

Agenda

B/23/21

**NSS BOARD FORMAL
WEDNESDAY, 27 SEPTEMBER 2023 COMMENCING 0930HRS JACK
COPLAND CENTRE, EDINBURGH (AND VIA TEAMS)**

Lead: Keith Redpath, NSS Chair

In Attendance: Lee Neary, Director SPST
Hayley Barnett, Assoc. Dir Governance and Board Services (Board Secretary)
Karen Nicholls, Committee Services Manager [Minutes]

Apologies: Julie Burgess, Non-Executive Director

Observers: Carole Grant, Audit Scotland
Liz McConachie, Audit Scotland
Stephanie Knight, Scottish Government

0930 – 1100 hrs

1. Welcome and Introductions

2. Items for Approval

- 2.1 Minutes of the previous meeting held on 30 June 2023 (Formal and In Private) and Matters Arising **[B/23/22/B/23/23 and IPB/23/04]** - **Keith Redpath**
- 2.2 Board and Committee Meeting Timetable 2024-25 **[B/23/24]** – **Carolyn Low**
- 2.3 Scottish Government/NSS Draft Framework Agreement **[B/23/25]** – **Lee Neary**
- 2.4 NSS Annual Delivery Plan **[B/23/26]** – **Lee Neary**
- 2.5 NSS Annual Feedback and Complaints Report 2022-23 **[B/23/27]** – **Lee Neary**



Chair
Chief Executive

Keith Redpath
Mary Morgan

3. Items for Scrutiny

- 3.1 Chairs Report (verbal) - **Keith Redpath**
- 3.2 Chief Executive's Report (verbal) - **Mary Morgan**
- 3.3 Integrated Performance Report **[B/23/28]** – **Lee Neary**
- 3.4 Risks and Issues Report **[B/23/29]** – **Lee Neary**

4. Items for Information

- 4.1 Public Inquiries Update **[B/23/30]**
- 4.2 NSS Committees Approved and Draft Minutes **[B/23/31]**
 - 4.2.1 NSS Audit and Risk Committee 17.5.23 Approved Minutes
 - 4.2.2 NSS Audit and Risk Committee 26.5.23 Approved Minutes
 - 4.2.3 NSS Clinical Governance Committee 1.6.23 Approved Minutes
 - 4.2.4 NSS Clinical Governance Committee 7.9.23 Draft Minutes
 - 4.2.5 NSS Finance, Procurement and Performance Committee 31.5.23 Approved Minutes
 - 4.2.6 NSS Finance, Procurement and Performance Committee 30.8.23 Draft Minutes
 - 4.2.7 NSS Staff Governance Committee 30.5.23 Approved Minutes
- 4.3 Board Forward Programme **[B/23/32]**

5. Any other business

- 5.1 Date of next meeting: Friday, 15 December 2023 at 09:30 am – Hybrid Meeting

Minutes

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NHS NATIONAL SERVICES SCOTLAND BOARD

MINUTES OF MEETING HELD ON FRIDAY 30 JUNE 2023 AT THE NATIONAL DISTRIBUTION CENTRE, LARKHALL AND VIA TEAMs DIGITAL PLATFORM AT 0930 HRS

Present:

Keith Redpath, NSS Chair
Lisa Blackett, Non-Executive Director
Julie Burgess, Non-Executive Director
Ian Cant, Employee Director
John Deffenbaugh, Non-Executive Director
Gordon Greenhill, Non-Executive Director
Arturo Langa, Non-Executive Director
Beth Lawton, Non-Executive Director
Carolyn Low, Director of Finance
Mary Morgan, Chief Executive
Lorna Ramsay, Medical Director
Alison Rooney, Non-Executive Director

In Attendance:

Hayley Barnett, Assoc. Dir. Governance and Board Services (Board Secretary),
Gordon Beattie, Director National Procurement
Martin Bell, Director Practitioner and Counter Fraud Services
Susi Buchanan, Director National Services Directorate
Julie Critchley, Director NHS Assure
Steven Flockhart, Director Digital & Security
Laura Howard, Assoc. Dir, Corporate Reporting [In Private Session]
Jacqui Jones, Director HR and Workforce Development
Lee Neary, Director Strategy, Performance and Service Transformation
Matthew Neilson, Assoc. Dir. Customer & Stakeholder Engagement,
Karen Nicholls, Committee Services Manager [Minutes]

Apologies:

Marc Turner, Director Scottish National Blood Transfusion Service

Observers:

Linda Elverson, Member of the Public
Carole Grant, Audit Scotland
Frances McKay, Member of the Public
Stephanie Knight, Scottish Government
Nia Morgan, Member of the Public
NSS Staff



Chair Keith Redpath
Chief Executive Mary Morgan

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

1. WELCOME AND INTRODUCTIONS

- 1.1 K Redpath welcomed all to the meeting and noted those in attendance and apologies received. Members were informed that a request had been made prior to the meeting to move agenda item 7, Audit Scotland NSS Annual Audit Report 2022/23 [IPB/23/02], **to before agenda item 6, Annual Report and Accounts** to allow consideration in advance of item 6. An additional item on Picture Archiving and Communications Systems (PACs) was also requested within the Private Session. The Chair had agreed to these changes of business.

2. DECLARATIONS OF INTEREST

- 2.1 There were no declarations of interest or transparency statements made in respect of any item on the agenda.

3. MINUTES OF THE PREVIOUS MEETING HELD 9 MARCH 2023 AND MATTERS ARISING [Papers B/23/12 and B/23/13 refer]

- 3.1 J Burgess requested an amendment to item 5.2, to add clarity that whilst a concern had been raised with regard to the route to meeting, the item was approved. Members requested confirmation of the date for the Data Strategy Board Seminar.

Decision: To approve the minutes of the Board meeting held on 9 March 2023 with the amendment to section 5.2.

Action: Board Services to amend section 5.2 of the Minutes

Action: Board Services to confirm seminar date for Data Strategy.

4. NSS ANNUAL WHISTLEBLOWING REPORT 2022-23 [paper B/23/14 refers]

- 4.1 Members scrutinised the report in full and made the following observations:
- Whistleblowing cases remained low in NSS;
 - Two additional questions had been added to the iMatter NHSScotland Staff Survey for 2023 in relation to Whistleblowing;
 - Reporting in NSS was of a high standard and compared favourably with other Boards;
 - Clarity was sought in relation to data on anonymous reporting in NSS;
 - For future reporting a more detailed Executive Summary would be welcomed.

Decision: To approve the NSS Whistleblowing Annual Report for 2022-2023.

5. NSS QUALITY MANAGEMENT FRAMEWORK AND QUALITY IMPROVEMENT STRATEGY [paper B/23/15 refers]

- 5.1 Members scrutinised the report and considered the recommendations, including the change in terminology in relation to quality management and quality improvement to a more holistic approach to quality generally. Members discussed the recommendation to amend the name of the NSS Clinical Governance and Quality

Improvement Committee, and that quality improvement would now be reflected in the business of all NSS Committees. For reporting purposes the NSS Finance, Procurement and Performance Committee would receive regular updates on progress against the strategy and framework and all NSS Directors had quality improvement as a key focus within their objectives.

Decision: To endorse the NSS Quality Management Framework, Quality Improvement Strategy and 2023/2024 Delivery Plan subject to a minor update to terminology in relation to quality management

Decision: To approve the amended Terms of Reference of the NSS Clinical Governance and Quality Improvement Committee.

Action: To confirm the quarterly reporting process for the Quality management Framework. - Director Strategy, Performance and Service Transformation

6. CHAIR'S REPORT

6.1 The Chair provided a verbal update for Members and highlighted the following:

- Congratulations to Professor Jacqui Reilly, NSS Director of Nursing, who was identified as one of the top 75 Influential Nurses by the Nursing Times;
- A new focus and rigour for the Board Chairs Group had been discussed and agreed with the Scottish Cabinet Secretary for Health and Social Care;
- Attendance, with the NSS Chief Executive, at the following meetings/events:
 - World Blood Day;
 - NHS 75th Anniversary Parliamentary Reception, 20th June 2023 attended by J Burgess, NSS Vice-Chair;
- All NSS Non-Executive Director appraisals had been completed.
- Future attendance at King Charles III investiture with the NSS Chief Executive.

Decision: To note the verbal update provided.

7. CHIEF EXECUTIVE'S REPORT

7.1 The Chief Executive provided Members with a verbal update on activities since the last Board meeting and this was intended to augment other substantive Board agenda items.

7.2 Director Recruitment:

- J Jones had been successful in securing the role of HR Director for NHS Lanarkshire and would be leaving NSS to take up this position on 1 July 2023;
- Recruitment to the position of NSS Director of HR and Workforce Development had concluded and Serena Barnatt had been appointed. She would be taking up the role on 1 September 2023 and contingency plans had been put in place to provide cover until then.

7.3 Events/Meetings attended:

- 19th April 2023 – Procure 4 Health (P4H) conference. The Chief Executive highlighted that the conference was excellent and she had met NSS graduate trainees as they embarked on their careers with NSS. Tom Arthur, Minister for Community Wealth and Public Finance provided a keynote speech and would be visiting the National Distribution Centre and team on 12 July 2023;
- 26th April 2023 – Understanding the Blueprint for Good Governance led by John Brown;
- 5th May 2023 – In the role as Chair of the National Fertility Group, attended Scottish Human Reproduction and Embryology Health (SHREG) conference 2023;
- 24th May 2023 – Sustainable Scotland Network Conference;
- 31st May 2023 – Visit to the Shotts site, purchased by NSS at the end of last financial year. Much of the current work was focused around on site assessments for a range of compliance areas. However, it remained a site with lots of opportunity. Once site assessments are complete, recommendations for next steps would be provided to NSS Finance, Procurement and Performance Committee (FPPC);
- 1st June 2023 – Scotblood conference, the first since 2019
- 2nd June – Participation in a development session for senior team members of the newly formed Finance, Corporate Governance and Legal Directorate. It was the first time that the Directorate Senior Team had come together and good to see the cross speciality engagement taking place;
- 12th June – Chief Nursing Officer Event for the “soft launch” of the Healthcare Associated Infection Strategy 2023 – 2025. Recognising that there were a number of actions for NSS to take forward through ARHAI and these would be identified in NSS Annual Delivery Plan;
- 15th June – Scottish National Blood Transfusion Service (SNBTS) Parliamentary Event;
- 19th June – NHS Scotland conference - a much smaller event than previous years but exceptional presentations. The event also launched the Scottish Health Awards 2023;
- 20th June – The NHS 75th Anniversary celebrations at Scottish Parliament with the NSS Vice-Chair;
- 22nd June 2023 Spring/Summer Senior Leadership Forum event to launch the leadership development programme
- 27th June – a meeting with Neil Gray, Cabinet Secretary for Wellbeing Economy, Fair Work and Energy and Scottish Government officials on Innovation and, in particular, our role in procurement for innovation;

- 29th June – First meeting of the Scottish Workforce and Staff Governance Committee where the Chief Executive would take up the role of NHS Employer Co-Chair.

7.4 Additional matters

- National Procurement will be hosting a series of summer workshops (starting end July) for public sector procurement to identify areas of commercial best practice to assist health boards in delivering their financial plans.
- SNBTS were awarded the Silver prize in the Marketing Star Awards for Strategy this year. This was for the People Like You campaign, and reflects the strategy, market research and beautiful creative developed. The Marketing Star awards are the most prestigious awards in Scotland.

Decision: To note the update provided.

8. NSS INTEGRATED PERFORMANCE REPORT [paper B/23/16 refers]

- 8.1 Members discussed and scrutinised the report in detail and noted that NSS performance was positive across most areas and welcomed the inclusion of the sustainability report. For future iterations, Members requested more detail be included to provide a full integrated narrative across all areas of the business.
- 8.2 Members agreed that a fuller narrative would be welcomed, with the inclusion of tools such as Statistical Process Control (SPC)_charts and detail on how reporting had been calculated, e.g. accident rates to allow appropriate triangulation.

Decision: To note the NSS Performance to end May 2023.

Action: To liaise with specific Non-Executives to fully understand the type and style of 'story narrative' to enable additional scrutiny on emerging themes and trends. - Director Strategy, Performance and Service Transformation

Action: To provide additional narrative on Health and Safety Information including accident rates vs incidents. Director HR and Workforce Development

9. ANNUAL REPORTS FROM COMMITTEE 2022-2023 [paper B/23/17 refers]

- 9.1 Members reviewed the Annual Reports submitted from each NSS Standing Committee. After discussion, Members requested that the title of item 2.2 of the NSS Clinical Governance and Quality Improvement Committee evidence be renamed to better reflect the work undertaken.

Decision: To approve the Annual Reports from all NSS Committees for 2022-2023, subject to the update the Clinical Governance and Quality Improvement Committee per item 9.1

Action: L Ramsay/Board Services to. To update the Clinical Governance and Quality Improvement Committee per item 9.1 – Medical Director

10. ITEMS FOR INFORMATION

10.1 Members were content to note, in full, the contents of the following papers which had been presented for information:

- Public Inquiries [**paper B/23/18 refers**]
- NSS Committees Approved and Draft Minutes [**paper B/23/19 A-J refers**]
- Board Forward Programme [**paper B/23/20 refers**]

Decision: To note the items provided for information.

12. ANY OTHER BUSINESS

12.1 There was no other competent business to discuss. Members thanked J Jones for all her work as the NSS Director of HR and Workforce Development and wished her well in her new role.

At this point Members adjourned prior to the In Private Session being held under NSS Standing Orders paragraph 5.22.4.

Meeting closed at 1159 after the In Private session.

NSS BOARD

B/23/23

Meeting type: Formal

No	Date	REPORT TITLE	ACTION	ACTION OWNER	DEADLINE	CURRENT STATUS
1.	30.6.23	Minutes of previous meeting held on 9 March 2023 [B/23/12]	To provide context on point raised by J Burgess in relation to external grant process.	Board Services	Immediately	Recommend for closure. In progress
2.	30.6.23	Actions [B/23/13]	To confirm date for Data Strategy Seminar Session	Board Services	Immediately	Recommend for closure. Date confirmed as 24.11.23.
3.	30.6.23	NSS Quality Management and Quality Improvement Strategy [B/23/15]	To update framework to provide clarity on the changing terminology in relation to quality management.	Lee Neary	Future Reporting	Recommend for closure. NSS has adopted the HIS Quality Framework and as such will be aligning the language to that and translating the terminology into our local context for NSS staff. The programme team is currently attending SMT meetings with each NSS Directorate to provide a progress update and explain the shift in focus from Quality Improvement to Quality Management.
4.	30.6.23	NSS Quality Management and Quality Improvement Strategy [B/23/15]	To ensure quarterly reporting against the strategy to be available for all Committees.	Lee Neary	Future Reporting	Recommend for closure. This will be developed through the Performance and Metrics workstream in the QM programme.
5.	30.6.23	Integrated Performance Report [B/23/16]	To ensure future reporting included a full executive summary for sustainability appendix.	Julie Critchley	Future reporting	Recommend for closure. Full appendix and narrative have now been added to reporting.

6.	30.6.23	Integrated Performance Report [B/23/16]	To meet J Deffenbaugh to discuss the narrative in relation to the report.	Lee Neary	Future reporting	Recommend for closure. Meeting took place on 31 st July – JD/HB/LN attended.
7.	30.6.23	Integrated Performance Report [B/23/16]	To include SPC charts with full articulation in future reporting.	Lee Neary	Future reporting	Recommend for closure. SPC charts have been included in reporting where applicable and future iterations of the report will provide further charts/narrative.
8.	30.6.23	Integrated Performance Report [B/23/16]	To provide additional narrative on how reporting had been calculated eg accident rates/incident rates in relation to Health & Safety information.	HRD	Future reporting	Recommend for closure. A note has been included on the People Report Accident/Incident Management slides to outline how the 'Accident Rate' is currently calculated.
9.	30.6.23	Annual Reports from Committees 2022-2023 [B/23/17]	To update title on the NSS Clinical Governance and Quality Improvement annual report section 2.2 to reflect activity against core duties.	Board Services	Immediately	Recommend for closure. Completed.

NHS National Services Scotland

Meeting:	NSS Board
Meeting date:	Wednesday 27 September 2023
Title:	Calendar of Meetings
Paper Number:	B/23/24
Responsible Executive/Non-Executive:	Carolyn Low, Director of Finance, Corporate Governance and Legal Services
Report Author:	Hayley Barnett, Associate Director of Governance and Board Services (Board Secretary)

1. Purpose

- 1.1 This report is presented to the NSS Board to approve the NSS Board Calendar of Meetings as required by the NSS Standing Orders (SOs).

2. Recommendation

- 2.1 To approve the NSS Board Calendar of Meetings from 1 April 2024 to 31 March 2025, attached at appendix 1 and to authorise the Chief Executive to make minor adjustments, as necessary.

3. Executive Summary

- 3.1 NSS Board Standing Orders require the NSS Board to annually approve a forward schedule of meeting dates (SO 4.1) and to approve a calendar of meeting dates for its committees (SO 9.7). NSS Board and Standing Committee dates are attached at appendix 1.
- 3.2 The proposed dates set out in the 2024/2025 Calendar of Meetings have been scheduled to meet business needs including statutory reporting, audit requirements and known key submission dates for Scottish Government.

3.3 Scheduling improvements have also been implemented to aid forward planning and diary management. Key report authors across the organisation and committee chairs have also been engaged to develop the attached Calendar of Meetings.

3.4 Following approval of NSS Board and standing committee dates, Board Services will schedule seminars and paper review meeting dates with chairs for 2024/2025.

4. Impact Analysis

4.1 Quality/ Patient Care

There is no direct impact on the quality of care (and services) associated with this paper.

4.2 Equality and Diversity, including health inequalities

An equality impact assessment is not required for this paper.

4.3 Data protection and information governance

A data protection impact assessment is not required.

5. Risk Assessment/Management

5.1 There is no requirement for anything to be added to the Risk Register at this stage.

6. Financial Implications

6.1 There are no specific financial implications associated with this paper. Support for Board arrangements are included within current budgets.

7. Workforce Implications

7.1 Board Services will support the practical and governance arrangements of the NSS Board and its Standing Committees.

8. Climate Change and Environmental Sustainability Implications

8.1 NSS Board and Standing Committee meetings take place virtually or as hybrid meetings to support the NSS Sustainability objective.

9. Route to Meeting

9.1 This report was considered by EMT at their meeting on Tuesday 19 September 2023.

10. List of Appendices and/or Background Papers

10.1 Appendix 1 – Calendar of Meetings

Appendix 1 – NSS 2024/2025 Calendar of Meetings

NSS Board

Friday 28 June 2024
Friday 27 September 2024
Friday 20 December 2024
Friday 21 March 2025

NSS Audit and Risk Committee

Thursday 16 May 2024
Thursday 20 June 2024
Thursday 19 September 2024
Thursday 14 November 2024
Thursday 20 March 2025

NSS Clinical Governance Committee

Thursday 23 May 2024
Thursday 22 August 2024
Thursday 21 November 2024
Thursday 27 February 2025

NSS Finance Procurement and Performance Committee

Tuesday 11 June 2024
Tuesday 10 September 2024
Tuesday 10 December 2024
Tuesday 11 March 2025

NSS Remuneration and Succession Planning Committee

Wednesday 26 June 2024
Wednesday 13 November 2024
Wednesday 19 February 2025

NSS Staff Governance Committee

Thursday 6 June 2024
Thursday 5 September 2024
Thursday 5 December 2024
Thursday 6 March 2025

NHS National Services Scotland

Meeting:	NSS Board
Meeting date:	Wednesday 27 September 2023
Title:	Scottish Government (SG)/NSS Draft Framework Agreement 2023
Paper Number:	B/23/25
Responsible Executive/Non-Executive:	Lee Neary, Director of Strategy, Performance and Service Transformation
Report Author:	Caroline McDermott, Head of Planning [Reviewed by Martin Morrison, Operations Director – COVID-19 Services & Project Director – CHI/GPPRS]

1. Purpose

- 1.1 This Framework Agreement is presented to the Board for approval before onward submission to Scottish Government (SG) for Ministerial approval.

2. Recommendation

- 2.1 It is recommended that the Board approve the Framework Agreement.

3. Executive Summary

- 3.1 The previous NSS/SG Framework document was agreed in 2018. It was due to be reviewed in 2021, however this was paused by Scottish Government to enable NSS to continue to support the Scottish response to the COVID-19 pandemic. Work commenced to review the agreement following the lifting of the NHS Scotland emergency footing in 2022.

- 3.2 This Framework Agreement is based on a recently revised model framework for Executive Non-Departmental Public Bodies (NDPBs), enabling us to create a framework document tailored to suit our individual circumstances and to clearly reflect the particular responsibilities of the body and any relevant legislation. In reviewing the framework, we have also reflected the direction of The Blueprint for Good Governance in NHS Scotland (2022).
- 3.3 Although based on a model framework document, there has been wide engagement in the drafting of the document to ensure it is fit for purpose to describe the roles and relationship between NSS and Scottish Government, as follows:
- Within NSS, senior staff, our Executive Management Team and Central Legal Office;
 - NSS Sponsorship team at Scottish Government along with other key colleagues such as Board Finance, The Public Bodies Unit, Public Appointments and Board Governance.
- 3.4 Following Board agreement, the next step is approval by Ministers prior to publication.

4. Impact Analysis

4.1 Quality/ Patient Care

- 4.1.1 Not applicable as this is based on a standard template.

4.2 Equality and Diversity, including health inequalities

- 4.2.1 Not applicable as this is based on a standard template

4.3 Data protection and information governance

- 4.3.1 Not applicable as no individual's data are included. The publication will place the Agreement in the public domain in line with good practice referenced in the Freedom of Information (Scotland) Act 2002.

5. Risk Assessment/Management

- 5.1 No risks are identified as this is a revision to an existing document.

6. Financial Implications

- 6.1 No financial implications outside those mentioned within the document relating to financial governance and process.

7. Workforce Implications

- 7.1 No workforce implications outside those mentioned in the document relating to staffing.

8. Climate Change and Environmental Sustainability Implications

- 8.1 No climate change or sustainability implications.

9. Route to Meeting

- 9.1 Engagements are described above.

10. List of Appendices and/or Background Papers

- 10.1 Appendix 1 – SG / NSS Framework Agreement

Framework Document

NHS National Services Scotland (NSS) - September 2023

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Approved	Version	Next Review	Signed by
September 2023	1.0	As required, but before September 2026	[names as signatories]

Introduction

1. This framework document is agreed between the Common Services Agency for the Scottish Health Service, a statutory body constituted pursuant to the National Health Service (Scotland) Act 1978 commonly known as “NHS National Services Scotland” (NSS) and the Scottish Ministers. It summarises how NSS and the Scottish Government (SG) will work together, and the key roles and responsibilities of:

- the NSS Board;
- the Chief Executive and Accountable Officer of NSS;
- the Scottish Ministers; and
- the Portfolio Accountable Officer within the SG whose remit includes NSS.

2. While this document does not confer any legal powers or responsibilities, it forms a key part of the accountability and governance framework and as a live document it will be reviewed by SG and NSS regularly, and at least every 2-3 years. Any significant changes will be agreed between the Board and Scottish Ministers.

3. Any question regarding the interpretation of the document will be determined by the SG after consultation with NSS. Legislative provisions take precedence over any part of the document.

4. A copy of this document will be published on the NSS website.

Purpose

5. NSS is a statutory body constituted under section 10 of [the National Health Service \(Scotland\) Act 1978 \(the “1978 Act”\)](#). The Agency has the functions conferred on it by, the 1978 Act (which includes functions specified in the National Health Service (Functions of the Common Services Agency) (Scotland) Order 2008 (“2008 Order”), which is made under section 10 of the 1978 Act) and [section 62](#) of the [Public Bodies \(Joint Working\) \(Scotland\) Act 2014](#). The Common Services Agency for the Scottish Health Service was previously constituted under the National Health Service (Scotland) Act 1972.

6. The 2008 Order specifies the following functions:

- to examine, check and price prescriptions for drugs, medicines and appliances supplied under the arrangements for the provision of pharmaceutical services;
- provide accommodation of the kind referred to in section 36(1) of the 1978 Act for the functions of NSS, and if so, directed by Scottish Ministers, for the functions of Health Boards, Special Health Boards and Healthcare Improvement Scotland;
- provide such services relating to the exercise by Scottish Ministers, Health Boards, Special Health Boards or Healthcare Improvement Scotland of functions under section 36(1) or section 48 of the 1978 Act as they may require;

- to procure equipment, supplies and services, including the national procurement of clinical services, in support of the functions of Scottish Ministers, Health Boards, Special Health Boards and Healthcare Improvement Scotland;
- to exercise the power of Scottish Ministers under section 40(1) of the 1978 Act;
- to provide information, advice and management services in support of the functions of Scottish Ministers, Health Boards, Special Health Boards and Healthcare Improvement Scotland;
- to exercise the functions of Scottish Ministers under section 44 of the 1978 Act;
- to provide staff, accommodation and other facilities required by the Scottish Dental Practice Board to enable the Board to discharge its duties with respect to the approval of estimates of dental treatment and appliances;
- to co-ordinate personnel policies, including, to such extent as may be agreed with Health Boards, Special Health Boards and Healthcare Improvement Scotland, arrangements for appointment, training and planned movement of staff and the organisation of and participation in training;
- to collect and disseminate epidemiological data and participate in epidemiological investigations;
- to provide legal services to Health Boards, Special Health Boards and Healthcare Improvement Scotland;
- to prevent, detect and investigate fraud or other irregularities in relation to the health service;
- exercise the power of the Scottish Ministers under section 47 of the 1978 Act;
- to exercise the powers of Scottish Ministers under section 79(1) of the 1978 Act to take on lease or to purchase by agreement moveable property and land which is required for the functions of NSS, Healthcare Improvement Scotland, Health Boards and Special Health Boards and to use for those functions and manage any heritable or moveable property so acquired;
- to exercise the powers of Scottish Ministers under section 79(1A) of the 1978 Act to dispose of land no longer required for the functions of NSS and;
- exercise the functions of Scottish Ministers under section 84B of the Act (power to form companies etc).

7. Under the 1978 Act, NSS is also required to secure the adequate provision of the patient advice and support service described in section 18 of the Patient Rights (Scotland) Act 2011 in relation to Health Boards, Integration Joint Boards and other bodies specified by the Scottish Ministers.

8. Section 62 of the Public Bodies (Joint Working) Scotland Act 2014, makes provision for shared services. Under this provision, NSS can, with the consent of the Scottish Ministers, enter into arrangements with listed persons under which NSS provides, or secures the provision of, goods or services for the person. Such services include, in particular, administrative, technical, legal, other professional and accommodation services.

9. NSS must also comply with requirements (for example duties) imposed by other legislation.

Governance and Accountability

10. This section summarises the specific responsibilities and accountabilities of the key people involved in governance of NSS.

The Board

11. The Chair and Board Members are accountable to Scottish Ministers and to the Scottish Parliament and may be required to give evidence to Parliamentary Committees.

12. The NSS Board consists of executives and non-executives appointed by Scottish Ministers and in accordance with relevant legislation, and where applicable are appointed in line with the [Code of Practice for Ministerial Public Appointments to Public Bodies in Scotland](#). As set out in [The Blueprint for Good Governance in NHS Scotland - Second Edition](#), Boards are primarily responsible and accountable for setting strategic direction, holding executives to account for delivery, managing risk, engaging with stakeholders, and influencing organisational culture.

13. The NSS Board has overall responsibility for the delivery of the functions of NSS, as set out in paragraphs 5 to 9 above and in accordance with the aims, policies, and priorities of Scottish Ministers. The NSS Board has corporate responsibility for:

- a) setting strategic plans to deliver the functions of NSS, focusing on how the work of NSS can most effectively contribute to achievement of the outcomes set out in the [National Performance Framework](#), the [Programme for Government](#) and [Scotland's Economic Strategy](#) in collaboration with SG and other public bodies;
- b) regularly scrutinising current and projected performance against the aims, objectives and targets set out in plans and taking decisions on remedial action where required;
- c) ensuring that effective governance is established and maintained, including ensuring that decision taking is open and transparent and, with support from the Accountable Officer and the Audit and Risk Committee, ensuring that key risks are identified and managed;
- d) approving the annual report and accounts and ensuring these are provided to Scottish Ministers to be laid before the Scottish Parliament;

- e) promoting the efficient, economic and effective use of resources consistent with the principles of [Best Value](#), and regularly scrutinising financial performance and compliance with financial guidance issued by the SG;
- f) promoting the wellbeing, learning and development of staff, providing support and challenge to the Chief Executive on staffing matters and ensuring that NSS meets the [staff management responsibilities](#) described in the section below.

The Chair

14. The Chair of the NSS Board is responsible for:
- a) Leadership of the Board, ensuring that it effectively delivers its functions in accordance with the [NSS Corporate Governance Framework](#);
 - b) Ensuring that a Code of Conduct (aligned to the [Model Code of Conduct](#) for Board Members as provided for under section 3 of the Ethical Standards in Public Life etc. (Scotland) Act 2000)) is in place, that corporate actions are taken to implement it as required and that Members understand their responsibilities, using the guidance provided by the Standards Commission;
 - c) Keeping NSS's governance arrangements and the Board's effectiveness under review;
 - d) Setting the agenda, format and tone of NSS Board activities to promote effective decision making and constructive debate;
 - e) Nominating Board Members to standing committees, and other roles within NSS and partner organisations. The allocation of roles to Board Members, including the Chair of standing committees, is formally approved by the Board;
 - f) Developing the capability and capacity of the Board by contributing to the appointment and induction of Board Members; appraisal and reporting on their performance; identifying appropriate training and development opportunities; and ensuring effective succession planning is in place;
 - g) Providing performance management and identifying development opportunities for the Chief Executive;
 - h) Working with the Portfolio Accountable Officer or their delegate(s) and the Public Appointments Team in SG on succession planning for the Board, taking action necessary to fill vacancies as they arise, skills requirements and promoting diversity by encouraging applications from less represented groups, including younger people, people from minority ethnic backgrounds and people with disabilities;
 - i) Representing the organisation in discussions with Ministers, the Scottish Parliament, the Scottish Government, Local Authorities and other key stakeholders. This is a responsibility shared with the Chief Executive as set out in [The Blueprint for Good Governance in NHS Scotland - Second Edition](#).
15. Specific guidance on how the Chair and Board Members should discharge their duties will be provided in their appointment letters and in [On Board – A Guide for](#)

[Members of Statutory Boards](#). Guidance on governance good practice is available in the Scottish Public Finance Manual and from the sponsor team, who may consult the SG Governance and Risk Team. A list of key aspects of governance to consider is included in the section on Governance and Risk below.

The Chief Executive

16. The Chief Executive is employed and appointed by the NSS Board [with the approval of Scottish Ministers] and is the principal adviser to the Board on the discharge of its functions and is accountable to the NSS Board. The Chief Executive role is to provide operational leadership to staff working for NSS and to ensure that its aims and objectives are met, its functions are delivered, and its targets are met through effective and properly controlled executive action.

17. The specific duties of the Chief Executive will be set out in a job description, and annual objectives will be agreed with the Chair and used in appraisal of the Chief Executive's performance.

18. In addition to any other specific duties, the Chief Executive will:

- a) advise the NSS Board on the discharge of its responsibilities – as set out in this Framework Document, in legislation and in any other relevant instructions, directions and guidance issued by or on behalf of Scottish Ministers;
- b) implement or oversee implementation of the decisions of the NSS Board;
- c) work with the NSS Board on preparation of the Corporate Plan, including liaising with the Senior Sponsor and/or Sponsor Team on key points which need to be addressed and the timetable for preparation and review, and work with the NSS Board to ensure that business plans are put in place to meet the Corporate Plan aims, objectives and performance measures;
- d) lead and manage the staff of NSS, ensuring their wellbeing, learning and development are prioritised, and ensuring that the [staff management responsibilities](#) set out in the section below are addressed;
- e) manage the budget for NSS in line with Scottish Government Finance guidance, policies and procedures, including the Scottish Public Finance Manual, and our own Standing Financial Instructions, and advise the NSS Board on financial implications of all Board decisions, ensuring that appropriate financial appraisal and evaluation techniques are followed (see the [Appraisal and Evaluation](#) section of the SPFM);
- f) agree with the NSS Board and the SG Portfolio Accountable Officer or Senior Sponsor what information is required to enable the NSS Board and SG to scrutinise the performance of NSS and progress against overall strategic and business plan aims and objectives, and ensure that the agreed information is provided and is both accurate and timely;
- g) the Chief Executive's Executive Management Team, (EMT) will manage the day-to-day relationship with the Senior Sponsor and/or Sponsor Team, with

other SG officials who have an interest in the work of NSS and other key stakeholders, including staff of other public bodies.

19. In advising the NSS Board, the Chief Executive will ensure that the key governance issues highlighted in the section on Governance and Risk below are addressed.

The Accountable Officer

20. The Principal Accountable Officer for the Scottish Administration will designate a senior official in NSS as the Accountable Officer. Unless there are specific reasons for the designation of another person, the Chief Executive will be designated as the Accountable Officer.

21. The Accountable Officer is personally responsible for:

- a) Overseeing the development of an integrated set of policies, strategies and plans that are designed to deliver the organisation's purpose, aims, values, corporate objectives, operational priorities and targets. This includes focusing globally and strategically on developments that will impact upon the provision of health and social care across Scotland, and working collaboratively with Ministers, the Scottish Parliament, the Scottish Government, Local Authorities, Health and Social Care Partnerships, and other key stakeholders to increase alignment and cohesion between government policy and the delivery of health and social care services to local communities;
- b) The propriety and regularity of the public finances of NSS and ensuring that its resources are used economically, efficiently and effectively as may be required by [section 15 of the Public Finance and Accountability \(Scotland\) Act 2000](#) and may be called to give evidence to the Public Audit Committee of the Scottish Parliament. The responsibilities of the Accountable Officer are set out in full in the [Memorandum to Accountable Officers for Other Public Bodies](#) in the Scottish Public Finance Manual. It is important for the Chair and Board members to recognise that one aspect of these duties is the requirement under section 15(8) of the Public Finance and Accountability (Scotland) Act 2000, where the Accountable Officer considers that any action they are required to take is not consistent with their Accountable Officer responsibilities, they must obtain written authority from the Board and send a copy of the written authority to the Auditor General for Scotland as soon as possible. The Accountable Officer should consult the Portfolio Accountable Officer before seeking written authority from the Board in these circumstances and should always notify the Portfolio Accountable Officer when such a written authority has been issued.
- c) Providing leadership and day-to-day management of the organisation and its workforce, shaping desired cultural attributes within the NHS, and ensuring the organisation's policies, strategies and plans are delivered on time and within budgets. This includes building strategic and operational capability and accountability amongst the Executive Leadership Team,

ensuring collective responsibility for delivering the organisation's purpose, aims, values, corporate objectives, operational priorities, and targets;

- d) Contributing to the delivery of multiple system-wide interventions at regional and national levels, whilst overseeing local delivery of change initiatives by the EMT. This includes encouraging and supporting research and innovation into new ways of delivering healthcare;
- e) Managing relationships with NHS Board Members, the Scottish Ministers, the Director General for Health and Social Care, Senior Civil Servants and other key stakeholders involved in the delivery of health and social care. This includes establishing and enabling inclusive and effective networks at local and national level, expanding these beyond NHS Scotland and a purely healthcare focus. This is a responsibility shared with the NSS Board Chair.

22. Where the duties of the Accountable Officer and the Chief Executive are not combined in one person, the Accountable Officer will work closely with the Chief Executive on governance, and in particular to ensure that the key governance issues highlighted in the section on Governance and Risk below are addressed.

The Scottish Ministers

23. The Scottish Ministers appoint the Chair and Board Members and hold the Board to account for the performance of NSS and its use of resources. Ministers are ultimately accountable to the Scottish Parliament for ensuring that the Board is discharging its duties effectively, although the Parliament will scrutinise the performance of NSS directly as it does with all public sector bodies. The Scottish Ministers are not directly responsible for the operation of NSS

24. The Scottish Ministers will:

- a) agree the strategic aims, objectives and key targets of NSS as part of the corporate planning process;
- b) agree the budget for NSS and secure the necessary Parliamentary approval;
- c) approve the Code of Conduct of the NSS Board;
- d) approve pay remits or proposals and superannuation arrangements for the staff, Chief Executive, Chair and Board members;
- e) Lay the accounts of NSS before the Scottish Parliament;

SG Portfolio Accountable Officer

25. The Principal Accountable Officer for the Scottish Administration (the Permanent Secretary of the SG) has designated the Director General for Health and Social Care as the Portfolio Accountable Officer (AO) for the SG portfolio budget which will provide funding for NSS.

26. The Portfolio AO's duties are to establish a framework for the relationship between SG and a public body, oversee the operation of that framework, ensure the public appointments to the body are made appropriately and ensure that appropriate assurance is provided on the performance and governance of the body. These

activities are known collectively as 'sponsorship'. In practice, the Portfolio AO is likely to delegate some or all sponsorship duties to a Director or Deputy Director as Senior Sponsor and/or to other SG officials in a 'Sponsor Team'. The responsibilities of a Portfolio AO are set out in detail in the [Memorandum to Accountable Officers for Parts of the Scottish Administration](#).

27. The Portfolio AO will:

- a) make sure the framework document is agreed between Scottish Ministers and the NSS Board, reviewed regularly and oversee the operation of the roles and responsibilities set out within it;
- b) ensure that financial and other management controls being applied by NSS are appropriate and sufficient to safeguard public funds and conform to the requirements both of propriety and of good financial management;
- c) in line with [Code of Practice for Ministerial Appointments](#), ensure that public appointments are made in good time and secure appropriate skills, experience and diversity amongst Board members, working with the Chair on succession planning; that there is effective induction for new appointees; and ensure that there is regular review and a formal annual appraisal of the performance of the Chair;
- d) support regular and effective engagement between NSS and the relevant Scottish Minister(s); and
- e) make sure there is clear, documented delegation of responsibilities to a Senior Sponsor and/or Sponsor Team and that the NSS Board and senior officials of NSS are aware of these delegated responsibilities.

28. The Portfolio AO remains personally answerable to the Scottish Parliament for the effectiveness of sponsorship activity.

Relationship between Scottish Government and NHS National Services Scotland.

29. Strategic engagement between SG and NSS is essential in order that they work together as effectively as possible to maintain and improve public services and deliver improved outcomes. Specific governance and accountability roles are described in the section above, but more generally, both SG and NSS will take all necessary steps to ensure that their relationship is developed and supported in line with the jointly agreed principles set out in the [Blueprint for Good Governance in NHS Scotland](#). This emphasises the need for cooperation and good communication, and particularly early warning from either side about any emerging risk or issue with significant implications for the operation or governance of NSS.

30. The Sponsor Team's primary function is to carry out the responsibilities delegated to it by the Portfolio AO, directly or via the Senior Sponsor, as described above. In addition to ensuring that the arrangements in this framework document operate effectively, managing public appointments and providing assurance to the Portfolio AO, the Sponsor Team will usually be the first point of contact for the body on any issue with SG. As part of the assurance they provide to the Portfolio AO, they

must ensure that key actions and decisions agreed are documented and implemented. This includes ensuring that SG teams implement any agreed actions.

31. There will be quarterly meetings between Executive Directors of NSS and the Senior Sponsor, regular engagement between the Senior Sponsor and the NSS Chair, as well as other regular ongoing meetings as appropriate. Annual Reviews will also form part of key performance and strategic engagement with NSS and be undertaken by Scottish Ministers or delegated representatives. The aim of the reviews will be to discuss the delivery of services in the preceding year in line with national policy priorities, and exploring developments and challenges over the next year.

NSS Staff Management Responsibilities

Broad responsibilities for NHS National Services Scotland staff

32. The Chief Executive, challenged and supported by the NSS Board, has responsibility for the recruitment, retention, and motivation of NSS staff. The broad responsibilities toward staff are to ensure that:

- There is compliance with employment, equalities and other relevant legislation and nationally agreed workforce policies, practices and standards including those that deal with conduct issues, grievance and whistleblowing. This is inclusive of policy and procedures consistent with the [Public Interest Disclosure Act 1998](#), the National Whistleblowing Standards published by the office of the Independent National Whistleblowing Officer and ensuring a code of conduct for staff is in place;
- Staff know where to access workforce policies and how to use them;
- The level and structure of staffing, including grading and staff numbers, are appropriate to its functions and the requirements of economy, efficiency and effectiveness and are compliant with nationally agreed pay and terms and conditions of employment (subject to the SG [Pay Policy for Staff Pay Remits](#));
- The performance of staff at all levels is regularly appraised in line with NSS agreed policy and associated national schemes, depending on their contractual terms and conditions. Implementation and adherence with the schemes are reviewed from time to time;
- Staff are encouraged to acquire the appropriate professional, management and other expertise necessary to achieve the body's objectives;
- Proper consultation with staff takes place on key issues affecting them, as appropriate, including working in partnership with trade unions and professional organisations (MEL59(1999) in compliance with the [Staff Governance Standard](#), published further to the duty in relation to staff governance in section 12I of the 1978 Act. The Staff Governance Standard requires all NHS Boards to demonstrate that staff are:
 - Well Informed

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

Pay and conditions of service

33. NSS will pay staff in accordance with pay agreements reached with the Scottish Government for remuneration of staff, as reflected in pay circulars issued by the Scottish Government to NHS Scotland employers, and in accordance with relevant legislation. Any non-salary rewards will comply with the Non-Salary Rewards section of the SPFM. NSS will also seek appropriate approval under the SG [Pay Policy for Senior Appointments](#) for the chief executive's remuneration package prior to appointment, annually or when a new appointment or change to the remuneration package is being proposed.

Pensions, redundancy and compensation

34. Superannuation arrangements for staff are subject to the approval of the Scottish Ministers. NSS staff will normally be eligible for a pension provided by the Scottish Publics Pension Agency; the National Health Service Superannuation Scheme (Scotland) 1995 Section and 2008 Section, and the NHS Scotland Pension Scheme 2015. Staff may opt out of the occupational pension scheme provided, but the employers' contribution to any personal pension arrangement, including stakeholder pension, will normally be limited to the national insurance rebate level.

35. Any proposal by NSS to move from existing arrangements, or pay any redundancy or compensation for loss of office, requires the prior approval of Scottish Ministers. Proposals for compensation payments will comply with the [Settlement Agreements, Severance, Early Retirement and Redundancy Terms](#) section of the SPFM. This includes referral to the Scottish Ministers of any proposed scheme for voluntary resignation through financial consideration, the business case for a settlement agreement being considered for an individual, or proposal to make any other compensation payment relating to an employee's period of employment or its termination. In all instances, a body should engage with the Sponsor Team prior to proceeding with the proposed severance options, and prior to making any offer either orally or in writing.

Corporate and business plans

36. NSS will prepare a draft strategic or corporate plan every 3 to 5 years, setting out its strategic aims, objectives and targets over that period, for consideration by the Scottish Ministers. When a new plan is to be prepared, the Chief Executive or their delegate will liaise with the Sponsor Team to agree the key points to be addressed

and the timetable for preparation and review. The final, agreed version of the strategic or corporate plan will be published on the NSS website.

37. The corporate plan will include NSS's:

- purpose and principal aims;
- contribution, where relevant, to the national outcomes set out in the [National Performance Framework](#), the Programme for Government and Scotland's Economic Strategy in collaboration with the SG and other public bodies;
- analysis of the environment in which it operates;
- key objectives and associated key performance targets for the period of the plan, and the strategy for achieving those objectives;
- indicators against which its performance can be judged;
- details of planned efficiencies, describing how better value for money will be achieved, including through collaboration and use of shared services; and
- other key points agreed with the Sponsor Team as described above.

38. The corporate plan will inform the development of a separate annual business plan for each financial year, which will include key targets and milestones for the year immediately ahead, aligned to the NPF, and be linked to budgeting information so that, where possible, resources allocated to achieve specific objectives can be identified. A copy of the business plan will be provided to the sponsor unit prior to the start of the relevant financial year.

Annual report and accounts

39. NSS will publish an annual report of its activities together with its audited accounts after the end of each financial year. The annual report and accounts will cover the activities of any corporate, subsidiary or joint ventures under the control of NSS noting however that NSS is not permitted to establish any subsidiaries or enter into joint ventures without express approval from Scottish Ministers. It will comply with the Government [Financial Reporting Manual](#) (FReM) and outline its main activities and performance against agreed objectives and targets for the previous financial year. It is the responsibility of the Chief Executive, as Accountable Officer, to sign the accounts.

40. The accounts will be prepared in accordance with relevant statutes and the specific accounts direction and other relevant guidance issued by the Scottish Ministers. Any financial objectives or targets set by the Scottish Ministers should be reported on in the accounts and will therefore be within the scope of the audit.

41. The SG Sponsor Team should receive a copy of the annual report for comment, and a copy of the draft accounts for information, by 31 May. NSS is responsible for the publication of the annual report and accounts after they have been laid before the Scottish Ministers. Whilst the statutory deadline for laying and publishing accounts audited by the Auditor General for Scotland is 31 December after the end of the relevant financial year, the Scottish Ministers expect that accounts will be laid before the Scottish Parliament and published as early as possible.

External audit

42. The Auditor General for Scotland (AGS) audits, or appoints auditors to audit, NSS annual accounts and passes them to the Scottish Ministers who then lay them before the Scottish Parliament, together with the auditor's report and any report prepared by the AGS. The AGS, or examiners appointed by the AGS, may also carry out examinations into the economy, efficiency and effectiveness with which the body has used its resources in discharging its functions and/or carry out examinations into the arrangements made by NSS to secure Best Value.

43. The AGS, or their appointed auditors or examiners, have a statutory right of access to documents and information held by relevant persons, including any contractors to or recipients of grants from NSS. NSS will ensure that this right of access to documents and information is made clear in the terms of any contracts issued or conditions of any grants awarded and will also use its best endeavours to secure access to any other information or documents required which are held by other bodies.

Internal audit

44. NSS will:

- establish and maintain arrangements for internal audit in accordance with the [Public Sector Internal Audit Standards](#) and the [Internal Audit](#) section of the SPFM;
- set up an Audit Committee of its Board, in accordance with the [Audit Committees](#) section of the SPFM, to advise both the board and the Accountable Officer;
- ensure that the Sponsor Team and the Portfolio AO/Senior Sponsor receive promptly after they are produced or updated: the audit charter, strategy, periodic audit plans and annual audit assurance report, including the Head of Internal Audit opinion on risk management, control and governance – and provide any other relevant audit reports as requested by sponsors;
- keep records of and prepare and forward promptly to the SG an annual report on fraud and theft suffered by NSS and notify the Portfolio AO or Senior Sponsor immediately of any unusual or major incidents.

45. The SG's Internal Audit and Assurance Directorate has an expectation of cooperation and access to relevant material when required, the parameters for which would be set out in an engagement document before information was shared. NSS should make it clear on their own Privacy Notice that material may be shared with SG's Internal Audit and Assurance Directorate in certain circumstances.

Budget management and delegated authority

46. Each year the Sponsor Team will send the Board a Budget Allocation and Monitoring letter, notifying NSS of the budget provision, any related matters and details of the budget monitoring information required. NSS will comply with the format and

timing of the monitoring information requested and with any requests for further information.

47. The statement of budgetary provision will set out the budget within the classifications of Resource Departmental Expenditure Limits (RDEL), Capital DEL (CDEL) and Ring-fenced (non-cash) DEL (RfDEL) and, where applicable, Annually Managed Expenditure (AME). These categories are explained in [Annual Budget Processing](#) in the Scottish Public Finance Manual (SPFM), and NSS will not transfer budgetary provision between the categories without the prior approval of the SG Finance Directorate, which should be sought via the Sponsor Team. Transfers within the categories are at the discretion of the NSS Board or, subject to delegated authority, the Chief Executive or relevant senior manager, if these do not breach any other constraints, for instance the approved pay remit.

48. Where budgetary provision includes projected income, including any income from disposal of non-current assets, the Chief Executive will ensure that the SG Finance Directorate and Sponsor Team are made aware promptly of any forecast changes in income – usually via the monthly budget monitoring statement. The Scottish Ministers' expectation is that any shortfall in income will be offset by a matching reduction in gross expenditure, and prior approval from the SG Finance Directorate and the Sponsor Team must be sought for any alternative arrangement. Similarly, if income is higher than originally projected, this may only be used for additional spending or to meet pressures with the prior approval of the SG Finance Directorate and Sponsor Team. Failure to obtain prior approval for the use of excess income to fund additional expenditure may result in corresponding reductions in budgets for the following financial year. The only exception is where the income is from gifts, bequests and donations but this must be spent within the same financial year as the receipt.

49. NSS' specific delegated financial authorities – as agreed in consultation between the NSS Board and the Scottish Ministers – are set out in Annex A. The NSS Board will obtain the prior written approval from sponsors and SG Finance before entering into any undertaking to incur any expenditure that falls outside these delegations, and before incurring expenditure for any purpose that is or might be considered novel, contentious or repercussive or which has or could have significant future cost implications.

Governance and Risk

50. Guidance on governance requirements is available in several documents referred to earlier in this framework document:

- [the Scottish Public Finance Manual](#) (SPFM)
- [the Audit and Assurance Committee Handbook](#)
- [On Board – A Guide for Members of Statutory Boards](#)

51. If in any doubt about a governance issue, the NSS Chair or Chief Executive should consult the Senior Sponsor or Sponsor Team in the first instance, and sponsors

may in turn consult the SG Public Bodies Unit, the SG Governance and Risk Branch and/or other teams with relevant expertise.

52. The NSS Board and Chief Executive are advised to pay particular attention to guidance on the following issues.

Risk management

53. NSS must develop an approach to risk management consistent with the Risk Management section of the Scottish Public Finance Manual and establish reporting and escalation arrangements with the Portfolio AO or Senior Sponsor.

54. The NSS Board should have a clear understanding of the key risks, threats and hazards it may face in the personnel, accommodation and cyber domains, and take action to ensure appropriate organisational resilience, in line with the guidance in: [Having and Promoting Business Resilience](#) (part of the Preparing Scotland suite of guidance) and the [Public Sector Cyber Resilience Framework](#).

Internal control

55. The NSS Board should establish clear internal [delegated authorities](#) with the Chief Executive, who may in turn delegate responsibilities to other members of staff and establish an assurance framework consistent with the [internal control framework](#) in the SPFM.

56. Counter-fraud policies and practices should be adopted to safeguard against fraud, theft, bribery and corruption - see the [Fraud](#) section of the SPFM.

57. Any major investment programmes or projects undertaken should be subject to the guidance in the [Major Investment Projects](#) section of the SPFM and in line with delegated authorities. The Sponsor Team must be kept informed of progress on such programmes and projects and Ministers must be alerted to any developments that could undermine their viability. Information and Communication Technology (ICT) investment plans must be reported to the SG's Director of Digital Health and Care.

58. NSS must comply with the requirements of the [Freedom of Information \(Scotland\) Act 2002](#) and ensure that information is provided to members of the public in a spirit of openness and transparency. NSS must also register with the [Information Commissioner's Office](#) and ensure that it complies with the Data Protection Act 2018, the UK General Data Protection Regulation, commonly known as UK GDPR and any other relevant data protection legislation as appropriate.

Budget and finance

59. Unless covered by a specific delegated authority, financial investments are not permitted without the prior approval of sponsors and SG Finance. This includes equity shares in ventures which further a body's objectives. Public bodies should not invest in any venture of a speculative nature.

60. Non-standard tax management arrangements should always be regarded as novel and/or contentious and must therefore be approved in advance by the Portfolio AO and SG Finance. Relevant guidance is provided in the [Tax Planning and Tax](#)

[Avoidance](#) section of the SPFM. NSS must comply with all relevant rules on taxation, including VAT, and recover input tax where it is entitled to do so. Where VAT enquiries arise, these are to be raised with the SG VAT Team in line with the guidance in the [VAT](#) section of the SPFM.

61. Optimising income (not including grant-in-aid) from all sources should be a priority, and sponsors should be kept informed about any significant projected changes in income. Novel or contentious proposals for new sources of income or methods of fundraising must be approved by sponsors and SG Finance. Fees or charges for any services supplied must be determined in accordance with the [Fees & Charges](#) section of the SPFM.

62. Gifts, bequests or donations received score as income and should be provided for in the agreed resource DEL and capital DEL budgets, but should not fund activities or assets normally covered by SG grant-in-aid, trading or fee income, and conflicts of interest must be considered – see the principles in the [Gifts](#) section of the SPFM. Note that this relates to gifts to the body – gifts to individuals are covered in the NSS Code of Conduct.

63. Borrowing cannot be used to increase NSS' spending power. All borrowing – excluding agreed overdrafts – must be from the Scottish Ministers in accordance with guidance in the [Borrowing, Lending & Investment](#) section of the SPFM.

64. Any lending must be in line with the guidance in the [Borrowing, Lending & Investment](#) section of the SPFM on undertaking due diligence and seeking to establish a security. Unless covered by a specific delegated limit, NSS must not lend money, charge any asset, give any guarantee or indemnity or letter of comfort, or incur any other contingent liability (as defined in the [Contingent Liabilities](#) section of the SPFM), whether or not in a legally binding form, without the prior approval of sponsors, SG Finance and where necessary the relevant committee of the Scottish Parliament. Guarantees, indemnities and letters of comfort of a standard type given in the normal course of business are excluded from this requirement.

65. An accurate and up-to-date record of current and non-current assets should be maintained, consistent with the [Property: Acquisition, Disposal & Management](#) section of the SPFM. NSS is also subject to the [SG Asset Management Policy](#), including the requirement for acquisition of a new lease, continuation of an existing lease, decision not to exercise a break option in a lease or purchase of property for accommodation/operational purposes, to be approved in advance by Scottish Ministers. The Property Controls Team should be consulted as early as possible in this process.

66. Assets should be recorded on the balance sheet at the appropriate valuation basis in accordance with the FReM. When an asset (including any investment) suffers impairment, when there is significant movement in existing provisions and/or where a new provision needs to be created, this should be communicated to sponsors and SG Finance as soon as possible to determine the implications for NSS's budget.

67. Any funding for expenditure on assets by a third party should be subject to appropriate arrangements to ensure that they are not disposed of without prior consent and that a due share of the proceeds can be secured on disposal or when they cease

to be used by the third party for the intended purpose, in line with the [Clawback](#) guidance in the SPFM.

68. Unless covered by a specific delegated authority, prior approval from sponsors and SG Finance is required before making gifts or special payments or writing off losses. Special payments and losses are subject to the guidance in the [Losses and Special Payments](#) section of the SPFM. Gifts by management to staff are subject to the guidance in the [Non-Salary Rewards](#) section of the SPFM.

69. Unless covered by a specific delegated authority, NSS must not enter into any finance, property or accommodation related lease arrangement – including the extension of an existing lease or the non-exercise of a tenant’s lease break – without prior approval from sponsors. Before entering/continuing such arrangements NSS must be able to demonstrate that the lease offers better value for money than purchase and that all options of sharing existing public sector space have been explored.

70. Non-property/accommodation related operating leases are subject to a specific delegated authority. There must be capital DEL provision in the budget allocation for finance leases and other transactions which are in substance borrowing.

71. Procurement policies should reflect relevant guidance in the [Procurement](#) section of the SPFM and any other relevant guidance issued by the SG’s Procurement and Property Directorate. The SG’s directory of [SG Framework Agreements](#), is available to support organisations, but they should check the Framework Agreement’s ‘buyer’s guide’ before proceeding to ensure they are eligible to use the Framework.

72. All matured and properly authorised invoices relating to transactions with suppliers should be paid in accordance with the [Expenditure and Payments](#) section of the SPFM wherever possible and appropriate within Scottish Ministers’ target of payment within 10 working days of their receipt.

73. NSS is subject to the SG policy of self-insurance. Commercial insurance must however be taken out where there is a legal requirement to do so and may also be taken out in the circumstances described in the [Insurance](#) section of the SPFM - where required with the prior approval of sponsors and their finance business partner subject to the level of inherent financial risk. In the event of uninsured losses being incurred the SG shall consider, on a case-by-case basis, whether or not it should make any additional resources available to NSS. The relevant sponsor team will provide a Certificate of Exemption for Employer's Liability Insurance.

74. Unless covered by a specific delegated authority, NSS must not provide grant funding to a third party without prior agreement from sponsors and SG Finance. Guidance on a framework for the control of third party grants is provided as an annex to the [Grant & Grant in Aid](#) section of the SPFM. Subsidy control requirements for any such funding are discussed below.

75. The Subsidy Control Act 2022 sets out the framework for the UK’s domestic subsidy control regime, and the requirements that apply to the giving of subsidies. This is supplemented by related statutory instruments and statutory guidance published by the UK Government. The UK’s international obligations, including various Free Trade Agreements and those arising as a consequence of

World Trade Organisation membership also continue to apply. Any funding that is given by SG and NSS is subject to these requirements. A full subsidy control assessment is required prior to disbursing any funding, in line with the guidance in the [Subsidy Control section of the SPFM](#). As also set out in this section of the SPFM, the Subsidy Control Team should be consulted on all proposals which may have subsidy implications.

Remuneration

76. Remuneration, allowances and any expenses paid to the Chair and NSS Board Members must comply with the latest SG Pay Policy for Senior Appointments and any specific guidance on such matters issued by the Scottish Ministers.

77. Staff pay, pensions and any severance payments must comply with nationally agreed terms and conditions and the responsibilities described in the section on Staff Management Responsibilities.

78. All individuals who would qualify as employees for tax purposes should be paid through the payroll system with tax deducted at source.

Banking and cash management

79. Banking arrangements must comply with the [Banking](#) section of the SPFM.

80. Cash management arrangements need to be addressed as well as overall budget management. Any [grant in aid](#) (i.e. the cash provided to NSS by SG to support the allocated budget) for the year in question will be authorised by the Scottish Parliament in the annual Budget Act. NSS will normally receive monthly instalments based on updated profiles and information on unrestricted cash reserves and will not seek any payment in advance of need. NSS will keep its unrestricted cash reserves held during the year to the minimum level needed for efficient operation and any relevant liabilities which have to be met at the year-end. Grant in aid not drawn down by the end of the financial year will lapse. NSS will not pay grant in aid into any restricted reserve it holds.

Helpful information

81. The Public Bodies Support Unit has produced a register of reporting requirements for devolved public bodies which will help in regard to compliance with certain legislative asks. Copies of the register can be obtained from the [PBSU mailbox](#).

Annex A: Specific Delegated Financial Authorities

The delegated limits are as per SGHSC circular CEL (2010) 10 and as set out in Appendix II of the [Standing Financial Instructions](#) and are as follows:

Item No.	Category	Delegated Authority per case (£)
	Theft / Arson / Wilful Damage	
1	Cash	15,000
2	Stores / procurement	30,000
3	Equipment	15,000
4	Contracts	15,000
5	Payroll	15,000
6	Buildings & Fixtures	30,000
7	Other	15,000
	Fraud, Embezzlement & other irregularities (including attempted fraud)	
8	Cash	15,000
9	Stores / procurement	30,000
10	Equipment	15,000
11	Contracts	15,000
12	Payroll	15,000
13	Other	15,000
14	Nugatory & Fruitless Payments	15,000
	Claims Abandoned	
15(a)	Private Accommodation	15,000
15(b)	Road Traffic Acts	30,000
15(c)	Other	15,000

	Stores Losses	
16	Incidents of the Service –	
	- Fire	30,000
	- Flood	30,000
	- Accident	30,000
17	Deterioration in Store	30,000
18	Stocktaking Discrepancies	30,000
19	Other Causes	30,000
	Losses of Furniture & Equipment and Bedding & Linen in circulation	
20	Incidents of the Service -	
	- Fire	15,000
	- Flood	15,000
	- Accident	15,000
21	Disclosed at physical check	15,000
22	Other Causes	15,000
	Compensation Payments - legal obligation	
23	Clinical *	250,000
24	Non-clinical *	100,000
	Ex-gratia payments	
25	Extra-contractual Payments	15,000
26	Compensation Payments - Ex-gratia - Clinical *	250,000
27	Compensation Payments - Ex-gratia - Non Clinical *	100,000
28	Compensation Payments - Ex-gratia - Financial Loss *	25,000

29	Other Payments	2,500
	Damage to Buildings and Fixtures	
	Incidents of the Service	
30	- Fire	30,000
	- Flood	30,000
	- Accident	30,000
	- Other Causes	30,000
31	Extra-Statutory & Extra-regulatory Payments	Nil
32	Gifts in cash or in kind	15,000
33	Other Losses	15,000

* This delegated limit was revised as at 1st August 2001 HDL (2001)65

NHS National Services Scotland

Meeting:	NSS Board
Meeting date:	Wednesday 27 September 2023
Title:	NSS Annual Delivery Plan
Paper Number:	B/23/26
Responsible Executive/Non-Executive:	Lee Neary, Director of Strategy, Performance and Service Transformation
Report Author:	Caroline McDermott, Head of Planning [Reviewed by Martin Morrison, Operations Director – COVID-19 Services & Project Director – CHI/GPPRS]

1. Purpose

- 1.1 The Board is asked to approve the NSS Annual Delivery Plan (ADP), which has been approved by Scottish Government.

2. Recommendation

- 2.1 The Board is asked to approve the NSS Annual Delivery Plan 2023/24.

3. Executive Summary

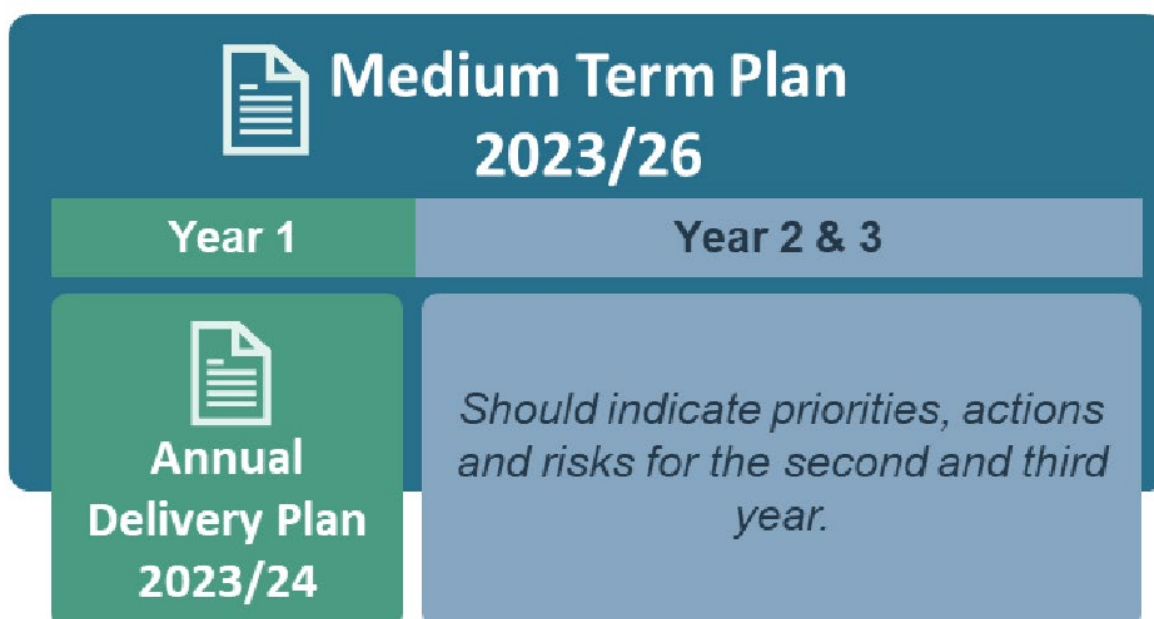
- 3.1 Following the recent impact on the NHS in Scotland due to the COVID-19 pandemic, Scottish Government have set the following drivers for recovery with the focus on ‘recovery and renewal.’

1	Improved access to primary and community care to enable earlier intervention and more care to be delivered in the community
2	Urgent & Unscheduled Care - Provide the Right Care, in the Right Place, at the right time through early consultation, advice and access to alternative pathways, protecting inpatient capacity for those in greatest need
3	Improve the delivery of mental health support and services
4	Recovering and improving the delivery of planned care
5	Delivering the National Cancer Action Plan (Spring 2023-2026)
6	Enhance planning and delivery of the approach to health inequalities
7	Fast track the national adoption of proven innovations which could have a transformative impact on efficiency and patient outcomes
8	Implementation of the Workforce Strategy
9	Optimise use of digital & data technologies in the design and delivery of health and care services for improved patient access
10	Climate Emergency and Environment

3.2 Scottish Government Planning Objectives for 2023/24 are as follows:

- Make rapid improvements in capability and sustainability to support system performance through 2023 and in preparation for winter 2023/24.
- Make progress in delivering the key ambitions of the NHS Recovery Plan.
- Continue innovating and transforming the NHS for the future.

3.3 All Health Boards were required to present ADPs for 2023/24 (FY24) providing deliverables, milestones and risks (see Appendix A) with a draft submitted to Scottish Government in June, with a Medium-Term Plan (MTP) covering 2023-2026 draft submitted in July.



- 3.4 This ADP is aligned to recommendations made by policy leads in Scottish Government as part of the guidance issued to health boards and tailored to NSS.
- 3.5 NSS's ADP was approved on 1st September, by Scottish Government. The approval letter is Appendix B.
- 3.6 Where we have identified deliverables and milestones that relate to new work or significant programmes, then these are specified in a reporting template (Appendix A). They will be reported on quarterly as the formal ADP quarterly reporting process to Finance, Procurement and Performance Committee, the Board and Scottish Government sponsors. As the Plan has only recently been approved, this reporting will start from Q2 as at the end of September. Business as usual deliverables are not reported through the ADP and will continue to be reported through normal governance routes and SG policy leads as appropriate.
- 3.7 Our Medium-Term Plan was created in line with the Annual Delivery Plan and was submitted to Scottish Government on 7 July. Scottish Government have notified that they do not intend to approve any Board's MTPs at present as they intend to undertake a further exercise to understand how these connect to each other.

4. Impact Analysis

4.1 Quality/ Patient Care

- 4.1.1 Further detail on deliverables and milestones is included in the Plan and Reporting Template (Appendix A). We anticipate they will deliver a positive impact on patient care as it seeks to support the full recovery of health services, uses innovation to help address gaps or transform service delivery and, provides expertise, guidance, and improved process to improve service excellence.

4.2 Equality and Diversity, including health inequalities

- 4.2.1 Equality impact assessments will be conducted as appropriate, for the projects and services associated with the measures covered by this paper and this will be monitored as part of the reporting template.

4.3 Data protection and information governance

- 4.3.1 Projects and programmes of work covered by this paper will be reviewed for any data protection or information governance risks and this will be monitored as part of the reporting template.

5. Risk Assessment/Management

- 5.1 Risks associated with the ADP are captured in the Reporting Template (Appendix A) and will be managed in line with our Integrated Risk Management Approach (IRMA).

6. Financial Implications

- 6.1 All deliverables developed for the final plan should have funding plans attached, however, at present there is still ongoing discussions on funding in some areas. Any issues will be addressed through a change control process. Any changes to the plan due to funding or other reasons will be agreed with our Sponsor and reported as part of quarterly reporting.

7. Workforce Implications

- 7.1 Workforce planning will identify any specific workforce implications in terms of skills gaps. Actions that reflect staff wellbeing and recruitment and retention of our workforce will be dealt with through our NSS Workforce Plan and Great Place to Work Action Plan. The NSS three-year Workforce Plan is referenced in the Medium-Term Plan.

8. Climate Change and Environmental Sustainability Implications

- 8.1 There are specific Deliverables within the Plan which relate to environmental sustainability.

9. Route to Meeting

- 9.1 The draft ADP was discussed with Directorates and reviewed by our Executive Management Team. The draft was also reviewed by the Finance, Procurement and Performance Committee at its meeting in May. It was then submitted to Scottish Government in June and following comments and updates was approved by Scottish Government.

10. List of Appendices and/or Background Papers

- Appendix A Annual Delivery Plan (separate Excel file – B/23/26a refers)
Appendix B Scottish Government approval letter

T: 0131-244 3475
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Appendix B

Mary Morgan
Chief Executive
NHS National Services Scotland

Via email: mary.morgan@nhs.scot

1st September, 2023

Dear Mary

NHS NATIONAL SERVICES SCOTLAND (NSS): ANNUAL DELIVERY PLAN 2023-24

Thank you for submitting your Annual Delivery Plan (ADP), setting out your operational priorities and key actions for 2023-24. May I recognise the hard work that has gone into the preparation, and subsequent review, of the ADP over the last few months.

Feedback on Annual Delivery Plan

As set out in the Delivery Plan Guidance, issued in March this year, the 2023-24 ADP process is intended to move us forward from the volatility of the last three years and make further progress along the path towards recovery and renewal as set out in *Re-mobilise, Recover, Re-design: the framework for NHS Scotland*. In support of this, the guidance was framed around 10 'drivers of recovery', which were then adapted for each of the National Boards.

Following feedback and a review of your ADP from policy teams across Scottish Government, I am satisfied that your 2023-24 Annual Delivery Plan aligns to our priorities and requirements. It is noted that the Plan focuses on key ongoing and new programmes of work, with business as usual activity reported through existing arrangements in place.

I am aware there are a small number of areas where some further engagement is required but I am content this can be addressed through the quarterly ADP updates. A summary of feedback against the 10 Drivers of Recovery is set out at Annex 1.

In terms of monitoring the NSS' delivery against the Plan we will engage with you on progress against each priority – including any risks and issues emerging throughout the year that may impact the delivery - through routine sponsorship engagement. In addition to this, the quarterly ADP reviews provide opportunities for policy teams and SG Health Planning to review NSS' progress.

Medium Term Plan

We will also be in touch shortly to discuss your submitted Medium Term Plans (MTP). Informal feedback has already been provided on these plans as part of the ADP review process. The next step, working with Directors of Planning, is to further consider the MTPs as a collective to ensure coherence of planning and delivery across NHS Scotland.

Look forward – 2024-25

For 2024-25, we will continue to build on the annual planning process and we will consider the very helpful feedback received from National Board Directors of Planning. One key aim is to ensure the ADP planning and reporting cycle is better integrated with financial and workforce planning, as well as enhanced regional and national planning. Our intention is also to bring forward the planning timetable for 2024-25, with the aim of finalising ADPs earlier in the year. To achieve this we will work with your Planning team to ensure we can meet this aim without placing undue pressure on Boards during busy periods.

Once again, I would like to take this opportunity to thank you and all your colleagues for your input into the plans for 2023-24.

If you have any questions about this letter, please contact Stephanie Knight, Head of Financial Planning, Reporting and Data, in the first instance (Stephanie.Knight@gov.scot).

Yours sincerely



Richard McCallum

Director of Health and Social Care Finance and Governance

Annex 1: NHS National Services Scotland 2023-24 ADP Review Feedback

Feedback outlined in the Annex summarises the review and discussions undertaken collaboratively with the SG and NSS and is aligned with the NHS Scotland Recovery & Renewal 10 Drivers of Recovery:

1	Improved access to primary and community care to enable earlier intervention and more care to be delivered in the community
2	Urgent & Unscheduled Care - Provide the Right Care, in the Right Place, at the right time through early consultation, advice and access to alternative pathways, protecting inpatient capacity for those in greatest need
3	Improve the delivery of mental health support and services
4	Recovering and improving the delivery of planned care
5	Delivering the National Cancer Action Plan (Spring 2023-2026)
6	Enhance planning and delivery of the approach to health inequalities
7	Fast track the national adoption of proven innovations which could have a transformative impact on efficiency and patient outcomes
8	Implementation of the Workforce Strategy
9	Optimise use of digital & data technologies in the design and delivery of health and care services for improved patient access
10	Climate Emergency and Environment

Recovery Driver	Feedback Summary
1	<p>It is positive to see a focus on a number of key priority programmes within Primary Care which will support in enabling preventative and proactive care. NSS' delivery against this recovery driver is intrinsically linked to the Boards' digital services and the delivery outline of these programmes meet expectations.</p> <p>In the medium term, focus on the areas NSS lead on to improve access to, and the quality of, Primary Care data in collaboration with PHS and NES would be welcomed.</p>
2	<p>It was helpful to see that NSS outlined their plans to support the provision of the right care, in the right place, at the right time through early consultation, advice and access to alternative pathways, while protecting inpatient capacity for those in greatest need.</p> <p>Delivery of planning and advice in relation to Infection, Prevention, Control (IPC) meets expectations with the aim to meet 100% of requests from Boards to provide advice and support. Given the recent publication of the Healthcare Associated Infection (HCAI) strategy 2023-2025, the IPC workforce strategic plan, the IPC standards for health and adult social care settings and the Antimicrobial resistance (AMR) National Action Plan, teams would welcome engagement to ensure elements of these are reflected in future plans/updates as appropriate.</p>

3	<p>Regarding the delivery of Perinatal Mental Health Managed Clinical Network priorities, it was positive to see the inclusion of both the Managed Clinical Network and the Mother and Baby Unit Options Appraisal featured appropriately. Through the feedback and review process, reference to Perinatal and Infant Mental Health Programme Board support is acknowledged to have been updated.</p> <p>Whilst referenced in the guidance and significant pieces of work, in partnership with the SG, it is understood that the NSS' support to the Scottish Perinatal Network and the National Fertility Network are considered part of business as usual activity as support to specialist service networks and as such are reported through existing BAU arrangements rather than explicitly defined in the ADP.</p>
4	<p>Various areas across NSS support Planned Care that may be included in other Drivers of Recovery such as Cancer, Mental Health and Innovation. Further work that supports and improves the delivery of planned care is reflected, especially in SNBTS and NHS Assure.</p>
5	<p>Specialist healthcare commissioning managed by NSS through NSD continues to be key in the delivery of a range of health services, networks and screening services. Digital and Programme Management services are also crucial in the support and design of tertiary care across cancer services in Scotland.</p> <p>Work towards deliverables for the Scottish Cancer Network are noted to accurately set out the agreed expectations between SG and NSS in the ADP.</p>
6	<p>The work ongoing in NSD and Digital Services is noted to enable access to effective care pathways to mitigate against health inequalities, specifically the contribution of Strategic Networks.</p> <p>The extension of the delivery model deployed for COVID/Flu to other vaccines referenced to note that a business case will be developed for new end-to-end digital systems and non-digital channels for vaccines.</p> <p>Reference made to NSS taking steps to specifically reduce health inequalities for those in prison or in custody and plans to publish a new equity in screening strategy is positive. Further engagement would be welcomed through ADP updates on the deliverables undertaken specifically to improve healthcare for those in prison and custody through DaS and NSD and whether there is scope for the inclusion of specific reference to racialised health inequalities or anti-racism related work.</p>
7	<p>Innovation underpins much of NSS' service delivery and is a key element in enabling health and care transformation across the system.</p> <p>The support and provision of agreed innovation services for the ANIA Pathway and associated pipeline projects are highlighted and the ADP is noted to meet expectations against this recovery driver more broadly. The outline provided on the Target Operating Model work and controls in place for the Scan for Safety Programme are also noted to be particularly positive.</p> <p>Engagement between the SG and NSS will continue in regard to the timeline for business case submission in relation to the National Strategic Network for Genomic Medicine.</p>

<p>8</p>	<p>It is recognised that the delivery of eRostering is a key national digital programme NSS delivers in support of the Digital Strategy for Health and Social Care.</p> <p>We are content that the specific milestones and associated timescales for this programme, including the integration of systems for National Boards are outlined appropriately.</p> <p>Further to this, the integration NSS' review of their Workforce Plan in the ADP is appreciated and there is clear reference to the Workforce plan and 5 pillars action plan in the ADP. It is also noted that the Interim National Retire and Return Arrangements have been fully implemented in your Workforce Plan.</p> <p>Engagement through ADP updates on diversity and equalities, with mention of the role of leadership to enable the changes needed in this space would be welcomed.</p>
<p>9</p>	<p>NSS has a vital role within the delivery of digital services and programmes to support Health and Care Services and a number of key programmes NSS supports/manages are referenced specifically in the Board Actions in the ADP Guidance.</p> <p>Through the feedback and review process it is noted that the SG are content with the following deliverables and projects: ATOS, cyber support functions, SWAN and Phase 2 and 3 of PACS. More widely it is understood that discussions are ongoing particularly in the regards to Digital delivery to confirm where further engagement/additional information is required or BAU arrangements reported through existing arrangements are to be considered.</p>
<p>10</p>	<p>The recent publication of NSS Environmental and Sustainability Strategy 2022-2040 clearly sets out the organisation's strategy that will build upon this work and how it will achieve the targets set by the SG for NHS Scotland and all public sector to be net zero carbon by 2040.</p> <p>It is noted that the Strategy is clearly referenced in the ADP. Inclusion of innovative distribution practices and fuels (HVO) is positive and waste management assessed and reported through BAU arrangements.</p>

<p>Finance, Procurement and Support</p>	<p>It is highlighted that much of NSS delivery in this space is covered by business-as-usual functions and the SG are broadly content with deliverables outlined in the ADP.</p> <p>The inclusion of the development and implement an Anchor Strategic Plan is positive. In addition, the inclusion of milestones in relation to introducing collaborative procurement of PPE is welcomed. It is understood that environmental sustainability is part of the planning for this objective, however engagement through ADP updates is recommended if more information is required in regards to actions to ensure PPE stocks are as environmentally sustainable as possible.</p>
<p>Value Based Healthcare</p>	<p>It was very positive to see VBH&C feature prominently in the narrative of the plan and NSS is encouraged to continue with implementation of the Realistic Medicine Action Plan.</p>





Annual Delivery Plan Template

Template: ADP 2

March 2023

NHS Board: [NHS National Services Scotland \(NSS\)](#)

Annual Delivery Plan 23-24	
Recovery Driver <i>Please select from the drop down list :</i>	NSS Deliverable Reference <i>Please create your own reference code for this deliverable</i>
9. Digital	NSS-DaS-FY24-08
9. Digital	NSS-DaS-FY24-10
9. Digital	NSS-NHSS Assure-FY24-05
10. Climate	NSS-NHSS Assure-FY24-01

7. Innovation Adoption	NSS-Clinical-FY24-04
1. Primary and Community Care	NSS-PCFS-FY24-01
11. Finance, Procurement and Support	NSS-PCFS-FY24-02
4. Planned Care	NSS-SNBTS-FY24-01
4. Planned Care	NSS-SNBTS-FY24-02

1. Primary and Community Care	NSS-Clinical-FY24-01
6. Health Inequalities	NSS-NSD-FY24-06
10. Climate	NSS-NP-FY24-02
11. Finance, Procurement and Support	NSS-Finance-FY24-01

11. Finance, Procurement and Support	NSS-Finance-FY24-02
7. Innovation Adoption	NSS-NSD-FY24-07
6. Health Inequalities	NSS-Clinical-FY24-02
5. Cancer Care	NSS-NSD-FY24-03

6. Health Inequalities	NSS-NSD-FY24-04
6. Health Inequalities	NSS-NSD-FY24-05
7. Innovation Adoption	NSS-Clinical-FY24-03
2. Urgent and Unscheduled Care	NSS-NHSS Assure-FY24-02

4. Planned Care	NSS-NHSS Assure-FY24-03
6. Health Inequalities	NSS-SNBTS-FY24-03
11. Finance, Procurement and Support	NSS-SPST-FY24-03
3. Mental Health	NSS-NSD-FY24-01

11. Finance, Procurement and Support	NSS-CLO-FY24-01
11. Finance, Procurement and Support	NSS-CLO-FY24-02
9. Digital	NSS-DaS-FY24-09

10. Climate	NSS-NP-FY24-01
11. Finance, Procurement and Support	NSS-NP-FY24-06
5. Cancer Care	NSS-NSD-FY24-02

7. Innovation Adoption	NSS-NSD-FY24-08
1. Primary and Community Care	NSS-PCFS-FY24-03
4. Planned Care	NSS-NHSS Assure-FY24-04

11. Finance, Procurement and Support	NSS-NP-FY24-04
11. Finance, Procurement and Support	NSS-NP-FY24-05
11. Finance, Procurement and Support	NSS-NP-FY24-03
1. Primary and Community Care	NSS-DaS-FY24-14
1. Primary and Community Care	NSS-DaS-FY24-13

1. Primary and Community Care	NSS-DaS-FY24-13
8. Workforce	NSS-DaS-FY24-01
9. Digital	NSS-DaS-FY24-02
9. Digital	NSS-DaS-FY24-04
9. Digital	NSS-DaS-FY24-05
9. Digital	NSS-DaS-FY24-06
9. Digital	NSS-DaS-FY24-07
9. Digital	NSS-DaS-FY24-11
	NSS-NSD-FY24-09

1. Primary and Community Care	NSS-SPST-FY24-01
11. Finance, Procurement and Support	NSS-SPST-FY24-02
11. Finance, Procurement and Support	NSS-SPST-FY24-03

11. Finance, Procurement and Support	NSS-SPST-FY24-04
6. Health Inequalities	NSS-SPST-FY24-05
6. Health Inequalities	NSS-SPST-FY24-06
9. Digital	NSS-SPST-FY24-07

<p>Deliverable Summary</p> <p><i>Please include a brief summary of the deliverable, briefly outlining the intended action and what this will achieve in 23/24.</i></p>	<p>NSS Directorate</p>
<p>Manage the replacement of the Scottish Wide Area Network (SWAN)</p>	<p>DaS</p>
<p>Manage Phase 3 PACS RP Transition and Implementation</p>	<p>DaS</p>
<p>Delivery of a Strategic Asset Management System (SAMS) for NHSScotland to replace 2 existing systems.</p>	<p>NHSS Assure</p>
<p>Reduce the carbon foot print of the NSS fleet of Heavy Good Vehicles by installing Hydrotreated Vegetable Oil (HVO) Tank at Coddington to provide fuel for Menzies fleet</p>	<p>NHSS Assure</p>

<p>Implement The Scan for Safety Programme: a wide approach to the tracking and tracing of high risk implantable devices in Scotland through digital data capture at the point of care.</p>	<p>Clinical</p>
<p>Provide relevant clinical governance leadership, programme management and operational support for the new Community Glaucoma Service and, dependent on the Scottish Government confirming its intentions regarding its future, the introduction of a new specialist supplementary eye examination structure within General Ophthalmic Services. TARGET - up to 20,000 registrations by March 2025</p>	<p>PCFS</p>
<p>Continue the provision of the National Counter Fraud Services with recoveries and cost avoidance of £4.2m by end 2023/24</p>	<p>PCFS</p>
<p>Support the appointment of a Plasma Product manufacturer</p>	<p>SNBTS</p>
<p>Prepare a delivery plan for Plasma for Medicine following appointment of manufacturer</p>	<p>SNBTS</p>

<p>Design and begin build of DPDP programme to replace the paper prescription with a digital solution. The initial scope is “the end-to-end pathway across in-hours fixed general practice prescribers into community pharmacy dispensing”.</p>	<p>Clinical</p>
<p>Deliver the Strategic Network for the Long Term Effects of COVID-19 agreed workplan and priorities and supporting PHS Long Covid data development for ongoing surveillance. To improve patient outcomes and ensure national approach to service delivery.</p>	<p>NSD</p>
<p>Support Net Zero ambition and reduce overall NDS carbon foot print, implement non-fossil fuel trial and ‘merge on wheels’ (Cross Docking) to achieve a 20% reduction in fuel consumed by NDS fleet by Q4.</p>	<p>NP</p>
<p>Achieve Financial Sustainability</p>	<p>Finance</p>

<p>Manage phase 2 of South East Payroll Services.</p>	<p>Finance</p>
<p>Establish and manage ongoing development and delivery of a Diagnostics Strategic Network in 2023/24 supported by a core team within National Services Division.</p>	<p>NSD</p>
<p>Publish a new Equity in Screening Strategy to drive action to reduce inequalities in uptake and increase access of screening. Early activity will focus on improving data - through our new Screening Intelligence Platform - to provide a baseline and basis for action.</p>	<p>Clinical</p>
<p>Coordinate the National Cervical Exclusions Audit, ensuring all audit activity is complete within agreed timescales.</p>	<p>NSD</p>

Support the development of the pathway and a specification for a young person's gender service for NHS Scotland.	NSD
Support the development the pathway and specification of a late stage abortion service, to support equitable and safe healthcare services for women.	NSD
Establish and provide procurement and assurance services to the ANIA innovation pathway (triage, strategic assessment and value cases) with recommendations to the Innovation Design Authority	Clinical
Planning and advice in relation to IPC (Infection, Prevention, Control) and wider issues related to healthcare built environment and, where required, response to all NHS Scotland health board notified ARHAI incidents , outbreaks, and clusters within healthcare settings	NHSS Assure

<p>Survey NHS Scotland Estate to establish where Reinforced Aerated Autoclaved Concrete (RAAC) is contained within buildings and to then identify, risk assess for any remedial action required.</p>	<p>NHSS Assure</p>
<p>Implement the Hepatitis B lookback process</p>	<p>SNBTS</p>
<p>Development and implement an Anchor Strategic Plan for NSS.</p>	<p>SPST</p>
<p>Deliver Perinatal Mental Health Managed Clinical Network priorities as agreed by SG and support delivery of Early Years Mental Health in line with Scottish Government Policy.</p>	<p>NSD</p>

Management of Clinical Negligence Claims	CLO
Continue to provide advice from CLO to Health Boards on the ongoing Public Inquiries, combining high-quality legal advice with efficiencies and financial synergies.	CLO
Manage Phase 2 PACS RP Procurement	DaS

<p>Baseline NHSS product-based Scope 3 emission reduction plan maturity on a supplier level basis (by 31st March 2024 we will have either contacted or will have a plan to contact all of our contracted product suppliers on NP contracts to understand and gauge their net zero ambitions)</p>	<p>NP</p>
<p>Implement the TOM for Future State Resilience including PPE and PIPP national stockpiles in line with agreed timescale during 2023/24 and reduce 3PL storage use by over 50% by end Q4</p>	<p>NP</p>
<p>Ensure continued delivery of the Scottish Cancer Network commission from SG, ensuring smooth transition from Programme Delivery into to Business as Usual delivery.</p>	<p>NSD</p>

<p>Deliver agreed priorities for the National Strategic Network for Genomic Medicine including both transformation activity and network deliverables. To support delivery of an equitable person centred population based genomics service and infrastructure for Scotland.</p>	<p>NSD</p>
<p>Development of the National Primary Care Clinicians Database (NPCCD). TARGET - Dental delivered by March 2025/26</p>	<p>PCFS</p>
<p>NHS Scotland Assure will support NHS Scotland boards by reviewing Healthcare Built Environment (HBE) projects, including the NTC programme, through the NHSScotland Design Assessment Process (NDAP) and Key Stage Assurance Review (KSAR) at each required stage of the lifecycle programme. This will help Boards to ensure that they undertake an engaged and considered design approach which facilitates the procurement of well-designed, sustainable, healing environments which support the policies and objectives of the Board and the SGHD, including minimising risk in the Healthcare Built Environment (HBE).</p>	<p>NHSS Assure</p>

Support NHSS Financial sustainability NP will by 1st April 2023 create a fully resourced contract workplan for Green RAG status projects that will deliver a cost neutral position across the 23/24 national contract renewals portfolio expected to be circa £10m medicines savings, £10m non-medicines pressures and additionally £20m cost avoidance for NHS Scotland through National Procurement contracting activity	NP
Support NHSS Financial sustainability NP will by 1st April 2023 create a fully resourced contract workplan for Green RAG status projects that will deliver a cost neutral position across the 23/24 national contract renewals portfolio expected to be circa £10m medicines savings, £10m non-medicines pressures and additionally £20m cost avoidance for NHS Scotland through National Procurement contracting activity	NP
April 2023 create a fully resourced contract workplan for Green RAG status projects that will deliver a cost neutral position across the 23/24 national contract renewals portfolio expected to be	NP
Continued delivery of the SNOMED CT programme.	DaS
Delivery of the CHI GPPRS Programme	DaS

Continued delivery of the GPIT Reprovisioning programme.	DaS
Continue to support the rollout of eRostering across NHSScotland.	DaS
Delivery of the National Cyber Centre of Excellence (in partnership with Abertay University).	DaS
Continue to manage the AtoS contract including planning for future reprourement or replacement of services.	DaS
Provide the cyber support functions within NSS that provide services on behalf of all boards.	DaS
Begin use of SEER2 to support Data for Insight.	DaS
Facilitate and manage the move to the SEER2 platform.	DaS
Develop a roadmap for all systems held within DHAC / eHealth SLA.	DaS
Support to build capacity and capability to implement Infection Prevention Control practises in the social care sector	NHSS Assure

<p>Support Public Health Scotland (PHS) for outbreak variants and mutations beyond COVID-19 including supporting contract tracing activities; supply, distribution and registration of test kits; and call centre services</p>	<p>SPST</p>
<p>Plan for procurement and distribution of LFD tests; redistribution or disposal of laboratory equipment and right-size National Contact Centre service, retaining, decommissioning or augmenting digital solutions to support SG policy objectives.</p>	<p>SPST</p>
<p>Plan for procurement and distribution of LFD tests; redistribution or disposal of laboratory equipment and right-size National Contact Centre service, retaining, decommissioning or augmenting digital solutions to support SG policy objectives.</p>	<p>SPST</p>

<p>Plan for procurement and distribution of LFD tests; redistribution or disposal of laboratory equipment and right-size National Contact Centre service, retaining, decommissioning or augmenting digital solutions to support SG policy objectives.</p>	<p>SPST</p>
<p>Implement the Hepatitis B lookback process</p>	<p>SPST</p>
<p>Extend delivery model deployed for COVID/Flu to other vaccines. Develop a business case for new end-to-end digital systems and non-digital channels for vaccines.</p>	<p>SPST</p>
<p>Cease Test and Protect Activity including decommission of Covid-19 digital solutions, and transition National Contact Centre services to support vaccination services and maintain readiness to respond to any new Covid-19 Variants and Mutations.</p>	<p>SPST</p>

NSS Service	Funding Secured?	Funding Source
National Infrastructure Service Management	Yes	Scottish Government
DaS	In Progress	Scottish Government
NHS Scotland Assure Facilities	Yes	Scottish Government
NHS Scotland Assure Facilities	Yes	NSS

Clinical	Yes	Scottish Government
PCFS	Yes	Scottish Government
PCFS	n/a	n/a
Provision of Blood and Blood products	In Progress	Scottish Government
Provision of Blood and Blood products	In Progress	Scottish Government

NSS & NES joint	Yes	Scottish Government
Specialist Healthcare	Yes	Scottish Government
NP	Yes	NSS
Business Finance	Yes	NSS

Payroll	Yes	NSS
Specialist Healthcare	In Progress	Scottish Government
Clinical	Yes	
Cervical Screening Programme	Yes	Scottish Government

Specialist Healthcare	In Progress	Scottish Government
Specialist Healthcare	In Progress	Scottish Government
Clinical	Yes	Other (Please Specify)
Legal Services	Yes	NSS

NHS Scotland Assure Facilities	Yes	Scottish Government
Provision of Blood and Blood products	Yes	Scottish Government
Business Finance	No	NSS
Specialist Healthcare	In Progress	Scottish Government

Legal Services	Yes	Other (Please Specify)
Legal Services	Yes	Other (Please Specify)
DaS	Yes	Scottish Government

NP	Yes	NSS
NP	In Progress	Scottish Government
Specialist Healthcare	Yes	Scottish Government

Specialist Healthcare	Yes	Scottish Government
Practitioner Services	Yes	Scottish Government
NHS Scotland Assure Facilities	Yes	Scottish Government

NP	Yes	NSS
NP	Yes	NSS
NP	Yes	NSS
	Yes	Scottish Government
	Yes	Scottish Government

DaS	Yes	Scottish Government
DaS	Yes	Scottish Government
DaS	In Progress	Scottish Government
DaS	Yes	NSS
DaS	Yes	NSS
Near Time Data [Seer 2]	In Progress	Scottish Government
Seer 2	Yes	NSS
DaS	In Progress	Scottish Government
ARHAI	In Progress	Scottish Government

Testing	Yes	Scottish Government
	3 Yes	Scottish Government
Testing	Yes	Scottish Government

Testing	Yes	Scottish Government
Provision of Blood and Blood products	Yes	NSS
Effective Immunisation and Vaccination	Yes	Other (Please Specify)
Testing	Yes	Scottish Government

If Other Spending Source Please Specify	Q1 Milestones <i>Please outline what you intend to have achieved by Q1</i>	Q2 Milestones <i>Please outline what you intend to have achieved by Q2</i>	Q3 Milestones <i>Please outline what you intend to have achieved by Q3</i>
Other (Please Specify)	Call-Off Contracts, Initial Orders and SWAN Member Transition Plans agreed	Shared Services made available and ready for service, Initial Member Site transitions commenced	Delivery of SWAN Member Site transitions to agreed timetable
Other (Please Specify)	Recruit Ph3 Team	Overall Implementation Plan Agreed	TBA with Preferred Bidder
NSS	30%	75%	85%
	Procurement of lead design consultant	Design Conclusion and License to Work via landlord	Delivery of enabling and infrastructure works

		Implementation: PoC pilot exercises started by September 2023	TOM: Target Operating Model for Scan for Safety developed and approved by October 2023
		3,000 registrations	
	£1.05m recoveries	£2.10m recoveries	£3.15m recoveries
		UK appointment of Plasma Product partner	

			<p>To commence the build of the agreed end-to-end DPDP MVP Solution (Nov 23)</p> <p>To draft the DPDP Implementation Plan including stakeholder readiness activities (Dec 23)</p>
	<p>To complete the design of the end-to-end DPDP MVP Solution Architecture (Jun 23)</p>		
	<p>1. Rollout of digital tool (Elaros - C19-YRS) to 12 territorial health boards</p> <p>2. Self management workbook published for national use (printed copies provided to all territorial boards and available electronically)</p>	<p>1. Children and Young People's pathway developed.</p> <p>2. SharePoint hub available for sharing of resources, pathway documentation and other key information.</p>	<p>1. Evaluation framework defined and developed.</p> <p>2. Initial data from digital tool analysed and shared to support refinement of evaluation framework.</p>
	<p>Agreement in principle with distribution partner Menzies to participate in delivering the solution.</p>	<p>Redesign distribution schedules to facilitate approach</p>	<p>Achieve 'merge in wheels', 10% fossil fuel consumed reduction begins</p>
	<p>Implement NSS Financial Sustainability Action Plan which underpins our objective to have an organisational financial stewardship culture that will drive effective use of assets, infrastructure and value for money.</p>		

			TBA
	<p>1 Governance structure (OSB, Steering and Core groups) and annual meeting schedule in place for 23/24 and Q1 meeting cycle delivered.</p> <p>2.High level strategic vision and priorities for diagnostics transformation agreed by OSB, informed by outputs of Diagnostic Framework collaborative session and Exec Board transition plans</p> <p>3.Expert communities survey issued</p> <p>4 DSN performance</p>	<p>1 Expert communities populated</p> <p>2Business case developed for initial investigation & assessment of new delivery models ((Radiology)</p> <p>3. High level diagnostics transformation plan drafted. 4. DSN Programme team recruitment complete</p> <p>5. Mapping of local, regional and national services initiated to inform service planning. 6.</p>	<p>1 Existing Diagnostic Programme governance and objectives aligned under DSN 2. Plan to transition existing structures (5 diagnostic networks and clinical/scientific leadership) under DSN agreed</p> <p>3. Website developed and live 4 Scoping/initiation/delivery of prioritised transformation projects</p>
	<p>Equity in Screening Strategy published by end June 23</p>	<p>Equity in Screening Strategy - Action Plan published by end August 23</p>	
	<p>National Project Plan Milestones are on track</p>	<p>National Project Plan Milestones are on track</p>	<p>National Project Plan Milestones are on track</p>

	CYP Gender scoping paper and high level specification	Stakeholder engagement and confirm planning actions for national, regional & local pathways	
	Stakeholder engagement and define scope of proposed pathway	Complete specification and sign off by key stakeholders SAMD	Complete Board engagement and confirm NHS Provider
Other (Please Specify)	Services provided to 100% of ANIA pathway cases	Services provided to 100% of ANIA pathway cases	Services provided to 100% of ANIA pathway cases
	100% of NHS Boards request for assistance within the quarter with incidents and outbreaks responded to.	100% of NHS Boards request for assistance within the quarter with incidents and outbreaks responded to.	100% of NHS Boards request for assistance within the quarter with incidents and outbreaks responded to.

		20%	50%
			80%
	<p>NSS Anchor Institution Short Life Working Group established. Complete first phase of self-assessment model for NSS Anchor Institution requirements to identify gaps.</p>	<p>Agree governance and reporting frequencies on NSS progress as an Anchor Institution. Assess actions to address gaps from initial self-assessment exercise. Develop draft NSS Anchor Strategic Plan.</p>	<p>Finalise NSS Anchor Strategic Plan for approval. Check point review of progress against activities and actions for NSS as an Anchor. Publish NSS Anchor Strategic Plan.</p>
	<p>1. Recruitment of new clinical leads by Jun 23 2. Agree revised scope of MCN with SG policy leads 3. Mother and Baby Unit options appraisal submitted to NSD SMG for approval</p>	<p>1. Mother and baby unit options appraisal delivered to National Planning Board 2. Q2 Workplan objectives delivered.</p>	<p>1. Q3 Workplan objectives delivered.</p>

<p>CLO is funded from fees charged to clients. Scottish Government also funds the CNORIS Scheme and CLO receives some of these funds</p>	<p>Update clinical negligence claim settlement dates and values 100%</p>	<p>Update clinical negligence claim settlement dates and values 100%</p>	<p>Update clinical negligence claim settlement dates and values 100%</p>
<p>CLO is funded from fees charged to clients.</p>	<p>Ongoing review of legal resources required to complete work for Inquiries, including UK and Scottish COVID Inquiries. Ongoing attendance at meetings with UK and Scottish Inquiry Teams to understand future activities. Training and awareness sessions being held as requested/required in regards to UK and Scottish Inquiries.</p>	<p>Ongoing attendance at meetings with UK and Scottish Inquiry Teams to understand future activities. Training and awareness sessions being held as requested/required in regards to UK and Scottish Inquiries.</p>	<p>Ongoing attendance at meetings with UK and Scottish Inquiry Teams to understand future activities. Training and awareness sessions being held as requested/required in regards to UK and Scottish Inquiries.</p>
	<p>FBC approval</p>	<p>New Contract Signature</p>	<p>Ph2 Programme Closure</p>

	Identify in-scope contracts / comms plan / data strategy by 31st July	Develop tender/ assessment 31st August	Approval / implement by 31st October
		Agree SLA / MOU with SG and issue to other relevant public bodies	confirm invoice process
	<p>1. Revised governance structures in place and ToR agreed</p> <p>2. 3 x CMPs delivered by Jun 23 (Breast, Lung and Adult Neuro)</p>	<p>1. Oncology workforce transformation mobilisation phase scoped and agreed.</p> <p>2. Deliver improvement in performance monitoring of the SCN workstreams through developing a consistent model for performance reporting by end of Q2</p> <p>3. Initial mapping of existing governance groups complete and recommendations made</p>	<p>1. Support the development of 2 new CMP business cases by implementing a prioritisation framework and undertaking a prioritisation assessment by end of Q3</p>

	<p>1. Complete strategy working groups and draft strategy recommendations (100% by Jun 23)</p> <p>2. New genomic test approval processes in place (100% by Jun 2023)</p> <p>3. Implementation of horizon scanning process (in place by Jun 23)</p> <p>4. Website developed and live by Jun 23</p> <p>4. Publication of new genomics test directory by Jun 23</p>	<p>1. 25% of cancer priorities delivered</p> <p>2. Publish genomics strategy for Scotland.</p> <p>3. Development of Year 1 implementation plan.</p>	<p>1. Publish Year 1 strategy implementation plan</p> <p>2. Business case for genomics submitted to SG.</p> <p>3. 80% of cancer priorities delivered.</p>
	Initial scoping	TBA	TBA
	<p>NHSSA services involvement in Healthcare build projects as prioritised by SG through NDAP and KSAR programmes.</p> <p>Deliverables for each quarter will be contingent on NHSS Board programmes of Work we will however look to complete a minimum of 90% of this quarters agreed reporting deliverables within mandated/agreed timescales.</p>	<p>NHSSA services involvement in Healthcare build projects as prioritised by SG through NDAP and KSAR programmes.</p> <p>Deliverables for each quarter will be contingent on NHSS Board programmes of Work we will however look to complete a minimum of 90% of this quarters agreed reporting deliverables within mandated/agreed timescales.</p>	<p>NHSSA services involvement in Healthcare build projects as prioritised by SG through NDAP and KSAR programmes.</p> <p>Deliverables for each quarter will be contingent on NHSS Board programmes of Work we will however look to complete a minimum of 90% of this quarters agreed reporting deliverables within mandated/agreed timescales.</p>

	-£4.57m	-£3.41m	-£1.13m
	£5.7m	£4.91m	£4.29m
	£0.99m	£2.4m	2.92m
	Delivery of 2 day Ontology Server Connectathon. Completion of OBC.	Outline plan to transition Onto Server to BAU. Programme website made publicly available.	Completion of National Procurement SNOMED CT Advice & Guidance pack (requirements & maturity matrix).
	nCHI Use Cases (functional specifications) completion by end of June. 2. SIT (System Integration Test) completion by end of June.	continues through August. 2. First full dry-run of nCHI cutover is scheduled for mid-July involving all key suppliers and stakeholders. 3. All nCHI training	completes at the start of September. 2. Six-week UAT by HBs and National Systems to complete in mid-October. 3. Gateway 4 review and go/no-go decision for nCHI go-live.

	<p>BAU governance meeting established (membership, ToR, schedule)</p> <p>First live EMIS data conversion initiated.</p> <p>Cohort 5 (inc GG&C) direct award process initiated.</p> <p>Deployments progressing in Tayside, Lanarkshire, Lothian, Grampian</p>	<p>Cohort 5 Direct Award concluded.</p> <p>Direct award process started for NHS Highlands, Forth Valley and some other boards, engaging with all remain boards on preparation.</p> <p>Deployments progressing in all boards under contract</p>	<p>Direct award process started for all remaining boards.</p> <p>Deployments progressing in all boards under contract at the required pace, except where intentionally deferred.</p> <p>First EMIS>Vision conversions successfully completed.</p>
		<p>To have delivered a pilot of the eESS and SSTS integrations with HealthRoster.</p>	
		<p>Refresh of NSS Cyber Strategy.</p>	<p>Networking application security monitoring tools MVP deployed.</p>
	<p>Agreement of Plan</p> <p>Agreement of Funding</p>	<p>Delivery of early Alpha outputs</p>	<p>Completion of Alpha</p>
	<p>Baselined Delivery Plan</p>	<p>Completion of Go Live</p>	
	<p>Identify and agree scope of work. Define the plan.</p>	<p>TBC</p>	<p>TBC</p>
	<p>Awaiting confirmation of capital funding</p>		

	<p>working with PHS to determine what services NCC could provide beyond COVID VAM – e.g. support for other pathogens. Very early days. TBA</p>		
	<p>Agree any further COVID testing support to SG policy on implementation of lateral flow devices (LFD) for selected use cases. Finalise trials of multiplex LFDs, support any policy decision on their implementation in specific use cases (e.g. care homes) including digital support and procurement.</p>	<p>Establish capability for in Scotland manufacturer on a just-in-time basis during Q1 2023/24 and source validation/accreditation services during Q2 if Scottish Government require NSS to provide this service. TBA</p>	<p>Prepare to procure and distribute LFDs on an ongoing basis from October 2023 when the UKG 4-countries agreement is expected to end.</p>
	<p>Complete the redeployment/disposal of laboratory equipment and assets procured during the pandemic to agreed strategic priorities by end of Q1 2023/24.</p>		

		Cease NCC service and decommission digital solutions by July 2023 (this is the assumption since EU Regulations change then but may change if for example USA retain the requirement for international travellers to USA to provide proof of COVID vaccination)	
	NCC providing a national helpline service to SNBTS supporting their lookback work on Hepatitis B. TBA		
PHS		with DaS to respond to SVIP digital commission with digital and non-digital pathways via a discovery exercise by end July 2023. That discovery exercise will allow services to be	
	Assess impact of decommission / hibernation options. Serve contractual notice to third party suppliers Jumio who provide biometric verification and Netcompany who provide system support.	Cease NCC service and decommission digital solutions by July 2023 (this is the assumption as per EU Regulations and requires an SG Policy decision to confirm. USA have now removed their international requirement for proof of COVID vaccination)	

<p>Q4 Milestones</p> <p><i>Please outline what you intend to have achieved by Q4</i></p>	<p>Finance</p>
<p>Final confirmation of Initial Orders, delivery of SWAN Member Site transitions to agreed timetable</p>	
<p>TBA with Preferred Bidder</p>	
<p>100%</p>	<p>1. Other. 2. Procurement.</p>
<p>Completion of installation, commissioning and training</p>	<p>A budget of £134K has been agreed to include works, consents, professional fees</p>

Data Reporting & Analytics: Reporting Framework for high risk implantable devices developed and agreed by March 2024	Business
20,000 registrations by March 2024	Business
£4.2m recoveries	Business
	Business - Finance - funding not yet agreed
Submit Delivery Plan	Business - Finance - funding not yet agreed

	Business Finance
1. 2023/24 funding allocations fully monitored and reported to SG Policy and Finance. 2. Benefits realisation report on Year 2 of the network finalised.	Clinical Workforce Public Perception
Achieve 20% run rate fossil fuel consumed reduction	Estates Procurement
Achieve Financial Sustainability	Finance

	Finance
<p>1 Phase 1 report to BCEs 2 Phase 2 transformation plan agreed 3. Diagnostic Framework published</p>	<p>Finance non recurrent funding Workforce- recruitment</p>
<p>Data transferred into Screening Intelligence Platform for four of the six national screening programmes by end March 2024</p>	<p>Finance Business</p>
<p>National Project Plan Milestones are on track</p>	<p>Finance: funding not yet agreed Workforce: retention</p>

	Funding will have to be made available if this is moved to a multi centre model.
	Limited funding available to deliver service. Service not currently on CIG. Further funding requirement to be scoped.
Services provided to 100% of ANIA pathway cases	other
100% of NHS Boards request for assistance within the quarter with incidents and outbreaks responded to.	Other

<p>100%</p>	<p>Other</p>
<p>Complete the lookback process</p>	<p>Other</p>
<p>Achieve and complete all actions for 23/24 from initial self-assessment exercise. Review of activities defined within NSS Strategic Plan and produce year one report.</p>	<p>other</p>
<p>1. Summary report of audit into barriers to MBU admission completed 2. Q4 workplan objectives delivered</p>	<p>Policy direction</p>

<p>Update clinical negligence claim settlement dates and values 100%</p>	<p>Primary Business / Secondary Reputational</p> <p>The information used in regards to CNORIS Reports including those provided to Scottish Government would not accurately reflect the financial position of Claims if not updated accurately or timeously, as it is used for financial planning and calculation on contribution towards CNORIS. This can be often unavoidable due to circumstances changing.</p>
<p>Ongoing attendance at meetings with UK and Scottish Inquiry Teams to understand future activities.</p> <p>Training and awareness sessions being held as requested/required in regards to UK and Scottish Inquiries.</p>	<p>Primary Business / Secondary Reputational</p> <p>The risk is that there will be a lack or resource capacity due to an increase of Public Inquiries demands (Covid 19 - UK and Scotland and the Hospitals Inquiries).</p> <p>Litigation Teams can become stretched due to the increase of demands being placed upon them. - As a result service delivery could be adversely affected impacting on CLOs reputation.</p>
	<p>Procurement</p>

<p>300 Suppliers contacted with 100 NZPs received 31st March 2024</p>	<p>Procurement</p>
<p>Launch PPE service to public bodies who have agreed to join the collaborative agreement.</p>	<p>Procurement</p>
<p>1. PHCC PIP evaluation and options delivered 2. 2 additional CMPs in development</p>	<p>Recruitment</p>

<p>1. All cancer priorities delivered.</p> <p>2. Detailed delivery plan in place for genomics laboratories in Scotland.</p>	<p>Recruitment</p> <p>Finance</p>
<p>TBA</p>	<p>reputational</p>
<p>NHSSA services involvement in Healthcare build projects as prioritised by SG through NDAP and KSAR programmes. Deliverables for each quarter will be contingent on NHSS Board programmes of Work we will however look to complete a minimum of 90% of this quarters agreed reporting deliverables within mandated/agreed timescales.</p>	<p>Resource Capacity</p>

<p>-£0.89 £10 Million Non Medicine</p>	<p>To Follow</p>
<p>£5.10m Total £20m Cost Avoidance</p>	<p>To Follow</p>
<p>£3.68 £10m Medicine Saving</p>	<p>Workforce - Retention Workforce - Recruitment</p>
<p>Completion of detailed analysis & impact assessment for Read to SNOMED CT transition for GPIT & Integrating</p>	
<p>N/A (Project completes by end of 2023)</p>	

<p>Direct Awards concluded for all health boards by end of Framework (Feb 24)</p> <p>Deployments progressing in all boards under contract at the required pace, except where intentionally deferred.</p> <p>EMIS>Vision conversions scaling up.</p>	
<p>Delivered Year 2 of the initial implementation plan.</p>	
<p>Delivery of Phase 1 plan for Cyber Centre of Excellence</p>	
<p>Ongoing contract management.</p>	
<p>Establish NSS Charter of Cyber Provision including SLAs.</p>	
<p>Review and plan Beta scope</p>	
<p>Data Trust Tooling</p>	
<p>TBC</p>	

Risks and Issues - Description <i>Please provide a short summary of risk(s) and/or issue(s) with a focus on cause and</i>	Controls <i>Please summarise the key controls in place to manage the risk(s) and/or issue(s), to reduce the impact, or to</i>	Risk Register Reference
<p>Delays to availability of Transit Network between SWAN1 and SWAN2 means that Site Transitions cannot commence as planned</p> <p>Availability of funding for Initial Set up and transition costs means that Site Transitions cannot commence as planned</p>	<p>Management of incumbent and replacement supplier</p> <p>Optimisation of proposed solutions to the most cost effective approach</p>	
<p>Risk of Transition & Implementation Delays</p>	<p>Exit Board to be set up. Effective RAID management. Detailed planning with Preferred Bidder, Health Boards, Breast Screening, NSS</p>	
<p>1. There is a risk of potential data transfer issues as a result of the handover from 3i to the new Strategic Asset Management System (SAMS). 2. Procurement may not meet required delivery timescales which would impact on overall delivery of the programme.</p>	<p>1. NHS Scotland Assure will monitor process of data transfer on a Board by Board basis. Uploaded data will be verified by each Board. 2. NHS Scotland Assure working with CLO to review contract queries in order to conclude contract. NHS Scotland Assure are working with the supplier to develop and agree implementation strategy.</p>	<p>6657, 6475</p>
<p>R1 - Risk that landlord approval is not agreed</p> <p>R2 - Risk of fire or explosion relating to storage and dispensing of combustible fluids</p>	<p>R1 - NHS Scotland Assure and Lead Advisors will open early dialogue with Landlords for approval</p> <p>R2 - Site Health and Safety practices developed, managed and monitored. Fire Risk Assessment</p>	<p>TBC</p>

<p>Solution is still in design; resource requirements for solution and operational wrap around still to be determined</p>	<p>Maintain links with DaS demand planning process. Work with NES to review requirements and plan mitigations.</p>	
<p>There is a risk that the contingency solution and interim database may potentially overpay or incorrectly pay providers due to the quality of the data received.</p>	<p>Ongoing Project Management</p>	<p>R7046</p>
<p>There is a risk that CFS do not achieve the £4.2million savings and recoveries for 2023/24.</p>	<p>Ongoing monthly monitoring and KPI reporting</p>	<p>R7136</p>
<p>There is a risk that the UK blood services cannot appoint a fractionation partner for UK Plasma in a timely manner</p>	<p>Participate in UK procurement process, rapid escalation of risks to EMT and appoint a project governance group</p>	<p>6550</p>
<p>There is a risk that withdrawal of UK plasma from the diagnostic market will have an adverse impact on healthcare in-vitro diagnostic market</p>	<p>Explore new way of recovering plasma from whole blood donations, monitor current contracts with suppliers, phased approach to termination of diagnostic plasma contracts</p>	<p>6546</p>

<p>Risk 1 There is a risk we are unable to deliver to time and budget if delivery partners and key stakeholders, and subject matter experts are unavailable this includes staff at a local level within general practices and pharmacies.</p> <p>Risk 2 There is a risk that insufficient funding will be available for the MVP build to progress at the desired pace.</p>	<p>Engage and involve stakeholders. Raise awareness of lack of stakeholder availability / capacity impacting the programme.</p>	
<p>There is a risk that the network is unable to meet expectations of stakeholders due to finite resource and capacity.</p>	<p>Robust programme management methodology applied and clear roles and responsibilities established with SG policy team.</p>	TBC
<p>There is a risk that the 20% reduction in fossil fuel consumption may not be achieved within 23/24 if planned equipment and infrastructure changes e.g. delays in sourcing new Double-Deck trailer fleet (to aid efficiency) and any transport key supplier delays deploying alternative fuel bunkering.</p>	<p>Build this objective into 3PL Service Levels for 22/23. Create project plan with Q1 & Q3 to prepare, position and execute risk mitigation needed</p>	7171

Risk that our services and organisation is not financially sustainable in the longer term	Various	6205
<p>There is a risk that funding is not available to resource deliverables within Diagnostics transformation plan and strategic aims are not achieved</p> <p>There is a risk that a suitable Director cannot be recruited and the DSN lacks appropriate leadership/SME in that capacity</p>	<p>Engagement with NSD policy leads/BCEs on funding requirements</p> <p>Targeted recruitment/ flexible model</p>	TBC
<p>Risk 1 lack of funding to support all activity across the strategy.</p> <p>Risk 2 information governance barriers to transferring data in SCIP</p> <p>Risk 3 ATOS corporately resistant to enabling SCIP work because of potential impact on contract/value of their activity</p>	<p>Risk 1 Regular engagement with Scottish Government, and recognition of Equity Strategy within Scottish Cancer Strategy. Strategy document itself recognises that equity should be core business - not something that can only be delivered with additional funding.</p> <p>Risk 2 Dedicated Programme Manager developing DPIAs and engaging with DaS to progress information governance.</p> <p>Risk 3 DaS escalating within ATOS to secure support, and further escalation routes identified if needed.</p>	
There is a risk that there will be no national coordination of the cervical exclusions audit due to there being a lack of funding for the extension of contract for the national audit team - funding only in place until Spring 2023	Funding request to be submitted to SG in Q3	7124

<p>Securing clinical expertise to validate specification.</p>	<p>Expert identified and being progressed.</p>	<p>TBC</p>
<p>Securing clinical expertise to validate specification</p>	<p>Working with CMO to request support</p>	<p>TBC</p>
<p>Risk 1 Pace and scale of the ANIA pathway reduces focus on assurance.</p> <p>Risk 2 Variable practice for clinical safety and IG in territorial Boards reduces efficacy of identified mitigations for risks.</p> <p>Risk 3 Variable infrastructure and existing contracts in place in territorial boards reduces impact of national contracts and "Once for Scotland" implementation.</p>	<p>Ensure flexible NSS capacity for assurance activity in response to demand.</p> <p>Develop and maintain networking with RDI leads and IG leads in territorial boards to support planning and increase engagement.</p> <p>Provide territorial board procurement leads with advance notice of ANIA pipeline projects to inform local procurement strategies.</p>	
<p>The requirement to deliver 100% of the ask as an unknown factor of how many requests receive throughout the year.</p>	<p>The requirement to deliver 100% of the ask as an unknown factor of how many requests receive throughout the year.</p>	<p>TBC</p>

<p>There is a risk that Boards will not provide required building information which has an impact on risk rating buildings and scheduling of discovery surveys. This may result in return trips to Board areas or surveyors not being able to access buildings at all. There is also a potential risk that RAAC could be present in a building that has not been able to be surveyed / or has had to be re-scheduled putting staff, patients and visitors at potential risk.</p>	<p>NHS Scotland Assure and Lead Advisor are in regular contact with Boards to request information. Currently discussing escalation routes if Boards continue to fail to respond.</p>	<p>TBC</p>
<p>The lookback process may not be completed with timescale</p>	<p>3 risks identified</p>	<p>7108, 7057</p>
<p>There is a risk that the NSS Anchor Strategic Plan is not fully delivered and meet expectations of EMT and stakeholders due to competing priorities and resource impacts.</p>	<p>Regular engagement with NSS Directorates to ensure that NSS Anchor Institution activities are integral to core services.</p>	
<p>There is a risk that the structure of the MCN is not appropriate to deliver policy requirements.</p>	<p>Engagement with SG policy leads to ensure clarity on requirements and NSD ability to support.</p>	<p>TBC</p>

<p>There is a risk that the information held in the CLO Legal Case Management system in relation to the Negligence Claims is not updated accurately or timeously.</p>	<p>1 - Quality assurance checklist completed monthly by Team Leaders and Heads of Department. 2 - Legal staff objectives include for maintaining the quality of data within case management system. 3 - Two roles specifically employed for CNORIS continuously review and monitor claims data and communicate with relevant solicitors to ensure data is updated timeously.</p>	<p>Risk 5397</p>
<p>The risk is that there will be a lack or resource capacity due to an increase of Public Inquiries demands (Covid 19 - UK and Scotland and the Hospitals Inquiries).</p> <p>Litigation Teams can become stretched due to the increase of demands being placed upon them. - As a result service delivery could be adversely affected impacting on CLOs reputation.</p>	<p>1 - Continuous review of workforce resources during workforce planning.</p>	<p>Risk 6950</p>
<p>Risk of Procurement Challenge</p>	<p>Working with SRO/CLO/Procurement to manage these activities to completion</p>	

<p>There is a risk that the supplier Net Zero Plan (NZP) target within the NP ADP will not be met due to inability to gather plans from enough suppliers in time and to agree implementation of question in NP tenders.</p>	<p>Build this objective into our Climate change leads' core objectives. Track number of suppliers NZPs gathered as a NP KPI</p>	<p>7147</p>
<p>There is a risk that target within the NP ADP for Future State Resilience (incl PPE and PIPP Pandemic stockpiles) will not be met due to variation or lack of clarity in terms of demand signal including the planned implementation of pan public sector supply model.</p>	<p>current controls; PPE/Pandemic stockpiles are established and managed in conjunction with Scottish Government, NP have a dedicated management group and assigned warehousing capacity to meet demands, Stock is monitored and managed on a weekly basis with established distribution models in place as well as a mature supplier base capable of supporting demands.</p>	<p>7172</p>
<p>There is a risk that the SCN is unable to recruit appropriately skilled staff to support delivery. No continuation of Funding Maintaining stakeholder collaboration and Engagement.</p>	<p>Contingency arrangements using existing workforce. Targeted recruitment approach. Design exist strategy should funding not be available. Design communications plan.</p>	<p>TBC</p>

<p>There is a risk that laboratories are unable to recruit clinical scientists required for both strategy and cancer priorities.</p>	<p>Development of workforce plan for Genomics to introduce new skill sets</p>	<p>TBC</p>
<p>There is a risk that the Dental NPCCD will not be delivered to timescales currently March 2025 delivery, if appropriate funding is not made available by SG.</p>	<p>ongoing project management</p>	<p>R7133</p>
<p>There is a potential risk that NHSScotland Assure will not have the required subject matter expertise resource capacity to undertake the number of reviews/assessments required.</p>	<p>Regular Prioritisation reviews with SG to ensure timescales are achievable and resource demand does not exceed capacity for NDAP/KSAR whilst taking cognisance of wider workstreams and priorities.</p>	<p>TBC</p>

	To Follow	To Follow
	To Follow	To Follow
vacancies (16% April 2023), resource constraints, long term absences or other unplanned factors that impact and risk timely execution of the plan.	prioritisation initiative to prioritise management approach for 23 Category B Red resource projects. Recruiting to vacant positions. Note	7170
The cause of this is that the proposed scope has not yet been reviewed and approved by appropriate governance. The impact of this is that the required resource to deliver the proposed scope cannot be	A meeting is being arranged with the SRO & Scottish Government to present the proposed scope. The first Programme Board is scheduled for 1st June.	
issues are around operational readiness of NSS National Systems, specifically their preparation activities that they need to be complete in advance of UAT and go-live. nCHI cannot go-live unless these activities are completed. 2. Go-live of the Daily Broadcast Feeds for the four national Screening Systems were due to complete in early 2023 but are yet	1. Escalation via PMG to ensure that there is visibility of these risks/issues at the appropriate management levels. 2. Increased support by the project and increased engagement with service owners of national systems to ensure that their preparations for nCHI are being progressed.	

<p>Progress with direct awards and deployments is dependent on local health board resources, GP IT programme only has a supporting role - risk of lack of progress.</p> <p>EMIS>Vision conversions depend on successful data conversion process, this has past testing but is now being piloted with live data.</p> <p>Supplier resourcing - Cegedim may reach resource constraints affecting rate of rollout</p>	<p>boards with local business cases to ensure resourcing, support selection process, engage with eHealth Leads, Chief Execs, SGPC, SG and other senior stakeholders.</p> <p>Data conversion: Close engagement with Cegedim supported by NHSS subject matter experts.</p> <p>Supplier resourcing: Close monitoring, weekly SRO engagement with supplier to escalate resourcing issues.</p> <p>The NCISS team has been commissioned to undertake a Clinical Safety Case for GPIT - this will consist of a small Clinical Safety Case to cover migration and a large Clinical Safety Case to cover the hosted Cegedim</p>	<p>Board Resource: Imp_Risk_049</p> <p>Corporate Risk 5507 Imp_Risk_071</p> <p>Data conversion: Programme Issue_037</p> <p>Cegedim</p>
<p>Only completed early engagement with suppliers for the SSTS integration, technical risks remain unknown at this stage.</p>	<p>Close collaboration with suppliers and incremental commissioning.</p>	

Clinical safety risks associated with new national vaccination systems (SVIP programme board and PHS Clinical Governance Group owned)	Need to undertake a clinical safety case if proceed with SVIP	

, 7056

NHS National Services Scotland

Meeting:	NSS Board Meeting
Meeting date:	Wednesday 27 September
Title:	NSS Annual Feedback and Complaints Report 2022-23
Paper Number:	B/23/27
Responsible Executive/Non-Executive:	Lee Neary, Director Strategy, Performance and Service Transformation
Report Author(s):	Louise MacLennan, Deborah Brown, Bill Dunn, Customer Experience and Solutions Team

1. Purpose

- 1.1 The purpose of the report is to provide an overview of the NSS feedback, compliments and complaints data for 2022/23.

2. Recommendation

- 2.1 The Board is asked to approve the report.

3. Executive Summary

- 3.1 The NSS complaints handling procedure reflects our commitment to welcoming all forms of feedback, including complaints and using them to improve services, to address complaints in a person-centred way and to respect the rights of everyone involved. The commitment supports our staff to resolve complaints as close as possible to the point of service delivery and to respond thoroughly and fairly by providing evidence-based decisions based on the facts available to them.
- 3.2 The procedure is developed by NHS complaints handling experts who worked closely with the Scottish Public Services Ombudsman (SPSO). NSS has a consistent approach to handling complaints across our services, which complies with the guidance provided by the SPSO, to meet all the requirements of the Patient Rights (Scotland) Act 2011 and accords with the Healthcare principles introduced by the act.

- 3.3 The content of the report is driven by the Scottish Government's requirements to report on complaints quarterly and annually. The report content is framed around the key performance indicators set out in the NHS model complaints handling procedure. This year we have included more examples of the compliments and positive comments based on committee feedback to reflect our overall performance.
- 3.4 Each year a lessons learned exercise is informed by the feedback the customer experience and solutions team receives and this shapes the content of the report. Improvements have been made to the complaints ServiceNow platform and the introduction of a monthly complaints lead meeting to review the data, share good practice and learn from each other has resulted in an improved focus and opportunities to learn from each other.
- 3.6 There has been an improvement in the resolution rates for the stage 2 complaints and the closing rates have also improved. These improvements have been driven by the guidance, training and support from the Customer Experience Team.

Emerging themes

- 3.7 The increase in complaints experienced by Scottish National Blood Transfusion Service (SNBTS) can be explained by the changes to the donor health check questionnaire surrounding pregnancy. This topic has been magnified due to the Gender Recognition Reform (Scotland) Bill and SNBTS has been drawn into wider debates surrounding sex and gender. There was newspaper coverage regarding the pregnancy question, which may have spiked the number of complaints in the last quarter of 2022/23. In general there are many people who were in favour of the questions (in terms of patient safety) and do not see them as an issue. However, a change to the question on the donor session record was implemented in response to the complaints.

What is going well and what could we do better and Improvements implemented

- 3.8 We have improved the recording of complaints data and this has resulted in less manual work for the Customer Experience Team. We have improved on listening to feedback and complaints implementing improvements as a result. The monthly meetings have improved collaboration between the directorates, services and the Customer Experience Team. This builds on the collegiate approach to the report. Individual directorates analyse the feedback and complaints received and examples of improvements implemented include stakeholder and donor engagement to enhance communication and desktop audits focussing on complaints handling and investigation.
- 3.9 We have a different model to the one that is in the territorial boards, and it remains a challenge in a relation to the narrative for the report and the deep dive analysis needed. The Customer Experience Team rely on the information provided by the directorates and services and are in discussions with the performance and planning team to agree potential solutions and how to integrate and align with the NSS quality management strategy.
- 3.10 The report is reporting retrospectively for 2022/23, the 2023/24 report will reflect the new naming conventions including the separation out of Procurement,

Commissioning and Facilities. The ServiceNow platform will be developed to recognise National Procurement (NP), ASSURE, Antimicrobial Resistance and Healthcare Associated Infection (ARHAI) and National Services Division (NSD) with their complaints data separated out.

The report includes a little narrative on Carer Opinion, NSS is registered with carer opinion however the stories that have been posted relating to our national services have been for the local boards to respond to, for example staff delivering breast screening. Our staff responsible for the national programmes are alerted to the stories that have been posted for visibility and information.

4. Impact Analysis

4.1 Quality/ Patient Care

4.1.1 The feedback and complaints from our service users has informed this report.

4.2 Equality and Diversity, including health inequalities

4.2.1 The report has no direct impact on equality, diversity, and health inequalities. The complaints process is accessible and information is provided on our website. Any request for an alternative format is met.

4.3 Data protection and information governance

4.3.1 All personal identifiable information on the complaints platform meets all information and data governance standards. There is no personal identifiable information included in the report.

5. Risk Assessment/Management

5.1 There are no risks directly associated with this report.

6. Financial Implications

6.1 There are no financial implications with this report. The complaints process is managed within current resources available.

7. Workforce Implications

7.1 There are no workforce implications directly associated with this report.

8. Climate Change and Environmental Sustainability Implications

8.1 There are no implications.

9. Route to Meeting


9.1 Directorate Leads meeting 18 August to agree final version of the report.

9.2 EMT Meeting 28 August for approval, report approved.

9.3 Audit and Risk Committee 11 September for approval, report approved following final checks which are complete.

10. List of Appendices and/or Background Papers

10.1 Appendix 1 NSS Annual Feedback and Complaints Report 2022-23.



NSS Annual Feedback and Complaints Report



**1 April 2022 to
31 March 2023**

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1. Executive Summary

This report provides a summary of the service user feedback received by NHS National Services Scotland (NSS) in the period from 1 April 2022 to 31 March 2023.

NSS welcomes and values feedback. This feedback ensures that our services have the maximum impact for our service users and drives continuous service and quality improvement. There are currently three main measures of regular feedback:

- Customer Engagement Index (CEI) surveys
- compliments
- complaints

To measure our service users' satisfaction, advocacy, and effort we have adopted the CEI survey. ¹The CEI is the industry - leading approach and is used across both the private and public sectors.

Across all three measures, our Central Legal Office (CLO), Practitioner and Counter Fraud Services (P&CFS), Scottish National Blood Transfusion Service (SNBTS) and Programme Management Services (PgMS) have outperformed the set targets. Procurement, Commissioning and Facilities (PCF) outperformed the target for effort but did not achieve the target for satisfaction and advocacy.

All of them having achieved high scores across all measures. Key themes in the positive feedback across all the services were:

- team behaviours
- supportive NSS staff
- the way we respond
- efficient customer focus

Digital and Security (DaS) missed the target for effort, satisfaction and advocacy. DaS has received no complaints in this reporting period and is actively working to improve the Customer Satisfaction, Effort and Advocacy scores.

The qualitative information collected will be used to improve our services and customer engagement. This is detailed further within the report.

In 2022/23 we saw an increase in the number of compliments rising to 365 compared with 2021/22 which saw a total of 268 compliments recorded. Across the services there were three key themes:

- staff
- speed of response
- quality of information/ support

¹ For details for the Customer Index and measures please refer to page 8 of the report

In 2022/23 we received 754 complaints. This compares to 743 in the previous year and represents an increase of 1.5%.

NSS resolved 93% of complex complaints received within the guidelines set out by the Model Complaints Handling Procedure (MCHP). This is a significant improvement on the previous year when only 86% were resolved within the guidelines. We have also reduced our average response time from 13.3 days to 9.8 days. The information detailed in the complaints is used to help inform and improve our service delivery and quality of user experience.

2. Introductions

2.1 Introduction to NSS

NSS is a Non-Departmental Public Body (NDPB), accountable to Scottish Ministers. NSS was established as the Common Services Agency in 1974 under The National Health Service (Functions of the Common Services Agency) (Scotland) Order 1974, with a mandate to provide national strategic support services and expert advice to Scotland's health sector, whilst maximising health impacts and cost savings.

In 2013, the Public Services Reform (Functions of the Common Services Agency for the Scottish Health Service) (Scotland) Order 2013 extended the remit of NSS enabling the provision of services to other bodies, including local authorities and government departments.

The following year, the Public Bodies (Joint Working) Scotland Act 2014 reinforced this requirement to maximise health, financial and environmental impacts by engaging with, and offering services, to the wider public sector in Scotland.

NSS continues to work closely with our partner organisations, including NHS boards and local authorities, to ensure our services align with the evolving needs of the health and social care system in Scotland.

Table 1: Key facts about NSS

Aspect	Fact
Budget:	£1,105.0million
Workforce:	3,582 Whole Time Equivalent (WTE) staff
Sites:	25
Services:	<ul style="list-style-type: none"> • Digital and Security • Primary Care Support • Specialist Healthcare Commissioning • Legal • Programme Management Services • National Procurement (which includes NHSS Assure² and ARHAI³) • Fraud prevention • Scottish National Blood Transfusion Service • Corporate services (HR, Digital and Security, Facilities, Procurement and Finance) • NHSScotland Assure • Antimicrobial Resistance and Healthcare Associated Infection (ARHAI) Scotland • Health Facilities Scotland • Practitioner Services (providing dental, ophthalmic, medical and pharmacy services. Examples include payments to practitioners, medical registration services and prescription services)

For more information about our services, visit our website at www.nss.nhs.scot.

2.2 Introduction to the report

NSS has continued to work with the support of the Community Engagement work stream of Healthcare Improvement Scotland (formerly known as Scottish Health Council) to review and update the methods that we use to seek and gather feedback. It is recognised that as a national board delivering national services, inclusive of patient services, the approaches taken may differ from those in a territorial NHS Board and other National Boards in Scotland.

Throughout the year we have used feedback, comments, and complaints information to improve our services. The three main insight sources are Customer Engagement Index (CEI), compliments and complaints data.

² [NHS Scotland Assure | National Services Scotland](#)

³ ARHAI [Antimicrobial Resistance and Healthcare Associated Infection Scotland | National Services Scotland \(nhs.scot\)](#)

We are also committed to following best practice approaches to service user engagement and the use of industry leading practices, in particular the CEI approach and the Model Complaints Handling Procedure (MCHP).

2.3 The Model Complaints Handling Procedure

Our complaints management approach offers reassurance to complainants that their concerns are valued and will be handled appropriately. It demonstrates our commitment that complaints are actively listened to and are appropriately investigated in line with the MCHP. This approach includes learning from complaints and actions to ensure continuous quality improvement.

Engagement continues with our directorates as part of the Model Complaints Handling Procedure (MCHP) to understand the methods for obtaining and processing feedback in these business areas of NSS where no, or very few, complaints are received. All directorates of NSS review their complaints data regularly and where appropriate will implement improvement plans, where required, will be agreed, and implemented.

NSS has a different approach to the territorial board model. The quality leads from each directorate meet monthly to share learning and best practice, discuss improvement plans and identify common themes. This has been particularly effective in these areas with complaints data recorded on our online Servicenow⁴ portal – guiding staff to adopt and implement the NHS Model Complaints Handling Procedure. It has also improved complaints response times which is detailed further in the report. This model provides the overview of NSS wide complaints.

3. Service User Feedback

3.1 Encouraging and gathering feedback

At NSS, we're committed to delivering high quality services to the people of Scotland, while protecting their health and the environment, in a sustainable way. We're proud of the work that we've done and continue to do – delivering excellence in healthcare.

All forms of feedback about our services are welcomed and important to us. These insights help develop and shape our services based on true user needs. We strive to ensure that our service users feel valued, by doing so, we follow the principles described in the MCHP and best practice provided by the Scottish Public Services Ombudsman (SPSO).⁵

⁴ ServiceNow a cloud-based platform and solutions to deliver digital workflows

⁵ [How to handle complaints | SPSO](#)

The report does not include information on Care Opinion. NSS is registered with Care Opinion⁶ however the stories related to our national services and programmes have been the responsibility of the NHS Boards to respond to. For example in the delivery of the national breast screening programme at a local level.

3.2 Customer Engagement Index

To measure our performance across our services, NSS utilises the Customer Engagement Index (CEI). This is the industry leading methodology for tracking customer satisfaction, customer advocacy and customer effort. This also enables us to benchmark our performance against industry standards and understand where we need to improve to ensure that our services remain relevant.

To gather this data, services users are contacted either annually or following each transaction (depending on the service requirements). The survey results are then collated, analysed, and summarised. Our approach to service quality improvement, planning and customer action plans are based on survey results and the qualitative feedback provided.

In terms of quantitative measures, data is collected on satisfaction, advocacy, and effort. These can be defined as follows:

- The satisfaction score measures how products or services supplied by an organisation meet or surpass a service users' expectation.
- The advocacy, also known as the net promoter score, measures the loyalty that exists between a service provider and a consumer or service user.
- The effort score measures how much effort is required by customers to access our services and how easy they find us to work with.

The following charts detail our satisfaction, advocacy, and effort scores for 2022/23 and how our directorates have performed against set targets and industry benchmarks.

In all three measures, our Central Legal Office (CLO), Practitioner and Counter Fraud Services (P&CFS), Scottish National Blood Transfusion Service (SNBTS) and Programme Management Services (PgMS) directorates outperformed set targets. Procurement, Commissioning and Facilities (PCF) exceeded the set target for effort but did not meet the target for satisfaction and advocacy. PgMS and CLO achieved high scores across all measures.

Digital and Security (DaS) missed the target for effort, satisfaction, and advocacy. DaS has received no complaints in this reporting period and is actively working to improve the Customer Satisfaction, Effort and Advocacy scores.

⁶ [Care Opinion](#)

Figure 1: Customer satisfaction by service (set target 70%)

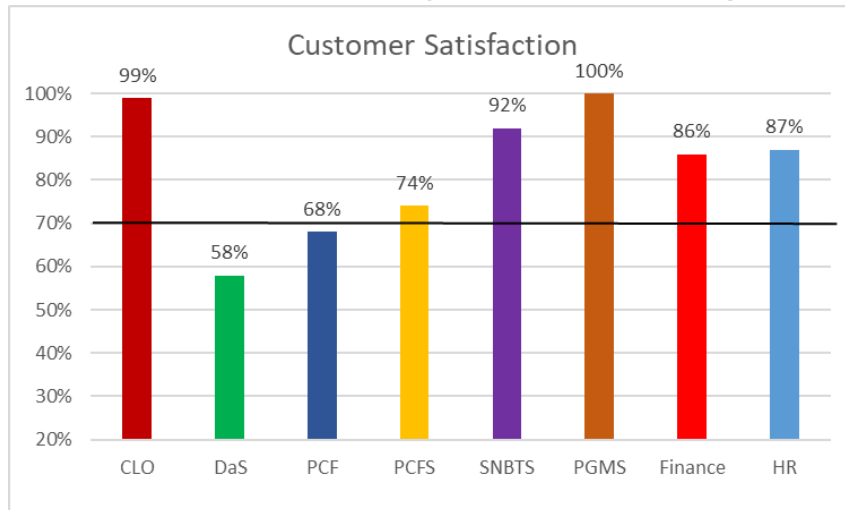


Figure 2: Customer advocacy by service (set target 100%)

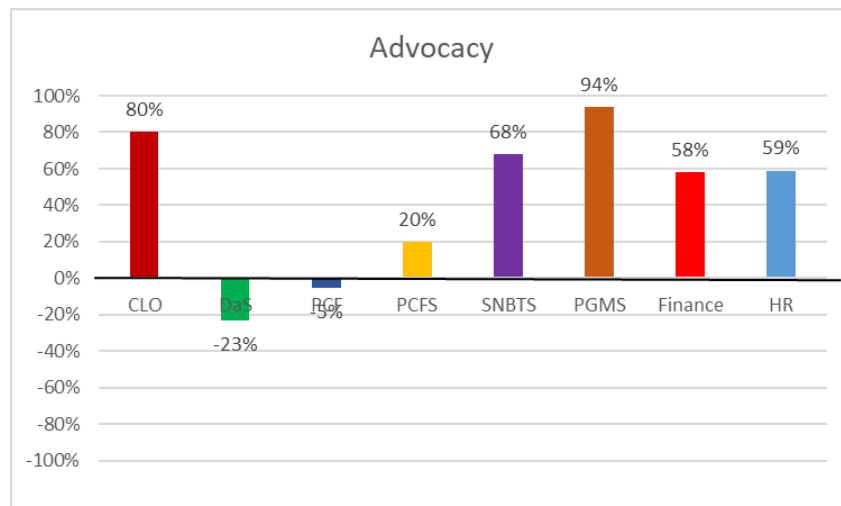
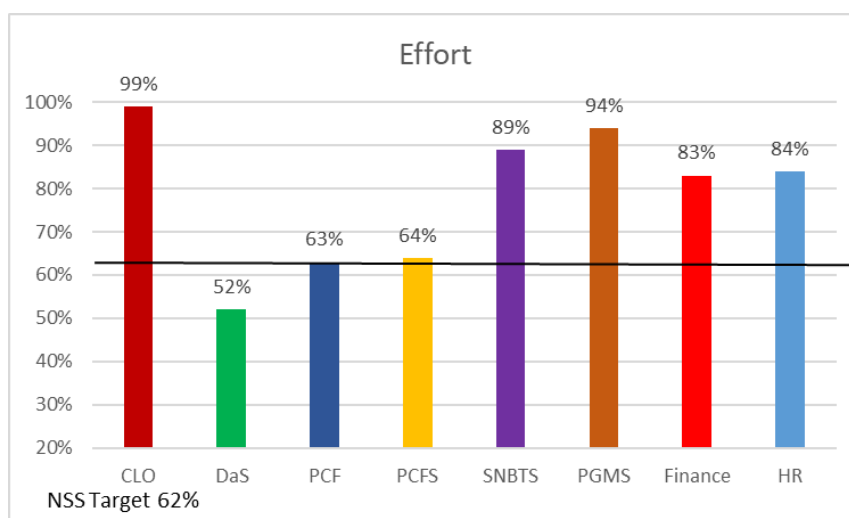


Figure 3: Customer effort by service (set target 62%)



The Customer Experience team analysed qualitative feedback received and identified survey themes, split into two areas, positive feedback, and areas for improvement.

Key themes in the positive feedback were:

- team behaviours
- how supportive NSS staff are
- the way we respond
- our efficient customer focus

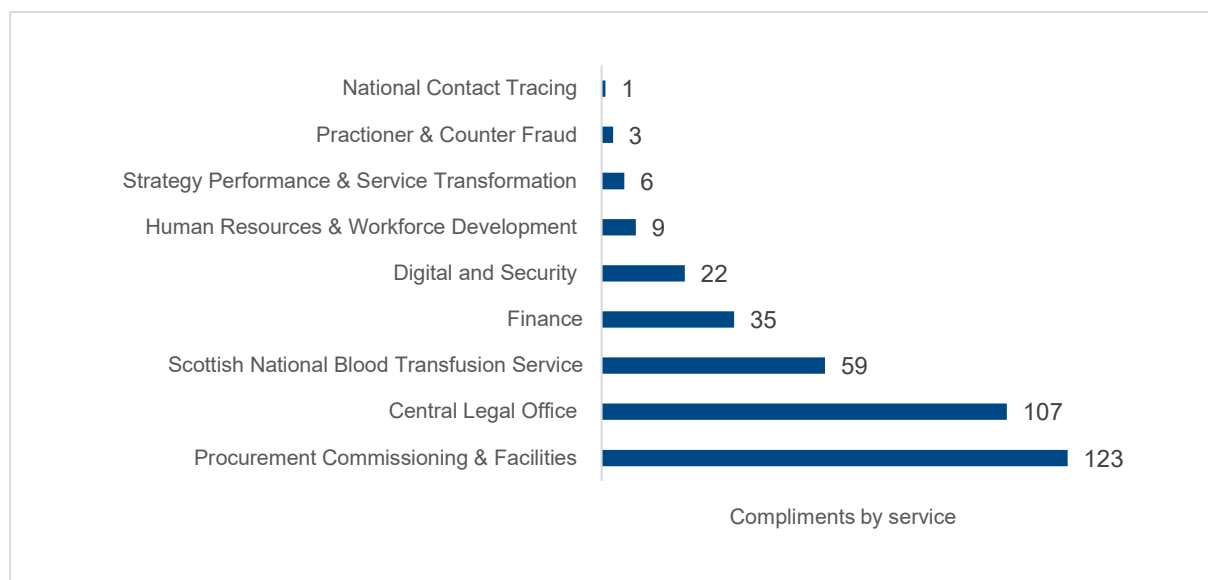
Negative feedback and suggested improvements will be used to drive quality improvement, improve service user experience, our performance and future CEI scores. Please refer to page 12 onwards for further details.

3.3 Compliments

Positive feedback enables us to understand what services and behaviours our service users value. Capturing compliments data across a large organisation with a range of different services can be challenging. This is due to the fact that our staff and services receive compliments in a range of ways and there's no mandatory reporting requirement. However, our directorates have worked together to prepare the most comprehensive data possible.

In the last year, compliments on our services were received from a wide range of organisations and individuals. Overall, there were a total of 365 compliments. This is an improvement from 268 on the previous year.

Figure 4: Number of compliments recorded by service



Key themes of our compliments are:

- staff
- speed of response
- quality of information/ support

Some examples of positive feedback we have received are detailed below which are verbatim from our service users:

3.3.1 NHSScotland Assure

“Thank you for sorting out all the oxygen equipment to allow us to go to the family events we had planned but thought it would not be possible, it has made a massive difference and we were able to go and had a great time because of your help.”

Member of the public

3.3.2 Central Legal Office

“Staff are responsive and knowledgeable within their field. They approach all matters professionally and diligently and provide a "safe pair of hands" in all aspects of what they do.” **NHS Dumfries & Galloway**

3.3.3 Digital and Security (DaS)

“The programme made great efforts to deliver rapid changes to COVID / Flu vaccination portal to improve experience for citizens.” **Scottish Government**

3.3.4 Scottish National Blood Transfusion Service

“The local service in Ninewells is hugely accessible and the staff are always friendly even in pressurised situations. We include staff in our adverse event review processes with their regular input into staff education. I see the team as extended members of our maternity team and find them a really easy service to work with.”

NHS Tayside

“We use Histocompatibility and Immunogenetics (H&I) services weekly and sometimes ask daily advice. The service we receive is wonderful. They are always available, reliable, approachable and answer our questions quickly. We feel very lucky to have them in our service.” **NHS Lothian**

3.3.5 Finance

“Fabulous service, prompt happy to discuss, resolving issues.” **Anonymous**

3.3.6 Scotland Innovates Portal

“The level of service the Diagnostics team experienced via the NHS National Services Scotland portal has been nothing short of tremendous. Just as soon as we had completed our innovation submission, we were immediately invited to discuss our entry. Furthermore, we learned more in that initial 45-minute session regarding avenues to explore, and organisations to approach with our product, than any amount of desk research would provide.

Their great counsel and assistance left us feeling confident the service will afford us the best opportunity possible to get our innovation in front of the key decision makers in Scotland most likely to find value in our offering.” **Innovation Programme Team, Diagnostics**

3.3.7 Practitioner & Counter Fraud Services

In 2023, the Scottish Infected Blood Support Scheme (SIBSS) team received a Staff Excellence Award. This award recognises their continuous positive approach to managing the concerns and needs of our scheme members. Sally Richards and her team received many thank you cards from members. They also had positive feedback in the Robert Frances QC report in 2022, where he (Robert Frances QC) highlighted the support that the Scottish Scheme had from its membership.

3.3.8 Contractor Payments

“Payments are made appropriately and on time. Fantastic relationship with PSD colleagues – any issues resolved via a phone call and truly a great service.”

Pharmacy Contractor

“The payments service from PSD is excellent. Individuals who we link into are very helpful and accommodating, they always do what they can to help, e.g., great

support with correcting errors, regardless of on whose side the fault was, or support if deadline was missed to still make the payment.” [Ophthalmic Contractor](#)

3.4 Introduction to NSS complaints

Between 1 April 2022 and 31 March 2023, NSS received 754 complaints. This compares to 743 in the previous year and represents an increase of 1.5%.

Every complaint we receive is valued, fully investigated in line with the MCHP and where relevant, improvement plans are put in place.

A total of six complaints were referred to the Scottish Public Services Ombudsman (SPSO) in 2022/23. Out of those six, one complaint was upheld. This is compared to no complaints reported to SPSO in 2021/22 and three complaints being reported during 2020/21, one of which was upheld.

In 2022/23 we resolved 93% of the stage 2 complaints within the guidelines. This compares to 86% of stage 2 complaints in the previous year. Additionally, the average response time for closing stage 2 complaints is now 9.8 days compared to 13.3 days from the previous year. This has been driven by the team providing training, guidance, and support to all directorates, and an increased focus by the directorates.⁷ The MCHP requires stage 2 complaints to be investigated and resolved within 20 working days.

In 2022/23, complaint numbers were higher in Quarter 1 to Quarter 3 than in the previous year. Complaints in Quarter 4 were significantly lower than in the previous financial year.

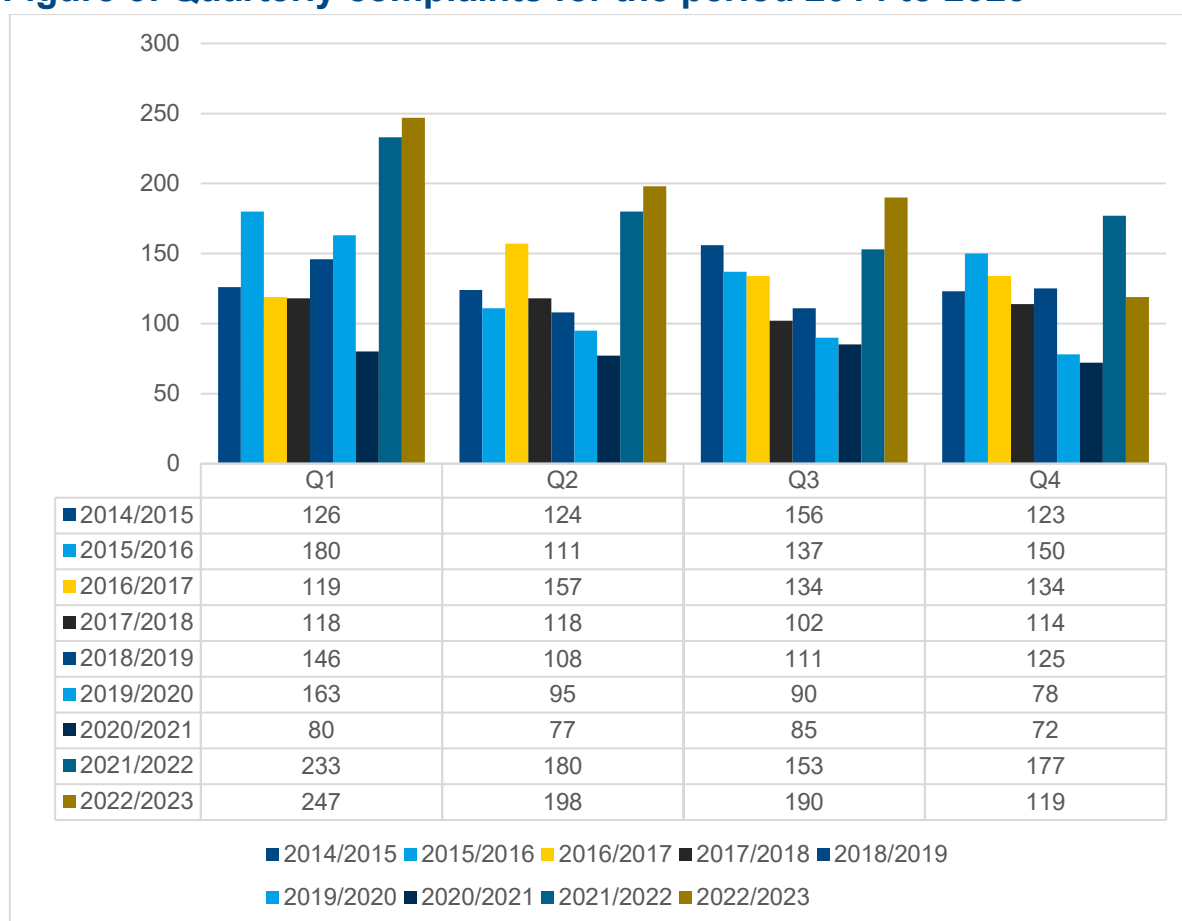
⁷ [The Model Complaints Handling Procedures | SPSO](#) defining the 2 stage process

Table 2: Total quarterly and cumulative totals for 2022/23 with a comparator with 2021/22

	Quarterly Total 22/23	Cumulative Total 22/23	Quarterly Total 21/22	Cumulative Total 21/22
Quarter 1	247	247	233	233
Quarter 2	198	445	180	413
Quarter 3	190	635	153	566
Quarter 4	119	754	177	743

The quarterly data shows that our complaints remain at similar levels and a further analysis is provided further on in the report.

Figure 5: Quarterly complaints for the period 2014 to 2023



We continue to commit to the requirements set out in the NHS MCHP. Our policy is that we acknowledge complaints within three working days, resolve less complex complaints within five working days and resolve more complex complaints within the 20 working-day timescale.⁸ In Quarter 1, we didn't achieve our Key Performance.

⁸ [Stage 2 Complex Complaints](#)

Indicators (KPIs) for less complex complaints by 0.2 of a day. This is highlighted in table 3.

Table 3: Handling complaints – our response times

	Q1 2022/ 2023	Q2 2022/2023	Q3 2022/2023	Q4 2022/2023	Annual 2022/ 2023	Annual 2021/ 2022
Average response time against target response time of five working days (less complex)	5.2	4.5	3.3	3.1	4.3	4.7
Average response time against target response time of 20 working days (more complex)	9.7	8.7	9.7	10.1	9.8	13.3
% responses within target (20 working days)	94%	92%	93%	92%	93%	86%
Number of responses out with target (20 working days)	15	15	13	10	53	55

3.5 Referrals to the Scottish Public Services Ombudsman

A total of six complaints were referred to the Scottish Public Services Ombudsman (SPSO) in 2022/23. Out of those six, one complaint was upheld. This is compared to no complaints reported to SPSO in 2021/22 and three complaints being reported during 2020/21, one of which was upheld. The nature of the referrals relates to communication and improvements have been implemented as a result on the recommendations provided by the SPSO. To protect confidentiality the report cannot go into the detail of the one complaint upheld.

The next section looks in more depth at the complaints by directorate and the improvements implemented as a result.

Directorate Complaints

3.5.1 Scottish National Blood Transfusion Service (SNBTS)

In 2022/23 there were 100,602 active blood donors in Scotland with 174,403 attendances, who have all given blood within the last year - less than 4% of the eligible population of people aged 17-70. Existing donors can continue beyond 70 if they are regular donors. In 2021/22 there were 97,777 active blood donors with 172,686 attendances. This year SNBTS received 265 complaints. Complaints remain low as a proportion of attendances.

Table 4: SNBTS donor complaints

Type of Complaint	Q1 2022/2023	Q1 2021/2022	Q2 2022/2023	Q2 2021/2022	Q3 2022/2023	Q3 2021/2022	Q4 2022/2023	Q4 2021/2022
Opportunity to donate	15	3	11	3	9	8	13	5
Donor selection	31	5	18	7	9	6	8	2
Opening hours	0	0	0	1	2	0	0	0
Staff attitude and behaviour	9	7	10	16	10	10	6	14
Waiting times	2	2	3	1	6	0	0	1
Donor communications	14	10	8	7	1	2	1	5
Documents and records	3	2	1	1	9	3	4	0
Health and Safety	3	3	5	5	5	5	1	1
Bruising/adverse events	2	7	0	5	2	2	4	3
New regulatory change	0	0	4	0	5	0	4	0
Special redesign/change/ disruption	1	0	1	6	0	0	0	0
Special needs (DDA)	1	0	1	0		1	0	0
Vexatious	0	0	0	0	0	0	0	0
Voluntary organiser attitude and behaviour	0	0	0	0	0	0	0	0
Facilities (incl. parking)	0	0	0	0	0	0	0	3
Legal claim	0	0	0	0	0	0	0	0
Appointment Availability	11	10	8	8	13	10	13	12
Donor web portal	2	10	2	10	2	1	4	2

Table 4 shows the number of complaints SNBTS has received from blood donors.

The number of complaints in Q1 relating to donor selection and communication increased. This corresponded with changes to the blood donation policy and associated communication. Across the year we also saw an increase in the number of complaints relating to the opportunity to donate. Since COVID pandemic there are a number of areas that SNBTS no longer visit due to changes in the collection footprint and a reduction in demand, SNBTS review the session programme annually, taking difficult evidence-based decisions to meet the changing needs of patients whilst maximising ability meet demand. Overall, the number of complaints remains a low proportion of the number of donor sessions per year.

Table 5: SNBTS staff attitude and behaviour complaints 2022/23 and 2021/22

	Q1 2022/ 2023	Q1 2021/ 2022	Q2 2022/ 2023	Q2 2021/ 2022	Q3 2022/ 2023	Q3 2021/ 2022	Q4 2022/ 2023	Q4 2021/ 2022
Staff attitude and behaviours	9	7	10	16	10	10	6	14
Voluntary organiser attitude and behaviour	0	0	0	0	0	0	0	0
TOTAL	9	7	10	16	10	10	6	14

This year there have been 35 complaints relating to staff attitudes and behaviours and is a decrease of 25.5% from 47 for 2021/22. This was driven by the Donor and Transport Services unconscious bias training and the customer standards training was refreshed in towards the end of financial year 2021/22.

3.5.2 Procurement, Commissioning and Facilities (PCF)

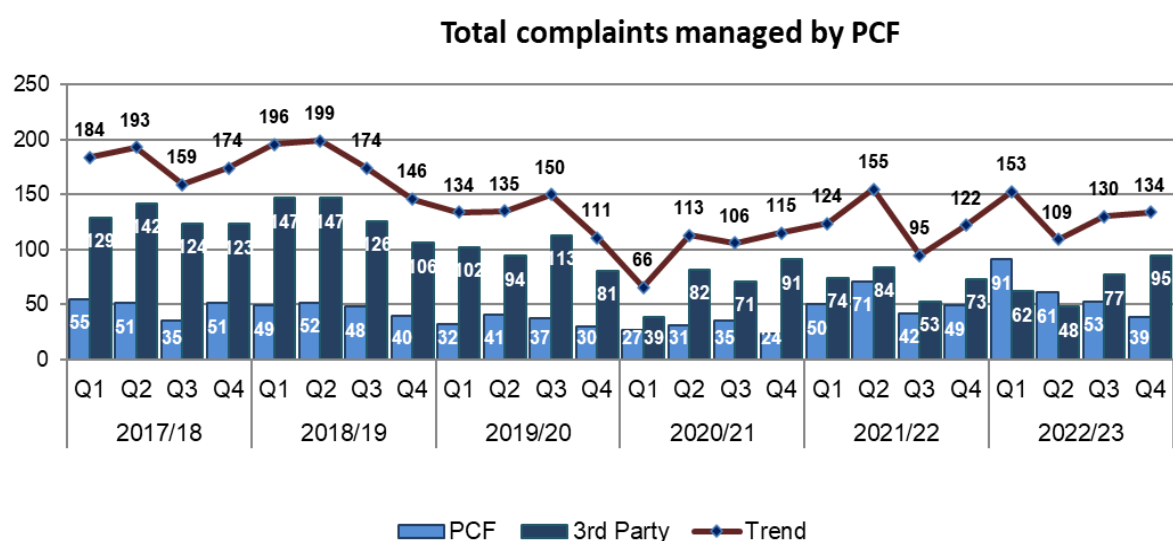
Within PCF, the volume measure relates to National Procurement and most of the complaints relate to National Procurement.

- National Procurement 99.43%
- Specialist Healthcare 0.57%
- NHSScotland Assure 0%.

The National Distribution Centre (NDC) handled 4,644,929 orders in 2022/23.

The 2023/24 report will provide a breakdown of the separate services following the changes to the internal ways of working and the separation out of PCF in April 2022.

Figure 6: Total PCF complaints



The volume of complaints over the last few years have remained consistently low as a proportion of overall service. A decrease is evident in Q1 of 2020 which was a result of the COVID-19 pandemic. The complaint figures have remained consistent, whilst the scope of the service provision has increased with the introduction of supplying the wider social health and primary care services.

In 2022/23, PCF received 244 complaints relating to their service. The number of complaints reported in this year has increased from 212 in 2021/22, representing an increase of 15%.

Table 6: National Procurement (excluding third party)

Type of complaint	Q1 2022/ 2023	Q1 2021/ 2022	Q2 2022/ 2023	Q2 2021/ 2022	Q3 2022/ 2023	Q3 2021/ 2022	Q4 2022/ 2023	Q4 2021/ 2022
Product quality/ out of date products	36	26	26	38	18	15	19	27
Service	0	0	0	0	0	0	0	0
Transport issues	0	0	0	2	0	0	0	0
Late/ wrong/ no delivery	19	6	10	14	12	10	6	25
Supply issues	0	3	1	1	0	2	0	0
Wrong/ confusing/ missing Information	2	0	5	4	1	2	2	0
Price	0	0	0	1	0	0	0	0
IT/ systems	0	0	1	1	0	0	1	4
Product unsuitably packed (Health and Safety) issues	0	2	0	2	0	2	0	0
Other	34	37	18	21	22	22	11	17

The most common type of complaints was for product quality/out-of-date products. This accounted for 99 complaints (40.6% of all complaints).

To improve customer experience:

- improvements to the national distribution centre equipment e.g., cages
- NHS Forth Valley deliveries changed from pallets to cages
- Operations Multi-Site Rapid Improvement Group formed
- regular Complaints Champions team meeting established
- Procurement, Commissioning and Facilities (PCF) Customer Feedback Portal was launched
- Complaints investigation training relaunched

In addition, National Procurement (NP) closely monitor complaints received and where an adverse trend is identified, will work with suppliers, and relevant NHS boards, to develop and agree a recovery, corrective action, and improvement plan. As part of any

corrective and preventative action (CAPA) plan, NP will issue a product alert or recall notice to NHS boards.

3.5.3 Practitioner and Counter Fraud Services (P&CFS)

Practitioner and Counter Fraud Services (P&CFS) received 13 complaints in 2022/23. This compares to 38 complaints in 2021/22. The number of complaints has significantly reduced as contractor payment levels have recovered to pre-pandemic state. For example, during the COVID-19 pandemic contractors services such as dentists and opticians were 'stood down' resulting in 'top-up' payments being received rather than 'actual' payments. This legislation was set out by Scottish Government. The complaints were mainly around the amount being paid.

Table 7: Complaints breakdown by service area for 2022/23

Service area	Number of complaints	Upheld	Partially upheld	Not upheld
Contractor finance	4	1	2	1
Dental	1	1	0	0
Medical	8	2	2	4
Total	13	4	4	5

3.5.4 Central Legal Office (CLO)

Central Legal Office (CLO) received one complaint in 2022/23. This compares to one received in 2021/22. CLO have processes for managing complaints that relate to specific legal matters through the Scottish Legal Complaints Commission.

3.5.5 Strategy Performance and Service Transformation – National Contact Centre

NCC received 186 complaints which represented a 22% reduction compared to 2021/2022 period. During 2022/2023 NCC delivered a number of services including Contact Tracing and Border Monitoring and continued support to the Covid and Flu vaccination programmes, with some residual Lateral Flow testing and Warm Scottish Welcome support.

Table 8: NCC Complaints Data

NCC	Number of complaints	Upheld	Partially upheld	Not upheld
2022-2023	186	27 (14%)	17 (9%)	142 (77%)
2021-2022	237	55 (23%)	12 (12%)	152 (65%)

Table 9: Yearly Call comparison split between NCC workstreams

Helplines	2022/2023	2021/2022
Vaccination	910k	3,020k
Covid Status	267k	627k
Contact Tracing	37k	480k
Testing	2k	11k
Warm's Scottish Welcome	5k	N/A
Pulse Oximetry Monitoring	1k	N/A
Outbound across NCC	305k	70k
Total Call Interactions	1,527k	4,208k

During the period of 2022-2023, 1.2 million calls were received across all of NCC service areas including, in addition in incoming call, 305 thousand outbound calls were made.

186 Complaints represent <0.0002% of call interactions across NCC compared to <0.00006% in the previous year

As part of continuous quality improvement within NCC, redevelopment to the call quality review process was implemented. All call agents, both NCC staff and the commercial contractors have a sample of calls reviewed against a calibrated 'call quality review,' constructive feedback is provided to improve the quality of the call. This informs the quality improvement of scripts and FAQs used by the call agents. Regular review meetings are held with NCC staff and all contractors to ensure a consistent approach and the same level of quality.

3.5.6 Human Resources (HR)

Human Resources (HR) received a small number of complaints, five in total during 2022/23 on a range of issues. There were a number of positive lessons learnt as a result of the complaints. Actions that were taken forward include:

- additional training provided to ensure consistency of knowledge across the team regarding extension to sick pay
- HR Connect improvements to aid user navigation extension to sick pay information

- review of the long service award process
- review of wording used within the initial response to ServiceNow enquiries
- review and amendment of automated responses for completed/ closed calls

3.5.7 Digital and Security (DaS)

Digital and Security (DaS) provide external digital shared services, desktop IT, networking, web hosting and information security to other NHSScotland boards, specifically Public Health Scotland and Healthcare Improvement Scotland.

DaS provides business as usual service management and continuous quality improvement for major national digital services including the Community Health Index, GP Patient Referral System, the eESS HR system and the COVID-19 / Flu vaccine scheduling system, amongst others.

Additionally, DaS provides strategic consultancy, delivery management and assurance on major national delivery programmes including eRostering, Child Health, SNOMED CT⁹ and GPIT.¹⁰

DaS has received no complaints in this reporting period. DaS is actively working to improve the Customer Satisfaction, Effort and Advocacy scores.

DaS has implemented a portfolio-based delivery and governance model which will make the design and delivery of solutions and service more user-centric and provide a single point of escalation for quality control and assurance activity across each portfolio of projects and services.

DaS are also implementing more 'real-time' data collection for its services, reducing reliance on the single annual survey. This will provide DaS with more actionable insight and enable responses to issues sooner with a view to improving these scores.

3.5.8 Finance

Outcomes from surveys conducted in 2020 and 2021 were below expectations and did not meet the agreed target. To address this the finance leadership prioritised service improvement and a range of quality improvement initiatives which have been delivered over the last two years.

In 2022 Finance achieved or exceeded targets set for all three of the customer satisfaction scores.

⁹ [ISD Services | Terminology Services and Clinical Coding | SNOMED CT Resources | ISD Scotland](#)

¹⁰ [GP-IT Re-provisioning – Primary Care Informatics \(scot.nhs.uk\)](#)

Finance has successfully implemented the following:

- ensured that customer issues identified in the survey were promptly addressed by the appropriate teams, by contacting customers and actively resolving customer concerns, improved their overall satisfaction with the finance services
- valuable feedback received from customers through the survey was shared with the finance teams. This feedback helped improve understanding of specific areas and allowed for continuous quality improvement, learning and development
- conducted regular deep-dive sessions to analyse complaints and feedback received from customers. This enabled the finance team to identify recurring issues, understand underlying causes, and implement appropriate measures to address them effectively
- complaint reduction and increasing customer satisfaction were key drivers incorporated into all staff personal objectives. This helped prioritise these aspects and ensured a focused effort towards improving the overall customer experience.
- the senior management team (SMT) placed a heightened emphasis on customer feedback. Regular discussions and quarterly reviews were conducted at SMT level on post query report to ensure that the voice of the customer was considered in decision-making processes.
- training delivered to Public Health Scotland (PHS) staff to improve understanding and knowledge of the purchase order process

Through the combined effect of these initiatives, finance has improved their scores and met the target set for the survey. This has also positively impacted customer satisfaction and strengthened customer relationships.

All teams across finance have been involved in delivering these improvements and great progress has been made in increasing the customer satisfaction scores.

The Net promoter score has increased by over 29 points shifting an overall negative view of finance to an overall positive view. The customer satisfaction score has increased from 18% to 71%, exceeding the set target.

3.5.9 Practitioner and Counter Fraud Services (P&CFS)

Of the four complaints upheld, the lessons have been learned and improvements made are:

- Subject Access Request (SAR) – applicant was not happy with the method they received their response/ information. Process changed to check and confirm with applicants before releasing the information.
- Dental payment (COVID-19 payment) – complainant was not happy about the length of time it was taking to resolve a payment issue. Investigation revealed that this had happened due to a miscommunication between two members of staff. Staff were made aware, and the process was reviewed.
- Scottish Dental Reference Service (SDRS) – patient complained about the time it took to get an answer from the SDRS appointments telephone line. The process was reviewed, and a staff timetable/rota was implemented to avoid this happening in the future.
- Subject Access Request (SAR) – an applicant had concerns with an email trail that was amongst the data they had received from their SAR request. It referred to an email conversation that had taken place between a member of staff from their General Practitioner (GP) practice and a P&CFS staff member. The complaint was referred to the Information Governance Manager to review the medical process. A discussion had taken place between manager and the member of staff concerned. A communication was issued reminding staff to respect patient privacy and confidentiality.

4. Improvement Activity

4.1 Good practice

Understanding the views and experiences of our service users continues to be a powerful way to ensure that our services are fit for purpose and deliver value added benefit for the people of Scotland. To welcome and respond to feedback and complaints ensures that our service users feel valued.

To continue our commitment to the Customer Engagement Index (CEI) survey and the Model Complaints Handling Procedure (MCHP) all directorates of NSS will feature in the quarterly reports and agreed improvement plans will be adopted and implemented as part of the quality improvement service model.

There is no centralised complaints team in NSS, therefore the quality leads from each directorate meet monthly to ensure best practice, discuss improvement plans and to look for common themes.

4.2 Improvement activity

To value all feedback, both positive and negative is a key driver in developing service plans and informing quality improvement activities.

To improve the quality of the feedback we receive from our service user surveys, some of our directorates now collect feedback throughout the year following the delivery of specific services. Digital and Security (DaS), Human Resources (HR), and Finance have now adopted this approach. However, this approach is not appropriate for all our directorates to adopt.

The online platform for handling complaints in the ServiceNow service portal has been further developed in 2022/23. All directorates now record complaints using this one platform. NSS dashboards are now available to monitor complaints activity across the organisation. Training on the online portal has been provided to complaint leads across the organisation.

However, real-time monitoring and reporting of complaints will not be possible as some directorates are not able to record and update the system in real time due to nature of the service and lack of access to the online tool or secure internet connection in some locations where they interact with service users. For example, if a complaint were to occur in a mobile blood donation unit in a remote location the complaint could not be logged in the moment if there is no secure internet access.

The NSS directorate and service complaint leads meet on a monthly basis to discuss good practice, share learning, and are provided with tools, guidance, and templates to ensure that there is a consistent approach across NSS. The meetings provide the NSS leads with an opportunity to network and creates a community of interest for those leading on complaints reporting for their area.

4.3 Accountability and Governance

The executive lead for feedback and complaints is the Director of Strategy, Performance and Service Transformation (SPST), who is supported by the Customer Engagement team.

All NSS complaints are reviewed in the directorates, the Executive Management Team (EMT) meetings and the complaints reports are scrutinised at the Audit and Risk Committee.

Staff related complaints are integrated into the people report presented to our Staff Governance Committee. The EMT receive the performance figures against the NHS Model Complaints Handling Procedure Key Performance Indicators. The Audit and Risk Committee receives the annual report.

Those relating to clinical services or the professional behaviour/ practice of NSS clinical staff are reviewed by the Clinical directorate team. The Clinical Governance Committee (CGC) review clinical complaints.

Figure 7: Hierarchy of governance arrangements for feedback and complaints reporting



5. Appendices

5.1 Appendix One: summary of customer feedback and suggestions

Table 9: Central Legal Office (CLO) Customer Engagement Index (CEI) results

CEI measure	CEI score	Feedback type	Feedback
Satisfaction	99%	Positive	Expertise timely responses Teams (accessible, approachable, and professional) Quality of advice
Net promoter	80%	Improvement	More commercial approach
Effort	99%	Requirement	

Table 10: Digital and Security (DaS) Customer Engagement Index (CEI) results

CEI measure	CEI score	Feedback type	Feedback
Satisfaction	58%	Positive	Professional courteous and responsive staff providing prompt service
Net promoter	-23%	Improvement	Capacity, variable customer focus and systems
Effort	52%	Requirement	More responsive and shorter resolution times

**Table 11: Procurement, Commissioning and Facilities (PCF)
Customer Engagement Index (CEI) results**

CEI measure	CEI score	Feedback type	Feedback
Satisfaction	68%	Positive	Helpful, open approachable staff, responsive timely service, expert advice
Net promoter	-5%	Improvement	Engagement on commissioning process, stock quality processes
Effort	63%	Requirement	Greater clarity on role of organisation, scope, and key contacts

**Table 12: Practitioner and Counter Fraud Services (P&CFS)
Customer Engagement Index (CEI) results**

CEI measure	CEI score	Feedback type	Feedback
Satisfaction	74%	Positive	
Net Promoter	20%	Improvement	
Effort	64%	Requirement	

Table 13: Scottish National Blood Transfusion Service (SNBTS) Customer Engagement Index (CEI) results

CEI measure	CEI score	Feedback type	Feedback
Satisfaction	92%	Positive	Accessible, professional, and collaborative staff, efficient service
Net promoter	68%	Improvement	Linking up systems, timeliness of responses
Effort	89%	Requirement	Improved reporting

Table 14: Programme Management Services (PgMS) Customer Engagement Index (CEI) results

CEI Measure	CEI Score	Feedback Type	Feedback
Satisfaction	100%	Positive	Professional, responsive, quality service. Expert project & programme management resources, providing capacity to deliver rapid progress and high-quality outputs
Net Promoter	94%	Improvement	Continued growth of service design capabilities
Effort	94%	Requirement	Data analytics skills

5.2 Appendix two: Scottish Government performance indicator form. NSS submission 2022/23

NHS National Services Scotland (NSS)

Annual Report on Feedback and Complaints Performance Indicator Data collection 2022/23

Performance Indicator Four:

4. Summary of total number of complaints received in the reporting year

4a. Number of complaints received by the NHS territorial board or NHS special board Complaints and Feedback team	754
4b. Number of complaints received by NHS Primary Care service contractors (<i>territorial boards only</i>)	n/a
4c. Total number of complaints received in the NHS board area	754

NHS board – sub-groups of complaints received

NHS board managed Primary Care services:	
4d. General Practitioner	n/a
4e. Dental	n/a
4f. Ophthalmic	n/a
4g. Pharmacy	n/a
Independent Contractors - Primary Care services:	
4h. General Practitioner	n/a
4i. Dental	n/a
4j. Ophthalmic	n/a
4k. Pharmacy	n/a
4l. Total of Primary Care Services complaints	n/a
4m. Total of prisoner complaints received (<i>Boards with prisons in their area only</i>)	n/a
Note: Do not count complaints which are unable to be concluded due to liberation of prisoner / loss of contact.	

Performance Indicator Five

5. The total number of complaints closed by NHS boards in the reporting year (*do not include contractor data, withdrawn cases or cases where consent not received*).

Number of complaints closed by the NHS board	Number	As a % of all NHS board complaints closed (not contractors)
5a. Stage one	335	44.4
5b. Stage two – non escalated	416	55.2
5c. Stage two – escalated	3	0.4
5e. Total complaints closed by NHS board	754	(Should = 100%)

6. Complaints upheld, partially upheld, and not upheld

Stage one complaints

	Number	As a % of all complaints closed by NHS board at stage one
6a. Number of complaints upheld at stage one	136	40.6
6b. Number of complaints not upheld at stage one	169	50.4
6c. Number of complaints partially upheld at stage one	30	9.0
6e. Total stage one complaints outcomes	335	(Should = 100%)

Stage two complaints

	Number	As a % of all complaints closed by NHS Boards at stage two
Non-escalated complaints		
6f. Number of non-escalated complaints upheld at stage two	212	51.0
6g. Number of non-escalated complaints not upheld at stage two	105	25.2
6h. Number of non-escalated complaints partially upheld at stage two	99	23.8
6j. Total stage two, non-escalated complaints outcomes	416	(Should = 100%)

Stage two escalated complaints

	Number	As a % of all escalated complaints closed by NHS boards at stage two
Escalated complaints		
6k. Number of escalated complaints upheld at stage two	2	66.7
6l. Number of escalated complaints not upheld at stage two	1	33.3
6m. Number of escalated complaints partially upheld at stage two	0	0.0
6o. Total stage two escalated complaints outcomes	3	(Should = 100%)

Performance Indicator Eight

8. Complaints closed in full within the timescales

This indicator measures complaints closed within five working days at stage one and 20 working days at stage two.

	Number	As a % of complaints closed by NHS boards at each stage
8a. Number of complaints closed at stage one within five working days.	273	42.1
8b. Number of non-escalated complaints closed at stage two within 20 working days	372	57.4
8c. Number of escalated complaints closed at stage two within 20 working days	3	0.5
8d. Total number of complaints closed within timescales	648	(Should = 100%)

Performance Indicator Nine

9. Number of cases where an extension is authorised

This indicator measures the number of complaints not closed within the Complaints Handling Procedure (CHP) timescale, where an extension was authorised.*

	Number	As a % of complaints closed by NHS boards at each stage
9a. Number of complaints closed at stage one where extension was authorised	0	0 %
9b. Number of complaints closed at stage two where extension was authorised (this includes both escalated and non-escalated complaints)	0	0 %
9c. Total number of extensions authorised	0	

***Note:** The SPSO confirm that there is no prescriptive approach about who exactly should authorise an extension – only that the organisation takes a proportionate approach to determining an appropriate senior person – and this is something that NHS Boards should develop a process for internally. This indicator aims to manage the risk of cases being extended beyond the CHP timescale without any senior officer approval.

NHS National Services Scotland

Meeting:	NSS Board
Meeting date:	Wednesday 27 September 2023
Title:	Integrated Performance Report as at 31 August 2023
Paper Number:	B/23/28
Responsible Executive/Non-Executive:	Lee Neary, Director of Strategy and Service Transformation
Report Author:	Caroline McDermott, Head of Planning

1. Purpose

- 1.1 The Integrated Performance Report (IPR) summarises reports on service excellence, finance, people sustainability at the end of August 2023 (M5), and environmental sustainability at the end of Q1.

2. Recommendation

- 2.1 It is recommended that the Board scrutinise and note NSS performance at the end of August 2023.
- 2.2 *As responsible executive*, I am assured that the performance contained within this report is being appropriately managed and escalated as necessary through established NSS processes.

3. Executive Summary

- 3.1 Performance continues to be positive with a few exceptions in varying areas.
- 3.2 All Service Excellence indicators are ahead of target. There is no quarter one (Q1) report on Annual Delivery Plan (ADP), as the Plan has only just been approved by Scottish Government (SG). This is the subject of a separate paper to the Board and performance will be reported in Q2. Improvements are noted in the acknowledgement and response to Freedom of Information requests on time, with

additional communications to staff on the importance and process for FoI requests having now taken place. There has been full compliance with the 3 day acknowledgment target in July and August and with the 20 day response time since June.

- 3.3 It should be noted that Service User Experience results vary over time as new surveys are undertaken and reported, adding to the overall NSS total. These results are comprised of surveys undertaken for individual Directorates and are weighted proportionally according to the service's share of NSS revenue to come up with a NSS score. For Satisfaction, NSS score is 72.2%, above the standard of 70%. Effort score is at 70.1%, above the standard of 62%. Net promoter score is at 17.7%, showing a positive promoter score, where below zero would show a negative score.
- 3.4 There can be complex reasons why responses are scored in the way they are by stakeholders. Particular attention to improvement is being seen in Digital and Security (DaS), where services were significantly impacted by the pandemic, with significant changes in the way of working and the need to rapidly deploy national solutions. DaS are employing Business Change Managers to effect new ways of working and are also moving to real time collection of feedback which will enable more accurate reflection of service user experience for transactional services, than an annual survey. We are investigating ways of reporting the 'real time' results, where some of our Directorates, such as HR and DaS undertake surveys immediately following responses to service calls, alongside the traditional yearly survey method. As a commissioning organisation funding decisions by National Services Division (NSD) for services/service development are not always well received. For DaS changes in service access take time to become readily adopted by service users. The NSD Operational Management Group are developing action plans to take on board feedback from their survey to address any concerns and develop appropriate communications around service decisions.

3.5 Service Excellence (Appendix A)

Performance Indicator	Standard	This report	Last report
Annual Delivery Plan Completion (Quarterly: Q1 position)	90%	n/a	94%
Service User Satisfaction Score (Rolling: M5 position)	70%	72.2%	74.1%
Freedom of Information Acknowledged within 3 days (Monthly M5 position)	100%	100%	94%
Freedom of Information Responded within 20 days (Monthly M5 position)	100%	100%	94% (30/32)
Service User Effort Score (Rolling: M5 position)	62%	70.1%	62.2%
Net Promoter Score (Rolling: M5 position)	0%	17.7%	18.4%
Staff Behaviour and Attitude Complaints (Quarterly: Q1 position)	10	4	6

- 3.6 As at the end of August, NSS remains on track to meet its financial targets. The year to date reported revenue position is a £3.4m underspend with a forecast of break even at year end. The main drivers of the movement in underspend are: 1) DaS £0.5m favourable through GP IT and Scottish Wide Area Network (SWAN) project slippage (2) Assure £0.5m including phasing correction of Meridian Court income from Public Health Scotland (PHS) and (3) National Procurement (NP) £0.7m including additional resilience funding confirmed by SG. This favourable movement has been partially offset by a £1m adverse movement in NSD – driven by a high cost therapy where a single injection costs £1.7m.
- 3.7 During M5, the capital plan still had some cost pressures including the Electric Vehicle (EV) Chargers VAT which was unfunded, and the Bain Square move which is higher than original budget. However, SG has very recently confirmed in writing that £1.1m funding from Ellens Glen Road proceeds will be allocated in FY23/24 - hence revised break-even forecast.
- 3.8 All National Boards including NSS were asked by SG to consider options to make additional non-recurring savings in FY23/24 to support the wider NHS Scotland financial challenge. Each Directorate considered the impact of stopping, reducing or not starting ADP priorities and this was included in an initial response to SG which was discussed on 21st August. NSS currently awaits a response from SG to confirm any additional non-recurring savings that NSS is required to make this Financial Year.

3.9 Financial Sustainability (Appendix B)

Performance Indicator	Forecast	This report	Last report
NSS Revenue Outturn (Core) (Monthly: M5 position)	£0m	£(3.4)m	£(0.7)m
NSS CRES Savings Total (Monthly: M5 position)	£5.1m	1.5m	£0.9m
NSD CRES Savings Total (Monthly: M5 position)	£7.8m	£1.2m	£0m
NSS Capital Outturn (Monthly: M5 position)	-	£(0.06)m	£0.02m

- 3.10 An area of focus for the organisation is to improve appraisal, objective setting personal development planning, and statutory / mandatory training compliance. These areas are below target. Directors and managers monitor all of these on a frequent basis and are working closely with those individuals who require to update their objective setting, review, or training. This includes, for example,

making staff aware of the benefits of objective setting and appraisal, renewal date for courses that require to be undertaken; and reminding staff and managers of the need to take protected time out to complete courses and ensure objective setting and appraisals are undertaken.

3.11 Sickness absence at 4.11%, is slightly above the NHS in Scotland 4% standard in August and higher than that noted in the last report in May at 3.98%. Short term absence is at a relatively low level compared to the rates over the previous year at 1.25% with long term absence remaining at a relatively high point over the past year of 2.87%. Turnover remains low at 3.48%.

3.12 Workforce Sustainability (Appendix C)

Performance Indicator	Standard	This report	Last report
Sickness Absence (Monthly: M5 position)	4%	4.11%	3.98%
Staff Turnover (Cumulative: M5 position)	14%	3.48%	1.64%
Annual Leave Utilisation (taken & planned) (Cumulative: M5 position)	42%	65%	18%
Appraisal Compliance (Monthly: M5 position)	90%	80%	78%
Objective Setting Compliance (Monthly: M5 position)	90%	73%	80%
Personal Development Plan Compliance (Monthly: M5 position)	90%	72%	80%
Statutory Training Compliance (Monthly M5 position)	90%	83%*	94%
Mandatory Training Compliance (Monthly M5 position)	90%	78%*	90%

*Due to the migration to Turas Learn some employees are not included in the above figures including consultants, visiting workers and agency staff, corresponding to around 10% of staff. Compliance rates exclude these staff.

3.13 The comparisons for the Sustainability reporting have been altered to ensure more informative comparisons. By comparing sustainability data from report-to-report (i.e., Q1 2023/24 to Q2 2023/24), seasonal factors or variation in energy use may be misinterpreted as improvements from spring into summer, and the inverse summer into autumn. By comparing like for like between years (i.e., Q1 2022/23 to Q1 2023/24), seasonality is accounted for, giving a more robust representation of any true changes.

3.14 General waste levels have increased between Q1 this year and last year and recycling levels have reduced slightly. Food waste has reduced and fuel, gas and

electricity consumption has reduced. Water volume has increased. An increase in water useage at Gartnavel is noted and is being investigated.

3.15 Most targets remain in progress to meet the NSS Environmental and Sustainability Strategy towards our 2025 actions. Revisions of the Strategy will need to be made in due course. Following self-assessment, NSS has achieved gold status in the NSAT (National Sustainability and Assessment Tool) score. This will be re-validated by the NHS Scotland team to assure gold status.

3.16 Climate Sustainability (Appendix D)

Performance Indicator	Target	Total Q1 – 2023/24	Total Q1 – 2022/23
General Waste Total (tonnes)	Reduce	72	69
Clinical Waste (tonnes)	<i>To be determined</i>	21	22
General Waste Recycled or Composted (tonnes)	>70%	61	88
Food Waste (tonnes)	<i>To be determined</i>	3	6
Fuel National Procurement Fleet CO ₂	Reduce	323	328
Fuel SNBTS Fleet CO ₂ (tonnes)	Reduce	81	90
Gas CO ₂ (tonnes) – Metered Sites Only	Reduce	456	565
Electricity CO ₂ (tonnes) – Metered Sites Only	Reduce	426	585
Water M3 (volume) – Metered Sites Only	Reduce	4,696	4,364

4. Impact Analysis

4.1 Quality/ Patient Care

The Clinical Governance Committee provides oversight for all quality and patient care performance.

4.2 Equality and Diversity, including health inequalities

There are no specific issues arising from this performance paper.

4.3 Data protection and information governance

This paper contains management information only. All projects and programmes of work covered by this paper are reviewed for any data protection or information

governance risks or implications and are therefore reported at a programme/project level. These are therefore not reported in this document.

5. Risk Assessment/Management

5.1 Risks are managed in line with the Integrated Risk Management Approach.

6. Financial Implications

6.1 Details within Finance Report.

7. Workforce Implications

7.1 Details within People Report.

8. Climate Change and Environmental Sustainability Implications

8.1 Details within Sustainability Report.

9. Route to Meeting

9.1 This paper was considered by Executive Management Team at its meeting in September.

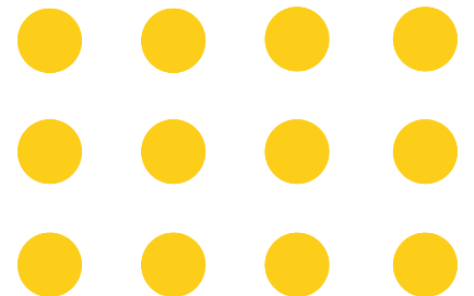
10. List of Appendices and/or Background Papers

10.1 Appendix A – NSS Service Excellence
Appendix B – NSS Financial Sustainability
Appendix C – NSS Workforce Sustainability
Appendix D – NSS Climate Sustainability



**Service Excellence
Report as 31 August 23**

September 2023



Summary

External facing delivery is broadly to plan, however there are a few areas to highlight with multiple areas of variation or where the standards are not being consistently met.

- **Freedom of Information** acknowledgement and response has shown improvement after recent staff communication reiterating the importance of process. There are no responses greater than 20 days in the last three months.
- **Customer Experience measures** are shown with overall NSS results and with detail for all Directorates where surveys have been issued and completed, remaining Directorates will be surveyed throughout the remainder of FY24.
- Information on **staff complaints** is shown in line with previous reports, however, we are looking at provision of information aligned with the Model Complaints Handling Procedure. This is being explored with the Customer Experience Team and new metrics will be available by in place by Q3 FY24. Details are outlined on slide 12.

Freedom of Information

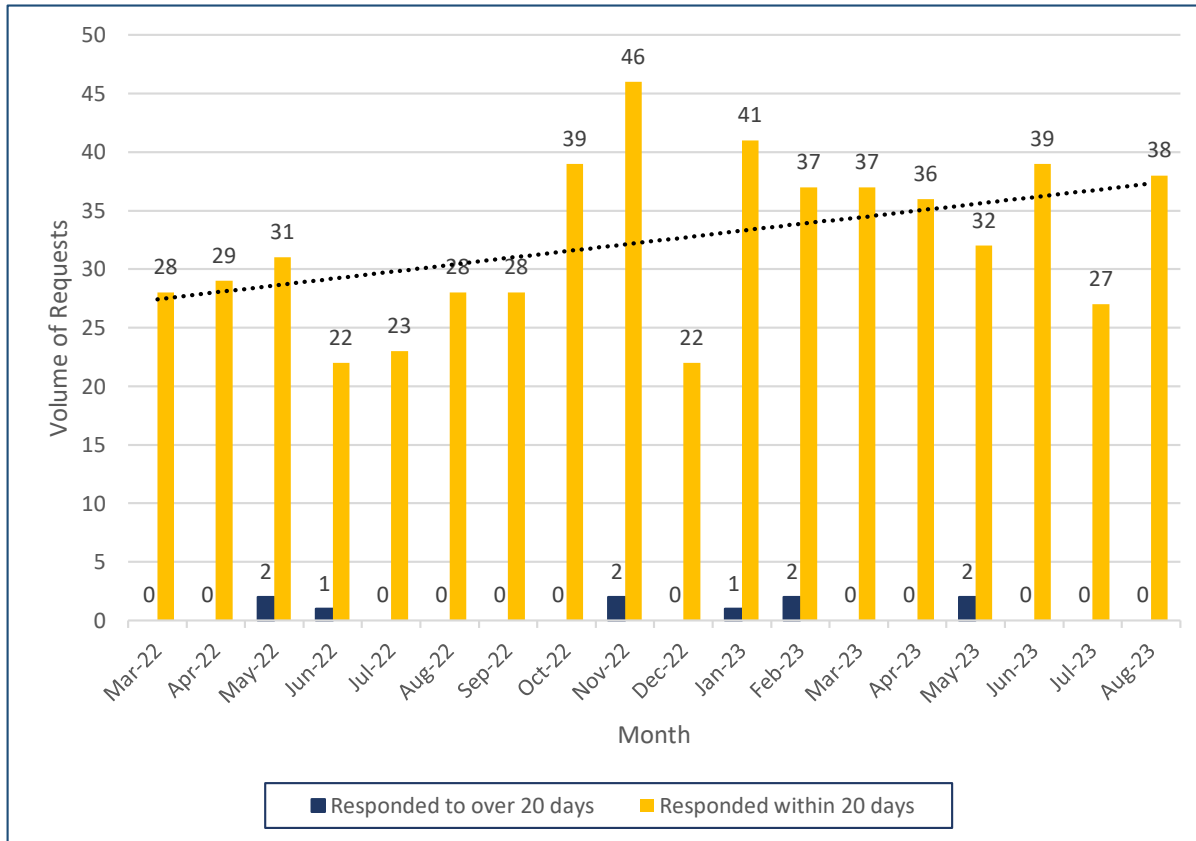


Common Variation
Results show no major change in either direction at present.

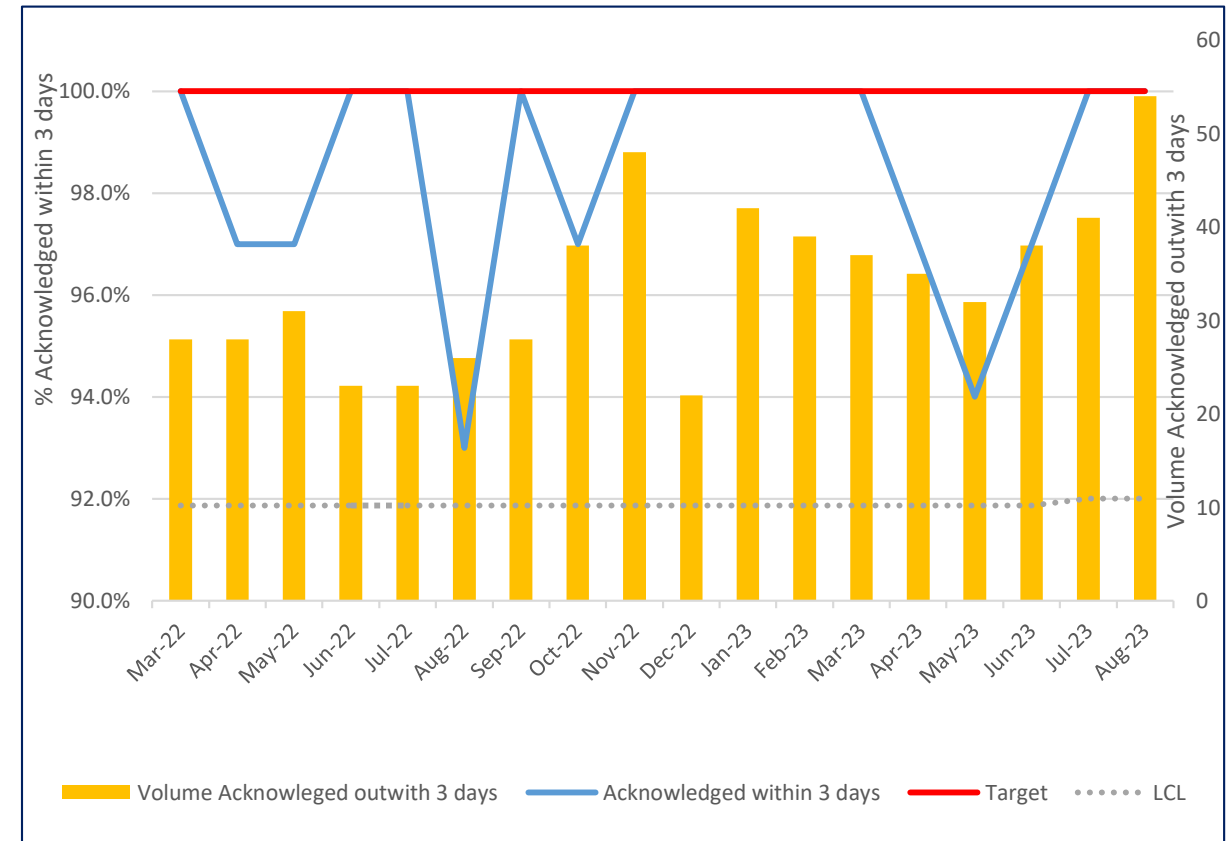


Variable Achievement
Results are mixed and it is unclear if the standard will be consistently achieved.

Responded to within/over 20 Days



Acknowledged within 3 days



Freedom of Information Requests

<p>What is the data telling us?</p>	<p>The 100% target for acknowledgment within 3 days was met for the second month running..</p> <p>For the third consecutive month, all FOI responses have been issued within the 20 day limit</p>
<p>Why is that the case?</p>	<p>Internal communication around the importance and process for FOI requests has been carried out over some months now with an article appearing in August’s issue of Stay Connected (the regular staff newsletter issued to all NSS staff).</p>
<p>What actions are being taken?</p>	<p>A general review of how the organisation manages all information requests, e.g. public inquiries, criminal investigations, freedom of information, parliamentary and first minister questions, criminal investigations and consultations, is being undertaken by the public inquiries and scrutiny team.</p> <p>This will work toward putting mitigations in place to deal with the expected rise in requests as the Covid inquiries move further into focus.</p>
<p>What learning is being applied?</p>	<p>Further details will be made available following the communications and engagement sessions and learnings/opportunities identified through the review.</p>
<p>Definition</p>	<p>FOI Requests acknowledged in 3 days - % of FOI requested acknowledged within 3 days of receipt.</p> <p>FOI Responses >20 Days – Volume of FOI requests including those NSS failed to respond to within statutory 20 day timescale.</p>

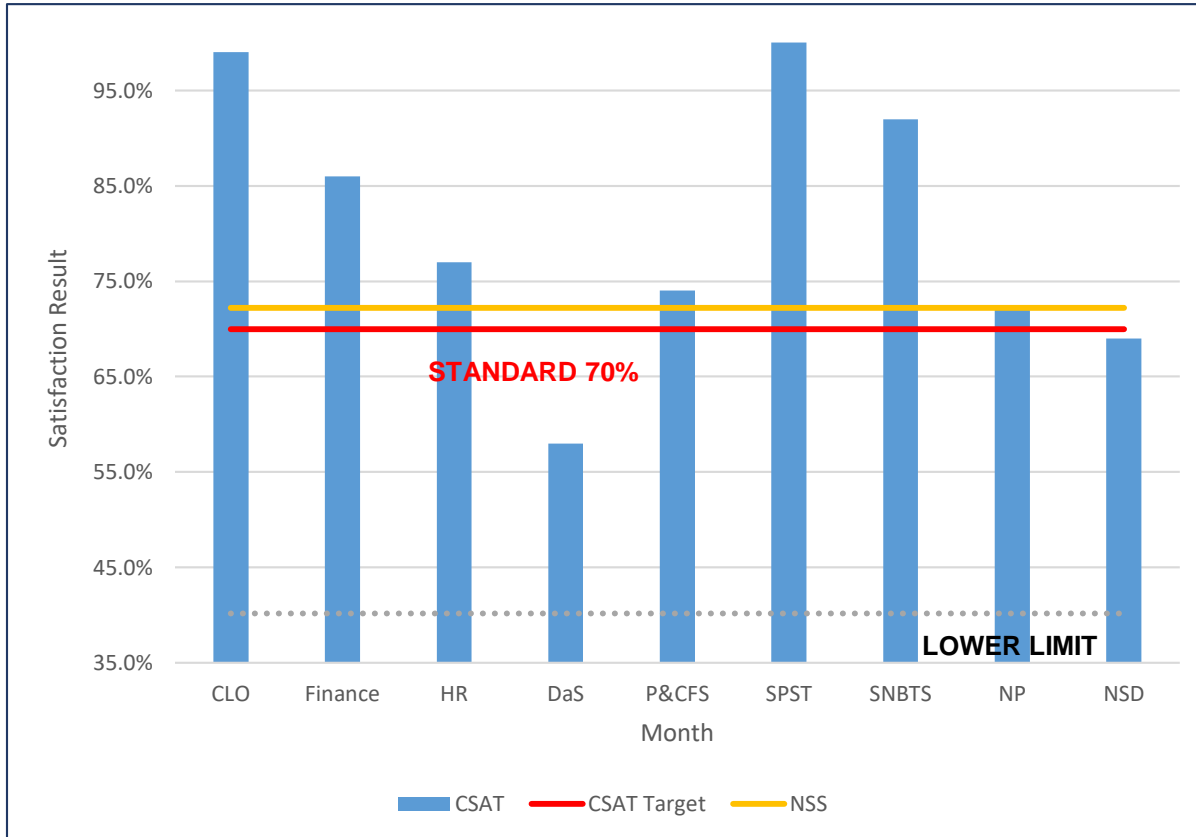
Customer Insight - Satisfaction



Common Variation



Meeting Standard



Area	Volume	CSAT	Survey Running From
CLO	128	99.0%	FY23
Finance	698	86.0%	FY23
HR	239	77.0%	FY22
DaS	638	58.0%	FY23
P&CFS	475	74.0%	FY23
SPST	17	100.0%	FY22
SNBTS	51	92.0%	FY23
PCF - NP	35	72.0%	FY23
PCF - NSD	130	69.0%	FY24
NSS	2411	72.2%	

Customer Insight - Satisfaction

<p>What is the data telling us?</p>	<p>Service users are generally satisfied with the services provided by NSS with virtually all Directorates either achieving or very close to meeting the target, the main exception being Digital and Security</p>
<p>Why is that the case?</p>	<p>Demand on DaS services were significantly affected by the pandemic with home/hybrid working and the need to rapidly develop national solutions taking away resource from BAU.</p>
<p>What actions are being taken?</p>	<p>DaS is employing Business Change Managers to effect new ways of working and are also moving to real time collection of feedback which will enable more accurate reflection of service user experience for transactional services, than an annual survey.</p>
<p>What learning is being applied?</p>	<p>Further details will be available as we look to reflect real time feedback into the overall results.</p>
<p>Definition</p>	<p>Surveys are issued and results cumulate until a new survey is issued e.g. for HR this means the results shown are all responses to the survey issued in FY22 until now.</p> <p>HR, DaS & Finance issue “Real Time” surveys as well as these, we are working with these Directorates to include these results for Q3 FY24.</p> <p>Annual satisfaction score achieved by NSS services. User ratings of 4 and 5 divided by the total number of responses. Scoring scale is 1 to 5. The NSS Score is based on all services, which are weighted according to the service’s percentage of NSS revenue. Score is updated following each new survey.</p> <p>Areas which will be surveyed later this year (Clinical, & NCC) have been subsumed into the wider weightings at this time but will be split out when surveys are completed.</p>

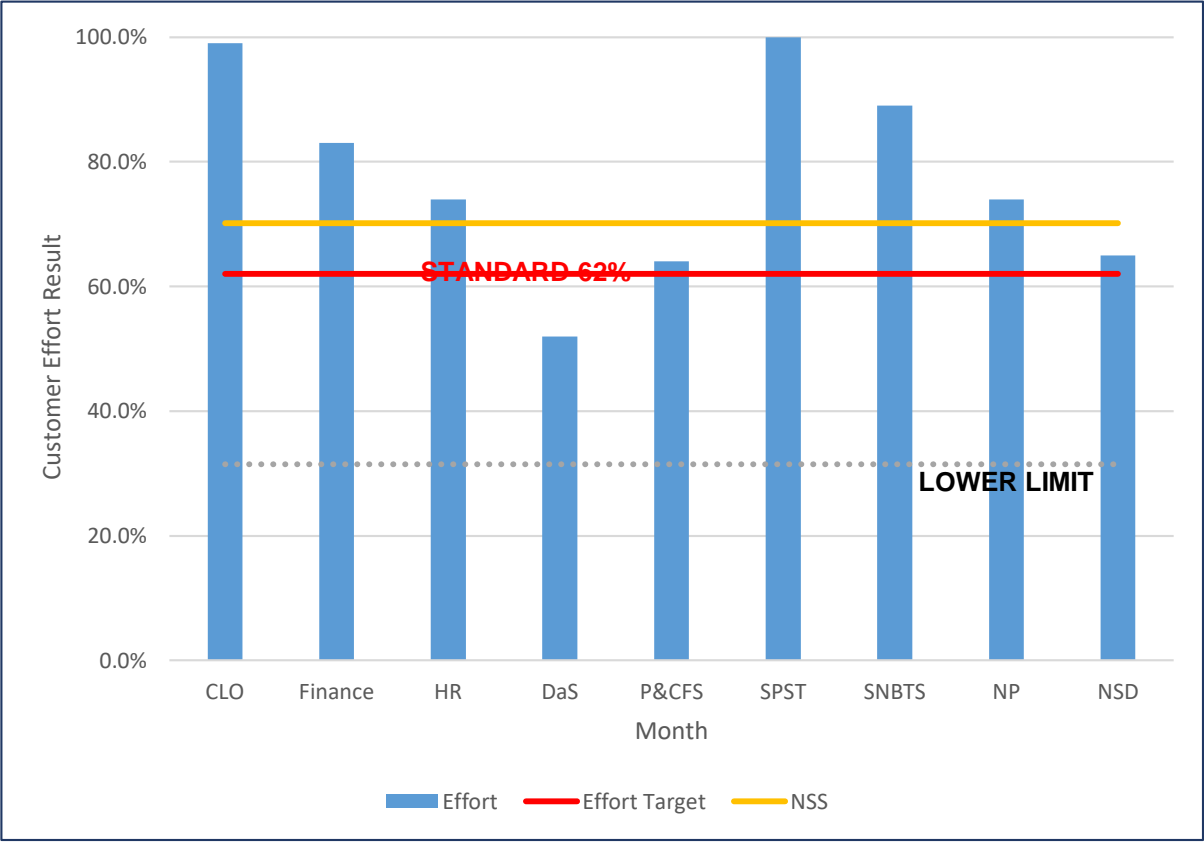
Customer Insight – Customer Effort



Common Variation



Meeting Standard



Area	Volume	Effort	Survey Running From
CLO	128	99.0%	FY23
Finance	698	83.0%	FY23
HR	239	74.0%	FY22
DaS	638	52.0%	FY23
P&CFS	475	64.0%	FY23
SPST	17	100.0%	FY22
SNBTS	51	89.0%	FY23
PCF - NP	35	74.0%	FY23
PCF - NSD	130	65.0%	FY24
NSS	2411	70.1%	

Customer Insight – Customer Effort

What is the data telling us?	Similar to the satisfaction metric, service users find it straightforward to use NSS services. Again, the exception is DaS.
Why is that the case?	DaS has adopted a digital first approach over the last three or four years which has significantly changed the way services users use services. Service users report unfamiliarity with systems and do not always find it easy access the service they require.
What actions are being taken?	Following research changes are being applied to processes and systems to enable easier access and employing Business Change Managers will enable these changes to be undertaken at a faster pace.
What learning is being applied?	Further details will be available as we look to reflect real time feedback into the overall results.
Definition	<p>Surveys are issued and results cumulate until a new survey is issued e.g. for HR this means the results shown are fall all responses to the survey issued in FY22 until now.</p> <p>HR, DaS & Finance issue “Real Time” surveys as well as these, we are working with these Directorates to include these results for Q3 FY24.</p> <p>Annual Effort Score achieved by NSS Services. Used to measure the ease of service experience of the user with the NSS. Scoring scale is 1 to 5. User ratings of 4 and 5 divided by the total number of responses. The NSS Score is based on all services, which are weighted according to the service’s percentage of NSS revenue. Score is updated following each new survey.</p> <p>Areas which will be surveyed later this year (Clinical, & NCC) have been subsumed into the wider weightings at this time but will be split out when surveys are completed.</p>

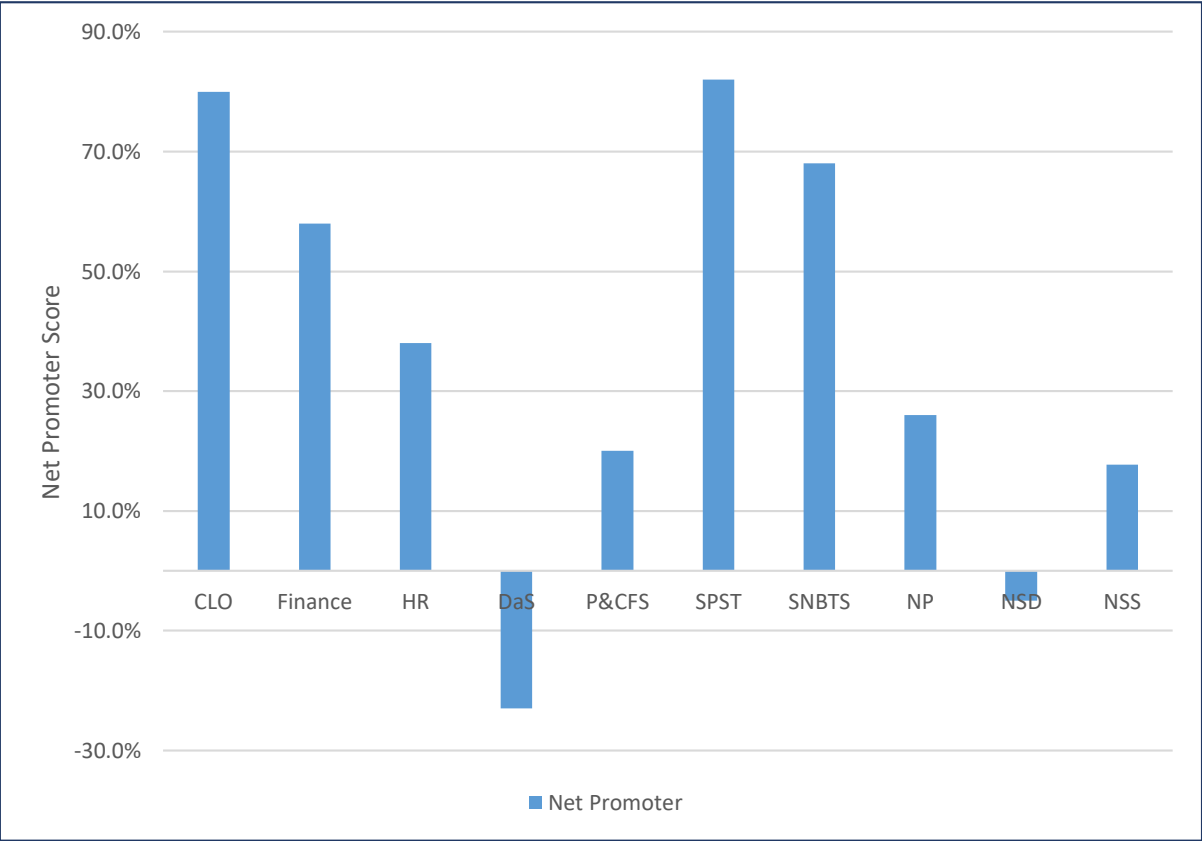
Customer Insight – Net Promoter



Common Variation



Meeting Standard



Area	Volume	Net Promoter	Survey Running From
CLO	128	80.0%	FY23
Finance	698	58.0%	FY23
HR	239	38.0%	FY22
DaS	638	-23.0%	FY23
P&CFS	475	20.0%	FY23
SPST	17	82.0%	FY22
SNBTS	51	68.0%	FY23
PCF - NP	35	26.0%	FY23
PCF - NSD	130	-5.0%	FY24

NSS	2411	17.7%	
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Customer Insight – Net Promoter

<p>What is the data telling us?</p>	<p>The Net Promoter score is an internationally recognised measure of service user loyalty and any score above zero is considered to be good. The majority of NSS services achieve this measure or better. The exceptions are NSD (-5%) and DaS (-23%)</p>
<p>Why is that the case?</p>	<p>As a commissioning organisation funding decisions by NSD for services/service development are not always well received. For DaS changes in service access take time to become readily adopted by service users.</p>
<p>What actions are being taken?</p>	<p>The NSD Operational Management Group are developing action plans to take on board feedback from their survey to address any concerns and develop appropriate communications around service decisions. The introduction of Business Change Managers and changing the way feedback is collected will lead to improvements in the NPS score.</p>
<p>What learning is being applied?</p>	<p>Further details will be available as we look to reflect real time feedback into the overall results.</p>
<p>Definition</p>	<p>Surveys are issued and results cumulate until a new survey is issued e.g. for HR this means the results shown are for all responses to the survey issued in FY22 until now.</p> <p>HR, DaS & Finance issue “Real Time” surveys as well as these, we are working with these Directorates to include these results for Q3 FY24.</p> <p>Percentage of users who would recommend the NSS to a friend or a colleague. Also known as User Advocacy. Percentage of promoters (5 rating) minus the percentage of detractors (1 to 3 rating). Scoring scale is 1 to 5. The NSS Score is based on all services, which are weighted according to the service’s percentage of NSS revenue. Score is updated following each new survey. The score can range from -100% to 100%.</p> <p>Areas which will be surveyed later this year (Clinical, & NCC) have been subsumed into the wider weightings at this time but will be split out when surveys are completed.</p>

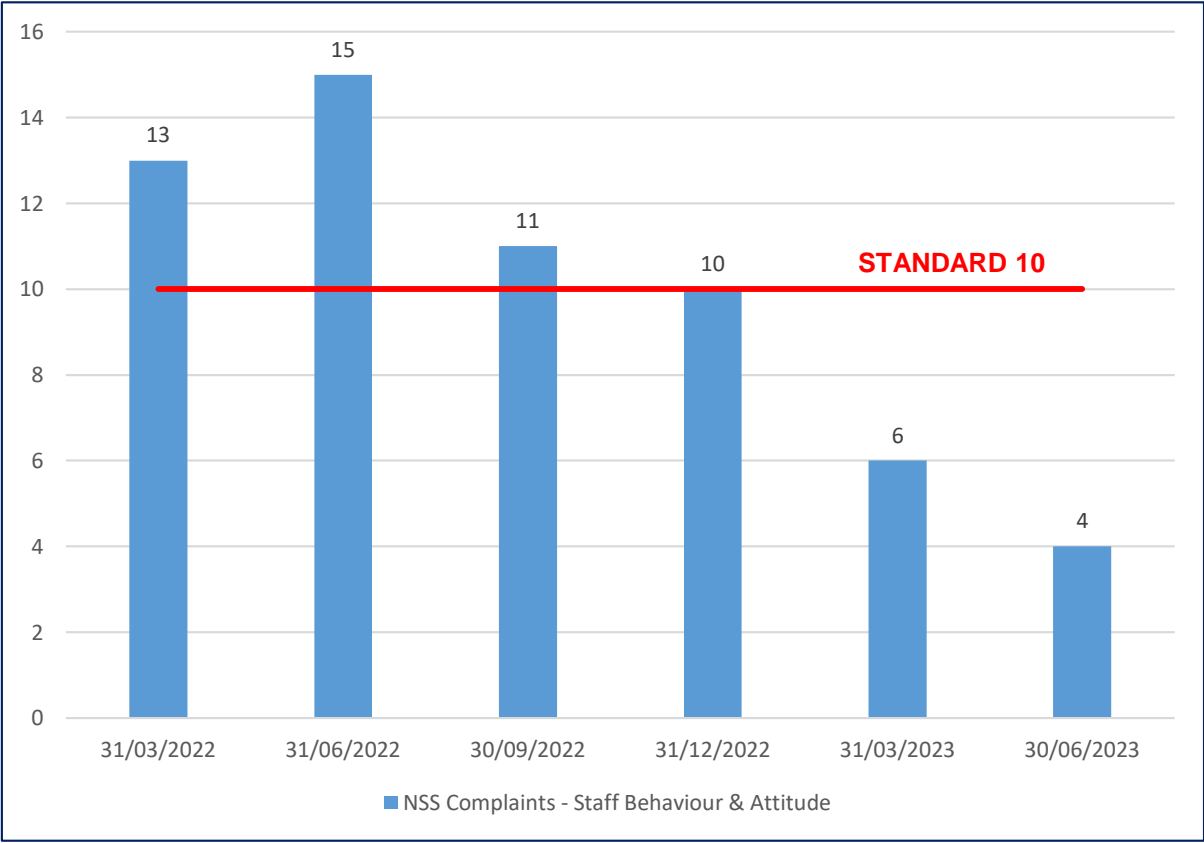
Customer Insight – Complaints Staff Behaviour



Common Variation



Meeting Standard



Model Complaints Handling

New performance indicators for Complaints handling are being developed in line with the Healthcare Improvement Scotland (HIS) Model Complaint Handling Process.

Work is being carried out with the Customer Experience & Solutions Team to introduce the below measures to regular EMT and Board (where appropriate) Reporting:

- Total number of complaints received each month
- Total number of positive feedback / suggestions each month
- % complaints resolved
 - Stage 1 within 5 days
 - Stage 2 within 20 days
- Breakdown by SBU (moving to Directorate when this is possible)
- Number upheld / not upheld / partially upheld by Ombudsman

This data will be introduced for the next Board Report.



NSS Financial Performance

NHS National Services Scotland – Executive Management Team

Financial Performance – August 2023

Executive Summary



Performance Summary

At the end of August, **NSS remains on track to meet its statutory Financial Targets:**

Revenue

The **YTD reported position is a £3.4m underspend with a break-even year end forecast** position maintained.

The main drivers of the movement in underspend are (1) DaS £0.5m favourable through GP IT and SWAN project slippage (2) Assure £0.5m including phasing correction of Meridian Court income from PHS and (3) NP £0.7m including additional resilience funding confirmed by SG. This favourable movement has been partially offset by a £1m adverse movement in NSD – driven by a high cost therapy where a single injection costs £1.7m.

NSS Targets	YTD	Forecast	RAG
	£'000's	£'000's	
Revenue Outturn	- 3,388	0	G
NSS CRES Total	1,525	5,143	G
NSD CRES Total	1,178	7,813	G
Capital Outturn	- 62	-	G

Capital

During M5, the capital plan still had some cost pressures including the EV Chargers VAT which was unfunded, and the Bain Square move which is higher than original budget. However, SG has very recently confirmed in writing that £1.1m funding from Ellens Glen Road proceeds will be allocated in FY23/24 - hence revised break-even forecast.

Key Messages

All National Boards including NSS were asked by SG to consider options to make additional non-recurring savings in FY23/24 to support the wider NHS Scotland financial challenge. Each Directorate considered the impact of stopping, reducing or not starting ADP priorities and this was included in an initial response to SG which was discussed on 21st August. NSS currently awaits a response from SG to confirm any additional non-recurring savings that NSS is required to make this Financial Year.

Although NSS continues to forecast a break-even position in-line with its balanced budget for FY23/24, this remains a significant challenge given the above. There is also a level of underlying financial risk across NSS services. NSS must continue to drive its Financial Sustainability objective across all areas of service. Updates on specific Financial Sustainability actions are included in Appendix 1.

NHS National Services Scotland – Executive Management Team

Financial Performance – August 2023

Executive Summary (2)



Risks & Issues

Funding – Revenue

NSS has considered options and the impact of additional savings in FY23/24 to support the wider NHS Scotland financial position. Targets of 5% (£14.4m) and 10% (£28.8m) were calculated based on SG allocations outstanding as at end of Q1. Clearly, NSS must protect its own financial position and sustainability – but it highlights the unprecedented, underlying financial deficit across NHS Scotland and the overall level of financial risk. **Information was sent to SG on 18th August and discussed on 21st August. NSS awaits a written response to confirm any additional non-recurring savings requirement in FY23/24.**

Underlying Financial Risk – P&CFS

There is an increasing level of financial risk within P&CFS (e.g. Pharmacy; eDCVP) where additional costs will be incurred to resolve current operational performance issues and project delays. This may also have an adverse impact on planned CRES in this Directorate. **The P&CFS forecast has been updated to reflect a level of underlying pressure and an additional £1m has been provided for within NSS Reserves**

CRES - NSD

The original financial target was based on 5% delivery but only 3% was built into opening budgets – NSD has currently only identified savings of 1.5%. **The overall YTD surplus is £0.4m with lower than budgeted activity levels offsetting the CRES delivery deficit – but the YTD surplus has reduced in month due to x1 high-cost treatment**

Funding - Capital

The capital plan is currently over-subscribed. SG has advised that the overall capital budget is extremely tight – with risks to additional funding requests given the level of demand across NHS Scotland. **However, NSS has recently received written SG confirmation that an additional £1.1m will be allocated in relation to EGR sales proceeds.**

Actions for Finance

Material Variances

NSS Finance will analyse material variances and work with Directorates to understand corrective actions / spending plans between cycles.

Aged Accruals

Finance will review old accruals between monthly cycles – both capital and revenue – with a view to releasing any benefit.

CRES

Finance will work with Directorates to evidence the achievement of planned CRES. PMO work will standardise and support how this is done beyond the immediate and short term

Actions for Directorates

DaS - Recharges

This process is much improved with focussed work during FY22/23 and into FY23/24. However, there is the need to further improve process, specifically around the original agreement of work being provided

Choices & Impact

In-line with the overall financial position, Directorates must continue to consider the impact on changes to service delivery during FY23/24, specifically ADP priorities – were they to be stopped, delayed or not started. This must also continue as part of the forthcoming planning process as we head towards FY24/25.

Purchase Orders & Receipts

Directorates should also ensure that PO's and receipts are processed in a timely basis, so that the ledger and financial positions and forecasts are as accurate as possible (via source systems)

Demand – Funding Requests

Directorates are reminded that all requests for additional funding (from NSS and/or SG) should route through Demand (Service Now) in the first instance following agreed process and to ensure appropriate governance, scrutiny and support is in place

NHS National Services Scotland – Executive Management Team

Financial Performance – August 2023

Operational Performance

Main Movements by Directorate

The overall Directorate Trading position is a **YTD underspend of £3.4m**

DaS – Underspend of £554k - driven by a review of year end accruals no longer required. Recharges were included in this period, but more work is needed to ensure all costs are recovered as the overall shortfall in recharges is currently £440K. Overall there are underspends in the National Programmes that have resulted in a £148k credit. Also a surplus within the Clinical Informatics of £270K for Snomed, SWAN and GP IT repurchase of £706K, due to timing / phasing issues which will come back into line over the coming months.

NHS Assure – reporting an underspend £0.9m, current recruitment delays are driving the pay variance. Underspend of non-pay on high value professional fees and building contractors which are not expected till later in the financial year. Phasing to be discussed and confirmed with budget holders. In month favourable movement £0.5m, mainly due to the phasing at PHS income for Meridian £280k and correction of year-to-date accruals posted in month.

NSD – £0.4m underspend relates to Risk Share. The position has moved adversely by £1m in month due to a patient treated with onasmogene in August costing £1.7m

SNBTS - Net Surplus of 0.1m being driven additional HB and 3rd party customers Income £0.4m and Pay Savings £0.4m through vacancies. This is being offset by Non-Pay pressures (£0.6m) including unmet savings targets and other pressures which are being investigated (TCAT £83k and Professional fees £70k),

SPST - Overspend of £28k, mainly due to pressure in PGMS as income targets are not currently being met, offset by underspends in Corporate Governance £78k and TP&V £26k.

NP - Underspend of £562k reported. In month favourable movement of £0.7m mainly due to £1.2m of additional SG funding for resilience confirmed and posted in Mth5, pro-rata £500k in month

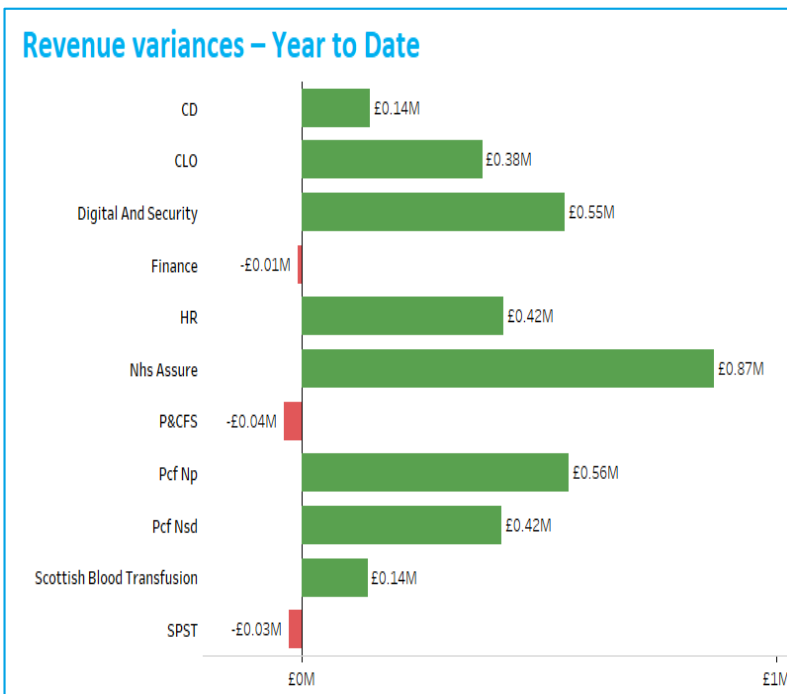
Finance – £10k overspend YTD. Pay savings and additional Income, offset by additional Blackline Expertise

HR – reporting a YTD £424k underspend - predominantly driven by an underspend on pay due to vacancies. A large share of the pay savings made to date relate to the e-rostering team which was funded by additional NSS allocation.

P&CFS – reporting an overspend of £39k YTD. Currently a high rate of overtime within Pharmacy keying due to issues with the implementation of nDCVP, however the majority of this is currently being offset by current vacancies. **The year end forecast is a £0.7m deficit with additional provision made in NSS Reserves.**

Clinical –YTD position is an underspend of £144k, includes £172k for the MDR project. Funding of £565k was awarded by NSS for MDR this year, and although a significant underspend for the year to date the programme is likely to utilise its full budget

CLO – is reporting an underspend of circa £380k. The biggest contributing factor being a favourable variance on income (excluding outlays) but it is recognised that income levels fluctuate month to month in line with activity levels and leave



NHS National Services Scotland – Executive Management Team

Financial Performance – August 2023

Revenue Analysis

Health Board Income – the main element of this variance is within NP £7.6m, CLO £1.5m and DaS £1.9m with a corresponding offset in other operating costs

Other Income – includes higher than budgeted income in year across SWAN £0.3m, CLO £0.4m and SNBTS TCAT £0.3m

Total Pay – the net payroll underspend of £3m includes £5.2m through payroll with a number of vacancies, with £1.6m spend on agency in filling some of these gaps.

IM&T – Overspends relate mainly to e-Rostering and O365 costs with partial offset through ATOS savings

Other Operating Costs as above expenditure variance in NP and CLO is offset by a corresponding income over-recovery. Similarly there is an ATOS recharge under recovery which is offset lower costs in IM&T

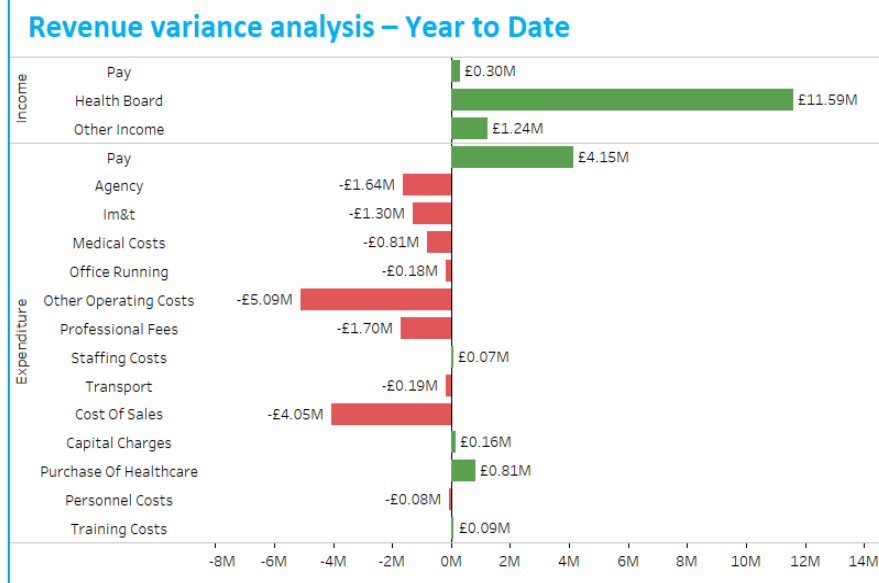
Professional Fees CLO additional costs £2.3m relates to the additional Income offset by NP Project underspend £0.6m

Cost of Sales relates to plasma products higher costs and increased oxygen concentrator costs, both of which are recharged in full to Boards with no impact to NSS bottom line for FY23/24

Covid-19 funding for C-19 services continues to reduce in-line with post pandemic position, NSS is currently forecasting SG Allocations of £82m covering:

- Test, Protect and Vaccinate £49m
- PPE £32.5m including write-offs / donations

As part of the SG request to look at options to save additional funds in FY23/24, there was and is particular focus on the above 'C-19' services in-line with demand levels, policy decisions and risk appetite



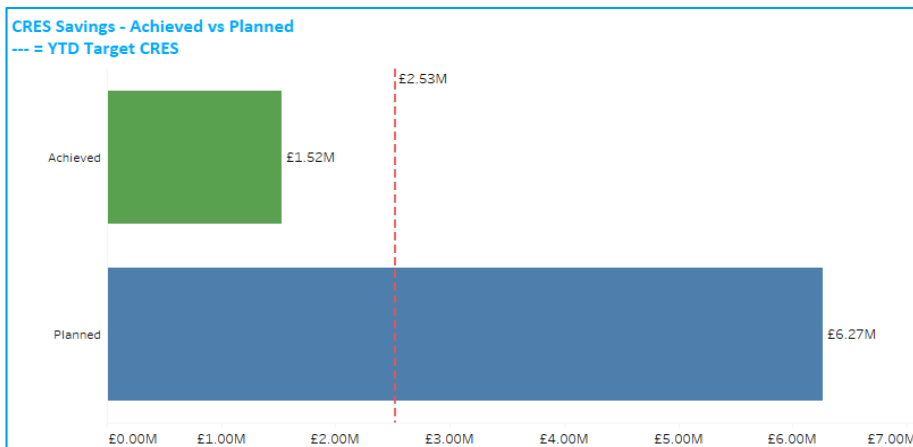
NHS National Services Scotland – Executive Management Team

Financial Performance – August 2023

Delivery of Cash Releasing Efficiency Savings

For FY23/24, NSS has taken a different approach to CRES: rather than a 5% target being applied to all baseline funded services, specific identified savings have been identified and planned for with Directorate targets summarised below

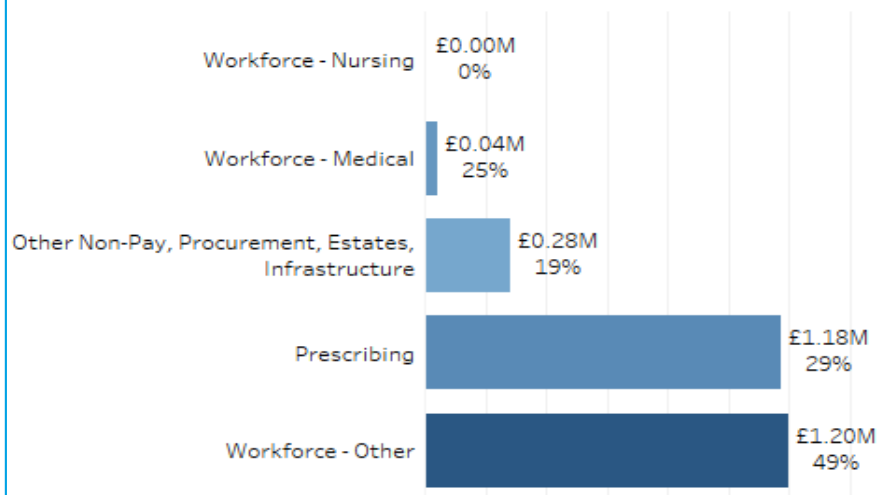
The graphs below show how Directorate's have evidenced achievement of CRES to date.



CRES Savings - Summary by SBU

	Achieved	YTD Target	Planned
Clinical	£0.05M	£0.08M	£0.18M
CLO	£0.10M	£0.10M	£0.25M
DaS	£0.23M	£0.23M	£0.54M
Finance	£0.18M	£0.18M	£0.44M
HR	£0.05M	£0.05M	£0.13M
NHSAssure	£0.16M	£0.51M	£1.21M
NP	£0.01M	£0.17M	£0.41M
NSD	£1.18M	£2.37M	£5.69M
P&CFS	£0.09M	£0.03M	£0.24M
SNBTS	£0.55M	£1.07M	£2.57M
SPST	£0.11M	£0.12M	£0.31M
Grand Total	£2.70M	£4.89M	£11.96M

CRES Savings - Value and % of target savings identified



The NSS CRES target (excluding NSD) is £7.6m – including £5.1m planned savings and £2.5m savings to be identified **which Business Controllers are working with Directorates to evidence.**

Beyond the opening CRES plans, there are other savings opportunities which may arise in year (e.g. through CCSG) which will be added to the overall plan via new Business Finance PMO arrangements. Crucially the PMO will increase transparency to help understanding if new savings substitute original plans or are truly additional

The **NSD annual savings target is £5.6m** – savings plans of £2.8m have been identified but that is only 1.5% of baseline with a 3% target budgeted. Currently this under-achievement is being offset by lower than budgeted activity levels but may not continue.

NHS National Services Scotland – Executive Management Team

Financial Performance – August 2023

Services delivered on behalf of NHS Scotland



FY22/23 Outturn

- NSS manages services on behalf of NHS Scotland with a **full year budget of £693m**.
- O365, eHealth SLA, PAC's and MESH are all delivering within plan.
- ATOS £167k, GPIT £131k and £15k underspend, but expected to breakeven at year end.
- There is an overspend in e-Rostering £63k, CHI £132k and SIBBS £6k, expect full year breakeven.
- NDC is showing a YTD underspend £96k – including pay (agency) pressures

Services delivered on behalf of Scotland - YTD Position

Hosted Fund	Expenditure	Variance
ATOS	£15,673,202	£166,599
CHI	£2,517,228	£-131,683
eHealth	£12,463,470	£0
eRostering	£3,848,397	£-63,122
GP IT	£823,079	£131,166
MESH	£28,573	£478
NDC	£101,890,372	£96,094
NSD	£126,748,874	£376,064
O365	£1,786,947	£0
PAC's	£735,315	£0
SIBBS	£8,041,118	£-6,434
Grand Total	£274,556,575	£569,162

NSD

NSD is reporting an under spend of £0.4m at the end of M5 (based on Q1 activity from Boards with estimates for M4 and M5). Specialist services are £0.5m under but offset by an equivalent over spend on screening services. Risk Share is under by £0.4m.

NSD continue to forecast a year end break-even position based on (1) any under spend being returned to Boards via SG and (2) any new business cases being considered in-line with the overall financial position.

The opening budget assumed 3% efficiency but only 1.5% CRES is forecast to be delivered, with operational underspends currently offsetting the CRES under achievement. This underlying financial risk has increased during M5 with operational budgets moving adversely by £1m - driven by high-cost therapy with one patient treated with onasmogene in August.- where the cost of an injection is £1.7m.

NHS National Services Scotland – Executive Management Team

Financial Performance – August 2023

Scottish Government Funding Allocation Tracker



Baseline

23/24 Baseline has been received at £390m. Additional Allocations of £148m received in YTD August, including NSD Riskshare & Topslice £60m, Digital Allocations £33m and TP&V £17m.

Outstanding

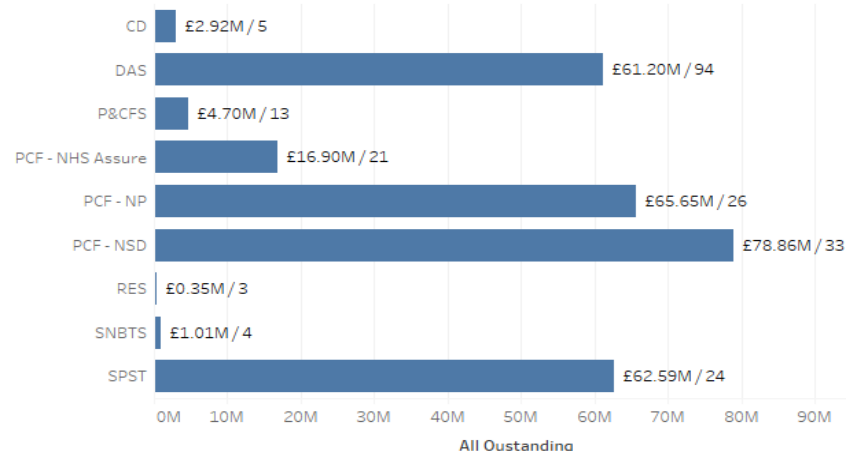
Currently c£156m allocation remains outstanding. SG Finance has formally asked NSS (and all other National Boards) to consider options to save money from these outstanding allocations. The risk profile below is based on Business Controller assessment working with Directorates – and the majority as ‘amber’ is a fair reflection on the current funding position.

Baseline Changes and ‘Bundling’

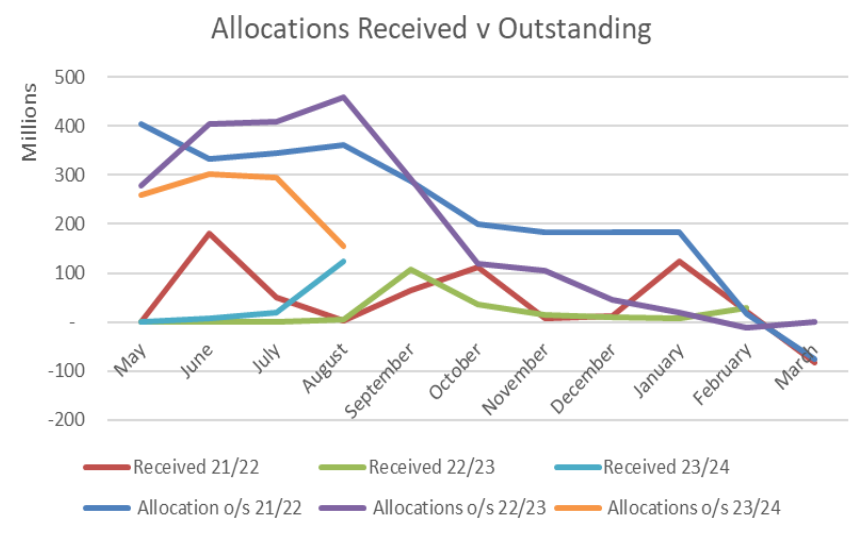
Despite the savings ask, SG Finance have advised they still plan to maximise NSS’ baseline moving forward where possible and it is hoped that certain adjustments can be agreed during FY23/24. SG Finance had an initial internal review date of ‘mid-July’ to approve any such adjustments with policy colleagues, but this has slipped

In terms of bundling SG Finance remains determined to move away from low value, multiple allocations to higher value bundles where Boards have more flexibility to deliver outcomes and more certainty in terms of budgets, supporting longer term planning.

SG Allocations - Outstanding - Total Amount / No. of Allocations



SBU	Green	Amber	Red	Total
SNBTS		421		421
Reserves	286	63		349
DaS		21,300	1,979	23,279
P&CFS	1,508	952	29	2,489
SPST	1,584	31,555		33,138
Clinical		87		87
NHS Assure		15,600		15,600
NP		64,231		64,231
NSD		15,572		15,572
	3,378	149,781	2,008	155,167



NHS National Services Scotland – Executive Management Team

Financial Performance – August 2023

Capital Programme Delivery



FY23/24

NSS formula allocation of £2.927m. At ledger close planned capital spend has a forecast overspend of **£392k**. The main movement this period was generated as budget was not yet confirmed for the cost of VAT to be paid on the installation of EV charging points. The pressure will be addressed as follows.

Post ledger close the SG have confirmed a £1.1m allocation delivered from the proceeds of Ellens Glen rd. This will fund projects identified as critical during the 23/24 planning process in April. These include projects to reduce our underutilised property portfolio generating recurring revenue savings, allow critical replacements in our buildings and drive the delivery of our sustainability strategy.

In addition, finance is working with Directorates to review any aged accruals which could be released to offset the remaining forecast pressure.

No further additional capital funding is expected this financial year. Outstanding bids for 23/24 funding total circa £1.4m. These were placed by SNBTS and include £756k for replacement fleet, £185k for website replacement and approx £500k for equipment. Email confirmation of this position has been shared with our SG capital finance colleagues.

NIB- equipment have emailed confirmation that additional funding for equipment in FY 24/25 will be shared with boards in October 23.

NSS CAPITAL DEVELOPMENT FUNDING		Budget	FY	Movement
Opening position	Opening AOP	2,927	2,927	0
	Opening position total	2,927	2,927	0
Critical projects approved	nDCVP		0	0
	SNBTS Equipment Rolling Replacement	-333	-450	116
	SNBTS - Clinical Apheresis Machines	-1,728	-1,628	-100
	Breast Screen Unit	-800	-800	0
	DaS Network Replacement	-20	-89	69
	Move to Titan	-54	-202	148
	SNBTS 22/23 slippage	-77	-105	28
	EV Charging Points Vat		-110	110
	Over commitment	86	65	21
	Committed	-2,926	-3,318	392
Available for Developments		0	-392	392
				0
Capital Funding Remaining		0	-392	392

SG CAPITAL DEVELOPMENT FUNDING		Budget	FY	Movement
Confirmed	NIB Funding	172	172	0
	Electric Charging Points	550	550	0
Awaiting Confirmation	Breast Screen Unit - additional	135	135	0
	Shott's clinical waste site	200	200	0
	CHI	1,567	1,567	0
	Meridian Court Replacement	554	554	0
	ATOS Tech Refresh	1,000	1,000	0
	SEER's	550	550	0
		4,728	4,728	0

NHS National Services Scotland – Executive Management Team

Financial Performance – August 2023

Reserves Overview



The 2023/24 Financial Plan included provision for various **identified opportunities and risks**. These are being managed in year within Reserves.

In month – funding was processed for Lease Benefit

At the end of August, NSS has net revenue resources available of **£0.7m** which can be used to mitigate against **significant underlying financial risk** including (1) uncertainty over funding allocations and (2) unplanned / unforeseen cost pressures **additional provision of £1m has been made to cover increased pressures within P&CFS**

NSS will only consider additional requests for funding (investments and/or cost pressures) if they have been submitted via Demand as per agreed process.

The net Reserves position was considered as part of the return to SG highlighting the options NSS has to support the wider financial challenge, whilst protecting its own financial position – in both FY23/24 and on a recurring basis. **The scenarios discussed with SG reflected the Reserves position at that point in time with scenarios around possible changes to the position during FY23/24**

	Opening Assumptions	JUL EMT	AUG EMT	SEPT EMT	
Available Revenue Funding	1,454,150	1,009,150	415,849	177,623	Likely opportunities which have occurred transferred here
Likely Opportunities	3,445,000	3,391,000	3,391,001	3,522,001	incl £1m Contingency, £0.5m A/L, WRP £0.4m, Depn £0.5m
Maximum Available	4,899,150	4,400,150	3,806,850	3,699,624	
<u>Likely Risks / Pressures</u>					
21/22 Underspend	490,000	490,000	490,000	490,000	
Inventory Mgt System	633,700	633,700	633,700	633,700	Cost Pressure - funding possibly received from SG
Lease Benefit		288,941	288,941	0	Actioned M5
NIS (re) audit				140,000	C Low approved funding, await Finance Demand
Sharepoint				450,000	
AMS Digital project including scanners				300,000	Includes Scanners Revenue to Capital £240k
Additional nDCVP expenditure				1,000,000	
Total Risks / Pressures	1,123,700	1,412,641	1,412,641	3,013,700	
Net Position Revenue	3,775,450	2,987,509	2,394,209	685,924	
TOTAL POTENTIAL FUNDS AVAILABLE			2,394,209	685,924	

NHS National Services Scotland – Executive Management Team

Financial Sustainability Action Plan Update

APPENDIX 1

Action	RAG	Comments
Reduce reliance on non-recurring funding	Yellow	<p>NSS has received recurring pay funding to cover FY22/23 and FY23/24 A4C costs.</p> <p>SG Finance has also reiterated its intention to increase NSS' baseline (where possible) by converting on-going non-recurring funding streams, including the "bundling" of certain allocations, but no revised allocations have currently been made. SG Finance's internal review of c£600m allocations across NHS Scotland which potentially could be bundled has been delayed. SG is looking for additional (non-recurring) savings to support wider system pressures, but we have been advised this does not impact on the intention to maximise baseline funds</p> <p>The on-going work and progression is significant and supports NSS' ambition and need to reduce its reliance on non-recurring funding</p>
10 Year Capital Investment Plan	Green	<p>Our Finance Business Partner (Assets & Infrastructure) has assessed the current asset register in terms of future reinvestment requirements, working with Directorates to develop a robust forward plan. They are also working closely with SG colleagues around 'Whole System Planning' to ensure investment plans are aligned and extend to the longer term. An NSS Whole System Planning Workshop is scheduled for 19th September</p>
Business Intelligence and Analysis – Financial and Non-Financial Information	Green	<p>Finance is leveraging 'Blackline' to match and reconcile corporate data sets, as we await the full implementation of SEER and associated benefits:</p> <p>Monthly On-Going Reconciliation – Key Fields between eEES and ePayroll to ensure we understand differences but more importantly ensure corrections are made at source to align data across corporate systems</p> <p>One Off Exercise – Directorates have validated staff data (by 1st September) to give NSS the full visibility of the scale of the problem and the effort required to make the necessary changes. A plan is being developed to systematically address this in a controlled way, working closely with HR and the Data Governance Team to validate and change staff data where required across various corporate systems. Notwithstanding the required change to systems, the returns from each Directorate will be invaluable to support the forthcoming financial and workforce planning processes, using validated staff data</p>

NHS National Services Scotland – Executive Management Team Financial Sustainability Action Plan Update

APPENDIX 1

Action	RAG	Comments
Activity Based Costing		<p>The project team has met with each Directorate to better understand readiness in terms of data maturity and capacity. This has informed a detailed roll out plan during FY23/24 which is being finalised</p> <p>The project has highlighted a number of financial structural / hierarchical inconsistencies across NSS which has been addressed through the FY23/24 budget process</p> <p>Business Finance is formally assessing progress with additional capacity from the team (new FBP) being allocated as required to push this along. Finance will consider a formal Cost Accountant role as part of its planning process</p>
Business Finance PMO		<p>PgMS and Finance continue to work closely to implement and embed a PMO within Finance covering:</p> <ul style="list-style-type: none"> • CRES – more rigorous tracking of actual savings delivery covering (1) Directorate Savings Plans including ROI from planned investments (2) Contract Approval Savings (3) Cost & Commercial Steering Group • Cost Pressures – similar to CRES, a more robust way of recording all Cost Pressures to support budget decisions and better understand cost drivers • Business Cases / Funding Requests – Finance leading but working with others to review existing processes end to end with a One NSS lens. This will involve existing business case guidance and information being made available and more accessible in Q2 <p>We also recognise the need for consolidated NSS savings reporting into Boards / SG to summarise the favourable impact our services make to the wider budget</p>

NHS National Services Scotland – Executive Management Team

Financial Sustainability Action Plan Update (2)

APPENDIX 1

Action	RAG	Comments
<p>Increased Financial “Grip & Control”</p> <ul style="list-style-type: none"> • Systems & Processes • Roles & Responsibilities 		<p>This is a broad, overlapping action with various on-going elements such as:</p> <ul style="list-style-type: none"> • Corporate Data reconciliation (as per previous slide) • Finance Charters – summarising and confirming roles and responsibilities • Systematic Review of Aged & High Value Accruals • Pecos Approval Rules & Limits • Increased scrutiny and controls over discretionary non-pay spend (CCSG) • Corporate Joiners, Movers, Leavers (CJML) • Workforce governance oversight: <ul style="list-style-type: none"> • Refined support and information for Vacancy Review Panel • Requirement for organisational change to be at least cost neutral reinforced.
Directorate Service Transformation		<p>Finance continues to support emerging future NSS planning work supported by PgMS.</p> <p>Finance is working closely with all Directorates (and DaS; SNBTS; and NSD in particular) to transform Financial Management arrangements – with both Finance and Service Areas recognising the changes needed to support improved practice and ensuring roles and responsibilities as outlined in the Finance Charter are delivered in practice.</p> <p>Our Lean work is focusing on (1) the annual planning process, working with key stakeholders to ensure this is as efficient and effective as possible for the forthcoming FY24/25+ cycle and (2) implementing changes to the month end Financial Management Cycle - with aims to reduce the cycle time; improve report content and timing; give early awareness of material issues to Key Decision Makers for information and/or decision making. It is crucial that delegated budget holders are supported and informed to make the decisions around their delegated budgets by Finance – but Finance do not make decisions for the business.</p>



NSS
Finance

NSS People Report – August 2023

Summary

Headcount

The current headcount for NSS is **3,445** and the total WTE is **3,281**. Last month there were a total of **3,384** staff with a WTE of **3,205**. Please note the headcount on the dashboard does not include agency and bank staff.

Turnover

NSS has recorded **185** new starts, **108** leavers and a turnover rate of **3.48 %** this financial year. August recorded **60** new starts, **15** leavers and a turnover rate of **0.49%**.

Agency Staff and Fixed Term

There are currently **141** agency employees across NSS (**148** last month), the majority of these are within PCF (**70**), DaS (**31**) and P&CF (**21**). **13** agency employees have been with NSS for more than four years (12 last month). There are a total of **288** employees on fixed term contracts (**279** last month). The majority of these are within PCF (**68**), DaS (**66**), SPST-NCC (**57**) and SNBTS (**45**). There are **44** fixed term contracts expiring in the next six months. **42** fixed term contracts have been with NSS for more than four years (**38** last month).

Statutory and Mandatory Training

The new dashboard for Turas Learn has been launched and is now in the user testing stage. The migration work has mostly been completed, however, employees with a 5-digit eESS ID have not been transferred across. This includes consultants, visiting workers and agency staff and accounts for approximately 10% of staff. The compliance rates for August 2023 are **83%** for Statutory and **78%** for Mandatory.

Recruitment

In August there were **38 jobs** advertised (**31** last month) and **52 vacancies** in total (**45** last month). For the financial year, the total is **189 jobs** and **266 vacancies**. **15** of the **189 jobs** are currently 'live' and at the 'advert' stage, **64%** of the jobs are for permanent positions and **33%** are for fixed-term (or secondment) posts and **3%** are for 'other' contract types.

Sickness Absence

The total sickness absence rate for the financial year is **4.11%** (4.10% last month), breaching the **4.00%** National target by **0.11%**. The total sickness absence rate for the month of August is **4.20%** (4.16% last month). The total cost of absence for the financial year is **£2.31m**. This time last year, the total cost of absence was **£1.85m**. August 2023 recorded a sickness absence cost of **£441k** (**£474k** last month).

Appraisal, PDP and Objectives

The compliance rates are currently at **80%** for Appraisal (**77%** last month), **72%** for PDP (**72%** last month) and **73%** for Objective (**72%** last month).

Sickness Absence - Statistical Process Control

The total sickness absence rate for the financial year is **4.11%** (4.10% last month), breaching the **4.00%** National target by **0.11%**. The total sickness absence rate for the month of August is **4.20%** (4.16% last month).

Below Lower Limit (0.36%)	Between Lower Limit and Mean (0.36% - 3.02%)	Between Mean and Upper Limit (3.02% - 6.39%)
Clinical	CLO, HR, DaS, Finance, SP&ST	PCF, P&CF, SNBTS

PCF's absence has gradually decreased in the past 12 months, from **6.72%** in August 2022 to **5.75%** in August 2023. HR are working with PCF to develop interventions to improve sickness absence levels.

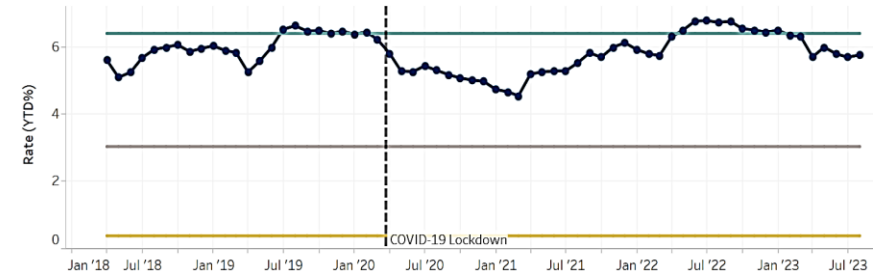
Forecast - Based on the previous three years of absence data, year to date sickness absence is forecast to finish the year at **3.80%** for NSS.

Short Term / Long Term Sickness Absence Rates

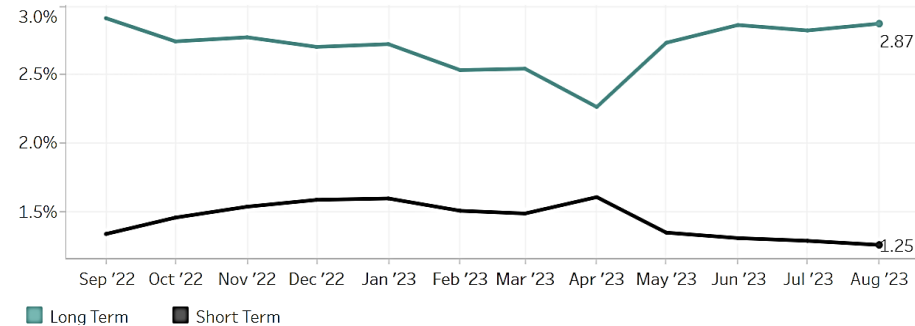
Month	Short Term	Long Term
August 2023	Month: 1.28% FY: 1.25%	Month: 2.92% FY: 2.87%
July 2023	Month: 1.27% FY: 1.28%	Month: 2.90% FY: 2.82%

Sickness absence rates historically rise after each reporting month due to retrospective absence updates from line managers to SSTS. HR re-run sickness absence reports each month to maximise accuracy and capture retrospective changes.

PCF Year to Date Total Sickness Absence SPC



NSS Long and Short-Term Rolling 12 Months Absence Rates



Year to Date Absence Data, 5 Year Comparison

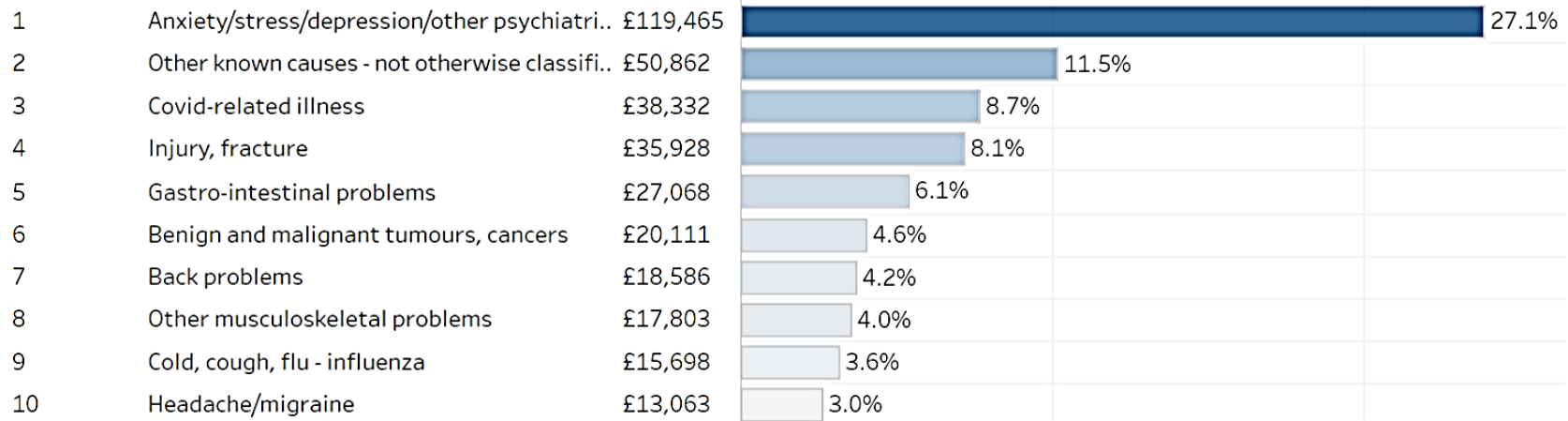
		Long Term (%)	Short Term (%)	Total (%)
19/20	August	2.85%	1.41%	4.26%
20/21	August	1.88%	0.83%	2.71%
21/22	August	2.48%	1.02%	3.50%
22/23	August	2.90%	1.24%	4.14%
23/24	August	2.87%	1.25%	4.11%

■ Covid 19 Pandemic
 ■ Previous Year
 ■ This Month

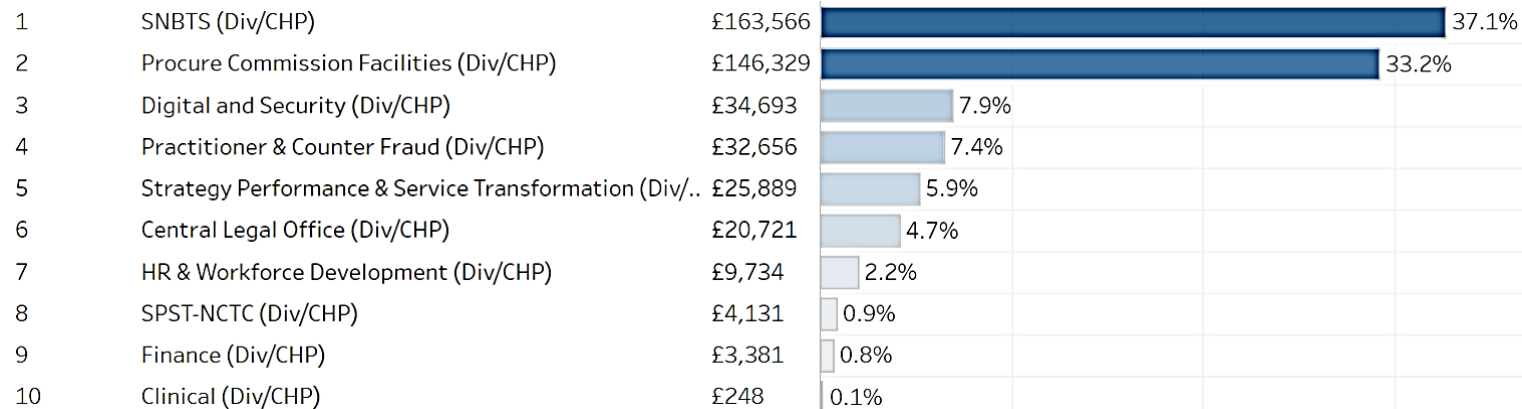
Sickness Absence Cost

The total cost of absence for the financial year is **£2.31m**. This time last year, the total cost of absence was **£1.85m**. August 2023 recorded a sickness absence cost of **£441k** (**£474k** last month). Retrospective absences entered onto the system account for an average increase of **15-30%** in cost and hours lost, which will impact the current month's figure and will be reflected next month.

Top Reasons For Absence



The Directorates with the highest cost of absence are SNBTS with **£164k** and PCF with **£146k**. Please see breakdown below:



Case Management

Case Management

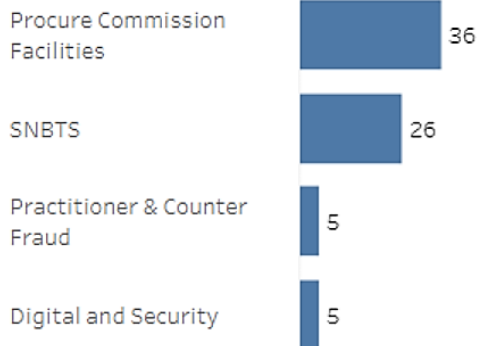
There are currently **78** active cases, with **19** cases opened and **four** cases closed in August 2023. There were **173** cases active last month, which indicates a fall in the case load numbers this month (**95** less). The drop in cases is a result of removing 'ex-employees' from the dashboard.

Case data is updated retrospectively on a frequent basis and data quality checks can be actioned which, in addition to cases opened and closed that month, helps explain the change in numbers between each monthly report.

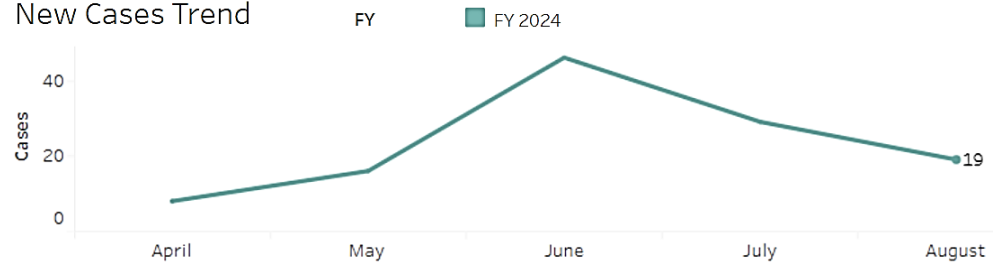
Absence Triggers

There are a total of **205** employees who have breached sickness absence triggers this month, of which **48 (23%)** have active cases with HR. A total of **561** employees have reached an absence trigger in the rolling year, of which **94 (17%)** have active cases with HR.

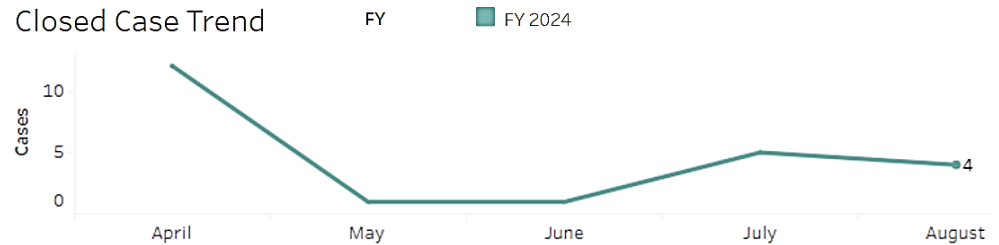
Active Cases by Directorate



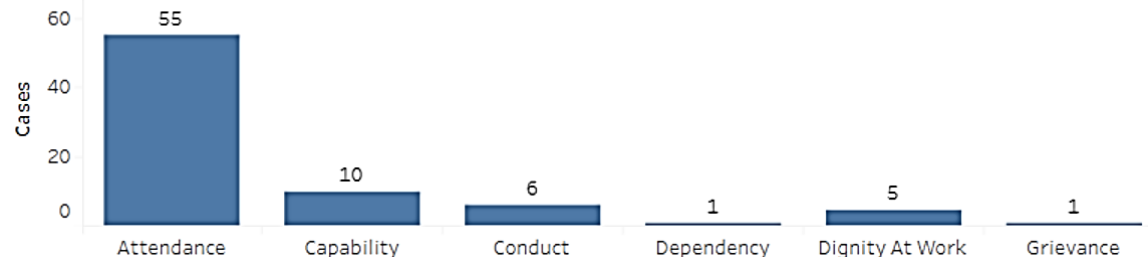
New Cases Trend



Closed Case Trend



Case by Category



Turnover

Turnover Insights

NSS has recorded **185** new starts, **108** leavers and a turnover rate of **3.48%** this financial year. August recorded **60** new starts, **15** leavers and a turnover rate of **0.49%**. Of the **108** employees who left, **15%** were on a Fixed Term contract and **85%** were on a Permanent contract.

The turnover forecast for the end of the financial year 2023/24 is **12.34%**, which is lower than the agreed target of **14.00%**.

Turnover by Directorate

Directorate	Turnover This Month	Turnover Last Month
CLO	0.63%	0%
Clinical	0%	0%
DaS	0%	0.22%
Finance	0.67%	1.32%
HR	1.14%	1.16%
P&CF	0.22%	0.65%
PCF	0.23%	0.70%
SNBTS	0.96%	0.43%
SPST-NCTC	1.50%	0%
SP&ST	0.39%	0.40%

Notes

- Turnover rates are produced from eEES National Team turnover reports and include bank staff. Therefore, NCC rates include bank.
- The new starts and leavers data is taken from the NSS Staff List data.
- HR WIS implemented a change in the reports to use 'Last day of working' instead of 'Effective End Date' for the new starts and leavers table counts.
- The turnover percentage includes bank staff.

Division	Count leavers in FY (overall)	Count new starters in FY (overall)
Central Legal Office	4	0
Clinical	0	0
Digital and Security	11	16
Finance	6	6
HR & Workforce Development	8	9
Practitioner & Counter Fraud	14	12
Procure Commission Facilities	24	92
SNBTS	30	37
SPST-NCTC	3	1
Strategy Performance & Service Transformation	8	12
Grand Total	108	185

Top 5 Reasons for Leaving (FY)

Reason	Leavers
Other	24
Vol. Resignation – Other	23
Retirement - Age	16
New Employment Within NHS	15
Death In Service, Dismissal, Ill Health or Other	9

Agency Length of Service

Agency

There are currently **141** (141 WTE) agency employees across NSS. There were **148** agency staff last month. **121** (**86%**) of agency contracts are due to end within the next six months.

13 agency employees have been with NSS for more than four years in the following Directorates:

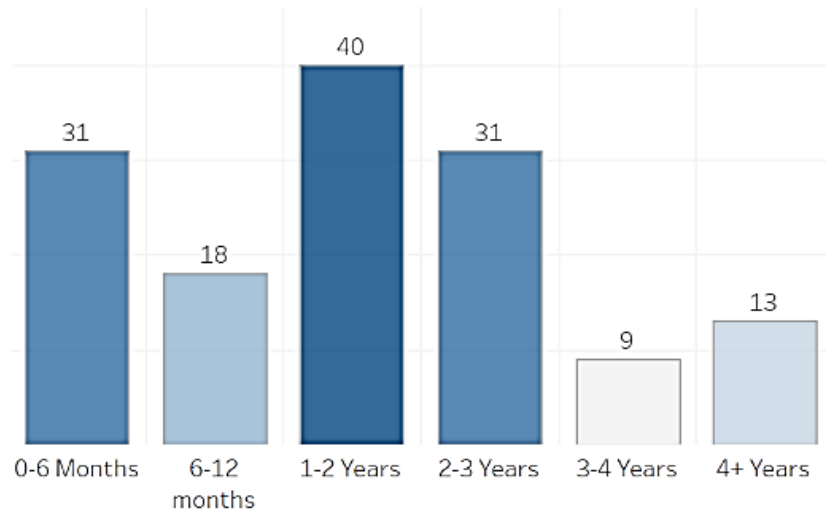
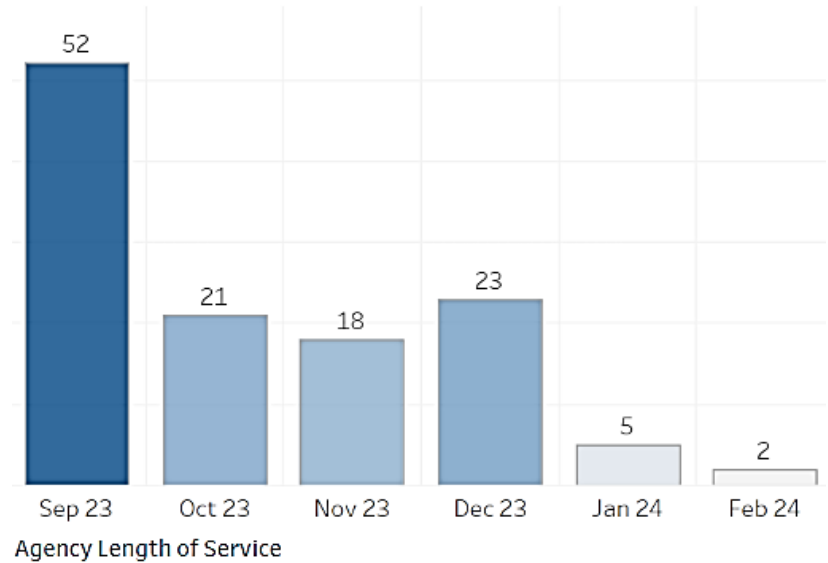
Directorate	Agency Headcount
PCF	7
DaS	4
SNBTS	1
SP&ST	1

Agency Staff by Directorate (Main)

Directorate	Agency Headcount
PCF	70 (77 last month)
DaS	31 (35 last month)
P&CF	21 (16 last month)
SP&ST	13 (13 last month)

Note: Work is being done to collate the data on agency staff to provide framework details.

Agency Contracts Ending in 6 Months



Fixed Term Length of Service

Fixed Term

There are currently **288** (**210.3** WTE) fixed term employees across NSS. There were **279** fixed term staff last month.

44 (15%) fixed term contracts are due to end within the next six months.

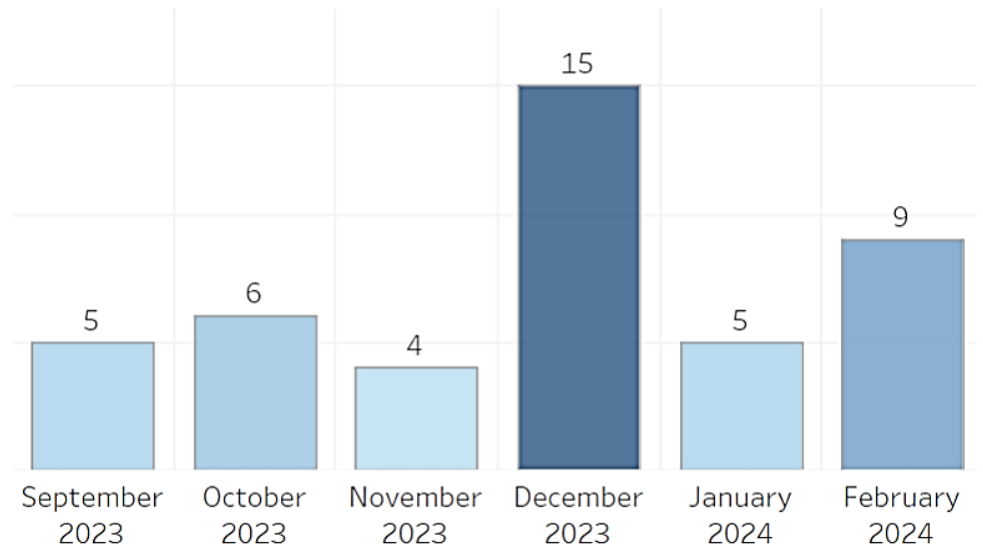
42 fixed term contracts have been with NSS for more than four years (**41** last month) in the following Directorates:

Directorate	Headcount
SNBTS	10 (9 last month)
DaS	9 (9 last month)
PCF	8 (7 last month)
P&CF	6 (6 last month)
SP&ST	4 (4 last month)
CLO	2 (3 last month)
Clinical	1 (1 last month)
HR	1 (1 last month)
Finance	1 (1 last month)

Fixed Term Staff by Directorate (Main)

Directorate	Headcount
PCF	68 (60 last month)
DaS	66 (69 last month)
SPST-NCC	57 (53 last month)
SNBTS	45 (39 last month)

Fixed Term Contracts Ending in 6 Months



Highlights

In August there were **38 jobs** advertised (**31** last month) and **52 vacancies** in total (**45** last month). For the financial year, the total is **189 jobs** and **266 vacancies**. **15** of the **189 jobs** are currently 'live' and at the 'advert' stage, **64%** of the jobs are for permanent positions and **33%** are for fixed-term (or secondment) posts and **3%** are for 'other' contract types.

The current average time to hire for the last two years (24 month rolling sample), inclusive of HR and Hiring Manager involvement, is **85** working days (**82** working days last month).

Included within this timeframe is:

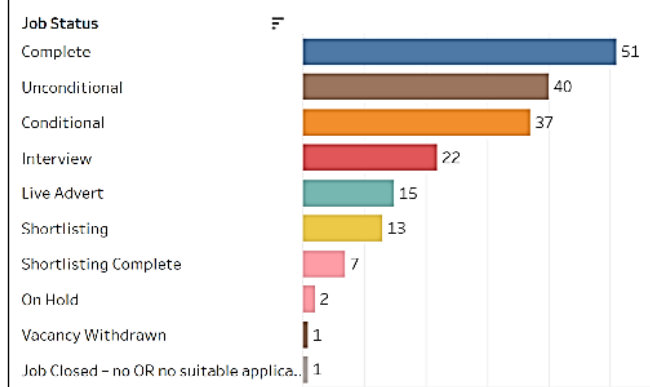
Timeline (Working Day Averages)



Jobs and Vacancy Breakdown by SBU

Job Division	Count Job Reference	Number of Vacancies
Central Legal Office (Div/CHP)	5	8
Clinical (Div/CHP)	2	2
Digital and Security (Div/CHP)	32	46
Finance (Div/CHP)	2	6
HR & Workforce Development (Div/CHP)	13	14
Practitioner & Counter Fraud (Div/CHP)	9	10
Procure Commission Facilities (Div/CHP)	57	85
SNBTS (Div/CHP)	55	74
SPST-NCTC (Div/CHP)	5	8
Strategy Performance & Service Transformation (Div/..	9	13

Job Status



Please note 'time for advert' also includes the time taken to approve a new Job that can ultimately inflate the 'Total time to Hire'

Note: In October 2022 report the time to hire analysis period moved from the full job train data set over four years to the 'last two years' or 24 month rolling sample. This provides a more accurate and recent time to hire and reflects improvements in recruitment processes.

Redeployment

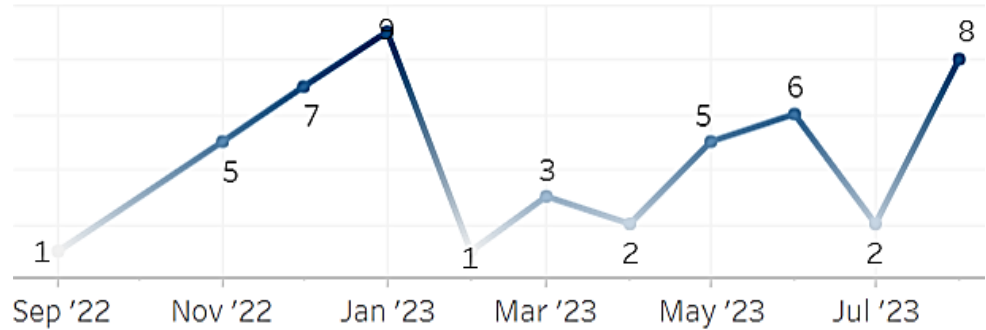
Highlights

The total number of redeployees who have been added to the register this financial year is **23**, with **eight** being added in August. See trend graph on the right.

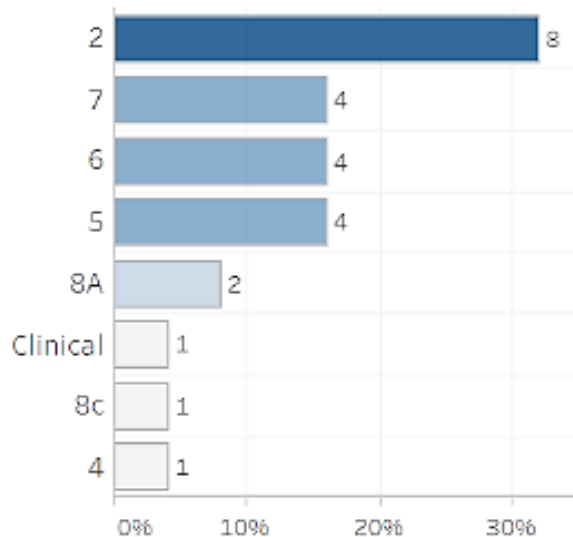
There are currently **25 active redeployees** on the register, **28%** of which are on a temporary work assignment, **24%** are on secondment, **40%** are seeking opportunities and **8%** are on a trial period.

80% of active redeployees are on the register due to organisational changes, **12%** due to their fixed term contracts expiring and **8%** is for 'other' reasons.

Redeployees | 12 Month Trend



Active Redeployees | Band



Directorate	Active Redeployees
Digital & Security (Div/CHP)	2
Central Legal Office (Div/CHP)	0
Clinical (Div/CHP)	2
Finance (Div/CHP)	1
HR & Workforce Development (Div/CHP)	2
Practitioner & Counter Fraud (Div/CHP)	6
Procure Commission Facilities (Div/CHP)	9
SNBTS (Div/CHP)	2
Strategy Performance & Service Transformation (Div/CHP)	1

Mandatory/Statutory Training

Highlights

The new dashboard for Turas Learn has been launched. The migration work has mostly been completed, however, employees with a 5-digit eESS ID have not been transferred across. This includes consultants, visiting workers and agency staff and accounts for approximately 10% of staff. Our compliance rates exclude this cohort of staff. The compliance rates for August 2023 are:

- Statutory Compliance Rate – **83%**
- Mandatory Compliance Rate – **78%**
- Overall Compliance Rate – **79%**

Whistleblowing

Please see updated compliance rates for August in table below.

Please note that employees (non-management) who have completed any of the three whistleblowing courses are considered compliant and line managers who have completed either the line manager or senior manager course are considered compliant.

Please also note that the compliance rate for 'Whistleblowing : Manager' has dropped significantly, this is because there were several non-management employees being counted that completed the manager course, which inflated the figures, they have now been removed to improve accuracy.

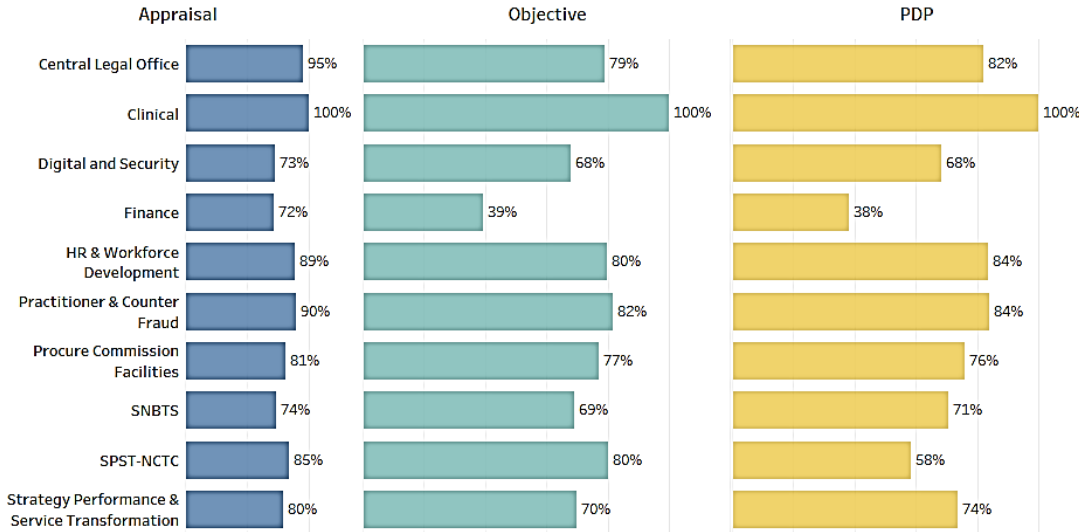
Compliance by Course and Directorate

	Central Legal Office	Clinical	Digital and Security	Finance	HR & Workforce Development	Practitioner & Counter Fraud	Procure Commission Facilities	SNBTS	SPST-NCTC	Strategy Performance & Service Transforma..
Counter Fraud Services	67%	63%	87%	60%	94%	75%	80%	85%	92%	82%
Equality And Diversity	69%	63%	81%	47%	94%	84%	76%	82%	92%	81%
Fire Safety Awareness	77%	69%	83%	52%	87%	88%	81%	87%	88%	84%
Freedom Of Information	66%	66%	84%	47%	92%	84%	76%	83%	92%	82%
Health And Safety Induction	73%	59%	82%	45%	87%	85%	75%	84%	92%	79%
Information Governance In Action	69%	66%	71%	45%	86%	64%	82%	72%	92%	74%
Manual Handling Passport	71%	63%	83%	49%	91%	84%	76%	84%	90%	81%
Risk And Resilience	68%	63%	82%	45%	92%	83%	76%	83%	92%	80%
Standing Financial Instructions	71%	63%	80%	50%	89%	86%	80%	83%	92%	78%
Staying Safe Online : Top Tips For Staff	71%	69%	76%	40%	92%	85%	76%	84%	90%	70%

Course	TURAS Headcount	Complete	Compliance %
Whistleblowing : Overview	3,242	2,118	65%
Whistleblowing : Manager	763	430	56%

Turas Appraisal

NSS Compliance Rates *



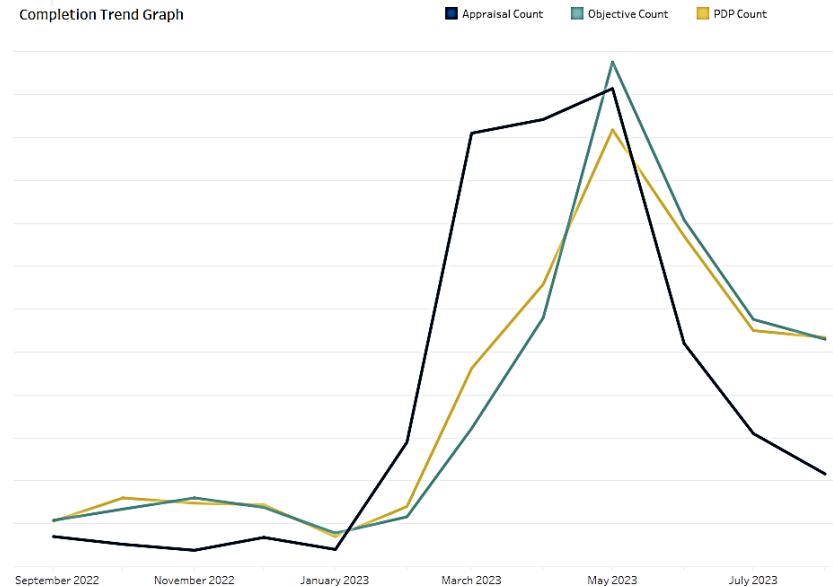
Appraisal Compliance	PDP Compliance	Objective Compliance
80%	72%	73%

Additional Information:

- 406 employees started in the last 12 months
- 148 employees started in the last 3 months
- 367 employees have no Appraisal history
- 308 employees have no PDP history
- 291 employees have no Objective history

* Please note the compliance rates have been calculated by excluding the staff groups that are new starts, maternity leave, long term sick, career breaks, medical staff and movers within the organisation.

Completion Trend Graph



Annual Leave

August 2023 indicates that approximately **65%** of annual leave has been planned or already taken and **35%** remaining for this financial year.

Division	Planned / Taken (%)	Remaining (%)
Clinical	46%	54%
SPST-NCTC	65%	35%
Central Legal Office	66%	34%
Digital and Security	65%	35%
Finance	70%	30%
HR & Workforce Development	67%	33%
Practitioner & Counter Fraud	69%	31%
Procure Commission Facilities	68%	32%
SNBTS	75%	25%
Strategy Performance & Service Transformation	73%	27%
NSS Total	65%	35%

Note: Information collated in this exercise is a combination from Crown Flexi and eESS/SSTS. This is only an estimate of employees of NSS and excludes Bank Staff, contingent workers, honorary contracts and secondees. Where employees don't use Flexi, eEES system data is used.

Health & Safety - Accident / Incident Management

RIDDOR

There have been **two** RIDDORs submitted this financial year (one in April and one in August) to the Health & Safety Executive (HSE).

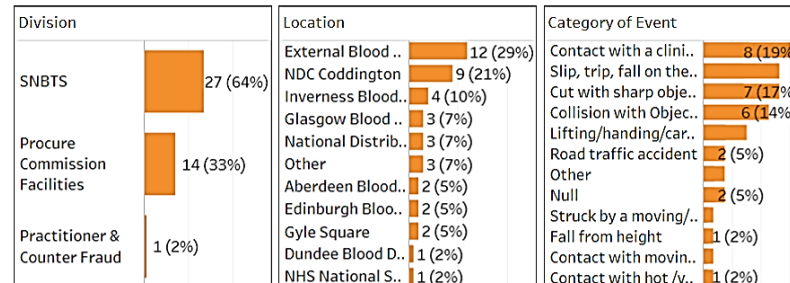
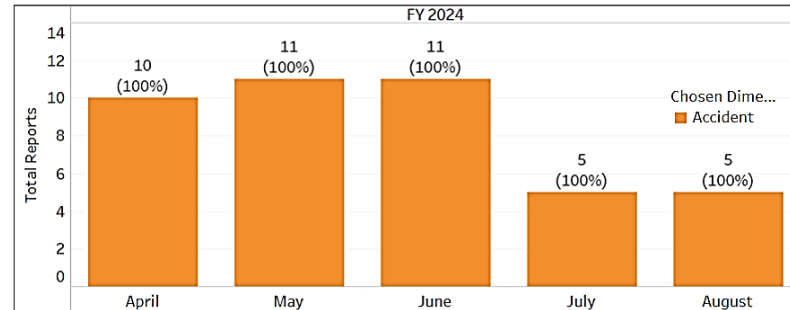
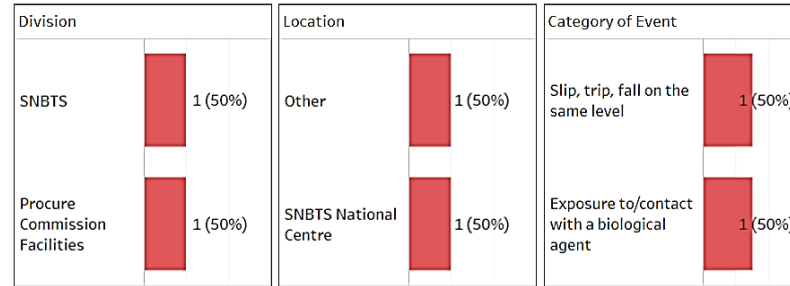
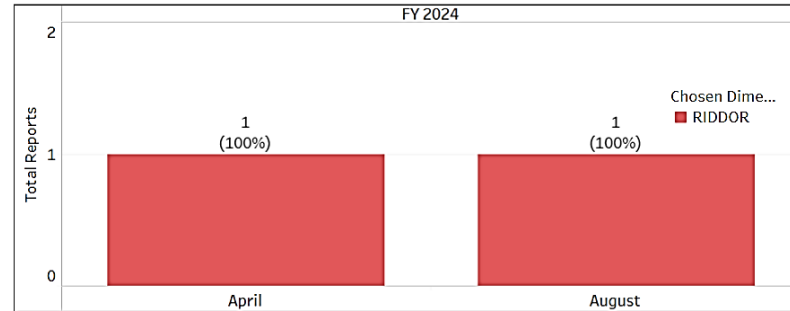
The event category in April was recorded for the **PCF** directorate under 'Exposure to/contact with a biological agent'. The event in August was recorded for the **SNBTS** directorate under 'Slip, Trip, Fall on the same level'.

Accidents

A total of **five** accidents have been submitted in August and **42** for this financial year, resulting in **72** days absence this fiscal year.

The accident rate was **1.31** in August and **11.02** for this financial year which is well below the fiscal year target of **35.42**. The average time to close an accident is **25 days** this financial year, which is **five days** below the agreed **30-day KPI**.

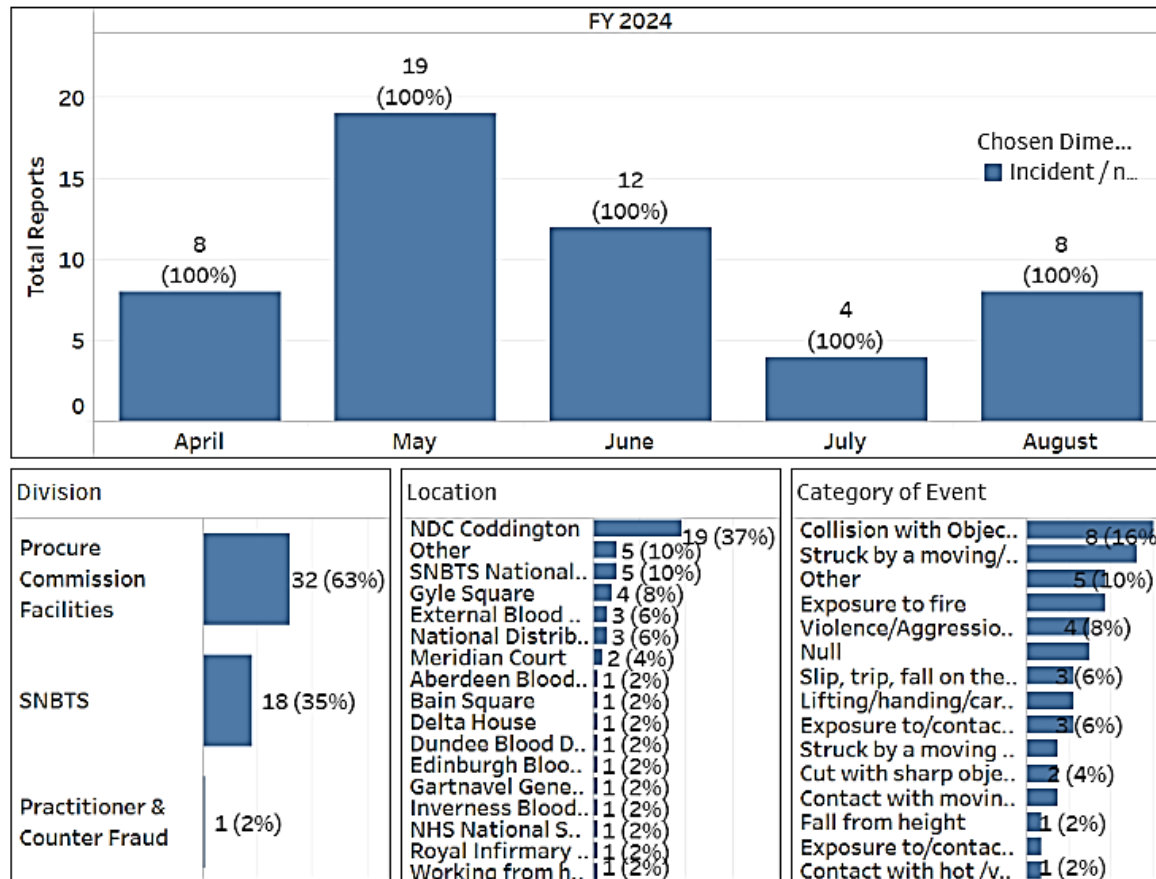
Note: Accident rate is calculated by dividing the number of Accidents / RIDDORs for that period by the total staff headcount in the OHSAC database per 1,000 employees.



Health & Safety - Accident / Incident Management

Incidents/near misses

A total of **eight incidents/near misses** have been recorded in August and **51** in total for this financial year. The average time to close an incident/near miss is currently at **25 days** for this fiscal year. A summary of this financial year's figures are presented in the charts:



Occupational Health Activity

Management & Self-Referral/Review Appointments

In August there have been a total of **51** (**42** last month) appointments booked, of which:

- **31** were attended (**27** last month)
- **3** were DNA appointment (**1** last month)
- **11** future pending appointments (**10** last month)
- **6** were rescheduled (**3** last month)
- **0** was cancelled (**0** last month)

Management and Self Referrals

In August there have been a total of **31** new referrals received (**29** last month), **167** referrals this financial year. The breakdown for this month is as follows:

- Management Referrals: **31** (100%)
- Self-Referrals: **0** (0%)

The main reasons for referrals in August are in relation to:

- Anxiety/stress/depression and other psychiatric illness – **39%**
- Other musculoskeletal problems – **23%**

The **average time taken to triage** was **six days** in August, with **four days** on average for this financial year.

Pre-Placements

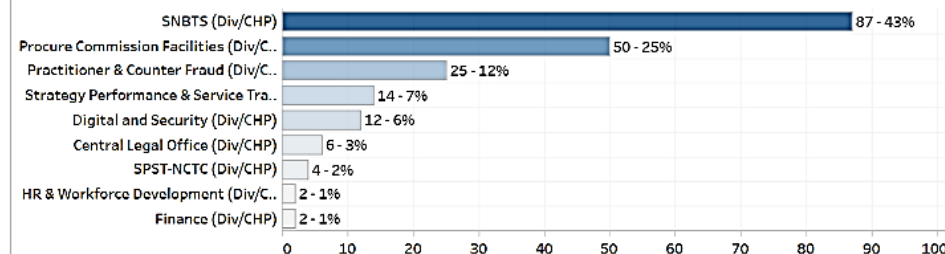
26 pre-placements have been received in August (**42** last month) with **22** cleared (**85%**). There have been **242** pre-placements this year.

DaS and PCF accounted for more than **50%** of the pre placements received in August.

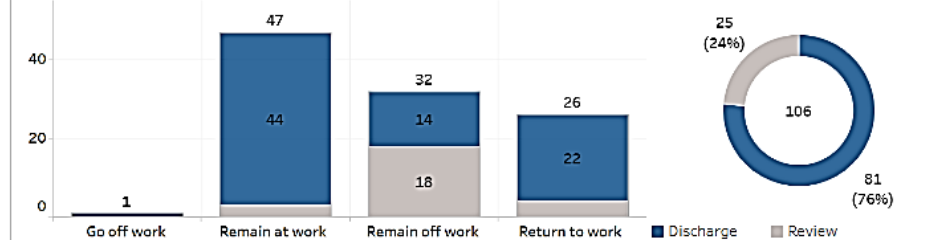
Appointment information overview this fiscal year

Total Appointments	Total Attended Appointments	Total DNA Appointments	Total Rescheduled Appointments	Total Pending Appointments	Total Cancelled Appointments
249	202	16	13	16	1

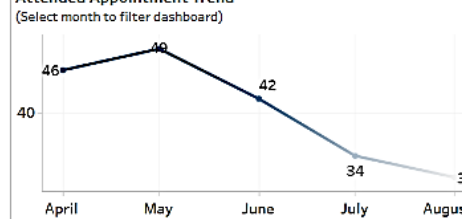
Attended Appointments by SBU/Directorate



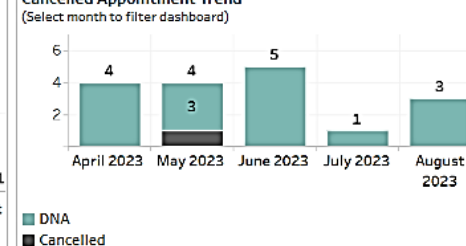
Attended Appointment Outcomes



Attended Appointment Trend



Cancelled Appointment Trend





Climate Sustainability Reporting



September
2023

Summary

- An overview of the progress of the NSS Environmental and Sustainability Strategy to meet our 2025 actions can be found on **Slide 3**. Most targets remain in progress; therefore, a more detailed breakdown of progress can be found in **Appendix 1**. Revisions of the Strategy will need to be made in due course as highlighted in the appendix.
- The NSS Sustainability team have finalised the NSAT, and it has achieved Gold status – the NSS Sustainability team are currently working with NHS Scotland to ensure its unvalidated gold status as this is the first NSAT completed by the new Sustainability Managers (**Slide 4**).
- All performance indicator targets (**Slide 5**) are being reviewed by the appropriate working groups as part of the new governance structure.
 - Since the last reporting session, the dates have been amended so comparisons are being made by financial quarter for a more consistent comparison.
- Quick wins from the NSS Sustainability Team from August 2023 to October 2023 - see **Appendix 2** *for additional detail*.

NSS Environmental and Sustainability Strategy Update to be delivered and complete in 2023/24

NSS Strategy Category	Action	Current Progress	Still to do to Achieve Strategy Target by 2025	Status in 2023/24
Transport and Active Travel	Ensure that there are active travel facilities available on all NSS sites.	Currently working and engaged with Cycling Scotland and The Bike Station to create an infrastructure plan to ensure all NSS sites (where feasible) have access to a range of active travel facilities.	Awaiting the plans after a scoping exercise to understand current active travel facilities at our sites before the implementation of the infrastructure plan to achieve this target. We are also discussing any opportunities for additional funding to achieve this.	Ongoing
Greenspace, Nature and Biodiversity	Develop a Greenspace Plan for each site.	A Phase 1 Habitat Survey will identify habitats, flora and fauna and indicate any additional surveys that may need to be completed to be able to ensure any changes made by the NSS Sustainability team will not negatively impact the surrounding areas.	Once the pilot Phase 1 Habitat Survey is completed at our Shotts facility, analysis of these results will need to occur before this can be scaled up through the rest of our NSS sites and incorporated into the development of a Greenspace Plan.	Ongoing
Procurement	Adopt sustainable procurement standards for PPE, equipment, cooling devices, and medicines, including prioritising minimalisation of waste production.	Sustainable procurement is encouraged and embedded through the ongoing use of Sustainable Procurement Tools. Sustainability training has also been offered to all procurement teams.	This work will form part of the Plastics Charter/Materials Database, which will detail information regarding the material composition and end of life treatment of a range of our products. This will allow evaluation of opportunities for reusable alternatives and the supporting services/infrastructure required to facilitate. We have also been working alongside the Green Theatre Programme to identify mutual opportunities in this area.	Ongoing

See Appendix 1 for further updates

NSAT Score by year

Year	Award Level	Score (%)
2018-2019	Bronze	48
2019-2020	Bronze	53
2020-2021	Bronze	57
2021-2022	Silver	68
2022-2023	Gold	83

NSAT Update

NHS National Services Scotland		2022/23 Max score	2021/22 Score		2022/23 - prior to review		
			% score awarded	Level	Score awarded	% score awarded	Level
Governance & policy		84	70%	Silver	70	83%	Gold
Our NHS	Transport	36	68%	Silver	28	78%	Silver
	Greenspace	24	53%	Bronze	20	83%	Gold
	Capital projects	72	76%	Silver	66	92%	Platinum
	Nature & Biodiversity	24	43%	Bronze	17	71%	Silver
	Active travel	32	55%	Bronze	21	66%	Silver
Our people	Sustainable care	52	63%	Bronze	44	85%	Gold
	Ethics	12	73%	Silver	9	75%	Silver
	Welfare	28	74%	Silver	26	93%	Platinum
	Communities	36	58%	Bronze	25	69%	Silver
	Awareness	24	63%	Bronze	19	79%	Silver
Our planet	Procurement	48	83%	Gold	46	96%	Platinum
	GHG	24	50%	Bronze	16	67%	Silver
	Adaptation	32	73%	Silver	29	91%	Platinum
	Waste	36	73%	Silver	34	94%	Platinum
	Environmental management	44	62%	Bronze	32	73%	Silver
Total		608	67%	Silver	502	82.6%	Gold

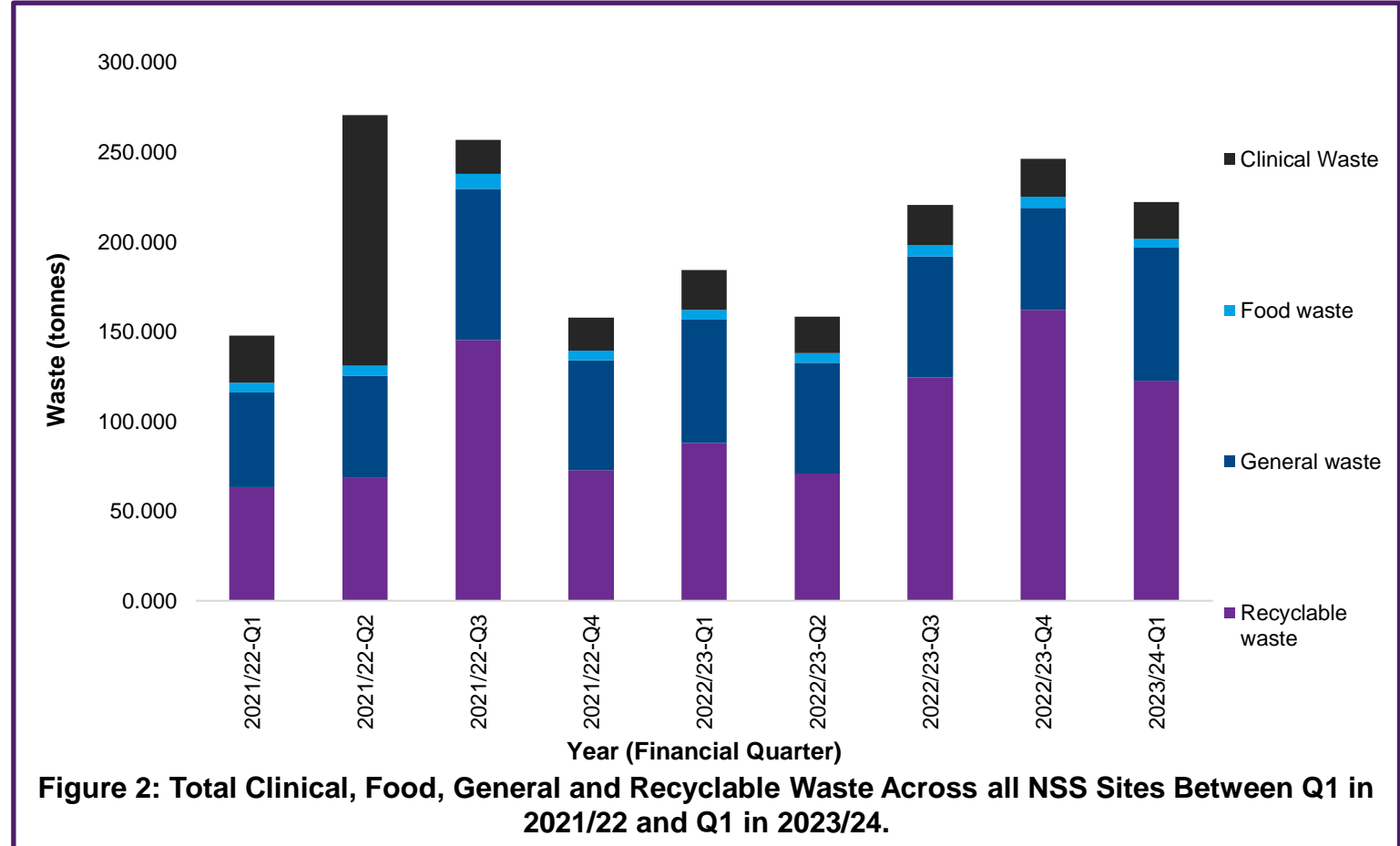
Note: The unverified score presented here is currently under review by the appropriate teams as if this was submitted for verification as a verified year. Although we do not expect the score to change, there is still the possibility that this may happen.

Performance Indicators

Performance Indicator	Target	Total Q1 – 2023/24	Total Q1 – 2022/23	Comments
General Waste Total (tonnes)	Reduce	72	69	Waste targets are based on the following Scottish Government targets by 2025: <ul style="list-style-type: none"> • Recycle 70% of remaining waste • Send no more than 5% of remaining waste to landfill • Reduce total waste arising in Scotland by 15% against 2011 levels • Reduce food waste by 33% against 2013 levels Other targets are based on the continual focus for reduction.
Clinical Waste (tonnes)	<i>To be determined</i>	21	22	
General Waste Recycled or Composted (tonnes)	>70%	61	88	
Food Waste (tonnes)	<i>To be determined</i>	3	6	
Fuel National Procurement Fleet CO₂	Reduce	323	328	
Fuel SNBTS Fleet CO₂ (tonnes)	Reduce	81	90	
Gas CO₂ (tonnes) – Metered Sites Only	Reduce	456	565	Note: <i>These indicators reference metered NSS sites only.</i>
Electricity CO₂ (tonnes) – Metered Sites Only	Reduce	426	585	The NSS Sustainability team have been approved by the Assets and Infrastructure Working Group to add meters and Automatic Meter Readers (AMRs) across several other NSS sites.
Water M3 (volume) – Metered Sites Only	Reduce	4,696	4,364	Increase in water use at Gartnavel with this quarter is currently being investigated

Total Waste by Type

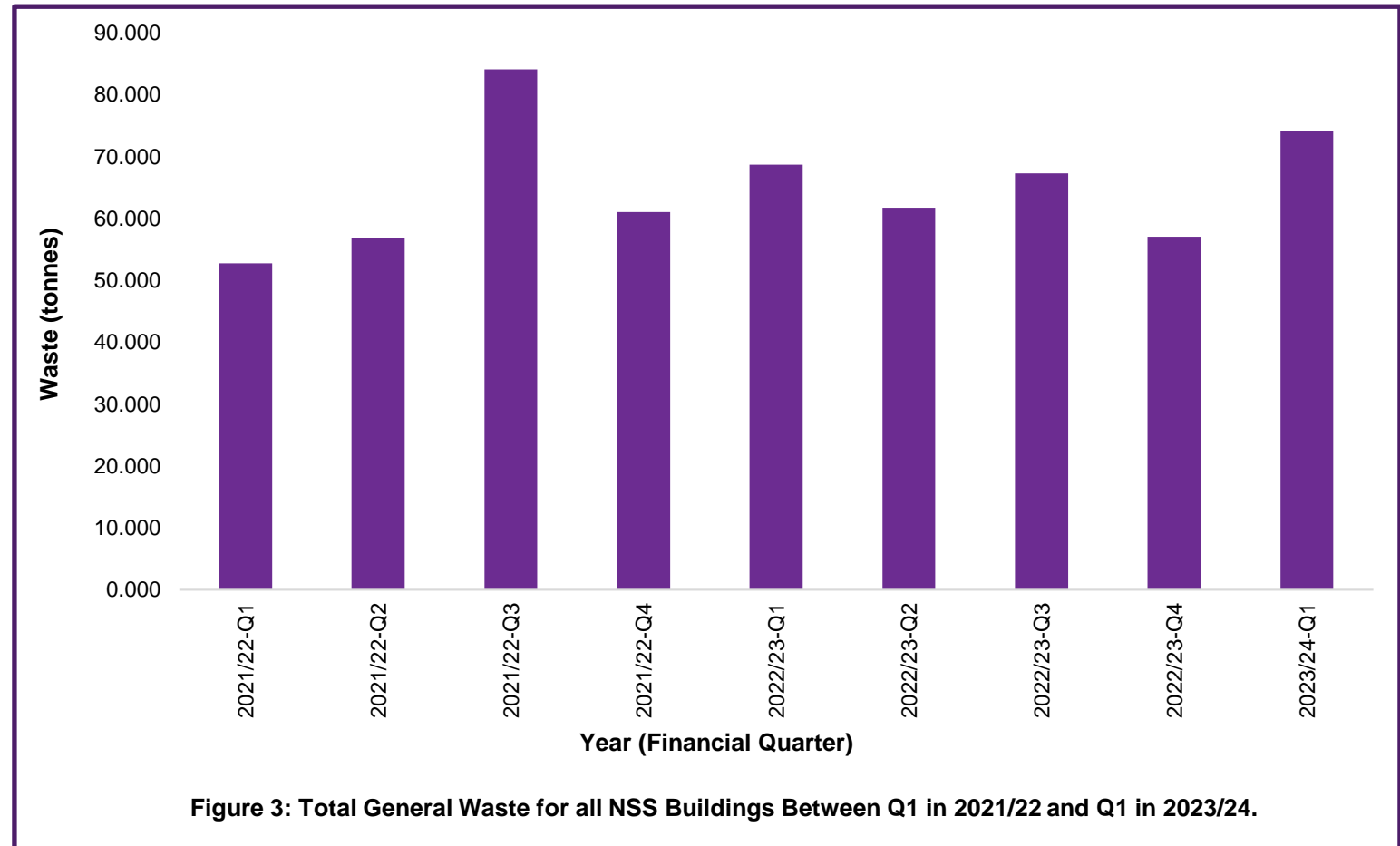
- **Figure 2** - Total Clinical, Food, General and Recyclable Waste Across all NSS Sites between Q1 in 2021/22 and Q1 in 2023/24.
- **Note:** General and Recyclable waste data for Q1 in 2023/24 has not been submitted in time for report.



General Waste

Definition of general waste - Waste that does not contain recyclable content and does not fit into another waste stream.

- **Figure 3** - Total General Waste for all NSS Buildings between Q1 in 2021/22 and Q1 in 2023/24.
 - Due to reporting quarterly, not seen here is a spike in October 2021.
 - This spike has been attributed to staff coming back to in person working after COVID-19 and clearing out the buildings.



Recyclable Waste

- For waste, there have been peaks and troughs between 2021 to 2023.
 - This is likely due to buildings collating their recyclable waste (i.e., cardboard, scrap metals etc) and then recycled all at the same time. This often happens every three to four months.

- **Figure 5** - Total Recyclable Waste Across all NSS Sites Broken Down by Material Between Q1 in 2021/22 and Q1 in 2023/24
Note: Waste data is industry standard weights and not factual.

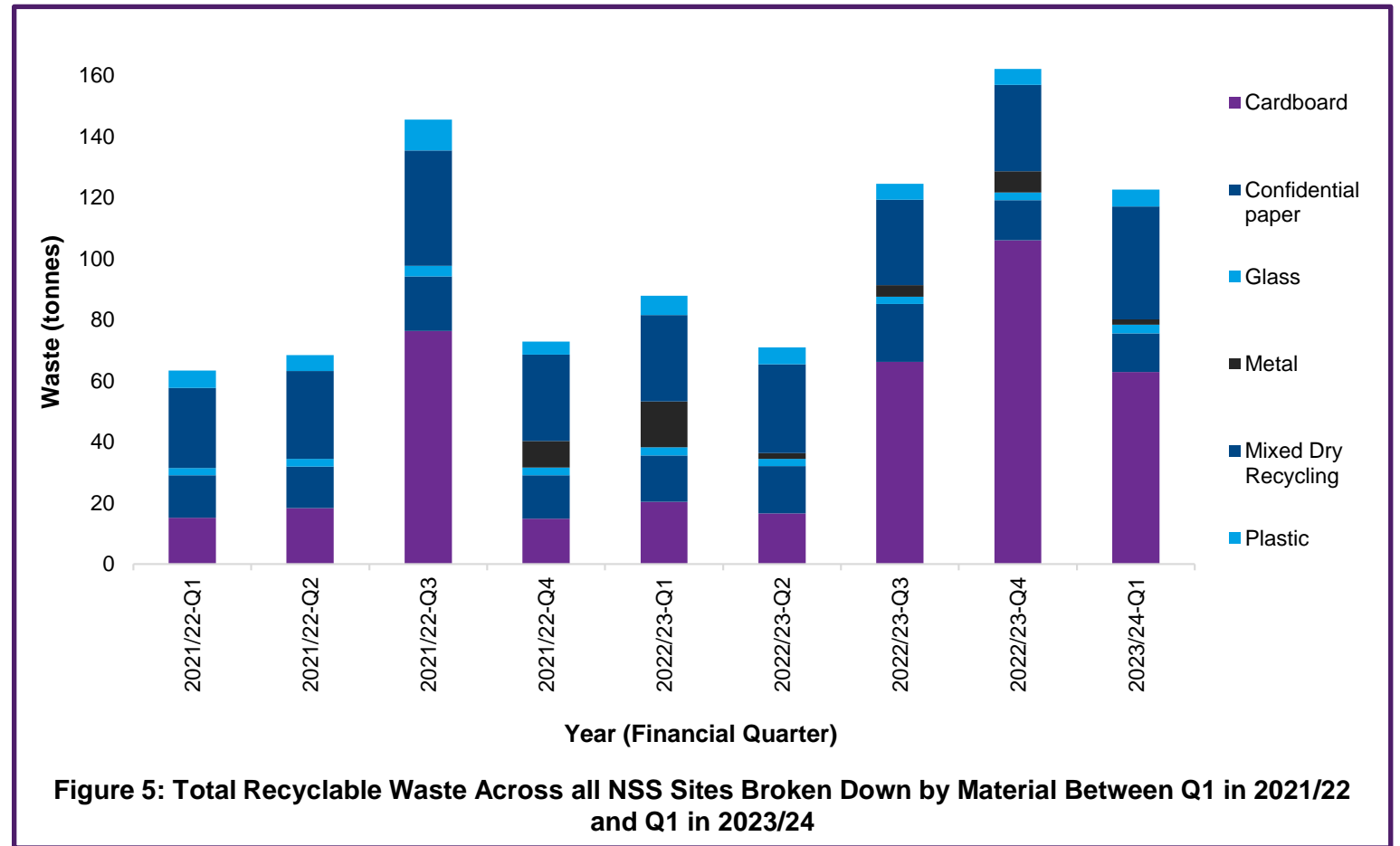
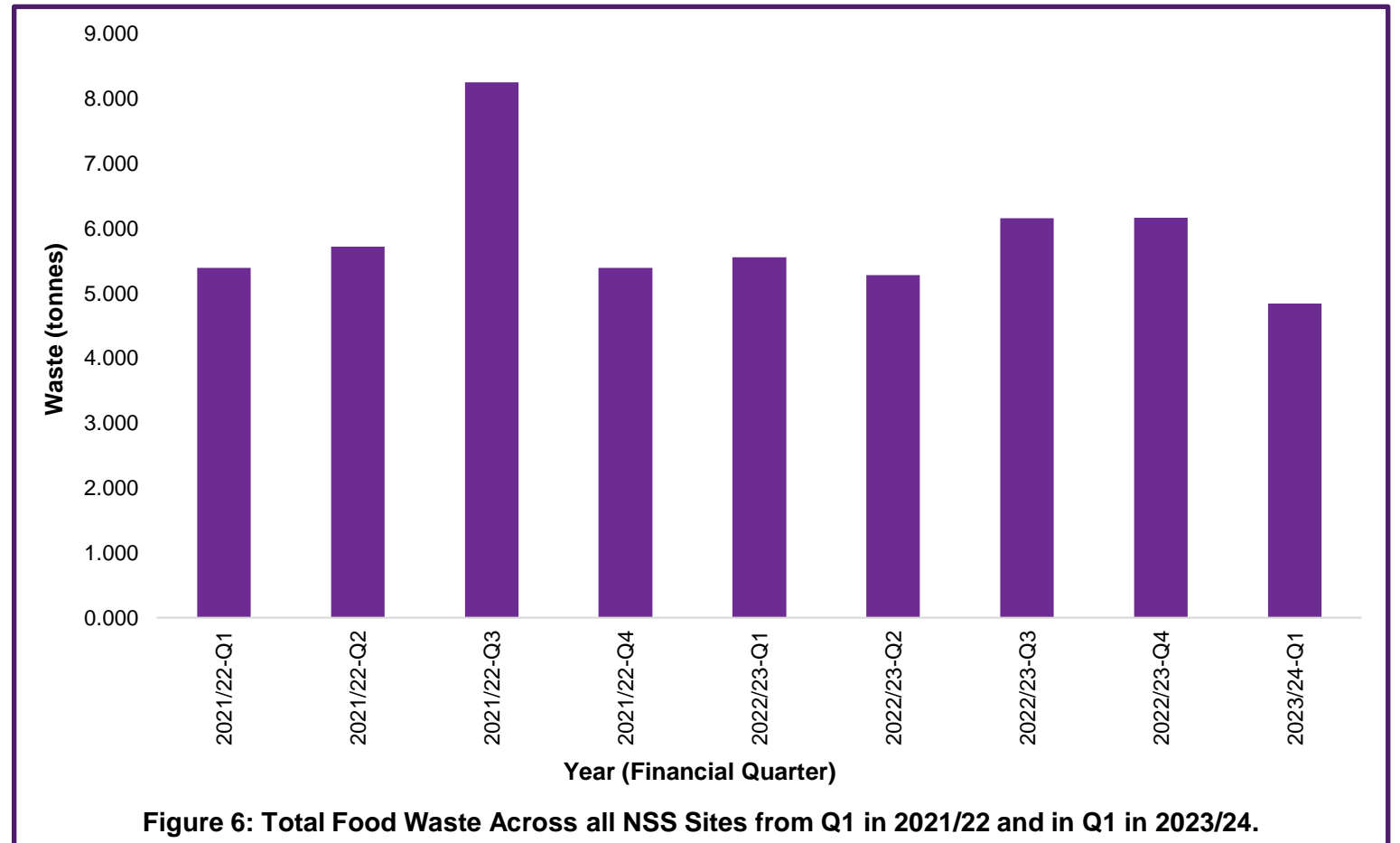


Figure 5: Total Recyclable Waste Across all NSS Sites Broken Down by Material Between Q1 in 2021/22 and Q1 in 2023/24

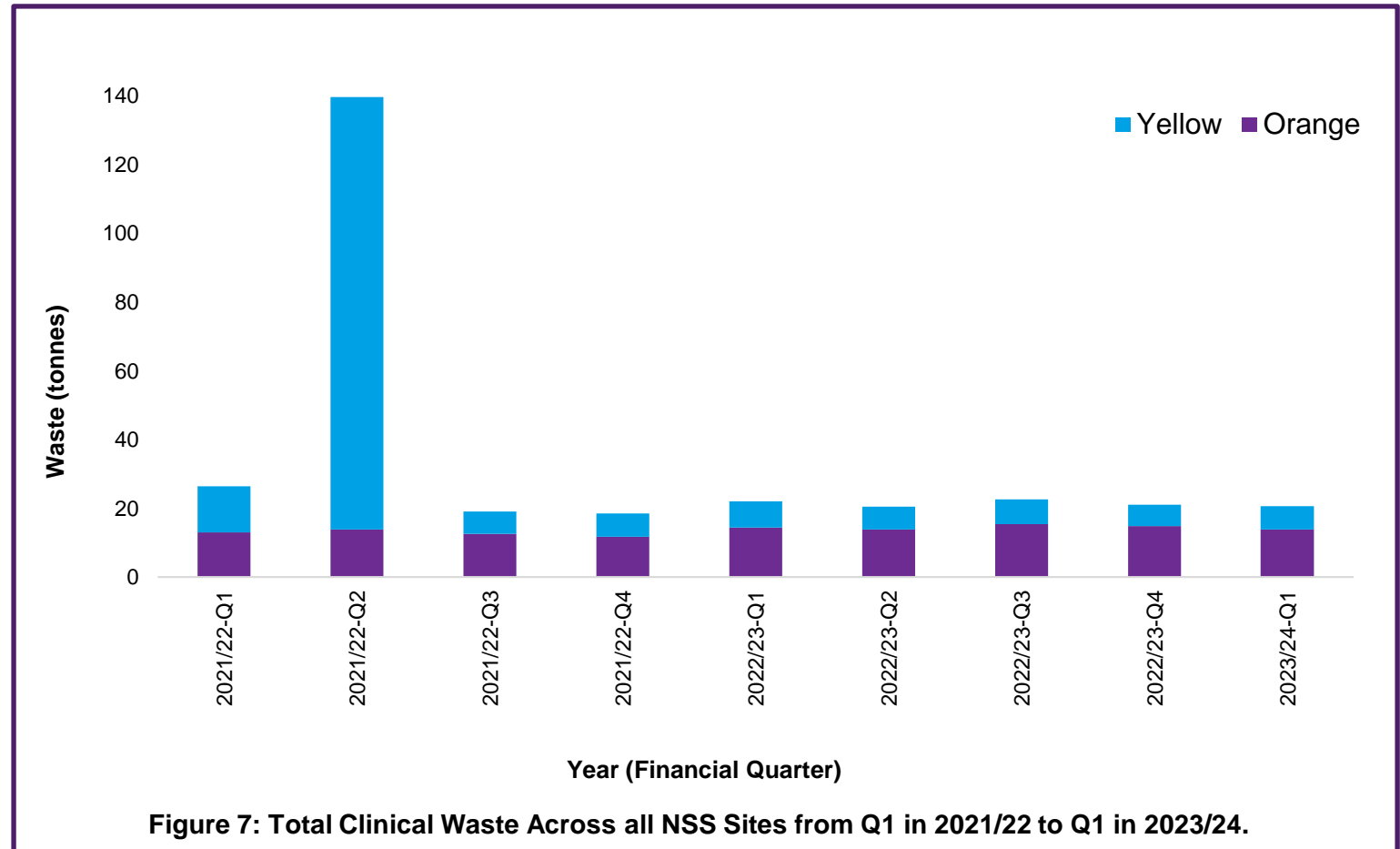
Food Waste

- **Figure 6** - Total food waste across all NSS sites between Q1 in 2021/22 and Q1 in 2023/24.
 - Backing data shows industry standard weights. Team is focused on trying to establish accurate clean data.



Clinical Waste

- **Figure 7 - Total Clinical Waste Across all NSS Sites from 2021/22-Q1 to 2023/24-Q1**
- Clinical waste comes from five NSS sites: Gartnavel, Gyle, Lauriston SNBT, JCC and Possilpark.
 - Including community donor sessions.
- Yellow waste consists of anatomical and gypsum waste which is incinerated.
- Orange waste consists of orange bag, STATT IV orange bag and orange lidded sharps which is shredded, heat treated and sent to energy from waste.
- Spike in 2021/22-Q2 is connected to resilience waste service and not NSS direct waste production.



CO₂ Emissions from NSS Transport (NDS and SNBTS)

- **Figure 8 and 9** highlight the CO₂ emissions produced across SNBTS and National Distribution Sites (NDS) between Q1 in 2021/22 and Q1 in 2023/24 for SNBTS and between Q1 in 2021/22 and Q3 in 2022/23 for NDS.
- Note: The Y-axis are different for each figure.
 - The NDS y-axis starts at 300 tonnes of CO₂
 - The SNBTS y-axis starts at 60 tonnes of CO₂
 - This format was chosen to highlight the differences more clearly between the quarters.

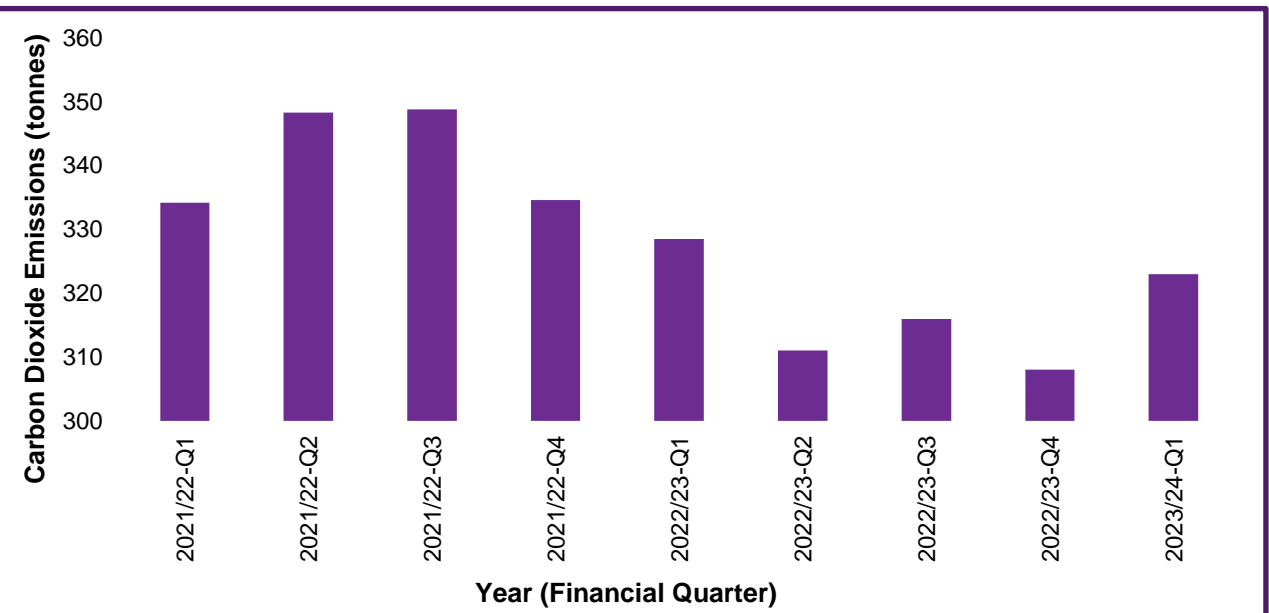


Figure 8: Total Carbon Dioxide Emissions (tonnes) from the National Distribution Sites from Q1 in 21/22 to Q1 in 2023/24

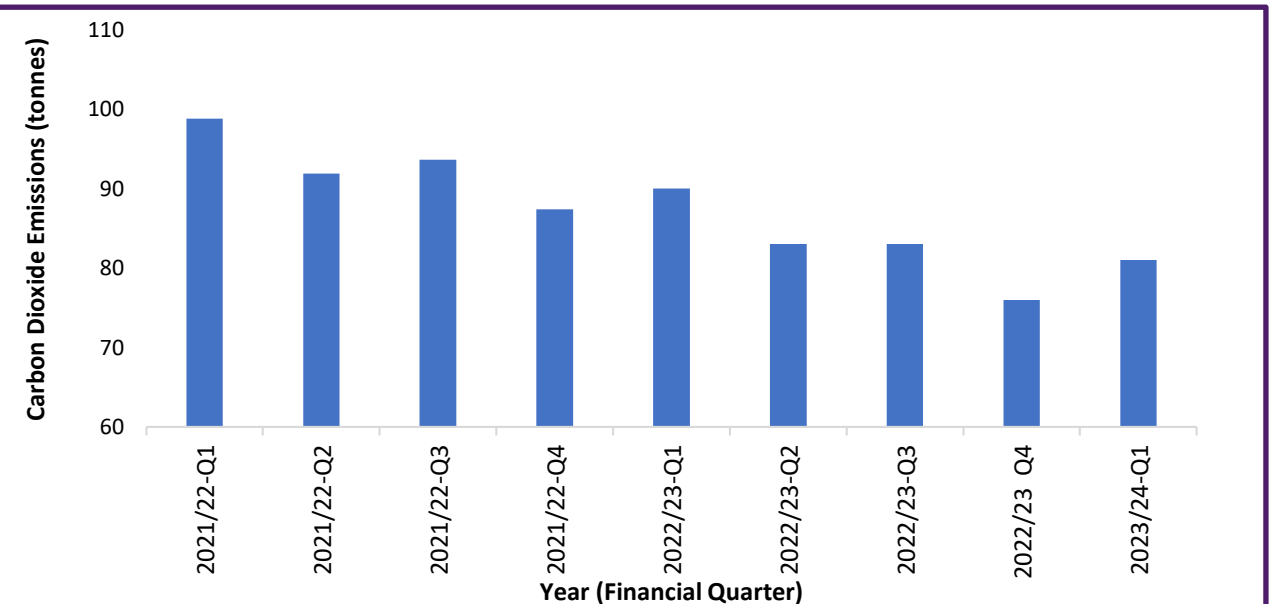
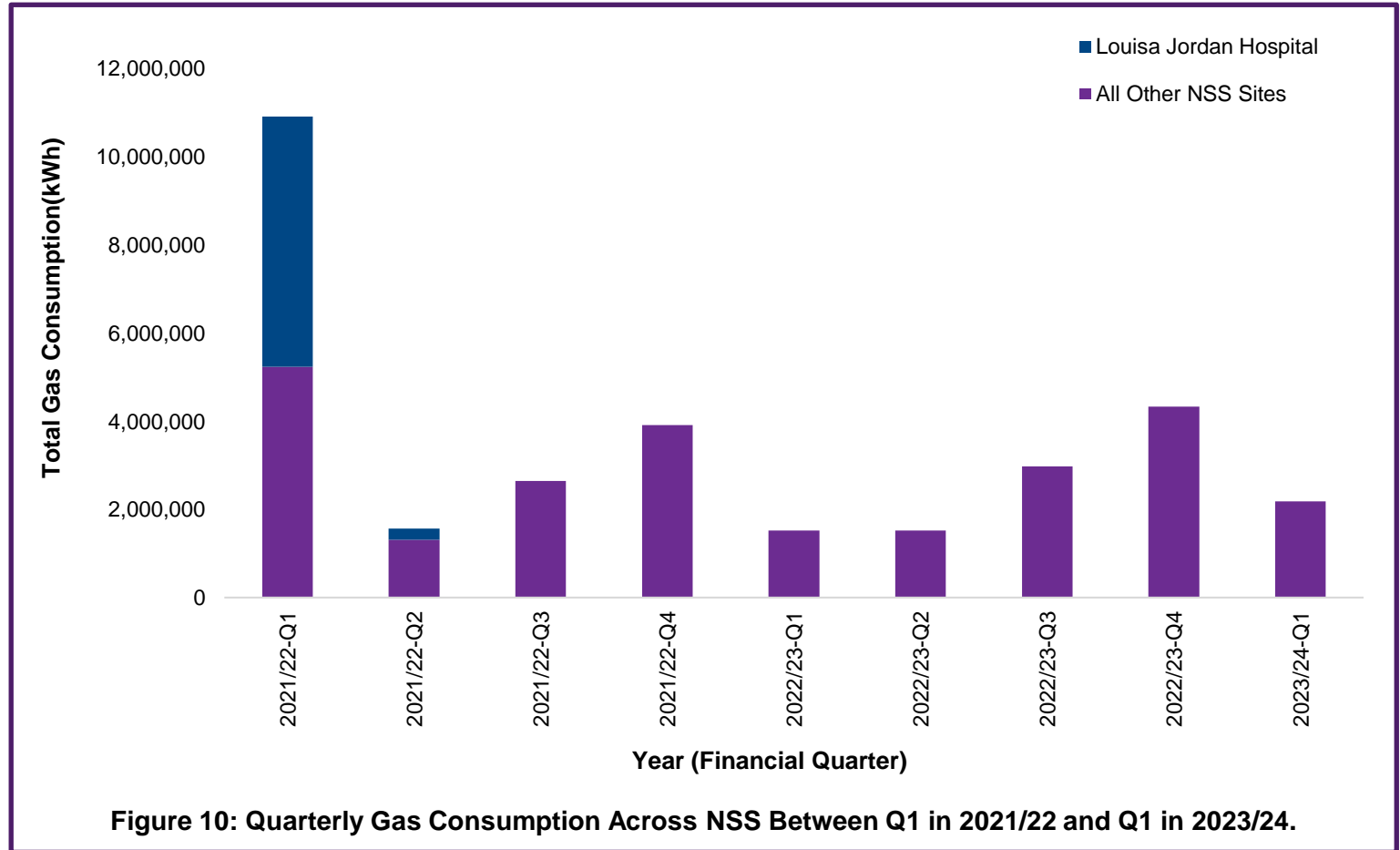


Figure 9: Total Carbon Dioxide Emissions (tonnes) from the SNBTS from Q1 in 21/22 to Q1 in 2023/24

Quarterly Gas Consumption

- Figure 10 - Quarterly Gas Consumption across NSS Between Q1 in 2021/22 and Q1 in 2023/24.**
 - Current total number of sites included in analysis is 9 based on what sites currently use gas.
 - Not currently including Ninewells, Foresterhill, Pentland, ERI, Lauriston Place and Broxburn.
 - These sites are intertwined with other NHS locations, and we often get provided with the costs of use as opposed to usage of Gas.



Quarterly Gas Consumption by Building

- Figure 11 - Quarterly Gas Consumption for the Top Five Gas Consuming Buildings**

- The same top five electricity consuming buildings were the highest gas consuming buildings.
- Meridian Court, the third highest electricity consuming building, will no longer be used by NSS from September 2023.

- Figure 12 - Quarterly Gas Consumption for Jack Copland Centre**

- JCC consumes an average of 58% of total gas consumption over all 9 NSS buildings that we can measure gas consumption between April 21 – March 23 (based on information from the previous graph).
- Some of the gas is used to generate the electricity needed.
- Reduced Climate Change Levey due to the use of Combined Heat & Power plant (CHP).

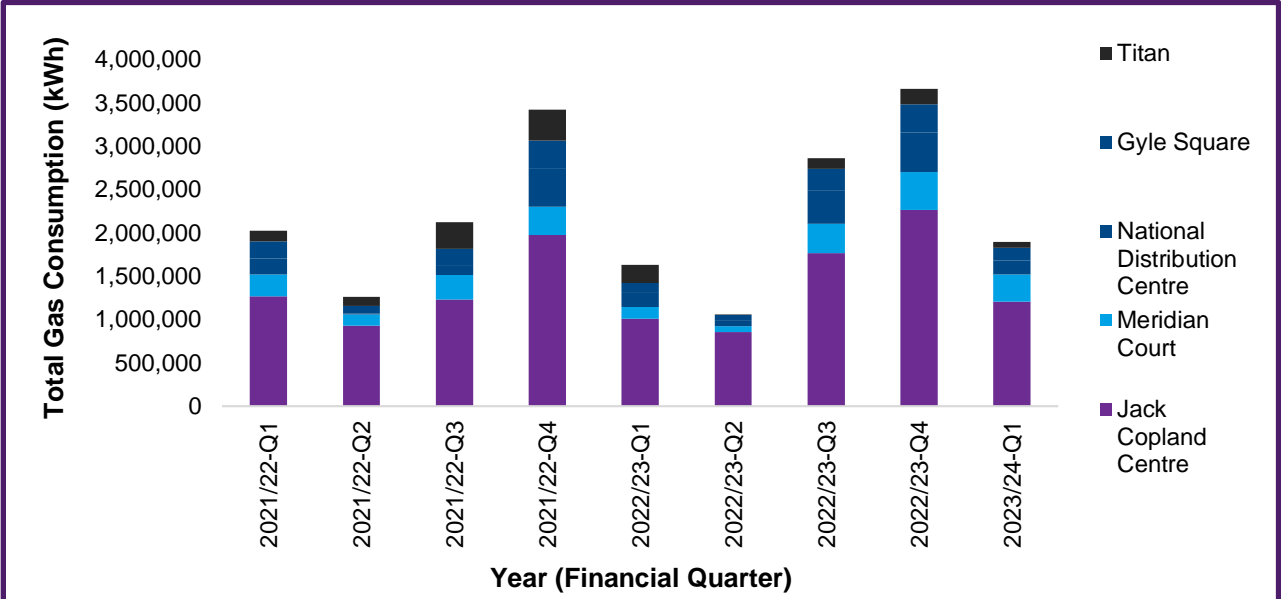


Figure 11: Quarterly Gas Consumption for the Top Five Gas Consuming Buildings Between Q1 in 2021/22 and Q1 in 2023/24.

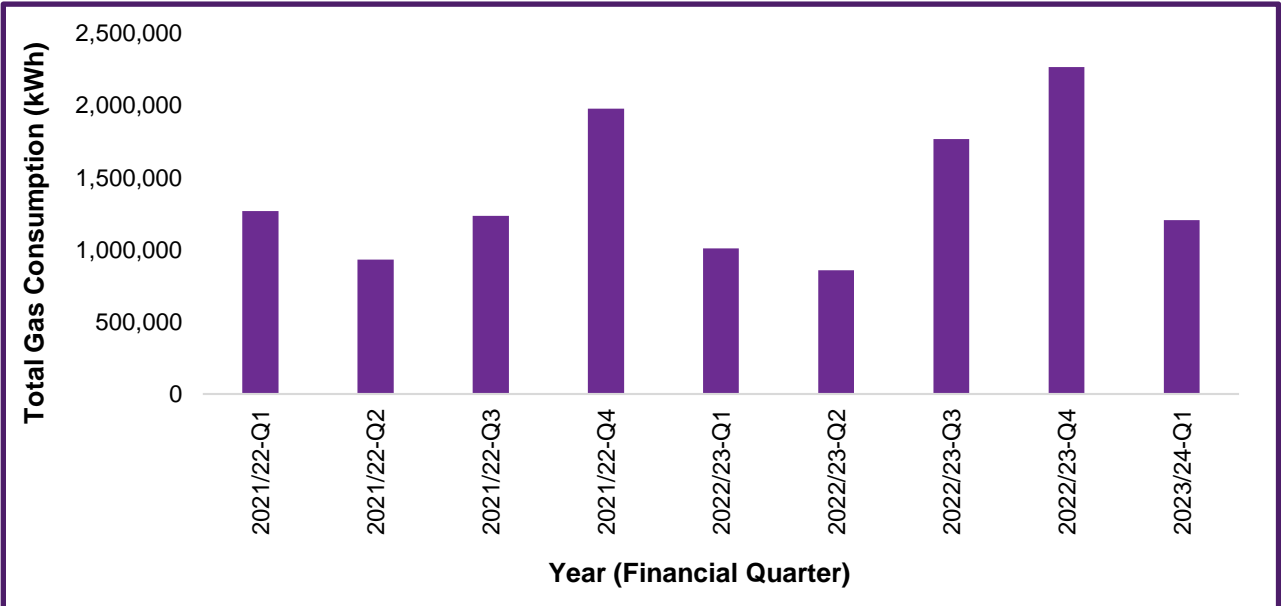


Figure 12: Quarterly Gas Consumption for Jack Copland Centre Between Q1 in 2021/22 and Q1 in 2023/24.

Quarterly Electricity Consumption

Figure 13 – Total Quarterly Electricity Consumption Across NSS Between Q1 in 2021/22 and Q1 in 2023/24. Current total number of sites included in analysis is 15.

- Not currently including Ninewells, Foresterhill, Pentland, ERI, Lauriston Place and Broxburn.
 - These sites are intertwined with other NHS locations, and we often get provided with the costs of use as opposed to usage of electricity.

Important Notes

- The Louisa Jordan Hospital was purchased to assist with COVID-19 and returned to SHSC in 2021.
- An additional two warehouses and the Livingston Donor Centre were purchased at the same time as the Louisa Jordan Hospital.
- The leases of 10 South Gyle, Bain Square and Meridian Court all end this year and will therefore NSS will no longer be in possession.
- Due to challenges with data collection, electricity consumption at Marshall square is an estimate in Q1 in 2023/24 based on the previous quarter.

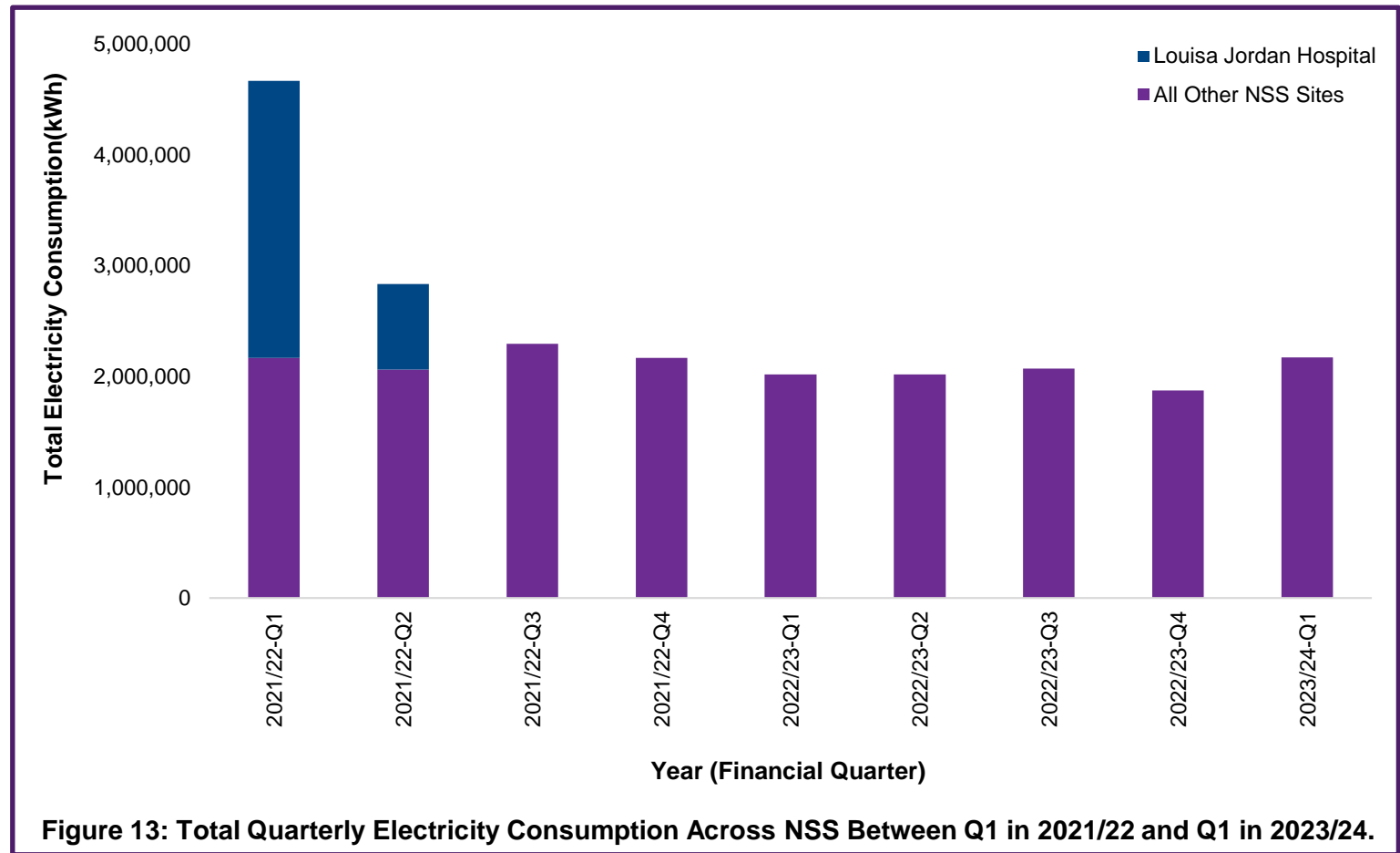


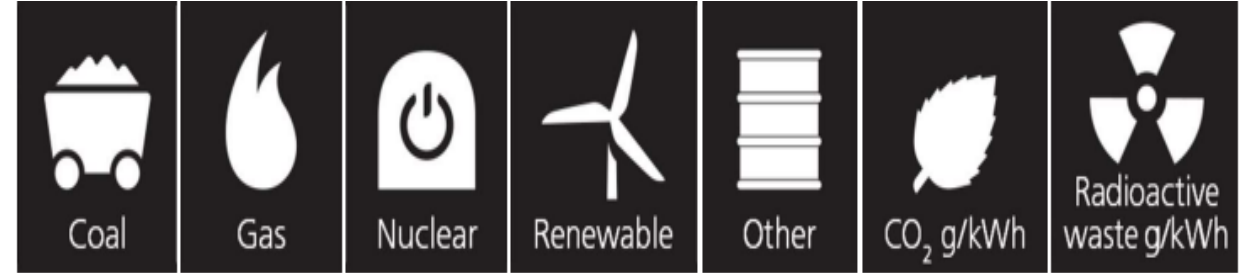
Figure 13: Total Quarterly Electricity Consumption Across NSS Between Q1 in 2021/22 and Q1 in 2023/24.

EDF Energy Customers Ltd

(April 2021 - March 2022)



- NSS electricity consumption data was provided by EDF Energy Customers Ltd.
- Figure 14** demonstrates the breakdown of energy generation sources.
- The fuel mix shown is from April 2021-March 2022.
 - For the share of electricity generation for April 2022 - March 2023 will be published on 1 October 2023.



EDF's fuel mix	1.6%	15.1%	63.1%	19.0%	1.2%	82	0.0044
Contribution to our carbon emissions	19.7%	68.2%	0.0%	0.0%	12.1%		
UK average fuel mix	3.8%	38.5%	16.1%	38.7%	2.9%	198	0.0011

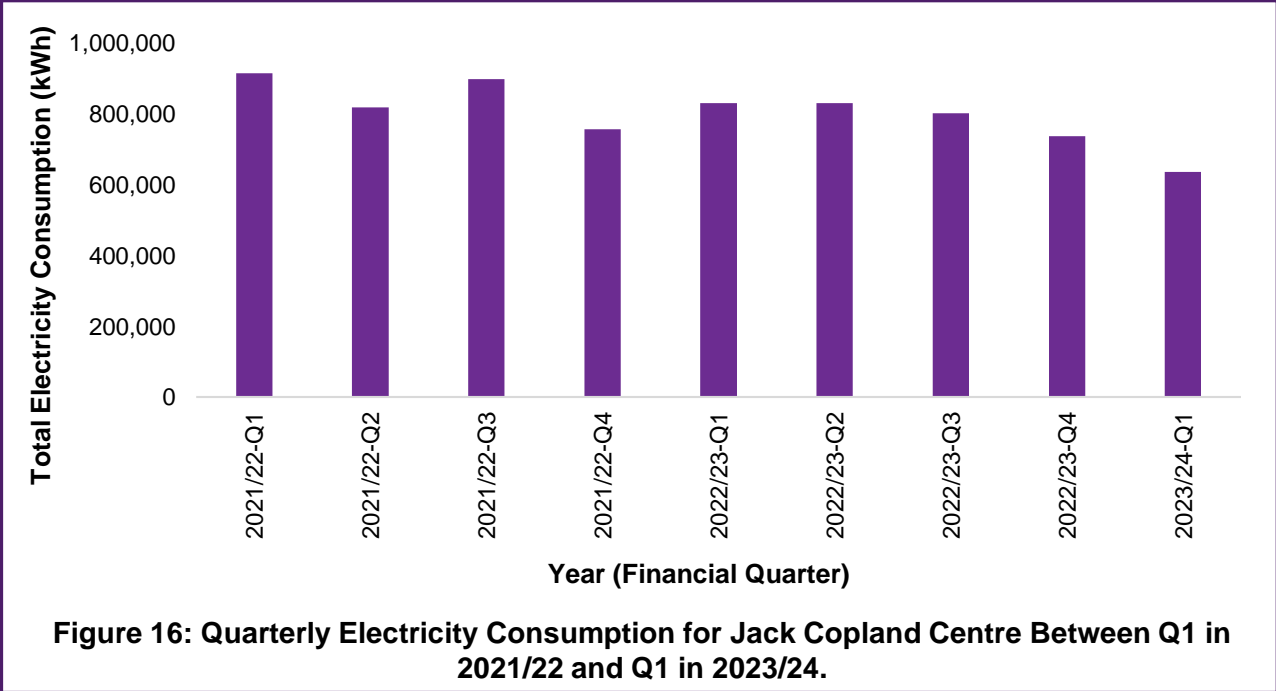
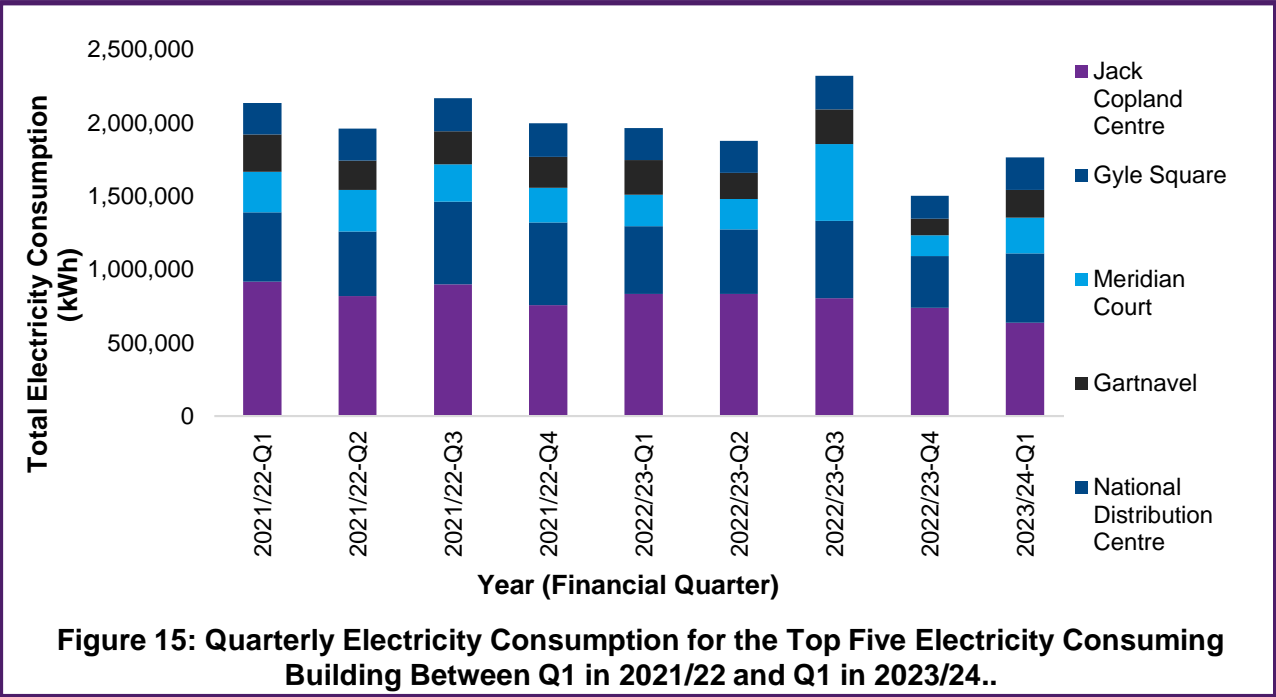
Figure 14: Share of Electricity Generation by EDF

Quarterly Electricity Consumption by Building

- Figure 15 - Quarterly Electricity Consumption for the Top Five Electricity Consuming Buildings**
 - Meridian Court, the second highest electricity consuming building, will no longer be used by NSS from September 2023.
- Figure 16 - Quarterly Electricity Consumption for Jack Copland Centre**
 - JCC consumes an average of 33% of total electricity consumption over all 15 NSS buildings that we can measure electricity consumption between April 21 – March 23 (based on information from the previous graph).
 - Working with external stakeholders to better understand methods to improve our electricity (and gas) consumption to improve efficiency of use.

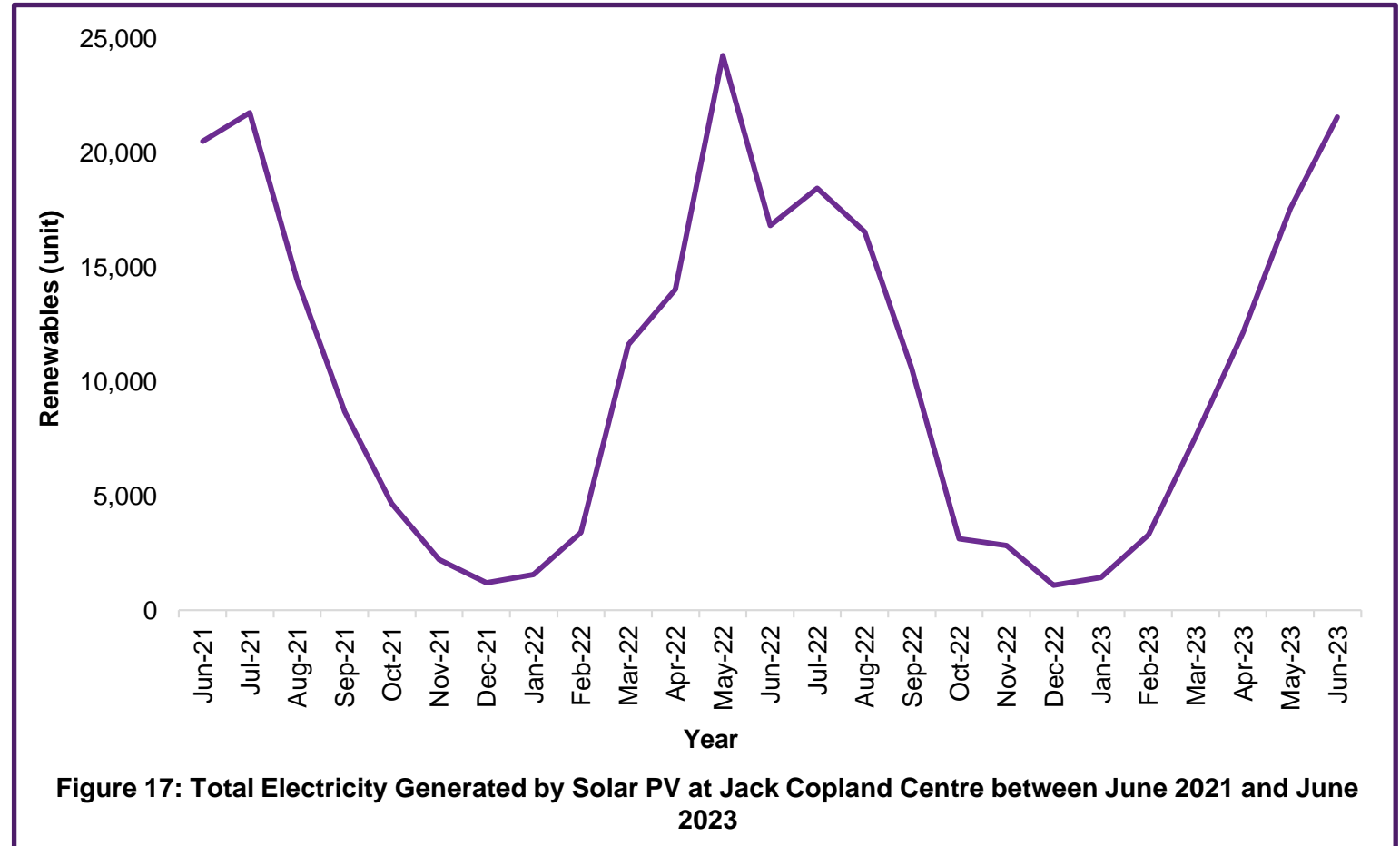
Important to Note

- Electricity consumption for JCC includes any electricity generated on site by Solar PV.



Solar PV Electricity Generation

- **Figure 17** - Total Electricity Generated by Solar PV at Jack Copland Centre between June 2021 and June 2023.
- This electricity produced is consumed on site at JCC.

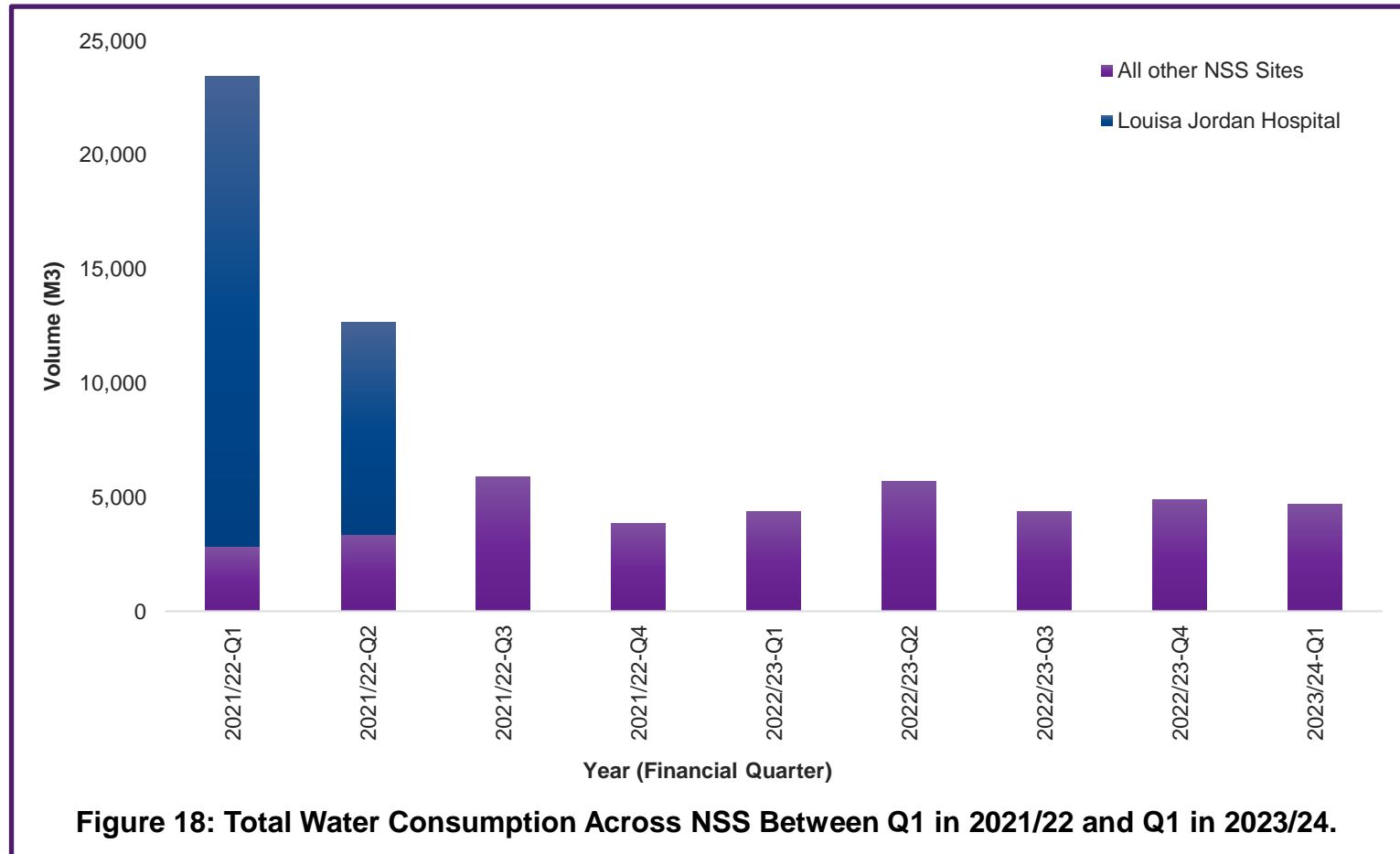


Improvements under discussion at JCC

- The NSS Sustainability team are working with JCC Facilities team and their Stakeholders, Mitie, to make improvements across JCC to improve efficiency and reduce consumption where possible. This includes:
 - Working with an external contractor IES, to identify any gaps in efficiency. This primary work has already identified areas where meter readings were not working and have now been reset to ensure data is collated from now on.
 - Replacement of current lighting fixtures in favour of LED light fittings and bulbs across the site. This is likely to not only result in a carbon saving but will come with a five-year guarantee to reduce maintenance costs.
 - Currently engaged with Mitie to discuss the solar panels in place. This discussion includes moving the panels to ensure maximum generation, potential replacement due to technological advancements and identifying any areas for additional solar panel placement across the site.

Water Consumption

- **Figure 18** - Total Water Consumption Across NSS Between Q1 in 2021/22 and Q1 in 2023/24.
- Historically, water has been poorly reported, and bills have been brought in at different times making reporting somewhat inconsistent.
- Follows COVID-19 trends between April 2020 and August 2021 and the use of the Louisa Jordan Hospital.



Water Consumption by Building

- **Figure 19** - Quarterly Water Consumption for the Top Five Water Consuming Buildings between Q1 in 2021/22 and Q1 in 2023/24.
- **Figure 20** - Quarterly Water Consumption for the Jack Copland Centre between Q1 in 2021/22 and Q1 in 2023/24.
 - The Jack Copland Centre is the highest water consuming building within NSS.
 - This could be for several factors including, the use of the heating, ventilation and air conditioning (HVAC) system and for specialist laboratory practices.

Important to Note

- Water use across most sites is based on estimates, this causes mis-leading peaks/dips in reporting.
- The installation of Automatic Meter Readers (AMR's) will help in providing more accurate trend analysis.

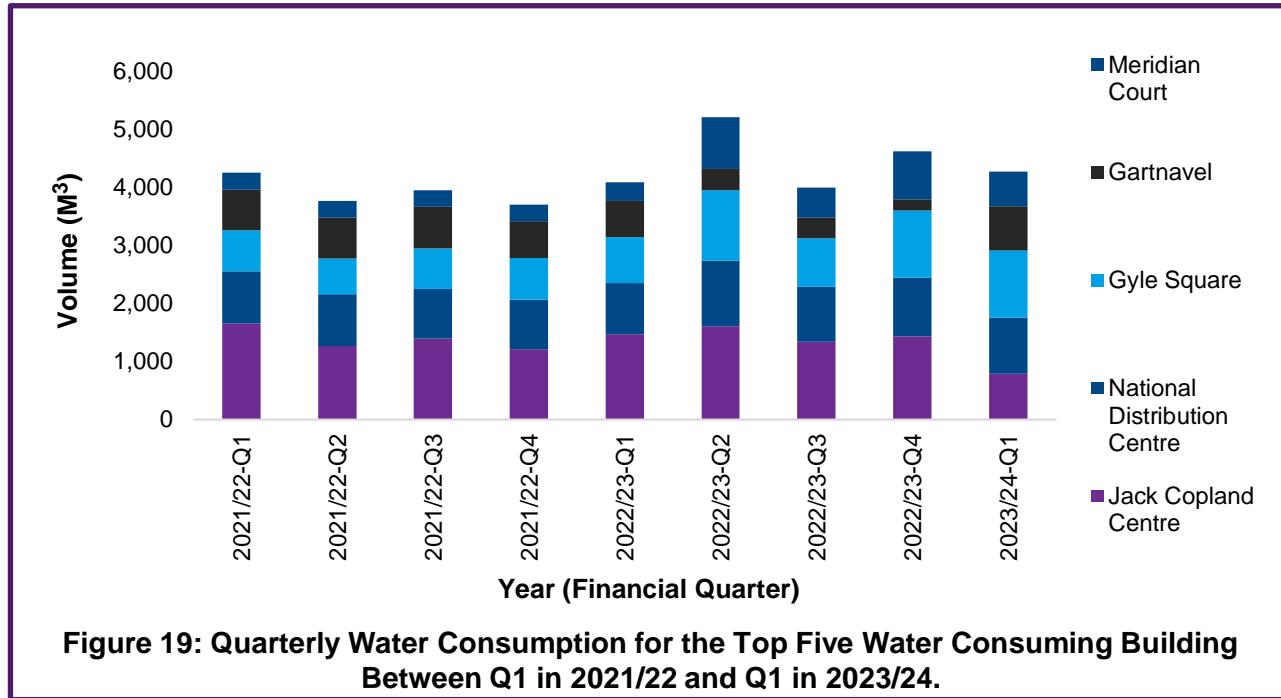


Figure 19: Quarterly Water Consumption for the Top Five Water Consuming Building Between Q1 in 2021/22 and Q1 in 2023/24.

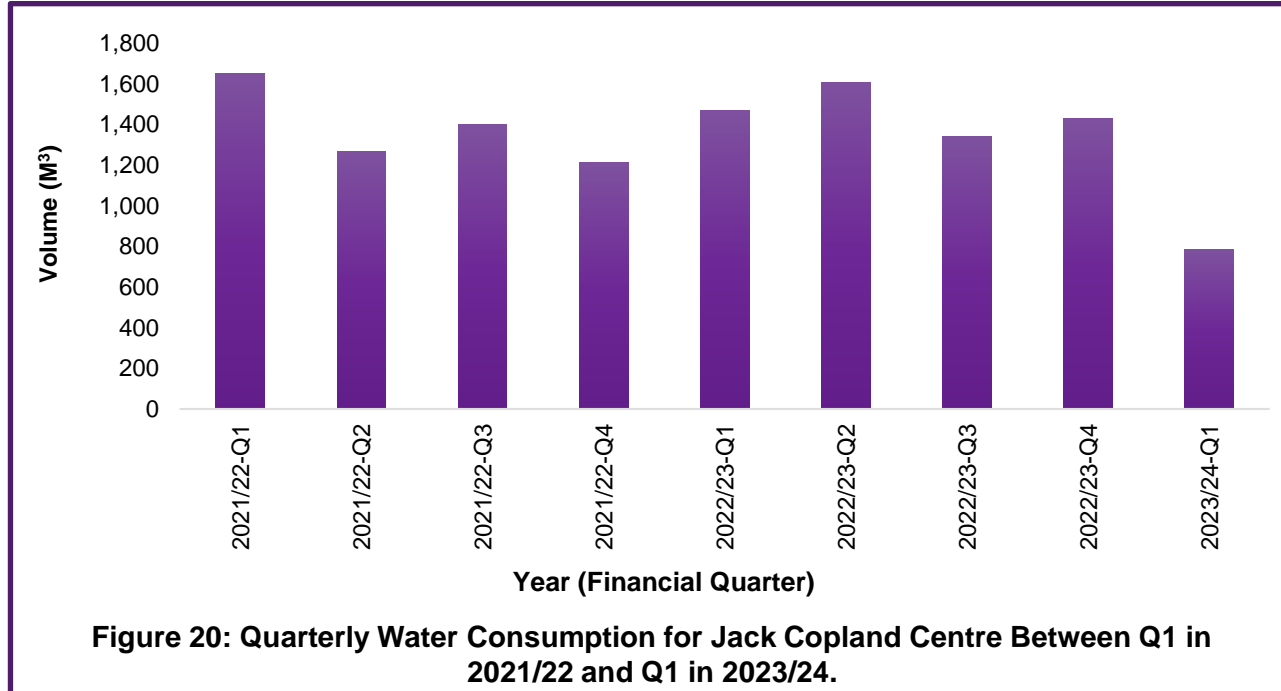


Figure 20: Quarterly Water Consumption for Jack Copland Centre Between Q1 in 2021/22 and Q1 in 2023/24.

Appendix 1 – Detailed Overview of the NSS Environmental and Sustainability Strategy Progress Towards the 2025 Actions

Please see the attachment for a high-level overview of the current status of the NSS Environmental and Sustainability Action Plans regarding the 2025 actions.

Link: [NSS Environmental and Sustainability Strategy - Progress to 2025.xlsx](#)

Appendix 2 – Quick Wins from Sustainability (August 2023 – September 2023)

- Approval from the Assets and Infrastructure delivery group to make improvements to Gyle Square and the JCC greenspace areas to support the NSS Environmental and Sustainability Strategy as well as our NSAT targets. These works include new inclusive seating at both sites, expansion of the decking at Gyle Square (including a ramp and handrail for additional support), general maintenance of the site (including replacement of wildflowers, trimming the trees and tying the pathways) and installation of birdboxes.
- Working collaboratively with NSS Project's, Fleet and SNBTS team as part of the Scottish Government's 'Switched on Fleet' application, NSS have applied for an additional £100K, to be utilised at an additional site (Foresterhill) to support our engineering staff as they look to replace their vehicles. Confirmation is expected later this month.
- First Sustainability Ambassador Network meeting took place in early September. This network will allow individuals from across NSS in different areas of the organisation to get involved in sustainability. This involved almost 27 employees (including facilitators) joining the network meeting across different business areas in NSS.
- Engaged with the Education team to reinvigorate the eLearning induction page for sustainability. The NSS Sustainability team is also working with the Education team to build a Sustainability eLearning module specific for NSS staff with engagement from the NHS Scotland external facing team. Currently NSS Sustainability are engaging with key staff members across NSS to ensure key messages can be included and communicated.

NHS National Services Scotland

Meeting	NSS Board
Meeting date	Wednesday 27 September 2023
Title	Risk and Issues Report (M5 FY24)
Paper Number	B/23/29
Responsible Executive/Non-Executive	Lee Neary, Director Strategy Performance & Service Transformation
Report Author	Tracy Maxwell, Planning and Performance Manager, Caroline McDermott, Head of Planning
	[Reviewed by Martin Morrison, Operations Director – COVID-19 Services & Project Director – CHI/GPPRS]

1. Purpose

- 1.1 This paper is presented for scrutiny and provides the Board with an update on corporate red risks and issues and strategic risks at the end of Month 5, 31st August 2023.

2. Recommendation

- 2.1 It is recommended that the Board scrutinise the risk and issues for Month 5, August 2023 to assure themselves that corporate and strategic red risks are being managed appropriately and suggest improvements.
- 2.2 As the responsible Executive, I am assured that the risks and issues contained within this report are being appropriately managed and escalated as necessary through established NSS processes.

3. Executive Summary

3.1 NSS Corporate Risks

3.1.1 As at 31 August 2023, NSS identified 27 corporate risks. This included 4 red risks, 12 amber risks and 11 green risks.

3.2 NSS Corporate Red Risks

3.2.1 On 31 August 2023, there were 4 NSS corporate red risks, 3 of which relate to staffing within SNBTS and 1 relating to a newly launched digital system.

- 6544 – Patient Services Lab Cover (Scottish National Blood Transfusion Service - SNBTS)
- 7111 – Staffing Levels in SNBTS Clinical Apheresis Unit (CAU) (SNBTS). This previously directorate level risk was escalated to Corporate level on 1 August.
- 7037 – Staffing Levels in Manufacturing (SNBTS)
- 7222 – nDCVP (Data Capture and Validation Process system) – Adverse Publicity (Practitioner and Counter Fraud Services - PCFS)

3.2.2 Of those 4 red risks, 3 are Clinical category risks (all related to staffing within SNBTS), and the remaining risk has a Reputational primary category.

3.3 NSS Strategic Risks

3.3.1 On 31 August, there were 2 strategic risks, which are as follows:

- 5114 Infected Blood Inquiry – (green)
- 6679 Property and Estate operational requirements (green).

3.3.2 A review of strategic risks is currently underway, with sessions held with the Board in April and August. The revised set of strategic risks will be presented to the Board in December for approval.

3.4 Risk Controls Assurance

3.4.1 The NSS Planning and Performance Team carried out an assurance mapping exercise covering all corporate red, new amber and all strategic risks. Progress was reported to the Audit and Risk Committee (ARC).

3.5 NSS Corporate Issues

3.5.1 On 31 August 2023 there were 4 corporate issues.

- 7221 – nDCVP Go Live Issues. A short-life working group has been established and engagement continues with stakeholders.
- 7160 - Exchange server (for management of email services) out of support. A plan is in place to update the NSS domain, which requires that ATOS have no authentication dependencies on the NSS domain (expected end 2023). This will allow Digital and Security (DaS) to carry out required upgrades (expected 4-8 weeks after ATOS authentication dependencies are removed).
- 6981 - Mammography – Good progress is being made in discussions with supplier regarding termination agreement. Agreement outstanding on wording of 1 clause – this has been agreed internally and sent to supplier and we await their response.
- 6247 - Continued Use of Windows 7 - actions continue to reduce the number of devices on these versions, and as of 1 September there are 47 devices remaining.

3.6 Watchlist

3.6.1 There is 1 amber corporate risk on the watchlist, 6121 Unstructured and Unclassified Data. Progress continues to address this risk with a new tool purchased (Varonis) which will allow easier monitoring and reporting of unstructured data through dashboards. An initial data trawl has been completed and follow-up actions are being undertaken. Expected completion of work is end of March 2024.

3.7 NSS Risk Strategy

3.7.1 Following submission of the draft NSS Risk Strategy to ARC, feedback has been received and an update will be taken forward with discussions with members of the Committee, prior to review by the Board in December.

4. Impact Analysis

4.1 Quality/ Patient Care

4.1.1 Of the 4 red risks, 3 have Clinical as a primary category:

- 6544 – Patient Services Lab Cover (SNBTS)
- 7111 – Staffing Levels in SNBTS CAU (Clinical Apheresis Unit) (SNBTS).
- 7037 – Staffing Levels in Manufacturing (SNBTS)

Clinical risks are considered by the Clinical Governance Committee.

4.2 Equality and Diversity, including health inequalities

4.2.1 There are no specific issues arising from this paper. All projects and services associated with the risks covered by this paper are required to carry out an equality impact assessment.

4.3 Data protection and information governance

4.3.1 This paper does not include personal data. All projects and programmes of work covered by this paper are reviewed for any data protection or information governance risks. Information governance risks are reported to the Audit and Risk Committee.

5. Risk Assessment/Management

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

6. Financial Implications

6.1 There are no risks considered within this report with a financial impact over £1,000k.

7. Workforce Implications

7.1 Staff risks are considered by the Staff Governance Committee. There are no corporate red or strategic risks with a primary category of staff. 7160 - Exchange server for management of email services) out of support, is the only issue with a primary category of Staff.

8. Climate Change and Environmental Sustainability Implications

8.1 Work which NSS is undertaking to mitigate climate change and environmental sustainability is reported separately to Finance, Procurement and Performance Committee.

9. Route to Meeting

9.1 The EMT review all corporate red risks, issues, and new amber risks at their monthly meetings and most recently on 19 September 2023. Detailed review of risks takes place at relevant Committees.

10. List of Appendices and/or Background Papers

- Appendix 1 NSS Risks and Issues Report as at Month 5, 31 August 2023

Definitions

Please note the following terms, as agreed within our Integrated Risk Management Approach (IRMA), are used in the report and definitions have been provided to assist the Committee with its review.

Risk: A risk can be defined as an event or set of events which, if they were to occur, could have an impact on the achievement of our objectives.

Confidential Risk: A risk can only be marked as confidential if deemed so by a member of the Executive Management Team (EMT). They are only visible to the Directors, risk owner and any other person given permission by the risk owner. A summary of these risks will always be reported to the relevant Committee.

Issue: An event that has happened, or is happening, that was not planned and requires additional or remedial action. Please note: If a risk occurs/materialises it can become an issue, resilience incident or adverse event, depending on the definition criteria, and would then be managed and recorded through that route.

Current RAG: The latest red, amber, green rating of a risk assessed by multiplying the likelihood of the risk occurring with the possible impact it could have.

Initial RAG: The red, amber, green rating of the risk when it was first raised.

Residual RAG: The expected remaining risk after all mitigating actions have been implemented.

Review Date: The date when the risk is next due to be reviewed by the risk owner.

Opened Date: The date when the risk was originally added to the NSS Risk Register.

Proximity Date: The date when a risk could become an issue if not effectively mitigated.

Appendix 1

NSS Risks and Issues Report (M5, 31 August 2023)

This paper presents the Board with an update on risk management activity as of 31 August 2023 across all corporate red risks and issues and strategic risks. It is an opportunity to review these risks on the NSS Risk Register in line with the reporting requirements set out in the NSS Integrated Risk Management Approach (IRMA).

Key updates since the end of the period have been added to the report to ensure the Board has sight of the latest risk and issues position in NSS. These changes reflect the continuing management of risks within the risk register as at 31 August 2023.

NSS Corporate Risks

At Month 5, 31 August 2023, NSS had identified 27 corporate risks and 4 issues. This included 4 red risks, 12 amber risks and 11 green risks.

Figure 1: NSS Overall Corporate Risk Position at M5 FY24

		Score	Likelihood					Total
			Rare	Unlikely	Possible	Likely	Almost Certain	
			1	2	3	4	5	
Impact	Catastrophic	5	0	1	1	1	0	3
	Major	4	2	1	5	1	1	10
	Moderate	3	0	4	4	1	0	9
	Minor	2	0	1	1	1	1	4
	Negligible	1	0	1	0	0	0	1
Total			2	8	11	4	2	27

Corporate Red Risks on 31 August 2023

6544 Patient Services Lab Cover

Current RAG	Initial RAG	Residual RAG
20	12	16

Review Date	Opened Date	Proximity Date
29/09/2023	14/10/2021	29/03/2024

Primary Category	Mitigation Strategy	Risk Owner
Clinical	Prevention	Director SNBTS

Summary: The Scottish National Blood Transfusion Service may not be able to provide 24/7 service cover for Patient Services Laboratories, Blood Banks, and Histocompatibility and Immunogenetics (H&I) if there is not enough suitably trained and available staff who can participate on rosters. Challenges are being experienced across all sites, but Inverness and Aberdeen are most at risk due to poor responses to recruitment initiatives including responses in remote and rural areas.

Impact: If we are unable to staff shifts in blood banks or H&I on call rotas, services would be disrupted, making it challenging for us to respond to emergency care and major trauma requests, leading to an unacceptable impact on patients.

Update: Staff vacancies and rotas continue to be proactively managed at a regular Lab Leads meetings and recruitment is still ongoing in response to turnover. Interviews have been arranged for Band 4 posts and BMS1 (biomedical scientist) maternity backfill recruitment in progress, and approval has been given to recruit a BMSW (Biomedical Support Worker, Band 3) now in anticipation of a retirement in Dundee and Edinburgh Royal Infirmary; in Inverness a locum has started and will support day shifts, which will in turn allow other trained staff to cover other shifts. Recent options circulated to staff has been rejected and management will review outcome and seek advice on next steps. In Aberdeen 2 of the 3 recently recruited BMS1 staff are nearing end of their training and will take up permanent positions on the roster from October. 2 BMSW are in the process of starting. Ante-natal samples have temporarily been transferred to Glasgow.

7111 Staffing Levels in SNBTS CAU (escalated from a Directorate-level risk)

Current RAG	Initial RAG	Residual RAG
20	12	9

Review Date	Opened Date	Proximity Date
20/09/2023	28/03/2023	30/11/2023

Primary Category	Mitigation Strategy	Risk Owner
Clinical	Prevention	Director SNBTS

Summary: There is a risk that there are insufficient staffing levels to cover all the Clinical Apheresis hours of service including out of hours.

Impact: Capacity to cover on call for out of hours is at risk. Contingency arrangements for central belt cross cover are in place but travel time may delay commencement of urgent procedures or impact on clinical decision making. Additional workload for other central belt sites may impact on in hours capacity. Patients may be transferred to other Health Boards which may result in delays for urgent procedures. Challenges with inpatient stay bed capacity in all boards may result in further delay to treatment. Elective procedures may be cancelled or rearranged at short notice. Vulnerable patients may need to be transferred for cell therapy collections or have treatment plans delayed. There is a risk that remaining staff will be working excessive hours to meet service needs, with risk of burnout and additional sickness absence. There is a risk that if a patient were to suffer significant deterioration either related to delay in treatment or perceived to be so, this will further impact staff and reputation with stakeholders.

Update: Workforce planning review is ongoing. A report has been submitted to the Director highlighting challenges, with recommendations to recruit at Band 6 level and increase admin support. As a result, admin support has been increased and interviews for Band 6 posts are taking place. In Aberdeen decision has been made to recruit 2 part-time posts to increase resilience. The challenge remains for nursing staff.

7037 Staffing Levels in Manufacturing

Current RAG	Initial RAG	Residual RAG
16	20	16

Review Date	Opened Date	Proximity Date
29/09/2023	17/01/2023	31/12/2023

Primary Category	Mitigation Strategy	Risk Owner
Clinical	Prevention	Director SNBTS

Summary: Insufficient staffing resource within in SNBTS Manufacturing could impact ability to meet demand due to high staff turnover.

Impact: Potential delays in manufacturing clinical products, due to gaps in training, experienced staff and shift cover. Pressure on business-as-usual activity due to number of new staff being trained/supervised. Delays of current and new developments. Pressure on existing trained staff and increase in incidents and out of hours cover, resulting in more staff movement. Potential supply challenges to NHS Scotland.

Update: The challenge relates to staff turnover and the time it takes to train new recruits. The primary category for this risk changed from staff to clinical in June, with Staff now recorded as a secondary category. While it was noted in June that the situation had deteriorated further due to further resignations and sickness absence, recruitment is now proceeding at pace due to internal promotion backfills, a planned temporary agency worker to support business admin, and a BMS 2 retire and return post extended to March 2024. BMS profile within processing is expected to deteriorate, as 2 BMS staff have been offered internal promoted posts so recruitment to backfill is now under way. A meeting has been held with staff to review non-essential tasks that can be paused.

7222 – nDCVP Adverse Publicity

Current RAG	Initial RAG	Residual RAG
15	15	5

Review Date	Opened Date	Proximity Date
30/11/2023	31/07/2023	29/03/2024

Primary Category	Mitigation Strategy	Risk Owner
Reputational	Reduction	Director PCFS

Summary: As a result of the ongoing challenges currently being experienced in the delivery of our new pharmacy payment system Data Capture and Validation Process (nDCVP) e.g. performance, volumetrics, transitioning to Dictionary of Medicines and Devices (DM&D) pricing, capacity, there is a Corporate risk that Scottish Government and NSS receive adverse media interest.

Impact: There is a risk of reputational damage with national media adverse publicity, trending on major social media platforms. At this stage, the main concern would be reputational relations with the trade body, Community Pharmacy Scotland (CPS0 and Scottish Government, where relations have previously been positive.

Update: Initial engagement with Scottish Government has taken place to allow them to make their own preparations. Engagement with NSS Marcomms Team has taken place to prepare reactive lines ahead of any potential enquiries. Estimated payments are currently being made, which will stabilise pharmacy income and reduce any risk to service provision.

Corporate Risks Watch List

6121 Unstructured and Unclassified Data

Current RAG	Initial RAG	Residual RAG
12	15	8

Review Date	Opened Date	Proximity Date
29/09/23	09/09/2020	31/12/2023

Primary Category	Mitigation Strategy	Risk Owner
Business	Prevention	Head of Information & Cyber Security

Summary: The amount of unstructured and unclassified data held in corporate storage areas may result in NSS being non-compliant with governance and security legislation.

Impact: Poor records management could lead to NSS holding records containing personal information longer than the advised retention periods listed within the Records Management Health and Social Care Code of Practice (Scotland) 2020 and the NSS Document Storage, Retention and Disposal Policy. Holding personal information for longer than is necessary for the purposes for which the personal information is processed is in direct contravention of Article 5(e) of the General Data Protection Regulation (GDPR), which can result in financial penalties of >£1M.

Update: Work is ongoing to look at the movement of the existing NSS Business Classification Scheme (BCS) to SharePoint and a group has been established to manage this. All this work will be in line with appropriate policies to ensure that we meet our compliance requirements. DaS have purchased a new tool (Varonis). The tool, which will allow easier monitoring and reporting of unstructured data through dashboards, has been installed and the initial data trawl has been completed. The output has been considered by the SharePoint migration team and members of the DaS Senior Management Team. Further investigation on some of the findings has taken place, with a report to be produced. Discussion has taken place around what is in scope for migration project. Records management review is underway to ensure classification in accordance with our business classification scheme, reducing risk of not complying with records management obligations.

Directorate level reports are being prepared and engagement with directorate records management leads is ongoing. There have been various communications to staff to remind them to continue to cleanse data, as appropriate.

Varonis scanning is identifying files containing sensitive data in all but satellite file stores. The commissioning of the kit in the satellite areas is ongoing. A plan is in place to apply sensitivity labels to these files with the result of encryption of sensitive data for transfer to SharePoint for NSS, reducing risk of exposing sensitive data.

This work is expected to be completed by end of March 2024.

Corporate Issues

There are 4 NSS Corporate Issues.

7221 nDCVP Go Live Issues

Issue Priority	Date Issue Opened	Primary Category	Risk Owner
4 – High	31/07/2023	Business	SPST Director

Summary: nDCVP system, which was launched w/c/ 4 Jul 23, to process pharmacy payments from July, has experienced process and system issues (performance, volumetrics, transitioning to Dictionary of Medicines and Devices (DM&D) pricing, capacity), all of which have cumulatively extended the processing cycle time which is not conducive to maintaining our commitment to making accurate and timely payments to pharmacy contractors in Scotland. Without a speedy resolution, estimated payments will be the default option going forward. This is a sub-optimal situation due to the impact on contractors, health boards and our own business and people.

Impact: Business - a reduction in productivity that may require additional staffing requirements over and above posts already agreed for recruitment, i.e., between £250k-£1m in new staff and / or overtime. There is also a possible additional cost of system development built into the figure above. This covers Service Delivery and Contractor Finance areas. Reputational - potential Scottish Government and stakeholder interest. There is the potential to see increasing numbers of staff becoming unwell and therefore going absent, due to anxiety.

Update: Daily meetings with ATOS and IT partners have been set up, engagement has begun with Public Health Scotland and Digital and Security, as well as engagement with the Communications Team to support with comms to Health Boards, contractors, CPS (Community Pharmacy Scotland) and staff, with initial comms having been issued.

Technical enhancements and performance tuning are being progressed and additional capacity is being brought in to enhance keying. Areas for additional education within the pharmacy community have been identified to aid with improving the quality of claims made. A short life working group has been established to resolve issues with DM&D pricing and exceptions.

7160 Exchange server (for management of email services) out of support

Issue Priority	Date Issue Opened	Primary Category	Risk Owner
4 – High	27/04/2023	Staff	Senior Service Manager, DaS

Summary: There is a risk that NSS will be unable to manage or create email accounts due to a dependency on Exchange 2013 and which is out of support as of 30 April 2023.

Impact: As an out of support system, NSS will have no official support from Microsoft in the event of any issues or catastrophic failures so we will be left to attempt to recover ourselves (where possible). We will be unable to manage the NSS email accounts if this server goes down. No email is routed via this server - it is in place to allow us to manage email accounts and ensure new users have their email provisioned.

Update: ATOS have advised that they should have no authentication dependencies on NSS domain by the end of this calendar year – this is expected to be confirmed at next meeting in early September. Once this is completed NSS will upgrade the domain before replacing the Exchange Server, which will take approximately 4-8 weeks.

6981 Mammography Equipment Contract Issues

Issue Priority	Date Issue Opened	Primary Category	Risk Owner
4 - High	18/11/2022	Reputational	Programme Manager PCF

Summary: There is an issue that the supplier of Breast Screening Equipment has failed to deliver units in line with the specification and Invitation to Tender (ITT) which may lead to the contract being terminated and equipment re-procured.

Impact: Reputational risk for National Procurement (NP) due to failed contract. Potential reputational damage with stakeholders including health boards, SG and public. There is a requirement for NP to work with the supplier to explore whether solutions are available, potentially negotiate a contract termination and re-tender the contract. Increased workload for NP staff.

Update: Draft termination agreement produced. Several meetings have taken place and good progress is being made in discussions with supplier, with only wording on one clause still to be agreed – this wording has been agreed with CLO (Central Legal Office) and NSD (National Services) and has been sent to the supplier and we await their response. Supplier has requested sight of the results of the re-screening to enable them to include appropriate wording, but CLO have raised some concerns about this. Further internal discussions planned.

6247 - Continued Use of Windows7

Issue Priority	Date Issue Opened	Primary Category	Risk Owner
3 - Medium	28/02/2023 (opened as a Risk 05/01/2021)	Business	Senior Service Manager DaS

Summary: There is a risk that Continued use of Windows 7 devices by NSS after 31/12/2020 will mean Microsoft will no longer support the product after this date and no security related patches will be available.

Impact: This means we will no longer comply with compliance regulations mandated by the Scottish Government (There are devices in some areas of the business that will require Windows 7 until applications are upgraded and will increase our risk to Cyber Attacks and cessation or reduced availability of the NSS IT Infrastructure while security breaches are resolved).

Update: As of 1 September, the number of Windows 7 devices reported was 47. As P&CFS have migrated to nDCVP, this will allow decommission of most devices from that directorate. We now have a breakdown of which NSS Directorates still require Windows 7 devices along with a breakdown of applications being used. Access has been restricted on devices to the specific Windows 7 application using Applocker and the local firewall wherever possible, and all applications that are not required have been removed. There are some applications that will be in use until 2024.

Strategic Risks

Strategic Risks are currently under review with Board Risk sessions having taken place on 20 April and 22 August 2023, therefore are they not covered in detail here. 11 strategic risks were developed following the first session, and these are currently being updated further following feedback at recent session. Finalised risks will be presented to the Board in December for approval. The current strategic risks are summarised below:

Strategic Risk	Description	Update	RAG 31 Aug 23	RAG Last report Jan 23
5114 Infected blood inquiry	There is a risk the Infected Blood Inquiry may lead to additional cost and adverse reputational impact for SNBTS/NSS.	Oral and written submission complete. Inquiry is scheduled to report in Autumn 2023.	RAG 8 Green	RAG 8 Green
6679 Property and Estate operational requirements	There is a risk that NSS estate does not meet the strategic and operational requirements of the service resulting in a reduction in efficiency and associated property costs.	NSS is working on development of a whole system initial agreement capital plan which will cover the next 20 years and take in to account all properties and assets. This has milestone date of March 24 for a completed initial agreement capital plan.	RAG 4 Green	RAG 9 Amber

NHS National Services Scotland

Meeting:	NSS Board Meeting
Meeting date:	Wednesday 27 September 2023
Title:	Public Inquiries Update
Paper Number:	B/23/30
Responsible Executive/Non-Executive:	Lee Neary, Director of SPST
Report Author:	Marie Brown, Head of Public Inquiries and Scrutiny

1. Purpose

- 1.1 NSS is currently responding to 3 public inquiries; the UK COVID-19 Public Inquiry, the Scottish COVID-19 Public Inquiry and the Scottish Hospitals Public Inquiry. The Infected Blood Public Inquiry is due to publish their final report in autumn 2023. There are also two ongoing crown office investigations (COVID-19 Deaths and the Queen Elizabeth University Hospital) which NSS is responding to. The purpose of the paper is to make the NSS Board aware of the current situation regarding NSS' response to the ongoing public inquiries and investigations.

2. Recommendation

- 2.1 It is recommended that the Board note the content of the report.

3. Executive Summary

- 3.1 The key highlights report provided to EMT on 19 September 2023 is attached as an appendix. NSS continues to liaise with the inquiry and investigation teams, manage the resource as appropriate, and look to ensure duplication of effort is minimised when there is overlap with evidence requests.

4. Impact Analysis

4.1 Quality/ Patient Care

4.1.1 There is no impact on Quality/ Patient Care.

4.2 Equality and Diversity, including health inequalities

4.2.1 There is no impact on Equality and Diversity, including health inequalities.

4.3 Data protection and information governance

4.3.1 There is no impact on Data protection and information governance

5. Risk Assessment/Management

5.1 Risk assessment and management is managed through the NSS IRMA approach.

6. Financial Implications

6.1 Financial implications of responding to the COVID-19 Inquiries remains a corporate pressure.

7. Workforce Implications

7.1 Workforce implications continue to be managed through Directorates with any risks or issues escalated to the NSS EMT.

8. Climate Change and Environmental Sustainability Implications

8.1 There are no climate change and environmental sustainability implications.

9. Route to Meeting

9.1 EMT updated monthly on NSS' response to public inquiries. This report contains the most up to date information for the NSS Board.

10. List of Appendices and/or Background Papers

10.1 Update on Public Inquiries

Meeting	Executive Management Team – September 2023		
Reporting On	<ul style="list-style-type: none"> ➤ UK and Scottish COVID-19 Public Inquiries ➤ Infected Blood Public Inquiry ➤ Scottish Hospitals Public Inquiry ➤ Crown Office Investigation - COVID-19 Deaths ➤ Crown Office Investigation – Queen Elizabeth University Hospital (QEUH) 	Period Covered	August to September 2023

COVID-19 Public Inquiries - Executive Highlights

UK COVID-19 Public Inquiry

UK Module 1 (pre-pandemic planning, preparedness, and resilience).

- The NSS C-19 Public Inquiries programme team continue to review tranches of documents from the Module 1 solicitor team.
- Baroness Hallett intends to publish her interim report (covering Module 1) Summer 2024.

Module 2A (Scottish Government decision-making and political governance)

- Preliminary hearings for Module 2A begin on 24th Oct 2023, with evidential hearings scheduled for January 2024 in Edinburgh. The programme team are currently reviewing tranches of documents released by the UK Inquiry before being published on their website.
- We are aware that the UK Module 2A evidential hearings will clash with the start of the Scottish Inquiry Health and Social Care ‘Impact Hearings’.

Module 3 (impact of COVID-19 pandemic on healthcare systems in the 4 nations of the UK).

- NSS is a Core Participant for Module 3. NSS received a Draft Rule 9 information request on 25 August. The NSS C-19 Public Inquiries programme team will meet with Module 3 UK Inquiry team on 21 September to discuss the request and agree a timescale for response.
- Preliminary hearings are scheduled to begin 27th September with evidential hearings due to commence in Autumn 2024.

UK Module 4 (Vaccines and therapeutics)

- NSS will not be a Core Participant in this module, evidential hearings will take place Summer 2024.

UK Module 5 (Government Procurement)

- Evidential hearings will take place early 2025.

UK Module 6 (Care Sector)

- Evidential hearings will take place Spring 2025.

Scottish COVID-19 Public Inquiry

- The Scottish Inquiry held its preliminary hearing at Murrayfield on 28th August. The Chair, Lord Brailsford confirmed that:
 - Health and Social Care 'Impact Hearings' will start on 24 October until 8 December 2023, at George House in Edinburgh and be available online. These will recommence in February 2024 and continue to Spring 2024 (pausing over December 2023 – January 2024 whilst the UK Inquiry begins Module 2A evidential hearings January 2024).
 - Core Participants will be eligible to apply for the Right to Appear at the Impact Hearings. Those granted the Right to Appear will have the witness statements released to them a month or so in advance of the witness giving evidence along with disclosure of other documentation.
 - The Scottish Inquiry has called for confidentiality undertakings to be submitted. The NSS C-19 Public Inquiries programme team are currently gathering these from those who have signed the UK Inquiry undertakings.

Programme Update

➤ **Witness Support**

The NSS C-19 Public Inquiry programme team are working with OD and OHS colleagues to develop tailored support for NSS staff giving evidence and/ or assisting with other investigations. OD and OHS colleagues are currently meeting with impacted individuals and their line managers to understand requirements.

➤ **Identifying One NSS Solution**

The NSS C-19 Public Inquiry programme team are collaborating with the PgMS Service Design Team to test a proof of concept using O365 PowerApps to design and develop the end-to-end journey of a request for information.

Colleagues leading the process for Corporate FOIs, National Procurement FOIs, media enquiries and the Scottish Hospitals Inquiry have agreed to participate in testing the proof of concept against their existing processes.

The programme team is liaising with Information Governance (IG) colleagues in relation to a framework for all public inquiries, and the inclusion of an IG review before an external request for information is released. Comms and media colleagues are also part of these initial discussions.

The programme team is collaborating with NSS colleagues, responding to/ assisting with Operations Koper (COVID-19 deaths) and Quadric (QEUH), to establish a central mailbox for Crown Office/ Police Scotland requests before meeting with the Crown Office and Police Scotland to agree a process to route requests through our mailbox. Currently, multiple meetings with various NSS teams and colleagues are taking place with the Crown Office and Police Scotland.

Infected Blood Public Inquiry - Executive Highlights

- No substantive update for the Infected Blood Inquiry. The final IBI report is still due to be published in Autumn 2023.

Scottish Hospitals Public Inquiry - Executive Highlights

Provisional Position Papers (PPPs)

- To date (since 2022) NSS has responded to 6 Provisional Position Papers (PPPs) relating to the Scottish Hospitals Inquiry. We are on track to respond to the most recent, 7th PPP on Friday 8 September 2023.
- We anticipate receiving Provisional Position Paper 8 relating to RHCYP shortly, we are advised that this will be longer than the papers received to date.

Ongoing staff impact

- The overlap in these papers is impacting on a small number of staff: further support measures are being explored to support them.

NHS GGC QEUH

- NSS final response to the counsel to the inquiry closing statement was submitted on 18 August.
- Senior and junior counsel to the inquiry who are dealing with the QEUH have now been appointed, these are; Fred Mackintosh KC and Michael Meehan KC as senior counsel to the Inquiry, and Graham Maciver, Advocate, as junior counsel.

- The next set of QEUH hearings will take place over 12 weeks from 19 August to 8 November 2024.
- A specific question set has been received by ARHAI relating to the QEUH, this is due to be returned to the inquiry at the end of September. We also anticipate provisional position papers (PPPs) on the QEUH shortly.

NHS Lothian

- The next set of RHCYP hearings will be in the first calendar quarter (Jan-March) of 2024 – we are aware of potential clash with UK and Scottish Covid-19 inquiry hearings.

Crown Office Investigations – Operation Koper / Operation Quadric

Operation Koper (COVID-19 Deaths)

- Practitioner Services has received 43 requests for historic GP records to date in relation to the COVID-19 Deaths investigation.

Operation Quadric (QEUH)

- A meeting was held on 24th August with Police Scotland and colleagues from ARHAI to discuss a request for HPS documents. The requested documents were sent to Police Scotland on 24th August.

Minutes (Approved)

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NHS NATIONAL SERVICES SCOTLAND AUDIT AND RISK COMMITTEE (ARC)

MINUTES OF MEETING HELD ON WEDNESDAY 17 MAY 2023 VIA TEAMs DIGITAL PLATFORM AT 0930 HRS

B/23/31

Members Present:

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

In Attendance:

Hayley Barnett – Board Secretary
Scott Barnett – Head of Information and Cyber Security
Martin Bell – Director, PCFS
Kevin Boyle – External Audit, Audit Scotland
Tim Colclough – Service Audit, KPMG
Steven Flockhart – Director, Digital and Security (DaS)
Laura Howard – Associate Director, Finance
Carolyn Low – Director, Finance, Governance and Legal Services
James Lucas – Internal Audit, KPMG
Liz Maconachie – External Audit, Audit Scotland
Stephen Mitchell – Operations Manager, National Procurement (on behalf of G Beattie)
Mary Morgan – Chief Executive
Lynn Morrow – Corporate Affairs and Compliance Manager
Lee Neary – Director of Strategy, Performance and Service Transformation
Matthew Neilson - Associate Director of Strategy, Performance & Communications [Item 11]
Lorna Ramsay – NSS Medical Director and Caldicott Guardian
Keith Redpath – NSS Chair [Items 1 – 8]
Thomas Tandy – Internal Audit, KPMG
Marc Turner – Director, Scottish National Blood Transfusion Service (SNBTS)
Lynsey Bailey – Committee Secretary [Minutes]

Apologies:

Gordon Beattie – Director, National Procurement
Carole Grant – External Audit, Audit Scotland
Neil Thomas – Service Audit, KPMG

1. WELCOME AND INTRODUCTIONS

- 1.1 The Committee Chair welcomed all to the meeting, which was being held virtually via the TEAMs platform. Members were advised that item 17 required to be ruled as urgent, as per [Standing Order 4.2.](#) of the NSS Corporate Governance Framework - Standing Orders, to allow it to be considered in advance of the Annual Accounts in June 2023.



Chair
Chief Executive

Keith Redpath
Mary Morgan

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

2. DECLARATIONS OF INTEREST

- 2.1 There were no declarations of interest or transparency statements made in respect of any item on the agenda.

3. MINUTES AND ACTION LIST [Papers AR/23/18, AR-AP/23/01, and AR/23/19 refer]

- 3.1 Members considered the draft minutes from both the previous meeting on 23 February 2023, and the meeting on 6 December 2022 held In Private under section 5.22.2 of the [Standing Orders](#).

- 3.2 Members considered all actions, which were recommended for closure.

Decision: To approve the minutes of the 23 February 2023 meeting, and the meeting on 6 December 2022 held In Private, as true reflections of the meetings.

Decision: To note the action list and agree the closure of actions recommended for closure.

Action: To mark the actions recommended for closure as complete – Board Services

4. INTERNAL AUDIT PROGRESS [Paper AR/23/20 refers]

- 4.1 T Tandy spoke to the paper, which summarised progress against the internal audit plan. In respect of thought leadership, Members asked about benchmarking against other organisations. The impact of COVID-19 was acknowledged, and T Tandy gave an overview of the areas given particular focus. The mix of partial and significant assurance reports through the year indicated a good relationship between auditors and management, and that the right areas were being audited.

- 4.2 Members discussed the composition and skill sets of the ARC, the upcoming self-assessment, and succession planning for Non-Executives whose terms were coming to an end in the coming year. Members recognised that while some difficult areas had been targeted, some positive actions had emerged and were being progressed well. They were therefore hopeful of an overall opinion of significant assurance with minor opportunities for improvement in the annual report due in June 2023.

Decision: To note that:

- **twelve audit actions were verified and confirmed as implemented, with good progress demonstrated on actions scheduled for completion by the end of June 2023;**
- **no audit actions completion dates required to be extended;**
- **there were no significant actions to highlight.**

5. INTERNAL AUDIT: CORE FINANCIAL CONTROLS - NATIONAL DISTRIBUTION CENTRE INVENTORY CONTROLS [Paper AR/23/21 refers]

- 5.1 Members were presented with the Core Financial Controls: National Distribution Centre Inventory Controls audit report which had an overall audit opinion of “significant assurance with minor improvement opportunities”. Members sought and received clarification on the types of high-value items counted daily and the standard which the pick error rate had been benchmarked against.

Decision: To endorse the actions proposed by management in response to the National Distribution Centre Inventory Controls internal audit report.

Action: To pass on the Committee’s thanks on behalf of the Board for the work undertaken by the packers via an electronic thank you card or letter – Board Services on behalf of the Committee Chair

6. INTERNAL AUDIT: SNBTS JACK COPLAND CENTRE (JCC) [Paper AR/23/22 refers]

6.1 Members were presented with the SNBTS JCC audit report, which had an overall audit opinion of “significant assurance with minor improvement opportunities”. Members sought and received clarity around the timescales for reduction or removal of the first recommendation around benefits realisation. They were also given an overview of how some of the work to address this had already been done.

6.2 Members highlighted the need to be mindful of the time context of this audit and its relationship to the earlier benefits realisation assessment which had been done. They also recognised the need to address the challenges in accurately identifying what could be definitively measured at a later date, and how to make some of the anecdotal and qualitative evidence measurable.

6.3 Members briefly discussed additional capacity and usage of the facilities, and the priority being given to maximising this. The Director of SNBTS provided an overview of the history of this and the intentions for the future.

Decision: To endorse the actions proposed by management in response to the SNBTS JCC internal audit report.

7. INTERNAL AUDIT: BUSINESS CONTINUITY ARRANGEMENTS [Paper AR/23/23 refers]

7.1 Members were presented with the Business Continuity Arrangements internal audit report which had an overall audit opinion of “significant assurance with minor improvement opportunities”. Members requested clarity about the governance route and frequency for progress reporting but were otherwise content with the report.

Decision: To endorse the actions proposed by management in response to the Business Continuity Arrangements internal audit report.

Action: To clarify the governance route for progress reporting – Board Secretary

8. SERVICE AUDIT MANAGEMENT [Paper AR/23/24 refers]

8.1 Members considered the paper, which provided an update on the work undertaken to achieve a successful Service Audit outcome for 2022/23 and manage the transition to new Service Auditors for 2023/24. T Colclough briefly spoke to the final reports and Members welcomed the unqualified opinions for all three reports. Members were also provided with an overview of the progress achieved in PCFS. In respect of Payroll, Members were updated on the management of those working remotely and the impact of the pressure caused by the late confirmation of the pay award.

8.2 Members commended and congratulated all involved in the work to achieve this position. Members also thanked the KPMG Service Audit team for all their efforts.

Decision: To approve the issue of the three Service Audit reports presented by KPMG to Health Boards and their External Auditors.

Decision: To note the progress made in preparing for Service Audit activity in the coming year.

9. EXTERNAL AUDIT PROGRESS: INTERIM AUDIT MANAGEMENT LETTER [Paper AR/23/25 refers]

- 9.1 Members discussed the paper, which shared the findings from the interim audit test of controls carried out by Audit Scotland as part of the audit of the NSS Annual Report and Accounts for 2022/23. Members wished to thank all involved for their efforts to get this first stage complete. Members were advised there was a good early relationship with the new audit team and Management had welcomed the findings from this testing. They received an overview of the work to date and the initial findings.
- 9.2 Members sought and received assurance about controls which could be put in place to address the exception highlighted regarding inadvertent delays in the processing of staff changes, and NSS's position on recovery of any resulting overpayments. The Electronic Employee Support System (eESS) was the prime system in this process so needed to be updated on a timely basis. To make that more visible, errors were being managed as financial incidents which would allow identification of the root causes and appropriate actions to be taken. Members were advised recovery was always pursued through the most appropriate means. Members also recognised that this reinforced the need to focus on the information received as Payroll controls had worked exactly as intended.
- 9.3 Members were supportive of the actions proposed. However, it was recognised that since the information on eESS was entered by Managers, communication, education and engagement with Managers would be key going forward.

Decision: To note the management actions proposed to address the points raised within the Audit Scotland report.

10. INFORMATION SECURITY AND GOVERNANCE REPORT [Paper AR/23/26 refers]

- 10.1 Members considered the paper, which updated on key aspects of enabling and underpinning activity in Information Security and Governance. DaS colleagues were in the midst of the 2023 network and information systems audit and Members received an overview of the current status and timescales for its completion. Members were advised that there was a possible change to the ratings and were provided with explanation for that, acknowledging clarity around the messaging would be important.
- 10.2 In respect of risk 6121 (Unstructured and Unclassified Data), Members were provided an overview of progress and advised there was no additional risk within this area. Members asked about the upcoming Information Commissioner's Office Audit and were advised that it would start on 19 June 2023. It was anticipated that risk management and training and awareness be areas highlighted for improvements.
- 10.3 Members observed that there was no mention of risk 6282 (Windows 10 devices) which was reported on in the risk paper [AR/23/27 refers], and it was proposed that this information should be cross referenced in future. Members also discussed the mention of the reduction in the volume of adverse events from NCC, and the impact of that, and suggested it could be worth having a sentence to summarise that in future reports.

Decision: To note the Information Governance and Security Update

Action: To ensure that risks included in the report are cross-referenced with the formal risk report for future reporting and no highlights are used in Executive Summary – Head of Information and Cyber Security

Action: To provide a statement in relation to information governance adverse trends with future reports – Director of Digital and Security.

11. RISKS AND ISSUES REPORT [Paper AR/23/27 refers]

11.1 Members scrutinised the paper, which updated on corporate red risks and issues, along with all corporate red and new amber reputational risks and issues, as at 31 March 2023. The following points were highlighted:

- Risk 7066 (Funding for Clinical Apheresis machines) had since been closed;
- Risks 6544 (Patient Services Lab Cover) and 7037 (Staffing Levels in Manufacturing) were showing some positive progress had been made;
- In respect of risk 6121 (Unstructured and Unclassified Data), the migration to OneDrive was nearing completion, which was positive move towards closure;
- 90% compliance for risk and resilience training.

11.2 Members had some feedback on the layout of the report, but it was agreed to defer that to the next risk workshop being planned. Members also sought and received clarification on the reporting mechanism for real-time responses to risks which may arise between the report publication and a committee meeting.

Decision: To note the risks and issues update as at 31 March 2023.

12. FRAUD REPORT [Paper AR/23/28 refers]

12.1 Members were provided with an update on the fraud prevention activity undertaken since the last meeting in February 2023. Highlights included:

- Two new cases had been raised, with investigations currently in early stages;
- Good progress had been made with implementation of the standards;
- The target compliance rate for mandatory training had been exceeded;
- NSS was making good progress with the National Fraud Initiative work and had until end of December 2023 to complete this.

12.2 Members asked about how a situation of undeclared overpayments would be dealt with and were advised that it was not fully fraud in the eyes of the Crown Office but would be treated as “unjustified enrichment”.

Decision: To note the contents of the Fraud Report.

13. NSS ACCOUNTING POLICIES 2022-23 [Paper AR/23/29 refers]

13.1 Members considered the paper, noting no major changes and that this was simply for implementation. Members discussed the Trinity Park Foundation and were given an overview of background, the intended process for closure, and future plans for managing any altruistic donations. G Greenhill volunteered to be appointed to fill a Trustee vacancy to allow progress to be made.

Decision: To note the accounting policies, which supports the NSS Annual Report and Accounts for 2022-23.

Action: To appoint G Greenhill as a Trustee of the Trinity Park Foundation to allow progress to be made on future arrangements for the charity – Associate Director of Finance

14. INTERNAL AUDIT PLAN [Paper AR/23/30 refers]

14.1 This paper was presented for information only as the final draft document had been considered at the last meeting

Decision: To note the Internal Audit Plan

15. EXTERNAL AUDIT PLAN [Paper AR/23/31 refers]

- 15.1 This paper was presented for information only as the final draft document had been considered at the last meeting.

Decision: To note the External Audit Plan

16. FORWARD PROGRAMME [Paper AR/23/32 refers].

- 16.1 Members were presented with the forward programme for information.

Decision: To note the forward programme.

17. ANY OTHER BUSINESS

- 17.1 Members had no further business to raise.

18. SERVICE AUDIT: NSI FINANCE SYSTEM [Paper AR/23/33 refers].

- 18.1 The Director of Finance, Governance and Legal Services spoke to the paper and provided some further detail on issue with implementation of the new finance system. Members expressed their disappointment at how this had been dealt with from a lessons-learned perspective and that e-mail had been the only communication channel. Members also expressed concerns that there had been no disaster testing, and the subsequent impact should have led to a qualification. That it was also not on the auditor's letterhead was also concerning from a governance perspective. Members felt that the letter took a narrow view of the security and indicated a failure to understand that the controls were inadequate. It was highlighted that although there were delays, NSS was able to evidence that its own controls were not impacted.

- 18.2 Members discussed their options for putting forward their position, along with any recommendations. L Maconachie agreed to look into this and get back with any further advice, but noted that external auditors were likely to be doing additional testing. Members agreed that the letter, as presented, only provided them with limited assurance and there was a need to seek further assurances about the practices going forward and ensure NSS engaged more effectively.

Decision: To request further assurance on the NSI Finance System.

Action: To draft a response in relation to: Committee's limited assurance; management concern about the actions attributed to Financial Leads and future working relations – Board Secretary and Director of Finance, Governance and Legal Services

Action: To report back with any further advice identified on actions that NSS should take in relation to this report – L Maconachie, Audit Scotland

There being no further business, the meeting closed at 1200hrs.

Minutes (APPROVED)

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NHS NATIONAL SERVICES SCOTLAND AUDIT AND RISK COMMITTEE (ARC)

MINUTES OF MEETING HELD ON MONDAY 26 JUNE 2023 VIA TEAMS DIGITAL PLATFORM AT 0930 HRS

Members Present:

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

In Attendance:

Hayley Barnett – Board Secretary
Kevin Boyle – External Audit, Audit Scotland
Carole Grant – External Audit, Audit Scotland
Laura Howard – Associate Director, Finance
Carolyn Low – Director, Finance, Governance and Legal Services
James Lucas – Internal Audit, KPMG
Liz Maconachie – External Audit, Audit Scotland
Brian McCabe – Associate Director, Finance
Mary Morgan – Chief Executive
Lee Neary – Director of Strategy, Performance and Service Transformation
Lynsey Bailey – Committee Secretary [Minutes]

Apologies:

Thomas Tandy – Internal Audit, KPMG

1. WELCOME AND INTRODUCTIONS

- 1.1 The Committee Chair welcomed all to the meeting, which was being held virtually via the TEAMS platform. Brief introductions were provided for those attending for the first time.

2. DECLARATIONS OF INTEREST

- 2.1 There were no declarations of interest or transparency statements made in respect of any item on the agenda.

3. MINUTES AND ACTION LIST [Papers AR/23/35, and AR/23/36 refer]

- 3.1 Members considered the draft minutes from the previous meeting on 17 May 2023 and agreed there should be a correction that C Grant should be listed under apologies.



Chair
Chief Executive

Keith Redpath
Mary Morgan

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

3.2 Members reviewed the updates on the action tracker and had nothing further to add.

Decision: To approve the minutes of the 17 May 2023, as a true reflection of the meeting subject to the correction to the apologies list.

Decision: To agree to close actions 1-3 and 7-8 which had been recommended for closure. Updates for the remaining actions were due for future meetings.

Action: To correct attendance list to show C Grant as an apology – Board Services

4. AUDIT AND RISK COMMITTEE ANNUAL REPORT TO THE BOARD 2022-2023 [Paper AR/23/37 refers]

4.1 Members discussed the paper, which provided the NSS Board with a summary of the Committee's activities during 2022/23. Members requested the following minor updates:

- Add a sentence to highlight the focus of internal audit on particular areas of stress;
- Remove the "Critical" level of findings from Tables 1 & 2;
- Make sure the wording of the audit opinion matches that used by KPMG;
- Re-word the heading of the second column in Table 3 for clarity;
- Reword the final sentence about the Service Audit Steering Group (SASG) to clarify that it reports back to ARC;
- Within the Risk section, highlight the Committee's comfort with the local level risk management arrangements.

4.2 Members sought and received clarification on the reason for continuing SASG. However, they felt there was a risk of becoming too operational and that the time had passed for this once it had been established that the transition to PricewaterhouseCoopers had been completed successfully. They acknowledged that this highlighted need for clarity on a de-escalation process for similar situations in the future.

Decision: To approve the report for presentation to the Board subject to the minor changes requested.

Action: To make the minor amendments, per Committee feedback, before circulation to the Board – Board Services

5. INTERNAL AUDIT ANNUAL REPORT 2022/23 [Paper AR/23/38 refers]

5.1 Members were presented with the paper which, gave an overview of the internal audit activity as reported at the previous meetings throughout 2022/23. Members welcomed the positive position being reported.

Decision: To note the Internal Audit Annual Report 2022/23 including the Head of Internal Audit opinion of 'significant assurance with minor improvements'.

6. MANAGEMENT CONSULTANCY SPEND 2022/23 [Paper AR/23/39 refers]

6.1 Members reviewed the paper which gave details of the management consultancy spend for the financial year 2022/23. Members asked about the spend listed under Business as Usual (BAU) activity and received clarification that this was for expert

advice that NSS did not have in-house. Members also sought and received clarification on how the work done to address service audit issues was charged and reported.

- 6.2 Members discussed how professional fees were also reported and the definition of management consultancy. Within this, they also felt it would be helpful to understand in respect of CLO, how much of their management consultancy spend was the result of a capacity related issue and how much was accessing additional legal expertise. Members also asked about information on recovery of legal fees in any cases NSS wins. They were advised that this could be looked into but, as there was a cost for recovery as well, it was not always pursued.

Decision: To note management consultancy spend for the financial year 2022/23 and authorise the publication of this information to meet statutory obligations

Action: To take a paper to FPPC which discusses management consultancy and professional fees. – Associate Director of HR

7. LOSSES AND SPECIAL PAYMENTS 2022/23 [Paper AR/23/40 refers]

- 7.1 Members considered the paper, which presented the losses and special payments arising in the financial year 2022/23. Members discussed the stores losses and the plans for getting these back to pre-pandemic levels. They also asked about the Scottish National Blood Transfusion Service's losses and got a brief overview of how these were being managed.
- 7.2 Members highlighted the need to update the header for flu and COVID19 vaccines and asked that these figures be broken down for clarity. They also discussed the delegated authority limits and were advised that the Associate Director of Finance had raised this with Scottish Government. They also received an overview of how the write-offs had been managed.

Decision: To:

- **Note the Losses and Special Payments Report for 2022/23 as set out in appendix 1.**
- **Note the losses above NSS delegated authority in appendix 2**
- **Authorise the Director of Finance Corporate Governance & Legal Services to seek formal approval from Scottish Government (SG) to write off the losses and special payments which are above delegated authority as part of the final accounts process.**

Action: Update the flu and COVID-19 vaccines header and provide a breakdown of the specific figures for each – Associate Director of Finance

8. EXTERNAL AUDIT SERVICE ASSURANCE LETTER [Paper AR/23/41 refers]

- 8.1 Members were taken through the paper, which provided them with a copy of the results of the Audit Scotland review of the service auditor of Practitioner and Counter Fraud Services. Members sought and received clarification that this was a letter that confirmed the work evidenced by the Service Auditors supported the outcome reported.

Decision: To note the conclusion of the Audit Scotland review of the service auditor of Practitioner and Counter Fraud Services.

9. NSS ANNUAL REPORT AND ACCOUNTS [Paper AR/23/42 refers]

- 9.1 Members discussed the paper, which was a public report on the financial and governance affairs of NSS for the financial year. Members were advised that the audit was still being finalised over the coming days but, so far, NSS was on track for an unqualified audit opinion, and this was not anticipated to change with the final checks being done.
- 9.2 Members had some feedback on typographical errors which would be picked up immediately following the meeting. They were also given an overview of the timescales for signing and submission.

Decision: To note the NSS Annual Report and Accounts 2022/23 and recommend the NSS Board approve them following the discussion under Item 10.

Action: To correct typographical errors per Members' feedback following the meeting before circulation to the Board.

10. ANNUAL AUDIT REPORT 2022/23 [Paper AR/23/43 refers]

- 10.1 Members considered the paper, which provided NSS and the Auditor General for Scotland with a summary of the findings and conclusions from the 2022/23 external audit of NHS NSS, including the audit of the 2022/22 annual report and accounts. Members recognised some of the challenges faced (new team, new standards being introduced, and a return to pre-pandemic timetable). C Grant advised that, of the outstanding actions, there was nothing that would impact on the overall opinion. She also confirmed Audit Scotland did not have any non-audit work or relationships that would impact objectivity.
- 10.2 Members were given an overview of the recommendation relating to the National Single Instance Finance System issue. They also sought and received clarification about the adjustments process. In querying the mention of significant delays in receiving evidence, Members were given an explanation of the reason for that and advised that it was not a major ongoing issues. They also received an overview of adjustments to the remuneration report. Members briefly discussed an ongoing external issue in another Board and were advised that it would have no impact on the NSS audit outcome.

Decision: To note:-

- **The proposed unmodified audit opinions.**
- **The Annual Audit Report, section 1 - Audit of the 2022/23 annual report and accounts to help inform the approval of the 2022/23 annual report and accounts.**
- **The conclusions in the draft Annual Audit Report relating to the wider scope areas of financial management, financial sustainability, vision, leadership and governance use of resources to improve outcomes. and covering letter.**

11. FORWARD PROGRAMME [Paper AR/23/44 refers].

- 11.1 Members were presented with the forward programme for information.

Decision: To note the forward programme.

12. ANY OTHER BUSINESS

12.1 Members had no further business to raise

There being no further business, the meeting closed at 1046hrs.

Minutes (Approved)

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

MINUTES OF MEETING HELD ON THURSDAY 1ST JUNE 2023 VIA TEAMS DIGITAL PLATFORM AT 0930HRS

Present:

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

In Attendance:

Hayley Barnett – Associate Director of Governance and Board Services (Board Secretary)
Anna Lamont – NP, NSD & NHSS Assure Medical Director
Luis Loureiro – Scottish Clinical Leadership Fellow
Lorna McLintock – Scottish National Blood Transfusion Service (SNBTS) Medical Director
Mary Morgan – Chief Executive
Lorna Ramsay – NSS Medical Director & Executive Lead for Clinical Governance
Jacqui Reilly – Director of Nursing & Executive Lead for Quality Improvement
Calum Thomson - Associate Director for Nursing, Clinical Governance and Quality Improvement
Karen Nicholls – Committee Services Manager (Minutes)

Apologies:

1. WELCOME AND INTRODUCTIONS

- 1.1 A Rooney welcomed all to the meeting. Members were informed that a request had been made prior to the meeting to move an agenda item, Blood and Tissue Safety Report [paper **CG/23/24** refers], to the start of the meeting due to availability of the speaker. After consideration the Chair had agreed to this change of business.

2. DECLARATIONS OF INTEREST

- 2.1 There was one declaration of interest made in respect of agenda item 11 (Section 13 of these minutes) – Research Governance Annual Report [paper **CG/23/21** refers]. G Greenhill declared an interest in this item due to a potential conflict of interest in relation to a family member.
- 2.2 No other declarations of interest or transparency statements were made in respect of any agenda items.



Chair
Chief Executive

Keith Redpath
Mary Morgan

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

3. BLOOD AND TISSUE QUALITY, SAFETY AND SUFFICIENCY REPORT [Paper CG/23/24]

3.1 L McLintock took Members through the report and highlighted the following:

- Infected Blood Inquiry interim report;
- Occult Hep B Lookback was in progress;
- Staff shortages and related risks.

3.2 Members discussed the staff shortages and the mitigation plans that had been put in place to manage these for the specific areas identified.

3.3 Members wished to record their appreciation for SNBTS colleagues' work on the Clinical Apheresis Units, reflected by the excellent Patient Feedback Survey results.

Decision: To note the quality, safety and sufficiency of the blood and tissue products detailed in the Blood and Tissue Quality, Safety and Sufficiency Report.

Decision: To accept the assurances given in the Blood and Tissue Quality, Safety and Sufficiency report that the service continues to meet all the requirements placed upon it.

4. MINUTES AND MATTERS ARISING [Papers CG/23/11 and CG/23/12 refer]

4.1 Members considered the draft minutes from the previous meeting on 28 February 2023, and were content to approve as an accurate record.

4.2 Members considered all actions, which were recommended for closure.

Decision: To approve the minutes of 28 February 2023 as a true reflection of the meeting.

Decision: To note the action list and agree the closure of actions recommended for closure.

Action: To mark the actions recommended for closure as complete – Board Services

5. NSS CLINICAL GOVERNANCE AND QUALITY IMPROVEMENT COMMITTEE 2022/23 ANNUAL REPORT TO THE BOARD [paper CG/23/13 refers]

5.1 Members considered the NSS Clinical Governance and Quality Improvement Committee 2022-23 Annual Report for submission to the NSS Board meeting in June 2023.

Decision: To approve the report to be presented to the Board.

6. NSS CLINICAL GOVERNANCE FRAMEWORK AND DELIVERY PLAN 2023/24 [paper CG/23/14 refers]

6.1 Members were reminded that this had been discussed in detail at the recent development session held on 26 April 2023 and that the recommendations had now been included in the final version. L Ramsay advised that a new quarterly report

would be presented to the Committee giving an update on progress against the delivery plan including milestones and specific key performance indicators. She advised that this would mature and change as the new framework became embedded in the organisation.

- 6.2 Members were advised of the recommended update to the title of the Committee and removal of the specific reference to Quality Improvement (QI). It was recognised that all areas of NSS would be focusing on QI. Members were advised that this could not be formally approved by the Committee as this was a Board level decision.

Decision: To approve the NSS Clinical Governance Framework

To approve the Clinical Governance Framework Delivery Plan 2023/24

To agree to add a quarterly update on the delivery plan to the Committee's forward plan

To note the progress made in delivery of the management actions relating to the KPMG audit.

To recommend to Board a return to the Committee's previous title, i.e. Clinical Governance Committee.

Action: Board Services to add a new standing item to the forward programme of business for the Committee on this item.

7. COMMITTEE TERMS OF REFERENCE [paper CG/23/15 refers]

- 7.1 Members were presented with an updated Committee Terms of Reference. Members asked for one change to item 6.1.2 of the Terms of Reference to include the word 'clinical' and were content to approve the paper in line with the recommendations.

Decision: To approve the Committee Terms of Reference incorporating 'clinical' at 6.1.2.

Action: L Ramsay to update the Terms of Reference and provide final version to Board Services for submission to the Board.

8. INFECTION PREVENT AND CONTROL ANNUAL REPORT 2022/23 AND HAI QUARTERLY REPORT [paper CG/23/16 refers]

- 8.1 Members discussed the report and asked for clarity on the risks associated with estates and buildings outwith NSS control. J Reilly advised that the risks were low and mostly related to aesthetics. The backlog of repairs and maintenance as a result of the pandemic were now being actioned and if there were any significant concerns these would be raised appropriately. Members also welcomed the strong links with NHS Assure in relation to sustainability.

Decision: To note the SNBTS quarter 4 report setting out the most recent information on HAI.

Decision: To approve the SNBTS IPC Annual Report 2022-23

Decision: To accept the professional assurances given that the service continues to meet all the requirements placed upon it.

Action: J Reilly to feedback Committee thanks to relevant officers for the excellent work undertaken in this area.

9. DUTY OF CANDOUR 2022/23 ANNUAL REPORT [paper CG/23/17 refers]

9.1 Members considered the report as presented.

Decision: To note the report setting out the annual position on Duty of Candour

Decision: To accept the assurance that the duty of candour has been managed in accordance with NSS and national policies and legislation.

Decision: To approve the report and allow for its publication on the NSS website.

Action: To publish the report as approved – C Thomson

10. PATIENT GROUP DIRECTIONS (PGD) 2022/23 ANNUAL REPORT [paper CG/23/18 refers]

10.1 Members scrutinised the report as presented.

Decision: To note the report setting out the annual position on Patient Group Directions.

To agree that assurance has been provided that Patient Group Directions have been managed in accordance with NSS and national policies and guidelines.

11. CLINICAL STAFF REVALIDATION 2022/23 ANNUAL REPORT [paper CG/23/19 refers]

11.1 Members scrutinised the report as presented.

11.2 Members asked for further assurance on the possible implications of the Educational Framework for Scotland for Healthcare Support Workers. Officers advised noted that NSS was already fully engaged in relation to training and scrutiny and would provide further opportunities for those posts.

Decision: To note the report setting out the annual position on clinical and healthcare support worker staff

To agree that assurance has been provided that regulatory and policy requirements in relation to Clinical and Healthcare Support Worker staff had been met.

12. MEDICAL AND DENTAL STAFF REVALIDATION 2022/23 ANNUAL REPORT [paper CG/23/20 refers]

- 12.1 Members scrutinised the report as presented and were assured by the information received.

Decision: To note the report setting out the annual position on medical and dental staff

To agree that assurance has been provided that regulatory and policy requirements in relation to medical and dental staff registration, revalidation and enhanced appraisal have been met for 2022-23.

13. RESEARCH GOVERNANCE 2022/23 ANNUAL REPORT [paper CG/23/21 refers]

- 13.1 D Stirling took Members through the report in detail highlighting the following;

- Publications and Grant Activity –highlighting that further work in relation to publications by NSS staff was ongoing;
- Grant applications – a new process was being put in place in relation to the governance approach for grants to ensure the Committee was involved and aware as appropriate;
- Intellectual Property – work was in progress to provide more detail for future reporting to include areas such as NSS Digital & Security programmes/applications;

Decision: To note the report setting out the results of a self-assessment against the principles of the policy framework.

Decision: To agree that assurance has been provided that research governance has been managed in accordance with national policies.

Decision: To note the extent of the research activity carried out within NSS during 2022-23.

14. IONISING RADIATION (MEDICAL) EXPOSURE REGULATIONS (IR(M)ER) ADVISORY GROUP 2022/23 ANNUAL REPORT [paper CG/23/22 refers]

- 14.1 Members considered the annual report and the following highlights:

- Outstanding entitlement of operators in Greater Glasgow & Clyde had now been resolved;
- Training on new equipment had been delayed;
- Record of approval of the National Diagnostic reference levels had now been reached;

- 14.2 Members discussed the reported breast screening adverse event, which had a positive outcome.

Decision: To note the Ionising Radiation (Medical) Exposure Regulations (IR(M)ER) report including the internal audit.

To agree that the management actions identified in the report provide assurance that compliance with the regulations is being appropriately managed.

15. MEDICAL DIRECTOR'S REPORT [paper CG/23/23 refers]

- 15.1 Members considered the report as presented and the following highlighted items:

- Scottish Government had confirmed that the proposed new dental governance work for NSS would not now be taken forward;
- The Scottish Cancer Network programme had now been formally commissioned by Scottish Government as an ongoing service to be delivered by National Services Division;

- 15.2 Members discussed a number of areas for awareness that may have a public interest including;

- A Freedom of Information request in relation to the transgender healthcare pathways guidance – this was owned by Scottish Government who had not yet published the document;
- National Complex Mesh Removal Surgical Service – Members were advised that clinical decisions, procedures and aftercare were the responsibility of those carrying out the surgery and NSS was the commissioner of the service;
- Screening equipment (within mobile units) was being managed appropriately.

- 15.3 Members asked that for future reporting, updates on sustainable healthcare be included where appropriate. Members also requested that the presentation on the National Services Division (NSD) strategy, discussed at the Committee Seminar held on 11 July 2022 be re-circulated for information.

Decision: To note the Medical Director's Report setting out the most recent information on clinically relevant areas of NSS activity.

Action: To provide a briefing paper for Committee Members outwith the meeting cycle on NSS role and responsibilities in relation to commissioning of Complex Mesh Services and Transgender Healthcare Pathways - A Lamont

Action: To circulate presentation on NSD Strategy - L Ramsay

16. CLINICAL ADVERSE EVENTS AND COMPLAINTS REPORT: QUARTER 4 [paper CG/23/25 refers]

- 16.1 Members noted the report and were assured that clinical adverse events were being managed appropriately.

Decision: To note the most recent information on clinical adverse events and complaints set out in the Clinical Adverse Events and Complaints Report.

Decision: To accept the management actions identified in the Clinical Adverse Events and Complaints report provide assurance that such events are being appropriately managed in accordance with NSS processes and best professional practice.

17. CLINICAL RISK REPORT: 1 FEBRUARY TO 30 APRIL 2023 [paper CG/23/26 refers]

- 17.1 Members scrutinised the report and were assured that clinical risk was being managed appropriately.

Decision: To note most recent information on clinical risks set out in the Clinical Risks Report.

Decision: To accept the management actions identified in the Clinical Risks report provide assurance that corporate clinical risks are being appropriately managed in accordance with NSS processes and best professional practice.

18. FORWARD PROGRAMME [paper CG/23/27 refers]

- 18.1 Members noted the forward programme which was presented for information.

Decision: To note the CGQIC Forward Programme.

19. ANY OTHER BUSINESS

- 19.1 There was no other competent business to discuss.

20. DATE OF NEXT MEETING:

- 20.1 Thursday, 7th September 2023 at 0930hrs

The meeting finished at 1150 hrs

Minutes (Draft)

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NHS NATIONAL SERVICES SCOTLAND CLINICAL GOVERNANCE COMMITTEE (CGC)

MINUTES OF MEETING HELD ON THURSDAY 7 SEPTEMBER 2023 VIA TEAMS DIGITAL PLATFORM AT 0930HRS

Present:

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

In Attendance:

Zakeya Atcha - Consultant in Public Health Medicine (deputising for A Lamont)
Martin Bell – Director of Practitioner and Counter Fraud Services
Carolyn Low – Director of Finance, Governance and Legal Services
Lorna McLintock – Medical Director, Scottish National Blood Transfusion Service (SNBTS)
Mary Morgan – Chief Executive
Lorna Ramsay – Medical Director
Calum Thomson – Associate Director for Nursing, Clinical Governance and Quality Improvement
Marc Turner – Director of SNBTS
Lynsey Bailey – Committee Secretary (Minutes)

Apologies:

Hayley Barnett – Associate Director of Governance and Board Services
Anna Lamont – Medical Director, NSD
Brendan O'Brien – Chief Clinical Informatics Officer
Jacqui Reilly – Director of Nursing

1. WELCOME AND INTRODUCTIONS

- 1.1 A Rooney welcomed all to the meeting. Members were informed that a request had been made prior to the meeting to discuss the response to a recently received Cabinet Secretary letter under Any Other Business. After consideration the Chair had agreed to this change of business.

2. DECLARATIONS OF INTEREST

- 2.1 No transparency statements were made in respect of any agenda items.



Chair
Chief Executive

Keith Redpath
Mary Morgan

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

3. MINUTES AND MATTERS ARISING [Papers CG/23/29 and CG/23/30 refer]

3.1 Members considered the draft minutes from the previous meeting on 1 June 2023, and were content to approve as an accurate record subject to correction of minor typographical errors and re-wording of the second bullet point at paragraph 15.1 to clarify that the Scottish Cancer Network programme had been formally commissioned by Scottish Government as an ongoing service to be delivered by National Services Division.

3.2 Members considered all actions, which were recommended for closure.

Decision: To approve the minutes of 1 June 2023, as true reflections of the meetings.

Decision: To note the action list and agree the closure of all actions recommended for closure.

Action: To correct minor typographical errors and re-work the second bullet point and 15.1 to say “formally commissioned by Scottish Government as an ongoing service to be delivered by National Services Division” – Board Services

4. NSS STRATEGIC RISK: CLINICAL AND PATIENT SAFETY [paper CG/23/31 refers]

4.1 Members were taken through the paper, which articulated the risk of preventable harm occurring to patients and service users if NSS was not sufficiently proactive in ensuring and improving the clinical and patient safety of the care, services and products it provides. It laid out the mitigating actions and the NSS Medical Director highlighted updates made since the NSS Board’s risk session held in April 2023.

4.2 Members discussed the risk description and queried whether “improving” should be included, suggesting it be changed to “continuously improve”. They also discussed whether “sufficiently proactive” should be changed as well.

4.3 Members asked about how NSS would reflect on anything that arose in future and agreed it would be good to have reflection on the application of the framework. It was agreed to pick this up with the clinical areas where the main bulk of the reporting came from and cover it in a future CGC seminar session.

4.4 The Clinical team would reflect on the feedback and work to get a revised version to a future Committee meeting to approve for Board at the appropriate time. However, Members were content for the work on the mitigating actions to continue.

Decision: To update the report based on feedback and bring back to Committee for approval to be presented to the Board.

Decision: To agree that the work on mitigation actions could proceed as proposed.

Action: To update the strategic risk description per Members’ feedback – Medical Director.

Action: To add reflections on the application of the Clinical Governance Framework to CGC seminar forward plan – Board Services.

5. MEDICAL DIRECTOR'S REPORT [paper CG/23/32 refers]

- 5.1 Members were taken through the highlights of the report, which provided an update on clinically-related areas of NSS strategic/enabling activity and on relevant aspects of business as usual areas from a clinical perspective. Members briefly acknowledged the impact of recent developments in the recent Countess of Chester NHS Trust case, which would be discussed later as part of the item being brought under Any Other Business. The NSS Medical Director also highlighted an adverse event relating to the Scottish Care Information (SCI) Gateway which had arisen since the report was written. Members were given an overview of how it had been managed and advised that a full report would be provided under the Adverse Event report due at the next CGC meeting scheduled for November 2023.
- 5.2 In respect of Long COVID, Members sought and received clarification about what treating holistically involved (i.e. tailored referrals based on the specific, individual health impact rather than taking it as a single condition in itself). Members commended the achievement of a Gold Standard score on the NHSScotland Sustainability Assessment Tool. They also discussed Health and Care Staffing and were given an overview of how this was being managed and the impact of the work which had been done.
- 5.3 Members sought and received clarification about how the Digital Prescribing and Dispensing Programme risk regarding to the budget position was being managed and the involvement of sustainability in assessing the non-financial benefits of the programme. They also requested and received more detail on the Improvement Advisor Post and welcomed the recognition of NSS's contributions in Value Based Healthcare and Realistic Medicine.

Decision: To note the Medical Director's Report and accept the assurances provided.

Decision: To note the intention for the October CGC seminar to focus on Sustainable Healthcare and Value Based Healthcare/ Realistic Medicine

6. NSS CLINICAL GOVERNANCE FRAMEWORK (CGF) DELIVERY PLAN REPORT [paper CG/23/33 refers]

- 6.1 Members were taken through the report, which summarised the progress so far of the CGF delivery plan against the reporting timelines and milestones. Members commended the clarity of the format. Members sought and received further detail on the mechanisms for any early sight of anything that would change the anticipated delivery against the framework.

Decision: To note the progress of the CGF delivery plan against the reporting timelines and milestones, and accept the assurances provided by the lead officer.

7. BLOOD AND TISSUE QUALITY, SAFETY AND SUFFICIENCY REPORT [Paper CG/23/34]

- 7.1 Members scrutinised the report, which provided assurance to Members that NSS continued to meet all requirements in respect of quality, safety and sufficiency. Members expressed concerns regarding the workforce risk. They acknowledged that

the actions being taken so far were good and welcome, but Members wished to see more on the use of innovative recruitment solutions.

- 7.2 Members also discussed the patient safety and harm risk, and the potential impact of the language being used to describe staff morale. In response, a detailed update was provided by the Director of SNBTS on the management of the workforce position, challenges and how this was being monitored. Following this, Members confirmed they were content although they remained keen to see consideration being given to whether an increase in the establishment was required. Members were advised that this was part of the workforce planning but as part of a wider, more complex set of considerations in relation to future requirements.

Decision: To note the quality, safety and sufficiency of the blood and tissue products detailed in the Blood and Tissue Quality, Safety and Sufficiency Report.

Decision: To accept the assurances given in the Blood and Tissue Quality, Safety and Sufficiency report that the service continues to meet all the requirements placed upon it.

Decision: To note the actions being taken in relation to SNBTS red risks

8. CLINICAL ADVERSE EVENTS AND COMPLAINTS REPORT: QUARTER 4 [paper CG/23/35 refers]

- 8.1 Members considered the report, which provided details of Clinical Adverse Events and Complaints. Members sought and received some additional detail on the SNBTS Duty of Candour incident. They also sought and received clarification on what the mesh removal contract covered and the pathways for any patient follow-up or follow-on care.

Decision: To note the most recent information on clinical adverse events and complaints set out in the Clinical Adverse Events and Complaints Report.

Decision: To accept the management actions identified in the Clinical Adverse Events and Complaints report provide assurance that such events are being appropriately managed in accordance with NSS processes and best professional practice.

Decision: To accept the assurances provided by the lead officer.

9. CLINICAL RISK REPORT: 1 FEBRUARY TO 30 APRIL 2023 [paper CG/23/36 refers]

- 9.1 Members were briefly taken through the report, which provided details of corporate clinical risks on the NSS Risk Register and observed that the red risks had already been covered through discussions earlier in the meeting.

Decision: To note the most recent information on clinical risks set out in the Clinical Risks Report.

Decision: To accept the management actions identified in the Clinical Risks report provide assurance that corporate clinical risks are being appropriately managed in accordance with NSS processes and best professional practice.

Decision: To accept the assurances provided by the lead officer.

10. HEALTHCARE ASSOCIATED INFECTION (HAI) QUARTERLY REPORT [paper CG/23/37 refers]

- 10.1 Members considered the report which updated on compliance with all current policy related to infection prevention and control, as well as performance against reportable Key Performance Indicators in SNBTS. Following a brief discussion, Members agreed they had no further queries.

Decision: To note the report setting out the most recent information on HAI;

Decision: To accept the professional assurances given that the service continues to meet all the requirements placed upon it.

11. FORWARD PROGRAMME [paper CG/23/38 refers]

- 11.1 Members noted the forward programme which was presented for information.

Decision: To note the Forward Programme.

12. ANY OTHER BUSINESS

- 12.1 The Chief Executive spoke to a letter that had been received from the Cabinet Secretary following the Countess of Chester NHS Trust case, and the draft NSS response, which had both been circulated to Members. They acknowledged that the bigger issue was about staff feeling safe to speak up and challenge. Members were then invited to feed back any additions or amendments they wished to suggest before the response was submitted.

- 12.2 Members suggested that, within paragraph 3, instead of referring to a “proportionate response”, it might be better to say “supported by a robust clinical governance framework”. They also felt it should explicitly state that ultimate aim for the data systems communicating with each other was to reduce the potential for harm, In regard to whistleblowing, Members were keen for the response to highlight that NSS had proactively implemented the standard, to include something within the section on raising concerns about the additional questions in the iMatter survey, and to mention Confidential Contacts as well. The Chief Executive and Medical Director agreed to reflect on the feedback and update the response accordingly.

Decision: Based on these updates, content for letter to be updated and sent, with final version circulated for information

Action: To update the letter based on Members’ feedback and submit, circulating final copy to the Committee – Chief Executive/Medical Director.

13. DATE OF NEXT MEETING:

- 13.1 Thursday, 30 November 2023 at 09:30

The meeting finished at 1112hrs

Minutes

(Approved)

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

MINUTES OF MEETING HELD ON WEDNESDAY 31 MAY 2023 VIA TEAMS DIGITAL PLATFORM AT 0930 HRS

Present:

Gordon Greenhill – Non-Executive Director and Committee Chair
Lisa Blackett – Non-Executive Director
Julie Burgess – Non-Executive Director
Ian Cant – Employee Director
Beth Lawton – Non-Executive Director
Keith Redpath – NSS Chair

In Attendance:

Martin Bell – Director of PCFS (Item 12)
Steven Flockhart – Director of Digital and Security (Item 17)
Laura Howard – Associate Director, Finance
Carolyn Low – Director of Finance, Governance and Legal Services
Andy McLean – Deputy Director of Finance
Simon Mollart - Head of Strategic Sourcing (deputising for G Beattie)
Lee Neary – Director of Strategy, Performance and Service Transformation (SPST)
Neil Redhead – Interim Assistant Director Facilities Management (Item 11 – deputising for J Critchley)
Lynsey Bailey – Committee Secretary (Minutes)

Apologies:

Gordon Beattie – Director, National Procurement
Julie Critchley – Director, NHS Assure

1. WELCOME AND INTRODUCTIONS

- 1.1 G Greenhill welcomed all to the meeting, which was being held virtually via the TEAMS platform. Apologies were noted as listed above.

2. DECLARATIONS OF INTEREST

- 2.1 There were no declarations of interest or transparency statements made in respect of any item on the agenda.



Chair
Chief Executive

Keith Redpath
Mary Morgan

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3. MINUTES OF THE PREVIOUS MEETINGS HELD ON FRIDAY 3 FEBRUARY 2023 AND 16 NOVEMBER 2022 (HELD IN PRIVATE UNDER SECTION 5.22 OF THE NSS STANDING ORDERS), AND MATTERS ARISING [papers FPP/23/17, FPP-IP/23/01 and FPP/23/18 refer]

- 3.1 Following discussion, Members were content that the minutes were accurate records of the meetings.
- 3.2 Members noted the updates provided on the action tracker: The Chief Executive provided an additional, brief update to item 10, which Members agreed to recommend for closure.

Decision: To approve the minute of the FPPC of the in Private meeting held on 16 November 2022 and the meeting held on 3 February 2023.

Decision: To agree to close actions 1-4 and 7-11 which had been recommended for closure. Updates for the remaining actions were due for future meetings.

4. FINANCE, PROCUREMENT, AND PERFORMANCE COMMITTEE ANNUAL REPORT TO THE BOARD [Paper FPP/23/19 refers]

- 4.1 Members considered the report and approved its contents. G Greenhill expressed his thanks to all involved for all their work over the year.

Decision: To approve the report to be presented to the Board as a summary of the Committee's activities during 2022/23.

5. FINANCIAL PERFORMANCE TO 31 MARCH 2023 [paper FPP/23/20 refers]

- 5.1 The finance report was presented to committee for scrutiny. Highlights: small underspends and secured those being returned for the current year. Members were given an overview of NSS's revenue position. Members sought and received clarity regarding the mention of a lack of visibility of how the Cash Releasing Efficiency Savings were being delivered and the risks associated with that. Members wished to pass on their appreciation for achieving the current positive position.
- 5.2 Members asked about the Scottish Government allocations for 2023/24 and were advised that the first letter was due in the coming week, with a brief overview of what was anticipated to be in it. Members were pleased to see the NSS way of working seemed to be beneficial to this process.
- 5.3 Members asked for more detail around Test and Protect and were advised that an upcoming EMT paper could be summarised into a briefing note which then could be shared for information. B Lawton asked for more clarity about the Community Health Index (CHI) and eRostering underspend and agreed to follow this up outside of the meeting with the Deputy Director of Finance.

Decision: To note the achievement of statutory financial targets (subject to external audit review).

Action: To provide a briefing note to Members on Test and Protect for information - Director of SPST

Action: To follow up on clarification of CHI and eRostering underspend with the Deputy Director of Finance – B Lawton

6. STANDING FINANCIAL INSTRUCTIONS ADVERSE EVENTS

6.1 There were no financial adverse events during the period.

7. NATIONAL PROCUREMENT CONTRACT SCHEDULE [paper FPP/23/21 refers]

7.1 Members were taken through the paper which provided an update on the national workplan for the close of last financial year 2022-23 and the procurement activity planned for current financial year 2023-24. Members briefly discussed the highlighted risks and were satisfied with the mitigations.

7.2 Members asked about the savings in medicines and how frequently this was reviewed. They were advised that this was led by the expiry of contracts and patents. They also sought and received clarification that the nurse figures quoted were for across NHSScotland.

7.3 Members commended the work on the recent, successful Procurement event and looked forward to more of these in future. Moving on to sustainability, Members were given a brief overview of the approach and they expressed their appreciation for the work being done in this area.

7.4 Members sought and received clarification around IT procurement and re-procurements and how they would appear on the workplan. They also discussed examples of community benefits and how these were showcased. Finally, they sought and received clarification of the proportion of projects with a “red” resource RAG rating.

Decision: To note:-

- **the secured savings achieved in the last financial year, 2022-23;**
- **the ongoing impact on the national workplan which will continue to recover in 2023-24 with an analysis and prioritisation exercise underway;**
- **the identified risks and issues in section 5 Risk Assessment/Management;**
- **the project summary provided for SWAN at Appendix 1;**
- **the list of awards in Appendix 2 requiring CEO approval, with none requiring Board review at strategy stage;**
- **the NSS Contracts Awarded for more than £1m detailed at Appendix 3.**

8. PORTFOLIO MANAGEMENT GROUP REPORT [paper FPF/23/22 refers]

8.1 Members were provided with an overview of the delivery status of key national programmes being delivered by NSS on behalf of NHS Scotland, based on the position reported to the NSS Portfolio Management Group at their last meeting on 15 May 2023. Members’ attention was directed to the particular highlights for the CHI, Child Health and Endoscopy programmes. They also sought and received assurance around the funding and staffing in place

Decision: To note the improving position of key national programmes being delivered by NSS on behalf of NHS Scotland.

9. SERVICE EXCELLENCE REPORT: QUARTER 4 2022/23 [Paper FPP/23/23 refers]

- 9.1 Members considered the report, which gave an overview of the delivery status of key programmes and performance metrics. Members focussed on the highlighted performance in respect of Freedom of Information (FOI) requests, along with the downward trend in complaints in staff behaviour and attitude. They commended the 94% delivery rate against the Annual Delivery Plan (88 of 94 deliverables). Members sought and received clarification on the mention of incorrect dates on FOIs and whether the response had led to much follow up. They also asked for the March 2023 date in the paragraph on social value to be checked and corrected if necessary, and that the total number of FOI requests be shared for context.

Decision: To note the Service Excellence Performance Report.

Action: To check March 2023 date in the paragraph on Social Value and correct if necessary – Director of SPST

Action: To provide members with the specific number of FOI requests for context – Director of SPST

10. RESILIENCE REPORT [Paper FPP/23/24 refers]

- 10.1 Members noted the report, which updated on resilience activities that had taken place since the previous FPPC meeting on 3 February 2023, and highlighted any future potential issues. There had been no significant business continuity incidents requiring stand up of the NSS Resilience Management Team.
- 10.2 Members were given an overview of the response to IT incidents which had been addressed by Digital and Security colleagues. They were also advised that the Executive on-call arrangements continued to work well, and consideration was being given to holding an organisation-wide cyber security resilience exercise.
- 10.3 Members discussed the highlighted findings and recommendations from KPMG's internal audit. They welcomed the assurance statement and positive feedback.

Decision: To note the Resilience Report.

11. CORPORATE BUSINESS RISK AND ISSUES REPORT: Q4 2022/23 [paper FPP/23/25 refers]

- 11.1 Members were taken through an overview of the activity in relation to the following highlighted risks and issues:
- 6282 (Windows 10 Devices) – Members were provided with an overview of the plan for managing the final, remaining devices which were still being used (predominantly in SNBTS)
 - 6247 (Continued Use of Windows7) – Good progress had been made
 - 6121 (Unstructured and Unclassified Data) – Significant progress had been made and the move to Sharepoint would close this off.
- 11.2 Members requested confirmation of the anticipated closure date for risk 6282 but were otherwise content with the update provided.

Decision: To note the Corporate Business Risk and Issues Report.

Action: To confirm an anticipated closure date for Risk 6282 (Windows 10 Devices) - Director of SPST

12. UPDATE ON THE NATIONAL SUSTAINABILITY ASSESSMENT TOOL [paper FPP/23/26 refers]

- 12.1 Members considered the paper, which provided information on the 2022/23 National Sustainability Assessment Tool (NSAT) score, along with feedback on the progress to date and highlighted any potential risks for mitigation. Members were advised that this was required every two years but NSS planned to monitor internally on an annual basis. It was also highlighted that the stated “Gold” position was still to be externally verified.
- 12.2 Members welcomed the highlighted improvements in capital projects, sustainable care and procurement. The areas of focus for future improvement would be green space and biodiversity. Members were advised of concerns about the new scoring system but were advised that this was being monitored. Members were taken through the highlighted risks and how they were being managed. Members briefly discussed the risk of a potential drop in the NSAT score following external verification but were given an overview of the robust measures taken to mitigate that. Members wished to record their acknowledgement and appreciation for the work being done in this area.
- 12.3 Members asked about the timeframe the score was based on and were advised it was based on the current position. However, a separate workstream was trying to get some focus on future strategy and the consideration could be given to how these two pieces could complement and support each other. Members discussed the risk that being seen to be doing so well might affect NSS’s ability to get additional resource.
- 12.4 Members were advised that NSS should start to see the benefits of recent recruitment. It was suggested that sustainability might be a good possible topic for a future seminar.

Decision: To note the update provided on the National Sustainability Assessment Tool

Action: To consider sustainability as a potential seminar topic – G Greenhill/ Board Services

13. MERIDIAN COURT RELOCATION: FULL BUSINESS CASE [paper FPP/23/27 refers]

- 13.1 Members were presented with the final version of the Business Case, which provided an updated overview of savings and staff engagement. Members were made aware of the estate strategy being adopted across the public sector and were keen to have assurance that the Business Case was aligned with Scottish Government policy. Members discussed the difference in savings from the original business case, acknowledging it was due to more detailed information now being available, and asked for confirmation of how much it was.

Decision: To note that option 3A was still the preferred option and that all appropriate programme actions continued to be taken in line with agreed timescales

Action: To confirm the difference in savings figures from the initial business case – Director of Finance, Corporate Governance and Legal Services

14. FORWARD PROGRAMME [paper FPP/23/28 refers]

14.1 The forward programme was presented for information.

Decision: To note the Forward Programme.

15. ANY OTHER BUSINESS

15.1 Members had no further business to raise.

16. NSS ANNUAL DELIVERY PLAN 2023/24 [paper FFP-IP/23/02 refers]

16.1 Members agreed, in accordance with paragraph 5.22 of NSS's Standing Orders, to discuss this item in private

17. PICTURE ARCHIVING AND COMMUNICATION SYSTEM (PACS) REPROVISIONING PROGRAMME

17.1 Members agreed, in accordance with paragraph 5.22 of NSS's Standing Orders, to discuss this item in private

There being no further business, the meeting closed at 1159 hrs.

Minutes

(Draft)

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

MINUTES OF MEETING HELD ON WEDNESDAY 30 AUGUST 2023 VIA TEAMS DIGITAL PLATFORM AT 0930 HRS

Present:

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

In Attendance:

Hayley Barnett – Associate Director Governance and Board Services (Board Secretary)
Steven Flockhart – Director of Digital and Security (Item 15)
Laura Howard – Associate Director, Finance
Kris Lindsay – Head of Procurement (Item 8)
Carolyn Low – Director of Finance, Governance and Legal Services
Andy McLean – Deputy Director of Finance
Simon Mollart – Head of Strategic Sourcing (deputising for G Beattie)
Lee Neary – Director of Strategy, Performance and Service Transformation (SPST)
Graham Stewart – Programme Manager, Commercial Services
Lynsey Bailey – Committee Secretary (Minutes)

Apologies:

Gordon Beattie – Director, National Procurement
Beth Lawton – Non-Executive Director

1. WELCOME AND INTRODUCTIONS

1.1 The Committee Chair welcomed all to the meeting, which was being held virtually via the TEAMS platform. Apologies were noted as listed above.

2. DECLARATIONS OF INTEREST

2.1 There were no declarations of interest or transparency statements made in respect of any item on the agenda.

3. MINUTES OF THE PREVIOUS MEETINGS HELD ON 31 MAY 2023, AND MATTERS ARISING [papers FPP/23/30 and FPP/23/31 refer]

3.1 Following discussion, Members were content that the minutes were accurate records of the meetings.



Chair
Chief Executive

Keith Redpath
Mary Morgan

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

- 3.2 Members noted the updates provided on the action tracker and agreed with the recommendations for closure.

Decision: To approve the minute of the FPPC of the meeting held on 31 May 2023.

Decision: To agree the closure of all actions which had been recommended for closure

4. FINANCIAL PERFORMANCE TO 31 JULY 2023 [paper FPP/23/32 refers]

- 4.1 Members considered the paper, which provided an update on financial performance against plan for the period 1 April to 31 July 2023. The Director of Finance also provided a brief update on some developments in respect of the National Boards collaborative savings target which had occurred since the paper had been written, highlighting the dynamic nature of the current financial climate. Members sought and received clarification around the Cash Releasing Efficiency Savings position and were advised that the current gap was due to items awaiting validation, but this did not put the financial position at risk.

Decision: To note the improving position reported in the Financial Performance Report and accept the assurances provided by the Lead Officer.

5. SUPPORTING THE WIDER FINANCIAL CHALLENGE [paper FPP/23/32 refers]

- 5.1 The Director of Finance spoke to the paper, which detailed recent discussions with Scottish Government (SG) Finance and the subsequent work underway in NSS to consider options to reduce our additional allocations further, and the implications of such a reduction should that be required. Members were provided with a brief update on the discussions which had taken place in the lead up to NSS's response letter being sent. Members welcomed the highlighting of the specific challenges for NSS and what would be required to address those. They were also pleased to hear about positive relationship with SG.
- 5.2 Members sought and received clarification about the context for figures being quoted for delivery of the Cash Releasing Efficiency Savings target and the potential recovery of Value Added Tax. Member also discussed cost recovery, particularly in the Central Legal Office, and its potential impact. Members recognised and appreciated the role NSS was playing in this area and the potential for driving greater collaboration.

Decision: To note the actions being taken by both NSS Finance and NSS Directors in the light of the requirement to deliver additional savings in 2023/24 to support the worsening NHSScotland financial position.

Decision: To accept the assurances provided by the Lead Officer

6. STANDING FINANCIAL INSTRUCTIONS (SFI) ADVERSE EVENTS

- 6.1 There had been no financial adverse events reported since the previous update provided on 31 May 2023. The Director of Finance wished to highlight, in particular, the work being done by the Head of Procurement around the procurement elements of the SFIs.

Decision: To note no SFI adverse events had been reported since the previous FPPC meeting on 31 May 2023 and accept the assurances provided by the Lead Officer.

7. NATIONAL PROCUREMENT CONTRACT SCHEDULE [paper FPP/23/21 refers]

7.1 Members were taken through the paper which provided an update on the national workplan for 2023-24. Members expressed their thanks for the work done, particularly by graduate trainees. Members welcomed the updates and sought and received clarification on the impact of the restructure and prioritisation approach. Members discussed the recruitment challenges and how these were being addressed. The information in Appendix 1 indicated particular concerns with resource in certain areas so consideration would be required as to how that could be addressed for the future.

7.2 Members sought and received clarification on the dates referred to for contract board approvals and discussed the mechanisms in place should the Committee wish to review any of the contract awards. It was highlighted to Members that this was a legacy arrangement which had now evolved, so the content and detail provided in the appendix needed to be reconsidered with a focus on where the Committee could add value. In terms of horizon scanning, Members indicated that the ATOS replacement tendering strategy could be worth looking at. Members were also reminded that the Chief Executive reserved the right to call on Non-Executive Directors where necessary to resolve any potential issues in getting a contract signed.

Decision: To:-

- **Note the secured savings and cost avoidance achieved year to date in 2023-24;**
- **Note the ongoing impact on the national workplan and proposed restructure of the National Distribution Service (NDS) category area to transfer the contracting portfolio to Strategic Sourcing category teams;**
- **Note identified risks and issues in section 5, Risk Assessment/Management;**
- **Note the Climate Change and Environmental Sustainability Implications in Section 8 remains the same as the last FPPC report with additional detail on Community Benefits described in paragraph 8.8;**
- **Scrutinise the list of awards at Appendix 1 requiring Chief Executive approval to advise if the committee would like to review at strategy stage;**
- **Note the NSS Contracts Awarded for more than £1m detailed at Appendix 2;**
- **Note the Economic Outlook Report that was jointly produced by National Procurement's graduate trainee cohort at Appendix 3, referenced in Section 5.2.**
- **Accept the assurances provided by the Lead Officer**

Action: To discuss content with paper authors, focussing on where the Committee could add value – Associate Director of Governance and Board Services

8. NATIONAL PROCUREMENT STRATEGY AND ANNUAL REPORT

- 8.1 Members discussed the paper, which covered the year from April 2022 to March 2023 (22/23) and focussed on the work of NSS National Procurement. The Head of Strategic Sourcing highlighted the key achievements listed throughout the report. Members agreed it would be helpful to include the context when comparing figures from previous years within the report in future. Members discussed items from Appendix 3 listed as “unreported” and agreed this should be changed to say “reported at health board level” instead. Members also indicated that the publication of this paper should be aligned with the publication of NSS’s Annual Report and Accounts

Decision: To approve the National Procurement Annual Procurement Report 2022-2023.

Action: To add context for changes in figures from previous years – Head of Strategic Sourcing.

Action: To change the metric statuses within Appendix 3 which say “Unreported” to say “Reported at Health Board level” instead – Head of Strategic Sourcing

9. NSS PROCUREMENT ANNUAL REPORT

- 9.1 Members discussed the paper which provided visibility of NSS purchasing activities and publicised the performance and achievements in delivering NSS’s procurement strategy. Members discussed the Government Procurement Card expenditure and asked for a regular report on that to go to the Audit and Risk Committee (ARC). They also sought and received clarification about cost pressures, Living Wage suppliers, and the percentage of spend in the UK (and specifically Scotland).
- 9.2 As with the National Procurement Report, Members asked for more context to be included when comparing figures from previous years and that the timing of publication should be aligned with the lifting of the embargo on NSS’s Annual Report and Accounts. Members welcomed the report and felt it illustrated the impact of procurement and the power of NSS in the procurement space.

Decision: To approve the NSS Procurement Annual Report to allow publishing on the NSS website and sharing with Scottish Government Ministers in line with NSS’s statutory obligations.

Action: To provide a report on Corporate Credit Card transactions to ARC – Director of Finance, Corporate Governance and Legal Services/Head of Procurement.

Action: To add context for changes in figures from previous years – Head of Procurement.

Action: To ensure that this and the National Procurement Annual Report 2002-23 are not published until after the embargo on NSS’s Annual Report and Accounts is lifted. Heads of Strategic Sourcing and Procurement

10. PORTFOLIO MANAGEMENT GROUP REPORT [paper FPF/23/22 refers]

- 10.1 Members were provided with an overview of the delivery status of key national programmes being delivered by NSS on behalf of NHS Scotland, based on the

position reported to the NSS Portfolio Management Group at their last meeting on 14 August 2023. Members welcomed the progress being made, particularly in the digital space.

- 10.2 Members sought and received clarification about the reason for the Digital Prescribing and Dispensing Programme remaining at Amber and were content with the assurance provided. Overall, Members were pleased to see that NSS was in a good position.

Decision: To note the improving position of key national programmes being delivered by NSS on behalf of NHS Scotland and accept the assurances provided by the Lead Officer.

11. SERVICE EXCELLENCE REPORT: QUARTER 1 2023/24 [Paper FPP/23/23 refers]

- 11.1 Members considered the report, which gave an overview of the delivery status of key programmes and performance metrics. Members acknowledged the outliers in Freedom of Information (FOI) responses and were provided overview of how this was being addressed. Members discussed where the responsibility lay for identifying FOI requests and received assurances about the information gathering for responses. Members also discussed the expressions of dissatisfaction about Digital and Security and the impact of Business Support Managers in addressing these.

Decision: To note the Service Excellence Performance Report and accept the assurances provided by the Lead Officer.

12. RESILIENCE REPORT [Paper FPP/23/24 refers]

- 12.1 Members discussed the report, which updated on resilience activities that had taken place since the previous FPPC meeting on 31 May 2023. There had been no significant business continuity incidents requiring stand up of the NSS Resilience Management Team.
- 12.2 Members were given an overview of the response to an IT incident which had been managed by Digital and Security colleagues, and a separate Executive on-call incident. They also received a brief update on the organisation-wide cyber security resilience exercise which had taken place. Members welcomed the assurance statement and positive feedback.

Decision: To note the Resilience Report and accept the assurances provided by the Lead Officer.

13. CORPORATE BUSINESS RISK AND ISSUES REPORT: Q4 2022/23 [paper FPP/23/25 refers]

- 13.1 Members were taken through an overview of the activity in relation to the following highlighted risks and issues:
- 6282 (Windows 10 Devices) – this had been downgraded to Amber;
 - 6247 (Continued Use of Windows7) – there had been a continued reduction of devices with 51 devices remaining;
 - 6121 (Unstructured and Unclassified Data) – Members were given a brief update on the procurement of Varonis and how it would address this risk;
 - 7221 (new Data Capture Validation and Pricing Go Live) – Members were given an overview of the progress of the measures taken.

- 13.2 Members sought and received clarification on who the risk owner was for 7221. They requested that risk 6121 have an anticipated closure date added and that, as a minimum, chairs of both the NSS Board and ARC should have visibility of confidential risks.

Decision: To note the Corporate Business Risk and Issues Report and accept the assurances provided by the Lead Officer.

Action: To confirm an anticipated closure date for Risk 6121 (Windows 10 Devices) - Director of SPST

Action: To consider visibility of confidential risks to include Board and ARC Chairs - Director of SPST

14. FORWARD PROGRAMME [paper FPP/23/28 refers]

- 14.1 The forward programme was presented for information. Members asked to ensure that the Sustainability Report was added for each meeting.

Decision: To note the Forward Programme.

Action: To add the Sustainability report to each meeting – Board Services

15. ANY OTHER BUSINESS

- 15.1 Members had no further business to raise.

16. PICTURE ARCHIVING AND COMMUNICATION SYSTEM (PACS) REPROVISIONING PROGRAMME

- 16.1 Members agreed, in accordance with paragraph 5.22 of NSS's Standing Orders, to discuss this item in private

There being no further business, the meeting closed at 1142 hrs.

Minutes

(Approved)

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NHS NATIONAL SERVICES SCOTLAND STAFF GOVERNANCE COMMITTEE

MINUTES OF MEETING HELD ON TUESDAY 30 MAY 2023, COMMENCING 0930 HOURS VIA TEAMS

Present:

Lisa Blackett – Non-Executive Director and Committee Chair
David Allan – Trade Union Representative
Ian Cant – Non-Executive Director
John Deffenbaugh – Non-Executive Director
Tam Hiddleston – Trade Union Representative
Arturo Langa – Non-Executive Director
Beth Lawton – Non-Executive Director
Gerry McAteer – Trade Union Representative
Keith Redpath – NSS Chair

In Attendance:

Hayley Barnett – Associate Director, Governance and Board Services (Board Secretary)
Jacqui Jones – Director of HR and Workforce Development
Mary Morgan – Chief Executive
Aileen Stewart – Associate Director of HR
Lynsey Bailey - Committee Secretary [Minutes]

Observer:

Alison Rooney – Non-Executive Director

Apologies:

Jane Fewsdale - Head of People Insights, Performance & Systems
Suzanne Milliken – Trade Union Representative

1. WELCOME AND INTRODUCTIONS

- 1.1 L Blackett welcomed all to the meeting, which was being held virtually via the TEAMS platform, noting the apologies as recorded above.

2. DECLARATIONS OF INTEREST

- 2.1 There were no declarations of interest or transparency statements made in respect of any item on the agenda.



Chair
Chief Executive

Keith Redpath
Mary Morgan

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

3. MINUTES AND ACTION LIST [paper SG/23/13 and SG/23/14 refers]

3.1 Members considered the draft minutes from the previous meeting held on 9 February 2023

3.2 M Members considered the action updates provided and had nothing further to add.

Decision: To approve the minutes as an accurate record of the meeting

Decision: To note the action list and agree the closure of the actions recommended for closure.

4. STAFF GOVERNANCE COMMITTEE 2022/23 ANNUAL REPORT TO THE BOARD [paper SG/23/15 refers]

4.1 Members considered the report, which provided an overview of the Committee's activities during the 2022/23 financial year. They had nothing further to add and were content for it to be presented to the NSS Board.

Decision: To approve the report for presentation to the Board.

5. NSS PARTNERSHIP FORUM [paper SG/23/16 refers]

5.1 Members were advised that highlights from recent Partnership Forum meetings included presentations from the Disability, Menopause, and Veterans staff networks. The Partnership Forum had also agreed the finalised Retire and Return policy and had discussed the Great Place to Work Plan, Quality Management Framework, and data protection. Partnership working remained strong within NSS, but the Chief Executive and Employee Director were looking at ways of increasing earlier engagement.

Decision: To note the updates provided on the work of the Partnership Forum.

6. PEOPLE REPORT [paper SG/23/17 refers]

6.1 The Director of HR spoke to the paper, which covered all key issues around compliance with the Staff Governance Standard and best employment practice. Members welcomed the positive year-end position and the noted the following highlights:

- Good progress had been made on the Health and Safety management system, which was now in testing;
- The migration to Turas Learn had gone well and HR were working with NHS Education for Scotland on improvements;
- Work continued on managing staff turnover;
- The compliance rate for statutory and mandatory training remained good;
- There had been an incident reportable under the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR) inherited upon acquiring a new site, which was due to incomplete clearing and waste removal prior to NSS moving in. Members requested a more detailed explanation of this to provide further assurance;
- The compliance rate for appraisals, PDPs and objectives had improved but there still work to do in this area;
- The sickness absence rate was still being closely monitored and HR were providing support to areas of particular concern.

- 6.2 Although the sickness absence rate was back to pre-pandemic levels, Members felt this provided reassurance that staff were not working at home through sickness and was also not surprising since absence due to COVID-19 was no longer monitored separately.
- 6.3 Members discussed turnover and if there was a way to have more detailed information. Members were advised that NSS was bound by the information staff were willing to give in exit interviews. It was acknowledged that the uptake of exit interviews and their completion could be better (although the figures were in line with other organisations). However, HR was looking at how to capture more data through different means and had re-based the turnover figures for the coming year to account for the buoyant job market. Members asked about the impact of the new Retire and Return policy on turnover but were advised that this would be minimal. Based on the information available, there was no evidence that staff were leaving due to issues with hybrid/flexible working. The reasons seemed predominantly to be promoted posts or other opportunities. The figures also remained much the same when excluding fixed term contracts.
- 6.4 Members went on to discuss comparing NSS's sickness absence rate with national picture, acknowledging that a like-for-like comparison was difficult due to the wide-ranging nature of the work done by the National Boards, as well as the difference from Territorial Boards. They also received a brief overview of the remaining issues with Turas Appraisal and how these were being addressed. Members also commended the reduction in the complaints figures.

Decision: To note the updates provided in the People Report.

Action: To circulate more detailed explanation of the RIDDOR – Director of HR

7. GREAT PLACE TO WORK PLAN 2022/23 END OF YEAR REPORT [paper SG/23/18 refers]

- 7.1 Members discussed the report, which updated on the progress against the priority areas for improvement contained in NSS Great Place to Work Plan 2022/2023. In particular, it highlighted the high level of engagement and how this had allowed the development of a strong plan that addressed the issues raised by staff. Members expressed their gratitude to staff for engaging, and to HR for their work in developing the plan in response. Members were pleased with the high level of achievement against the action plan.

Decision: To note the Great Place to Work End of Year Report.

8. GREAT PLACE TO WORK PLAN 2023/24 [paper SG/23/19 refers]

- 8.1 The Associate Director of HR spoke to the report, which sets out the priority areas for improvement during 2023/2024 based on analysis of the 2022 iMatter Survey results and Staff Governance Monitoring Return. Members were also mindful that the 2023 iMatter survey was imminent and acknowledged the plan may need to develop further in response to the results of that. Members were briefly updated on the discussions at Partnership Forum on alignment and amalgamation with the Workforce Plan. Members were pleased to see that this plan built on successes of the previous year and praised the iterative and improving nature of the process to develop the plan.

Decision: To approve the Great Place to Work Plan 2023/24.

9. WHISTLEBLOWING QUARTERLY REPORT [paper SG/23/20 refers]

- 9.1 The Associate Director for Governance and Board Services briefly spoke to the paper, which updated on NSS's performance for the fourth quarter of 2022-23 (January to March 2023) against the key performance indicators as required by the Independent National Whistleblowing Officer (INWO). Members' attention was drawn to the Stage 2 investigation and the Associate Director for Governance and Board Services also highlighted the positive feedback from the Whistleblower about the support they had received during the process.
- 9.2 Members were provided with an update on the recent discussions at the Change Oversight Group about the Enable programme, which Whistleblowing was a part of, and the progress being made in that area. A Langa also commented on project management improvement suggestions as part of the Stage 2 investigation. Although these were not formal recommendations, Members agreed that it would be helpful for the Committee to see progress/closure updates of these.
- 9.3 Following these discussions, Members confirmed they were assured by the updates provided and content to endorse the report.

Decision: To note and endorse the Whistleblowing Quarterly Report.

Action: To include progress/closure updates on the identified project management improvement suggestions within the next quarterly report – Associate Director for Governance and Board Services

10. WHISTLEBLOWING ANNUAL REPORT [paper SG/23/21 refers]

- 10.1 Members considered the paper, which summarised NSS's performance in 2022-23 and was required to be published in line with the National Whistleblowing Standards. Since issuing the paper for this meeting, guidance for reporting had been issued by INWO. Members were advised that, based on an initial review of the paper against this guidance, it contained all the required information although some presentational changes may be needed for the final version.
- 10.2 Members suggested reviewing some of the commentary provided in relation to the whistleblowing process in exit interviews as a potential source of additional relevant information. They also suggested considering the inclusion of some form of assurance statement from the Board Whistleblowing Champion within the final report to Board.
- 10.3 Following these discussions, Members confirmed they were content to endorse the Annual Report.

Decision: To endorse, subject to the required presentational changes, the Whistleblowing Annual Report for approval by the NSS Board.

Action: To liaise with HR colleagues to consider any commentary made in exit interviews regarding whistleblowing process. – Associate Director for Governance and Board Services

Action: To consider developing a form of assurance statement by the Whistleblowing Champion to be included in the final report to Board – Associate Director for Governance and Board Services

11. STAFF RISKS QUARTERLY UPDATE [paper SG/23/22 refers]

- 11.1 Members discussed the Staff Risk report, which provided details of the current situation for corporate red and amber staff risks recorded on the NSS Risk Register as of 30 April 2023. Members acknowledged the actions in place, and progress with red risk 7037 (staffing levels in manufacturing) and amber risk 6819 (resource for response to COVID-19 Inquiry). In respect of these risks, Trade Unions had received feedback from their stewards about the level and impact of staff pressures and had highlighted the need to monitor this. The Director of HR advised that this was being worked on and welcomed any further help from Trade Union colleagues. Members went on to discuss the challenges arising from the skill levels required for these roles and were provided with an overview of the training and development being offered to mitigate those.

Decision: To note the Staff Risks Quarterly Report.

12. EQUAL PAY GAP [paper SG/23/23 refers]

- 12.1 Members were briefly updated on the history of the report. They welcomed the improving position on the gender pay gap but acknowledged that there was more work to do in other areas, such as disability. Members asked about plans for monitoring the impact of Retire and Return on the pay gap but, it was not anticipated that this would involve a large number of staff. However, HR would look into this and could also take partial retirement into account as part of that.

Decision: To approve the Equal Pay Gap Report for publication.

Action: To consider how to monitor the potential impact of Retire and Return and partial retirement – Director of HR

13. SENIOR LEADERSHIP FORUM [paper SG/23/24 refers]

- 13.1 The Director of HR briefly updated the Committee on the progress of this work. Members discussed the level of uptake in signing up to the programme and were advised that, anecdotally, numbers were good and there was enthusiasm. The Director of HR agreed to circulate specific numbers outwith the meeting. Members sought and received clarification about the approach being taken, which was to strongly encourage the relevant staff to sign up and then take a coaching approach with those who did not take it up.

Decision: To note the Senior Leadership Forum Update.

Action: To circulate confirmed uptake numbers for the Leadership Programme and reflect on uptake in future reporting – Director of HR

14. Remuneration Succession Planning Committee (RSPC) ANNUAL REPORT [paper SG/23/25 refers]

- 14.1 Members considered the Report being presented for information. Members highlighted that there was a mention of the Committee Chair changing in March 2023 rather than March 2022.

Decision: To note the RSPC Annual Report, subject to a date correction.

Action: To correct the reference to March 2023 to March 2022 – Board Services

15. STAFF GOVERNANCE MONITORING RETURN [paper SG/23/26 refers]

- 15.1 The Staff Governance Monitoring Return was welcomed by Members. Members wished to feedback to Scottish Government their frustrations about the timescales for providing their feedback and were advised that HR Directors have also raised this. Members also discussed the Reasonable Adjustment Passport, clarifying the ownership and development route. Overall, Members were pleased to see NSS's positive position, and how seriously it took its approach to staff governance.

Decision: To note the Staff Governance Monitoring Return.

Action: To pass on feedback to Scottish Government regarding response timescales – Chief Executive and Director of HR

16. FORWARD PROGRAMME [paper SG/23/27 refers]

- 16.1 Members were presented with the schedule of meetings.

Decision: To note the Staff Governance Committee Forward Programme.

17. ANY OTHER BUSINESS

- 17.1 Members were advised that a consultation on pension contributions had recently opened and were provided with an overview of the potential impact.
- 17.2 As this was the last meeting J Jones would be attending as NSS's Director of HR, the Committee thanked her for all her work.

Meeting closed at 1104hrs.

NSS BOARD

9.3.23					
	Paper (with Number allocated - receipt confirmed if in Bold)	Exec Lead	Author	Due Date	Received Date
Standing Items	Agenda [B/23/01]	Keith Redpath	Board Services		
	Minutes [B/23/02]	Keith Redpath	Board Services		
	Action List [B/23/03]	Keith Redpath	Board Services		
	Chair's Update	Keith Redpath	Keith Redpath		
	Chief Executive's Report	Mary Morgan	Mary Morgan		
Strategic and Key Items	NSS Budget 2023-24 (Presentation)	Carolyn Low			
Additional Requests	NSS Corporate Governance Framework [B/23/04]	Lee Neary	Hayley Barnett		
Items Deferred					
Performance (items for Scrutiny)	Integrated Performance Report [B/23/05]	Lee Neary	Matthew Neilson/Caroline McDermott		
	Finance Report see [B/23/05]		Carolyn Low		
	Service Excellence Report see [B/23/05]		Lee Neary		
	People Report see [B/23/05]		Jacqui Jones		
	Sustainability Report see [B/23/05]		Julie Critchley		
	ADP Q5 Report [B/23/10]	Lee Neary	Matthew Neilson/Caroline McDermott		
Risks and Issues Report [B/23/06]	Lee Neary	Matthew Neilson/Caroline McDermott			
Additional Requests	Public Inquiries Update [B/23/	Lee Neary	Marie Brown		
Items Deferred					
Board Papers For Info	Governance Committee Minutes (Draft and Approved) B/23/		Board Services		
	Forward Programme [B/23/08]		Board Services		

Development Session Dates:

20.4.23
23.8.23
12-13.10.23
24.11.23
20.2.24

30.6.23

Outcome (Approved, Actioned for Info)	Paper (with Number allocated - receipt confirmed if in Bold)	Exec Lead	Author	Due Date	Received Date
	Agenda B/23/11	Keith Redpath	Board Services		
	Minutes B/23/12	Keith Redpath	Board Services		
	Action List B/23/13	Keith Redpath	Board Services		
	Chair's Update - verbal	Keith Redpath	Keith Redpath		
	Chief Executive's Report - verbal	Mary Morgan	Mary Morgan		
	Annual Report and Accounts (In Private session) IBP/23/01	Mary Morgan	Carolyn Low		
	Audit Scotland NSS Annual Audit Report 2021/22 (In Private Session)	Mary Morgan	Carolyn Low		
	NSS ADP and MTP (needs to be in private session)	Lee Neary	Matthew Neilson		
	NSS Quality Strategy/Framework B/23/	Lee Neary	?		
	NSS SG Framework - moved to September meeting	Lee Neary	Caroline McDermott		
	NSS Committees Annual Reports 2022-23 B/23/17	Keith Redpath	Various		
	Integrated Performance Report B/23/16	Lee Neary	Matthew Neilson/Caroline McDermott		
	Finance Report see IPR		Carolyn Low		
	Service Excellence Report see IPR		Lee Neary		
	People Report see IPR		Jacqui Jones		
	Sustainability Report see IPR		Julie Critchley		
	Public Inquiries Update B/23/18	Lee Neary	Marie Brown		
	Governance Committee Minutes (Draft and Approved) B/23/19		Board Services		
	Forward Programme B/23/20		Board Services		

27.9.23

Outcome (Approved, Actioned for Info)	Paper (with Number allocated - receipt confirmed if in Bold)	Exec Lead	Author	Due Date
	Agenda B/23/21	Keith Redpath	Board Services	
	Minutes B/23/22	Keith Redpath	Board Services	
	Action List B/23/23	Keith Redpath	Board Services	
	Chair's Update	Keith Redpath	Keith Redpath	
	Chief Executive's Report	Mary Morgan	Mary Morgan	
	Annual Feedback and Complaints Report 2022-23 (Final) B/23/27	Lee Neary	Louise Maclennan	
	NSS SG Framework B/23/25	Lee Neary	Caroline McDermott	
	Anchor Strategy??	Lee Neary	Tom McHugh	
	NSS Risk Strategy from ARC	Lee Neary	Caroline McDermott	
	Calendar of Board Meetings B/23/24		Hayley Barnett	
	Annual Delivery Plan B/23/26	Lee Neary	Matthew Neilson	
	Integrated Performance Report [B/23/28]	Lee Neary	Matthew Neilson/Caroline McDermott	
	Finance Report see [B/23/28]		Carolyn Low	
	Service Excellence Report see [B/23/28]		Lee Neary	
	People Report see [B/23/28]		Jacqui Jones	
	Sustainability Report see [B/23/28]		Julie Critchley	
	Risks and Issues B/23/29	Lee Neary	Caroline McDermott	
	Public Inquiries Update [B/23/30]			
	Governance Committee Minutes (Draft and Approved) B/23/31		Board Services	
	Forward Programme [B/23/32]		Board Services	

15.12.23

Received Date Approved Outcome (Approved, Actioned for Info) Paper (with Number allocated - receipt confirmed if in Bold) Exec Lead Author Due Date Receive Approve Outcome (Appr

Agenda B/23/
Minutes B/23/
Action List B/23/
Chair's Update
Chief Executive's Report

Keith Redpath Board Services
Keith Redpath Board Services
Keith Redpath Board Services
Keith Redpath Keith Redpath
Mary Morgan Mary Morgan

Removed as not approved by ARC 12.9.23

Anchor Strategy??

Lee Neary

Integrated Performance Report [B/23/]
Finance Report see **[B/23/05]**
Service Excellence Report see **[B/23/05]**
People Report see **[B/23/05]**
Sustainability Report see **[B/23/05]**

Lee Neary Matthew Neilson/Caroline McDermott
Carolyn Low
Lee Neary
Jacqui Jones
Julie Critchley

Public Inquiries Update **[B/23/]**
Governance Committee Minutes (Draft and Approved) B/23/
Forward Programme [B/23/]

Board Services
Board Services

28.3.24

Paper (with Number allocated - receipt confirmed if in Bold)	Exec Lead	Author
Agenda B/24/	Keith Redpath	Board Services
Minutes B/24/	Keith Redpath	Board Services
Action List B/24/	Keith Redpath	Board Services
Chair's Update	Keith Redpath	Keith Redpath
Chief Executive's Report	Mary Morgan	Mary Morgan

Integrated Performance Report [B/23/]	Lee Neary	Matthew Neilson/Caroline McDermott
Finance Report see [B/23/05]		Carolyn Low
Service Excellence Report see [B/23/05]		Lee Neary
People Report see [B/23/05]		Jacqui Jones
Sustainability Report see [B/23/05]		Julie Critchley

Public Inquiries Update [B/23/		
Governance Committee Minutes (Draft and Approved) B/23/		Board Services
Forward Programme [B/23/]		Board Services