying Policy](#)
- [NSS Dealing with Employee Grievances Policy](#)
- [NSS Whistle-blowing Policy](#)

# ANNUALISED HOURS POLICY



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V1.0	October 2006	Developed from 2003 PIN Guideline Review
V2.0	December 2016	Draft. Developed from 2015 Support for Work-Life Balance Pin Policy
V2.1	February 2017	Amendments from consultation
V.2.2	May 2017	Amended draft for May 2017 WPTC

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## 1. INTRODUCTION

Annualised hours systems provide a way of organising working time by contracting with staff to work an agreed number of hours per year rather than a standard number each week. The actual number of hours worked by a member of staff during the week will then be “flexed” to match workload requirements. As well as hours being varied week to week, they may also be varied seasonally and/or according to fluctuation of service demands. Annualised hours are used to match attendance of staff to the periods when they are most needed by services.

Fluctuations in hours reflect the often uncertain patterns of demand for services such as in an acute hospital. Annualised hours working can offer a flexible and efficient way of deploying staff by matching staffing levels more closely with variances in workload. For staff, annualised hours working offers greater flexibility and the opportunity to better manage working hours to allow individuals to tailor the time they spend at work and at home. For employers, in time this can lead to reductions in staffing costs through efficient allocation of staffing levels and the reduction of overtime costs or use of agency or bank staff.

Under more traditional working arrangements, the demand for services may result in overtime or premium rates of pay at busy times or overstaffing when demand is low.

Should members of staff have any difficulties with understanding any aspect of this policy, or require further information in respect of accessibility, interpretation or application of the policy, they should contact HR, their Line Manager or Trade Union Representative.

## 2. GENERAL PRINCIPLES

- The ability to vary hours of work across the day, week, month or year means that employers are able to match workload with staff availability.
- Staff working annualised hours are paid on the appropriate grade for the post.
- With annualised hours, a yearly staff plan is drawn up in advance so that staffs know when they are expected to work on a regular basis.

### 2.1 Eligibility

Not all posts in NSS will be suitable for Annualised Hours. If an employee is interested in an annualised hour contract they should speak to their line manager in the first instance.

### 2.2 Potential Benefits

-Flexibility and staff and employer satisfaction; This is one of the primary reasons for implementing an annualised hours system. For staff, annualised hours working can offer the opportunity to better meet the demands of working life with time at home.

-Staffing/workload matching; Significant amounts of staff time can be lost as a result of mismatches between required and actual staffing. Traditional 9-5 work patterns or

roster arrangements which may have rosters drawn up one month in advance may not match service demands on a weekly, monthly or annual basis and annualised hours working may be beneficial in support services, administration and other clinical disciplines.

-Reduction of use of bank or agency staff; Developing a more flexible approach such as annualised hours systems allows rostering which is more responsive to patient or service needs and enables flexible deployment of existing experienced staff to enable short-term fluctuations in activity to be serviced by meeting peaks and troughs in workload.

- Reduction of overtime and on-call costs; Staff costs may be better controlled through the flexibility offered by annualised hours working by reducing the cost impact of staff deployment decisions.

-Effective patient care; For the NHS, the use of annualised hours could improve the effectiveness of patient care and increase patient satisfaction by ensuring that appropriately qualified staff and services are available when patients want and need them, and that those staff have higher satisfaction in meeting the needs of those patients as a result of being able to better meet their own needs to have an adequate work-life balance.

-Organisational change; Annualised hours systems are sufficiently flexible to accommodate changes in working times and arrangements, and may be effectively introduced to redesigned and reconfigured services as well as to existing services, bringing benefits to both staff and patients.

-Reductions in absenteeism; Lower absenteeism and sickness may be a result of improved flexibility for staff, affording them the opportunity to better match their hours worked/off to their home needs.

- Simplified pay administration; Staff are paid the same monthly salary throughout the year regardless of the exact number of hours they work each month.

### **2.3 Potential Risks**

-Removal of overtime payments; The removal of overtime payments may mean a cut in total pay for those staff that depend heavily on overtime working. Although some staff may earn less, most employers consolidate the value of overtime payments and other enhanced payments into the annual salary.

- Staff, colleague and manager perceptions; Staff who do not fully understand the concept of annualised hours may have some suspicion of the scheme and for those participating in it. To this end it is essential that adequate briefing sessions and documents are provided to staff, representatives and managers explaining the purpose and working of the scheme.

-If agreed annualised hours are less than the member of staff is currently undertaking then consideration should be given as to whether a reduced salary is sustainable for long periods and overall will affect final pension benefits.

### **2.4 Appropriate Use of Annualised Hours Contract**

Annualised hours working is likely to be a useful mechanism where:

- Staffing levels do not match the level of patient or service activity and dependency;
- There are unforeseen peaks in workload;
- Sickness absence cover has to be provided at short notice;
- Staff are frequently asked to work extra shifts or hours at short notice;
- Bank or agency staff are required to provide cover; or
- Staff from other wards or departments are needed to “help out”.

Annualised hours working may be appropriate in a range of other settings but the above circumstances describe where an annualised hours system may bring greatest benefit to both staff and managers in providing services. The above condition can lead to uncertainty and informal flexible working for staff, increased costs and decreased quality of patient care.

### **3. TERMS AND CONDITIONS OF EMPLOYMENT**

An annualised hours’ contract can be trialled by agreement between the employer and the employee. During this period the individual has the right to revert to their original terms and conditions upon giving an agreed amount of notice. At the end of the trial period, should the employee wish to continue with the arrangement, then with the agreement of the employer the contract will be amended on a permanent basis.

#### **3.1 Calculating working hours**

Annualised hours contracts are equally appropriate for all grades of staff wishing to work full-time and part-time hours. A fulltime nurse, for example, would be contracted to work 1950 hours on an annualised hour’s contract (based on a 37.5 hour full-time working week for nurses). This number of hours will include annual leave and public holiday allocation appropriate to that member of staff.

Maximum and minimum working hours per week are also agreed within the 48 hours (set by the Working Time Regulations) as the norm for a maximum length of working week and a minimum to be agreed in line with service needs.

Over the course of a year the number of hours worked overall may vary by plus or minus an agreed number of hours, for example, 30 hours, which can be carried over to the next year. Staff and managers record the number of hours worked by each member of staff and the cumulative totals are regularly monitored to ensure the account will be kept within the prescribed limits at the end of the year.

Staff working under an annualised hours contract should not be subject to financial loss for working such an arrangement.

#### **3.2 Payments**

Where annualised hours systems have been implemented, local arrangements for calculation of payment and enhanced payment should be put in place.

#### **3.3 On/off duty and on-call**

Staff rotas should be planned to match service demands/patient need in line with the analysis undertaken. Where a member of staff wishes to take time off when they are scheduled to work, they can negotiate times with colleagues by agreeing to swap shifts/on-call sessions with them. Work schedules should include an on-call roster where appropriate. Staff on-call may need only to be contactable, rather than be at home, and credit for on-call duty should be given in accordance with provisions within

the relevant national agreed terms and conditions. While off duty requests and on-call requests should be met after the needs of the service, as much choice and self-rostering of on-call as well as normal working, should be given.

### **3.4 Stand-down arrangements**

Guidelines need to be developed appropriate to the service area to provide for standing down staff where demand is low. Arrangements for how credit is to be given should be included in the guidelines.

For example, Within the NSS, a recommended working example would be if a member of staff was scheduled to work 7.5 hour shift but after 2 hours they are not required that they are credited 1 hour. The rest of the hours go back into their annualised hours pot.

### **3.5 Sickness absence**

For staff working under annualised hours systems they should comply with the local arrangements for reporting sickness absence. During periods of absence staff should be paid in accordance with the relevant terms and conditions for the staff group.

## **4. Useful Information**

Other policies/guidance that you may find useful include:

- NHSScotland Supporting the Work-Life Balance PIN  
<http://www.staffgovernance.scot.nhs.uk/partnership/partnership-information-network/pin-policies/>
- Agenda for Change Handbook: [www.AfC Handbook](http://www.AfC Handbook)
- NSS Reduced Working Year Policy
- Flexible Working Policy

The following websites may also be of interest:

- Staff Governance [www.staffgovernance.scot.nhs.uk](http://www.staffgovernance.scot.nhs.uk)
- Department for Business Innovation & Skills - [www.bis.gov.uk](http://www.bis.gov.uk)
- ACAS – [www.acas.org.uk](http://www.acas.org.uk)
- [geNSS NSS Values page](#)

## **5. Monitoring, Review and Evaluation**

This policy will be monitored, reviewed and evaluated every two years by the NSS Partnership Forum or equivalent, taking into consideration legislative changes and developments in good practice to ensure it meets the needs of all employees.

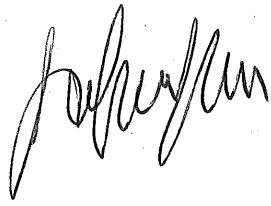
## **6. Policy Review**

This policy will be reviewed two years from its effective date to ensure that arrangements put in place are appropriate to the operating requirements of National Services Scotland (NSS).

**Date Policy is effective:**

**Reviewed by:**

Agreed by:

A handwritten signature in black ink, appearing to be 'John W. Smith' or similar, written in a cursive style.

Date:

3/01/17

## **Appendix A: Starting an Annualised Hours System Project**

### **Establishing a Plan for implementing an Annualised hours Project**

It is essential that plans to introduce annualised hours working are developed in conjunction with a Trade Union/or Professional Organisation representative from the earliest possible stages. Pilot areas for the introduction of the system should be identified and full briefings given to staff and managers on what the system involves the benefits, drawbacks and anticipated outcomes. Full staff participation should be encouraged. Once pilot areas are identified a substantial data gathering and analysis exercise is required.

#### **Gathering data**

Information on both patients/service activity and staff is required to allow the design of the annualised hours system. In terms of staffing, it will be necessary to collate information on an annual basis to assess how many staff are in post; how they are deployed; assess use of bank/agency staff; turnover; current shift patterns and rotas; absence rates and patterns; and staff costs.

If the example of a ward setting is used as the service provision unit, the information on patients that is required is monthly bed state over the period of a year; admissions patterns; discharge patterns; total patient days; numbers of day cases; and patient dependency levels.

#### **Analysing data**

To assess whether or not annualised hours would be appropriate, data should be checked to see whether or not there are peaks and troughs in activity; against the fluctuations of service demand over a 24 hour period/service provision time; the extent to which there are high levels of emergencies and when they occur; whether or not there are seasonal variations in activity/demand; and the extent to which staff costs may be unpredictable.

The data considered against these factors will help to inform the decision as to whether or not the existing system of staff allocation is working well, and also supports decision-making as to the need and desirability of proceeding to develop an annualised hours system.

From the perspective of staff, an annualised hour's contract may be requested by only one or two staff for whom such a system would provide the opportunity to have a better work life balance. Operating the system for small numbers of people within a service area has been proven effective, provided that the analysis of service demands has been undertaken to inform the design of the working pattern.

#### **Designing the system**

It is recommended that annualised hours working systems are introduced on a pilot basis in a simple or small number of sites and that clear evaluation criterion are agreed at the outset. A steering or evaluation group may be useful and this should be constituted on a partnership basis. Pilot areas may have only a small number of staff on annualised hours contracts and need not necessarily involve whole teams. It is essential that staff and their representatives are involved in working out the details of the system in order to capitalise on their knowledge and experience and to gain ownership and understanding of the system.



## **Evaluation**

On-going evaluation of the pilot in order to effectively manage the system will be required. In addition, evaluation of staff and managers' experiences and of the effectiveness of the system should be undertaken in order to inform revisions to the system where necessary. Evaluation criteria should be established at the outset of a pilot and could include assessments of the effectiveness of communication of the scheme, the effectiveness of the partnership approach, the difficulties and opportunities experienced in running the scheme, the extent to which gaps between staffing and workload have narrowed, including pressures on staff, the effectiveness and quality of patient care.



## Appendix B – Responsibility Matrix


### NHS National Services Scotland

### Annualised Hours Policy

### Responsibility Matrix

Member of staff	Line Manager	SBU Director	Human Resources
<p>Must ensure that any requests for Annualised Hours are made through their line Manager.</p> <p>Take full consideration implications of applying for a Annualised Hours including implications on reduced pay and pension.</p>	<p>Must consider all requests made by employees for an Annualised Hours contract taking into consideration business needs as well as the employees work-life balance needs.</p> <p>Must be aware of the provisions of the Annualised Hours contract and appreciate when they may have to seek further support and guidance on its application</p>	<p>To review requests for Annualised Hours contract from within SBU and determine, based on NSS Policy guidelines and service requirements, whether or not to approve.</p> <p>Should consider whether a Annualised Hours contract is the best type of contract for their business needs depending on the nature of the work to be offered and the specific circumstances.</p>	<p>Review Annualised Hours contract requests (approved and rejected) to ensure compliance with NSS policy.</p>

## **Parental Leave Policy**



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Owner/Author: HR - ERR

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V4.3	March 2015	Addendum to update position following application of Maternity and Parental etc (Amendment) Regulations 2014 and extension of rights to parents of any child under the age of 18.
V5	August 2017	Updated in line with Supporting the Work Life Balance PIN Policy, July 2015
V5.1	October 2017	Minor updates following discussion at WPTC Meeting, 29 September 2017

**Distribution:** This document has been distributed to:-

<b>Name:</b>	<b>Title/SBU:</b>	<b>Date of Issue:</b>	<b>Version:</b>

**Linked Documentation:**

<b>Document Title:</b>	<b>Document File Path:</b>

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## **1. Introduction**

NSS recognises that parents have a joint responsibility for the care and upbringing of their children and that work and parenthood can create conflicting pressures. Parents need time with their children and time to create a supportive home in which their children can thrive. Parental leave is therefore aimed at encouraging a culture of flexible working practice to assist staff to balance family and work commitments. Parental leave is expressly for the purpose of allowing parents to spend quality time with their children and assist in balancing this with work commitments, thus improving their participation in the workplace.

Should members of staff have any difficulties with understanding any aspect of this policy, or require further information in respect of accessibility, interpretation or application of the policy, they should contact HR, their Line Manager or Staff side Representative.

## **2. Values and Principles**

Managers and staff must show responsibility for ensuring transparency and equity in the implementation of this policy, balancing their own and service needs with due consideration of the needs of patients, colleagues and team members. Consideration should be given to the reasonableness of the duration and timing of leave especially during peak periods of annual leave and the impact this will have on the needs of patients, colleagues and team members. Flexibility should be demonstrated in circumstances where normal notice cannot be given such as adoption or at times of sudden illness.

## **3. Terms and Conditions of Employment**

The following provisions for parental leave are as set out within Section 35 of the NHS Terms and Conditions of Service Handbook. However, they apply to all individuals employed by NSS, including Executive Level and Senior Management cohort and Doctors and Dentists. The additional provisions for paid paternity leave are as agreed in partnership in NHSScotland.

### **3.1 Eligibility and amount of leave**

Currently all employees will be eligible to take parental leave if:

- I. They have 12 months continuous service with one or more NHS employers;
- II. They have a nominated caring responsibility for a child under age 18;
- III. They notify their employer in writing three weeks in advance of the intended leave (or if this is not possible, as soon as is reasonably practicable thereafter):
  - a) Of their intention to take parental leave;
  - b) Of the date they wish to commence and return from parental leave;
  - c) Provide evidence of entitlement
    - I. A birth certificate (or MATB1 form in the case of applications for leave around the time of birth of the child);
    - II. Papers confirming the adoption of a child (or confirming that a child has been matched for adoption in the case of applications for leave around the time of adoption of the child);
    - III. Papers confirming the award of disability living allowance in the case of a child with a disability.

The amount of parental leave entitlement is 18 weeks for each child under the age of 18.

The 18-week entitlement is per each child, not per employment. In other words, the balance of the entitlement is not restored to 18 weeks if an individual changes employer. For example, if an employee uses 10 weeks of their current entitlement with one employer, and then changes employer, they can only use up to eight weeks with their new employer, assuming that they are eligible. Similarly, NSS will seek confirmation of Parental Leave taken by newly appointed employees during previous employment.

### **3.2 Continuous Service**

In order to calculate whether the employee meets the qualification set out in paragraph 3.1 (i) to have had 12 months of continuous service with one or more NHS employers, reference should be made to the provisions of the NHS Terms and Conditions of Service Handbook sections 15.61 to 15.65.

### **3.3 Notification**

In addition to 3.1(ii) above, employees should be encouraged to give as much notice as possible to their line manager when requesting parental leave. This allows line managers to ensure that appropriate staffing cover is in place so as to facilitate the authorisation of such leave.

If the requested period of leave exceeds four weeks, at any one period, a minimum of two months' notice is required.

However there will be occasions where notice cannot be given. On these occasions parents should give the notice as soon as reasonably practicable.

Evidence of entitlement to parental leave need only be given once in respect of each child.

### **3.4 Confirming parental leave and pay**

The line manager and the employee must discuss the terms on which the employee will exercise their right to parental leave (e.g. is it to be taken as a single block, as annual allowance or under any other individual arrangement). It is good practice for this then to be confirmed in writing by the employee's manager.

In exceptional circumstances, due to the needs of the service, the employee may be asked to postpone their parental leave, until a later date. Postponement would only take place after discussion with the employee and where a valid and objective operational reason has been provided.

The leave will not be postponed for more than six months from the date on which the employee wanted to start parental leave. The manager and the employee should try to agree a suitable time, but if they cannot, the manager becomes responsible for guaranteeing that the employee can take the leave at a time, no more than six months ahead, which best fits the needs of the service and the employee. If this means that the leave is postponed beyond the 18<sup>th</sup> birthday of the relevant child, the parent still has a right to take it.

The employee may at this stage opt to withdraw the request for parental leave and re-submit a request at a later date.



The manager should confirm the postponement arrangements, in writing, no later than seven days after the employee's notice to take leave is given. The manager should clearly state the reason for the postponement. In addition to this, the new dates when the employee make take parental leave should be given, ensuring that the length and terms of this leave is equivalent to the employee's original request.

### **3.5 Paid Parental Leave**

#### **3.5.1 Entitlement to four weeks' paid parental leave**

Employees who meet the eligibility requirements are entitled to four weeks of paid parental leave in respect of each of their children. The paid leave must be taken before the relevant child's 14<sup>th</sup> birthday (or 18<sup>th</sup> birthday in the case of adoptive parents or parents of a child with a disability).

#### **3.5.2 Calculation of pay during paid parental leave**

Full pay will be calculated using the average weekly earnings rules used for calculating Statutory Maternity Pay entitlements, subject to the qualifications set out within section 15.23 of the NHS Terms and Conditions of Service Handbook.

### **3.6 Entitlement to unpaid parental leave**

Any parental leave which is taken after the 14<sup>th</sup> birthday (but before the 18<sup>th</sup> birthday) of the relevant child will be unpaid.

### **3.7 Commencement and duration of leave**

Subject to the notice requirements detailed above, an employee may take parental leave at any point up to the child's 18<sup>th</sup> birthday.

This parental leave may be taken as either:

- i) A single block of 18 weeks;
- ii) An annual allowance; or
- iii) Under any other individual arrangements agreed between an employee and their line manager in line with service needs (e.g. single working days, blocks of one week, reduced working hours).

Parental leave can be added to periods of maternity support, shared parental leave, adoption or maternity leave.

A record of parental leave taken will be maintained by the organisation and transferred to any future employer.

### **3.8 Changing the parental leave start date**

Employees may also postpone or cancel leave that has been booked by giving reasonable notice.

### **3.9 Contractual rights**

During parental leave the employee retains all of his/her contractual rights, except remuneration (during any periods of unpaid leave) and should return to the same job on expiry of their parental leave.

### **3.10 Increments**

Parental leave shall count as service for annual increments and for the purposes of any service qualification period for additional annual leave. The expectation is that an employee on parental leave would progress through a KSF gateway on the due date, if concerns had not been raised about the ability to meet their KSF outline prior to parental leave.

### **3.11 Accrual of annual leave and public holidays**

Annual leave and public holidays will continue to accrue during parental leave provided for by this agreement.

### **3.12 Pensions**

Pension rights and contributions shall be dealt with in accordance with the provisions of the NHS Superannuation Regulations. It is recommended that staff check with HR and SPPA how their leave will impact upon their own pension contributions; the organisations contributions and their entitlement under the pension scheme.

### **3.13 Line Management Contact**

It is good practice for managers to maintain contact (within agreed protocols) with employees while they are on parental leave in a period of leave for more than two weeks.

## **4. Right to Return**

At the end of parental leave an employee is guaranteed the right to return to the same job as they were doing before they commenced parental leave, provided that the leave was for a period of four weeks or less.

If the leave is greater than four weeks, the employee is entitled to return to the same job, or if that is not reasonably practicable, a similar job which is suitable and appropriate and has the same terms and conditions as the employees previous job.

When parental leave follows maternity leave, the general rule is that the employee is entitled to return to the same job which the employee had been employed in before the leave.

## **5. Use of Parental Leave**

Parental leave is to look after a child, which includes making arrangements for the good of the child. Parental Leave should not be taken for some other purpose (e.g. paid employment within the NHS or elsewhere, or leave unrelated to the care of children).

## **6. Dignity at Work**

NSS is committed to providing all reasonable support to employees who wish to take parental leave. Colleagues should be sensitive to this issue and should adopt a supportive attitude towards such employees. Every employee has the right to be treated with dignity at work and this requirement is particularly relevant and important to employees who are or become parents. It is a requirement of this policy that all employees of the organisation respect this principle.

## **7. Questions or Concerns**

NSS recognises that, from time to time, employees may have questions or concerns relating to their parental leave rights. It is the policy of NSS to encourage open discussions with employees to ensure that questions and problems can be resolved as

quickly as possible. As the parental leave provisions are complex, if an employee is seeking parental leave, they should clarify the relevant procedures with their line manager/HR Services to ensure that they are followed correctly.

## **8. Resolution of Disagreements**

No request for leave under this policy will be unreasonably withheld. Should a disagreement arise, the individual has the right to raise a formal grievance. It may be preferable in such circumstances, however, for the manager to seek advice on resolving the matter from an appropriate member of the HR Team and a Trade Union/or Professional Organisation representative.

## **9. Useful Information**

Other policies/guidance that you may find useful include:

- NSS Maternity Leave Policy
- NSS Adoption and Fostering Policy
- NSS Maternity Support (Paternity) Leave Policy
- NSS Career Break Policy
- NSS Annual Hours Working Policy
- NSS Flexible Working Policy
- NSS Special Leave Policy
- NSS Reduced Working Year Policy
- NSS Working at Home/Working from Home Policy
- NHS Scotland Supporting the Work Life Balance PIN Policy (July 2015)
- Agenda for Change Handbook - <http://www.msg.scot.nhs.uk/pay/agenda-for-change>

The following websites may also be of interest:

- Staff Governance: [www.staffgovernance.scot.nhs.uk](http://www.staffgovernance.scot.nhs.uk)
- ACAS: [www.acas.org.uk](http://www.acas.org.uk)
- Department for Work and Pensions: [www.dwp.gov.uk](http://www.dwp.gov.uk)
- Direct Gov: [www.direct.gov.uk](http://www.direct.gov.uk)
- Edenred Childcare Voucher Scheme: [www.childcarevouchers.co.uk](http://www.childcarevouchers.co.uk)
- Government childcare support (including new tax-free childcare provisions): [www.childcarechoices.gov.uk](http://www.childcarechoices.gov.uk)

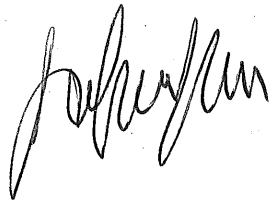
## **10. POLICY REVIEW**

This policy will be reviewed two years from its effective date to ensure that arrangements put in place are appropriate to the operating requirements of National Services Scotland (NSS).

**Date Policy is effective:**

**Reviewed by:**

Agreed by:

A handwritten signature in black ink, appearing to be 'John W. Smith' or similar, written in a cursive style.

Date:

3/01/17

## **NSS Parental Leave Policy – Frequently Asked Questions**

### **How is “parental responsibility” defined under this policy?**

In addition to the evidence of entitlement laid out in Section 3.1 (iii) (c) (I-III), the policy covers situations where an employee has “formal parental responsibility for a child. This could be demonstrated in the following ways:

- Named on the child’s birth certificate
- Named on the child’s adoption certificate
- Evidence of having legal parental responsibility for a child under 18

### **My former partner and I have divorced. Our children live with my partner. Am I eligible to apply for Parental Leave?**

If you maintain formal legal responsibility for the children, you are entitled to Parental Leave.

### **What can Parental Leave be used for?**

The stated purpose of parental leave is to assist working parents in balancing family and work commitments, allowing them to spend quality time with their children. This may include instances such as:

- To stay with the child in hospital
- Spend more time with the child
- Make school/childcare arrangements and to help them settle in

It is not intended for purposes which are not connected with the care of children, such as to allow you to undertake additional employment. You should be aware that misuse of this entitlement may be viewed as misconduct.

### **I moved to NSS from the private sector just over a year ago. I took some parental leave with my previous employer. Will I still be entitled to the full 18 week leave entitlement for each child?**

No. NSS requests details of parental leave taken from previous employers. Any parental leave taken in previous employment will be deducted from the available entitlement with NSS. Similarly, where someone leaves NSS for other employment, NSS will inform the new employer of the amount of parental leave taken.

### **How can I take this leave entitlement, does it need to be in a single block?**

No. There is flexibility in how you take the leave. You can request one single block, or you can take leave in smaller blocks, even single working days. If you have more than one child you do not have to exhaust the entitlement for Child 1 before you start taking leave for Child 2.

**My partner and I both work for NSS. Are we both entitled to claim Parental Leave?**

Yes, if you both share parental responsibility for the child/children and meet the eligibility criteria, you can both claim parental leave under the terms of this policy.

**Can my request for parental leave be rejected?**

Whilst every effort will be made to accommodate your request, there may be times where, due to the needs of the service, it will not prove possible and the leave may have to be postponed.

Where leave is postponed, your line manager will discuss the reasons for postponement with you and efforts will be made to identify an alternative time to take the leave.

The leave should not be postponed for more than six months from the date that the original leave request would have started.


## NHS National Services Scotland

## Parental Leave Policy

## Responsibility Matrix

Member of staff	Line Manager	Human Resources	Trade Union/Professional Organisation Representative
<p>You are encouraged to notify your line manager as soon as possible of your intention to take leave under this policy. Where a requested period of leave exceeds four weeks in any one period, a minimum of two months notice is required.</p>	<p>Should not unreasonably refuse requests made under this policy, working with the employee where necessary to resolve any workload/service issues.</p> <p>Where due to workload issues it is not possible to approve an application, the line manager should consider confirming this in writing and discuss/agree alternative leave arrangements.</p>	<p>Provide advice and guidance to both members of staff and line managers on the application of the Parental Leave Policy where required.</p>	<p>Provide advice and guidance to both members of staff and line managers on the application of the Parental Leave Policy where required.</p>
<p>You are required to complete and submit the necessary forms and documentation to prove eligibility to your line manager in line with the terms set out in the Policy.</p>	<p>Should not unreasonably refuse any requests for time off for antenatal appointments or official meetings (in the case of adoption).</p>	<p>Signpost other family friendly/flexible working policy options to both members of staff and Line Managers.</p>	
<p>You are required to confirm when submitting a request for Parental Leave that the purpose of the leave is connected with looking after your child.</p>	<p>Should ensure that Parental Leave is appropriately recorded on Payroll and HR systems to ensure that payments are made accurately and comprehensive records are maintained.</p>	<p>Ensure that details of previous Parental Leave is sought former employers and provided to future employers as necessary.</p>	

## **Maternity Support (Paternity) Leave Policy**



Date Published: November 2017  
Version: V2.1  
Owner/Author: HR, Employee Relations and Reward



# DOCUMENT CONTROL SHEET

**Key Information:**

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<b>Contact:</b>	<b>Employee Relations &amp; Reward</b>
<b>File Location:</b>	<b>Employee Relations &amp; Reward folders</b>

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<b>V1.0</b>	<b>December 2013</b>	<b>Addendum covering position on annual/public holiday accrual</b>
<b>V2.0</b>	<b>August 2017</b>	<b>Amended to reflect Supporting the Work Life Balance PIN Policy, July 2015</b>
<b>V2.1</b>	<b>October 2017</b>	<b>Minor amendments following discussion at WPTC Meeting – 29<sup>th</sup> September 2017</b>

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<b>Document Title:</b>	<b>Document File Path:</b>

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Appendix

1. Frequently Asked Questions
2. Responsibility Matrix
3. Maternity Support (Paternity) Leave Application Form

## 1. Introduction

This policy sets out the rights and responsibilities of employees who wish to take Maternity Support (Paternity) leave. This will apply to biological and adoptive fathers, nominated carers and same-sex partners.

NHS National Services Scotland recognises that biological and adoptive fathers, nominated carers and same-sex partners have a need and desire to spend time at home during a period of family extension, be that the birth or adoption of a child.

The policy aims to implement best practice in the processing of applications, management of employees who wish to take Maternity Support (Paternity) leave and return to work arrangements following Maternity Support (Paternity) leave.

Should members of staff have any difficulties with understanding any aspect of this policy, or require further information in respect of accessibility, interpretation or application of the policy, they should contact HR, their Line Manager or Staff side Representative.

## 2. General Principles

The following provisions for Maternity Support (Paternity) leave and pay are set out within Section 35 of the NHS Terms and Conditions of Service Handbook. However, they apply to all individuals employed by NSS, including the Executive Level and Senior Management cohort and Doctors and Dentists.

These provisions exceed the statutory minimums by a significant margin.

## 3. Terms and Conditions of Employment

### 3.1 Eligibility

All employees whose wife, civil partner or partner gives birth to a child, or who is the biological father of the child, will have a right to take two weeks' Maternity Support (Paternity) leave whether or not they return to NHS employment. Maternity Support (Paternity) leave is also available to adoptive parents where a child is matched or newly placed with them for adoption. Either adoptive parent may take Maternity Support (Paternity) leave where the other adoptive parent has elected to take adoption leave. The employee must also have, or expect to have, responsibility for the upbringing of the child and be making the request to help care for the child or to support the child's primary carer.

An employee will be entitled to **paid** Maternity Support (Paternity) leave if:

- i. They have 12 months' continuous service with one or more NHS employers at the beginning of the week in which the baby is due (or in the case of adoption, ending with the week in which they are notified of being matched with the child for adoption);
- ii. In the case of a birth child, they notify their employer in writing (using a completed **Maternity Support (Paternity) Leave Application Form** – see appendix 3) at least 28 days before they want the leave to start (the employer

should accept later notification if there is good reason):

- a) of their intention to take maternity support (paternity) leave;
  - b) of the length of Maternity Support (Paternity) leave they wish to take (i.e. one or two consecutive weeks);
  - c) of the date on which their partner's baby is due;
  - d) of the date on which they wish the leave to commence;
  - e) that the employee is the baby's biological father; or married to the mother; or civil partner of the mother; or living with the mother in an enduring family relationship but not an immediate relative; and
  - f) that the purpose of the leave is to care for the child or to support the mother.
- iii. In the case of an adopted child, they notify their employer in writing no later than 7 days after the date on which notification of the match with the child was given by the adoption agency (the employer should accept later notification if there is good reason):
- a) of their intention to take Maternity Support (Paternity) leave;
  - b) of the length of Maternity Support (Paternity) leave they wish to take (i.e. one or two consecutive weeks);
  - c) of the date on which the adopter was notified of having been matched with the child;
  - d) of the date on which the child is expected to be placed for adoption;
  - e) of the date on which they wish the leave to commence;
  - f) that the purpose of the leave is to care for the child or support the child's adopter and that the employee is married to or living with the adopter in an enduring family relationship but not an immediate relative; and
  - g) provide evidence of entitlement to Maternity Support (Paternity) leave and pay by producing a 'matching certificate' from the adoption agency (or in the case of overseas adoption, a copy of the 'official notification' and, within 28 days of the child's entry into Great Britain, inform the organisation of the date of entry and provide evidence of this date in the form of a plane ticket or copies of entry clearance documents).

### **3.2 Continuous Service**

In order to calculate whether the employee meets the qualification set out in paragraph 3.1 (i) to have had 12 months of continuous service with one or more NHS employers, reference should be made to the provisions of the NHS Terms and Conditions of Service Handbook sections 15.61 and 15.65.

### **3.3 Notification**

In addition to 3.1 (ii) and (iii) above, employees should be encouraged to notify their line manager as soon as possible after their partner becomes pregnant or they are notified of being matched with the child for adoption. The rules regarding notification apply irrespective of the employee's entitlement to paid leave under this policy.

### **3.4 Confirming maternity support (paternity) leave and pay**

An employee should be written to upon receipt of their application form, detailing what they must do (if anything) and their entitlements to pay and leave together with dates (where these can be confirmed).

Following discussion with the employee, the employer should confirm in writing the employee's entitlement to paid leave (or statutory entitlement or unpaid leave if the

employee does not qualify under this agreement).

### **3.5 Paid Maternity Support (Paternity) leave**

#### **3.5.1 Amount of pay**

Subject to the eligibility criteria detailed above, there will be an entitlement to two weeks' occupational Maternity Support (Paternity) pay. The employee will receive full pay less any receivable statutory paternity pay at the rate which applies at the time.

#### **3.5.2 Calculation of Maternity Support (Paternity) pay**

Full pay will be calculated using the average weekly earnings rules used for calculating Statutory Maternity/Adoption Pay entitlements, subject to the qualifications set out within section 15.23 of the NHS Terms and Conditions of Service Handbook.

### **3.6 Commencement and duration of leave**

Maternity Support (Paternity) leave must be taken in a single block of one or two weeks within eight weeks of the birth or adoption of the child. It cannot be taken over two separate periods. If the child is born early, it must be taken from the time of the birth but within eight weeks of the expected date of childbirth. Maternity Support (Paternity) leave can start either from the date the child is born or placed for adoption or from a chosen number of days or weeks after that date.

#### **3.6.1 Changing the Maternity Support (Paternity) leave start date**

If the employee subsequently wants to change the date from which they wish their leave to start, they should notify their employer at least 28 days beforehand (or, if this is not possible, as soon as is reasonably practicable beforehand).

#### **3.6.2 Stillbirths**

A qualifying employee will be entitled to paid leave if their baby is stillborn after 24 weeks of pregnancy. If the baby is born alive at any point in the pregnancy but dies later, the employee will be entitled to paid paternity leave in the usual way.

#### **3.6.3 Multiple Births**

Entitlement to Maternity Support (Paternity) leave for twins, triplets, etc. Is the same as for a single birth. Only one period of occupational paternity pay is ordinarily available where there is a multiple birth. However, there may be scope for alternative arrangements or periods of unpaid leave where it is considered necessary. Please contact HR Services in the first instance for further advice.

### **3.7 Contractual Rights**

During Maternity Support (Paternity) leave an employee retains all of their contractual rights.

#### **3.7.1 Increments**

Maternity Support (Paternity) leave shall count as service for annual increments and for the purposes of any service qualification period for additional annual leave. The expectation is that an employee on Maternity Support (Paternity) leave would progress through a KSF gateway on the due date, if concerns had not been raised about the ability to meet the KSF outline prior to Maternity Support (Paternity) leave .

#### **3.7.2 Accrual of annual leave and public holidays**

Annual leave and public holidays will continue to accrue during Maternity Support (Paternity) leave provided for by this agreement.

### **3.7.3 Pensions**

Pension rights and contributions shall be dealt with in accordance with the provisions of the NHS Superannuation Regulations.

### **3.8 Pre-Maternity Support (Paternity) leave**

Reasonable time off should be given to attend ante-natal classes (or in the case of adoption, official meetings in the adoption process, such as court sessions and interviews).

Requests for such time off will be considered in accordance with the Special Leave Policy (or with the Adoption and Fostering Policy in the case of adoption).

### **3.9 Step-parents**

When a step-parent is adopting a partner's children, there is scope for local arrangements on the amount of leave and pay in addition to time off for official meetings. If they meet the eligibility criteria, the employee would also be entitled to parental leave following the adoption.

### **3.10 Miscellaneous provisions**

If an employee leaves employment prior to the birth of the child/placement for adoption there will be no entitlement to Statutory Paternity Pay (SPP). If an employee's contract ends after the baby is born/child is placed for adoption then the employee will still be entitled to SPP. However, if the employee starts work for a new employer, SPP will not be paid for any week worked with the new employer.

#### **3.10.1 Employees with less than 12 months' continuous service**

If an employee does not satisfy the conditions in paragraph 3.1 for occupational Maternity Support (Paternity) pay, but has 26 weeks' continuous service with their employer assessed at the 15<sup>th</sup> week before the week the baby is due, they may be entitled to Statutory Paternity Pay, depending on their earnings level.

If the employee's earnings are too low for them to qualify for Statutory Paternity Pay, they may be entitled to other welfare benefits. In such circumstances, the employee should seek further information from their local Job Centre Plus or social security office.

#### **3.10.2 Information about statutory maternity/adoption and paternity leave and pay**

There are occasions where employees are entitled to other statutory benefits/allowances and information about all statutory maternity/adoption and paternity rights can be found using the following links:

<https://www.gov.uk/search?q=maternity+leave>

<https://www.gov.uk/search?q=statutory+maternity+pay>

Information about health and safety for new and expectant mothers at work can be found using the following link:

<http://www.hse.gov.uk>

## **4. Return to work arrangements**

4.1 On the employee's return to work, they should be advised of the following:

- Parental leave entitlement
- Right to request flexible working arrangements

### **4.2 Returning on flexible working arrangements**

If, at the end of Maternity Support (Paternity) leave, the employee wishes to return to work on different hours, NSS has a duty to consider this and to seek to facilitate this, wherever possible, bearing in mind the needs of the service. If possible, the employee will return to work on different hours, in the same job. If this is not possible, the employer must provide written, objectively justifiable reasons for this and the employee should, wherever possible, be given the option to return to a role in the same pay band and undertaking work of a similar nature and status, to that which they held and undertook prior to their absence. It may not be possible for an employee to have their flexible working request accommodated either in the existing role or through the provision of an alternative role.

If it is agreed that the employee will return to work on a flexible basis, including changed or reduced hours, for an agreed temporary period, this will not affect the employee's right to return to their job under their original contract, at the end of the agreed period.

### **4.3 Sickness following the end of maternity support leave**

In the event of illness following the date the employee due to return to work, normal sick leave provisions will apply as necessary.

### **4.4 Reforms of flexible parental leave**

Under a new system of flexible parental leave (called Shared Parental Leave), parents will be able to choose how they share care of their child during the first year after birth. Employed mothers will still be entitled to 52 weeks of maternity leave; however, working parents will be able to opt to share the leave.

Mothers will have to take at least the initial two weeks of leave following the birth as a recovery period. Following that they can choose to end the maternity leave and parents can opt to share the remaining leave as flexible parental leave.

The Government introduced the changes to flexible parental leave in April 2015.

In addition to the NSS family friendly policies listed at Section 8, further information is available from:

<https://www.gov.uk/search?q=reform+of+flexible+parental+leave>

## **5. Dignity at Work**

NSS is committed to providing all reasonable support to employees who become new biological or adoptive parents. Colleagues should be sensitive to this issue and should adopt a supportive attitude towards such employees. Every employee has the right to be treated with dignity at work and this requirement is particularly relevant and important to employees who are new biological or adoptive parents. It is a requirement of this policy that all employees of the organisation respect this principle.

## 6. Questions or Concerns

NSS recognises that, from time to time, employees may have questions or concerns relating to their maternity support (paternity) rights. It is the policy of NSS to encourage open discussion with the employees to ensure that questions and problems can be resolved as quickly as possible. As the Maternity Support (Paternity) provisions are complex, if an employee's partner becomes pregnant or an employee is notified of a match to a child for adoption, they should clarify the relevant procedures with their line manager/HR Services to ensure that they are correctly followed.

## 7. Resolution of Disagreements

No request for leave under this policy will be unreasonably withheld. Should a disagreement arise, the individual has the right to raise a formal grievance. It may be preferable in such circumstances, however, for the manager to seek advice on resolving the matter from an appropriate member of the HR Team and a Trade Union/or Professional Organisation representative.

## 8. Useful Information

Other policies/guidance that you may find useful include:

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- NSS Parental Leave Policy
- NSS Career Break Policy
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- NSS Flexible Working Policy
- NSS Special Leave Policy
- NSS Reduced Working Year Policy
- NSS Working at Home/Working from Home Policy
- NHS Scotland Supporting the Work Life Balance PIN Policy (July 2015)
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- ACAS: [www.acas.org.uk](http://www.acas.org.uk)
- Department for Work and Pensions: [www.dwp.gov.uk](http://www.dwp.gov.uk)
- Direct Gov: [www.direct.gov.uk](http://www.direct.gov.uk)
- Edenred Childcare Voucher Scheme: [www.childcarevouchers.co.uk](http://www.childcarevouchers.co.uk)
- Government childcare support (including new tax-free childcare provisions): [www.childcarechoices.gov.uk](http://www.childcarechoices.gov.uk)



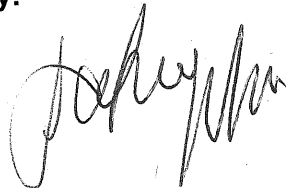
## 9. POLICY REVIEW

This policy will be reviewed two years from its effective date to ensure that arrangements put in place are appropriate to the operating requirements of National Services Scotland (NSS).

**Date Policy is effective:**

**Reviewed by:**

Agreed by:

A handwritten signature in black ink, appearing to be 'Johny [unclear]', written over the 'Agreed by:' label.

Date:

30.11.17

**NSS Maternity Support (Paternity) Leave Policy – Frequently Asked Questions**

**My partner and I are adopting a child, will I be eligible for leave under this policy?**

Yes, this policy is available to parents who adopt. Further details on eligibility are given in Section 3.1 of the Policy. Remember that you must have a minimum of 12 months continuous service at the week in which the baby is due to be entitled to **paid** leave under this policy.

**I work part time (18.75 hours per week), how much leave am I entitled to?**

All entitlements are pro-rata for part time staff. So based on your working hours, you will still be entitled to 2 weeks leave – 37.5 hours of paid leave – if you meet the criteria for eligibility.

**When can I take leave under the terms of this policy?**

Leave should be taken within 8 weeks of the expected date of childbirth/placement for adoption. Leave should be taken as one block of either one or two consecutive weeks.

**We are expecting twins. Am I entitled to more leave?**

No. There is no additional entitlement for multiple births. However, there may be some scope for additional unpaid leave if it is considered necessary. In these circumstances please discuss with your Line Manager/HR Services.

**What if I need more time off?**

Remember that there are other family friendly policies which may help. Please refer to the following for more details:

- NSS Shared Parental Leave Policy
- NSS Parental Leave Policy
- NSS Adoption and Fostering Policy
- NSS Flexible Working Policy


## NHS National Services Scotland

## Maternity Support (Paternity) Policy

## Responsibility Matrix

Member of staff	Line Manager	Human Resources	Trade Union/Professional Organisation Representative
You are encouraged to notify your line manager as soon as possible of your intention to take leave. This would normally be at least 28 days prior to leave commencing.	Should not unreasonably refuse requests made under this policy, working with the employee where necessary to resolve any workload/service issues.	Provide advice and guidance to both members of staff and line managers on the application of the Maternity Support (Paternity) Leave Policy where required.	Provide advice and guidance to both members of staff and line managers on the application of the Maternity Support (Paternity) Leave Policy where required.
You are required to complete and submit the necessary forms and documentation to your line manager in line with the timescales set out in the Policy, or where this is not possible, as soon as possible thereafter.	Should not unreasonably refuse any requests for time off for antenatal appointments or official meetings (in the case of adoption).	Signpost other family friendly/flexible working policy options to both members of staff and Line Managers.	
You should be prepared to provide evidence of antenatal appointments or official meetings (in the case of adoption).	Should ensure that Maternity Support (Paternity) Leave is appropriately recorded on Payroll and HR systems to ensure that payments are made accurately and comprehensive records are maintained.		

## **NSS Breastfeeding Policy**



Date Published: November 2017  
Version: V2.0  
Owner/Author: Employee Relations and Engagement Team

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## Key Information:

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<b>V1.0</b>	<b>March 2010</b>	<b>Finalised policy</b>
<b>V2.0</b>	<b>July 2017</b>	<b>Revised Policy draft in response to Supporting Work Balance PIN 2015</b>

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## **1. Introduction**

NSS aims to support and encourage mothers who wish to breastfeed after they return to work. The Health and Safety Executive recommends that it is good practice for employers to provide a private, safe and healthy environment for breastfeeding mothers to express and store milk.

Should members of staff have any difficulties with understanding any aspect of this policy, or require further information in respect of accessibility, interpretation or application of the policy, they should contact HR, their Line Manager or Staff side Representative.

## **2. General Principles**

- Actively support the promotion of breastfeeding amongst our staff and patients;
- Take a positive and supportive attitude to employees planning to return to work or commencing employment with NSS and continue to breastfeed;
- Provide information about breastfeeding for pregnant workers;
- Employees will be allowed reasonable time off during working hours to express milk or, if their baby is cared for nearby, to breastfeed;
- Wherever possible and as necessary make available rest areas and dedicated storage space for the use of breastfeeding employees.

## **3. Terms and Conditions of Employment**

### **3.1 Time Off**

Where practicable, time off during working hours or flexibility in working hours should be provided to allow the employee to breastfeed if their baby is cared for nearby and/or to express milk.

While the organisation cannot guarantee that it will be able to agree to every request for time off/flexibility in working hours, it will give favourable consideration to requests and endeavour, within reason, to accommodate employees' wishes bearing in the mind the needs of the service.

### **3.2 Facilities**

As recommended by the Health and Safety Executive, facilities available to breastfeeding mothers should include where possible:

### 3.2.1 Areas for rest/expressing milk

These should be clean and warm with a low comfortable chair and, where necessary, the facility to lie down. The area should have a lock or have an arrangement for ensuring privacy. There should be hand washing facilities nearby. There should be an electric point for an electric pump, if necessary.

### 3.2.2 Facilities for storing breast milk

There should be a clean area where sterilizing equipment may be stored. A dedicated storage space should be available for storing expressed breast milk at 2–4°C until it is taken home.

It is recognised that NSS staff are located in buildings owned by other Health Boards and therefore have no control over these premises with regard to breastfeeding facilities. In these circumstances, NSS will make every attempt to secure appropriate facilities in a suitable location.

Where NSS does have control over the building, any staff member wishing to breastfeed will have their needs met and appropriate facilities provided.

## 4. Useful Information

Other policies/guidance that you may find useful include:

- NSS Maternity Policy
- NSS Flexible Working Policy
- NSS Parental Leave
- NSS Shared Parental Leave

The following websites may also be of interest:

- Department of Health – <http://www.dh.gov.uk>
- Health and Safety Executive- [/http://www.hse.gov.uk/mothers](http://www.hse.gov.uk/mothers)
- Department for Business Innovation and Skills- <http://www.bis.gov.uk>

## 5. Resolution of Disagreements

No request for time off or flexibility under this policy will be unreasonably withheld. Should a disagreement arise, the individual has the right to raise a formal grievance. It may be preferable in such circumstances, however, for the manager to seek advice on resolving the matter from an appropriate member of the HR Team and a Trade Union/or Professional Organisational representative.

## 6. Policy Review

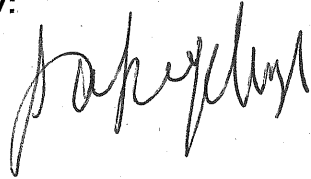


This policy will be reviewed two years from its effective date to ensure that arrangements put in place are appropriate to the operating requirements of National Services Scotland (NSS).

**Date Policy is effective:**

**Reviewed by:**

Agreed by:

A handwritten signature in black ink, appearing to read 'J. A. ...', written over the 'Agreed by:' label.

Date:

30.11.17

## **Appendix A; Guidance for returning to work**

### **Guidance for Staff**

Prior to returning to work, following the birth of a child, breastfeeding mothers should arrange to meet their immediate line manager at least four weeks before the planned date of return to discuss the appropriate working arrangements which will allow the individual to continue to breastfeed once they have returned to the workplace.

It is important that returning mothers confirm their requirements, as per the policy, for the duration of breastfeeding. It is the responsibility of the mother to confirm to her line manager or HR when breastfeeding ends. Please note that the duration of breastfeeding is entirely the decision of the mother.

### **Guidance for Managers**

Upon request, managers should ensure that the appropriate arrangements are put into place to allow breastfeeding mothers to return to work and be able to express breast milk or breastfeed their child.

HR will be able to provide further advice and support as required.

### **Risk Assessment**

The rules surrounding risk assessment of pregnant employees or employees who have recently given birth equally apply in the case of employees who are breastfeeding with actions, as detailed in the Maternity Policy, being undertaken where such a risk assessment finds that her normal duties would prevent her from successfully breastfeeding her child