

NSS Board

07 September 2018, 09:30 to 12:15
Boardrooms 1&2, Gyle Square, Edinburgh

Agenda [B/18/104]

1. Apologies for Absence

Ian Cant, Non-Executive Director

2. In Attendance

Kate Burley, Associate Director, Scottish Trauma Network [Item 6]
Phil Couser, Director, PHI [Item 8]
Morag Keith, International Engagement Team [Item 10]
Caroline Lang, Board Secretary
Caroline McDermott, Strategy and Governance Directorate
Mary Morgan, Director, SNBTS [Item 11]
Andrea Pavlickova, International Engagement Team [Item 10]
Lorna Ramsay, Interim Medical Director
Aileen Stewart, Interim Associate Director, HR
Marc Turner, Medical Director, SNBTS [Item 11]

3. Observers

Richard McCallum, Deputy Director, Health Finance and Infrastructure, Scottish Government

4. INTRODUCTION


40 minutes

4.1. Chair's Introduction and Report [B/18/105 to follow]

E Ireland

4.2. Chief Executive's Update [B/18/106 and B/18/107]

C Sinclair

 B18106 Chief Executives Update.pdf (13 pages)



 B18107 NHS Governance Report_NSS Review.pdf (1 pages)

FOR APPROVAL

5. Minutes of the NSS Board Meeting held on 29 June 2018 and Matters Arising [B/18/108 and B/18/109]

5 minutes


E Ireland

-  B18108 Board Draft Minutes 290618.pdf (11 pages)
-  B18109 Action List.pdf (2 pages)


FOR CONSIDERATION

6. Scottish Trauma Network Update [presentation] 15 minutes
K Burley


7. Finance Report: Period 1 April to 31 July 2018 [B/18/110] 10 minutes
C Low

-  B18110 NSS Finance Report.pdf (19 pages)


8. Consistent Analytics for Governance [B/18/111 and presentation] 30 minutes
J Deffenbaugh/P Couser

-  B18111 Consistent Analytics for Governance.pdf (6 pages)

9. People Report [B/18/112] 10 minutes
A Stewart

-  B18112 NSS People Report.pdf (11 pages)

10. International Engagement Team & mPower Programme [B/18/113 and presentation] 15 minutes
M Keith/A Pavlickova/C Low

-  B18113 International Engagement Team.pdf (9 pages)

11. Development of Advanced Therapeutics [presentation] 20 minutes
M Turner

FOR INFORMATION / NOTING

12. NSS Finance, Procurement and Performance Committee - meeting held on 5 September 2018 10 minutes
K Dunlop

13. NSS Policies 5 minutes
Fire Safety [B/18/114]

-  B18114 NSS Fire Safety Policy Final.pdf (25 pages)

14. Any Other Business 5 minutes

15.

Date of Next Meeting

Board Development Days, 1 & 2 October 2018

Public Board Meeting, 2 November 2018 - Jack Copland Centre

Minutes (APPROVED)

NHS NATIONAL SERVICES SCOTLAND BOARD

MINUTES OF FORMAL BOARD MEETING HELD ON FRIDAY, 29 JUNE 2018 IN BOARDROOMS 1 & 2, GYLE SQUARE, EDINBURGH, COMMENCING AT 0930HRS

Present: Elizabeth Ireland, NSS Chair
 Julie Burgess, Non-Executive Director
 Ian Cant, Employee 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, Interim Director, Strategy and Governance
 Phil Couser, Director, Public Health and Intelligence [Item 19]
 Jacqui Jones, Director, HR and Workforce Development
 Caroline Lang, Board Secretary [Minutes]
 Eilidh McLaughlin, Associate Director, Corporate Affairs and Compliance

Apologies: Jane Davidson, Non-Executive Director

Observer: Rachel Browne, Audit Scotland [Items 1 – 5]
 Amy McIntyre, Business Support Assistants
 Mariska Pellens, Business Support Assistant

ACTION

1. INTRODUCTION

1.1 E Ireland welcomed members, attendees and observers to the meeting. Apologies were noted for J Davidson. 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 received a report from E Ireland on her main activities and discussions since the last Board meeting (paper **B/18/64** refers). It had been a particularly busy and challenging few months. This had required proportionate considered responses from NSS into Government around the eHealth issues and learning and also on the progress on the Health and Social Care Transformation Plan. This was expanded on in the Chief Executive’s Update (paper **B/18/65** refers). She highlighted the launch of the National Performance Framework for Scotland and Members had been provided with a link to the website as well as the high level schematic. The



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 EDINBURGH EH12 9EB

Chair Professor Elizabeth Ireland
 Chief Executive Colin Sinclair

ACTION

Board would be encouraged to engage with this approach as it moved into future strategic discussions for NSS with a focus on wellbeing. Also attached to the Chair's Report were letters from:-

- Paul Gray, Director-General Health & Social Care and Chief Executive NHSScotland, on reducing health inequalities; and
- Cabinet Secretary to the Health and Sports Committee in relation to routine reporting that would be put in place from 2018/19. This included regular financial reporting of NHS Board and Integration Authorities.

- 2.2 J Burgess had shadowed E Ireland at the NHS Chairs meeting and Members noted the main items discussed. On behalf of the Board, E Ireland thanked Noreen Kent, for her work around clinical governance while in the position of NSS Nurse Director. This post had now been filled on an interim basis by Jacqui Reilly. It was confirmed that clinical representation would be in attendance at all future NSS Board meetings. Members noted the recent appointment of Jeane Freeman MSP as the new Cabinet Secretary for Health and Sport.

3. CHIEF EXECUTIVE'S UPDATE

- 3.1 C Sinclair introduced paper **B/18/65** which updated the Board on his key activities and a number of matters for noting. As mentioned earlier by the Chair, this had been a particular challenging few months for NSS. He provided Members with an update on the eHealth funding issue. NSS had carried out all the actions requested and delivered on its commitments to date. A further meeting of the Scottish Parliament's Public Audit and Post-legislative Scrutiny Committee (PAPLS) had been held on 21 June 2018 where the Committee had sight of the report prepared on NSS's behalf by KPMG.
- 3.2 Members noted that the Digital Health and Social Care Strategy had been published in April 2018. Exactly how the agenda would be taken forward lacked clarity but the intention was to establish a Digital Agency with NHS Education for Scotland (NES). NSS had a role to play in working with NES and other stakeholders to support implementation. There would be an opportunity for Members to discuss this in more detail later in the meeting. C Sinclair outlined the work and discussions on National Board Collaboration. Overall progress was being made but a range of issues still needed to be resolved, particularly the balance between current governance structures and new ways of working.
- 3.3 Members were pleased to learn that the Jack Copland Centre (JCC) would be close to full occupancy by the end of June 2018 with a Royal Opening scheduled for 4 July 2018. C Sinclair also highlighted the Executive Management Team's discussion on how to refocus NSS's Digital Transformation Programme and the work that would be needed over the coming months in preparation for the Board's strategy session in October 2018.
- 3.4 E Ireland thanked C Sinclair for his update and invited comments from Members. It was important to remember to celebrate NSS's achievements and in the light of the appointment of a new Cabinet Secretary, the Board agreed it would be helpful if a visual aid of NSS's performance could be shared with her at the opening of the JCC. NSS would also still be seeking to receive a Ministerial Review. For the sake of completeness post the eHealth funding issue, Members asked for the Board to receive an annual

**C Low /
M McDavid**

update on the Trinity Park Foundation. In response to comments on the number of Interim senior management roles, C Sinclair advised that he had this under consideration and would be sharing his views with Board Members over the coming weeks. In summary, the Board reaffirmed its support for the course of action being followed by C Sinclair and his senior team to enable NSS to continue to deliver against its Operational Delivery Plan, deliver public value and make a real difference to the health and wellbeing of the people of Scotland. The next few months would hopefully afford NSS the opportunity for further collaboration and to exercise influence.

4. NSS AUDIT AND RISK COMMITTEE ANNUAL REPORT

- 4.1 In accordance with NSS's Standing Orders, M McDavid introduced the NSS Audit and Risk Committee's annual status report for the period 1 April 2017 to 31 March 2018, which had been approved by a meeting of the Committee on 21 June 2018 (paper **B/18/66** refers). The report summarised the work of the Committee during the year. There continued to be a high level of scrutiny and debate at these meetings and M McDavid drew Members' attention to the conclusions at the end of the report and in particular the Committee's satisfaction that effective and timely action had been taken by management in relation to audit issues raised.
- 4.2 Subject to the correction of a typing mistake at the end of the report, the Board duly adopted the NSS Audit and Risk Committee's Annual Report for 2017/18. The amended version would be published to the NSS website as paper **B/18/66a**.

5. NSS ANNUAL REPORT AND ACCOUNTS 2017/18

- 5.1 The Members of the Board had been circulated with a copy of the NHS NSS Annual Report and Accounts for the year to 31 March 2018. These had been reviewed and accepted at a meeting of the NSS Audit and Risk Committee on 21 June 2018 subject to a number of amendments. C Low confirmed that NSS had met all its financial targets for 2017/18. M McDavid confirmed that the NSS Audit and Risk Committee had been taken through the Annual Report and Accounts in detail and were satisfied with the level of scrutiny applied. The independent auditor's report concluded that the financial statement gave a true and fair view of NSS's financial position as at 31 March 2018 and had been prepared in accordance with the financial reporting framework.
- 5.2 Subsequent discussions with Audit Scotland had resulted in a number of further amendments since the Committee meeting on 21 June 2018. These had been highlighted in the cover paper. In response to a question from M McDavid, C Low explained the statement in relation to prior year adjustments. J Deffenbaugh queried the 3rd footnote in the Fair Pay disclosure on page 30 of the Annual Report and Accounts, referring to a slight increase in the median pay. R Browne explained that this narrative related to the original figures in the unaudited accounts. Following an audit adjustment to those figures, the median pay decreased year on year, so the narrative was no longer accurate. The sentence had been removed during final checks of the printed sets of Accounts for signing. R Browne confirmed that the removal of this sentence and correction of a small number of minor typing errors were the only changes between the versions of the Accounts in the Board papers and the printed sets of Accounts for signing.

ACTION

- 5.3 C Sinclair confirmed that he was content to sign the Annual Accounts 2017/18 Performance and Accountability Report as the Accountable Officer of NSS. The Board Members confirmed they were content for C Sinclair to sign, on their behalf, the Annual Report and Accounts where required and for these to be submitted to the Scottish Government. E Ireland expressed the Board's appreciation for the work undertaken on the Accounts by C Low and Finance colleagues. The Accounts would be laid before Parliament later in the year and published thereafter.

6. MINUTES OF THE NSS BOARD MEETING HELD ON 6 APRIL 2018 AND MATTERS ARISING

- 6.1 The Minutes of the NSS Board meeting held on 6 April 2018 were accepted as a true record (paper **B/18/68** refers). The Members noted progress on actions from the previous meeting and that the majority had been completed, programmed into a future meeting, or were covered in the main Agenda (paper **B/18/69** refers).

7. CHANGES TO NSS BOARD COMMITTEE MEMBERSHIP

- 7.1 Members had been circulated with a paper detailing the outcome of a review by E Ireland of the membership of the NSS Board Committees [paper **B/18/70** refers]. The rationale for the proposed changes had been discussed in advance of the meeting with Board Members. Subject to minor typing mistakes being corrected in advance of the paper being published on the NSS website as **B/18/70a**, the Board approved the revised structure of the Committees.

8. NSS STANDING FINANCIAL INSTRUCTIONS (SFIs)

- 8.1 Following the annual review of the NSS SFIs, an amended version had been endorsed by the NSS Performance and Finance Committee at their meeting on 30 May 2018 (paper **B/18/71** refers). A number of significant changes had been proposed to incorporate the recommendations made in the light of the eHealth funding issue and these were highlighted to Members. A communications campaign would also be developed to ensure that all staff understood their responsibilities in respect of financial management, governance and compliance. The aim would be to ensure the SFIs were more accessible to staff, and that key messages were tailored to the specific needs of different staff groups so they understood what they had to do and why. The Board endorsed the revised SFIs which would be implemented with effect from 1 July 2018. Members asked for some of the staff communications to be shared at the March 2019 Board Development Session along with feedback on how staff had responded to the overall challenges.

C Low
[BDS – March 2019]

9. NSS STANDING ORDERS

- 9.1 NSS's Standing Orders had last been published with amendments as at June 2017. Since then a number of changes had been proposed by the NSS Board's Committees and the NSS Executive Management Team (EMT) and these were detailed in the current version presented as **B/18/71**. Revisions to the Scheme of Delegation had been prepared in discussion with C Low to ensure they were aligned with the SFIs. The proposed changes had been endorsed by the NSS Audit and Risk Committee at its meeting on 21 June 2018. The Board approved the immediate incorporation of these amendments into NSS's Standing Orders.

10. NSS STAFF GOVERNANCE COMMITTEE ANNUAL REPORT

- 10.1 J Deffenbaugh introduced paper **B/18/73** which summarised those matters which had been considered by the NSS Staff Governance Committee in order to satisfy itself that NSS had processes in place to manage staff effectively and to comply with the national Staff Governance Standards. Overall a positive year with good progress being made in a number of key areas e.g. sickness absence. The introduction of spotlight sessions from Strategic Business Units to highlight specific Staff Governance challenges and successes had been well received and would continue for 2018/19.
- 10.2 The Board duly adopted the NSS Staff Governance Committee's Annual Report for 2017/18.

11. NSS CLINICAL GOVERNANCE COMMITTEE ANNUAL REPORT

- 11.1 J Burgess introduced the Annual Report from the NSS Clinical Governance Committee (paper **B/18/74** refers). She drew Members' attention to the Committee's key activities during the past year which included reviewing the action plan developed in response to a significant national adverse event relating to the Scottish Breast Screening Programme. All recommendations from this for NSS had been addressed. The Committee had also been monitoring closely risks reported on the Picture Archiving and Communications System and the Community Health Index. Through the use of a clinical flag, the Committee had been sighted on risks which had not been categorised as a direct clinical risk but could have a clinical impact. The use of this flag had been reviewed and the Committee had unanimously agreed that it added value and should continue. Regular updates had been provided on SNBTS's relocation to the Jack Copland Centre and the management of any potential associated clinical governance risks or issues. The Board recognised the need to plan for continued assurance and leadership on clinical governance in NSS following the recent loss of clinical memory as a result of staff changes.
- 11.2 The Board duly adopted the NSS Clinical Governance Committee's Annual Report for 2017/18.

12. NSS PERFORMANCE AND FINANCE COMMITTEE ANNUAL REPORT

- 12.1 K Dunlop introduced paper **B/18/75** which provided a summary of the Committee's activities during 2017/18. Issues discussed by the Committee had been many and varied. In particular, K Dunlop highlighted the size, scale and scope of the National Procurement contracts and savings achieved. The Board noted that the name of the Committee would be changed to NSS Finance, Procurement and Performance Committee and the frequency of meetings would increase to no less than four times per year.
- 12.2 The Board duly adopted the NSS Performance and Finance Committee's Annual Report for 2017/18.

13. NSS INFORMATION GOVERNANCE COMMITTEE ANNUAL REPORT

- 13.1 I Cant introduced paper **B/18/76** which provided a summary of the matters considered by the NSS Information Governance Committee during 2017/18. The Committee was now well established and providing assurance to the

ACTION

Board that all information governance and security risks were being adequately monitored and mitigated as well as key projects being undertaken and completed. A significant amount of work had been undertaken to prepare NSS for the introduction of the EU General Data Protection Regulation (GDPR) and the support of all those involved was greatly appreciated. The Committee had also received assurances around NSS's position relative to Cyber Security. A number of helpful presentations had been received during the year on how information governance was being handled in different business areas of NSS. These had highlighted a number of common themes and different challenges. I Cant thanked Committee Members for their support and contribution during his time as Chair. A Rooney would take over as Chair from 1 August 2018.

- 13.2 The Board duly adopted the NSS Information Governance Committee's Annual Report for 2017/18.

14. NSS REMUNERATION AND SUCCESSION PLANNING COMMITTEE ANNUAL REPORT

- 14.1 J Deffenbaugh introduced the NSS Remuneration and Succession Planning Committee's Annual Report to the NSS Board and NSS Staff Governance Committee (paper **B/18/77** refers). The work of the Committee had been balanced around remuneration, succession planning and the performance appraisal process. Assurance would be sought in 2018/19 that appraisals were also being done with rigour and for potential for NSS staff outside of the Executive and Senior Management Cohorts. A Rooney commented that having been on the Committee for the past year, she had been struck by the depth and breadth of discussion at meetings and the amount of detailed preparation that went into the supporting documentation. Membership of the Committee provided new Non-Executive Board Members with a valuable insight into NSS.

- 14.2 The Board duly adopted the NSS Remuneration and Succession Planning Committee's Annual Report for 2017/18.

- 14.3 On behalf of the Board, E Ireland thanked all the Committee Chairs and members for their level of engagement and scrutiny over 2017/18 and all those involved in the preparation and support required to enable the Committees to discharge their responsibilities on behalf of the Board.

15. END OF YEAR PERFORMANCE AND FINANCE REPORTS

- 15.1 The Board received an overview of performance against the NSS Local Delivery Plan (LDP) targets for 2017/18 (paper **B/18/78** refers). It had been an excellent year for NSS with a performance rating of 93 per cent achieved against 72 performance indicators. A number of these successes had been used to populate material for NSS's presence at the NHSScotland Event held earlier in June 2018 and would also be drawn on for the forthcoming Annual Review and Chief Executive's Roadshows. On behalf of the Board, E Ireland thanked all those involved in delivering significant achievements in the 2017/18 LDP. At the Board's request, E Ireland and C Sinclair would issue a communication to thank staff for these results which would not have been possible without their dedication, skills and contribution on a daily basis.

**E Ireland/
C Sinclair**

- 15.2 C Low reported on the key elements of NSS's financial outturn from the 2017/18 financial year and how NSS had met its key financial targets (paper **B/18/79** refers).

16. FINANCE REPORT

16.1 The Members were provided with an update on NSS's financial performance as at 31 May 2018 (paper **B/18/80** refers). C Low reported that two months into the financial year, NSS expected to meet its key financial targets for 2018/19 with a break-even position projected in revenue and capital. However, there were a number of key assumptions and risks as part of this financial forecast and these were presented in the report. The Board discussed these in more detail with C Low responding to questions. Greater clarity around a number of the assumptions would hopefully be available for the next Finance Report to the Board in September 2018. In particular, Members noted the commitment by the Scottish Government to allocate funding as early in the year as possible. In the light of the risks highlighted, the Board requested that an update on NSS's financial risks be provided. **C Low**

16.2 In response to a question on how individual Strategic Business Units were reporting the financial impact of the Agenda for Change staff pay award, C Low advised that this would be consistent for future reports. Members were also assured that the Cash Releasing Efficiency Savings (CRES) were being monitored on a monthly basis. There was however lack of clarity around funding for national IT services managed by NSS on behalf of NHSScotland and key projects e.g. Community Health Index (CHI) Child Health programme. NSS would continue to look at its future plans to identify actions to maintain financial stability and to inform planning and decision making that could support reform.

16.3 The Board noted that the financial position of all 22 NHS Health Boards would be published by the Scottish Government on a monthly basis. While all Health Boards published their financial position locally, this increased focus on financial governance would bring the information together in one place for the first time to show the progress being made by Boards in developing and delivering financial plans throughout the year. C Low commented that it would be important for Members to be aware of what was being published in relation to NSS.

17. PERFORMANCE AND FINANCE COMMITTEE EHEALTH ACTIONS

17.1 Members received a further update on progress made in delivering actions agreed to address issues identified in the management of eHealth funds (paper **B/18/81** refers). These actions would ensure that weaknesses in governance and reporting arrangements were addressed and the specific recommendations made within the KPMG and Grant Thornton reports were implemented in full. K Dunlop commented that there had been extensive work and a great deal of time and effort shown to take this forward. The Board echoed her comments and confirmed its support to C Low and her team for how they had addressed these matters. It was noted that the headings in a couple or the paragraphs in the report were the same and these would be amended prior to the paper being published on the NSS website as **B/18/81a**.

17.2 The Board was confident that significant progress had been made against the action plan and learning would be brought back to the Board Development Session in March 2019 to identify any further actions. As mentioned earlier, this could also include the learning from the actions around the SFIs. J Deffenbaugh suggested that it might be helpful to put in place a logic model to evaluate the impact of the actions going forward. **C Low**
[BDS – March 2019]

18. NSS WORKFORCE END OF YEAR REPORT

- 18.1 This item was brought forward on the Agenda. Members had been circulated with paper **B/18/84** which informed the Board of the end of year position against the key workforce targets for NSS and summarised the key workforce information as at 31 March 2018. J Jones took Members through the highlights in the report. In summary, the report showed a positive outcome across a range of workforce measures which demonstrated that NSS had an engaged and productive workforce and that progress had been made against the Great Place to Work Plan. Members noted that as a result of the higher than anticipated incidence of RIDDORs and other health and safety concerns, the Chair of the Occupational Health and Safety Advisory Committee (OHSAC) had agreed that the Committee should meet more frequently in 2018 in order to provide leadership, additional and robust oversight and governance. Concerns about the number of RIDDORs had been discussed by the NSS Staff Governance Committee and as Chair, J Deffenbaugh had visited the Logistics Warehouse at Canderside. Following the visit and evidence presented, he felt assured that all appropriate measures were being taken to address the issues identified. There was recognition that changing culture and behaviours would always be challenging and work would need to continue with managers and staff to address this. The Board agreed it would be helpful to have more analysis in future People Reports on the number of RIDDORs and near misses. **J Jones**
- 18.2 In terms of Bullying and Harassment cases, these remained relatively low, and none had been upheld, but one case was one case too many. NSS remained very active in addressing this concern with the support of the NSS Partnership Forum. The Board asked for this to be discussed at the next NSS Staff Governance Committee meeting and noted that NSS's Values were due to be relaunched which would hopefully help to reinforce positive behaviours. **J Deffenbaugh/
J Jones
[SGC – 28.09.18]**
- 18.3 In response to a question on how the targets on statutory and mandatory training were interrogated by the NSS Staff Governance Committee, J Deffenbaugh offered to provide assurance to the Board on this as Chair of that Committee by reviewing the detail provided in the People Report dashboards at the next Committee meeting. **J Deffenbaugh/
J Jones
[SGC – 28.09.18]**
- 19. UPDATE ON PUBLIC HEALTH SCOTLAND**
- 19.1 C Sinclair updated Members on progress with establishing Public Health Scotland (PHS) (paper **B/18/82** refers). Uncertainty around the legal status of the new body continued but a decision was expected to be made by the Public Health Reform Programme Board at the end of July 2018. P Couser reported that work was progressing on the four commissions for which NSS was a lead partner. However, the naming of these was still giving rise to some confusion and Terms of Reference were not clear. Despite some of the complexities that had been highlighted and were hindering delivery, NSS remained supportive and a series of staff engagement sessions had been scheduled for August 2018. The enablement and support of staff was critical. The Central Legal Office would continue to be engaged in respect of any potential implications for the Common Services Agency (NSS) Orders. Further updates would be provided through the Chief Executive's Report to the Board. **C Sinclair**
- 19.2 There had been no further communication from the Scottish Government in relation to the provision of shared services and the potential role for NSS.

ACTION

The Board agreed that any suggestion to use consultants to take this forward should be challenged.

20. EUROPEAN UNION (EU) WITHDRAWAL

20.1 M Bell introduced paper **B/18/83** which had been prepared as an update for the Board to assure Members that the potential impacts of EU withdrawal on NSS were being actively considered and managed to identify where mitigation was required. A further update was planned for Autumn 2018 once the formal Government position on transition was known. In the light of this timeline, it had been agreed that it would be pragmatic for NSS to pull out of hosting the European Blood Alliance Conference in 2019.

20.2 Members noted that the International Engagement Team (IET) had been TUPE transferred to NSS from NHS 24 on 5 February 2018. The IET was fully funded by the Scottish Government's Technology Enabled Care (TEC) and Digital Healthcare Innovation Division. A Service Level Agreement (SLA) had been agreed between NSS and the Scottish Government which confirmed funding for the Team and its activities until the end of March 2021. M Bell also drew Members' attention to the mPower project which had been transferred to NSS in June 2018 from NHS 24. M Bell suggested that EU withdrawal might have implications for this mPower project as its planned deliverables went beyond known EU funding commitment timelines. This included potential financial and reputational risks for NSS. The Board and C Sinclair in particular, questioned the tone of some sections in the paper. C Sinclair's view was that he believed assurance was in place for the longer-term support to deliver both areas through tier full programme plans. In order to address Members' challenges and questions, M Bell would arrange for a more detailed briefing on the IET (including role and risks to functions and funding) and mPower project to be provided at the next Board Meeting.

M Bell
[Board – 07.09.18]

21. GENERAL UPDATE ON INFORMATION TECHNOLOGY (IT)

21.1 C Sinclair commented that a number of IT matters had already been covered in his Chief Executive's Update (paper **B/18/65** refers). Members noted that the new NSS Director of IT, Deryck Mitchelson, would take up post on 27 August 2018. As mentioned earlier, the new Digital Health and Social Care Strategy had now been published. Detailed governance and the delivery approaches for a Digital Agency still needed to be developed so there was greater clarity across NHSScotland. The launch of the Strategy potentially provided an opportunity to ensure the CHI product was truly fit for purpose. The Scottish Government team had requested a six month delay to allow them to explore the CHI specification and understand whether it was fully future proof or if an opportunity existed for an alternative approach. The NHS Chief Executives' expected a proposition on this in September 2018. The Board recognised that the IT Strategic Business Unit was under increasing pressure from the volume of activity.

22. PEOPLE REPORT

22.1 Members had been circulated with a copy of the People Report for the financial year as at 31 May 2018 (paper **B/18/85** refers). In addition to what had been discussed earlier in the meeting, J Jones advised that there had been no new RIDOORS in May 2018 so the total number for 2018/19 so far remained at one. HR Healthy Working Lives had put a number of recommendations to the NSS Executive Management Team for consideration going forward in order to support improved performance in this

area. In terms of absence, whilst there had been a slight increase overall in May 2018, this area continued to be below the trend outcomes against previous years.

23. END OF YEAR REPORT ON FEEDBACK, COMMENTS, CONCERNS AND COMPLAINTS

23.1 The Board noted the Annual Feedback, Comments, Concerns and Complaints Report for 2017/18 which was due to be submitted to the Scottish Government on 30 June 2017 (paper **B/18/86** refers). There was nothing of significance to note or report since the previous annual report.

24. HIGHLIGHTS FROM NSS AUDIT AND RISK COMMITTEE

24.1 M McDavid highlighted the work of the Audit and Risk Committee (paper **B/18/87** refers). Reference was made to the presentation on the GP IT business case which had been received at the Committee meeting on 21 June 2018. In order to provide the necessary governance assurances around this programme of work, a more detailed report would be brought back to the Committee and the clinical risks arising from the GP IT re-provisioning would be reported on to the NSS Clinical Governance Committee in September 2018.

25. HIGHLIGHTS FROM NSS BOARD COMMITTEES

25.1 The Members noted the report from the NSS Board Committee Chairs which highlighted key issues and risks for the Board's attention, emerging themes for Board awareness, governance improvements, and any other matters of interest since the last Board meeting (paper **B/18/88** refers). K Dunlop advised that a date for the IT risk workshop had still to be announced. Members asked for this to be arranged for September 2018 to take account of the start date for the new Director of IT. I Cant highlighted the work NSS was doing to support the Information Governance Once for Scotland Strategy. J Burgess highlighted the discussions on the governance arrangements for the Scottish Dental Reference Service and that this was likely to come back to the NSS Board for a decision. The NSS Clinical Governance Committee had also been updated on the impact of Public Health England (PHE) Breast Screening Incident, which had been similar to that which arose in late 2016/early 2017 in Scotland.

25.2 E Ireland commented that she had asked Phil Couser, Director of PHI, to prepare a paper for the September 2018 Board meeting to enable Board Members to engage with the experts in data analysis in developing a more consistent approach in which information and intelligence was presented in Board and Committee papers. J Deffenbaugh would help develop the brief for this and present to the Board.

26. REGISTER OF INTERESTS

26.1 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/18/89** refers).

27. NSS BOARD COMMITTEE MINUTES

27.1 The Members noted the following Minutes and Reports from meetings of the NSS Board Committees.

ACTION

- (i) Approved Minutes of the NSS Audit and Risk Committee meeting held on 23 May 2018 (paper **B/18/90** refers).
- (ii) Approved Minutes of the NSS Audit and Risk Committee meeting held on 28 March 2018 (paper **B/18/91** refers).
- (iii) Approved Minutes of the NSS Performance and Finance Committee meeting held on 23 February 2018 (paper **B/18/92** refers).
- (iv) Approved Minutes of the NSS Clinical Governance Committee meeting held on 22 March 2018 (paper **B/18/93** refers).
- (v) Approved Minutes of the NSS Information Governance Committee meeting held on 25 January 2018 (paper **B/18/94** refers).
- (vi) Draft Minutes of the NSS Staff Governance Committee meeting held on 11 May 2018 (paper **B/18/103** refers).
- (vii) Approved Minutes of the NSS Staff Governance Committee meeting held on 16 February 2018 (paper **B/18/95** refers).

28. NSS POLICIES

28.1 The Board had been circulated with a copy of the following policies:-

- (i) Working at Home and Working from Home (paper **B/18/96** refers).
- (ii) Maternity (paper **B/18/97** refers).
- (iii) Adoptions and Fostering (paper **B/18/98** refers).
- (iv) Team-Based Self-Rostering (paper **B/18/99** refers).
- (v) Career Break (paper **B/18/100** refers).
- (vi) Relocation (paper **B/18/101** refers).
- (vii) Data Protection (paper **B/18/102** refers).

29. ANY OTHER BUSINESS

29.1 Gosport Independent Panel Report, June 2018 The Gosport Independent Panel had been set up to address concerns raised by families over a number of years about the initial care of their relatives in Gosport War Memorial Hospital and the subsequent investigations into their deaths. The Panel's Report was an in-depth analysis of the Panel's findings. J Burgess declared an interest in this item as she knew one of the Panel members. A copy of the Report would be circulated to Members and considered by the NSS Clinical Governance Committee, in the first instance, to identify any potential learning points.

**C Lang/
J Burgess
[CGC – 13.09.18]**

30. DATE OF NEXT MEETING

30.1 The next Public NSS Board Meeting would be held on Friday, 7 September 2018.

There being no further business, the meeting finished at 1435hrs.

B/18/105

NSS Formal Board Meeting – Friday, 7 September 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. The months of July and August have often given space for reflection and holiday and these two months have enabled me to do just that!

The appointment of Jeane Freeman as Cabinet Secretary for Health and Sport took place at the end of June 2018 with Clare Haughey appointed as minister for Mental Health and Joe Fitzpatrick as minister for Public Health, Sport and Wellbeing.

The Cabinet Secretary attended the official opening of the Jack Copland Centre on 4 July by His Royal Highness Prince Edward – with the Lord Lieutenant of the City of Edinburgh. I would like to thank all those involved in the planning and delivery of this special day – especially the flexibility required to manage the heat of the Scottish summer!

Later that week – the NHS celebrated its 70th birthday with a reception held in the National Museum. All boards were asked to nominate eight members of staff to attend and I hear this was a great occasion and many photographs have been shared.

Progress on the oversight of the implementation of the Health and Social Care Transformation plan has halted at present – with both the July and August meetings of the National Health and Social Care transformation board being cancelled. I am meeting with Phil Raines in September 2018 to discuss and have met with David Garbutt (Chair of NES) as he is now the other NHS Chair on the Board.

The first meeting of the new Cabinet Secretary with the NHS Chairs will take place on 24 September 2018.

Normally, Scottish Government sends out Annual Review Guidance to Boards early in the financial year notifying them of the process and timescales for Ministerial Annual Reviews. Where Boards are hosting on-Ministerial Reviews, it is up to them to organise the date of the Review and the format is less prescriptive. This year however, with the Cabinet reshuffle and changeover of Cabinet Secretary for Health and Sport, Jeane Freeman has indicated that she wishes some time to consider how best to undertake Annual Reviews with Boards. We therefore await guidance on the process and timescales. As per discussion at previous Board meetings, we have indicated to our sponsor that NSS would be pleased to receive a Ministerial Review. In preparation, we have also developed a number of communication tools and stories demonstrating where we have worked successfully with stakeholders. We utilised these for the NHS in Scotland Conference and we will also utilise these for the Annual Review. Board members will be kept appraised as soon as we have further information.

Summary of activities

1. Transformation Programme Board
 1. Digital Strategy – and developments. This will be covered in detail by the CEO update. The establishment of the National Digital Agency (hosted and governed within NES) has created opportunities for the development and implementation of the Digital Health and Social Care Strategy. At present there is movement to recruit posts within the agency and the oversight

committee is chaired by Andrew Morris (Director of Health Data Research UK). To get clarity about the aims, governance and approach that NES are taking and the opportunities – and challenges that this might create for the many areas of work that NSS are involved and lead on – the CEO and I met with the Chair and CEO of NES (29.8.18). Both Chairs supported a strong collaborative partnership and a meeting will be taking place with key members of NES and NSS staff to understand and gain clarity on expertise, capacity and capability. In the spirit of openness I have invited the CEO of NES to come to discuss the agency at our November Board meeting and the CEO of NSS has been invited to a future board meeting of NES. I have also met with Dr Ramsay – interim Medical Director around this area.

2. Board development and Non executive appraisals
 1. I continue to progress with Non executive appraisals – nearly at completion!
 2. I have met with Stewart Robison from CEAD who is leading on actions to support our engagement, listening and offering to stakeholders and I asked him to meet with Non executives prior to coming to the February 2019 board (i.e. after our offsite and RAM)
3. Carnegie UK Trust - Kindness Innovation Network
4. Networks - Clyde Gateway; I met with Ian Manson – CEO of Clyde Gateway and have linked him with Manira Ahmed from LIST to support with Data linkages and public health approaches.
5. NHS Chairs group
 1. Meeting with new Chair of NHS Chairs – Ian Kinniburgh
 2. Review of Governance blue print developed by John Brown – GGC chair.
6. CMO task force
 1. The formal options appraisal was accepted by CMO taskforce and I have stood down from chairing a sub group of the task force to improved services to those who experience sexual crime.
7. Local Governance Review – “democracy matters” meeting with SG team leading this
8. Meeting with Jenny Stewart from KPMG – governance in public sector.
9. Internal
 1. Dental – a change will take place to the Dental Reference Board in December 2018 – this will be discussed at the September 2018 Clinical Governance Committee and a short item around any changes to the function orders of NSS will be on the November 2018 NSS Board agenda.
 2. CEO meetings and reviews
 3. Meetings with Martin Bell around Offsite
 4. Meeting with Dr Alex Stirling – NSS Clinical Lead for Realistic Medicine. I propose to include a session on Realistic Medicine on the February 2019 Board meeting.
 5. Meeting with Dr Katharina Tober – NSS Scottish Clinical Leadership Fellow

Professor Elizabeth Ireland
NSS Chair
01.09.18

See attached:

- Local Governance Review – Engagement Phase



Scottish Government
Riaghaltas na h-Alba
gov.scot



Public Sector Leaders
By email

22 June 2018

Dear Public Sector Leader

LOCAL GOVERNANCE REVIEW – ENGAGEMENT PHASE

Programme for Government 2017-18 set out the intention to “decentralise power to a more local level in Scotland and launch a comprehensive review of local governance ahead of a Local Democracy Bill later in this Parliament”. In December 2017, the Scottish Government and COSLA jointly launched the Local Governance Review.

We believe that it is important to review how powers, responsibilities and resources are shared across national and local spheres of government and with communities in the context of significant change to the governance of Scotland over the last two decades, and in recognition that outcomes for citizens and communities are best when decisions are taken at the right level of place.

This review reflects local and national government’s shared commitment to subsidiarity and local democracy, and builds on joint agreement between COSLA and the Scottish Government to focus on and strengthen local and community decision-making and democratic governance in ways that improve outcomes in local communities, grow Scotland’s economy for everyone’s benefit, support communities to focus on their priorities, and help new ideas to flourish.

The Review of Local Governance will explore what might be achieved, and highlight opportunities for positive change. In doing so it brings a wide range of Scotland’s public services into scope, takes cognisance of reforms where work is already progressing, and will include powers and functions held at national level. It is therefore very important that we hear from you.

Many of you will know that the review is being undertaken in two key strands. First, a highly inclusive conversation with communities is getting underway, and will listen to views about how decision making can work best for towns, villages and neighbourhoods around the country. This reflects our shared commitment to community empowerment, and builds on the work already done to give people a direct say over the decisions that matter most to them. If you would like to support this process, for example by hosting events, please get in touch. As part of that

conversation, we expect people will be interested in how decisions about a range of public services can be made in the communities that they serve.

Second – the main purpose of this letter – we wish to involve you, as Scotland’s public sector leaders, in a dialogue about how changes to how Scotland is governed can make the lives of Scotland’s people better. Accordingly, we are now inviting you to bring forward proposals to feed into the review.

Just like the first strand, the second strand of the Local Governance Review offers a broad scope, and we anticipate that all public services will wish to offer proposals for improved governance arrangements at their level of place. This is based on an acceptance of increased variation in decision-making arrangements across the country: what is right for one place will not necessarily be right for another. For example, these could be at the level of a city or local authority, community planning partnership or regional economic grouping, or focus on how existing national arrangements can support a more local way of working.

We know that there are already many examples of working creatively across traditional boundaries to deliver responsive services for people. We want to hear how these approaches can be strengthened and scaled up, whether there are new powers or other changes that are needed to make more progress and the benefits these would produce, and about opportunities to hardwire better local governance arrangements into the places you serve. We are also keen to hear about how this landscape could be made to work better overall.

What is important is that proposals reflect our shared aspirations in light of the new National Performance Framework to tackle inequalities and drive inclusive growth, are consistent with Christie Commission principles, and strengthen local decision making.

We also want to have an interactive process with you to consider and develop ideas. Whilst we are setting a deadline for written proposals and evidence of 14 December 2018, we want to hear from you as early in the process as possible in order to understand your proposals, help them take shape and identify where other evidence or assurances might be required to deliver change, and consider how they might link with other ideas.

To get that process underway, we are seeking an initial indication of the kind of issues you would like to discuss by the beginning of September, and we will follow up this letter at that point. There is no fixed format for this, however we do want to receive your initial input no later than early Autumn in order to leave enough time to work with you on proposals. We also want to avoid setting an arbitrary date that would put you under undue pressure to take things forward. But we can’t stress enough that we would welcome you getting in touch as early as possible in the process of you forming your ideas. We would of course be happy to meet with you and your networks as part of this process too.

Where there is interest in developing an idea, it will also be important to involve all partners with a potential contribution to make. For example, this approach is already opening up new possibilities for the Islands, following the commitment in Programme for Government 2017-18 to support those Island authorities who want to establish a single authority model of delivering local services.

These two strands of the Local Governance Review will run in parallel for a period of around 6 months, and inform a programme of changes to governance arrangements in different places where these can increase the pace and scale of public service reform, focus on shared outcomes, and strengthen local decision making. In the event of legislative change being required a Local Democracy Bill is provisionally scheduled for introduction later this parliament. However, should you have ideas that will make a real difference, but will take longer to develop and deliver, we do of course still want to hear from you.

Joint oversight for the Local Governance Review overall is provided by the Cabinet Sub-Committee on Public Service Reform Delivery and COSLA's Political Leadership Team. These arrangements provide the primary forum for determining how proposals will be progressed, with Ministers reflecting this in the scope and content of legislation.

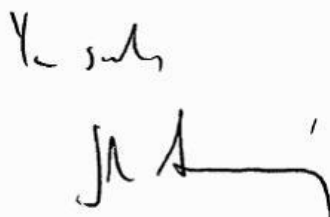
The Local Governance Review is part of a long term commitment by national and local government to place based reform and a more local approach to decision making in Scotland. The newly refreshed National Performance Framework provides a shared set of outcomes that this way of working can help to deliver. It is therefore vital that we hear from all parts of Scotland's public services in line with the timescale above. We look forward to your participation, and to discussing your proposals in the coming months.

To begin this process, you can make contact with the team at: democracymatters@gov.scot or 0131 244 0709.

ANGELA CONSTANCE, MSP
Cabinet Secretary for Communities,
Social Security and Equalities



JOHN SWINNEY, MSP
Deputy First Minister and
Cabinet Secretary for
Education and Skills



CLLR. ALISON EVISON
COSLA President



B/18/106

NSS Formal Board Meeting – Friday, 7 September 2018

Chief Executive's Update

1 Context

The last two months have been less hectic allowing much needed time to focus on our forward looking agenda. Things have been calmer on a day to day basis and the new Cabinet Secretary has put a hold on the transformation agenda to allow her to carry out a review. In addition the eHealth issues which were dominating our activity before the holidays have generally been addressed from an NSS perspective. Allied to the normally quieter holiday months of July and August, this has allowed our focus to be on forward planning and strategic direction.

During July I have taken the opportunity to announce and start to put in place changes to the EMT which will see the appointment of a Director of Strategy, Performance and Service Transformation. This will be a key role going forward in both developing and delivering our strategy and ensuring that we are a high performance organisation and able to respond quickly to the challenges of transformation in health and social care.

Our focus currently is on developing strategic options for discussion and review by the Board at the offsite in early October. Through Martin Bell and others, we are currently gathering views from EMT members, Board colleagues and other stakeholders to understand our options with the movement of PHI to Public Health Scotland next year. Our focus is likely to be on our role in delivering transformation, how we can support the spread of innovation and good practice, providing key infrastructure support to NHSScotland and continuing to deliver high quality services. The work will be completed in advance of the offsite and is designed to enable a detailed discussion about the options available to NSS. In addition, the 19/20 planning cycle is now underway.

The development of Public Health Scotland continues and, subject to Cabinet Secretary ratification, the organisation will be established as a Special Health Board. This is a pragmatic approach and will allow for both the development of PHS and a clearer understanding of the shared services the new body will require. There is still discussion as to whether the NHS or Local Authorities should provide these services but given the decision around its Health Board status, NSS would be the logical place for shared services to come from.

The new Digital Agency that has been established in NES to implement the Health and Social Care Digital Strategy is beginning to take shape although it is in very early stages. The governance is being established and the first meeting will have taken place before the Board. From an NSS perspective it is important there is clarity of roles and responsibilities between ourselves and the new body. The digital agenda is a significant enabler for NHSScotland and will generate significant work so it is important to have a common direction and clarity of purpose.

Over the next few months, two significant pieces of work will impact on NSS, namely the UK Infected Blood Inquiry and the NHSScotland Screening Review. A separate paper is attached from Mary Morgan regarding the Blood Inquiry which in some respects mirrors the Penrose Inquiry. The Screening Review is not public yet but NSS is involved in providing feedback and it will result in some changes to the overall approach.

2 Response to Health and Social Care Delivery Plan

NHSS Approach

The overall transformation plan has been put on a temporary hold while the new Cabinet Secretary assesses its current status. As a result, there does not appear to have been significant movement over the last couple of months although there is clearly a lot of activity within boards. The NHS financial framework has been finalised including regular publication of financial results and a longer term financial planning horizon. We have had some initial funding allocated for NSS Shared Services projects and the National Planning initiative but projects in phase 2 and 3 are still awaiting approval.

We are continuing to support the regions through shared services, primary care and information and intelligence. NSS will be responsible for the roll out of Office 365 which is essentially the replacement for Microsoft Office but has significantly increased capability and should provide a wide range of efficiency benefits which we will have a role in ensuring are delivered.

Our IT workload continues to be significant with developments such as CHI, GP/IT and Community systems. It is important that these projects are developed in tandem with the new Digital Strategy and meet the needs of users across the country.

The first tranche of funding from the Transformation Fund has been approved and we have received the initial monies required. Work is still required to ensure further funding for data and intelligence work and procurement shared services.

Public Health

Subject to ministerial approval, it has been confirmed that the new public health body will be designated as a special health board. It is rightly intent, however, on establishing its own identity which is supporting both health and local authority activity and not defined as attached to one or the other. It will also mean that it will not be part of the nationals' collaboration activity again due to its wish to be seen as a separate organisation with its own identity. The plan is still for the new body to be established in the second half of 2019 and significant work is underway with NSS and other stakeholders to develop the public health direction and more importantly the nature of the new body. It is hoped by the SG team that the Chair and Chief Executive will be in place by the spring of 2019 at the latest.

In terms of shared services there is still work underway to finalise whether they can be provided from a local authority or NHSScotland. Given NSS role and remit I am anticipating that we will be asked to provide these as it is by far the most practical solution but engagement is continuing to ensure all parties have an input. The workload for the SG Team still seems significant but the decision on a special health board is helpful and will be reassuring to staff in NSS and Health Scotland.

National Board Collaboration

National Board work has stalled a little again due to the holiday period and Cabinet Secretary review. Given a number of the projects were already underway within boards the momentum is continuing. Work on the target operating models for the 4 shared services areas is continuing but the pace needs to be picked up after the summer. There is concern around the achievement of the £15m savings target as a number of the boards are struggling to deliver on their original commitment. This would have seen £11m already delivered, with £4m to find but this gap is already increasing. This will need attention promptly and NSS is in no position to provide a further contribution over and above our plan.

3 Performance Summary

Finance/Operations/People

Overall performance for the first 4 months is generally on track. Operational delivery continues to be good with the LDP on track. We are forecasting to break even financially, but there are a wide range of opportunities and risks which have to be managed. I have instigated a review of our management of software licences as a couple of suppliers are seeking back dated payments. I will update Finance, Procurement and Performance Committee if required. Sickness absence levels remain as forecast.

eHealth Finance

Our action plan on eHealth Finance issues is being fully implemented and will be reviewed through Finance, Procurement and Performance Committee. There have been no further discussions at PAPLS with the last meeting before the recess cancelled and the recess now in place. Focus on their return is likely to be on the issues concerning the use of charitable funds within boards. We will continue to work to ensure the action plan is fully delivered.

Medicines

Our work continues on a broad range of medicines activities as outlined in the June Board and there will be a follow up from Ewan Morrison, Director of Pharmacy, at a future Board. This remains a key area given the challenges of both providing access and value for money. We are working with other boards and SG to address these challenges.

CHI

The current CHI programme was put on hold to allow the new Digital Agency to review the approach and suggest any alternatives which may make the project more future proof and/or more cost effective. This work is ongoing but has established that there is a clear requirement for a new CHI and Child Health System and how this will be done rather than if. The new NES Digital Agency will be reporting back at various forums over the next 2 weeks with the main discussion scheduled for Chief Executives on 11th September.

The Digital Agency, based in NES, is beginning to take shape but there is still significant work to do around role and remit. Work is underway to ensure effective partnership between NSS and the new agency. Given the level of work, it is imperative that we do not duplicate existing activity and that staff in NSS are clear on their responsibilities. I will update the Board verbally as there are meetings planned between the completion of this paper and the Board meeting itself.

4 Key Issues

Current key operational issues are as follows:

JCC – The building was formally opened by Prince Edward on 4th July. It was a very successful day and provided a lot of publicity and profile for NSS and SNBTS. Virtually all staff are relocated and Ellen's Glen Road is now empty and has been handed over to Facilities.

Senior Management Roles – Deryck Mitchelson, Director of IT, joined NSS on 27th August and will add significant value to the IT SBU at a time of considerable change. His focus will be business delivery in IT, 365 implementation and developing relationships with the new NES Digital Agency. I announced the plan to recruit a Director of Strategy, Performance and Service Transformation in July and this post is now out for internal advert. I am anticipating making an appointment in mid-September with the postholder in place for early October, depending on any transition arrangements for the successful candidate. Tom Steele, Director of HFS, has been appointed Facilities Director for NHS Greater Glasgow and Clyde. Tom is playing a significant role in National Facilities and

Asset Management and we will need to move quickly to replace him. In terms of NHS Scotland, there are a wide range of Chair and Chief Executive positions which are due to become vacant and the majority are being advertised currently.

IT – Demand levels remain high with significant discussion around a range of IT initiatives. NSS have been tasked with implementing Office 365 which is, at a basic level, the replacement for Microsoft Office. 365 does however offer a much wider range of service benefits and is a key enabler for the Digital Strategy. It is essential as part of our implementation that the productivity benefits are delivered across NHSScotland. The package was bought on the basis of the productivity benefits.

Brexit – The UK and Scottish Governments are leading preparations in case of a “no-deal” Brexit. There has been significant talk in the media around the potential impact particularly on supply chains, with a “no-deal” leading to significant delays at ports. SG have emphasised, in the areas of medicines, plasma etc. and general consumables, they will be taking the lead in terms of decisions around stocking but that they would be looking for significant NSS support. It is anticipated this would be a process, if required, of building stock ahead to ensure continuity and the cost involved would be on any additional warehousing etc and a cash flow impact. PCF have identified individuals to support in medicines and general consumables and they are working closely with colleagues in SG.

Board Strategy Discussion – significant work is underway in preparation for the Board offsite at the beginning of October. This is intended to enable an open discussion on the opportunities and issues facing NSS at this time. Clearly with the start up of Public Health Scotland in 2019 and the importance of the role NSS can play in supporting transformation, it is a key time to consider the options facing NSS. The focus will be on what type of organisation NSS should be, our strategic direction, and how we support transformation and innovation. I am looking to use non NSS facilitation to help support the discussion.

Bridge View – The contracts for our new premises to replace Bridge View in Aberdeen have been concluded and plans are underway to successfully transition before the planned moving date at the beginning of December. The move will both have a positive financial impact and improve facilities for staff.

5 Next Steps

- Preparation for Strategy Meeting with Board in October
- Primary Care Support offering
- Deliver recommendations and actions from eHealth reports
- Continue to work with Scottish Government and NES around Digital Strategy implementation
- Continue to support regional development
- Support the development of Public Health Scotland
- Continue to work with SG on medicines access and procurement
- Brexit preparation

COLIN SINCLAIR
August 2018

UK Infected Blood Inquiry

1. Author(s) of Paper

Mary Morgan; Director: SNBTS

2. Purpose of Paper

The purpose of this paper is to inform the Board of the above Inquiry and specifically to:

- advise of the Terms of Reference for the Inquiry (attached)
- advise of the steps being taken by SNBTS/NSS to respond to and support the Inquiry

3. Service Implications

In responding to and supporting the Inquiry our critical goal is to maintain public confidence in the blood supply.

SNBTS/NSS has good experience of the Inquiry process, having actively contributed to the Penrose Inquiry (Scotland) which investigated and reported on the transmission of HIV and Hepatitis C through the use of blood and blood products in NHS treatment in Scotland including the deaths of certain NHS patients who had contracted these viruses. The UK Inquiry has a more extended time period (from 1970) and wider considerations (vCJD and other viral infections) than Penrose.

It is likely that SNBTS employees, particularly Prof Marc Turner (in light of vCJD expertise), will be called to give evidence to the Inquiry. It is also likely that ex employees will be called to give or submit evidence to the Inquiry. Staff welfare and support is therefore also at the forefront of our minds.

In addition to SNBTS, other NSS SBUs are likely to be involved and may be required to give or submit evidence to the Inquiry or to participate in the expert panel to the Inquiry – particularly through Health Protection Scotland and Practitioner Services. In particular, the Inquiry Team have intimated that the compensation/payments schemes for those infected or affected will form a specific area of investigation for the Inquiry.

SNBTS have established a small core team comprising Director, Medical Director, Associate Director Strategy & Performance, Head of Information Governance, Comms Lead and Solicitor. We have appointed an Inquiry Coordinator and Administrator from within existing resources, until the burden of the Inquiry becomes more able to be assessed. It is likely that additional, dedicated resources will be required

The CLO are already engaged in the Inquiry process and have opened a new file for this purpose and are seeking to appoint Senior Counsel on our behalf.

We are cognisant of the impact on the wider NHS Scotland and note that the CLO are engaged with the Inquiry Team in this regard.

SNBTS/CLO met with the Inquiry team lead and deputy solicitors on 14th August 2018. It was a positive and constructive meeting during which we discussed a wide range of issues, including documentation, finance, experts and hearings. NSS are actively trying to promote to the Inquiry all of the work previously carried out for the Penrose Inquiry by

SNBTS and its former employees – with a view to encouraging the Inquiry to seek from us clarification / explanation of that earlier work, as well as dealing with any new issues. SNBTS is collaborating across UK Blood Services through the UK Forum, currently chaired by the SNBTS Director.

4. Key Considerations

The Inquiry terms of Reference are summarised below:

- the adequacy of the systems adopted for the screening of donors, and the collection, testing, licensing and supply of blood and blood products for use by the NHS,
- the extent of self-sufficiency in the production of blood products
- the extent to which the supply of infected blood or infected blood products could, and if so, should, have been avoided or been stopped earlier, and if so how best this might have been achieved
- the nature, adequacy and timeliness of the response of Government, NHS bodies, other public bodies and officials, the medical profession etc
- whether and to what extent people were treated or tested or their infection status was recorded without knowledge or consent;
- To identify, in relation to the matters set out above, any individual responsibilities as well as organisational and systemic responsibilities.

The Inquiry will hold a preliminary hearing in London on 24-26 September, commencing with a service of commemoration.

<https://www.infectedbloodinquiry.org.uk/news/preliminary-hearings-in-september/>

It is anticipated that the Inquiry will take at least 5 years to reach its conclusion. Interim reports and recommendations may be presented.

5. Cost Implications

There will be financial costs associated with a response to the Inquiry. These include legal costs (CLO and Counsel), travel and additional record (materials) storage for the duration of the Inquiry. The extent of the NSS response required is not yet clear so resource requirements beyond that of the core team have not been identified. It is likely that we will need dedicated resource to support an Inquiry coordinator role over the coming years. Costs associated with the Penrose Inquiry provide some basis for the costs that may be associated with the UK Inquiry. These are appended for information and planning purposes.

The Inquiry requires that all documents (materials) relating to the Inquiry are retained and not destroyed. SNBTS will be seeking specific instruction in relation to its sample archive which was scheduled for destruction. The retention cost for the 109 pallets scheduled for destruction is £40k per annum, a savings proposal for SNBTS. SNBTS had approved a further 5 years for destruction (+c£10k). Destruction has been delayed pending advice from the Inquiry legal team. All services will accrue additional costs in relation to the continuing need to archive historic documentation.

There is no clarity, at the time of writing, on the cross charging or funding source for the costs of the Inquiry. The Inquiry team were emphatic in their stance that the Inquiry would not reimburse costs for any public bodies. A formal application for (legal) costs to be met by the Inquiry will be made, but it is highly unlikely that this will be approved.

6. Contracts

N/A

7. Risk Implications

A risk assessment has been undertaken and will be reviewed by the SNBTS core team.

- Business Risk
There is a risk of additional cost to NSS (£100k - £250k per annum initially and potentially increasing to £250k - £1,000k as activity becomes more focussed).
Likelihood = 3
- Reputational Risk
There is a risk of National media interest with the potential for adverse publicity, reduced public confidence in the blood supply and a risk of adverse effect on staff morale. Likelihood = 2
- Clinical Risk – minimal
- Staff Risk – minimal. Staff will need to be supported throughout the duration of the Inquiry, particularly in relation to preparation and training to give evidence to the Inquiry

8. Equality and Diversity Implications

N/A

9. Partnership Working

N/A

Penrose Inquiry Expenditure

	2008/09	2009/10	2010/11	2011/12	2012/13	2013/2014	2014/15	2015/16
SNBTS Staff Costs	108,989	162,722	183,998	94,683	286	0	0	
Legal Fees (CLO)	0	145,423	240,164	353,395	33,274	0	54,243	8,912
Legal/Professional Fees - External (QC & Advisors)	0	61,950	164,216	207,827	57,884	4,602	35,619	7,552
Stationery	6,773	14,601	16,075	11,544	3,556	1,434	2,844	1,603
Travel & Subs	786	1,176	7,855	2,460	0	0	0	522
Archiving	12,455	28,549	0	0	0	0	0	0
Total	129,003	414,421	612,307	669,910	95,000	6,036	92,705	18,588

INFECTED BLOOD INQUIRY

TERMS OF REFERENCE

What happened and why?

1. To examine the circumstances in which men, women and children¹ treated by national Health Services in the United Kingdom (collectively, the “NHS”)² were given infected blood and infected blood products, in particular since 1970, including:
 - a. the treatment of men, women and children who were given infected blood or infected blood products through transfusion or other means;
 - b. the treatment of men, women and children with haemophilia or other bleeding disorders who were given infected blood products (recognising that the position of those with mild, moderate and severe bleeding disorders may require separate consideration during the Inquiry);
 - c. what was, or ought to have been, known at any relevant time about the risks of infection associated with blood donations and blood products, by Government (in particular the Department of Health³), pharmaceutical companies, any relevant licensing authorities, NHS bodies, the medical profession, and other organisations or individuals involved in decision-making in relation to the use of blood and blood products;
 - d. to what extent people given infected blood or infected blood products were warned beforehand of the risk that they might thereby be exposed to infection, and if so whether such warnings as were given were sufficient and appropriate;

¹ Including all gender identities.

² References to NHS used throughout is intended to encompass the National Health Service in England, Health and Social Care in Northern Ireland, NHS Scotland, NHS Wales and their predecessors.

³ References to Department of Health used throughout is intended to encompass the Department of Health and Social Care, the Department of Health in Northern Ireland, Health and Social Care Directorates of the Scottish Government, the Department for Health and Social Services in Wales and their predecessors.

- e. the adequacy of the systems adopted for the screening of donors, and the collection, testing, licensing and supply of blood and blood products for use by the NHS;
 - f. the United Kingdom's failure to become self-sufficient in the production of blood products (and consideration of any relevant differences in terms of self-sufficiency between England, Wales, Scotland and Northern Ireland);
 - g. the actions of Government (in particular the Department of Health), pharmaceutical companies, licensing authorities, NHS bodies, the medical profession, and other organisations or individuals involved in decision-making in relation to the use of blood and blood products;
 - h. why people were given infected blood or infected blood products, including the nature and extent of any commercial or other interests which may have affected decision-making;
 - i. the extent to which the supply of infected blood or infected blood products could, and if so, should, have been avoided or been stopped earlier, and if so how best this might have been achieved.
2. To ascertain, as far as practicable, the likely numbers of people who have been infected (directly or indirectly) in consequence of:
- a. the use of infected blood; and
 - b. the use of infected blood products.
3. To examine whether, in addition to the HIV, Hepatitis C and Hepatitis B ("HCV" and "HBV") viruses with which it is known that people were infected, people may have been exposed to the risk of other diseases (such as vCJD) in consequence of the use of infected blood or infected blood products.

Impact

4. To consider the impact of infection from blood or blood products on people who were infected (“those infected”) and on partners, children, parents, families, carers and others close to them (“those affected”), including:
 - a. the mental, physical, social, work-related and financial effects of:
 - i. being infected with HIV and/or HCV and/or HBV in consequence of infected blood or infected blood products;
 - ii. the treatments received for these infections;
 - b. the extent to which treatment, medical and dental care for other conditions was compromised by perceived infective status;
 - c. the impact of these infections on partners, children, parents, families, carers and others close to those infected, including the impact on those who suffered bereavement; children who were taken into care; those who were advised to, or did, terminate pregnancies; and those who had to take difficult decisions about whether or not to have children;
 - d. the wider social impact on those infected and affected, including the stigma associated with a diagnosis of HIV and/or HCV and/or HBV.

The response of Government and others

5. To examine:
 - a. the nature, adequacy and timeliness of the response of Government (in particular the Department of Health), NHS bodies, other public bodies and officials, the medical profession, the UK Haemophilia Centre Doctors Organisation, the pharmaceutical industry and other organisations (including the Haemophilia Society), to the use of infected blood or infected blood products to treat NHS patients;

- b. the nature and extent of any attempt to identify those who may have been infected and might benefit from treatment, to include the adequacy of any “look back” exercise;
- c. whether Government or the NHS could or should have done more to counter any stigma associated with these infections.

Consent

- 6. To examine:
 - a. whether and to what extent people were treated or tested or their infection status was recorded without knowledge or consent;
 - b. the testing or treatment of a category of patients referred to as Previously Untreated Patients (“PUPS”).

Communication and information-sharing

- 7. To examine the adequacy of the information provided to people who were infected or affected, including:
 - a. the nature, adequacy and timeliness of the information provided to those infected about their condition(s);
 - b. how the results of tests or information about their condition(s) were communicated to those infected;
 - c. whether, and if so what, information should have been provided to those most closely affected by the infection of a patient about that infection and any consequent risk to them.

Treatment, care and support

8. To consider the nature and the adequacy of the treatment, care and support (including financial assistance) provided to people who were infected and affected (including the bereaved), including:
 - a. whether and to what extent they faced difficulties or obstacles in obtaining adequate treatment, care and support;
 - b. the availability and adequacy of any counselling or psychological support for those infected or affected;
 - c. the actions of the various Trusts and Funds set up to distribute payments;
 - d. the differing criteria for eligibility for financial assistance applied by the various Trusts and Funds, the justification (if any) for such differences and whether such differences were or are equitable;
 - e. the appropriateness of preconditions (including the waiver in the HIV Haemophilia Litigation) imposed on the grant of support from the Trusts and Funds;
 - f. the extent of any differences in the arrangements made for financial assistance between England, Wales, Scotland and Northern Ireland;
 - g. a broad consideration of the extent to which support is and has been comparable with support for those similarly infected and affected in other countries, for example, Canada and EU nations, such as France and Ireland.

Candour, openness and cover-up?

9. To examine whether:
 - a. there have been attempts to conceal details of what happened (whether by destroying documents or withholding information or failing to include

accurate information in medical records or otherwise), and if so the extent to which those attempts were deliberate;

- b. there has been a lack of openness or candour in the response of Government, NHS bodies and/or other bodies and officials to those infected or affected.

Responsibilities

- 10. To identify, in relation to the matters set out above, any individual responsibilities as well as organisational and systemic failures.

Recommendations

- 11. If the Inquiry considers it appropriate, to make interim recommendations.
- 12. To report its findings to the Minister for the Cabinet Office, and to make recommendations, as soon as practicable.

B/18/107

NSS Board Meeting – Friday, 7 September 2018

SBAR – NHS GOVERNANCE REPORT – NSS REVIEW

Situation

MSPs on the Health and Sport Committee conducted a comprehensive investigation into the culture of the NHS in Scotland and how this impacts on patients, staff and the public. Their findings were published on 2 July 2018 and are currently subject to a consultation process at SG level.

The EMT sought to understand if there were any lessons NSS might identify from the report that could support the ongoing quality improvement work within NSS governance.

Background

MSPs sought to ensure the NHS in Scotland has a culture that is open and transparent, allowing staff to feel confident about speaking out about their concerns, centralised reporting of serious errors to ensure early identification of wider systemic failings and that more patient and family involvement is incorporated into the complaints process.

This vision for the NHS in Scotland is also contributing to a specific review of Health Improvement Scotland (HIS). The recommendations specific to HIS were **NOT** covered in the NSS review.

Analysis

The SG Health and Sports Committee report found a number of issues across NHSScotland Clinical, Staff and Corporate Governance areas, giving recommendations against each of these. It also made a more general point about NHS Boards needing to be more strategic and with a more diverse membership.

The EMT were assured that the review, conducted by Prof Jacqui Reilly (Clinical Governance), Jacqui Jones (Staff Governance), Eilidh McLaughlin (Corporate Governance) and the undersigned (Corporate Overview), highlighted that many of the key themes and recommendations were already built into NSS strategy, governance and plans, e.g. the Great Place to Work Plan and Workforce Strategy which HR is developing.

This review was also aligned to the ongoing Board Development work and in particular the current operational governance review led by the undersigned. **No significant issues have been highlighted at this point.**

Recommendations

This note is submitted to the Board for information as **this review is for internal discussion only**. NSS does not seek to pre-empt the SG response / direction. Once the formal SG response to the report is available, the EMT will review once again to assure the Board and itself that any or all direction is auctioned appropriately.

The Board should also note that the detail from each of the three areas highlighted above will be discussed further at the appropriate Board Committees.

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31 August 2018

NSS FORMAL BOARD ACTION LIST 2018-2019



CLOSED

B/18/109

Ref Item	Action	Responsible	Deadline	Status
FROM 29 JUNE 2018 MEETING - NO OUTSTANDING ACTIONS				
3.4	Trinity Park Foundation Update on Trinity Park Foundation to be provided to the Board on an annual basis.	C Low / M McDavid	Future Board	On the Forward Programme for June Board meetings.
8.1	Standing Financial Instructions (SFIs) Share some of the staff communications around SFIs with Members and feedback on how staff had responded to overall challenges.	C Low	BDS - March 2019	On the Forward Programme for the Board Development Session in March 2019.
15.1	End of Year Performance Issue thank you communication to staff.	E Ireland / C Sinclair	July 2018	Completed. Communication issued 03.07.18.
16.1	Finance Provide Members with the update on NSS's financial risks.	C Low	Future Board	[CL 31.081.8] Section to be added to the biannual risk management update to the Board meeting in November 2018.
17.2	eHealth Action Plan Review learning at the March 2019 NSS Board Development Session together with learning from the SFIs.	C Low	March 2019	On the Forward Programme for the March 2019 Board Development Session.
18.1	Health and Safety Provide more detailed report on number of RIDDORS and near misses as part of the next People Report.	J Jones	September 2018	[JJ 30.08.18] People Report refers.
18.2	Bullying and Harassment Discuss NSS activity on this at the next Staff Governance Committee meeting.	J Deffenbaugh / J Jones	SGC – 28.09.18	[JJ 30.08.18] For discussion at the next SGC meeting on 28.09.18.
18.3	Statutory and Mandatory Training Review dashboards presented in People Report to provide assurance around interrogation of training data by Staff Governance Committee.	J Deffenbaugh / J Jones	SGC – 28.09.18	[JJ 30.08.18] For review as part of the People Report at the next SGC meeting on 28.09.18.
19.1	Public Health Scotland Provide update in Chief Executive's Report to the Board.	C Sinclair	Future Board Meetings	Actioned.
20.2	International Engagement Team (IET) and mPower Programme Provide update on the IET (including role and risks to functions and funding) and mPower Programme.	M Bell / C Low	Board – 07.09.19	On the Agenda for the NSS Board meeting on 07.09.18. IET and C Low to give presentation.
29.1	Gosport Independent Panel Report Circulate report to Members and discuss at the Clinical Governance Committee in the first instance.	C Lang / J Burgess	CGC – 13.09.18	Copy circulated to Board Members on 11.07.18. L Ramsay to raise at the CGC meeting on 13.09.18.

Ref Item	Action	Responsible	Deadline	Status
FROM 6 APRIL 2018 MEETING – NO OUTSTANDING ACTIONS				
1.2	Declaring Interests Circulate link to the Standards Commission for Scotland website page where guidance on declaring interests could be found.	C Lang	Apr'18	[CJL] Completed 26.04.18.
	<u>Chair's Report</u>			
2.5	Prepare update on eHealth Actions for June 2018 NSS Board meeting.	C Low	Board – 29.06.18	Paper circulated for 29.06.18 NSS Board meeting.
2.6	Respond to the letter from Scottish Government on the use of NHS Endowment Funds.	M McDavid	30.04.18	Letter sent 17.04.18.
7.3	Public Health Body Move to the new Public Health Body to be reflected in the Finance and People reports prepared for future Board meetings.	C Low / A Stewart	Future Board Meetings	Noted.
	<u>Strategic Scorecard</u>			
8.2 (ii)	Risk 4574 (Tolerance of Clinical Risk) - Remove from Board's watchlist as it would be managed through the NSS Clinical Governance Committee.	M Bell	April 2018	Actioned.
8.3	Review narrative that accompanied the Strategic Scorecard in the light of Members' comments regarding Strategic Risks for the Board's watchlist.	M Bell	April 2018	Actioned.
18.1	Update on Community Health Index (CHI) and Child Health Systems Advise James Hall, Interim IT Director of the Board's request that once a decision had been taken on CHI and Child Health Systems, the issue should be revisited by the NSS Audit and Risk Committee and clarity sought on accountability for discussion by the NSS Board.	M Bell [James Hall]	13.04.18	Actioned.

B/18/110

NSS Formal Board Meeting – Friday, 7 September 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 2018 to 31 July 2018.

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 £755.7m (Revenue Outturn Breakeven)
- b) Deliver our capital investment programme within a balanced budget of £6.7m (Capital Outturn Breakeven)
- c) Deliver Cash Releasing Efficiency Savings of 5% of baseline on a recurring basis

After one third of the Financial Year, NSS is on course to meet its statutory financial targets for 2018/19 with a break-even position projected in revenue and capital, although there are a number of key assumptions and risks as part of this forecast position as detailed in the report. NSS is also forecasting a £0.5m overachievement of CRES savings against the £16.7m target although it should be noted that £3.8m of these savings are non-recurring in nature.

NSS Target	RAG rating*	Full Year Outturn
Revenue outturn	Green	Break-Even
NSD CRES savings	Green	100%
NSS CRES savings	Green	107%
Capital outturn	Green	Break-Even

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.

NSS BOARD - 7TH September 2018

FINANCE UPDATE REPORT AS AT 31st JULY 2018

1. OVERVIEW OF FINANCIAL PERFORMANCE

At the end of July, NSS continues to forecast the achievement of its statutory financial targets for 2018/19. This projection includes a number of key risks and assumptions which will continue to be monitored as the year progresses.

Revenue – the forecast outturn for revenue remains break-even for 2018/19. At present, there is a small surplus of £0.1m where an overall SBU trading deficit is offset by VAT recoveries at higher than budgeted levels.

Capital – A small deficit is currently being reported, arising as a result of energy efficiency expenditure planned as revenue, but capital in nature. This will be managed as part of the overall budget so the forecast outturn for capital remains break-even for 2018/19.

CRES – The total CRES target for 2018-19 is £16.7m, including £9m for NSD and £7.7m across SBUs, which represents a 5% reduction of baseline funding. Budgets are reduced by 5% at the start of the Financial Year and SBUs are required to demonstrate achievement against this target. To date, NSS has achieved £7.7m of the overall target and is forecasting an over-achievement of £0.5m.

NSS Target	RAG rating*	Year To Date	Full Year Outturn
Revenue outturn	Green	£0.1m surplus	Break-Even
NSD CRES savings	Green	32%	100%
NSS CRES savings	Green	62%	107%
Capital outturn	Green	£0.1m deficit	Break-Even

Key

Red: Target will not be met

Amber: Uncertainty over whether target will be met

Green: On target

2. NSS REVENUE POSITION AS AT 31st JULY 2018

The following table summarises the NSS revenue position as at 31st July 2018, with a £0.1m surplus year to date and a break-even forecast for 2018/19.

	YTD Budget £000	YTD Actual £000	YTD v Budget £000	FY Forecast £000
Income				
NSS Baseline Allocation	106,329	106,329	0	328,176
SG Allocation	43,481	43,481	0	138,532
NHSS Health Board Trading	78,220	76,630	(1,590)	226,893
SGHD Trading	709	695	(14)	2,150
Non NHSS Income	39,103	38,718	(385)	59,932
Total Income	267,843	265,854	(1,989)	755,683
Expenditure				
Pay	49,983	50,104	(121)	152,462
Non Pay	78,926	77,988	938	189,598
Depreciation / Capital Charges	2,960	2,977	(16)	8,831
Purchase of Healthcare	74,183	74,288	(105)	223,019
Cost of Sales	61,672	60,291	1,381	181,774
AME	0	0	0	0
Total Expenditure	267,725	265,648	2,077	755,683
Net Surplus/ (Deficit)	119	207	88	0

The underlying variances are attributable to the following:

- Pay costs** are over spent by £0.1m – this position is being driven by the extension of unfunded contractors for CHI and Digital Transformation in IT (£0.3m) and in Business Services there is additional agency staff to support pressures in Financial Services. This is offset by vacancies within PHI (£0.1m) and SNBTS (£0.3m) which are forecast to be filled during the financial year. It should be noted that the pay position includes an accrual of £1m to reflect the payment on account for the pay award arrears that are due to be processed in August.
- Non Pay costs** are under spent by £0.9m - this relates mainly to additional VAT recovery (£0.2m), PASAG rebates (£0.2m) (offset against income) and GP2GP IT budget (£0.3m).
- Plasma Sales (under Health Board Income and Cost of Sales)** are £1.4m lower than target for the first four months. This is in response to a worldwide shortage of IVIGg products. Demand management measures have significantly reduced overall demand in 1819 and a small proportion of the previous demand has shifted to alternative products. Volumes are expected to stay at this level for the remainder of the year with a potential £4m reduction in full year income. National Procurement is actively pursuing other supply options for 19/20.

3. NSS REVENUE TRADING POSITION AS AT 31st JULY 2018

The table below summarises the NSS revenue trading position by SBU as at 31st July 2018 (£'000s) with SBU dashboards and supporting narrative presented at Appendix 1.

Strategic Business Unit	YTD Variance (£000's)	Forecast Outturn (£000's)
Central Legal Office	87	0
Information Technology	(123)	0
Procurement, Commissioning and Facilities	(39)	(320)
Practitioners & Counter Fraud Services	(23)	49
Public Health & Intelligence	(411)	0
Scottish National Blood Transfusion Service	73	0
Business Services	14	0
Clinical Directorate	24	0
Customer Engagement and Development	(4)	0
Human Resources	40	0
Strategy & Governance	24	0
Trading Position	(337)	(271)
NSS Reserves	425	271
Overall NSS Position	88	0

The overall YTD position is a small under spend of £0.1m arising from a favourable reserves position with the receipt of VAT recoveries being higher than budgeted levels.

The main pressures reported are within:

- PHI - there is currently a level of unidentified income across a number of areas, though it is forecast the target will be achieved in full by year end
- IT - staff deployed on internal digital transformation programmes resulting in a corresponding fall in external income.
- PCF - actual costs for rates and utilities in JCC are higher than budget.

These overspends are being offset by smaller surplus' across other SBU areas and a reserves surplus.

Efforts will be made to contain forecast overspends within overall budget provision at SBU level, with the balance being met from reserves as required. At this stage in the financial year, only PCF is forecasting a year end deficit, and the SBU is actively trying to bring this back into line.

4. NSS RESERVES

At the end of July, there has been a year to date gain in our Reserves position of £0.4m with a £0.3m gain forecast at the year end. The year to date position is due to additional VAT recovery of £0.2m and the return of 17-18 surplus not included in the financial plan.

The reported Reserves position assumes:

- The contingency of £1.0m will be spend in full (£0.3m committed to date with a potential further £0.2m highlighted by IT SBU)
- All provisionally approved NISe bids as part of RAM are spent in full (£1.8m of funds are still to be released)
- Funding received for the pay award is fully committed (this was not distributed to SBUs as part of RAM due to uncertainty of receipt – discussions continue with SG to confirm the level of funding that will be awarded in 18/19)

As part of the Financial Planning Process, the Board agreed that the contingency should be reduced from £2m (as per previous years) to £1m for 2018-19. The Reserves position was also supplemented by £7.7m baseline funding which is the 5% CRES removed from SBU budgets, retained by NSS to fund priority developments and cost pressures. This has allowed NSS to earmark £5.5m as a contribution towards the National Boards savings target.

A comprehensive mid-year review of the financial position will be undertaken during October, which will inform planning assumptions to be applied to RAM planning for 2019/20, and consideration of options to release further funds from Reserves where appropriate. The outcome of this review will be reported to the Finance Performance and Procurement Committee in November 2018.

5. KEY RISKS & ASSUMPTIONS

Our financial position is underpinned by a number of key risks and assumptions, which are outlined below. These will continue to be kept under review as the financial year progresses.

a. Outstanding Funding Allocations

As at 31st July 2018, NSS has received confirmation of funding allocations from SG amounting to £385.8m (including baseline funding).

In addition to baseline funding of £332.3m, NSS anticipates additional funding allocations amounting to £135.9m for the year. To date £53.5m has been received – the majority (£45.4m) relating to NSD. No allocations have been returned to SG. The table below provides a summary of funding expected by SBU and highlights the extent of financial risk being managed by NSS overall.

Strategic Business Unit	Overall Budget	Funding Outstanding
Procurement Commissioning & Facilities (including NSD)	£515m	£25m (5%)
Information Technology	£87m	£43m (50%) (including e-Health previously received from health boards)
Public Health & Intelligence	£39m	£9m (23%) (including LIST £2.8m)
Total	£641m	£77m (12%)

SG is committed to allocating funding as early in the year as possible and intends to allocate as much funding as possible in the next allocation letter, mitigating the financial risk to NSS. It is anticipated that e-Health SLA funding c£31m will be agreed and allocated in the September letter.

As part of the anticipated allocations, NSS expects the £0.8m 17/18 surplus to be returned in the August letter and £0.4m returned from National Boards (for savings underwritten in 17/18) to be returned in the September letter – this has been earmarked to cover the projected SBU Trading Deficit for 2018/19.

b. Pay Award Funding

A payment on account of 3% for all AfC staff (£1,600 for staff earning over £80,000) has been agreed. Our financial plan makes provision for a 1% increase, on the assumption that the financial impact of the 2018 AfC award over 1% will be met in full by SG. This was included in the financial plan at £1.8m based on 3% to £30k, 2% to £80k and flat £1600 for all employees earning over £80k. The requirement is now £2.5m based on 3% up to £80k.

SG Finance has been working closely with the Corporate Finance Network to review Board figures to ensure consistent financial modelling across NHS Scotland. The outcome of this review may impact the level of funding that NSS receives – there is currently a gap of c£10m between the funding that is available and NHS Boards requirements.

Importantly, this cost excludes the impact (£1.6m) for staff employed by other Boards delivering National Services but funded by NSD – this has been highlighted to ensure that NSS receives funding for such cost. A ‘top slice’ proposal from Health Board allocations has been proposed as part of the ongoing pay settlement funding discussions.

c. Return of Programme Funding

In line with agreed practice, NSS returned programme funding to SG during 2017/18 when it became clear that funds could not be spent in year. Our financial plan and forecast assumes that these funds will be returned to NSS as expenditure is incurred throughout the year. Programmes included are:

- Radiology Shared Services - £0.6m – Expected August
- JCC Change Control (Capital) - £0.6m – Expected August
- E-Health Programmes - £6.5m – this has been incorporated into the discussions on e-Health requirements for 18/19

d. National Boards Collaboration Savings

Collectively, National Boards had made provisions within their financial plans to contribute £11.6m of the £15m savings target for 2018/19. Financial pressures in year have resulted in a number of Boards reducing their contributions at this stage, and an initial negative allocation of £9.995m will be applied by SG in August 2018.

NSS has committed £5.350m of the £5.5m provision made in the financial plan for 2018/19 as part of that initial allocation.

The National Boards have developed a Financial Framework within which they can operate to meet the aims set out in the Delivery Plan. Individual work streams continue to discuss Target Operating Models for future service delivery. National Boards agreed that a mid-year review process will be used to identify how best to meet the gap.

SG has made it clear that they expect the final distribution of savings to be identified by September 2018, and that they will apply the same distribution of savings as last year if a revised position cannot be agreed by that date.

In 2017/18 NSS contributed a total of £5.782 m towards National Boards savings. Failure to agree a revised position places an additional likely pressure on NSS amounting to £282k.

e. Use of Contingency Funding

The Board approved £1m contingency funding as part of the Financial Plan for 2018/19. To date, there has been 3 formal commitments made against the contingency fund totalling £0.3m – all from the IT SBU:

Ref	SBU	Narrative	Additional Funding 2018/19 (Revenue) £000	On-going Recurring Costs £000	Date of DOF Approval
2018/01	IT	GDPR Compliance: There are tasks to address remaining matters and ensure suppliers and services are compliant. To conclude, and accelerate completion a budget of £68k is sought	68	0	May 2018
2018/02	IT	Radiology (PACS) service platform migration: set up and migration now complete for both live and DR sites. Carestream licences are required to complete data migration which will provide mirrored copy of all live data to support Farr Institute research activity.	81	0	May 2018
2018/03	IT	MICROFOCUS: additional costs incurred as a result of under-licensing for identity management software.	134	0	June 2018
Total additional in-year funding approved			283	0	

IT SBU has identified a further potential £0.2m exposure in terms of IBM SSPS licensing costs back dated to 2012.

Given the issues noted above, a review of IT contracting arrangements with a particular focus on software licensing has been commissioned by Chief Executive and will be led by the Director of Finance.

f. NISE Development Bids

Following provisional approval at RAM, a number of updated / completed business cases have been received by Corporate Finance with funding released as below:

SBU	Revenue Projects and Programmes	Approved Investment (Revenue) £000	On-going Recurring Costs £000	Cost Reduction Planned £000	Date of DOF Approval
P&CFS	CFS trainee	40	0	0	June 2018
	GOS Claims	399	0	0	June 2018
	GOS Customer engagement	25	0	0	June 2018
	SDRS Nurse development service	83	0	0	June 2018
	Scottish medical locums	150	10	0	June 2018
	Barcode check – prescription status	80	0	0	June 2018
PHI	One Health	175	175	0	June 2018
	Public Health microbiology	242	242	0	June 2018
	Spire	379	379	0	July 2018
Total Revenue Developments Approved at 31 July 2018		1,573	806	0	

SBU	Capital Projects and Programmes	Approved Investment (Capital) £000	On-going Recurring Costs £000	Cost Reduction Planned £000	Date of DOF Approval
SNBTS	Fleet Management	360	53	0	June 2018
	e-Progressa System Patch	100	20	0	June 2018
	Aged Equipment Replacement	356	49	0	June 2018
	Hospital Web Ordering System	150	30	0	June 2018
IT	Network Replacement	130	0	0	June 2018
Total Capital Developments Approved at 31 July 2018		1,096	152	0	

Finance Business Partners continue to work with SBUs to ensure that outstanding business cases are completed to justify release of funding.

6. FUNDS MANAGED ON BEHALF OF NHS SCOTLAND

The table below outlines the 6 key areas of activity where NSS manages funds on behalf of NHS Scotland. In the following narrative, we outline in turn the position in each area, as at 31st July 2018.

	Position as at 31 July 2018			Full Year Outturn			RAG
	Budget £000	Actual £000	Variance £000	Budget £000	Forecast £000	Variance £000	
Scottish Infected Blood Support Scheme (SIBSS)	2,271	2,266	5	6,500	6,500	0	G
National Services Division (NSD)	38,227	38,225	2	229,360	229,360	0	G
Logistics	27,939	27,927	12	167,207	167,207	0	G
Rebate Schemes	8,167	8,167	0	49,000	49,000	0	G
eDRIS	465	460	5	1,384	1,384	0	G
e-Health & ATOS	13,500	13,500	0	62,700	62,700	0	G
Total	90,569	90,545	24	516,151	516,151	0	G

SIBSS – the forecast for 2018/19 is that the full anticipated allocation of £6.5m will be spent in full, in-line with 17-18 levels. The scheme is funded in full by SG, with funding allocations being regularly adjusted to reflect actual expenditure. Financial performance of the scheme is reported regularly to SG to ensure financial plans are aligned.

NSD – April and May activity for Liver & Stem Cell transplants was very high but is forecast to reduce over 2018-19. Renal Transplantation was low in Glasgow and Cochlear activity has been lower than predicted. The year-end forecast is predicated on additional funding for the pay uplift being allocated by SG which is the financial planning assumption as described earlier.

Logistics – Total sales revenue targets have been agreed by the DOFs Logistics Group and there is a slight overachievement (0.2%) year to date. A year end break-even position is forecast – this is based on Logistics Service Charge funding (£13.5m) from Boards which still has to be agreed by DOFs for 2018/19.

Rebate Schemes – Rebates are remitted to Boards once suppliers have settled invoices to ensure no financial risk to NSS. An accrual is made for any sums owed to Boards at the period end which you not yet been settled by suppliers to result in a net zero position for NSS. The timing of invoices is dependent on the availability of validated volume data.

eDRIS – At this stage in the Financial Year, it is forecast that the eDRIS budget will break-even. The Scottish Information Linkage Collaborative meets throughout the Financial Year discussing financial performance and plans as part of its remit.

e-Health & ATOS

The table below outlines the provisional budget for national IT services managed by NSS on behalf of NHS Scotland. The funds managed include on-going SLAs for running and

maintaining key National IT systems as well as key projects such as Office 365; CHI Child Health; and GP IT. The reported position is break-even, both year to date and forecast, as below:

	Position as at 31 st July 2018			Full Year Outturn			RAG	
	Budget £000	Actual £000	Variance £000	Initial Planning Assumption £000	Budget £000	Forecast £000		Variance £000
e-Health SLA	7.0	7.0	0	31.3	31.3	31.3	0	G
Office365 – Windows 10	0.0	0.0	0	8.7	8.7	8.7	0	G
Office365 – Implementation	0.0	0.0	0	0.0	3.4	3.4	0	G
CHI Child Health	0.2	0.2	0	10.9	0.4	0.4	0	G
GPIT	0.0	0.0	0	1.7	1.7	1.7	0	G
ATOS other	2.7	2.7	0	16.3	16.3	16.3		G
Other	0.0	0.0	0	2.2	0.9	0.9	0	G
Total	13.5	13.5	0	71.1	62.7	62.7	0	G

SG agreed to fund the initial order for Office 365 and Windows 10 totalling £8.7m in 2018-19. There is also a provisional budget estimate of £3.4m for implementation and support costs for roll out across NHS Scotland – this has still to be confirmed as further work is needed to refine requirements and resultant costs.

The CHI Child Health programme has been paused whilst SG consider alternatives and future-proofing. The initial indicative annual budget of £10.9m has therefore been reduced to £0.4m in-line with estimated annual spend, which will be incurred irrespective of future decisions.

NSS continues to work closely with SG colleagues and e-Health Leads to ensure there is robust financial governance and reporting around e-Health budgets. It is important to note that NSS is currently carrying a small level of financial risk given that costs are being incurred but SG funding has not yet been allocated. It is anticipated that e-Health funding for SLA items and Office 365 Licences will be allocated next month in-line with recent discussions with SG.

7. NSS CAPITAL POSITION AS AT 31st JULY 2018

The YTD deficit position of £0.1m relates to energy efficiency programme work carried out by facilities. This work was approved through PAMS as a revenue requirement but the nature of the work carried out is capital expenditure. This has resulted in a year to date capital pressure which needs to be managed as part of the overall plan.

Although there is limited expenditure to date (£0.6m), mainly on JCC completion, the forecast position is break-even with spend planned over the remaining months of the financial year in-line with the approval of business cases. The Capital Programme for 2018/19 is included in Appendix 2.

8. CRES

The total CRES target for NSS in 2018-19 is £16.7m, which represents 5% of baseline funding. This includes £9.0m CRES in relation to NSD and £7.7m across other NSS budgets. NSS is required to demonstrate achievement of 5% CRES – the individual schemes and projects to deliver the required CRES in 2018/19 is detailed in Appendix 3.

In practice NSS retains 5% of baseline from SBU budgets within reserves for reinvestment and to fund any cost pressures as part of the Financial Planning process. SBU Budgets are reduced by 5% at the start of the year and SBUs are required to produce a CRES plan which demonstrates how the reduction in budget will be managed on a recurring basis.

In addition, NSS must contribute, as a return to SG, our share of National Boards Collaboration savings. Initially a non-recurring contribution to support the transition to collaborative working, the expectation is that this will be a recurring challenge from 18/19 onwards.

NSS has planned for a £5.5m contribution (pro-rata share) to this collective target which has been possible through the CRES that has been delivered across the SBUs. However, this has limited our ability to reinvest in key projects and developments.

It should also be noted that there is an overall gap (£5.005m) on the £15m National Boards Savings target which needs to be addressed collaboratively.

The table below shows the full year forecast position split by efficiency category for each SBU. Although NSS is expecting to over-achieve the 5% efficiency target this year by £0.5m, there is an underlying pressure of £3.8m since only £13.4m of the savings are recurring in nature.

	CRES TARGET (5%)	Infrastructure		Procurement		Productivity		Workforce		Total	
		Recurring	Non Recurring	Recurring	Non Recurring	Recurring	Non Recurring	Recurring	Non Recurring	Recurring	Non Recurring
IT	825	450	-	-	-	-	-	-	-	450	-
P&CFS	1,141	78	-	242	427	-	40	46	368	366	835
PCF	1,117	-	-	-	-	-	267	203	372	203	639
PHI	914	-	-	194	-	357	657	704	-	1,255	657
SNBTS	2,002	-	-	406	-	586	231	1,082	-	2,074	231
BS	163	-	-	-	-	-	64	46	-	46	64
CD	43	-	-	-	-	-	43	-	-	-	43
CEaD	86	-	-	-	-	-	88	-	-	-	88
HR	159	-	-	-	-	-	159	-	-	-	159
S&G	90	-	-	-	-	-	90	-	-	-	90
Reserves	1,145	-	-	-	1,000	-	-	-	-	-	1,000
NSD	9,019	-	-	9,019	-	-	-	-	-	9,019	-
TOTAL	16,704	528	-	9,861	1,427	943	1,639	2,081	740	13,413	3,806

9. SUMMARY

The NSS Board is asked to note this report.

Carolyn Low

Director of Finance & Business Services

29th August 2018

Appendix 1 – SBU Revenue Performance Reports

CLO

FINANCIAL POSITION		Actual 17/18 £000	Budget 18/19 £000	Movement / Variance £000	
FULL YEAR	Total Allocations	190	101	↓	(89) -46.9%
	Income	7,095	7,453	↑	358 5.0%
	Total Income	7,285	7,554	↑	269 3.7%
	Total Pay	6,536	6,963		427 6.5%
	Non Pay	669	590		(78) -11.7%
	Cost Of Sales / Healthcare	0	0		(0) -100.0%
	Total Expenditure	7,205	7,554	↑	348 4.8%
	Net Surplus/(Deficit)	80	0		

STAFFING	WTE
Actual (Mar 18)	111.3
Budget (current period)	112.9
Actual (current period)	110.8
Variance (Current period)	2.1
Movement since Mar 18	↓ -0.5

Active Vacancies	0.0
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		Budget	Actual	Variance	Forecast
YEAR TO DATE	Total Allocations	60	60	●	101
	Income	2,591	2,627	●	7,453
	Total Income	2,652	2,687	●	35 7,554
	Total Pay	2,321	2,261	●	6,868
	Non Pay	213	221	●	685
	Cost Of Sales (Logistics)	0	0	●	0
	Total Expenditure	2,534	2,482	●	52 7,554
	Net Surplus/(Deficit)	117	205	●	87 0

CRES	£000
Target YTD	0
Actual YTD	0
Variance	● 0

CLO is reporting an underspend against budget of £87k as at end of July driven by a pay surplus (vacancies, maternity leave) and income recovery from Health Boards which is ahead of target. This is offset by some under-recovery of income to date from within NSS which is shown within Non Pay. Despite this favourable position CLO are forecasting a year end position of break even on the assumption that monthly income targets remain challenging, and there is a risk that income will not continue at this level.

IT

FINANCIAL POSITION		Actual 17/18 £000	Budget 18/19 £000	Movement / Variance £000	
FULL YEAR	Total Allocations	27,915	61,370	↑	33,455 119.8%
	Income	56,992	26,008	↓	(30,984) -54.4%
	Total Income	84,908	87,378	↑	2,471 2.9%
	Total Pay	18,304	19,870		1,566 8.6%
	Non Pay	65,158	68,045		2,887 4.4%
	Cost Of Sales / Healthcare	0	(537)		(537) -53710121.0%
	Total Expenditure	83,462	87,378	↑	3,916 4.7%
	Net Surplus/(Deficit)	1,445	0		

STAFFING	WTE
Actual (Mar 17)	333.8
Budget (current period)	341.4
Actual (current period)	345.4
Variance (Current period)	-4.0
Movement since Mar 17	↑ 11.6

Active Vacancies	
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		Budget	Actual	Variance	Forecast
YEAR TO DATE	Total Allocations	18,097	18,097	●	61,123
	Income	9,867	9,710	●	25,851
	Total Income	27,964	27,807	●	(157) 86,974
	Total Pay	6,076	6,378	●	20,461
	Non Pay	21,889	21,552	●	66,513
	Cost Of Sales (Logistics)	0	0	●	0
	Total Expenditure	27,965	27,930	●	34 86,974
	Net Surplus/(Deficit)	(0)	(123)	●	(123) (0)

CRES	£000
Target YTD	289
Actual YTD	117
Variance	● (173)

IT SBU is reporting an overall YTD deficit of £123k at the end of Month 4. This is as a result of staff working on the Digital Transformation Programme but there is no identified funding for such costs (£173k YTD). The full year forecast of break-even is predicated on (1) NSS funding IT staff who are required to support Digital Transformation or (2) such staff being redirected to income generating projects. Positive discussions continue with SG e-Health and it is anticipated that the SLA funding for 2018-19 will be allocated in the September allocation letter. Quarterly Finance Performance reviews have been set up to monitor progress against the SLA throughout the remainder of 2018-19

PCF

FINANCIAL POSITION		Actual 17/18 £000	Budget 18/19 £000	Movement / Variance £000	
FULL YEAR	Total Allocations	261,769	278,523	↑ 16,754	6.4%
	Income	229,087	245,379	↑ 16,292	7.1%
	Total Income	490,856	523,902	↑ 33,046	6.7%
	Total Pay	25,360	25,529	169	0.7%
	Non Pay	285,078	312,293	27,215	9.5%
	Cost Of Sales / Healthcare	180,717	186,080	5,363	3.0%
	Total Expenditure	491,156	523,902	↑ 32,747	6.7%
	Net Surplus/(Deficit)	● (300)	0		

STAFFING	WTE
Actual (Mar 18)	646.1
Budget (current period)	636.8
Actual (current period)	628.9
Variance (Current period)	● 7.9
Movement since Mar 17	↓ -17.2

Active Vacancies	
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		Budget	Actual	Variance	Forecast
YEAR TO DATE	Total Allocations	92,775	92,775	● 0	278,773
	Income	98,764	97,285	● (1,479)	236,128
	Total Income	191,539	190,060	● (1,479)	514,901
	Total Pay	8,514	8,552	● (38)	25,604
	Non Pay	121,356	121,250	● 105	307,823
	Cost Of Sales	61,668	60,295	● 1,373	181,794
	Total Expenditure	191,538	190,098	● 1,440	515,221
	Net Surplus/(Deficit)	1	● (37)	● (39)	● (320)

CRES	£000
Target YTD	3,544
Actual YTD	3,506
Variance	● (39)

PCF are reporting a deficit of £39k for period 4. NSS have utilised the £850k year end carry forward to cover additional dual running and JCC costs. Further pressures on the Operational FM budget are driving an expected deficit of £400k. The PCF PPP/PFI team continue to working closely with Operational FM management to ensure any opportunities are exploited to reduce the financial impact. The income shortfall relates to Plasma products (IVIG) shortages with corresponding reduction in cost of sales. Overall PCF forecast deficit is £319k, which includes additional non recurring savings within Business Development.

P&CFS

FINANCIAL POSITION		Actual 17/18 £000	Budget 18/19 £000	Movement / Variance £000	
FULL YEAR	Total Allocations	33,757	30,733	↓ (3,024)	-9.0%
	Income	707	770	↑ 63	9.0%
	Total Income	34,464	31,503	↓ (2,961)	-8.6%
	Total Pay	16,016	16,399	383	2.4%
	Non Pay	15,933	15,103	(829)	-5.2%
	Total Expenditure	31,949	31,503	↓ (446)	-1.4%
	Net Surplus/(Deficit)	● 2,515	0		

STAFFING	WTE
Actual (Mar 18)	466.2
Budget (current period)	461.2
Actual (current period)	448.1
Variance (Current period)	● 13.2
Movement since Mar 18	↓ -18.1

		Budget	Actual	Variance	Forecast
YEAR TO DATE	Total Allocations	10,298	10,298	● 0	32,468
	Income	248	156	● (93)	745
	Total Income	10,546	10,454	● (93)	33,213
	Total Pay	5,318	5,324	● (6)	16,076
	Non Pay	5,228	5,153	● 75	17,088
	Total Expenditure	10,546	10,477	● 69	33,165
	Net Surplus/(Deficit)	(0)	● (23)	● (23)	● 49

CRES	£000
Target YTD	421
Actual YTD	421
Variance	● 0

Following NSS agreement to fund 2017/18 Atos contractual commitments, P&CFS is reporting a small overspend position of £23k at the end of July with a year end surplus of £49k. To date non recurring funding from NSS of £463k has now been drawn-down to cover paid to date contractual commitments. P&CFS Management continue to review the financial position to ensure risks and opportunities are captured.

SNBTS

FINANCIAL POSITION		Actual 16/17 £000	Budget 18/19 £000	Movement / Variance £000	
FULL YEAR	Total Allocations	47,068	40,801	↓ (6,267)	-13.3%
	Income	8,018	6,459	↓ (1,559)	-19.4%
	Total Income	55,086	47,261	↓ (7,825)	-14.2%
	Total Pay	35,677	34,549	(1,128)	-3.2%
	Non Pay	17,654	12,896	(4,758)	-27.0%
	Cost Of Sales / Healthcare	11	(185)	(196)	-1779.6%
	Total Expenditure	53,342	47,261	↓ (6,081)	-11.4%
	Net Surplus/(Deficit)	1,744	0		

STAFFING	WTE
Actual (Mar 18)	780.8
Budget (current period)	785.1
Actual (current period)	771.7
Variance (Current period)	13.4
Movement since Mar 18	↓ -9.1

Active Vacancies	13.4
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		Budget	Actual	Variance	Forecast
YEAR TO DATE	Total Allocations	13,637	13,637	0	40,801
	Income	2,451	2,457	6	6,689
	Total Income	16,088	16,094	6	47,491
	Total Pay	11,588	11,303	285	34,226
	Non Pay	4,500	4,718	(218)	13,284
	Cost Of Sales (Logistics)	0	0	(0)	(20)
	Total Expenditure	16,088	16,021	67	47,491
	Net Surplus/(Deficit)	(0)	73	73	0

CRES	£000
Target YTD	902
Actual YTD	915
Variance	13

SNBTS has a YTD under spend of £73k, which is being driven by a large under spend in pay, partially offset by pressures in non-pay. The pay position is a result of vacancies across all parts of the business, particularly Donor Services where recruitment is proving difficult, resulting in operational pressures with various sessions being cancelled due to a lack of capacity. This is actively being addressed with action plans in place. The non-pay position is currently overspent due to increased manufacturing costs as a result of the longer than planned transition to JCC. At this stage in the Financial Year, the service is maintaining a year end break-even position on the basis that recruitment is on-going and SNBTS will be fully established by February 19.

PHI

FINANCIAL POSITION		Actual 17/18 £000	Budget 18/19 £000	Movement / Variance £000	
FULL YEAR	Total Allocations	31,355	30,282	↓ (1,073)	-3.4%
	Income	6,256	8,483	↑ 2,228	35.6%
	Total Income	37,611	38,765	↑ 1,154	3.1%
	Total Pay	31,314	34,286	2,972	9.5%
	Non Pay	6,049	4,479	(1,570)	-25.9%
	Total Expenditure	37,363	38,765	↑ 1,403	3.8%
	Net Surplus/(Deficit)	248	0		

STAFFING	WTE
Actual (Mar 18)	711.1
Budget (current period)	727.3
Actual (current period)	711.2
Variance (Current period)	16.1
Movement since Mar 17	↑ 0.1

Active Vacancies	10.0
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		Budget	Actual	Variance	Forecast
YEAR TO DATE	Total Allocations	9,752	9,752	0	30,282
	Income	2,762	2,219	(543)	8,483
	Total Income	12,514	11,971	(543)	38,765
	Total Pay	11,188	11,044	144	34,286
	Non Pay	1,326	1,338	(12)	4,479
	Total Expenditure	12,514	12,382	132	38,765
	Net Surplus/(Deficit)	(0)	(411)	(411)	0

CRES	£000
Target YTD	637
Actual YTD	1,537
Variance	900

The reported deficit reflects current uncertainty over several income targets across consultancy, A&I and clinical totalling £1.3m. Negotiations take time but progress is being made in many cases so the position is expected to improve over the next couple of months. Staff numbers are down but recruitment is in process and future turnover can be anticipated and controlled to match income, should circumstances require. Only income related CRES is outstanding and non-pay costs are on target. A balanced outturn remains forecast based on income streams being secured.

BS

FINANCIAL POSITION		Actual 17/18 £000	Budget 18/19 £000	Movement / Variance £000	
FULL YEAR	Total Allocations	17,019	6,547	↓ (10,472)	-61.5%
	Income	3,176	2,286	↓ (890)	-28.0%
	Total Income	20,195	8,832	↓ (11,362)	-56.3%
	Total Pay	6,467	6,127	(339)	-5.2%
	Non Pay	13,819	2,705	(11,114)	-80.4%
	Total Expenditure	20,285	8,832	↓ (11,453)	-56.5%
	Net Surplus/(Deficit)	(90)	0		

STAFFING	WTE
Actual (Mar 18)	164.6
Budget (current period)	161.5
Actual (current period)	157.3
Variance (Current period)	4.2
Movement since Mar 18	↓ -7.3
Active Vacancies	3.0

		Budget	Actual	Variance	Forecast
YEAR TO DATE	Total Allocations	1,842	1,842	● 0	6,547
	Income	924	1,086	● 162	2,355
	Total Income	2,766	2,928	● 162	8,902
	Total Pay	2,006	2,207	● (200)	6,196
	Non Pay	597	545	● 52	2,705
	Total Expenditure	2,604	2,752	● (148)	8,901
	Net Surplus/(Deficit)	162	176	● 14	0

CRES	£000
Target YTD	54
Actual YTD	21
Variance	(33)

Business Services is reporting a small under spend position of £14k at the end of July, with a overspend across Finance being offset by a favorable trading position in PgMS. The finance over spend is being driven by staffing pressures including agency costs to cover absences and delays in planned organisational change. There is also the adverse impact of reduced income from NHS 24's decision to no longer receive payroll services from NSS. The favourable PgMS trading position is a mixture of internal and external projects - further work is planned with the service to assess the pipeline of work over the remainder of the Financial Year and update the financial projection. At this stage, Business Services is forecasting a break-even year end position with any pressures in finance continuing to be offset by a PgMS surplus.

CD

FINANCIAL POSITION		Actual 17/18 £000	Budget 18/19 £000	Movement / Variance £000	
FULL YEAR	Total Allocations	1,489	1,190	↓ (299)	-20.1%
	Income	3	0	↓ (3)	-100.0%
	Total Income	1,492	1,190	↓ (302)	-20.3%
	Total Pay	1,332	891	(441)	-33.1%
	Non Pay	143	299	156	109.1%
	Cost Of Sales / Healthcare	0	0	(0)	-100.0%
	Total Expenditure	1,475	1,190	↓ (285)	-19.3%
Net Surplus/(Deficit)	18	0			

STAFFING	WTE
Actual (Mar 18)	7.5
Budget (current period)	8.6
Actual (current period)	7.6
Variance (Current period)	1.1
Movement since Mar 18	↑ 0.1
Active Vacancies	0.0

		Budget	Actual	Variance	Forecast
YEAR TO DATE	Total Allocations	336	336	● 0	1,190
	Income	0	1	● 1	1
	Total Income	336	337	● 1	1,190
	Total Pay	274	262	● 12	870
	Non Pay	63	52	● 11	320
	Cost Of Sales (Logistics)	0	0	● (0)	0
	Total Expenditure	336	313	● 23	1,190
Net Surplus/(Deficit)	(0)	24	● 24	0	

CRES	£000
Target YTD	14
Actual YTD	14
Variance	0

CD is reporting a surplus of £24k at the end of July, an under spend split evenly between pay and non-pay. The position of Nurse Director as at the start of July has been covered by a member of staff in PHI at no cost to the directorate, and thus contributes to the in year pay savings. This arrangement will be for the 2nd quarter of the year, giving the directorate the ability to cover some other activities, additional hours for a member of staff and a regarding of another including back-pay. The surplus in pay is from the Innovation project, which hasn't got underway in year as yet, contributing a current saving of £12k. The Directorate has received funds to recruit a member of staff as Realistic Medicine Clinical Lead. While funds are also in place for the Capsular Endoscopy project.

CEAD

FINANCIAL POSITION		Actual 17/18 £000	Budget 18/19 £000	Movement / Variance £000	
FULL YEAR	Total Allocations	1,714	1,901	↑ 187	10.9%
	Income	2	51	↑ 49	2369.9%
	Total Income	1,716	1,953	↑ 237	13.8%
	Total Pay	1,420	1,705		20.1%
	Non Pay	155	247		60.0%
	Cost Of Sales / Healthcare	0	0	(0)	-100.0%
	Total Expenditure	1,574	1,953	↑ 378	24.0%
	Net Surplus/(Deficit)	142	0		

STAFFING	WTE
Actual (Mar 18)	33.1
Budget (current period)	33.0
Actual (current period)	37.0
Variance (Current period)	-4.0
Movement since Mar 18	↑ 3.9

Active Vacancies	● 0.0
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		Budget	Actual	Variance	Forecast
YEAR TO DATE	Total Allocations	620	620	● 0	1,901
	Income	51	51	● 0	51
	Total Income	671	671	● 0	1,952
	Total Pay	572	578	● (6)	1,697
	Non Pay	99	97	● 2	255
	Cost Of Sales (Logistics)	0	0	(0)	0
	Total Expenditure	671	674	● (4)	1,952
	Net Surplus/(Deficit)	0	(4)	● (4)	0

CRES	£000
Target YTD	29
Actual YTD	29
Variance	● 0

CEaD is reporting a small over spend as at end of July in line with the position they reported back in the previous month accounts. Although CEaD are forecasting to break even in financial year 2018/19 this will have to be achieved by managing a vacancy factor and all the asks the business has on the area in pushing through Digital Transformation and supporting the brand of the business.

HR

FINANCIAL POSITION		Actual 17/18 £000	Budget 18/19 £000	Movement / Variance £000	
FULL YEAR	Total Allocations	3,503	3,353	↓ (150)	-4.3%
	Income	1,013	1,106	↑ 93	9.2%
	Total Income	4,516	4,459	↓ (57)	-1.3%
	Total Pay	3,194	3,348		4.8%
	Non Pay	1,215	1,111	(103)	-8.5%
	Cost Of Sales / Healthcare	0	0	0	0.0%
	Total Expenditure	4,408	4,459	↑ 51	1.1%
	Net Surplus/(Deficit)	107	0		

STAFFING	WTE
Actual (Mar 18)	76.3
Budget (current period)	76.6
Actual (current period)	78.4
Variance (Current period)	-1.8
Movement since Mar 18	↑ 2.1

Active Vacancies	● 0.0
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		Budget	Actual	Variance	Forecast
YEAR TO DATE	Total Allocations	1,085	1,085	● 0	3,353
	Income	369	451	● 83	1,248
	Total Income	1,454	1,536	● 83	4,601
	Total Pay	1,116	1,159	● (43)	3,515
	Non Pay	338	338	● 0	1,085
	Cost Of Sales (Logistics)	0	0	(0)	0
	Total Expenditure	1,454	1,497	● (43)	4,601
	Net Surplus/(Deficit)	(0)	40	● 40	0

CRES	£000
Target YTD	53
Actual YTD	53
Variance	● 0

HR are currently reporting a surplus of £40k, this favourable position is mainly due to income from NHS Greater Glasgow to cover the spend in the eESS National Team which has been slightly higher than originally budgeted for. Income has also been received from HIS and Health Scotland in relation to assist HIS and Health Scotland with eESS.

Pay is showing a deficit, much of this is in secondments as two have been recruited for the National eESS team, which hadn't been in the initial plan. This corresponds to the additional income from NHS Greater Glasgow to cover.

HR are currently looking to break even in the financial year 18/19. Though this is a challenging target and will be dependent on managing the ask of the department of NSS and whether this can be done whilst achieving the vacancy factor.

S&G

FINANCIAL POSITION		Actual 17/18 £000	Budget 18/19 £000	Movement / Variance £000	
FULL YEAR	Total Allocations	1,864	1,940	↑ 76	4.1%
	Income	3	16	↑ 13	406.8%
	Total Income	1,867	1,957	↑ 89	4.8%
	Total Pay	1,620	1,705	85	5.3%
	Non Pay	242	251	10	3.9%
	Cost Of Sales / Healthcare	0	0	0	#DIV/0!
	Total Expenditure	1,862	1,957	↑ 95	5.1%
	Net Surplus/(Deficit)	6	0		

STAFFING	WTE
Actual (Mar 17)	37.4
Budget (current period)	40.3
Actual (current period)	43.5
Variance (Current period)	-3.1
Movement since Mar 17	↑ 6.1

Active Vacancies	0.0
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		Budget	Actual	Variance	Forecast
YEAR TO DATE	Total Allocations	647	647	0	1,940
	Income	5	0	(5)	16
	Total Income	652	647	(5)	1,957
	Total Pay	568	583	(15)	1,688
	Non Pay	84	40	44	268
	Cost Of Sales (Logistics)	0	0	0	0
	Total Expenditure	652	623	29	1,956
	Net Surplus/(Deficit)	0	24	24	0

CRES	£000
Target YTD	30
Actual YTD	30
Variance	0

S&G is reporting a year to date surplus of £24k due to under spends in non-pay with the final internal audit bill for 2017/18 being £7k less than expected, which has given a favourable variance against the accrual processed to cover the cost. Budget is in place for additional DST work, through internal recharge to IT and outside contractors, this has been spread evenly across the financial year, but as such no charges have been received, contributing £8.3k towards the current position. While budget available for staff training throughout the year has yet to be accessed, contributing a surplus of £8.7 to the position.

There is currently an overspend on pay but this is in part due to a couple of positions not being charged out as of yet. Once this is done, and going forward through the managing of a retrial and maternity period within the existing team, pay should at least breakeven by the year end.

Appendix 2 – NSS Capital Programme 2018-19

SBU	NSS Funded Programmes	LDP Capital Plan £'000	Movement in funding £'000	Revised Programme £'000	YTD Budget £'000	YTD Expenditure £'000	Full Year Expenditure £'000	FY Variance £'000
PCF	Breast Screening Mobile Trailer Maintenance	300	0	300	0	0	300	0
	Breast Screening Mobile Equipment Maintenance	130	0	130	0	0	130	0
	General Capital Programme - Transferred to Boards	500	0	500	0	0	500	0
	Molecular Genetics - Transferred to Boards	300	0	300	0	0	300	0
	NDC Warehouse Management System Upgrade	1,000	0	1,000	0	0	1,000	0
	Gyle Courtyard - NSS Funding	0	0	0	0	0	0	0
	Gyle Courtyard - GEP Funding	0	0	0	0	0	0	0
	Aberdeen Property OBC	0	941	941	0	0	941	0
	National Catering Information System / Bedside Electr	0	634	634	0	0	634	0
Automated Dispatcherless Portering Task Tracking Sys	0	104	104	0	0	104	0	
Subtotal	PCF	2,230	1,678	3,908	0	0	3,908	0
IT	Audio Visual / Video Conferencing Replacement	300	0	300			300	0
	Network Replacement	300	0	300			300	0
	Server Replacement	300	0	300			300	0
	Legacy "Burning Platform" Programme	120	0	120			120	0
Subtotal	IT	1,020	0	1,020	0	0	1,020	0
SNBTS	National Fleet Replacement	360	0	360	0	0	360	0
	National Replacement & Equipment Improvement Pro	356	0	356	0	0	356	0
	eProgesa (Semester patch)	100	0	100	0	0	100	0
	Hospital Web Based Ordering	150	0	150	0	0	150	0
National Centre completion	737	0	737	107	107	737	0	
Subtotal	SNBTS	1,703	0	1,703	107	107	1,703	0
BS	Radiology - Shared Services Programme	565	0	565	0	0	565	0
Subtotal	BS	565	0	565	0	0	565	0
RES	Capital to be allocated	928	0	928	0	0	928	0
	Reserves	928	0	928	0	0	928	0
	Total Capital Programme	6,446	1,678	8,124	107	107	8,124	0

Appendix 3 – Efficiency Programme 2018/19

Efficiency Savings	SBU	RAG	Full Year	Year to	Forecast
			Target	Date	year end
			£000s	£000s	outturn
					£000s
Total savings target per agreed LDP			15,336	5,769	16,704
TOTAL RED EFFICIENCIES		R	0	0	0
Savings to be identified by SMT	PCFS	A	427	0	427
Balance of Efficiencies	PCF	A	225	70	225
Additional savings	SNBTS	A	274	0	231
TOTAL AMBER EFFICIENCIES		A	926	70	883
A&I - Increase efficiency/automation	PHI	G	33	33	33
A&I - Realignment of teams	PHI	G	95	95	95
A&I - Reduction in frequency	PHI	G	45	45	45
A&I - Reduction in service	PHI	G	246	246	246
CKRS - Income Generation	PHI	G	171	59	171
CKRS - Realignment of teams	PHI	G	114	114	114
CKRS - Reduction in service	PHI	G	195	195	195
CKRS - Reduction in service	PHI	G	102	102	102
Clinical - Income Generation	PHI	G	198	70	198
DM&SD - Income Generation	PHI	G	184	64	184
DM&SD - Realignment of teams	PHI	G	53	53	53
DM&SD - Streamline processes	PHI	G	113	113	113
HPS - Income Generation	PHI	G	104	89	104
HPS - Reduction in service	PHI	G	92	92	92
HPS - Reduction in service	PHI	G	166	166	166
Vacancies not Filled/reduction of travel costs	PCFS	G	268	268	268
Reduction in GP Stationery & NHS Publications	PCFS	G	200	67	200
eSystems Automation (inc termination of QOF charges)	PCFS	G	78	26	78
reduction in travel costs and leased cars	PCFS	G	42	14	42
Increase in SHSC income target	PCFS	G	40	0	40
Increase in Vacancy Factor	PCFS	G	100	0	100
Reduction in Clinical budget (sessional Fees)	PCFS	G	46	46	46
Staff Rationalisation - dis-established posts & associated costs	SNBTS	G	867	867	867
Pay protection reduction	SNBTS	G	100	33	100
G&S demand reduction	SNBTS	G	200	0	200
Reduction in Leuco costs due to Quality Analyst	SNBTS	G	100	15	100
Daimed contract savings	SNBTS	G	175	0	218
Collaborative procurement - euro packs	SNBTS	G	91	0	91
Apheresis reduction	SNBTS	G	115	0	115
National Centre synergies	SNBTS	G	148	0	148
Reduction in sample storage	SNBTS	G	115	0	115
MVS Supplied maintenance reductions	SNBTS	G	100	0	100
HTLV Savings	SNBTS	G	20	0	20
Non Pay Savings	Clinical	G	43	14	43
Non Pay Savings	CEaD	G	88	29	88
Non Pay Savings	S&G	G	89	30	90
Shared Service - Financial Services	Business Services	G	92	0	46
Additional Income- FP&A	Business Services	G	64	21	64
Non Pay Savings	HR	G	159	53	159
Savings to NSS from collaborative working IT tools such as Office 365	IT	G	50	0	50
NSS portion (including benefit to P & CFS) of National IT Contract (NITC) Atos OA eg up	IT	G	150	50	150
Hosted Only power efficiency & increased transaction volume efficiency from modernisi	IT	G	100	33	100
eLinks data transfer efficiencies	IT	G	100	33	100
Local Networks BW increase for same cost (cost aviodance)	IT	G	50	17	50
NSD Efficiencies	PCF	G	9,019	2,906	9,019
Contract Implementation Manager (Lothian)	PCF	G	74	74	74
Warehouse Manager Role removed from Budget	PCF	G	51	51	51
CI Supervisor Role removed from Budget	PCF	G	28	28	28
Data Analyst role	PCF	G	50	50	50
L&D costs	PCF	G	17	6	17
CLO costs	PCF	G	25	0	25
Business Development (Admin Support 2.6wte)	PCF	G	70	70	70
Stores Assistants	PCF	G	51	0	51
Masnet / Locums staff	PCF	G	189	189	189
Programme Manager	PCF	G	62	62	62
Reduction in Contingency	RES	G	1,000	1,000	1,000
TOTAL GREEN EFFICIENCIES		G	16,336	7,588	16,334
TOTAL EFFICIENCIES			17,262	7,658	17,217
Balance (outstanding) / overachieved			9,577	1,890	513

B/18/111

NSS Formal Board Meeting – Friday, 7 September 2018

Consistent Analytics for Governance

Purpose

The Board has previously raised concerns about the inadequacy of the presentation of data in Board meetings. This paper is written to help members prepare for participation in an initial discussion on the subject planned for the Board meeting on 7th September.

Recommendation

It is recommended that members come prepared to discuss their views on what and how data should be presented, using as necessary the resources identified below.

Timing

There are no specific timings associated with this issue other than the discussion at the 7th September Board meeting; it is anticipated that it may be revisited at the October offsite.

Background

The NSS Board in common with other large organisations is required to consider a complex array of data covering a variety of topics. Focusing on the wrong data or poor presentation of the right data in dealing with such complexity can lead to confusion and poor decision making. The discussion on 7th September will focus on the following:

- a. **What Data** – it is important that the data being considered allows the Board to have oversight of delivery against strategy. The current NSS strategic objectives are not dissimilar to those in a Balanced Scorecard. This is a potential approach that NSS might wish to consider in refining what data are considered. The attached NHS Improvement guide on this topic is a good summary of such an approach, which includes some common principles to be considered in deciding what to measure.
- b. **How Presented** - it has been suggested that at the very least that the Board would benefit from using more graphical presentations of data and the use of methods such as Statistical Process Control (SPC). The attached guide from NHS Improvement – Making Data Count (sent by email) - is a useful resource that provides a range of perspectives on the effective use of data. In particular the Section from Pages 8 – 30 includes a good introduction to SPC.

Engagement

The format of this paper and the presentation has been agreed between the author and John Deffenbaugh. Engagement has involved staff in both the Corporate area and PHI.

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Director PHI
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Email: Phillip.couser@nhs.net

Enclosures:

1. NHS Improvement - Balanced Scorecard.
2. NHS Improvement - Making Data Count. (Sent by email and not included in Admincontrol)

ACT Academy

Online library of Quality,
Service Improvement
and Redesign tools

Balanced scorecard

Balanced scorecard

What is it?

Balanced scorecards play a key role in performance management. They allow you to measure and monitor performance and assign key performance indicators (KPIs), giving you the ability to track and optimise performance based on those indicators.

When to use it

You should use the balanced scorecard to help clarify your team's vision and strategy for improvement and then turning them into clear objectives and measures.

You can use it to ensure you adopt a system-wide approach to avoiding/preventing bottlenecks.

How to use it

Producing a balanced scorecard is a significant piece of organisational development work but can be cascaded down to directorate and departmental levels. The balanced scorecard can therefore form a large part of performance monitoring activity for health and care managers.

The main stages in designing and implementing a balanced scorecard are:

1. Establishing a sound strategic foundation for the balanced scorecard
2. Producing a multi-dimensional strategic summary
3. Setting objectives for each balanced scorecard perspective
4. Linking objectives via cause and effect
5. Determining measures for each objective
6. Setting targets for each measure in the balanced scorecard
7. Identifying strategic initiatives to deliver targets
8. Full implementation of the balanced scorecard.

You should aim to develop specific performance measures relating to the four areas of finance, customers, internal business processes and learning and growth according to your own organisation's needs and circumstances. You should consider the following questions for each of the four areas:

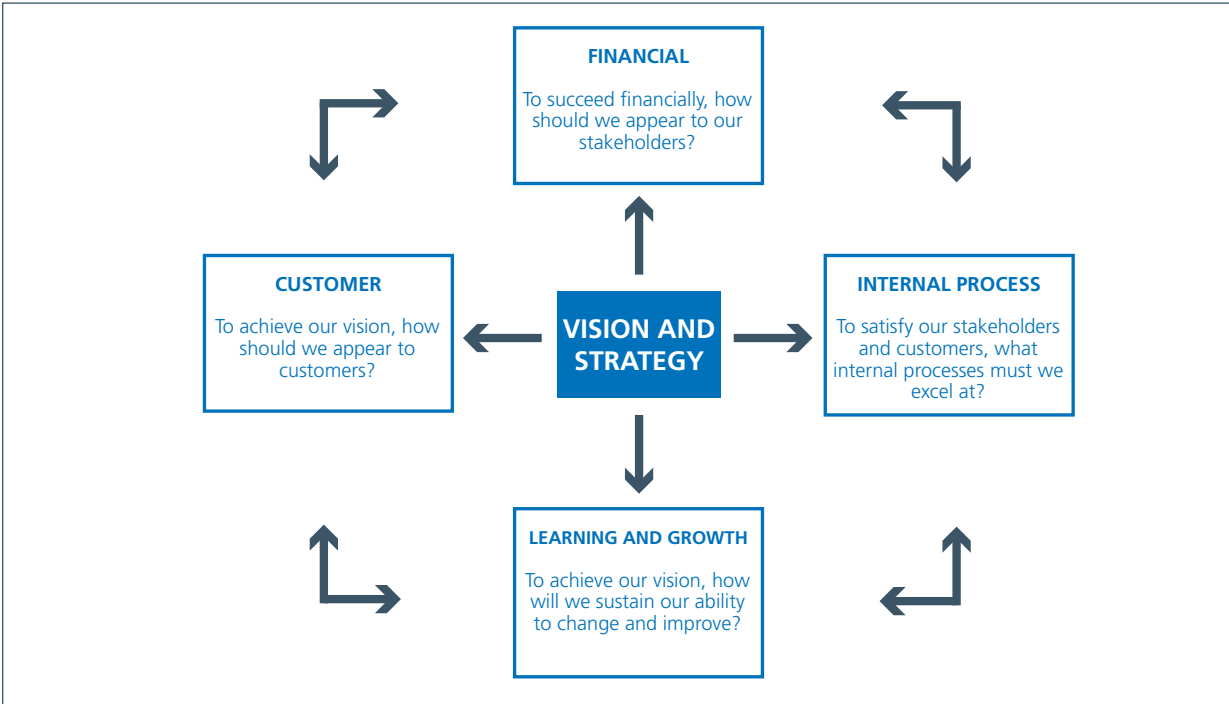
Finance: to succeed financially, how should we appear to our stakeholders? (In the public sector, the financial perspective tends to emphasise cost efficiency)

Customers: to achieve our vision, how should we appear to our customers/patients and the departments we work with?

Internal business processes: to satisfy our stakeholders, which internal processes must we excel at?

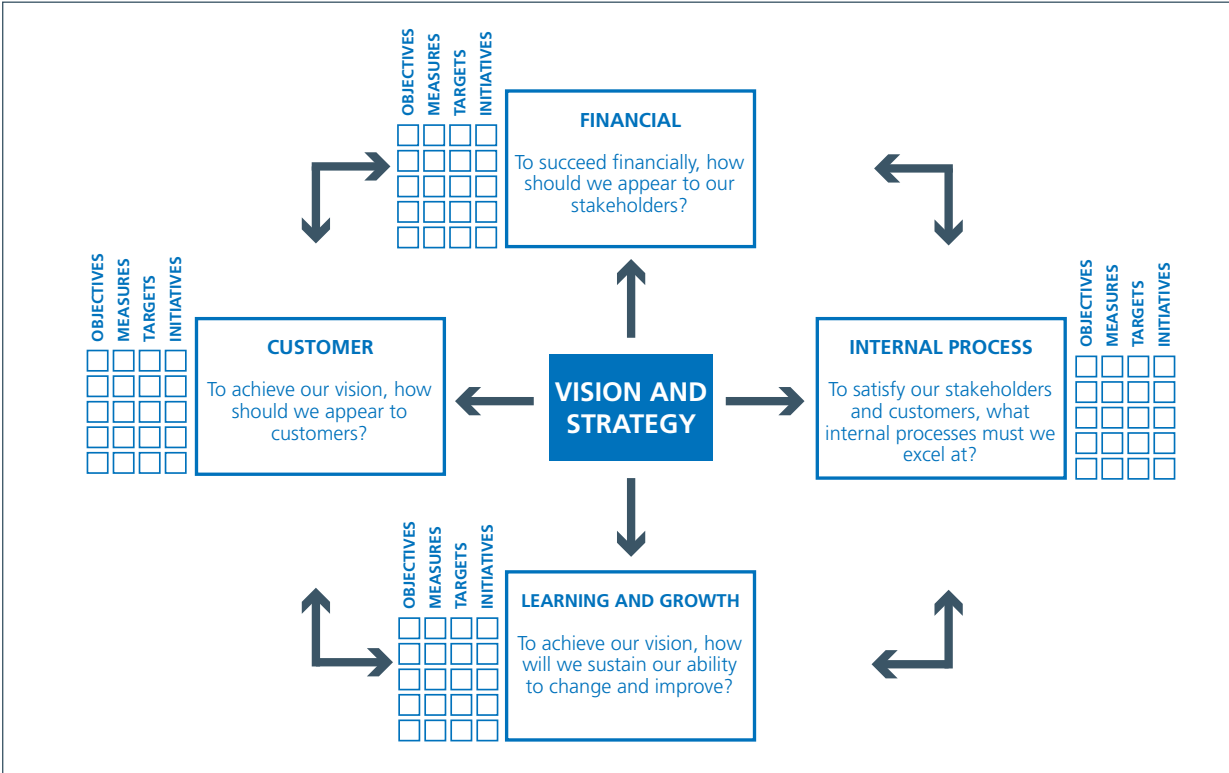
Learning and growth: to achieve our vision, how will we sustain our ability to change and improve?

Figure 1



Once you have considered all these questions, you can then analyse each area to identify the key processes and metrics. This is most effective when it involves a wide range of staff.

Figure 2



What next?

The balanced scorecard will be most effective if you have achieved buy-in for its use across your whole organisation. It may be worth carrying out a stakeholder analysis to identify the people you need to involve and/or influence.

Background

The balanced scorecard was developed in the early 1990s by Robert Kaplan and David Norton as an approach to strategic performance management and measurement. They observed that traditional performance measures based on financial accounts gave an incomplete picture of an organisation's performance. They created the balanced scorecard to provide a more rounded view.

Additional resources

Kaplan, RS (2000) *The Balanced Scorecard for Public Sector Organisations*, Harvard Business School Press

Freeman, T (2002) 'Using Performance Indicators to Improve Health Care Quality in the Public Sector: A Review of the Literature' in *Health Services Management Research*, 15(2), pp.126–137

Inamdar, N et al (2002) 'Applying the Balanced Scorecard in Healthcare Provider Organisations' in *Journal of Health Management*, 47(3), pp.179–195

Niven, PR (2003) *Balanced Scorecard Step-by-Step for Government and Not-For-Profit Agencies*, John Wiley and Sons Inc.

Oliveira, J (2001) 'The Balanced Scorecard: An Integrative Approach to Performance Evaluation' in *Healthcare Financial Management*, 55(5), pp.42–46

NSS Board
Friday, 7 September 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 July 2018.

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 July 2018.

Summary

In relation to sickness absence, July sees a YTD position of 3.91%, which is a decrease of 0.02% from June with the overall trend now back into a decrease position for the past two months. There are no fundamental concerns being raised in respect to the sickness absence position over the past two months and the forecast predicts a final year position under target of 4%. The movement between short term and long term absence continues to be monitored on any decrease of short term and increase to long term absence positions.

There are no RIDDOR reportable injuries in July 2018 therefore the total number YTD remains two. Work has been done to consider the reporting information in relation to health and safety in terms of definition and frequency rates.

Dedicated support to PCF SBU has now been put in place to focus on the development of their Health and Safety structure, Risk Profile and identifying best practice where there is support required in developing a robust health and safety culture.

There is a rise in the number of bullying and harassment cases however this does suggest employees are beginning to feel more empowered to raise their issues in line with the NSS Policy provisions.

All other elements of workforce measures demonstrate continual good progress against previous year trends with no fundamental concerns to raise.

Great Place to Work Measures

iMatter

The 2018 iMatter process has continued with:

NSS undertaking the Test of Change (pilot) for NHS Scotland. This involved identifying an iMatter field within eESS and developing and delivering a National iMatter report template.

Data validation work is being undertaken by HR on Webropol to ensure team structures are accurate.

Team confirmations went live on 30 July 2018.

Communications plan being revised with ongoing support from HR Business Partners.

Health and Safety – RIDDORS

No RIDDOR reportable injuries were reported in July, the NSS total number for 2018/19 remains at two:

- SNBTS member of staff who slipped on some water spillage in a toilet in Foresterhill Aberdeen.
- SNBTS nurse within Lauriston Place fell off a chair retrieving biscuits from the top shelf and fractured her arm.

The Health and Safety Advisors have agreed the definition of the NSS Accidents Frequency Rate: as 'any absence due to injury, accident or illness caused or made worse by work' per 1,000 employees. The figure will include all RIDDORs, Non RIDDORs or Incidents and the categories of Accident affecting a person and ill health incident linked to a work activity.

The accident frequency rate has fallen to 1.21 for July with a rolling 2018/19 total of 11.19 for the year. The number of work related injuries has dropped by nine from 13 in June to four in July. NSS Health and Safety Advisors will work with the HR Systems Team to build the report to extract this data from the Return to Work Interview information within eESS. This information will provide data on lost hours across the organisation.

Work continues on the Healthy Working Lives Action Plan:–

- Review of the Performance Management Process and supporting documentation to ensure consistency of information and governance across all SBUs.
 - Current document review includes:
 - Risk Profile
 - Accident / Near Miss form and process
 - Development of checklists for managers to support walk rounds
 - Development of HR Connect with guidance and support for both managers and staff.
- Dedicated support to Procurement, Commissioning and Facilities with the development of their SBU Health and Safety Structure, Risk Profile, identifying best practice and identifying where there is support required in developing a robust health and safety culture.

Sickness Absence

July has a YTD outcome of 3.91%, which is a decrease of 0.02% from June with the overall trend now back into a decrease position for the past two months. In comparison with the same period over the last three years the overall YTD position in July 2018 is at its lowest point. In total eight SBUs have decreased outcomes during July with three SBUs increasing. The largest increase is in PCF SBU at 0.45% overall, an increase of 0.45% from the previous month. The biggest decrease has been in the CEAD SBU overall.

In terms of long term absence, four SBUs are showing an increase overall with the 2.43% YTD an increase of 0.13% from the previous month. There are four SBUs which show a 0%

figure in July. In comparison, eight SBUs are showing a decrease in short term absence, which has a YTD total of 1.49%, a decrease from the previous month of 0.13%.

In terms of absence reasons, the overall number of employees' absence has increased by 54 to 398 in July, from the previous May report. The largest decrease is in relation anxiety/stress/depression/other psychiatric illness and chest & respiratory problems. July information shows that hours lost due to stress and mental health, since May, is down 1,057, with a total of 5,139 recorded and YTD 24,472. This is a decrease albeit the forecast is still predicted to be over target at the end of the year.

The table below provides the July 2018 breakdown of information.

July Absence Reasons	Count of Employee Number
Gastro-intestinal problems	74
Anxiety/stress/depression/other psychiatric illnesses	59
Cold, cough, flu - influenza	36
Other known causes - not otherwise classified	31
Other musculoskeletal problems	31
Injury, fracture	25
Headache/migraine	18
Unknown causes/not specified	17
Back problems	16
Chest & respiratory problems	16
Ear, nose, throat (ENT)	13
Heart, cardiac & circulatory problems	12
Benign and malignant tumours, cancers	10
Genitourinary & gynaecological disorders - exclude pregnancy related disorders	10
Eye problems	9
Pregnancy related disorders	7
Nervous system disorders - exclude headache, migraine	5
Endocrine/glandular problems	4
Dental & oral problems	2
Asthma	1
Infectious diseases	1
Skin disorders	1
Total	398

Workforce Capability, Sustainability and Optimisation

Staff Turnover and Leavers

The July 2018 figure shows an overall increase in turnover rate of 0.27% against June at 0.91%. The number of leavers is at 34 in month as compared to June at 24. The main leavers have been in Practitioner & Counter Fraud Services, Public Health & Intelligence and SNBTS SBUs however there are no significant issues to raise in terms of trend data comparisons.

Recruitment

Recruitment activity has remained stable throughout July, with 35 posts being recruited to. However the number of eRAFs significantly dropped during the summer period from May (48) to July (21). This trend is fairly normal at this time of year and activity should begin to increase following the summer holiday period.

An HR working group has been set up to discuss NSS youth employment initiatives; this is to ensure that we continue to support the business delivering the best opportunities to the young people of Scotland. Modern Apprenticeship schemes are continuing and NSS is due to begin its first Foundation Apprenticeship within the IT SBU. In addition NSS has secured four Graduate Apprenticeships for current staff.

Two work experience high school students will be joining the HR SBU in October for a few days. This initiative is a joint scheme with HIS and SAS and we are in discussions with a number of SBUs to arrange slots for the young people. The students have expressed an interest in SNBTS and we hope to arrange a tour of the Jack Copland Centre.

A draft process is in place for values based recruitment for Senior and Executive recruitment and work is underway with Project Lift to ensure this is implemented successfully and becomes one of the pillars of the new NSS Leadership Programme.

Key Workforce Data

Mandatory & Statutory Training

The Board is reminded the figures for training are showing a rolling period.

Progress continues to be made across the SBUs in relation to both two and three year mandatory for all training. The data shows a reduction in the compliance against the Yr 2 mandatory training however this is in relation to a change in the course provided for information governance. For the first quarter of the year the old and new data was used for reporting purposes for information governance training, however over the second quarter this has changed to the new training only. We are confident that the end of year will show an increase in compliance with the new training programme.

In terms of Statutory Fire Training awareness for staff, there has been an increase of 22% from the May report with the total now at 91% compliance.

Agency Spend

Agency spend is currently reporting at £1.24m, an increase of £0.346m since June. The forecast continues to present an overspend against target of £0.778m at year end however this has decreased as a forecast over recent months. Increased expenditure is showing for Finance and Business Services SBU and SNBTS.

Case Management Activity

HR Services supported an average of 119 formal, active cases throughout June and July, with the focus remaining on attendance management and ill health capability (80%). However, the number of new formal cases logged with HR Services over this period, for support under the framework of the Promoting Attendance and Management of Employee Capability, has reduced by 50% which is significantly lower than the previous months. Of the 17 new cases logged with HR Services 65% relate to Conduct and Bullying and Harassment, which is significantly higher than the previous months.

NSS Management continues to take an active part in working with their line managers, HR Services, and HR Business Partners to address absence issues across their relevant areas of business, using the tools and reports available to support the reduction of sickness absence rates throughout NSS.

The rise in Bullying and Harassment cases suggests that employees are now beginning to feel more empowered to raise issues they feel fall under the framework of the NSS Bullying and Harassment Policy. However, the information gathered so far would suggest that some of the alleged issues are deep rooted working relationship problems that remain unresolved and have an underlying conduct theme. No cases concluded over the past months have been upheld.

Conduct for behavioural issues remains high and can often relate to historical performance issues which, for various reasons, have gone unmanaged. HR Services are working to encourage managers to act early where performance issues are identified, to prevent issues becoming long term and eventually impacting on the individual's health, wellbeing and attendance in the workplace.

One Management of Employee Capability case progressed to Stage 3, which resulted in dismissal for reasons of ill health.

Corporate Responsibility

There are no concerns in relation to Youth employment or increase employment of those with disabilities at this point of the year.

Aileen Stewart
Interim Associate Director of HR
August 2018

NSS People Dashboard July 2018

Great Place to Work Measures

	Target	Current Month	YTD	Forecast	RAG	Progress
Riddors	<4	0	2	7	●	↓
Accident Incident Rate	<30.42	1.05	9.73	29.15	●	↓
Sickness Absence Total (%)	4.00	3.82	3.91	3.69	●	↑
Long Term Total (%)	N/A	1.85	2.43	2.37	●	↑
Short Term Total (%)	N/A	1.97	1.49	1.32	●	↓
Hours Lost (Stress & MH)	63,291	5139	24472	61,783	●	↓

Workforce Capability, Sustainability & Optimisation

	Target	Current Month	YTD	Forecast	RAG	Progress
Staff Turnover (%)	7.00	0.91	2.93	8.81	●	↑
Workforce Numbers (WTE)	3411.94	3310.32	3308.47	3313.85	●	↑
Paybill £	£148.281 M	£12.186 M	£48.864 M	£147.64 M	●	↓
Agency expenditure £	£4.043 M	£0.346 M	£1.24 M	£4.821 M	●	↓
Agency (WTE)	52.18	79.55	68.48	78.24	●	↑
% of Agency (WTE)	1.53%	2.40%	2.07%	2.36%	●	↑
No. Leavers	248.08	34	109	321	●	↑

Key Workforce Data

	Target	Current Position	Progress
Mandatory Training 3 YR Ave (%)	100	94	↑
Mandatory Training 2 YR Ave (%)	100	59	↓
Statutory Training 2 Years (%)	100	91	↑

Case Management Activity

	2016-17	Current Month	YTD	Forecast	Progress
Cases – Informal	202	7	29	71	↑
Cases – Formal	175	7	37	88	↓
Total Managed Cases	377	14	66	159	↑
Active Cases	N/A	138	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		122	N/A
Authorised Recruitment		31	168
Posts Filled		31	158
Vacancy Factor			

People Report Guidance

RIDDORS	Please see link below for information on riddor definition and types of work related injuries: http://www.hse.gov.uk/riddor/reportable-incidents.htm
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

Accident Rate	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

Sickness Absence	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>

Turnover	Turnover rate %
Data Source	eESS
Target	Target for NSS is 7%, 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 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>

Leavers	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 comparisson to the previous month using the following levels:</p> <p>↔ No change ↓ Reduction ↑ Increase</p>

Mandatory Training	<p>Mandatory training is required to be completed by all staff within the current reporting cycle, at the insistance of NSS and as result of the Scottish Government Directive. I have noted the training cycles below:</p> <p>2 Year Compliance Safe Information Handling Equality & Diversity</p> <p>3 Year Compliance Health & Safety Induction Risk & Resilience Freedom of Information Manual Handling Passport Counter Fraud Awareness</p>
Data Source	Learnpro
Target - Target is currently under review	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 equivalent.
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 comparisson to the previous month using the following levels:</p> <p>↔ No change ↓ Reduction ↑ Increase</p>

Statutory Training	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

Case Management	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

Corporate Responsibility	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

Paybill/Agency Spend/ WTE	The number of WTE. Paybill Buget and Current month YTD position
Data Source	Finance Department
Target	The targets are provided by the Finance Department
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 by Finance Department.
RAG	The RAG status is used to highlight the overall risk to the organisation/SBU. The RAG status within the Financial Information is calculated by comparing the predicted value against the target value. Currently there is no tolerance set for the financial extract.
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
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Situation

The June meeting of the NHS National Services Scotland (NSS) Board requested a paper explaining the role of the International Engagement Team and clarification of the risks to (1) the function of the Team and (2) Grant Funding, in terms of the UK's withdrawal from the European Union.

Background

1. The Function of the International Engagement Team

The International Engagement Team (IET) was TUPE transferred to NSS from NHS 24 on 5 February 2018.

The IET is fully funded by the Scottish Government's Technology Enabled Care (TEC) and Digital Healthcare Innovation Division. A Service Level Agreement (SLA) was agreed between NSS and the Scottish Government (SG) which confirms funding for the Team and its activities until the end of March 2021.

The Team's role is to act on behalf of SG to deliver the International Engagement Action Plan for TEC and Digital Healthcare Innovation (**Appendix 1**) that supports the implementation of the new national Digital Health and Care Strategy. The Team's activities are focused on three strategic priority areas:

1. Global outlook and reputation
 - Embedding internationalisation and knowledge exchange
 - Provision of targeted support to Scottish and International stakeholders
 - Promoting academic excellence
2. Relationships and partnerships
 - Scottish stakeholder representation in relevant international networks
 - Facilitation of bilateral relationships between key international regions and organisations
3. Securing investment in digital healthcare innovation
 - Undertake horizon scanning to identify relevant (international, European Union (EU) and UK) funding opportunities for Scottish stakeholders; and support stakeholders to apply for funding;
 - Provide project management and financial management support for funded projects within the IET's portfolio.
 - Seek opportunities for Scottish SMEs and inward investment in Scotland

2. Grant funding

Appendix 2 includes an overview of the different EU funding programmes that are referred to in this report.

Under Action Area 3 of the International Engagement Action Plan, the IET is currently directly responsible for the delivery of one EU funded project:

SCIROCCO (Scaling Integrated Care in Context) <https://www.scirocco-project.eu/> is a project funded by the EU Health Programme and is co-ordinated by the IET. The objective of the project is to facilitate the knowledge transfer and scaling-up of integrated care in context. SCIROCCO demonstrates the importance of the local context for integrated care, through improved understanding about how, and under what circumstances, the successful implementation of a good practice and/or integrated care programmes is possible in a particular healthcare system. The total budget for the project is €2.2m and the end date of the project is 30 November 2018. The other Scottish partner in SCIROCCO is the University of Edinburgh.

In addition, the IET provides financial management support (with the compilation of claims, etc) to Scottish partners involved in a further 3 EU funded projects:

Project Name / EU Programme	Scottish partners
mPower / Interreg VA	NSS (Lead Partner); NHS Ayrshire & Arran; NHS Western Isles; NHS Dumfries & Galloway; University of Highlands and Islands; Scottish Council Voluntary Organisations (SCVO).
CoH-Sync / Interreg VA	NHS Dumfries & Galloway
DEM2 / Joint Action	SG (Lead Partner)

At time of writing, the IET is supporting the development of 17 new digital health and care project proposals for EU funding involving Scottish organisations as partners or Advisory Board members.

Programme Name	Pipeline Projects
European Structural & Investment Funds	1 European Social Fund (ESF) project for Public Health Directorate, SG 1 European Regional Development Fund (ERDF) project for TEC Division, SG
EU Health Programme	1 Project - SCIROCCO Exchange (co-ordinated by SG). The submission was approved on 03.08.18 by the EC and the project will kick off in January 2019, with a 32-month duration.
Horizon 2020 Programme	2 projects on palliative care – 1 of which was approved for funding on 04.08.18 and the Scottish partner is NHS Highland. 1 project on smart working environments (partner is NHS Grampian). 1 project on Digital Health and Care in the Digital Single Market – Scottish partner is University of Edinburgh. 4 projects where Scottish stakeholders have been invited to sit on the projects' Advisory Boards. 1 project under 2019 call for Maternal and Child Health – University of Stirling and NHS Highland are Scottish partners. 2 projects under 2019 call for Smart and Healthy Living at Home – Digital Health and Care Institute (DHI) involved in 1 project and Scottish partner for the other project still being negotiated. 1 project under 2019 call for Mental Health in the Workplace – Scottish partner still being negotiated.
Interreg Programmes	2 Interreg Europe projects – Scottish partners are SG and DHI.

None of the above pipeline proposals involve NSS as a named project partner, however, the IET is keen to clarify NSS's interests in being involved in digital health and care research and innovation projects going forward so that the Team can look for suitable opportunities for collaboration.

Assessment

The SLA with SG to support the funding of the IET runs until the end of March 2021.

The IET's activities under the International Engagement Action Plan Area 1 – *global outlook and reputation* – do not rely upon external EU funding. The activities are focused on promoting Scotland's digital health and care agenda internationally and sharing best practice with other countries worldwide.

Similarly, activities under Action Area 2 – *relationships and partnerships* – are focused on the development and delivery of bilateral agreements which are not directly related to external funding. It is anticipated that Scotland will develop further bilateral agreements (prior to and post Brexit) to secure commitment to ongoing collaborative relationships with leading regions in digital health and care research and innovation.

With regard to the impact of Brexit on activities within Action Area 3 – *securing investment in digital healthcare innovation* – on 25 July 2018, the UK Government extended its commitment to underwrite all projects financed by the current EU budget, and also guaranteed funding in the event of a 'no deal' scenario. This means that organisations in the UK can continue to bid for funding from the 2014-20 Programmes. Such projects may run until 31 December 2023.

The Scottish Government's position is that the IET should seek to maximise opportunities for Scottish digital health and care projects under the current multi-financial framework period (2014-20) since this funding would be lost to the UK if it is unspent.

Thereafter, the UK Government is currently proposing the following changes to future funding opportunities related to EU project activities:

Programme	Value (2014-20)	Post 2020 Proposal
ESIF	€ 985m	To be replaced by a UK Prosperity Fund.
Horizon 2020	€79.4Bn	To be replaced by Horizon Europe. UK proposes to continue to participate as a 3rd Country.
Erasmus +	€14.7Bn	UK proposes to continue to participate as a 3rd Country.
Interreg Programmes	€10.2Bn	No decision on whether UK will participate as 3 rd Country or if funding will be repatriated to UK. Activity supports devolved responsibilities, Scotland would anticipate additional devolved funds ring fenced for similar activities.
EU Health Programme	€450m	Programme will not continue post 2020. Funds will be repatriated to UK. Activity supports devolved responsibilities. Scotland would anticipate additional devolved funds ring-fenced for similar activities.

SBAR:

It must be noted, however, that the above table sets out the current status regarding the UK Government's proposed approach – this is highly likely to change in the coming months as the post-Brexit arrangements are confirmed.

The horizon scanning activities of the IET includes raising awareness of funding from other sources (UK and International) that will support the implementation of the Scottish Government's Digital Health and Care Strategy and the activities of the national TEC Programme.

In conclusion, it is likely that the work of the IET in supporting research and innovation projects that are currently funded by the European Union will be largely unaffected by Brexit as, currently, UK Government advice is that the main sources of funding will continue (albeit via different access routes). It is likely that funding repatriated to the UK will become a significant source of future opportunities for digital health and innovation for Scotland and the Team will work closely with SG and Scotland Europa (this organisation works in conjunction with Scottish Enterprise to foster strong links between Scotland and Europe, providing intelligence, policy analysis and strategic funding advice) to ensure that we continue to maximise Scottish stakeholders' access to these new sources of funding going forward.

Recommendations

The Board is invited to note the content of this paper and the accompanying International Engagement Action Plan.

1. Global Outlook and Reputation		
1.1 Embed internationalisation and knowledge exchange		
Objectives	Deliverables	SG/IE Team Lead
Contribute to the development and ongoing delivery of the Digital Health and Care Strategy Communication and Engagement Plan to ensure relevant international focus and content.	<ul style="list-style-type: none"> Digital Health and Care Strategy Communications and Engagement Plan 	Knowledge Exchange Manager
Continue active engagement with key Scottish & UK stakeholders that shape / influence the digital health innovation agenda, including: <ul style="list-style-type: none"> Scottish Government divisions Innovation Centres - Digital Health and Care Institute (DHI), CENSIS, Big Data Lab Scottish Development International Scottish Enterprise 	<ul style="list-style-type: none"> Engage with Scottish & UK agencies to influence post-Brexit arrangements for Scottish participation as a 3rd Country in 9th Framework Programme and UK replacement programmes. 	Head of TEC & Digital Healthcare Innovation Head of IE IE Manager
Promote (to Scottish stakeholders) the benefits and opportunities for collaboration and knowledge transfer with international networks and stakeholders. This will include supporting the development of a central, easily accessible repository of national and international information, case examples, tools and evidence to be hosted by a new website for digital health and care.	<ul style="list-style-type: none"> 4 awareness raising activities for Scottish stakeholders 	Knowledge Exchange Manager
Facilitate the national Digital Health and Care Learning Network and organise associated learning activities and events that encourage knowledge exchange between Scottish stakeholders; incorporating international stakeholder involvement, where relevant and appropriate.	<ul style="list-style-type: none"> 1 digital health & care network event Digital health and care week & 1-day conference 	Knowledge Exchange Manager
Undertake speaking engagements and participate in relevant international conferences / events that promote Scotland's reputation in digital health and care and integrated care.	<ul style="list-style-type: none"> 12 presentations 	All staff
Undertake knowledge transfer and learning activities that facilitate knowledge exchange and capability building on digital health and care and integrated care between Scotland and international stakeholders. Promotion and dissemination of outcomes, outputs and lessons learned to national and international stakeholders.	<ul style="list-style-type: none"> 10 study / exchange visits 10 webinars 5 good practices/surveys/consultations 	Knowledge Exchange Manager
1.2. Targeted support		
Continue to facilitate introductions between Scottish and relevant international stakeholders.		All staff
1.3. Academic excellence		
Authorship and publication of peer-reviewed articles in relevant journals.	<ul style="list-style-type: none"> 3 articles published 	Knowledge Exchange Manager
Maintain Board position on International Editorial Board for ICT&Health.		
Undertake peer review of articles written by engagement partners.	<ul style="list-style-type: none"> 3 articles reviewed 	
Facilitate exchanges / internships for students and professionals.	<ul style="list-style-type: none"> 2 exchanges organised 	

2. RELATIONSHIPS AND PARTNERSHIPS		
2.1 Participation in International Networks		
Name and purpose of Network	Implementation activities	IE Team Lead
<p>Assembly of European Regions (AER)</p> <p>With member regions from 35 countries, AER is the voice of regional authorities since 1985 and has played a pivotal role in recognising regions as key players in the European construction.</p>	<ul style="list-style-type: none"> • Ensure active participation of relevant Scottish stakeholders in network meetings and events. • Contribute to network activities – e.g. surveys, consultations, collection of good practices, etc. • Co-ordinate Scotland’s input to formal consultations on policies and programmes related to technology enabled care, digital health and integrated care. • Explore the opportunities for joint funding proposals of the networks’ members and organisations. 	<p>Head of TEC & Digital Healthcare Innovation</p> <p>Head of IE</p> <p>IE Manager</p> <p>Finance Manager – IE</p>
<p>Community of Regions for Assisted Living (CORAL)</p> <p>A European network of regions collaborating in the field of Ambient Assisted Living (AAL) and healthy ageing, focusing on regional policies in this area.</p>		
<p>European Connected Health Alliance (ECHA)</p> <p>International network of ecosystems, delivering leadership for the development of connected and mHealth markets across Europe and beyond.</p>		
<p>European Health Telematics Association (EHTEL)</p> <p>Pan-European multi-stakeholder forum providing a leadership and networking platform, eHealth focal point for Europe.</p>		
<p>European Innovation Partnerships on Active and Healthy Ageing (EIP on AHA)</p> <p>The EC’s EIPonAHA brings together stakeholders from public and private sectors across different policy areas to work to find innovation solutions that meet the needs of the ageing population across Europe.</p>		
<p>European Reference Site Collaborative Network (RSCN)</p> <p>Brings together Reference Sites to promote cooperation; develop innovative good practice and solutions, to improve health & care outcomes and develop sustainable economic growth and the creation of jobs.</p>		
<p>European Regional and Local Health Authorities (EUREGHA)</p> <p>EUREGHA is a key network for the establishment of successful partnership between its members and relevant stakeholders, giving regional and local authorities a more powerful voice at an EU policy level.</p>		
<p>European Telemedicine Conference (ETC) Steering Group</p> <p>ETC is an interdisciplinary forum bringing together stakeholders to highlight research and operational evidence from innovative healthcare solutions.</p>		
<p>Health Information & Management Systems Society (HIMSS)</p> <p>Not for profit organisation that focuses on better health through the promotion of technology, through the provision of health IT-related information, knowledge and advice.</p>		

INTERNATIONAL ENGAGEMENT ACTION PLAN 2018-19

International Care Delivery Alliance (ICDA)		
Founded by Permanente Foundation, brings together international organisations to act as a think tank of the future service models and innovations in health and care delivery.		
International Foundation for Integrated Care (IFIC)		
Not for profit network that crosses organisational and professional boundaries to bring people together to advance the science, knowledge and adoption of integrated care policy and practice.		
Scotland Europa		
Scotland Europa is a membership-based organisation that promotes Scotland's interests across the institutions of the European Union and to the representatives of Europe's regions and Member States		
Scottish Health and Care Innovation Network		
Brings together Health Boards and associated health and social care collaborators to find innovative solutions to operational challenges.		
UK Reference Site Network		
The eight UK References Sites have set up a UK Reference Site Network to collaborate on joint activities going forward.		
2.2. Bilateral relationships		
Collaboration action / region	Deliverables	IE Team Lead
Action Plan of Memorandum of Understanding with the Basque Country, Spain Continue to support the delivery, and report on the progress and outcomes of the MoU Action Plan activities.	<ul style="list-style-type: none"> • 1 MoU Action Plan • 2 dissemination activities • 1 joint funding proposal • 1 End of Year report 	Knowledge Exchange Manager
Action Plan of Collaboration Agreement with Catalonia, Spain Continue to support the delivery, and report on the progress and outcomes of the MoU Action Plan activities.	<ul style="list-style-type: none"> • 1 Collaboration Plan • 2 dissemination activities • 1 joint funding proposal • 1 End of Year Report 	
Memorandum of Understanding and Action Plan with University of Agder, Norway Continue to support the delivery, and report on the progress and outcomes of the MoU Action Plan activities (supporting DHI).	<ul style="list-style-type: none"> • 1 MoU Action Plan • 2 dissemination activities • 1 joint funding proposal • 1 End of Year Report 	

INTERNATIONAL ENGAGEMENT ACTION PLAN 2018-19

Memorandum of Understanding and Action Plan with Odense University Hospital, South Denmark Continue to support the delivery, and report on the progress and outcomes of the MoU Action Plan activities (supporting DHI).	<ul style="list-style-type: none"> • 1 MoU Action Plan • 4 dissemination activities • 1 joint funding proposal • 1 End of Year report 	
Memorandum of Understanding and Action Plan with Flanders, Belgium Support the development of a new MoU and Action Plan.	<ul style="list-style-type: none"> • 1 MoU • 1 MoU Action Plan 	
Scotland / Irish Health Collaboration Support the development of knowledge exchange programme and, potentially, an MOU.	<ul style="list-style-type: none"> • 1 Collaboraton Plan for digital health and care 	

3. Securing Investment in Digital Healthcare Innovation

3.1. Horizon scanning

Objectives	Deliverables	IE Team Lead
<ol style="list-style-type: none"> 1. Continue to seek out opportunities to lever inward investment through UK, EU and international funding opportunities and business developments building on success to date 2. Continue to facilitate access to international funds Scottish stakeholders in support of new digital innovation projects. 	<ul style="list-style-type: none"> • 10 applications facilitated by IET, inc 2 major proposals. • 1 successful project application • €1m new income 	IE Manager

3.2 Funded projects

<ol style="list-style-type: none"> 1. Deliver the day to day project management / support of funded projects within Engagement Team's live project portfolio, currently: <ul style="list-style-type: none"> • eSMART (H2020) • SCIROCCO (Health Programme) • DEM2 (Joint Action) • mPower (Interreg VA) • CoH-Sync (Interreg VA) 2. Participate in project meetings within Engagement Team's portfolio. 3. Participate in project dissemination, knowledge exchange and learning events. 	<ul style="list-style-type: none"> • Approved project deliverables • Satisfactory project reviews • Approved project finance reports 	IE Manager Finance Manager - IE
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3.2. Trade and investment

<ol style="list-style-type: none"> 1. Work with SDI to actively seek new opportunities for collaboration with international partners. 2. Continue to work with SDI Japan Office and DHI to exploit opportunities identified during Tokyo Field Visit in October 2016. 	<ul style="list-style-type: none"> • 2 presentations at international events. • 5 new stakeholders identified 	Head of IE IE Manager
Work with other enterprise and government agencies to promote and exploit opportunities for Scottish SMEs (internationally) and inward investment by international stakeholders' in Scotland.	<ul style="list-style-type: none"> • 2 presentations at international enterprise events. 	Head of IE IE Manager

Appendix 2

Overview of EU Funding Programmes (2014-2020) relevant for Health

Funding Programme	Thematic Priorities	Eligible areas	Type of projects	Grant available	Total budget
Research & Innovation Framework Programme					
Horizon 2020	Objective 3: Tackling societal challenges, including health, demographic change and well-being.	Scotland	R&D	35-90%	€71 bill.
EU Health Programme	Objective 1: Health promotion, disease prevention, healthy lifestyles environments. Objective 2: Cross-border health threats. Objective 3: Innovative, efficient and sustainable health systems. Objective 4: Access to better and safer healthcare	Scotland	R&D Implementation	65%	€449.4 mil.
European Structural and Investment Funds (ESIF)					
Over half of EU funding is channeled through 5 European structural and investment funds (ESIF). They are jointly managed by the EC and the EU countries. The purpose of these funds is to invest in job creation and a sustainable and healthy European economy and environment. The ESIF focuses on 5 areas: research and innovation; digital technologies; supporting the low-carbon economy; sustainable management of natural resources; and small businesses. The 2 funds relevant to health are European Regional Development Fund (ERDF) which supports the creation and development of new infrastructure and the European Social Fund (ESF), which supports the development of the capacity of people.					
Inter-Regional Programmes (INTERREG)					
Cross-border Cooperation	Objective: To overcome the borders Priority 4: Quality healthcare services through improved sharing and coordination of health solutions.	Western Scotland	Implementation	85%	€225 mil.
Atlantic Area	Objective: To support territorial cooperation Priority 1: Stimulate innovation and competitiveness.	South Western Scotland	Implementation	75%	€131 mil.
North West Europe	Objective: To support territorial cooperation Priority 1: Enhance the innovation performance in NWE through international cooperation.	Scotland	Implementation	60%	€372 mil.
North Sea	Objective: To support territorial cooperation Priority 1: Thinking Growth: strengthen knowledge, generate growth & jobs, and increase innovation.	North Eastern Scotland Eastern Scotland Highlands & Islands	Implementation	50%	€156 mil.
Northern Periphery and Artic	Objective: To support territorial cooperation Priority 1: Using innovation to maintain and develop robust and competitive communities.	Highlands & Islands Dumfries & Galloway North East Moray	Implementation	65% public 50% private	€57 mil.
Interregional cooperation	Objective: To improve cohesion policy Priority 1: RTD and innovation policies.	Scotland	Exchange of experience	85% public 75% private	€337 mil.
European Social Fund (ESF)					
ESF	Objective: to help people to become more employable and enter the labour market. The new programme, running from 2014 to 2020, will focus on: skills; employment and social inclusion.	Scotland	Implementation	Varies	€84 bil.
Other EU Funding Programmes					
Erasmus+	Objective 1: Learning Mobility of Individuals Objective 2: Cooperation for innovation and best practices.	Scotland	R&D	Max €1mil per project	€14.7 bill.

NSS FIRE SAFETY POLICY



DOCUMENT CONTROL SHEET

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Version:	Date:	Summary of Changes:	Name:	Changes Marked:
V1.1	10.10.13	<ul style="list-style-type: none"> Yearly review of FSP v0.21 Revisions to Section 4, 5.3, 5.4, 5.5, 5.6, 5.8, 5.9 of Policy Document. Reviews to Section 2.2 of Management Arrangements. Review of references made to Divisions/Job Titles post QuEST organisational change & Divisional restructuring. Change in review of Policy from annually to bi-annually. 	FSG	Yes
V1.2		<ul style="list-style-type: none"> Revised format of Policy in line with new corporate template including revisions to Section 4 to demonstrate different management levels when printing in black/white. 	PRG	No
V1.3	10.07.14	<ul style="list-style-type: none"> Further revisals to Policy prior to Staff Governance Committee submission. 	Anne Leigh-Brown	No
V1.4	25.10.16	<ul style="list-style-type: none"> Review of NSS Fire Policy Revisions and addition of BUG into section 5 	Mike Smith/Derek Barron	No
V 1.0 Final	Sept. 2017	<ul style="list-style-type: none"> Review of NSS Fire Policy Updates to training, decommissioning. 	Mike Smith/Derek Barron	No

Distribution: This document has been distributed to:-

Name:	Title/SBU:	Date of Issue:	Version:
Fire Safety Group	Corporate Group	Sept 2017	Final 1.0
OHSAC	Corporate Group	Oct 2017	Final 1.0
Andy Lamb	Appointed Staff Side Fire Safety Representative, SNBTS	Oct 2017	Final 1.0
Strategic/Support Business Unit Directors	All Sites		
Nominated and Deputy Nominated Officers (Fire)	All Sites		

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1. SUMMARY

NHS National Services Scotland (NSS) recognises and accepts its responsibility for ensuring the observance of all fire related statutory requirements in the premises that it owns or occupies.

The purpose of the policy is to secure the maximum degree of fire safety in the premises for which NSS is responsible in line with the requirements of the Fire (Scotland) Act 2005, the Fire Safety (Scotland) Regulations 2006 (as amended) and the Fire Safety Policy for NHS Scotland. The safety of everyone on the premises is of paramount importance. Other important considerations are the need to maintain operational efficiency and the health care environment. NSS has the same level of responsibility to NSS staff on non-NSS premises.

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 site specific Building Nominated Officer (Fire) or Deputy Nominated Officer (Fire), HR representative, line manager or staff-side representative.

2. USEFUL INFORMATION

Other policies/guidance that you may find useful include: -

- Fire Safety Policy for NHS Scotland – current version [CEL 11 \(2011\)](#)
- Fire (Scotland) Act 2005 – [current legislation](#)
- Firecode Scotland, SHTM 83 – current version [Version 3, April 2004](#)

The following websites may also be of interest: -

- Scottish Government Guidance available from - [Scottish Government: Firelaw](#)

Abbreviations: -

- NSS: NHS National Services Scotland
- FSP: Fire Safety Policy
- FSMA: Fire Safety Management Arrangement
- SBU: Strategic/Support Business Unit

3. POLICY STATEMENT

Effective fire safety management requires a comprehensive fire safety policy, which fulfils the spirit and the letter of the law, which is effectively implemented and which is considered in all business practice and decision making throughout the NHS National Services Scotland (NSS).

NSS believes that fire safety is essential and is committed to the development of a fire safety culture throughout the organisation.

NSS will ensure, so far as possible, the safety from fire or its effects in regard to all NSS staff, visitors and others using NSS premises and will have regard to the specific requirement to ensure the safety from fire of NSS staff that work in non-NSS premises.

To this end, NSS recognises and accepts its duties under the Fire (Scotland) Act 2005 as amended and the Fire Safety (Scotland) Regulations 2006 to:

- Conduct fire risk assessments in all premises and workplaces and act on their findings (Ref FSMA: Section 18).
- Provide fire safety training for all staff in relation to their responsibilities and the conditions of the Act and Regulations (Ref FSMA: Section 15).
- Ensure all premises for which they have responsibility are appropriately protected from the effects of fire through the provision of fire alarm systems, fire extinguishers and other provisions as necessary, on the basis of fire risk assessment (Ref FSMA: Section 6 and Section 8).
- Ensure appropriate fire evacuation procedures are in place for all premises in which they have responsibility and that fire drills are conducted regularly (Ref FSMA: Section 3 and 16).

NSS will take all reasonable steps to meet these responsibilities and, in particular, will within existing management and through joint consultative procedures devise and develop a range of initiatives and systems which will ensure the continued and systematic development and control of all relevant aspects of fire safety as far as is reasonably practicable across the NSS Estate.

In this regard, NSS will comply with guidance and requirements as outlined within:

- Fire Safety Policy for NHSScotland; current version [CEL 11 \(2011\)](#)
- NHSScotland Firecode;
- Scottish Government Guidance available through [Scottish Government: Firelaw](#)

All NSS Managers and Supervisors have personal responsibility for the implementation of this policy and the associated management arrangements. Each member of NSS staff has a legal obligation to take reasonable care for the fire safety of him/herself and of other persons who may be affected by his/her acts or omissions at work and to co-operate with NSS in the achievement of a safe working environment without risks to health. Maintaining fire safety standards at work is a key part of the NSS contract of employment and therefore all employees are required to give the subject of fire safety at work a high priority.

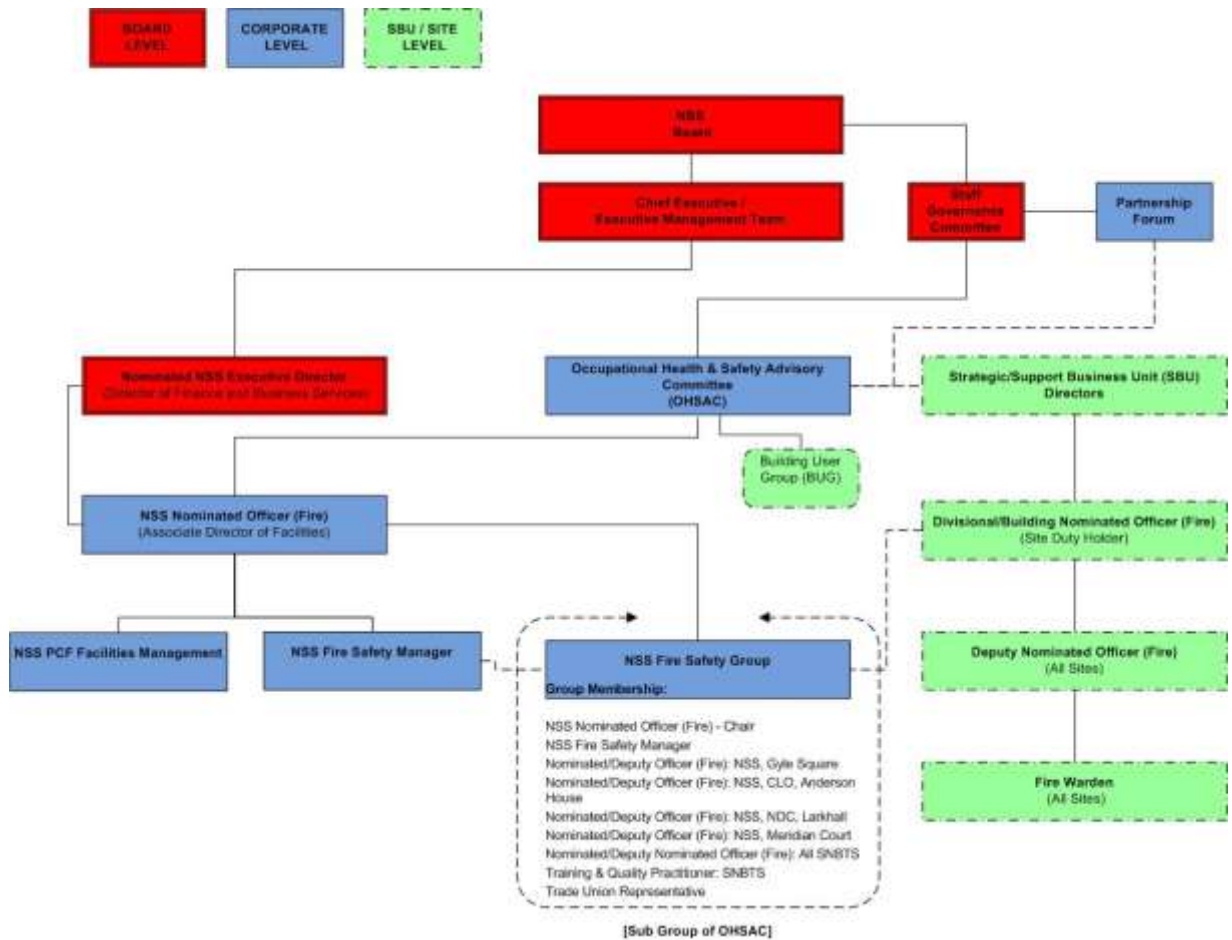
Any breach of this policy by a member of staff may be subject to investigation in accordance with the NSS Management of Employee Conduct Policy.

4. ORGANISATIONAL FRAMEWORK

NSS has developed a generic organisational management structure with the aim of ensuring improvement in fire safety performance by identifying responsibilities for fire safety within the organisation. Three levels of management are established by virtue of this policy, for ensuring fire safety in the workplace.

- Board level;
- Corporate level;
- Strategic/Support Business Unit (SBU) and Site level.

Generic Organisational Management Structure

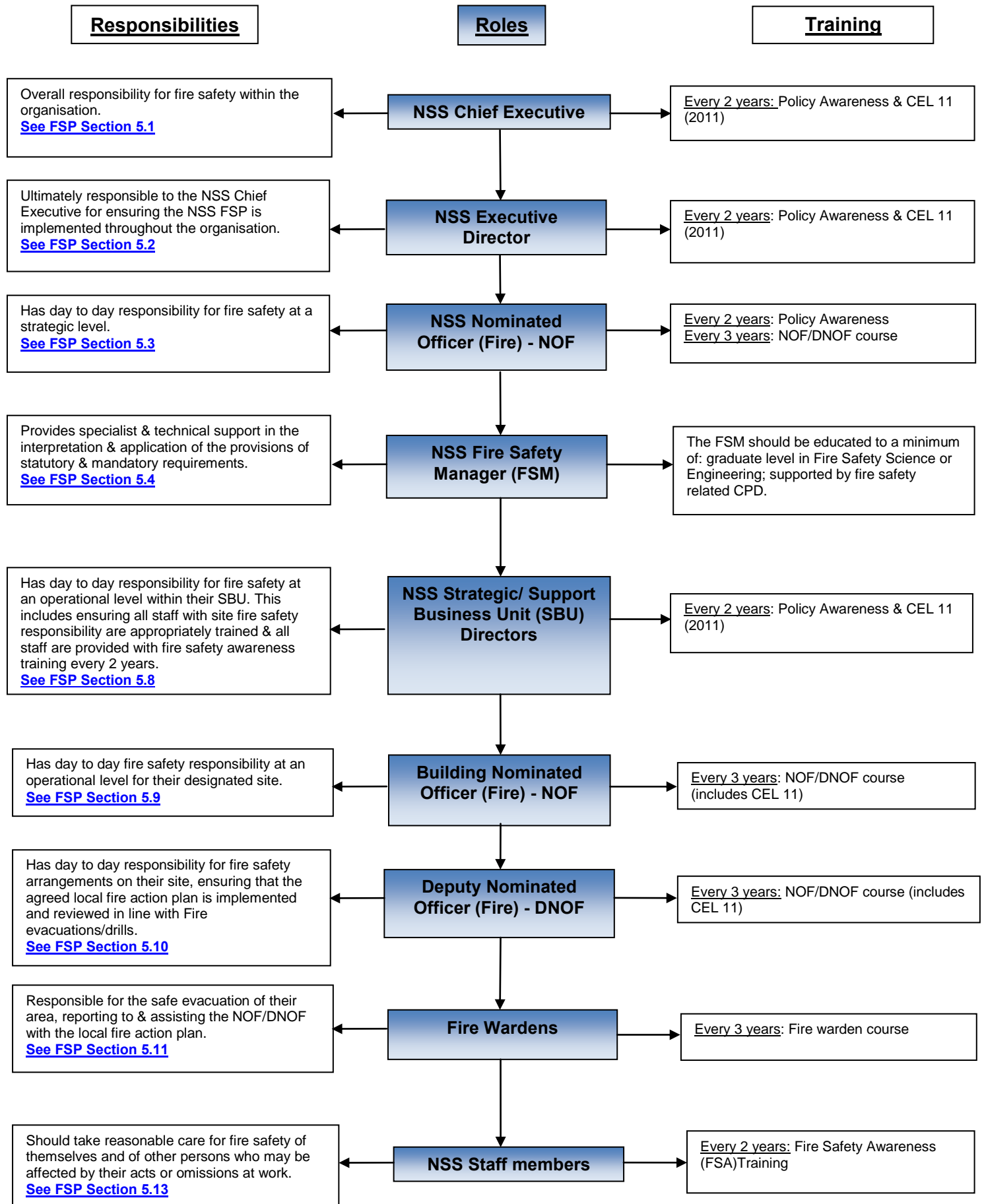


The above chart details corporate organisational arrangements. Site management structures and arrangements are detailed within Site Fire Safety Log Books.

Note:

Fire safety arrangements for mobile units and non-NSS premises used for the purpose of NSS business are the responsibility of NSS SBU Management having due regard to the generality of this policy and management arrangements.

Roles & Responsibilities



5. ROLES & RESPONSIBILITIES

5.1 NSS Chief Executive

The NSS Chief Executive has overall responsibility for fire safety within the organisation. This responsibility is supported through the appointment of an NSS Executive Director and NSS Nominated Officer (Fire) with specific responsibility for fire safety at a strategic level. In addition, the Chief Executive has delegated management responsibility as indicated within the generic organisational management structure.

5.2 NSS Executive Director

The nominated NSS Executive Director is ultimately responsible to the NSS Chief Executive for ensuring that the NSS Fire Safety Policy is implemented throughout the organisation.

The NSS Executive Director is responsible for:

- ensuring that fire safety is properly represented at NSS Board and Executive Management Team level; and ensuring that adequate resources are provided to meet the organisations statutory obligations for fire safety;
- the overall strategy of the organisation in fire related matters;
- liaising with the NSS Nominated Officer (Fire) (Ref FSP: Section 5.3) and NSS Fire Safety Manager(Ref FSP: Section 5.4) and shall report to the NSS Board annually on the fire safety performance of the organisation and make recommendations in that regard as appropriate;
- ensuring the implementation of an annual Fire Safety Programme.

5.3 NSS Nominated Officer (Fire)

The NSS Nominated Officer (Fire) shall have day to day responsibility for fire safety at a strategic level.

The NSS Nominated Officer (Fire) chairs the NSS Fire Safety Group (Ref FSP: Section 5.7) and is responsible for:

- ensuring the application of:
 - Fire Safety Policy for NHSScotland - current version; [CEL 11 \(2011\)](#)
 - Scottish Government Guidance available through [Scottish Government: Firelaw](#).
- ensuring the NSS Executive Director is informed of any life safety, compliance or business risk;
- ensuring that effective fire safety arrangements are in place across NSS and that any breach in these arrangements identified through the NSS fire safety performance management framework and system is addressed;
- ensuring that the fire safety provisions of NSS occupiers are not compromised by the activities of landlords or other occupiers;
- promoting “best practice” to facilitate fire safety compliance;
- co-ordinating the work of the NSS Fire Safety Group (Ref FSP: Section 5.7).
- development and implementation of the annual NSS Fire Safety Programme in collaboration with the NSS Fire Safety Group (Ref FSP: Section 5.7);
- leading on the development of NSS wide fire safety policy, procedures and

performance management framework and system in collaboration with the NSS Fire Safety Group (Ref FSP: Section 5.7);

The NSS Nominated Officer (Fire) has nominated deputies across the organisation and also is advised on NSS fire safety performance and technical matters by the NSS Fire Manager (Ref FSP: Section 5.4).

5.4 NSS Fire Safety Manager

The Fire Safety Manager, as required by the Fire Safety Policy for NHSScotland, provides specialist technical support in the interpretation and application of the provisions of statutory and mandatory requirements, NHSScotland Firecode, and other officially sanctioned guidance in respect of fire safety in premises owned, occupied or managed by NSS. Key responsibilities include:

- advising on the application of the provisions of legislation, NHSScotland Fire Safety Management, NHSScotland Firecode and other appropriate guidance in respect of fire safety in premises owned, occupied or managed by the NHSScotland body;
- undertaking comprehensive fire risk assessments as required and annual reviews with site Deputy Nominated Officer (Fire) as part of a planned programme of fire inspection visits;
- providing regular reports on organisational fire safety performance to the NSS Nominated Officer (Fire) (Ref FSP: Section 5.3) and shall keep appropriate records for that purpose;
- formally reviewing and approving, in consultation with PCF Facilities Management, all proposed new building works/alterations or any operational change which could affect the fire safety arrangements or fire integrity of any premises owned, occupied or managed by NSS;
- providing technical guidance and support to enable the development and delivery of staff fire safety training as appropriate;
- routinely reviewing appropriate levels of Fire response personnel levels and ensuring those staff members are provided with appropriate training to enable them to discharge their responsibilities;
- recommending remedial action when necessary and arranging for accurate records of staff training and fire drills to be kept centrally or locally as appropriate;
- advising NSS PCF Facilities Management (Ref FSP: Section 5.12) on the provision of siting and maintenance of all fire fighting equipment, fire safety signs and notices;
- conducting all investigations relating to fires and fire incidents occurring in any NSS premises or vehicles, liaising with the fire authorities and keeping records of all fire incidents and ensuring that fire reports are prepared and reported in line with the Fire Safety Policy for NHSScotland, Mandatory Requirements - current version;
- providing appropriate advice and guidance on fire safety matters as required.
- ensure that all specialist fire safety advisory services including fire safety audits, fire risk assessments and building inspections are planned and delivered in line with the agreed annual programme of works;
- producing a report on organisational fire safety performance annually in liaison with the NSS Fire Safety Group (Ref FSP: Section 5.7) on behalf of the NSS Nominated Officer (Fire) (Ref FSP: Section 5.3).
- reviewing and updating the NSS Fire Safety Policy.

5.5 Occupational Health and Safety Advisory Committee (OHSAC)

To assist the NSS Board, Chief Executive and Staff Governance Committee, an Occupational Health and Safety Advisory Committee, including SBU and Trade Union Representation and the NSS Occupational Health and Safety and Fire Safety professionals, has been established. With regard to Fire Safety, this Committee shall assist SBU's in complying with statutory legislation, meeting the requirements of the NHS 'Towards a Safer, Healthier Workplace' Strategy and shall:

- ensure fire safety in the workplace:
 - reviewing, endorsing and promoting the work of the NSS Fire Safety Group (Ref FSP: Section 5.7);
 - monitoring and reviewing the effectiveness of the NSS organisational fire safety arrangements;
 - endorsing and authorising procedures for the performance and monitoring of all aspects of fire safety and the management of fire safety;
 - reviewing NSS fire safety performance in relation to the quarterly Fire Safety RAG Report and setting targets for future performance.
- provide a platform for sharing information and best practice in relation to statutory requirements and NSS fire safety policies and procedures seeking advice as necessary from the NSS Fire Safety Group (Ref FSP: Section 5.7);

The Committee plays a key role, through its activities, in establishing the following in relation to fire safety across NSS by:

- ongoing development and implementation of NSS Health and Safety Strategy;
- raising the level of awareness for fire safety;
- promoting best practice;
- improving communications with staff;
- promoting a proactive fire safety culture.

5.6 Building User Group (BUG)

This group will operate in Partnership. Members will be appointed to represent each SBU and NHS organisation that is based within that particular building. The purpose of the group will be to ensure any shared building related issues raised, including those that could affect people's OH&S, Wellbeing & Fire, are discussed and adequately addressed within a reasonable timeframe;

Specific Fire duties in relation to the BUG group under this procedure are to:

- Ensure all shared site/building related OH&S(including Fire) issues raised are appropriately discussed and investigated where necessary, and are suitably addressed within an agreed acceptable period;
- Provide feedback to staff from the work stream they represent on progress of outstanding works being carried out to address any shared building OH&S(including Fire) issues.

5.7 NSS Fire Safety Group

The NSS Fire Safety Group has been set up to support the NSS Nominated Officer (Fire) in promoting “best practice” to facilitate fire safety compliance and to co-ordinate fire safety activity across NSS. The group is a sub group of the NSS Occupational Health & Safety Advisory Committee (OHSAC) (Ref FSP: Section 5.5). Key responsibilities include:

- ensuring that all fire safety implications for NSS staff and property are fully recognised and appropriate action taken by NSS management;
- endorsing and monitoring delivery and performance of the annual NSS Fire Safety Programme;
- reviewing the NSS wide fire safety policy, procedures, training and performance management framework as required and recommending any changes for approval through OHSAC;
- monitoring the effectiveness of all NSS fire safety management arrangements and NSS fire safety performance by review of regular progress reports and other written outputs;
- managing, monitoring and supporting appropriate and effective fire safety communications with staff and other stakeholders.

5.8 NSS Strategic/Support Business Unit (SBU) Directors

NSS SBU Directors shall have day to day responsibility for fire safety at an operational level within their areas of responsibility. Key responsibilities include:

- the appointment of site specific Building Nominated Officers (Fire) (Ref FSP: Section 5.9) and Deputy Nominated Officers (Fire) (Ref FSP: Section 5.10) for their SBU whether the premises are staffed or un-staffed (unless managed by non-NSS main occupier of the building);
- appointing appropriate numbers of Fire Wardens (Ref FSP: Section 5.11);
- controlling and managing their areas of responsibility with regard to compliance with all statutes, site housekeeping procedures and fire safety policies and procedures including this policy and the related management arrangements;
- ensuring that all staff with site fire safety responsibility are appropriately trained and that all staff are provided with regular fire safety awareness training (Ref FSMA: Section 15);
- ensuring that risk assessment action plans are fully implemented (Ref FSMA: Section 22);
- ensuring appropriate management and staff communications on fire safety matters.

Note: Where a site is occupied by more than one NSS SBU, a single SBU Director will be appointed in order to discharge the responsibilities for the site as detailed above.

5.9 Building Nominated Officer (Fire): Site Duty Holder

The Building Nominated Officer (Fire) is accountable to the SBU Director (Ref FSP: Section 5.8) responsible for that site. They shall have day to day fire safety responsibility at an operational level for their designated site. Key responsibilities include:

- ensuring that appropriate and effective emergency fire action plan arrangements are developed, implemented and disseminated to staff (Ref FSMA: Section 22);
- in accordance with the Fire (Scotland) Act 2005 co-operating with other occupiers to ensure an appropriate standard of fire safety is maintained;
- appointing Deputy Nominated Officer(s) (Fire) (Ref FSP: Section 5.10) and assistant(s) as appropriate to ensure the day to day management of fire safety;
- appointing an appropriate representative to carry out the fire safety responsibilities in their absence from site;
- ensuring that all fire related incident(s) are reported immediately to the NSS Fire Safety Manager (Ref FSP: Section: 5.4), NSS Nominated Officer (Fire) (Ref FSP: Section: 5.3) and NSS PCF Facilities Management (Ref FSP: Section: 5.12). Also that serious fires involving damage, injury or fatality are reported as detailed in the Fire Safety Policy for NHSScotland, Mandatory Requirements – CEL11 (2011);
- ensuring that a fire risk assessment has been carried out and that the report is on site in all premises for which she/he is responsible and is immediately available to the Fire Authorities and other occupiers ;
- ensuring all identified actions arising from the fire risk assessments, site inspections, drills, incidents, etc. are implemented timeously;
- ensuring that that a monthly update of the site specific Fire Action Plan is provided to the NSS Fire Manager via the fire safety mailbox (nss.firesafety@nhs.net);
- develop appropriate contingency plans to cover failure of life safety systems and to enable business continuity (Ref FSMA: Section 19);
- ensuring fire safety performance is reported regularly to the NSS Fire Safety Group (Ref FSP: Section 5.7);
- ensuring fire drills (Ref FSMA: Section 16) are managed and monitored in accordance with current Fire Safety requirements. The outcome of each drill must be recorded and details issued to the NSS Fire Safety Manager. This will enable the Building Nominated Officer (Fire) and the Deputy Nominated Officer (Fire) and the NSS Fire Safety manager to assess the effectiveness of fire procedures and adequacy of fire training;
- ensuring that all staff for whom they have fire safety responsibility are appropriately trained with regard to:
 - the action to take in the event of a fire;
 - the prevention of fire;
 - the use of first aid fire fighting equipment;
 - observing basic fire precautions;

- participating in the fire safety training and drills.

Note: Where a site is occupied by more than one NSS SBU, a single Building Nominated Officer (Fire) will be appointed in order to discharge the responsibilities for the site as detailed above.

5.10 Deputy Nominated Officer (Fire)

The Deputy Nominated Officer (Fire) is accountable to the Building Nominated Officer (Fire) (Ref FSP: Section: 5.9). This person is responsible for the day to day fire safety arrangements on site. Key responsibilities include:

- ensuring an appropriate number of trained Fire Wardens (Ref FSP: Section 5.11) are in place to ensure that a fire evacuation can take place safely;
- evaluating the effectiveness of all evacuations to identify and inform staff of lessons learned;
- maintaining the fire log book and associated records as applies for the building. The fire log book covers actions and records for systems maintenance, fire drills, training, and fire reports (Ref FSMA: Section 21);
- liaising with the NSS Fire Safety Manager (Ref FSP: Section 5.4) on fire safety issues to ensure compliance and maintain fire safety standards, with particular emphasis on the local fire policy and procedures, fire risk assessment and review, and taking action on the resulting fire risk assessment action plan;
- ensuring that the agreed local fire action plan is implemented and reviewed in line with fire evacuations/drills. The plan must ensure the effective evacuation of staff, young persons, disabled and visitors and that it supports the effective operation of any personal emergency evacuation plan (PEEP), the completion of fire safety checks, and that suitable access for Fire and Rescue Service appliances is maintained at all times;
- ensuring fire drills (Ref FSMA: Section 16) are managed and monitored in accordance with current Fire Safety requirements. The outcome of each drill must be recorded and details issued to the NSS Fire Safety Manager. This will enable the Building Nominated Officer (Fire) and the Deputy Nominated Officer (Fire) and the NSS Fire Safety manager to assess the effectiveness of fire procedures and adequacy of fire training.

Note: Where a site is occupied by more than one NSS SBU, a single Deputy Nominated Officer (Fire) will be appointed in order to discharge the responsibilities for the site as detailed above.

5.11 Fire Wardens

Fire Wardens are nominated by SBU Directors (Ref FSP: Section: 5.8) and organised by and accountable to the Deputy Nominated Officer (Fire) (Ref FSP: Section: 5.10) for each site. Key responsibilities include:

- ensuring that in the event of the fire alarm sounding, their area of responsibility within the building is safely evacuated by all persons without endangering their personal safety;
- reporting to the Deputy Nominated Officer (Fire) the effectiveness of the evacuation i.e. that their area of the building is safely evacuated by all persons or that persons are remaining;
- to assist the Deputy Nominated Officer (Fire) in ensuring that the agreed local fire

action plan is implemented and routinely reviewed and that the plan ensures the effective evacuation of staff, young persons, disabled and visitors and the completion of fire safety checks.

- To attend debrief with Deputy Nominated Officer (Fire) after fire drills/Evacuations.

5.12 NSS PCF Facilities Management

NSS PCF Facilities Management is responsible for ensuring that all NSS sites are procured, equipped, managed and maintained in accordance with appropriate statutory fire safety compliance guidance. Key responsibilities include:

- ensuring that all proposed new buildings and/or building works and alterations (Ref FSMA: Section 5) are designed and constructed in accordance with the appropriate building regulatory standards and fire statutes and taking cognisance of advice from NSS Fire Safety Manager;
- ensuring that all existing buildings, associated systems including automatic fire detection systems, fixtures and fittings (Ref FSMA: Section 6) within their control are subject to routine planned preventative maintenance and are maintained in a condition which minimises the risk of fire;
- ensure that all fire safety equipment (Ref FSMA: Section 8) is installed and maintained in a fully operational condition in accordance with appropriate British and/or European legislation;
- manage and co-ordinate all work undertaken by PCF Facilities Management contractors to ensure that appropriate safe systems of work are in place and that all NSS fire procedures are followed in order to minimise the risk of fire;
- ensure that all PCF Facilities Management staff are appropriately trained with regard to fire safety systems and procedures to enable them to discharge relevant fire safety responsibilities.
- completion of co-ordinated site inspections with the NSS Fire Safety Manager (Ref FSP: Section: 5.4).

5.13 Staff

Staff should take reasonable care for the fire safety of themselves and of other persons who may be affected by their acts or omissions at work. In this regard staff and volunteers are required to co-operate with NSS Management in ensuring the effective implementation of this Policy and local Fire Safety arrangements. Key responsibilities include:

- familiarising themselves with this policy and local fire safety arrangements;
- following all instructions given by responsible persons as detailed in this policy;
- participating in all fire safety training programmes provided for them;
- adopting safe working practices in relation to fire prevention, including site housekeeping procedures and reporting of faults and risks to their line manager who in turn is responsible for reporting said matters to Deputy Nominated Officer (Fire) (Ref FSP: Section 5.10);
- obtaining permission from NSS Business Services Facilities Management prior to the introduction of any non-operational supplementary electrical appliances.

All staff and volunteers identified with specific building evacuation requirements under the Equality Act (2010) will have a documented Personal Emergency Evacuation Plan (PEEP) in place. The responsibility for ensuring that a PEEP is in place lies with the individual and their Line Manager. The Line Manager is responsible for liaising with the Deputy Nominated Officer (Fire) (Ref FSP: Section: 5.10) to ensure the effectiveness of the PEEP.

5.14 Visitors & Contractors

All visitors and contractors are required to comply with local fire safety arrangements, which must be brought to their attention on arrival at NSS premises in accordance with local arrangements. The primary responsibility for ensuring effective fire safety arrangements in respect of visitors and contractors lies with the NSS host/organiser.

NSS FIRE SAFETY MANAGEMENT ARRANGEMENTS



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1. LIAISON WITH SCOTTISH FIRE AND RESCUE SERVICES

NSS recognises the importance of effective liaison with Fire and Rescue Services in respect of fire precautions and possible fire fighting in all premises.

The **NSS Fire Safety Manager** (Ref FSP: Section 5.4) is responsible for co-ordinating and monitoring that liaison, which includes site visits and familiarisation, periodic exercises, current legislation, codes of practice, etc, which impinges upon fire safety within NSS.

The appointed **Deputy Nominated Officer (Fire)** (Ref FSP: Section 5.10) supported by **Fire Wardens** (Ref FSP: Section 5.11) will ensure that the fire safety arrangements are maintained. The **Building Nominated Officer (Fire)** (Ref FSP: Section 5.9) as Site Duty Holder will ensure that SBU Directors, TU Safety Representatives, staff and other building occupiers are informed of the outcomes of the fire risk assessments and the progress of the risk assessment fire action plan.

2. PERFORMANCE MANAGEMENT AND MONITORING ARRANGEMENTS

The NSS Fire Safety Performance Management Framework comprises of the following key elements:

2.1 Fire Risk Assessment / Fire Site Inspections

The **NSS Fire Safety Manager** (Ref FSP: Section 5.4) in conjunction with **Deputy Nominated Officer (Fire)** (Ref FSP: Section 5.10) undertakes fire risk assessments and regular inspections for all NSS sites in accordance with an agreed programme.

The **Deputy Nominated Officer (Fire)** co-ordinates and progresses the implementation of all recommendations arising from the fire risk assessment/inspection in accordance with agreed priorities and timescales and ensures that the assessment report is available for the Fire Authorities and other occupants.

The **Deputy Nominated Officer (Fire)** also ensures regular fire safety inspections, tests and maintenance are undertaken and recorded in conjunction with NSS Business Services Facilities Management, as appropriate.

2.2 NSS Fire Safety Group Performance Monitoring and Review

The **NSS Nominated Officer (Fire)** (Ref FSP: Section 5.3) supported by the **NSS Fire Safety Manager** (Ref FSP: Section 5.4) and the **NSS Fire Safety Group** (Ref FSP: Section 5.7) reviews the following at quarterly Fire Safety Group meetings:

- Progress against annual NSS Fire Safety Programme;
- Progress against completion of annual fire risk assessments/site inspection programme;
- Implementation of site fire risk assessment action plans;
- Fire incidents and events;
- Delivery of fire safety training at an NSS wide and individual site level;
- Building proposals e.g. new build, change of design, change of use where these are significant.

The **NSS Nominated Officer (Fire)** (Ref FSP: Section 5.3) is responsible for ensuring that reports on all NSS wide fire safety performance matters are reported regularly to:

- OHSAC (Ref FSP: Section 5.5);
- NSS Executive Management Team;
- NSS Staff Governance Committee.

3. FIRE PROCEDURES

All NSS premises must have an established and clearly defined procedure to be followed by everyone on the premises in the event of a fire.

Fire procedures must be specific to the nature and requirements of individual premises and where necessary areas within those premises evacuation procedures must be included. The principal objective of the procedures is to achieve a rapid and effective response to all fire alarms and fire emergencies in order to safeguard life and property, and minimise disruption.

Fire procedures will include instructions for:-

- raising the alarm in the event of fire;
- evacuation of all persons (including those with specific DDA requirements), except in in-patient facilities where other appropriate arrangements based on horizontal evacuation may have precedence;
- calling the Fire and Rescue Services;
- staff action on hearing the alarm;
- the co-ordination of emergency action;
- first aid fire fighting;
- assessment and reporting of the event.

Staff based at another NSS building without any direct line management available at that site, must liaise with that buildings Nominated Officer (Fire)/Deputy Nominated Officer (Fire) who will provide a Fire Safety Awareness training session.

This does not apply to staff visiting another site on an ad hoc basis. These individuals will be treated as visitors and will follow the fire evacuation procedures for visitors.

If staff are based at another organisations' premises, the responsibility for issuing fire safety measures and procedures will fall to the landlord or his/her managing agent at that site and they should ensure site specific fire safety awareness information is provided. It is the responsibility of the NSS staff member to ensure they receive the appropriate information.

The **NSS Fire Safety Manager** (Ref FSP: Section 5.4) formulates and periodically reviews fire procedures on each site in consultation with **Deputy Nominated Officer (Fire)** (Ref FSP: Section 5.10) and with other occupiers where appropriate.

In all NSS premises FIRE ACTION notices will be exhibited in a prominent position stating the essential action to be taken on discovering fire and on hearing the fire alarm.

In the event of a fire alert, the fire action plan (Ref FSMA: Section 22) will be supervised by the **Deputy Nominated Officer (Fire)** (Ref FSP: Section 5.10) supported by local **Fire Wardens** (Ref FSP: Section 5.11).

4. MEANS OF ESCAPE

The **NSS Fire Safety Manager** (Ref FSP: Section 5.4) in conjunction with **Deputy Nominated Officer (Fire)** (Ref FSP: Section 5.10) ensures that there are adequate means of escape in all premises, established according to the following principles:

- NSS shall ensure in all its premises that the means of escape shall comply with the relevant statutes, where appropriate or other national standards including the Fire (Scotland) Act 2005, and British and European Standards.
- NSS shall ensure that suitable and sufficient fire risk assessments are carried out in all its premises and that where deficiencies are identified shall implement remedial works on the basis of risk priorities; and shall from time to time review the fire risk assessments.

- Where building or engineering works of any sort are being carried out in any building, NSS undertakes to ensure that the works do not obstruct the means of egress from the building, or inhibit or prevent the fire alarm from being used or operating unless acceptable alternative arrangements are agreed and implemented at the commencement of the works.
- NSS shall ensure appropriate supporting arrangements are in place so that the means of escape can be safely and effectively used e.g. emergency lighting, signs and notices, means for extinguishing fire (fire extinguishers), appropriate fastenings on exit doors so that doors can be opened in one action without the use of a key.
- NSS shall ensure, as a component of a system of fire safety training, that all staff, including supervisors and managers, are aware of their responsibilities in:
 - the event of discovering a fire;
 - the event of hearing a warning of fire;
 - preventing fire as a core component of the system of work they adopt at all times in the workplace;
 - complying with the reasonable instructions of their employer in regard to all fire safety matters including attendance at training sessions;
 - Fire safety arrangements are adopted by NSS on the basis that it is responsible for the evacuation of all persons in its premises and that the Fire and Rescue Service is responsible for the rescue of persons; but in other circumstances is not normally responsible for the conduct of evacuation.

5. BUILDING DESIGN, ALTERATIONS and DECOMMISSIONING

NSS recognises the importance of incorporating structural fire precautions in the buildings for which it is responsible, utilising compartmentation and fire resisting materials and methods for construction.

All new buildings and alterations to existing buildings must comply with the requirements of current Building Regulations and with the Fire Safety Policy for NHSScotland and NHSScotland Firecode, as appropriate.

The **NSS Fire Safety Manager** (Ref FSP: Section 5.4) in conjunction with **NSS PCF Facilities Management** (Ref FSP: Section 5.12) will review design proposals for all new buildings and alterations to existing buildings ensuring full compliance in this regard.

Facilities Management staff will be responsible for developing a decommissioning plan which will take into account purpose, procedures, and scope of the premises to be vacated.

In relation to Fire, the NSS Fire Safety Manager will liaise with the wider FM team to provide advice and guidance in relation to fire safety which will assist in facilitating partial or complete vacation of premises.

The Fire Safety Manager will work with NOF / DNOFs for the site and other NSS specialists to ensure all compliance requirements are met, these will include, HR, IT, Information Governance, etc. The FSA will also work in Partnership and build upon partnership working and collaboration.

6. AUTOMATIC FIRE DETECTION AND WARNING SYSTEMS

It is recommended that all NSS premises should have an automatic fire alarm and detection system designed, installed and maintained.

NSS PCF Facilities Management (Ref FSP: Section 5.12) ensures that these systems are maintained and serviced, in accordance with BS5839; Part 1. **The Deputy Nominated Officer (Fire)** (Ref FSP: Section 5.10) for each site ensures that all tests and faults are recorded in the site fire safety log book.

7. EMERGENCY LIGHTING

In all NSS properties, where NSS has the responsibility for emergency lighting, this will be provided, maintained and tested by **NSS PCF Facilities Management** (Ref FSP: Section 5.12) in accordance with the appropriate recommendations of BS 5266 Part 1, and BS EN 50172:2004.

8. FIRST AID FIRE FIGHTING EQUIPMENT

Where NSS has the responsibility for first aid fire fighting equipment, this will be provided, positioned, maintained and tested by **NSS PCF Facilities Management** (Ref FSP: Section 5.12) according to:

- BS 5306 and relevant benchmark standards - examined annually by the appropriate contractor in accordance with Part 3;
- the requirements of the site fire risk assessment;
- the NSS Fire Safety Manager's recommendation.

All staff must be aware of and be kept aware of the:

- location and correct procedures for the use of fire fighting equipment;
- need to keep fire fighting equipment accessible and free from obstruction at all times.

9. ACCESS FOR FIRE APPLIANCES

As far as is practicable, the **Deputy Nominated Officer (Fire)** (Ref FSP: Section 5.10), the **NSS Fire Safety Manager** (Ref FSP: Section 5.4) and representatives of the local **Fire Authority** will agree access routes for fire fighting appliances in all premises.

The **Deputy Nominated Officer (Fire)** or **NSS Fire Safety Manager**, as appropriate, will make the necessary arrangements to ensure that these routes to be kept clear of parked vehicles and other obstructions.

All staff must be made aware that they have a continuing responsibility for ensuring that access routes are kept clear.

10. SURFACE FINISHES, FURNITURE, FURNISHINGS AND TEXTILES

Members of staff must be made aware that they must not introduce furniture and furnishings, which do not conform to the appropriate standards of fire retardancy. Questions about fire retardancy and any related matters should be referred to the **NSS Fire Safety Manager** (Ref FSP: Section 5.4).

11. ELECTRICAL EQUIPMENT

Fire precautions associated with electrical equipment must be based on risk assessment as required by the Fire (Scotland) Act 2005 as amended and the Fire Safety (Scotland) Regulations 2006.

As far as practicable, all existing electrical equipment and its wiring must be checked periodically by a competent person (portable and fixed appliance testing). All new electrical equipment not displaying the British Safety Standard Kitemark must be checked by a competent person before it is used.

All electrical equipment must comply with the Electricity at Work Regulations 1989, and have an appropriate planned preventative maintenance schedule.

No non-operational supplementary electrical equipment must be introduced to NSS premises without the permission of NSS PCF Facilities Management.

12. SMOKING

In accordance with the [Smoking, Health and Social Care \(Scotland\) Act 2005](#), a No Smoking Policy applies throughout NSS occupied sites and is applied in accordance with the provisions of the Act. Please find the NSS No Tobacco Policy [here](#).

13. CHEMICALS, SOLVENTS, MEDICAL GASES AND X-RAY

Fire precautions associated with the use and storage of chemicals, solvents, medical gases, X-ray, irradiators and other combustible materials e.g. paper, must be implemented in accordance with the guidelines set out in the relevant sections of Firecode SHTM 83; Section 8 – Use and storage of Flammable Substances, and associated Codes of Practice. Medical gas cylinders should be stored and used in accordance with the guidance contained in SHTM 2022 and specific guidance provided by suppliers.

14. GENERAL FIRE PRECAUTIONS

Through training and instruction, all staff must be made aware of the general principles of fire prevention detailed in the relevant sector specific Scottish Government Guide, available at [Scottish Government: Firelaw](#) and Firecode Scotland, SHTM 83, as applicable.

15. STAFF TRAINING

NSS places particular importance on the need for staff to receive regular and appropriate fire safety awareness training.

Every employee must receive fire safety training as part of the initial induction process, which should be undertaken as soon as possible following commencement of employment. Thereafter employees must receive fire safety awareness training based on and at a frequency determined by a fire safety training needs analysis undertaken by the NSS Fire Safety Group supported by the NSS Fire Safety Manager.

SBU Directors (Ref FSP: Section 5.8) are responsible for ensuring that every member of staff receives appropriate fire safety awareness training and that records are maintained in this regard. The training will be provided internally by Line Managers with support from Site Fire Response Personnel (Building Nominated/Deputy Nominated Officers (Fire) & Fire Wardens), as appropriate. The Fire Safety Awareness training must be given on a 2 year basis.

The Fire Awareness Training Package can be found on [geNSS](#).

The training of staff in regard to the evacuation needs of those for whom a personal emergency evacuation plan (PEEP) is in place in line with the Equality Act (2010) should be identified in the fire safety training needs analysis. Such training, and the contents of the PEEP itself, may require

a multi disciplinary approach depending on the circumstances it is intended to address, including the fire safety trainer, manual handling trainer, health and safety advisor, the staff member for whom the PEEP is in place and other staff members who may have to assist in an evacuation. Staff training should be regularly refreshed and the content of the PEEP regularly reviewed.

The purpose of fire safety training is to make all staff aware of the following key points in respect of fire precautions:

- the nature of fire and smoke and the causes of fire;
- the principles of fire prevention;
- immediate action on discovering a fire;
- immediate action on hearing the alarm;
- structural fire protection;
- the control of fire and smoke;
- first aid fire fighting and associated equipment;
- the principles and practice of evacuation including specific personal emergency evacuation plan (PEEP) requirements under the Equality Act (2010).

The objective of fire safety awareness training is to ensure that all staff:

- understand the character of fire, smoke and toxic fumes;
- know the fire hazards involved in the working environment;
- practice and promote fire safety and prevention;
- know the immediate action to be taken in the event of fire;
- understand the principles of first aid fire fighting and evacuation.

Staff based at another NSS building without any direct line management available at that site, have a personal responsibility to liaise with that building's Site Deputy Nominated Officer (Fire) who will provide an awareness session.

This does not apply to any staff visiting another site on an ad hoc basis. These individuals will be treated as visitors and follow the visitor fire evacuation procedures.

If staff are based at another organisations' premises, the responsibility for issuing fire safety measures and procedures will fall to the landlord or his/her managing agent at that site and they should ensure site specific fire safety awareness information is provided. It is the responsibility of the NSS staff member to ensure they receive the appropriate information.

16. FIRE DRILLS AND EXERCISES

As far as practicable, fire drills will be conducted at all NSS premises **at least** once per year simulating a variety of conditions – e.g. one or more escape routes blocked.

Fire drills will be organised by the **Building Nominated Officer (Fire)** (Ref FSP: Section 5.9) in conjunction with the **NSS Fire Safety Manager** (Ref FSP: Section 5.4) and any other building occupants where there is joint occupancy as appropriate.

Fire drill procedure will vary according to circumstances, but in general an element of surprise will be maintained. Drills should not be allowed to prejudice the health and safety of staff and visitors, or to breach the integrity of the health care environment.

Where it is not always possible to evacuate a building then the use of a table top exercise will suffice.

Where faults are identified as a result of a fire drill, then staff must be informed of any actions taken, and these actions must be tested through the carrying out of another drill at the earliest opportunity.

The Deputy Nominated Officer (Fire) is responsible for ensuring that the NSS Fire Drill report form is completed and forwarded to the NSS Fire Manager.

17. REPORTING PROCEDURES

For reporting purposes, a “serious fire” is defined as any fire involving:

- death or injury;
- closure of a significant part of a building;
- destruction of a significant part of a room in a building;
- significant destruction of NSS property or equipment;
- business or societal loss of access to an NHS facility.

In all premises, there must be a procedure maintained by the **Deputy Nominated Officer (Fire)** (Ref FSP: Section 5.10) for ensuring that all fire incidents and fire alarm activations are recorded and reported to the **NSS Fire Safety Manager** (Ref FSP: Section 5.4) using the standard proforma, as detailed in the fire safety log book. The NSS Fire Manager will collate figures, review incidents and establish any trend analysis which will be reported to OHSAC.

In the event of a fire incident an AIR form should also be completed and sent to Healthy Working Lives (HWL), nss.healthyworkinglives@nhs.net

Any fires that incur death, injury or significant disruption to patient services must also be reported immediately to the Health and Safety Executive under the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013.

All fires must also be reported to the Scottish Government Health Directorates in accordance with the requirements of the Fire Safety Policy for NHSScotland, Mandatory Requirements - current version. This will normally be undertaken by the **NSS Fire Safety Manager** (Ref FSP: Section 5.4).

18. FIRE RISK ASSESSMENT

The **NSS Nominated Officer (Fire)** (Ref FSP: Section 5.3) is responsible for ensuring that a fire risk assessment has been carried out and that the report is on site in all premises for which he/she is responsible. It must be available for the **Fire Authorities** and other occupants, and risk reductions must be actioned in accordance with the instructions on the report form. Any problems are to be referred to the **NSS Fire Safety Manager** (Ref FSP: Section 5.4) who will advise and report back to the **Deputy Nominated Officer (Fire)** (Ref FSP: Section 5.10).

19. CONTINGENCY PLANS

Contingency plans to cover failure of life safety systems, such as fire detection and alarm systems, sprinklers or smoke control, must be developed by the **Building Nominated Officer (Fire)** (Ref FSP: Section 5.9), in conjunction with **NSS PCF Facilities Management** (Ref FSP: Section 5.12), the **NSS Fire Safety Manager** (Ref FSP: Section 5.4) and other building occupiers, as appropriate. A copy of the Contingency Plans must be provided within the Fire Safety Log book.

20. NOTIFICATION: EXTERNAL AGENCIES AND PARENTS OF EMPLOYED CHILDREN & YOUNG PERSONS

Where any young person/s (under the age of 18 years) are employed the **SBU Director** (Ref FSP: Section 5.8) is responsible for ensuring that a risk assessment ([HFRSA050](#)) is conducted in accordance with the requirements of the Fire Safety (Scotland) Regulations 2006, Part II.

Where a child is employed (under the age of 16 years) the **SBU Director** (Ref FSP: Section 5.8) is responsible for ensuring that the parent/s or guardian/s are provided with relevant information on the risks to which their child may be exposed in accordance with the requirements of Fire Safety (Scotland) Regulations 2006, Part III; 18(2).

Where it is proposed to employ children or young persons the **NSS Fire Safety Manager** (Ref FSP: Section 5.4) should be consulted in regard to the application of these regulations.

21. FIRE LOGBOOK

All NSS premises must hold and maintain a fire log book to record actions, records for systems maintenance, fire drills, training and fire reports which must be immediately available for inspection by the **NSS Fire Safety Manager** (Ref FSP: Section 5.4), **Fire Authorities** or other statutory authorities.

22. EMERGENCY FIRE ACTION PLAN ARRANGEMENTS

The **Building Nominated Officer (Fire)** (Ref FSP: Section 5.9), for each site is responsible for developing in conjunction with the **NSS Fire Safety Manager** (Ref FSP: Section 5.4) local plans to ensure the safe evacuation of all occupants. A copy of these plans should be inserted into the Fire Log Book and include:

Plan Contents:

- method of warning;
- what to do in the event of discovering fire;
- what to do in the event of a fire (hearing the alarm – evacuation), including phased evacuation;
- arrangements for calling the Fire and Rescue Service;
- specific action to be taken by the person in charge when the fire alarm activates or a fire is discovered;
- procedure to be followed to evacuate the premises, taking into account any personal emergency evacuation plans (PEEP);
- where persons should assemble or be taken after they have left the premises;
- what procedures are for checking whether the premises have been evacuated;
- arrangements for fighting fire by staff trained in the use of portable fire extinguishers;
- details of any processes, machines or power supplies that need to be stopped or isolated in the event of a fire;
- procedures for meeting the Fire and Rescue Service on their arrival and notifying them of the circumstances of the incident, whether all persons are accounted for and the presence of any special dangers;
- arrangements for a de-brief of Fire Response Personnel/Fire Wardens including report to NSS Fire Manager – ensure a copy is inserted into the Fire Log Book;
- arrangements on how building occupants will be advised of any actions taken as a result of issues reported during the drill.

23. 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:

Reviewed by:

Agreed by:



Chair, Staff Governance Committee

Date:

1/1/0