

# Agenda

**B/24/11**

## **NSS BOARD FORMAL**

**FRIDAY, 28<sup>TH</sup> JUNE 2024 COMMENCING 1030HRS GYLE SQUARE,  
EDINBURGH (AND VIA TEAMS)**

**NSS Chair: Keith Redpath**

**Apologies: Lee Neary, Director Strategy, Performance and Services Transformation**  
(Matthew Neilson, Associate Director of Strategy, Performance and Communications  
deputising)

**1030 – 1200 hrs**

**1. Welcome and Introductions – Keith Redpath, NSS Chair**

### **2. Items for Approval**

- 2.1 Minutes of the previous meeting held on 21 March 2024 and Matters Arising **[B/24/12 and B/24/13] – Keith Redpath, NSS Chair**
- 2.2 NSS Board Forward Programme **[B/24/14] – Keith Redpath, NSS Chair**
- 2.3 NSS One and Three Year Delivery Plans **[B/24/15] – Matthew Neilson, Associate Director of Strategy, Performance and Communications**
- 2.4 NSS Whistleblowing Annual Report **[B/24/16] – Jacqui Reilly, Director of Nursing**

### **3. Items for Scrutiny**

- 3.1 Chairs Report (verbal) – **Keith Redpath, NSS Chair**
- 3.2 Chief Executive's Report (verbal) – **Mary Morgan, NSS Chief Executive**
- 3.3 Finance Report (Month 2) **[B/24/17] – Carolyn Low, Director Finance, Corporate Governance and Legal Services to follow**



Chair  
Chief Executive

Keith Redpath  
Mary Morgan

- 3.4 Integrated Performance Report **[B/24/18]** – **Matthew Neilson, Associate Director of Strategy, Performance and Communications**
- 3.5 Initial Response to the Recommendations of the Infected Blood Inquiry **[B/24/19]** – **Marc Turner, Director Scottish National Blood Transfusion Service (SNBTS)**
- 3.6 Annual Reports from Committees 2023-2024 **[B/24/20]** – **Keith Redpath, Chair**
  - NSS Audit and Risk Committee
  - NSS Clinical Governance Committee
  - NSS Finance, Procurement and Performance Committee
  - NSS Remuneration and Succession Planning Committee
  - NSS Staff Governance Committee

#### **4. Items for Information**

- 4.1 Public Inquiries Update **[B/24/21]** **Matthew Neilson, Associate Director of Strategy, Performance and Communications**
- 4.2 NSS Committees Approved Minutes and opportunity for Committee Chair's to highlight material items **[B/24/22]**
  - NSS Audit and Risk Committee (Approved)
  - NSS Clinical Governance Committee (Approved)
  - NSS Finance, Procurement and Performance Committee (Approved)
  - NSS Staff Governance Committee (Approved)

#### **5. Any other business**

***In Private Session*** – under NSS Standing Orders paragraph 5.22.1 and 5.22.4

5.22.1 The Board is still in the process of developing proposals or its position on certain matters and needs time for private deliberation.

5.22.4 *The Board is otherwise legally obliged to respect the confidentiality of the information being discussed.*

6. Audit Scotland NSS Annual Audit Report 2023-2024 **[IPB/24/03]** - **Carolyn Low, Director Finance, Corporate Governance and Legal Services to follow**
7. Annual Report and Accounts 2023-2024 **[IPB/24/04]** - **Carolyn Low, Director Finance, Corporate Governance and Legal Services to follow**

Date of next meeting: Friday, 27<sup>th</sup> September 2024 at 10.30am, National Procurement, Canderside, Larkhall (and via Teams)

# Minutes (DRAFT)

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## NHS NATIONAL SERVICES SCOTLAND BOARD

MINUTES OF MEETING HELD ON THURSDAY 21 MARCH 2024 IN BOARDROOMS  
1&2, GYLE SQUARE, EDINBURGH AND VIA TEAMS DIGITAL PLATFORM AT 1030HRS

### Present:

Keith Redpath, NSS Chair  
Lisa Blackett, Non-Executive Director  
Paul Buchanan, Non-Executive Director  
Gordon Greenhill, Non-Executive Director and Vice-Chair  
Arturo Langa, Non-Executive Director  
Beth Lawton, Non-Executive Director  
Carolyn Low, Director of Finance Governance and Legal Services  
Maria McGill, Non-Executive Director  
Mary Morgan, Chief Executive  
Alison Rooney, Non-Executive Director

B/24/12

### In Attendance:

Serena Barnatt, Director of HR and Organisational Development  
Hayley Barnett, Associate Director of Governance and Board Services (Board Secretary)  
Gordon Beattie, Director National Procurement  
Lee Neary, Director of Strategy, Performance and Service Transformation (SPST)  
Matthew Neilson, Associate Director of Customer and Stakeholder Engagement  
Marc Turner, Director Scottish National Blood Transfusion Service  
Karen Summers, Committee Services Manager [Minutes]

### Apologies:

Ian Cant, Employee Director

### Observers:

Liz Maconachie (Audit Scotland) (TEAMs)  
NSS Staff (TEAMs)

## 1. WELCOME AND INTRODUCTIONS

- 1.1 The Chair welcomed all to the meeting and noted those in attendance and apologies noted as set out above.
- 1.2 Members welcomed Paul Buchanan and Maria McGill to their first formal Board meeting as Non-Executive Directors.

## 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 OF THE PREVIOUS MEETING HELD 15 DECEMBER 2023 AND MATTERS ARISING [B/24/02 and B/24/03]**

- 3.1 Members reviewed the draft minutes and approved them as an accurate record of the meeting. The Chair advised that the process for renewal of three Non-Executives Directors for another term of office was underway, and an update on progress would be provided in due course.
- 3.2 Members considered the action list and were content for all actions to be closed, as per the updates and recommendations, except for Action 17 – 15 December 2023 Strategic Risk Review, as this item was still in progress.

**Decision: To approve the minutes of the Board meeting held on 15 December 2023.**

**Decision: To close those actions recommended for closure from the 15 December 2023 Board meeting.**

**4. BOARD FORWARD PROGRAMME [B/24/04]**

- 4.1 Members considered the forward programme and were content to approve in full.

**Decision: To approve the Board Forward Programme**

**5. ANNUAL GOVERNANCE REPORT – NSS CORPORATE GOVERNANCE FRAMEWORK 2024-2025 [B/24/05]**

- 5.1 Members reviewed the Annual Governance Report and noted the updates made to the NSS Corporate Governance Framework following a full review. Members suggested that the framework be added to the corporate induction package for new staff.

**Decision: To approve the Annual Governance Report – NSS Corporate Governance Framework 2024-2025.**

**Action: To include the Corporate Governance Framework in the induction process for all new staff – Associate Director of Governance and Board Services.**

**Action: To provide update on the re-appointment of Non-Executive Directors once received from Public Appointments Team – NSS Chair.**

**6. NSS STRATEGIC FRAMEWORK [B/24/06]**

- 6.1 Members discussed the NSS Strategic Framework in detail and were advised that it had been produced with support and engagement from several stakeholders, including the NHS Scotland Directors of Planning, the NSS Partnership Forum and the NSS Senior Leadership Forum.
- 6.2 Members were presented the implementation plan in detail. Members requested that deadlines, an overarching view of linkages to NSS planning, and clarity on the extent of public engagement were included. After a short discussion it was suggested that the document was also included in the induction process for all new staff.

**Decision: To approve the NSS Strategic Framework 2024-2026 and the associated Implementation Plan subject to the amendments requested.**

**Action: To amend the framework in light of comments received – Director of SPST.**

**Action: To liaise with HR regarding inclusion of the Strategic Framework in the Induction process for all new staff – Director of SPST.**

**Action: To meet and review with L Blackett, Non-Executive Director, in relation to environmental sustainability – Director of SPST.**

**Action: To meet and review with A Rooney, Non-Executive Director – Associate Director of Governance and Board Services**

## **7. CHAIRS REPORT**

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

7.1.1 NHS Scotland Chairs Group met with new Cabinet Secretary for NHS Reform Health and Social Care, Neil Gray.

7.1.2 Budgets and funding remained the key items across NHS Scotland and a standalone Finance Report will be added as a standing item for future Board Agendas, in addition to existing reporting to the NSS Finance, Procurement and Performance Committee.

**Decision: To note the update provided.**

**Action: To add a formal finance report as a standing item for future meetings – Director of Finance, Corporate Governance and Legal Services.**

## **8. CHIEF EXECUTIVE'S UPDATE**

8.1 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. Members noted the following:

8.1.1 Recruitment/Personnel Changes -

8.1.1.1 Dr Sharon Hilton-Christie will join NSS on 8 April 2024 as Executive Medical Director.

8.1.1.2 Martin Bell, Director of Practitioner and Counter Fraud Services will retire at the end of May 2024. This provided the opportunity to evaluate Director leadership arrangements, especially in the current financial context. The Counter Fraud Service will move to Director of Finance Corporate Governance and Legal Services responsibility, along with Contractor Finance. Director of SPST will assume Director responsibilities for Practitioner Services, while pharmacy payments process were stabilised and configuration of services and leadership arrangements were considered further into 2024/25.

### 8.1.2 Events Attended –

- 8.1.2.1 January 2024 – Attended the Scottish Leaders Forum (SLF) Senior Leadership Academy, run by Columba1400 in conjunction with Scottish Government and SLF. It afforded the opportunity for personal reflection and networking across a range of Scotland's public sector leaders.
- 8.1.2.2 22 February 2024 – Completed Cyber Resilience workshop for public sector board members.
- 8.1.2.3 Attended NSS Nursing Engagement event.
- 8.1.2.4 Attended the NSS Celebrating Excellence Awards.
- 8.1.2.5 Gave evidence to Scottish Hospitals Inquiry as Senior Programme Director. NSS Staff also attended taking a range of questions about the establishment and operation of NHS Scotland Assure.

**Decision: To note the verbal updated provided.**

## 9. NSS INTEGRATED PERFORMANCE REPORT [B/24/07]

- 9.1 Members discussed the report in detail, which summarised NSS performance as at 31 January 2024 and commended it as an excellent report. Performance was broadly positive with 58% (14) of key performance indicators on track to meet agreed standards by year end and a further 30% (7) showing improvements on the previous reporting period.
- 9.2 Positive progress was being made against climate targets, with notable improvements and reductions in waste levels and fleet carbon dioxide, which supported the financial position as well as driving a positive environmental impact in line with Scottish Government targets.
- 9.3 The organisation remained on track to achieve all statutory financial targets.
- 9.4 There had also been performance improvements in workforce sustainability, with sickness absence slightly decreasing and compliance with personal performance requirements increasing.
- 9.5 These were balanced against service challenges, such as pharmacy payments, where the situation had now improved and actual payments were being made as of February 2024; and ongoing staffing issues in specific areas of the Scottish National Blood Transfusion Service and NHSScotland Assure, were being managed by operational teams and recruitment support from HR.
- 9.6 Members discussed the report in detail and asked that for future reporting it was clear in the Executive Summary that detailed analysis was provided in the accompanying appendices.

**Decision: To note the NSS Performance to 31 January 2024.**

**Action: To review the executive summary for future iterations to ensure it fully reflected the information contained in the report – Director of SPST.**

## **10. NSS RISK REPORT AND ISSUES REPORT [B/24/08]**

- 10.1 Members scrutinised the report and the verbal updates provided on specific risks, including those relating to recruitment and retention of specific roles, such as Healthcare Scientists and cyber security. It was noted that the NSS Clinical Governance Committee Seminar scheduled for 25 July 2024 would focus on SNBTS roles and would provide an update to the Board after that session and would feed any actions identified into the appropriate risks.

**Decision: To note the NSS Risk Report and Issues Report.**

## **11. ITEMS FOR INFORMATION**

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

### **11.1.1 Public Inquiries [B/24/09]**

### **11.1.2 NSS Committees Minutes [B/24/10]**

- 11.1.2.1 The NSS Chair asked Members to highlight any items of material importance to the Board.
- 11.1.2.2 The Chair of the NSS Audit and Risk Committee advised that another audit in relation to cyber security was expected and updates would be provided in the appropriate set of minutes.
- 11.1.2.3 There were no other additional comments made by Committee Chairs.

**Decision: To note the items provided for information.**

## **12. ANY OTHER BUSINESS**

- 12.1 There was no other competent business to discuss.

## **13. BUDGET 2024/25 [IPB/24/01]**

- 13.1 Members agreed, in accordance with paragraph 5.22.1 of NSS's Standing Orders (The Board is still in the process of developing proposals or its position on certain matters and needs time for private deliberation), to discuss this item in private.

## **14. NSS 1 YEAR AND 3 YEAR PLANS [IPB/24/02]**

- 14.1 Members agreed, in accordance with paragraph 5.22.1 of NSS's Standing Orders (The Board is still in the process of developing proposals or its position on certain matters and needs time for private deliberation), to discuss this item in private.

Meeting closed at 1145 hours.

## NSS BOARD FORMAL MEETINGS ACTIONS

Meeting type: Formal

**B/24/13**

No	Date	REPORT TITLE	ACTION	ACTION OWNER	DEADLINE	CURRENT STATUS
1	15.12.23	<b>Strategic Risk Review [B/23/37]</b>	To amend the Risk Management Strategy as follows: <ul style="list-style-type: none"> <li>- elaborate more on some of the implications and taking collective responsibility.</li> <li>- Refine the bullet points in section 4 on the risk management approach.</li> <li>- Further develop the second paragraph of section 5.</li> </ul>	Director SPST	20.12.24	<b>In progress</b>
2	21.3.24	<b>Annual Governance Report – NSS Corporate Governance Framework [B/24/05]</b>	To provide update on the re-appointment of Non-Executive Directors once received from Public Appointments Team.	Keith Redpath, NSS Chair		21.6.24 Update from Public Appointments chased awaiting response.
3	21.3.24	<b>Annual Governance Report – NSS Corporate Governance Framework [B/24/05]</b>	To ensure framework is provided to all new staff at induction into the organisation.	Hayley Barnett, Assoc. Dir. Governance and Board Services (Board Secretary)	28.6.24	<b>Recommend for closure.</b>  This is included in the report writing module for all staff currently under development to be finalised by July 2024.



4	21.3.24	<b>NSS Strategic Framework [B/24/06]</b>	To meet and review with Alison Rooney – Non-Executive Director	Lee Neary, Director SPST		<b>Recommend for closure.</b>  Meeting held.
5		<b>NSS Strategic Framework [B/24/06]</b>	To meet and review with Lisa Blackett – Non-Executive Director in relation to environmental sustainability	Lee Neary, Director SPST	Date to be confirmed	In progress
6	21.3.24	<b>NSS Strategic Framework [B/24/06]</b>	To review implementation plan to define activities further including deadlines for completion.	Lee Neary, Director SPST	28.6.24	<b>Recommend for closure</b> Framework has now been published.
7	21.3.24	<b>NSS Strategic Framework [B/24/06]</b>	To include an overarching hierarchy diagram showing links across all NSS planning	Lee Neary, Director SPST	28.6.24	<b>Recommend for closure</b> Framework has now been published.
8	21.3.24	<b>Chair's Report</b>	To add formal Finance report to all Board Meetings	Caroyne Low, Director Finance, Corporate Governance and Legal Services	28.6.24	<b>Recommend for closure</b>  Finance report on agenda item 3.3
9	21.3.24	<b>Integrated Performance report [B/24/07]</b>	To review the executive summary for future iterations to ensure it fully reflected the information contained in the report.	Lee Neary, Director SPST	28.6.24	<b>Recommend for closure.</b> Integrated Performance report on agenda item 3.4

## NSS BOARD FORWARD PROGRAMME 2024-2025

B/24/14

Meeting Date	Detail	Executive Lead	Report Author	Purpose
27.9.24				
<b>For Approval</b>	Minutes	Director of Finance, Corporate Governance & Legal Services	Board Services	Standing Board Report
	Actions	Director of Finance, Corporate Governance & Legal Services	Board Services	Standing Board Report
	Annual Feedback and Complaints Report	Director SPST	Associate Director Strategy, Performance & Communications	Annual Standing Report
	Calendar of Board Meetings	Director of Finance, Corporate Governance & Legal Services	Board Services	Annual Standing Report
	Board Forward Programme	Director of Finance, Corporate Governance & Legal Services	Board Services	Standing Board Report
	Risk Review	Director of SPST	Associate Director Strategy, Performance & Communications	Standing Committee Report
<b>For Scrutiny</b>	Chairs Report (verbal)	NSS Chair		Standing Board Report
	Chief Executive's Report (verbal)	NSS Chief Executive		Standing Board Report
	Integrated Performance Report	Director of SPST	Associate Director Strategy, Performance & Communications	Standing Committee Report
<b>For Information</b>	Public Inquiries Update	Director SPST	Public Inquiries Team	Standing Board Report
	NSS Committee Approved Minutes and Opportunity for Committee Chair's to highlight material items	Director of Finance, Corporate Governance & Legal Services	Associate Director Governance and Board Services (Board Secretary),	Standing Report
20.12.24				
<b>For Approval</b>	Minutes	Director of Finance, Corporate Governance & Legal Services	Board Services	Standing Board Report
	Actions	Director of Finance, Corporate Governance & Legal Services	Board Services	Standing Board Report
	Board Forward Programme	Director of Finance, Corporate Governance & Legal Services	Board Services	Standing Board Report
<b>For Scrutiny</b>	Chairs Report (verbal)	NSS Chair		Standing Board Report
	Chief Executive's Report (verbal)	NSS Chief Executive		Standing Board Report
	Integrated Performance Report	Director of SPST	Associate Director Strategy, Performance & Communications	Standing Committee Report
<b>For Information</b>	Public Inquiries Update	Director SPST	Public Inquiries Team	Standing Board Report
	NSS Committee Approved Minutes and Opportunity for Committee Chair's to highlight material items	Director of Finance, Corporate Governance & Legal Services	Associate Director Governance and Board Services (Board Secretary),	Standing Board Report
	Risk Appetite Review	Director of SPST	Associate Director Strategy, Performance & Communications	Standing Annual Report
	Strategic Risk Review	Director of SPST	Associate Director Strategy, Performance & Communications	Standing Annual Report
	Risk Management Strategy	Director of SPST	Associate Director Strategy, Performance & Communications	Standing Annual Report

<b>Meeting Date</b>	<b>Detail</b>	<b>Executive Lead</b>	<b>Report Author</b>	<b>Purpose</b>
28.3.25				
<b>For Approval</b>	Minutes	Director of Finance, Corporate Governance & Legal Services	Board Services	Standing Board Report
	Actions	Director of Finance, Corporate Governance & Legal Services	Board Services	Standing Board Report
	NSS Corporate Governance Framework	Director of Finance, Corporate Governance & Legal Services	Associate Director Governance and Board Services (Board Secretary),	Annual Board Report
	NSS Strategic Framework	Director, SPST	Associate Director Strategy, Performance & Communications	Annual Board Report
	Board Forward Programme	Director of Finance, Corporate Governance & Legal Services	Board Services	Standing Board Report
<b>For Scrutiny</b>	Chairs Report (verbal)	NSS Chair		Standing Board Report
	Chief Executive's Report (verbal)	NSS Chief Executive		Standing Board Report
	Integrated Performance Report	Director of SPST	Associate Director Strategy, Performance & Communications	Standing Committee Report
<b>For Information</b>	Public Inquiries Update	Director SPST	Public Inquiries Team	Standing Board Report
	NSS Committee Approved Minutes and Opportunity for Committee Chair's to highlight material items	Director of Finance, Corporate Governance & Legal Services	Associate Director Governance and Board Services (Board Secretary),	Standing Board Report

# NHS National Services Scotland

<b>Meeting:</b>	<b>NSS Board</b>
<b>Meeting date:</b>	<b>28 June 2024</b>
<b>Title:</b>	<b>One and Three-Year Delivery Plans</b>
<b>Paper Number:</b>	<b>B/24/15</b>
<b>Responsible Executive/Non-Executive:</b>	<b>Lee Neary, Director of Primary and Community Care, Strategy Performance and Service Transformation</b>
<b>Report Author:</b>	<b>Caroline McDermott, Head of Planning, Matthew Neilson, Associate Director of Strategy, Performance and Communications</b>

## **1. Purpose**

- 1.1 The Board is recommended to approve the One and Three-Year Plans, which have been developed in line with Scottish Government (SG) guidance. The supporting papers contain a spreadsheet which details deliverables, milestones and risks for the first year of the three-year plan (referred to as the One Year Plan). The associated Word document is the One and Three-Year Plan, which describes what NSS will deliver over the three-year period along with headline commitments from the more detailed One Year Plan.

## **2. Recommendation**

- 2.1 The Board is recommended to approve the draft One Year and Three-Year Plans. Approval has been received from Scottish Government and the approval letter is attached.

## **3. Executive Summary**

- 3.1 Scottish Government issued a letter in December 2023 outlining how health boards should undertake a three-year planning approach. They are working towards integrating different planning cycles and this year have aligned service delivery and financial plans. NSS have been requested by Scottish Government to produce a draft One Year and Three Year Plan by March 2024.

- 3.2 The new Three-Year Plan replaces the Medium-Term Plan, and the One-Year Plan replaces the Annual Delivery Plan. Both are aligned to the NHSScotland financial plan and Ministerial priorities. These delivery plans are also aligned to the NSS Strategic Framework and provide some of the detail in relation to how the Strategic Framework will be implemented.
- 3.3 In preparing the new plan, SPST Planning have been working with planning leads and Directorate teams to produce deliverables for 2024/25. All deliverables contained within these delivery plans have funding approved. If new deliverables and funding are agreed at a later stage or changes need to be made to an existing deliverable, NSS can either use the new commissioning process with SG (new items) or use the Scottish Government Change Control Process (existing items).

## **4. Impact Analysis**

### **4.1 Quality and value**

- 4.1.1 Further detail on deliverables is included within the delivery plans (Appendix A). We anticipate they will deliver a positive impact on patient care as it seeks to improve/support the delivery of health services and are aligned to the recovery drivers set out by SG.

### **4.2 Equality and Diversity, including health inequalities**

- 4.2.1 Equality impact assessments will be conducted by Directorates for the projects and services associated with the measures covered by this paper. An Equality Impact Assessment has been developed for the delivery plans and is available on request.

### **4.3 Data protection and information governance**

- 4.3.1 Projects and programmes of work covered by this paper will be reviewed by Directorates for any data protection or information governance risks.

## **5. Risk Assessment/Management**

- 5.1 Risks associated with the One Year Plan 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 submission to SG require to have funding plans agreed and confirmed.

## **7. Workforce Implications**

- 7.1 We have a three-year workforce plan in place which is aligned to the NHSScotland Workforce Strategy. The workforce plan incorporates our strategic aims of enabling health and care transformation, underpinning NHSScotland services and assisting other organisations involved in health and care. The plan is supported by a 3-year action plan which sets out key deliverables against the 5 pillars of the workforce journey that support recovery, growth and transformation of services and the workforce.

## **8. Climate Change and Environmental Sustainability Implications**

- 8.1 Specific deliverables within the plan relate to environmental sustainability.

## **9. Route to Meeting**

- 9.1 The delivery plans have been reviewed by all Directorates and by the EMT at their January, February, March and June meetings. It was also considered by the Board at its meeting in March, prior to its submission to Scottish Government. Scottish Government undertook an extensive review with policy teams and confirmed approval via the letter attached in Appendix B.

## **10. List of Appendices and/or Background Papers**

- 10.1 Appendix A NSS Delivery Plans  
10.2 Appendix B Scottish Government letter

Deliverables 24-25								
Recovery Driver	Deliverable Summary	NSS Directorate	Q1 Milestones	Q2 Milestones	Q3 Milestones	Q4 Milestones	Risks and Issues - Description	Controls
Please select from the drop down list:	Please include a brief summary of the deliverable, briefly outlining the intended action and what this will achieve in 24/25.		Please outline what you intend to have achieved by Q1	Please outline what you intend to have achieved by Q2	Please outline what you intend to have achieved by Q3	Please outline what you intend to have achieved by Q4	Please provide a short summary of risk(s) and/or issue(s)	Please summarise the key controls in place to manage the risk(s) and/or issue(s), to reduce
10. Climate	<b>HGV Sustainability - HVO Tank</b> We will reduce the carbon footprint of the NSS fleet of Heavy Good Vehicles by installing a Hydrotreated Vegetable Oil (HVO) Tank at Coddington to provide fuel for Menzies fleet. This will support the 20% reduction in fuel consumed by the National Distribution fleet. (Note carry forward from 23/24).	NHSScotland Assure	Complete installation and close project.				There is a risk of delay to the programme due to the lead time of the HVO Tanks from the manufacturer.	Lead consultant has been appointed and is working with the manufacturer to improve lead time.
4. Planned Care	<b>Healthcare Built Environment (HBE) Review</b> We will review all HBE projects, including the National Trauma Centre (NTC) programme, through the NHSScotland Design Assessment Process (NDAP) and Key Stage Assurance Review (KSAR) at each stage of the lifecycle programme. This will ensure Boards facilitate the development and procurement of well-designed, sustainable, healing environments that support local and national policies and minimise risk from the built environment. (Note: Extension of 23/24 activity with a change in delivery type due to reduction in capital projects and move to refurbishment and maintenance/ range of expertise focus changed to support).	NHSScotland Assure	Supported live NDAP/KSAR projects Concluded support for paused/stopped projects Supported whole system planning Commenced trial of In-Use/Extant Estate NDAP with NHS Borders.	Supported live NDAP/KSAR Projects Supported Whole system planning	Supported live NDAP/KSAR Projects Supported Whole system planning	Supported live NDAP/KSAR Projects Supported Whole system planning	Issue: Change in Capital Spend will bring a pause/stop to a number of live development projects with a risk that projects aren't concluded at a rational point to allow them to be easily restarted at a future date.	NDAP Team is writing to Boards FY23/24 Q4 to support a defined cessation of their projects.
11. Finance, Procurement and Support	<b>Anchors Strategy: Procurement</b> We will provide leadership to the NHSScotland procurement community on how to improve local procurement in line with Scotland's anchor institution ambition. This will increase social value delivery and maximise local expenditure.	NP	Completion of the anchors progression framework by all Boards.	Benchmarking of all NHSS Anchors Strategic Plans and progression framework to help identify 'gaps' and the production of guidance to progress procurement activities.	Delivery of report that defines the proportion and categories of NHSS spend that can realistically be local or Scottish	Commencement of at least one Board test to understand barriers and enablers to increasing local progressive procurement.	NSS support is subject to resource availability and could be impacted by other business critical activities. Achieving milestones is also subject to support and engagement from Boards, Scottish Government and Public Health Scotland.	
11. Finance, Procurement and Support	<b>eProcurement</b> We will provide strategic leadership in Digital Procurement solutions for NHSScotland and shape the NHS Scotland Business Services Transformation programme approach to Procurement Systems by leading on the PECOS replacement and developing an outline strategy by Q2. This will help to increase the potential for financial savings.	NP	Work with the NHS Scotland Business Services Transformation Design and Delivery Partner to build the Service Design and Prioritisation output for Procurement.	Participate in the full service redesign and develop a clear technical and non-technical roadmap for Procurement incorporating the NHSScotland 5 year digital roadmap. Draft strategy for NHSScotland Procurement (in relation to PECOS replacement) available for review.			There is a risk that the draft strategy for NHSS Procurement in relation to the PECOS replacement is not available for review by Q2 if the NHS Scotland Business Services Transformation design and delivery partner is not appointed within Q4 23/24 to allow the redesign process and the development of a procurement roadmap completed ahead of Q2 24/25	Ensure engagement with the NHS Scotland Business Services Transformation programme at all stage of the design process in order to develop the strategy on an on-going basis and mitigate risk
11. Finance, Procurement and Support	<b>National Procurement Contract Savings</b> We will create a fully resourced contract workplan for Green RAG status projects to secure £10m savings in 2024/25 through National Procurement contracting activity awards and will report quarterly on progress against the savings plan. This supports NHSScotland financial sustainability.	NP	Workplan defined. Savings report issued.	Savings report issued.	Savings report issued.	Savings report issued.	The workplan covers over 150 individual projects, if there is an overall identified risk in completion of the workplan such as staff availability or changes to the request on staff then this will be captured through the normal risk and issues log and governance meeting that occurs monthly	National procurement monthly governance meeting as well as detailed work instruction on methodology of approach and reporting mechanisms
5. Cancer Care	<b>Managed Cancer Networks</b> Complete scoping of requirement for two additional National Managed Cancer Networks (NMCNs). Publish two additional Clinical Management Pathways (CMPs) and establish governance processes for existing CMPs. This will support improvements in care for specific types of cancer.	NSD	1. Completed phase 2 discovery engagement (interviews, focus groups/ workshops) as part of the scoping exercise. 2. Established inaugural meetings for CMP overarching and subgroups. 3. Hosted inaugural meeting of CMP Editorial Group.	1. Completed draft discovery report. 2. CMP content in draft and progressing through consensus discussions. 3. Hosted editorial Group second meeting.	1. Completed and submitted Discovery report to Scottish Government. 2. Submitted CMP content to the CMP Editorial Group. 3. Hosted Editorial Group third meeting.	1. Published CMP content on the Right Decisions Service.	The outcome of the Scottish Government review of national networks may impact the direction of the discovery exercise and limit possible direction of travel.  The development of any new networks will be subject to funding constraints.  CMP development dependent on clinical resource and capacity.	Ongoing review of discovery activity in light of any national developments. Included in 6 weekly report to SG cancer policy team.  On-going monitoring of engagement from clinicians in CMP overarching and sub-groups. Funded clinical lead sessions (0.1 per CMP) in place to lead the development.
6. Health Inequalities & Improved Population Health	<b>NHSScotland Strategic Planning</b> We will support the NHSScotland Strategic Planning and Delivery Board in the rollout of changes to how services are planned, funded and commissioned. This includes delivering a prioritisation framework using the National Specialist Services Committee (NSSC) commissioning process underpinned by clear scope, definitions and measurable outcomes. This supports ambitions for a single coherent planning framework as part of a Once for Scotland approach.	NSD	1. Programme plan, resources and Framework in place and approved through PDB 2. Definitions agreed 3. Stakeholders identified and approved through SPB 4. Workshops mobilised and well underway	1. Workshops concluded 2. Prioritisation/ deprioritisation model developed 3. Testing, review and implementation undertaken 4. Recommendations identified 5. Recommendations supported through governance route	1. Implementation plan in place 2. Communication, training and engagement underway	1. Implemented into business as usual	Challenges to stakeholder engagement in the development of the new planning and governance framework. Resources to support delivery given other National planning commitments and team resource issues as 1 PM down	NSD support with project implementation plan, NSD reps identified, full stakeholder list from previous governance group shared with Scottish Government and TOR tabled at the National Planning Board 5 December 2023
1. Primary and Community Care	<b>Dental Element of Primary Care Database</b> We will develop and deliver the National Primary Care Clinicians Database (NPCCD) by March 2025. This is a national list of all registered contractors in Scotland with dental information being added to an existing database containing general practice and optician data. This will provide a single resource for medical, ophthalmic, and dental data along with practice information.	PSD	Started phase 2 development of dental module, including import of historical data from Midas for build and testing purposes	Created sections for Dental Bodies Corporate (DBCs) and their directors	Created data entry screens	Finalised phase 2 developments and prepared plans for phase 3 starting in Apr 2025	-IG sign off required for data imports, currently in progress - Risk raised around engagement from HBs due to the long development timescales	ongoing engagement with HBs, regular newsletters, Project meetings

1. Primary and Community Care	<b>Community Glaucoma Service</b> The CGS is a new eyecare service for patients with lower risk glaucoma or Ocular Hypertension (OHT) on prescribed treatment who will be discharged from the Hospital Eye Service (HES) to accredited optometrists within the community. If eligible, patients can register with the optometrist for ongoing monitoring and treatment under the CGS. NSS were commissioned to develop and implement a registration and assessment claims process and arrange payment for these claims. An interim digital solution (CGS lite) is planned for July 2024; with a full electronic system in development. The process for registrations and assessment claims, will be implemented within all Health Board areas – GGHB and Lanarkshire have commenced, with the remaining planned for rollout during 2024/25. We will continue to provide programme management support during the implementation, also the move from the interim process to CGS lite, and clinical governance design and leadership.	PSD				Roll out to all 14 Health Boards to be completed by March 25.		Programme Management
1. Primary and Community Care	<b>General Ophthalmic Services Specialist Supplementary (GOS SS)</b> This is a second new eyecare service which Scottish Government have commissioned NSS to progress. GOS SS is a fee which is only available to Independent Prescriber (IP) optometrists for the management of certain anterior (front) eye conditions, with reference to a national triaging and treatment ladder. Patients can self-present to the IP optometrists, or be referred by a non-IP optometrist, in line with the triage ladders. NSS are commissioned to scope and finalise the requirements for this service during 2024-25.	PSD				scope and finalise the requirements for this service during 2024-25.		Programme Management
11. Finance, Procurement and Support	<b>Counter Fraud</b> We will provide national counter fraud services to NHSScotland to recover and prevent fraud losses through prevention, detection and investigation initiatives. This will deliver £4.2m of recoveries and cost avoidance in 2024/25.	FCGLS	£1.05m recovered	£2.10m recovered	£3.15m recovered	£4.2m recovered	There is a risk that CFS do not achieve the £4.2million savings and recoveries for 2024/25	Ongoing monthly monitoring and KPI reporting
4. Planned Care	<b>UK Manufacture of Plasma</b> We will implement the delivery plan for Plasma for Medicine following appointment of manufacturer. This will provide a more sustainable supply of plasma from within the UK.	SNBTS	Initiated storage of plasma to be sent for PFM manufacture	First shipment of plasma to Octapharma		Received immunoglobulin and albumin from manufacturer and stock built for release from April 2025	Risk that there will be delays in initiation of plasma programme or in approval of Octapharma's UK Marketing Authorisation. Risk of undersupply of plasma targets due to donor or staffing shortages	Programme Board in place for governance
9. Digital Services Innovation Adoption	<b>Scan For Safety</b> We will implement the Scan for Safety Programme, a system wide approach to the tracking and tracing of high risk implantable devices in Scotland through digital data capture at the point of care, and aim to have point of care scanning available in four health boards by March 2025. This will improve the safety of high risk implantable devices.	SPST	Capability in place for implantable Device records to be stored in Medical Device Data Hub – by June 2024		Data Reporting Framework and Guidance developed and issued to Health Boards – by December 2024	Point of Care Scanning implemented within four Health Boards – by March 2025	1. NHS Boards are unable to commit to implementation due to local resource constraints  2. Capacity and availability of specialist resources to develop the data hub is limited	1. Engagement activity widened to all Health Boards to identify willing participants, engagement with SG policy teams, and SG Planning and Delivery Group to reinforce prioritisation of SFS in advance of forthcoming regulations.  2. Maintain links with DaS and NES throughout the demand planning process, develop and agree a prioritised backlog of development to ensure resources are in place at the required time.
1. Primary and Community Care	<b>NCC Vaccine Programmes</b> We will support the flu and covid vaccine programmes through 2024/25, in line with agreed funding. This will support vaccine uptake for citizens.	SPST	Supported the Spring Covid programme	Wrapped up the spring programme and started planning for Autumn COVID-19 and Flu programmes	Supported the Autumn COVID-19 and Flu programmes	Planning for Spring programme 2025	Managed within Programme	Managed within Programme
1. Primary and Community Care	<b>NCC Service Extension</b> We will undertake a test of change with health boards, as directed by Scottish Government and within the vaccine funding allocation, to ascertain whether Health Boards can realise efficiencies by using National Contact Centre services. This will deliver improvements to local vaccine initiatives.	SPST	Scoped test of change opportunities	Completed test of change and progress reported to the Flu Vaccine and COVID-19 Vaccine Programme			Risk that the Test of Change benefits will not be realised if SG don't encourage Boards to participate.	Continue dialogue with SG colleagues to encourage Boards engagement.
1. Primary and Community Care	<b>NCC Call Waiting Times</b> We will meet average standard call waiting times for citizens. This ensures best standard of service.	SPST	Average standard of 210 seconds for calls answered met	Average standard of 210 seconds for calls answered met	Average standard of 210 seconds for calls answered met	Average standard of 210 seconds for calls answered met	There is a risk that NSS is unable to deliver effective services for its users that could lead to a negative impact on NHS Scotland health outcomes and NSS credibility. Due to the amount of change and improvement required to ensure services continue to meet needs, the limited availability of key resources (digital, people, finance) to support change, the extended use of legacy technologies and the need to ensure services remain safe and effective	Monthly Service Excellence reporting to EMT Regular operational management meeting within NCC to review
9. Digital Services Innovation Adoption	<b>DaS Incident Management</b> We will meet service level agreements (SLAs) performance targets for incident response, using metrics and customer feedback to continuously improve performance. Managing incidents in this way improves service continuity and reduces lost time and financial impacts due to system outage.	Das	P1 Incidents resolved in 4 hours P2 Incidents resolved in 1 working day P3 Incidents resolved in 3 working days P4 Incidents resolved in 5 working days P5 Incidents resolved in 10 working days	P1 Incidents resolved in 4 hours P2 Incidents resolved in 1 working day P3 Incidents resolved in 3 working days P4 Incidents resolved in 5 working days P5 Incidents resolved in 10 working days	P1 Incidents resolved in 4 hours P2 Incidents resolved in 1 working day P3 Incidents resolved in 3 working days P4 Incidents resolved in 5 working days P5 Incidents resolved in 10 working days	P1 Incidents resolved in 4 hours P2 Incidents resolved in 1 working day P3 Incidents resolved in 3 working days P4 Incidents resolved in 5 working days P5 Incidents resolved in 10 working days	There is a risk that NSS is unable to deliver effective services for its users that could lead to a negative impact on NHS Scotland health outcomes and NSS credibility. Due to the amount of change and improvement required to ensure services continue to meet needs, the limited availability of key resources (digital, people, finance) to support change, the extended use of legacy technologies and the need to ensure services remain safe and effective	Monthly Service Excellence reporting to EMT Regular operational management meeting within DaS to review



1. Primary and Community Care	<b>Practitioner Services Payment Accuracy</b> We will make on time and accurate payments to general practice, pharmacy, dental and optometry practitioners.	FCGLS	99.5% of payments made accurately	99.5% of payments made accurately	99.5% of payments made accurately	99.5% of payments made accurately	There is a risk that NSS is unable to deliver effective services for its users that could lead to a negative impact on NHS Scotland health outcomes and NSS credibility. Due to the amount of change and improvement required to ensure services continue to meet needs, the limited availability of key resources (digital, people, finance) to support change, the extended use of legacy technologies and the need to ensure services remain safe and effective	Monthly Service Excellence reporting to EMT
8. Workforce	<b>iMatter Employee Satisfaction</b> We will issue an iMatter survey to ascertain employee sentiment and satisfaction.	HR	Survey preparations completed and communications issued.	Survey issued. Targets: Response rate >74% Employee Engagement Index >78% Well informed >80% Trained appropriately >80% Involved in decisions >73% Fairly treated >79% Safe working >79%	Action plan completion rate >90%		There is a risk that NSS will not have a sustainable workforce that is diverse, knowledgeable, and skilled to support the organisation to remain resilient and responsive to meet its strategic ambitions and service needs. Due to current labour market conditions across the UK and our capacity to reskill staff, which could result in a lack of supply of professional / appropriately trained staff to deliver our services.	Regular reporting at all organisational levels. Great Place to Work Plan
11. Finance, Procurement and Support	<b>Achieve Financial Balance</b> We will implement a 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 to achieve financial balance.	FCGLS	On track to achieve financial balance.	On track to achieve financial balance.	On track to achieve financial balance.	Financial balance achieved	There is a risk that NSS is unable to deliver its statutory obligation to deliver services within approved funding limits, whilst delivering cash releasing efficiency savings targets. Due to the changing, short term, non-recurrent nature of funding allocations which limit our financial flexibility and ability to invest to save and deliver value for money.	Financial control, reporting and ongoing conversations with SG
10. Climate	<b>HGV Sustainability - Merge on Wheels</b> We will reduce the overall National Distribution carbon foot print by implementing a non-fossil fuel trial and 'merge on wheels' (cross docking) to achieve a 20% reduction in fuel consumed by the NDS fleet by Q4. This supports NHSScotland's net zero ambition. (NB: this is a carry forward item from 2023/24).	NP	Implement stage 1 of merge-on wheels and confirm funding of HVO tank with EC location before instructing contractors.	Implement stage 2 of merge-on wheels and complete contractor installation works of HVO tank within EC location.	Implement final stage 3 of merge-on-wheels and commence first 50% fleet fuel sourcing to HVO.	Complete remaining of 50% fleet fuel sourcing to HVO.	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.	Build this objective into SPL Service Levels for 22/23. Create project plan with Q1 - Q3 to prepare, position and execute risk mitigation needed
10. Climate	<b>Climate Sustainability</b> We will deliver actions in the NSS Climate Sustainability Plan that help achieve our 2025 targets: 15% reduction in domestic waste. 5% max domestic waste to landfill. 70% domestic waste recycled or composted. 33% reduction in food waste. 0% petrol or diesel cars. 0% petrol or diesel light commercial vehicles. 50% reduction in fossil fuel consumed by the National Distribution Service fleet. And progress actions that contribute to our net zero ambitions: Reduce gas consumption and explore alternatives. Reduce electricity consumption and transition to renewable sources. Reduce water consumption.	NHSScotland Assure	Deliver quarterly performance report.	Deliver quarterly performance report.	Deliver quarterly performance report.	Evidence of progress being made towards 2025 targets: 15% reduction in domestic waste. 5% max domestic waste to landfill. 70% domestic waste recycled or composted. 33% reduction in food waste. 0% petrol or diesel cars. 0% petrol or diesel light commercial vehicles. 50% reduction in fossil fuel consumed by the National Distribution Service fleet.	There is a risk that we do not reduce our impact on the environment in line with government climate change targets. Due to challenges with the scale of change needed to NSS and national infrastructure while ensuring clinical safety standards continue to be met. (7321)	NSS Environmental and Sustainability Strategy 2022-2040 agreed and sets out actions. NSS Sustainability Team in place and available to support staff and teams to understand and implement environmental and sustainability changes. Sustainability ambassadors established across NSS Directorates to support local activity NSS Directors are required to have climate change KPIs in their objectives. Sustainability and Infrastructure Board in place to provide oversight against NSAT performance and achievement of environmental targets. Climate Change strategic objective performance report established, including: EMT review for responsibility and oversight; FPPC Review for scrutiny and assurance; NSS Board for scrutiny and assurance. National Sustainability Assessment Tool used to assess overall performance. Public Bodies Climate Change Duties Report produced each year. Membership of the NHSScotland Climate Emergency and Sustainability Board.
1. Primary and Community Care	<b>NCC Vaccine Programmes</b> We will support the National Elective Coordination Unit (NECU) with validation and data gathering of citizens waiting on inpatient and day case admissions. This will start with the GG&C Dermatology waiting lists in June 2024.	SPST		Work completed.			There is a risk that if the commercial contractors cannot stand up quickly following them being stood down at the end of the Spring vaccination programme their could be a delay to this commencing.	Managed within Programme

11. Finance, Procurement and Support	Management of Clinical Negligence Claims	FCGLS	ongoing	ongoing	ongoing	ongoing		
11. Finance, Procurement and Support	Provide advice from CLO to Health Boards on the ongoing Public Inquiries, combining high-quality legal advice with efficiencies and financial synergies.	FCGLS	ongoing	ongoing	ongoing	ongoing		



**NHS National Services  
Scotland  
One Year and  
Three Year Delivery Plans**



**April 2024 –  
March 2027**

# NSS One Year and Three Year Delivery Plans

April 2024 to March 2027

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Appendix A: NSS One Year Plan 2024/25	<a href="#">Separate Document</a>

## INTRODUCTION

The NSS Three Year Delivery Plan for 2024-2027 and One Year Delivery Plan for 2024/25 are aligned to the NSS Strategic Framework, NSS Three Year Financial Plan and ministerial priorities as set out in the First Minister's vision for Scotland and the outcomes the government aims to achieve by 2026, ["Equality, Opportunity, Community: New Leadership - A fresh Start"](#).

These delivery plans set out the agreement between NHS National Services Scotland (NSS) and the Scottish Government on the activities NSS will deliver in support of the NHSScotland 2024/25 planning objectives and the ten drivers of recovery for the recovery and renewal phase of the *Re-mobilise, Recover, Re-design Framework: The Framework for NHS Scotland* (RRR) published in May 2020.

Our aim is to support the longer-term redesign, renewal and transformation of services and show how NSS is integral to NHSScotland and its goal of sustainable healthcare delivery that also improves population health and reduces health inequalities.

This plan incorporates the NSS deliverables for 2024/25, which is the first year of this Three-Year Delivery Plan. These deliverables are available on a separate spreadsheet. This plan should be read in conjunction with the NSS Strategic Framework.

## DELIVERY PRIORITIES

We have taken our direction for this plan from the *NHS Scotland Delivery Plan Guidance*, published in December 2023, and have worked with Scottish Government and health board partners to ensure our plan aligns with the requirements it sets out to aid a more integrated and coherent approach to planning across health and care services.

The table below sets out the NHSScotland ten ‘Drivers of Recovery’ which are being used to frame planning for all Health Boards in 2024-25. Whilst these remain broadly in line with those used in 2023/24, the following changes have been made:

- The “Health Inequalities Driver” has been expanded to more explicitly cover a wider range of population health planning.
- The previously separate drivers covering “Digital Services and Technology” and “Innovation Adoption” have now been merged into a combined “Digital Services Innovation Adoption” driver.
- A new “Women and Children’s Health” driver has been added, to better encapsulate planning priorities previously covered under other recovery drivers.

<b>1</b>	Improved access to primary and community care to enable earlier intervention and more care to be delivered in the community
<b>2</b>	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
<b>3</b>	Improve the delivery of mental health support and services
<b>4</b>	Recovering and improving the delivery of planned care
<b>5</b>	Delivering the National Cancer Action Plan (Spring 2023-2026)
<b>6</b>	Enhance planning and delivery of the approach to health inequalities and improved population health
<b>7</b>	Take forward the actions in the Women’s Health Plan and support good child and maternal health, so that all children in Scotland can have the best possible start in life.
<b>8</b>	Implementation of the Workforce Strategy
<b>9</b>	Optimise use of digital & data technologies in the design and delivery of health and care services for improved patient access and fast track the national adoption of proven innovations which could have a transformative impact on efficiency and patient outcomes
<b>10</b>	Climate Emergency and Environment

## **NSS DELIVERY**

This plan incorporates these NHSScotland priorities and accounts for all new activities being delivered by NSS, whether funded directly by Scottish Government or through other sources. Specific milestones and risks are incorporated within a separate spreadsheet, which provides the detail of deliverables for 2024/25.

It is important to note that the plan does not account for activity that is managed through existing business as usual arrangements and governed through the NSS Board and Scottish Government Sponsorship team. Sitting within our sponsorship arrangement, specific arrangements are also in place for specialist commissioned services and screening within National Services.

Through the National Directors of Planning Group, we are supporting and participating in an integrated approach to recovery and delivery planning across NHSScotland. We will be sharing the content and focus of our One Year and Three Year Plans as a collective group of national boards with the intention of identifying any key activities or projects that would benefit from wider collaboration.

This plan will be monitored quarterly with reports provided to the NSS Finance, Procurement and Performance Committee and to the NSS Board, as well as our Scottish Government sponsor.

## **NHSSCOTLAND DELIVERY FRAMEWORK**

Scottish Government have provided draft guidance on a NHSScotland Board Delivery Framework which will be a key mechanism to track progress and report on how delivery plans are progressing within all Health Boards. This framework incorporates several indicators, which will chart collective progress towards delivery and Health Boards are being asked to develop improvement trajectories.

NSS will provide trajectories on:

- Sickness absence; and
- Climate change – greenhouse emissions.

## OUR SERVICES

We provide national infrastructure services and solutions which are integral to health and care in Scotland. Using our expertise in a wide range of specialist areas, we can underpin front line services, build on innovations we developed as part of NHSScotland's response to the COVID-19 pandemic to support a more resilient health and care service that can deal with future challenges, and support the delivery of a health and care service that meets the needs of the population of Scotland.

We provide the following core services:

**Digital and Security:** Our expertise includes delivery and management of national digital platforms, supporting services and cyber security. Our innovative and person-centred scalable technology is delivered through local and national digital solutions, providing clinical informatics, and information security and governance.

**Specialist Healthcare Commissioning:** We commission a range of specialist and rare condition treatments supporting NHSScotland to ensure equitable and affordable access to these services when needed. We also commission a range of screening programmes.

**Population Screening:** From April 2024, a new team will bring together the different national screening functions delivered by NSS. They will be responsible for oversight, quality assurance and coordination at the national level of the six population screening programme.

**Primary Care Support:** We support general practitioners, dentists, opticians, community pharmacies and dispensing contractors to deliver primary care across Scotland. This includes managing contractor payments, maintaining an up-to-date patient registration database, medical record transfers and clinical governance for dental services.

**Legal:** We provide specialist legal advice and assistance in most areas of law relevant to the public sector. With a wide range of experience, the Central Legal Office (CLO) provides clients with a comprehensive legal service. We have close links to Scottish Government and its legal service and counsel clients on a wide range of policy issues.

**Programme Management:** We act as a national delivery provider and work with our partners to offer total solutions in portfolio, programme, project management and transformation services. By equipping our clients with the right people and approaches we can support the delivery of complex and challenging change programmes.

**National Procurement:** We provide procurement services to NHSScotland. We work collaboratively to provide best quality, fit for purpose and best value commercial solutions – weighing up cost, added value and sustainability. Our expert logistics services include distribution, supply chain, warehouse operations, and fleet management. We also provide national eProcurement solutions.

**Fraud Prevention:** We work in partnership with NHSScotland and across the Scottish public sector to provide a comprehensive service to reduce the risk of fraud and



corruption. We're responsible for checking patient exemptions in respect of NHSScotland patient charges and collecting payments for incorrectly claimed exemptions.

**Blood, Tissues and Cells:** The Scottish National Blood Transfusion Service (SNBTS) provides blood, tissues, and cells to NHSScotland, ensuring they are available, 24 hours a day, every day of the year. We also provide specialist treatment and therapeutic solutions, specialist testing and diagnostic services appropriate for all Scottish patient needs.

**NHSScotland Assure:** We deliver a coordinated approach to the improvement of risk management and quality in the healthcare environment across NHSScotland. We encompass services provided by Antimicrobial Resistance and Healthcare Associated Infection (ARHAI) Scotland and Health Facilities Scotland. Our goal is to promote excellence, protect patients from the risk of infection, and support better health outcomes for all.

**Corporate Services:** We provide corporate services to other boards in vital areas such as finance, HR, digital, facilities, procurement and business support. This includes managing payroll for eight NHSScotland boards and delivering a full corporate shared services solution for Public Health Scotland.

**National Contact Centre:** We provide call centre services to the people of Scotland. This includes appointment booking and rescheduling, and providing advice, support and guidance to support access to health and care services.

# NSS STRATEGIC PRIORITIES, OBJECTIVES AND RISKS

We want to make sure our users get the maximum possible value from our services and the wide-ranging skills and experience of our staff. Our priorities describe how we will support health and care organisations to achieve their goals and ensure we are focused on looking forward and identifying where we can help today, tomorrow and in the future.

## Strategic Priorities

- **Enable**  
This is our transformation priority. It recognises how we can support programmes to implement new or improved national, regional, or local health and care solutions. By harnessing the wide-ranging skills and expertise available in NSS, health and care partners can be assured of the delivery of services that provide high quality care to patients and the public.
- **Underpin**  
This is our improvement priority. It challenges us to continually improve the quality of the services we provide that are essential to the functioning of the wider health and social care system. By continually improving our services we can also continue to offer a safe, strong, and stable foundation for the healthcare system to deliver the best possible care and outcomes for the people of Scotland.
- **Assist**  
This is our collaboration priority. It encourages us to look beyond our existing areas and to start considering where we can help and provide support in the future. By actively engaging and building relationships with stakeholders across all areas of health and care, we can respond quickly and appropriately to the needs of new policy requirements and health and care emergencies.

## Strategic Objectives

We have four strategic objectives to ensure delivery against our strategic priorities. Objectives ensure staff and stakeholders understand how we will implement our strategy and where we want to be in the future. They also ensure that all initiatives are aligned to the strategy.

- **Service Excellence**  
To continuously improve the quality and value of our services, so they are safe, efficient, and effective and meet the needs of our service users and stakeholders. We have established a quality management framework to enable us to meet this objective more effectively. All services have quality improvement plans in place and performance is assessed against a range of measures.
- **Financial Sustainability**  
To ensure we have a culture of financial stewardship that creates value for money by driving the effective use of resources, assets, and infrastructure. NSS aim to

achieve a breakeven position and agree a three-year financial plan each year to ensure achievement. NSS have a financial sustainability action plan in place to ensure financial control and tight budgetary management.

- **Workforce Sustainability**

To enable a diverse, knowledgeable, and skilled workforce that can respond to the changing service needs of NHSScotland. We want NSS to be a great place to work and agree a plan each year to achieve this goal. We also ensure our workforce plan is continually reviewed, therefore supporting and developing staff in line with service needs.

- **Climate sustainability**

To embed climate sustainability in everything we do and ensure that NHSScotland achieves net zero greenhouse gas emissions by 2040. We understand NSS will play a pivotal role in supporting NHSScotland to achieve its climate targets and have developed the NHSScotland Climate Emergency and Sustainability Strategy and implemented our own strategy.

All deliverables within our One Year and Three Year Delivery Plans fall within one of the four strategic objectives, ensuring there is multiple levels of governance and assurance to support and scrutinise their achievement.

Overall performance of 2024/25 deliverables will be reported through our service excellence objective. The NSS Strategy 2019-2024, has been reviewed, with a new strategic framework to be put in place for April 2024 onwards.

## Strategic Risks

We have identified ten strategic risks, developed by the Executive Management Team and NSS Board.

The risks have been mapped against our strategic objectives.

- Five are linked to service excellence and cover service excellence, cyber security, clinical and patient safety, governance & regulatory compliance and public inquiries and scrutiny.
- Three relate to financial sustainability, covering financial sustainability, delivery of national programmes and rationalisation of office accommodation.
- There is one for workforce sustainability, recognising the need for our workforce to be diverse, knowledgeable, and skilled to meet service needs.
- One covers climate sustainability and the risk of climate change, recognising the challenges we may face in achieving government targets.

# SUPPORTING NHS SCOTLAND RECOVERY

We have identified a set of deliverables which will support the achievement of NHSScotland recovery drivers. The key deliverables over three years are captured below. Full details for activity within 2024/25, including milestones and risks, can be found in Appendix A.

## 1. Primary & Community Care

To help improve access to primary and community care and enable earlier intervention and more care to be delivered in the community, we will:

- **Practitioner Payment Community Glaucoma Service:** The CGS is a new eyecare service for patients with lower risk glaucoma or Ocular Hypertension (OHT) on prescribed treatment who will be discharged from the Hospital Eye Service (HES) to accredited optometrists within the community. If eligible, patients can register with the optometrist for ongoing monitoring and treatment under the CGS. NSS were commissioned to develop and implement a registration and assessment claims process and arrange payment for these claims. An interim digital solution (CGS lite) is planned for July 2024; with a full electronic system in development. The process for registrations and assessment claims, will be implemented within all Health Board areas – GGHB and Lanarkshire have commenced, with the remaining planned for rollout during 2024/25. We will continue to provide programme management support during the implementation, also the move from the interim process to CGS lite, and clinical governance design and leadership.
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- **Dental element of primary care database:** We will develop and deliver the National Primary Care Clinicians Database (NPCCD) by March 2025. This is a national list of all registered contractors in Scotland with dental information being added to an existing database containing general practice and optician data. This will provide a single resource for medical, ophthalmic, and dental data along with practice information.
- **NCC Vaccine Programmes:** We will support the flu and covid vaccine programmes through 2024/25, in line with agreed funding. This will support vaccine uptake for citizens.

- **NCC Vaccine Programmes:** We will support the National Elective Coordination Unit (NECU) with validation and data gathering of citizens waiting on inpatient and day case admissions. This will start with the GG&C Dermatology waiting lists in June 2024.
- **NCC Service Extension:** We will undertake a test of change with health boards, as directed by Scottish Government and within the vaccine funding allocation, to ascertain whether Health Boards can realise efficiencies by using National Contact Centre services. This will deliver improvements to local vaccine initiatives.
- **NCC Call Waiting Times:** We will meet average standard call waiting times for citizens. This ensures best standard of service.
- **Practitioner Services Payment Accuracy:** We will make on time and accurate payments to general practice, pharmacy, dental and optometry practitioners.

## 2. Urgent & Unscheduled Care

No specific deliverables are detailed for this priority.

## 3. Mental Health

No specific deliverables are detailed for this priority.

## 4. Planned Care

To enable the recovery and improved delivery of planned care, we will:

- **UK manufacture of Plasma:** We will implement the delivery plan for Plasma for Medicine following appointment of manufacturer. This will provide a more sustainable supply of plasma from within the UK.
- **Healthcare Built Environment Review:** We will review all HBE projects, including the National Trauma Centre (NTC) programme, through the NHSScotland Design Assessment Process (NDAP) and Key Stage Assurance Review (KSAR) at each stage of the lifecycle programme. This will ensure Boards facilitate the development and procurement of well-designed, sustainable, healing environments that support local and national policies and minimise risk from the built environment.

## 5. Cancer Care

To support the delivery of the National Cancer Action Plan, we will:

- **Managed Cancer Networks:** Complete scoping of requirement for two additional National Managed Cancer Networks (NMCNs). Publish two additional Clinical Management Pathways (CMPs) and establish governance processes for existing CMPs. This will support improvements in care for specific types of cancer.

## 6. Health Inequalities

To help reduce health inequalities, we will:

- **NHSScotland strategic planning:** We will support the NHSScotland Strategic Planning and Delivery Board in the rollout of changes to how services are planned, funded and commissioned. This includes delivering a prioritisation framework using the National Specialist Services Committee (NSSC) commissioning process underpinned by clear scope, definitions and measurable outcomes. This supports ambitions for a single coherent planning framework as part of a Once for Scotland approach.

## 7. Women's Health

No specific deliverables are detailed for this priority.

## 8. Workforce

To support NHS Scotland with the implantation of its workforce strategy, we will:

- **iMatter:** We will issue an iMatter survey to ascertain employee sentiment and satisfaction.

## 9. Digital Services Innovation Adoption

To help optimise use of digital and data technologies and innovation adoption in the design and delivery of health and care services for improved patient access, we will:

- **Scan for safety:** We will implement the Scan for Safety Programme, a system wide approach to the tracking and tracing of high risk implantable devices in Scotland through digital data capture at the point of care and aim to have point of care scanning available in four health boards by March 2025. This will improve the safety of high risk implantable devices.
- **DaS Incident Management:** We will meet service level agreements (SLAs) performance targets for incident response, using metrics and customer feedback to continuously improve performance. Managing incidents in this way improves service continuity and reduces lost time and financial impacts due to system outage.

## 10. Climate

To help NHS Scotland with its response to the climate emergency and environmental ambitions, we will:

- **HGV sustainability:** We will reduce the carbon footprint of the NSS fleet of Heavy Good Vehicles by installing a Hydrotreated Vegetable Oil (HVO) Tank at

Coddington to provide fuel for Menzies fleet. This will support the 20% reduction in fuel consumed by the National Distribution fleet. (Note carry forward from 23/24).

- **HGV sustainability – merge on wheels:** We will reduce the overall National Distribution carbon footprint by implementing a non-fossil fuel trial and ‘merge on wheels’ (cross docking) to achieve a 20% reduction in fuel consumed by the NDS fleet by Q4. This supports NHSScotland's net zero ambition. (NB: this is a carry forward item from 2023/24).
- **Climate Sustainability:** We will deliver actions in the NSS Climate Sustainability Plan that help achieve our 2025 targets:
  - 15% reduction in domestic waste.
  - 5% max domestic waste to landfill.
  - 70% domestic waste recycled or composted.
  - 33% reduction in food waste.
  - 0% petrol or diesel cars.
  - 0% petrol or diesel light commercial vehicles.
  - 50% reduction in fossil fuel consumed by the National Distribution Service fleet.
  - And progress actions that contribute to our net zero ambitions:
    - Reduce gas consumption and explore alternatives.
    - Reduce electricity consumption and transition to renewable sources.
    - Reduce water consumption.

## WORKFORCE PLANNING

We have a three-year workforce plan in place which is aligned to the NHSScotland Workforce Strategy, which sets out a national framework to achieve our vision of a sustainable skilled workforce with attractive career choices and where everyone is respected and valued for the work they do.

Additionally, the plan aligns to Scottish Government's Care and Wellbeing Portfolio, the NHSScotland priorities and builds on the success of our previous Remobilisation Plans.

The workforce plan incorporates our strategic aims of enabling health and care transformation, underpinning NHSScotland services and assisting other organisations involved in health and care. Importantly, the plan ensures we continue to support NHSScotland as it seeks to stabilise, reform and transform.

The plan is supported by a three-year action plan which sets out key deliverables against the 5 pillars of the workforce journey that support recovery, growth and transformation of services and the workforce.

However, it should be noted that we are in the process of reviewing and refreshing our three-year workforce plan, along with updates to our 5 pillars action plan. This is to ensure we are meeting our current and future workforce requirements, and we are aligned to the Scottish Government's national planning priorities in terms of workforce.

### Monitoring and Review

Our action plan is regularly reviewed by the HR Senior Management Team, and the actions have been incorporated into the HR Annual Delivery plan, along with governance and oversight at the relevant committees which include the NSS Partnership forum and Staff Governance Committee.

To further support our workforce plan, NSS has an established strategic objective in place on Workforce Sustainability, as previously mentioned.

This objective is contained within the objectives of the NSS Chief Executive and members of the Executive Management Team, which in turn is cascaded through the relevant Directorates. Objectives are subject to review at Mid-Year and End of Year as part of the appraisal process. It should also be noted that key HR related actions and deliverables identified in our action plan have also been incorporated into the objectives of the Director of HR & Workforce Development and those of HR Senior Management Team.



## FINANCIAL SUSTAINABILITY

NSS has a balanced financial plan in place for revenue and capital for financial year 2024/25, including a plan to deliver 3% Cash Releasing Efficiency Savings (CRES). A breakeven position is also forecast over the three-year planning period. Further details are provided within our Financial Plan, which, although a separate document, is fully integrated with this Plan.

### 11. Finance, Procurement, and Support

To help support NHSScotland with resilience, financial sustainability and achieving efficiencies, we will:

- **Achieve Financial Balance:** We will implement a 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 to achieve financial balance.
- **Counter Fraud:** We will provide national counter fraud services to NHSScotland to recover and prevent fraud losses through prevention, detection and investigation initiatives. This will deliver £4.2m of recoveries and cost avoidance in 2024/25.
- **Anchors Strategy – Procurement:** We will provide leadership to the NHSScotland procurement community on how to improve local procurement in line with Scotland's anchor institution ambition. This will increase social value delivery and maximise local expenditure.
- **eProcurement:** We will provide strategic leadership in Digital Procurement solutions for NHSScotland and shape the NHS Scotland Business Services Transformation programme approach to Procurement Systems by leading on the PECOS replacement and developing an outline strategy. This will help to increase the potential for financial savings.
- **National Procurement Contract Savings:** We will create a fully resourced contract workplan for Green RAG status projects to secure £10m savings in 2024/25 through National Procurement contracting activity awards and will report quarterly on progress against the savings plan. This supports NHSScotland financial sustainability.

## VALUE BASED HEALTHCARE AND SERVICES

Pursuing Realistic Medicine and Value Based Healthcare and Services will help NSS achieve strategic objectives. NSS will continue to embrace and adopt Value Based Healthcare and Services (VBHC) and Realistic Medicine.

Quality Improvement (QI) is both a fundamental component of Realistic Medicine and an essential enabler for implementing specific Realistic Medicine and VBHC work. Work is underway to build an NSS wide organisational approach to QI that will support and drive the ongoing delivery of Realistic Medicine and VBHC.

We have refreshed our clinical governance framework to better align with Realistic Medicine and Value Based Healthcare.

For 2024/2025 we will continue to:

- Engage and influence strategically across the organisation. We will work with finance colleagues and the Executive Leadership team, Board, Directors, and Directorates. So that those that shape services can be supported in our collective commitment and responsibilities to drive up the value of healthcare services.
- Build an organisational approach to quality and value improvement.
- Support individuals and teams to improve quality and value and apply and implement the principles of realistic medicine.

## IMPROVEMENT PROGRAMMES

As the provider of national infrastructure and solutions we are leading or supporting NHS Scotland in several programmes that will deliver improvements and benefits to health and care in Scotland. These programmes are all accounted for in this plan.

Last year, we introduced a new strategic objective for service excellence.

### NSS Service Excellence

“We will continuously improve the way in which we deliver existing and new services, with a focus on quality, to ensure they are safe, efficient, effective and meet the needs of our service users, partners and stakeholders.”

In 2023/24, we introduced a new Quality Management Framework aligned to the Healthcare Quality Strategy for NHSScotland (2010) and designed around the Scottish Quality Management System Framework (2022). This programme of work embeds a quality-focused improvement culture across all of NSS that enables us to deliver against this objective.

There are several initiatives to support its delivery.

- We have introduced a new set of performance measures based on service performance, improvement, and productivity. Critically, we want to ensure that our services are easy to use, and users are highly satisfied with them.
- Each NSS Directorate has undertaken a preparedness assessment and developed Quality Improvement Plans.
- We have incorporated quality requirements into our leadership and training programmes and supporting our senior leaders to become role models for quality management and improvement.
- Pilots have been undertaken across three directorates and a quality improvement toolkit is being developed.
- We will be considering the longer-term quality infrastructure needed in NSS to ensure its ongoing success.

Ultimately NHSScotland will be the beneficiary of this programme of work through easy-to-use services that are more keenly focused on NHSScotland outcomes and delivered in the most efficient way possible.

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Mary Morgan  
Chief Executive  
NHS National Services Scotland

via email: [mary.morgan@nhs.scot](mailto:mary.morgan@nhs.scot)

18th June, 2024

Dear Mary

## **NHS NATIONAL SERVICES SCOTLAND DELIVERY PLAN 2024-25**

Thank you for submitting your NHS National Services Scotland Delivery Plan for 2024-25 and may I take this opportunity to thank you and your team for all the hard work that has gone into the preparation of this plan.

Whilst great progress has been made, NHS Scotland continues to face significant challenges as we recover from the impacts of the Covid pandemic, coupled with a significant financial challenge. We welcome the approach taken by your Board to develop your service delivery and financial planning in an integrated way.

We also fully recognise the significant challenge of preparing a plan within a landscape of uncertainty and risk as well as the requirement to deliver savings as set out in your Financial Plan. Delivery Plans have therefore been reviewed to take these factors into account and ensure sufficient assurance is provided in alignment with NHS Scotland and the Scottish Government priorities.

Following our review, we are satisfied your Plan reflects the main areas to support the delivery of key Scottish Government priorities, and we are therefore content for you to proceed to seek final approval from your Board.

We would note the approval of the plan is contingent upon the understanding that your Board will continue to work closely with the Scottish Government to ensure delivery against key commitments. Most critically, we expect these plans and the approach to remain dynamic, with the ability for NSS to adapt and respond in line with nationally agreed areas of focus coming through the NHS Scotland Planning and Delivery Board.

Over the quarterly reporting cycle we would like to see, and will work with you, to ensure plans capture all the important services NSS provide on a business-as-usual basis in addition to the key programmes and areas of focus outlined already. This will include planning and delivery of National Programmes such as Microsoft 365, GP IT Systems, Business Systems and deliverables in relation to NSS's role as commissioner of specialist services through NSD. Most of which I appreciate are already earmarked as future deliverables in your plan.

## Forward Look

We will be looking to provide greater clarity and consistency by setting out the future strategic level planning approach for NHS Scotland within a Scottish Government Director's Letter (DL), which will be issued in the coming weeks. We are keen to introduce a refreshed approach to planning across NHS Scotland, with the aim of securing the best outcomes for patients and support our health services through planning and service design. The DL will incorporate a new approach as to how we in the Scottish Government start to commission work from all the National Boards, and will set out expectations around commissioning of acute services, whilst working closely with colleagues in National Services Division in developing it.

We also welcome the work being undertaken by all the National Boards to identify opportunities to release efficiency through further collaboration. The Scottish Government Health Planning Team and Sponsorship Teams will engage with you over the summer to discuss how we can build on this work to ensure that future planning guidance is more appropriately tailored for National Boards to support a greater shared understanding of core National Board planning responsibilities, areas of collaboration and cross-cutting work.

Once again, I wish to thank to you and all your colleagues for your continued efforted and engagement. If you have any questions about this letter, please do not hesitate to get in touch with either myself or Paula Speirs, Deputy Chief Operating Officer for Health Planning ([dcoohealthplanning@gov.scot](mailto:dcoohealthplanning@gov.scot)).

Yours sincerely



Richard McCallum  
Director of Health and Social Care Finance, Digital and Governance

<b>Meeting:</b>	<b>NSS Board Meeting</b>
<b>Meeting date:</b>	<b>28 June 2024</b>
<b>Title:</b>	<b>2023-24 Whistleblowing Annual Report</b>
<b>Paper Number:</b>	<b>B/24/16</b>
<b>Responsible Executive/Non-Executive:</b>	<b>Jacqui Reilly, Nurse Director and NSS Whistleblowing Executive Lead</b>
<b>Report Author:</b>	<b>Lynn Morrow, Corporate Affairs and Compliance Manager</b>
	(Reviewed by: Hayley Barnett, Associate Director for Governance and Board Services)

## **1. Purpose**

- 1.1 The Whistleblowing Annual Report for 2023-24 is presented to the NSS Board for approval. The Annual Report was scrutinised by the Staff Governance Committee at its meeting on 6 June 2024.

## **2. Recommendation**

- 2.1 It is recommended that the Board approve the Whistleblowing Annual Report for 2023-24 for publication.

## **3. Executive Summary**

- 3.1 In line with the National Whistleblowing Standards launched on 1 April 2021, NHS National Services Scotland is required to publish an Annual Report by 30 June 2024.
- 3.2 Since April 2023, NSS has been contacted, either through the Whistleblowing helpline or the Confidential Contacts Service on five occasions, only one of which was raised under the auspices of whistleblowing. Due to the complexity of the case, it was investigated as a Stage 2 concern from the outset and was partially upheld.
- 3.3 The number of whistleblowing concerns NSS received in 2023-24 was lower than the previous year.
- 3.4 The number of concerns received by NSS since 1 April 2021 remains low and is comparable to the number of concerns received by other National Boards across Scotland.

## **4. Impact Analysis**

### **4.1 Quality and Value**

4.1.1 Lessons learned from managing cases will continue to be used to ensure the whistleblowing process within NSS is improved and the outcomes from cases are used for organisational learning.

### **4.2 Equality and Diversity, including health inequalities**

4.2.1 A review of the Equality impact assessment has been completed on whistleblowing in 2023/24. This has assessed the impact of the whistleblowing standards and NSS processes on our staff and those who provide services on behalf of NSS. The next review will be undertaken in March 2025.

### **4.3 Data protection and information governance**

4.3.1 A review of the Data Protection Assessment has been undertaken and signed off by the NSS Data Protection Officer in 2023/24. The next review will be undertaken in March 2025.

## **5. Risk Assessment/Management**

5.1 There is one corporate risk relating to whistleblowing. This relates to the planned service now 'Enable' development of a tool equivalent to Datix for reporting of Whistleblowing concerns, wherein any member of staff can access the system and raise a concern and all managers can record these.

5.2 The Corporate Reporting System Programme which includes a reporting tool for Whistleblowing has been prioritised as part of the 2024/25 NSS Change Programme and forms a commitment within the NSS 1 Year Plan agreed with Scottish Government.

5.3 The interim solution of an excel spreadsheet which is populated via the confidential contact and WB service, with the IG provision in the DPIA as specified above, remains in place.

## **6. Financial Implications**

6.1 There are no financial implications directly associated with this paper.

## **7. Workforce Implications**

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

## **8. Climate Change and Environmental Sustainability Implications**

8.1 There are no climate change and environmental sustainability implications directly associated with this paper.

## **9. Route to Meeting**

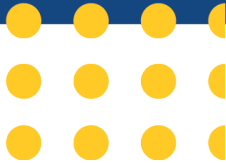
9.1 This Annual Report has been reviewed by the Executive Management Team and Partnership Forum prior to submission to the Staff Governance Committee for scrutiny. Scrutiny of this paper, by the Staff Governance Committee, prior to submission to the NSS Board for final approval, is the agreed governance route for this annual report.

## **10. List of Appendices and/or Background Papers**

10.1 Appendix 1 – 2023-24 Annual Report



# Whistleblowing Annual Report

























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# 1. Introduction

This is our third annual whistleblowing report since the new Independent National Whistleblowing Officer (INWO) National Standards came into force on 1 April 2021.

We support and encourage an environment where employees, both current and former, bank and agency workers, contractors (including third sector providers), trainees and students, volunteers, and anyone working alongside our staff can raise concerns.

Our aim in this report is to be transparent about how we handle whistleblowing concerns, highlight actions taken and improvements to our services as a result of whistleblowing concerns raised and lessons learned. The report will demonstrate our performance against the national key indicators as required by the INWO.

In line with the national standards requirements, details are shared at a level which ensures we protect the whistleblower's identity and to make sure the report does not identify anyone who has contributed to an investigation.

The reporting period includes activity between 1 April 2023 and 31 March 2024.

# 2. Background

Whistleblowing is an important process to enable a person to speak up about any whistleblowing concerns they may have in the organisation with respect to quality and safety in patient care and our service delivery. The way we respond to whistleblowing concerns raised is important, so that individuals feel that their concerns will be valued and handled appropriately, and that the organisation will take on board what they have to say.

In line with the organisation's values, whistleblowing is a key part of a transparent, accountable and safe work culture and we encourage concerns to be dealt with at the earliest opportunity and, where possible, in real time within the management structures that our staff work in. Alternate routes for raising concerns include with more senior managers, trade unions and other staff.

In support of providing alternate routes to raise concerns we have in place Confidential Contacts who provide an additional source of support for colleagues to talk about any workplace concerns or issues. We also have a dedicated whistleblowing telephone and email line. The whistleblowing telephone line is supported by the Whistleblowing Support Team and monitored daily during office hours.

Our Staff Governance Committee (SGC), together with our Whistleblowing Champion (WBC), who is a member of the SGC, have scrutinised this report,

including performance against the requirements of the National Whistleblowing Standards, key performance indicators (KPIs) as part of the Board's ongoing work to promote a 'Speak Up' culture. The WBC has been proactive in engaging with the organisation and raising awareness of Speaking Up and in providing oversight of governance mechanisms for reporting, including production of quarterly and annual reports, to complement the oversight provided by the Board.

### 3. Whistleblowing 2023-24 – At a Glance



One whistleblowing concern received and investigated at Stage 2.  
Concern was partially upheld

## 4. Concerns Received

Since 1 April 2023, our Whistleblowing Helpline and Confidential Contact service have been contacted on five occasions, only one of these concerns was raised under the auspices of whistleblowing. This case was assessed as meeting the definition of whistleblowing and was investigated as a Stage 2 concern. The remaining four received through our Confidential Contact Service were related to HR or complaints processes.

The whistleblowing concern was investigated as Stage 2 from the outset due to its complexity and based on information received as part of the investigation; the concern was partially upheld.

There were no reports received from students, trainees or volunteers.

Contractors (both NSS specific and those with national contracts) were all contacted on a quarterly basis to obtain information on any whistleblowing concerns received during the reporting period in question. No such concerns were received.

Over the relevant reporting period in the year to 31 March 2024, one whistleblowing concern was investigated; this compares to two in the 2022-23 year and four in the 2021-22 year. This is comparable with the whistleblowing activity in other National Boards across Scotland (Source National Boards 2022-23 Annual Reports).

Feedback from our Confidential Contact service and our analysis of the range of concerns raised in the organisation, continues to indicate that our staff feel able to speak up in using the Confidential Contact service.

The details of the Key Performance Indicators (KPIs) associated with the concerns reported in their totality, those which were raised under the auspices as whistleblowing and those which were investigated as whistleblowing concerns are given in **section 6**.

## 5. Referrals to INWO

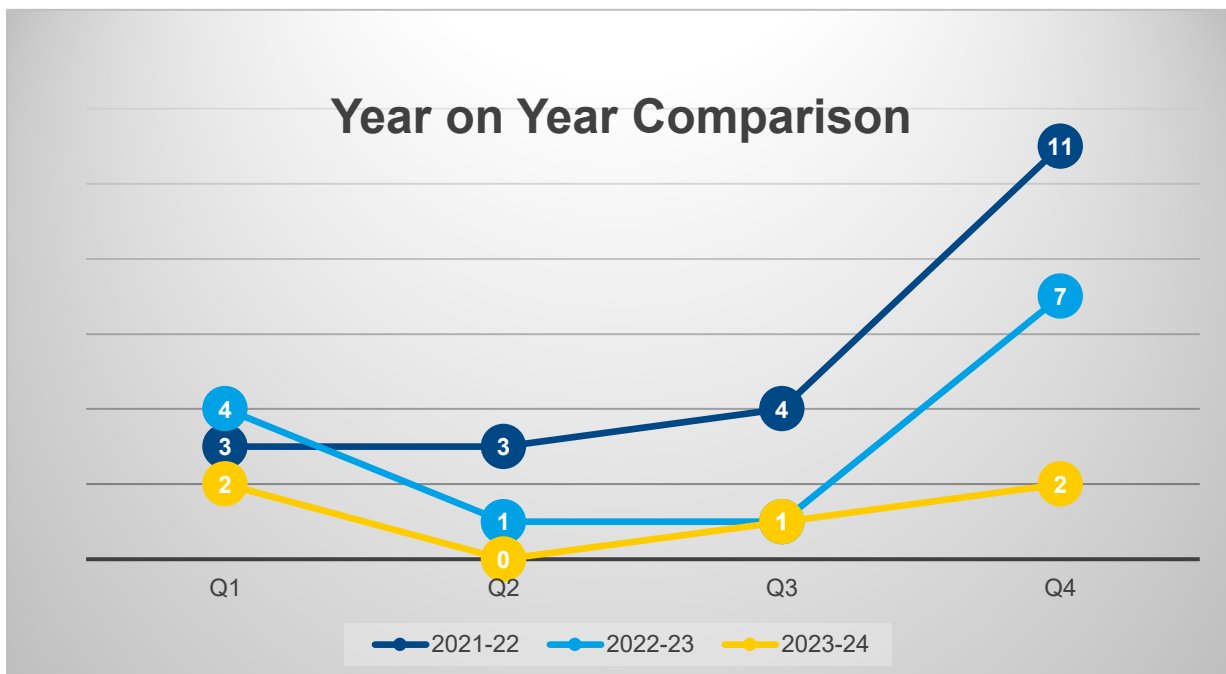
In February 2024, NSS received notification from INWO that they had received a complaint in respect of the case investigated by NSS during Quarter 1. The Whistleblowing Team has provided all evidence in line with requested timescales and INWO is currently undertaking a detailed investigation. An outcome is expected by Summer 2024.

## 6. Key Performance Indicators

These following Key Performance Indicators (KPIs) are reviewed by the SGC quarterly, at each meeting.

### 6a. Concerns Received

	Q1	Q2	Q3	Q4	Total
<b>Total number of concerns received</b>	2	0	1	2	<b>5</b>
<b>Number of whistleblowing concerns</b>	<b>1</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>1</b>
No. reviewed at Stage 1 (5 days)	0	0	0	0	<b>0</b>
No. reviewed at Stage 2 (20 days)	1	0	0	0	<b>1</b>
No. classed as anonymous/unnamed	0	0	0	0	<b>0</b>
<b>Number not classed as Whistleblowing</b>	1	0	1	2	<b>4</b>

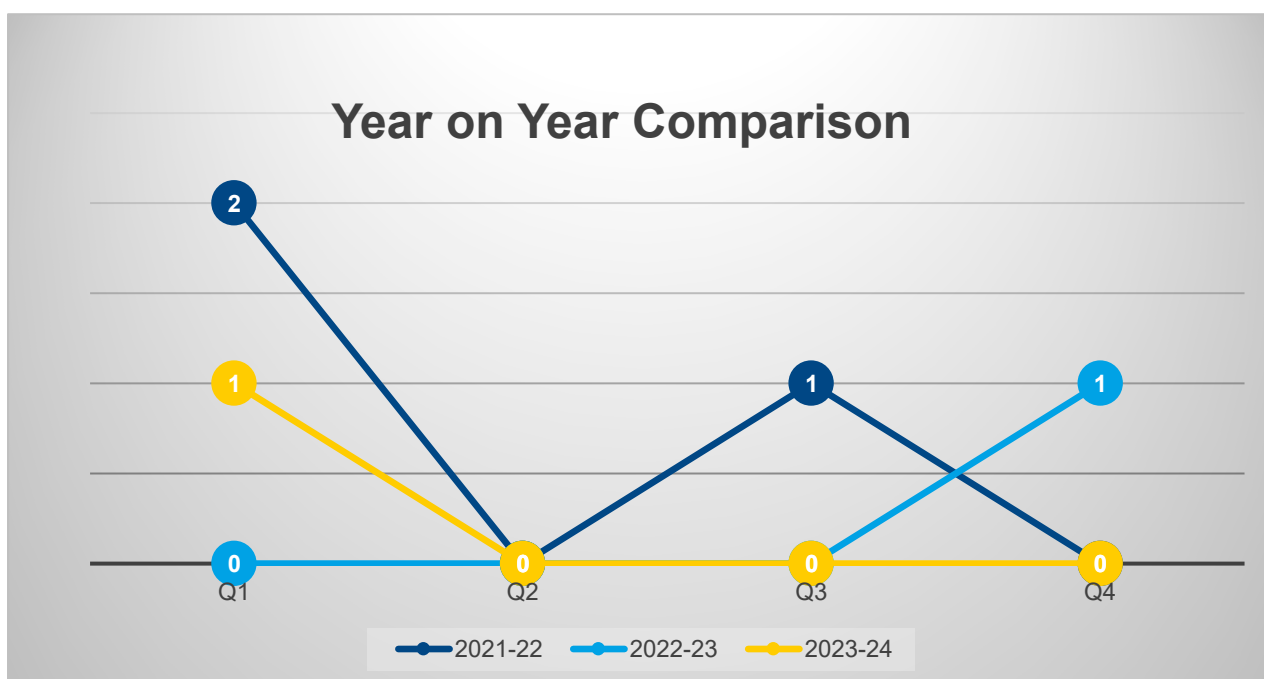


The remainder of this report is based on the concern relating to whistleblowing and referred to the whistleblowing service via the Confidential Contacts or raised with the whistleblowing service directly by the individual raising the concern.

## 6b. Whistleblowing Internal/External/Contracted Services Cases

	Q1	Q2	Q3	Q4	Total
No. of concerns – Internal	1	0	0	0	1
No. of concerns – External	0	0	0	0	0
No. of concerns – Contracted Services	0	0	0	0	0

Internal refers to NHS National Services Scotland (NSS) staff in NSS Services, and external refers to non-NSS staff in NSS services (e.g. volunteers/students, etc).



## 6c. Whistleblowing Concerns Closed

	Q1	Q2	Q3	Q4
No. and % closed at Stage 1	0(0%)	0(0%)	0(0%)	0(0%)
No. and % closed at Stage 2	1(100%)*	0(0%)	0(0%)	0(0%)

\*The case raised in Q1 was partially upheld and this investigation was concluded and reported in Q2.

## 6d. Status of outcome of Investigation

	Q1	Q2	Q3	Q4	Total
Stage 1					
Upheld	0	0	0	0	0
Partially Upheld	0	0	0	0	0
Not Upheld	0	0	0	0	0
Stage 2					
Upheld	0	0	0	0	0
Partially Upheld	1*	0	0	0	1
Not Upheld	0	0	0	0	0
<b>TOTAL</b>	<b>1*</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>1</b>

\*The case raised in Q1 was partially upheld and this investigation was concluded and reported in Q2.

## 6e. Response timescales

	Q1	Q2	Q3	Q4
Stage 1 (5 days)	0	0	0	0
Average time in working days for responses	0	0	0	0
No. of cases closed at Stage 1 within timescale (%)	0(0%)	0(0%)	0(0%)	0(0%)
No. of Stage 1 cases extended	0	0	0	0
Stage 2 (20 days)	1	0	0	0
Average time in working days for responses	55*	0	0	0
No. of cases closed at Stage 2 within timescale (%)	0(0%)	0(0%)	0(0%)	0(0%)
No. of Stage 2 Cases extended (%)	1(100%)*	0(0%)	0(0%)	0(0%)



\*The timescale for the Q1 case required to be extended to enable a full and thorough investigation to be carried out. The case was concluded and reported in Q2. The whistleblower was kept informed throughout.

## 6f. Cases under consideration by INWO

	Q1	Q2	Q3	Q4	Total
Internally raised Cases	0	0	0	1	1
Externally raised Cases	0	0	0	0	0
Contracted Services raised Cases	0	0	0	0	0

## 6g. INWO Referred Case

	Q1	Q2	Q3	Q4	Total
Stage 1	0	0	0	0	0
Stage 2	0	0	0	1	1

## 7. Key Themes Arising from Whistleblowing Concerns Raised

Due to the nature of the one concern raised there is an increased risk of deductive disclosure for both the whistleblower and any witnesses involved in this case. As a result, and in line with guidance provided by the Independent National Whistleblowing Officer (INWO), specific comments have not been included in this report.

## 8. Learning, Changes or Improvements

We seek to continually improve processes and the support provided to individuals raising concerns and those involved as witnesses.

In respect of the stage 2 whistleblowing case, improvements were detailed in an action plan, relating to the partially upheld element of the concern, and delivered on in relation to the service area the concern was raised in.

In line with reporting requirements, quarterly reports, including lessons learned, are provided to the NSS Staff Governance Committee, on behalf of the NSS Board, as well as direct to the INWO. Internal Standing Operating Procedures (SOPs) and processes based on learning from investigations undertaken are reviewed after each case as part of the debrief process on what went well and what could be improved.

In response to the INWO report recommendations published on NHS Scotland wider learning in the last year, we have continued to review and refine our Standing Operating Procedures and the roles and responsibilities of those directly involved in whistleblowing to ensure best practice. This has included:

- Ongoing learning following feedback from INWO in respect of the case they reviewed previously;
- reflecting on information provided in Quarterly reporting to our Staff Governance Committee. To ensure there was no risk of deductive disclosure of either a whistleblower or witnesses, we took the decision to no longer include details of actions arising from concerns;
- adapting our processes to ensure that for all future cases, we inform the whistleblower when all findings from an investigation have been concluded.

A review of the Equalities Impact Assessment and Data Protection Impact Assessments for whistleblowing has been undertaken.

## 9. Staff Perceptions, Awareness and Training

We actively encourage staff to undertake the NHS Education for Scotland (NES) developed whistleblowing training, for all employees and senior managers, in TURAS which provides learning on both the Standards and the role of INWO.

The Whistleblowing training figures, provided by Human Resources, as of 31<sup>st</sup> March 2024 were:

### 9a. Whistleblowing Training Figures

Whistleblowing	TURAS Headcount	Complete	Compliance %
Employees	3,334	2,559	76%
Managers	769	480	62%

In 2024-25 the NSS whistleblowing team will work with Directorates to further promote the uptake of this training.

## 10. Working with Contractors

We work with current in scope contracted suppliers to ensure compliance with the policy requirements. We undertake this work for NSS contracted services and for national contracts on behalf of NHS Scotland.

We collate reports of any concerns reported by the contractors and on an annual basis send all in scope suppliers of contracted services an electronic form, requiring detail of any whistleblowing concerns raised during the financial year, or confirmation of a nil response.

For the 2023-24 reporting year, there were no whistleblowing concerns raised by the identified NSS in-scope suppliers, as detailed above.

## 11. Communications

A Speak Up Communications strategy is delivered on annually in NSS. The aim of this strategy is to:

- To promote and encourage speaking up in the workplace;
- To highlight the difference speaking up can make;
- To provide a way for individuals to have their voices heard;
- To highlight the different routes available to staff to speak up and how to access them (depending on the nature of the concern).

**Throughout 2023-24 there was proactive staff messaging (via all staff emails and Stay Connected Staff Newsletter) including:**

- Whistleblowing Champion attendance at Directorate Townhall sessions to talk about Speaking Up
- Publicising the Standards and where to find them
- Reminding staff about our eLearning programme and how to access
- The promotion of Confidential Contacts and updates of the service.
- Independent National Whistleblowing Officer (INWO) monthly updates shared with option to sign up
- Activities around Speak Up Week 2023 (X and LinkedIn activities).
- geNSS homepage updated with direct links to HR Connect pages on Whistleblowing and Confidential Contacts – [geNSS \(scot.nhs.uk\)](https://www.geNSS.scot.nhs.uk)

**Activities are already planned for 2024-25 including:**

- Promotion of Mandatory training at Directorate Management Team meetings
- Planning for Speak Up Week – 30 September – 4 October 2024
- Refresh of Whistleblowing and Confidential Contacts information on Staff Intranet
- Further promotion of the confidential contact service
- A Staff Governance/Board Seminar on whistleblowing with links to a compassionate culture

## 12. Confidential Contacts

With the introduction of the Once for Scotland policies in March 2020 and the Whistleblowing Standards in April 2021, all health boards across Scotland were to implement a Confidential Contact Service or similar service to the workplace for all employees to have access to. Following agreement by the NSS Workforce Policy Terms and Conditions (WPTC) Group and NSS Partnership Forum in March 2021, this service was developed.

Our four Confidential Contacts listen, support and signpost options under the relevant policies to staff who wish to raise concerns. They undertake this role on a voluntary basis, in addition to their substantive role in NSS.

The confidential contacts received training on the role of the confidential contact, HR policies, whistleblowing and listening skills. Our confidential contacts utilise an electronic recording form to enable anonymous recording of contacts being made.

The Chief Executive; Executive Lead for Whistleblowing and WBC met with the Confidential Contacts, in May and September 2023, to discuss the support and service they provide to staff. This has been especially valuable as it has further enhanced a deeper understanding of the experiences of the Confidential Contacts as well as considering the key topic themes emerging from the service. This has enabled the organisation to consider requirements for annual planning related to this service and wider NSS needs.

### Feedback related to the confidential contacts this year included:

"I wanted to be a CC as it is important for staff to have a safe place to speak freely. I have found the experience interesting and informative so far."

*"Being part of the Confidential Contact service brings me pride and joy. I love to provide a safe space to those who need it as well as to offer different avenues to resolve their issues."*

"I believe it is a very important service for all staff to have a safe space to speak to someone when they are in need. This service to me is worth its weight in gold, the people I have spoken to have told me it has given them comfort to have a safe space to speak and given help and signposting to other useful tools to take anything forward. I find this role very rewarding and take great pride in the service and all it does for all NSS staff."

## 13. Our services

We provide services and advice to the NHS and wider public sector in Scotland. Since its inception, NSS has provided a wide range of national services that ensure health boards and other health, and care partners can deliver their services with confidence.

### **Digital and Security**

Our expertise in digital services includes end-to-end business solutions, technology and data for clinical settings, and digital security options. Our innovative and person-centred scalable technology is delivered through local and national digital solutions, providing clinical informatics, cyber security and information governance.

### **National Contact Centre**

We provide call centre services to the people of Scotland. This includes appointment booking and rescheduling and providing advice, support and guidance to support access to health and care services.

### **Primary Care Support**

We support general practitioners, dentists, opticians, community pharmacies and dispensing contractors to deliver primary care across Scotland. This includes managing contractor payments, maintaining an up-to-date patient registration database, medical record transfers and clinical governance for dental services.

### **Specialist Healthcare Commissioning**

We commission a range of specialist and rare condition treatments supporting NHS Scotland to ensure equitable and affordable access to these services when needed. We also co-ordinate a range of screening programmes.

### **Legal**

We provide specialist legal advice and assistance in every area of law relevant to the public sector. With many years of experience, we advise clients on all aspects of the law, and with close links to the Scottish Government, we also counsel on wider policy issues.

### **Programme Management Services**

We act as a national delivery provider and work with our partners to offer total solutions in portfolio, programme, project management and transformation services. By equipping our clients with the right people and approaches we can support the delivery of complex and challenging change programmes.

### **National Procurement**

We provide a single procurement service across NHS Scotland. We work collaboratively to provide best quality, fit for purpose and best value commercial

solutions – weighing up cost and added value. Our expert logistics services include distribution, supply chain and warehouse operations, fleet management and ward product management.

### **Fraud Prevention**

We work in partnership with NHS Scotland and across the Scottish public sector to provide a comprehensive service to reduce the risk of fraud and corruption. We are responsible for checking patient exemptions in respect of NHS Scotland patient charges and collecting payments for incorrectly claimed exemptions.

### **Blood, Tissues, and Cells**

The Scottish National Blood Transfusion Service provides blood, tissues, and cells to NHS Scotland, ensuring they are available, 24 hours a day, every day of the year throughout Scotland. We also provide specialist treatment and therapeutic solutions, and specialist testing and diagnostic services appropriate for all Scottish patient needs.

### **Corporate Services**

We provide corporate services to other health boards in vital areas such as finance, HR, digital, facilities, procurement, and business support. This includes managing payroll for eight NHSScotland boards and delivering a full corporate shared services solution for Public Health Scotland.

The Board Services team provides essential support for the effective functioning of NHS Scotland Committees and the NSS Board and Committees. They work closely with the Corporate Governance Directorate to uphold high corporate governance standards.

### **NHS Scotland Assure**

We deliver a coordinated approach to the improvement of risk management and quality in the healthcare environment across NHSScotland. We encompass services provided by Antimicrobial Resistance and Healthcare Associated Infection (ARHAI) Scotland and Health Facilities Scotland. Our goal is to promote excellence, protect patients from the risk of infection and support better health outcomes for all.

### **Antimicrobial Resistance and Healthcare Associated Infection (ARHAI) Scotland**

ARHAI Scotland is responsible for coordinating national surveillance, reporting of healthcare associated infections and monitoring antimicrobial resistance and prescribing. As part of NHS Scotland Assure, we also provide evidence-based guidance and expert advice on infection prevention and control to reduce healthcare-associated infection (HAI).

## APPENDIX – KPI Checklist

As per INWO Guidance

KPI	Requirement	See Section
1.	A statement outlining learning, changes or improvements to services or procedures as a result of consideration of whistleblowing concerns.	Section 8, Page 9
2.	A statement to report the experiences of all those involved in the whistleblowing procedure (where this can be provided without compromising confidentiality).	Section 8, Page 9
3.	A statement to report on levels of staff perceptions, awareness and training.	Section 9, Page 10
4.	The total number of concerns received	Section 6a, Page 6
5.	Concerns closed at stage 1 and stage 2 of the whistleblowing procedure as a percentage of all concerns closed.	Section 6c, Page 7
6.	Concerns upheld, partially upheld, and not upheld at each stage of the whistleblowing procedure as a percentage of all concerns closed in full at each stage.	Section 6d, Page 7
7.	The average time in working days for a full response to concerns at each stage of the whistleblowing procedure.	Section 6e, Page 7
8.	The number and percentage of concerns at each stage which were closed in full within the set timescales of 5 and 20 working days.	Section 6e, Page 7
9.	The number of concerns at Stage 1 where an extension was authorised as a percentage of all concerns at Stage 1.	Section 6e, Page 7
10.	The number of concerns at stage 2 where an extension was authorised as a percentage of all concerns at Stage 2.	Section 6e, Page 7

This annual report will be published on the NSS website.

For alternative formats please contact [NSS.EqualityDiversity@nhs.scot](mailto:NSS.EqualityDiversity@nhs.scot)



# NHS National Services Scotland

<b>Meeting:</b>	<b>NSS Board</b>
<b>Meeting date:</b>	<b>Friday 28<sup>th</sup> June 2024</b>
<b>Title:</b>	<b>Financial Performance – May 2024 (Month 2)</b>
<b>Paper Number:</b>	<b>B/24/17</b>
<b>Responsible Executive/Non-Executive:</b>	<b>Carolyn Low, Director of Finance, Corporate Governance and Legal Services</b>
<b>Report Author:</b>	<b>Andy McLean, Deputy Director Finance  (Reviewed by: Carolyn Low, Director of Finance, Corporate Governance and Legal Services)</b>

## **1. Purpose**

- 1.1 This paper is presented for scrutiny.
- 1.2 The paper provides the Board with an update on financial performance against the agreed financial plan at 31<sup>st</sup> May 2024.

## **2. Recommendation**

- 2.1 As Responsible Executive I am assured that statutory financial targets, financial policies, and financial management arrangements are being appropriately progressed, managed and escalated as necessary through established NHSScotland and NSS processes, with learning being identified and improvements implemented.
- 2.2 It is recommended that the Board scrutinise the report, note that NSS is on track to achieve all statutory financial targets, and accept the assurances from the Responsible Executive.

### **3. Executive Summary**

- 3.1 At this early stage in the Financial Year, NSS is on track to achieve all statutory financial targets.

#### **Revenue Position**

- 3.2 The revenue budget is overspent YTD by £0.2m. Overspending in the Core Revenue budget has been offset in part from an underspend in hosted funds, particularly in eHealth.
- 3.3 The Core Revenue position is overspent by £1M to the end of May, due to outstanding DaS recharges and variances in SNBTS non-pay spend. Further investigation in these areas has confirmed that the overspending is due to budget phasing and other accounting adjustments and underlying risk is minimal.
- 3.4 Programme Management Services (PGMS) have not met income targets resulting in a YTD deficit of £0.25M. EMT have instructed a deep dive into PGMS operations to understand the risk and any mitigating actions required.
- 3.5 Hosted funds are underspent by £0.9M and this is driven by phasing of eHealth budgets – particularly for SWAN, and delays in staff recruitment pending funding confirmation.
- 3.6 NSD is overspent by £0.1M due to phasing of islet cells and ATOS spend. This will come back in line with the budget for M3.

#### **Cash Releasing Efficiency Savings (CRES)**

- 3.7 There are currently no concerns in respect of CRES delivery across both core NSS and NSD targets. Some initiatives are carrying a level of risk, and this will be closely monitored.

#### **Capital Position**

- 3.8 Capital spending at M2 relates to an unfunded cost overrun on the Bain Square project and expenditure on CHI/Child Health for which funding is yet to be received. SG DHAC have verbally confirmed £2.1M capital funding for digital programmes.
- 3.9 £2.9M of core funding is available for 24/25. Only £0.7M has been approved, for essential statutory upgrades to the steam infrastructure at Foresterhill in Aberdeen.
- 3.10 Bids for capital funding exceed funding available. All bids have been reviewed and a total of £1.5M contain sufficient detail to enable prioritisation. Further work is required to enable an informed decision on capital priorities to be made for 2024/25. Directorates have been asked to provide sufficient detail by 5th July 2024, to enable decision by SIB on 29th July 2024.

#### **Cash Management**

- 3.11 NSS Finance closely monitors the cash position to ensure there is sufficient funding to pay staff and suppliers on time and in full. NSS is required to operate within limits agreed with SG. Cash Management Arrangements are on track.

#### **Projected Outturn Position**

- 3.12 It is anticipated that NSS will achieve a balanced financial position for FY24/25. NSS Finance will continue to monitor financial risks and work closely with

Budget Holders to ensure that any required mitigating actions are undertaken timeously.

### **NHS Scotland – Financial Position and Improvement Expectations**

- 3.13 On 21 June, Board Chairs and Chief Executives received a letter from the Chief Executive of NHS Scotland and Director General for Health & Social Care setting out the NHS Scotland Financial Position and Improvement Expectations. This letter is presented at Appendix 2.
- 3.14 The letter reiterates the requirement for Boards to consider (and implement where applicable to their Board as soon as possible) the “15 boxes” as well as any local savings initiatives.
- 3.15 Whilst focused in the main on recovery actions for Territorial Health Boards, the letter stresses the importance of delivering at least 3% recurring savings, and suggests actions in the following areas of relevance to NSS
- Use of agency
  - Reduction in Sickness Absence
  - Reduction in headcount in central functions job families to pre-pandemic levels
  - Reducing ePayslips, postage, printing
- 3.16 Through our work in National Procurement, NHSScotland Assure and Digital and Security. NSS will play an important part in enabling cost reduction across the system.
- 3.17 EMT has agreed to consider all areas where NSS can take action, either to benefit NHS Scotland or to support our own CRES delivery, and has asked for formal reporting of progress.

## **4. Impact Analysis**

### **4.1 Quality and Value**

All expenditure prioritisation decisions have been focused on improving the quality and value of the services we deliver. Benefits management on an ongoing basis will demonstrate whether that aim has been achieved.

### **4.2 Equality and Diversity, including health inequalities**

An impact assessment is not required.

### **4.3 Data protection and information governance**

There is no impact on Data Protection in this report.

## 5. Risk Assessment/Management

- 5.1 There is a risk NSS is unable to meet its statutory obligation to deliver services within approved funding limits, whilst delivering cash releasing efficiency savings targets, due to the changing, short term, non-recurrent nature of funding allocations which limit our financial flexibility and ability to invest to save and deliver value for money.
- 5.2 At May, only 8% of additional SG allocations has been confirmed. Scottish Government have confirmed their intention to issue 80% by value of all additional funding allocations in July, there is a lack of clarity on what that means for NSS. NSS Finance continues to work closely with SG Finance to support the achievement of this target.
- 5.3 NSS Finance is currently negotiating the Logistics Service Charge for FY24/25 with Boards but there remains an affordability risk, which may result in a funding shortfall for NSS..
- 5.4 NSS' opening budget had a modest level of funding set aside for prioritised revenue developments. Demand is significantly greater than available funding. FPPC has approved initial COG recommendations to ensure NSS does not overcommit funds and remains focussed on delivering the highest priority projects.
- 5.5 NSS' capital budget is also over-subscribed with only formula allocation confirmed to date. Only essential projects will be approved via SIB and EMT governance until any further budget is confirmed.
- 5.6 There is a risk that staff costs will increase significantly through any FY24/25 pay settlement or as a consequence of the Reduced Working Week (RWW). SG Finance has confirmed that Boards should assume any pay settlement will be funded but the wider financial position means this may not be possible. Funding of £200M has been made available to Territorial Boards for the impact of the RWW. Funding for National Boards remains uncertain. .
- 5.7 The implementation of actions within NSS' Financial Sustainability Action Plan are key to bulding a robust Financial Management culture across all services.

## 6. Financial Implications

NSS is projecting full achievement of all statutory financial targets in FY24/25.

<b>NSS Targets</b>	<b>YTD £000's</b>	<b>Final Outturn £000's</b>	<b>RAG</b>
Revenue Outturn	(214)	-	<b>G</b>
CRES Delivery	3,736	16,510	<b>G</b>
Capital Outturn	(54)	-	<b>G</b>
Cash Balance	14,093	1,000	<b>G</b>

## **7. Workforce Implications**

There is no direct impact on workforce in this report.

## **8. Climate Change and Environmental Sustainability Implications**

There are no direct implications associated with this report.

## **9. Route to Meeting**

9.1.1 Financial position is reviewed and agreed between Directors and Finance Business Controllers, then a consolidated NSS position is produced for EMT. Actions agreed will be managed collectively by EMT.

9.1.2 The May financial position was discussed with EMT at its meeting on 24 June.

## **10. List of Appendices and/or Background Papers**

The following appendices are included with this report:

- Appendix No 1: NSS Financial Performance May 2024
- Appendix No 2: NHS Scotland – Financial Position and Improvement Expectations.



# **NSS Financial Performance**

**May 2024**

# NHS National Services Scotland Board Financial Performance – May 2024 Executive Summary



## Performance Summary

As at M2, NSS is on track to achieve all statutory targets.

### REVENUE (£0.2m Overspend)

In the first reporting cycle of the year (May-24), NSS is overspent by £0.2M year to date but is still forecasting a break-even position for FY24/25.

**NSS Core** is overspent by £1M due to DaS recharges not yet transacted, and SNBTS non-pay and PGMS income targets not being achieved.

**Hosted funds** are underspent by £0.9M and this is driven by phasing of eHealth budgets – particularly for SWAN.

**NSD** is overspent by £0.1M due to phasing of eyelet cells and ATOS spend. This will come back in line with the budget for M3.

**CRES** there are currently no concerns in terms of CRES delivery across core NSS and NSD targets – some initiatives are carrying a level of risk, and this will be closely monitored.

### CAPITAL (£0.1m Overspend)

Capital spending at M2 relates to an unfunded cost overrun on the Bain Square project and expenditure on CHI/Child Health for which funding is yet to be received. **SG DHAC** have verbally confirmed £2.1M capital funding for digital programmes.

**£2.9M of core funding is available for 24/25.** Only £0.7M has been approved in respect of the Foresterhill steam upgrade.

Bids for capital funding exceed funding available. All bids have been reviewed and a total of £1.5m contain sufficient detail to enable prioritisation. Further work is required to enable an informed decision on capital priorities to be made for 2024/25. **Directorates have been asked to provide sufficient detail by 5<sup>th</sup> July 2024, to enable decision by SIB on 29<sup>th</sup> July 2024.**

NSS Targets	YTD £'000	Year End Forecast £'000	Target and RAG
Revenue NSS Total	(214)	-	Breakeven
Revenue NSS Core	(1,002)	-	Breakeven
Revenue Hosted Funds	911	-	Breakeven
Revenue NSD	(124)	-	Breakeven
NSS CRES Total	3,736	16,510	3% Recurring
NSS (exc NSD) CRES	3,636	15,408	
NSD CRES	100	1,102	
Capital Outturn	(54)	-	Breakeven
Cash Balance	14,093	-	Breakeven

## Key Messages

NSS has 3 statutory targets: (1) Revenue, (2) Capital and (3) Cash to achieve a breakeven within resource limit. SG also requires all Health Boards to identify and deliver at least 3% Cash Releasing Efficiency Savings (CRES) on a recurring basis.

NSS continues to forecast a balanced position and Finance will focus on driving the financial sustainability agenda and work with directorates to identify and review CRES savings and opportunities. A Summary of the Financial Sustainability Action Plan is at the end of this report.

This is the first financial reporting period of the year. And budget holders are encouraged to review their delegated budgets and phasing applied within the Finance Dashboard. Any queries should be discussed with their Business Controller.

## **Risks and Issues**

As NSS is operating in a very financially constrained environment, all risks must be flagged to Finance as soon as possible. The following risks are being closely monitored:

### **Funding - Revenue**

NSS relies heavily on additional SG allocations and income from Health Boards. As the NHS Scotland position is still volatile, there is a risk that NSS will be asked to deliver further savings to support the financial challenge. Focus areas:

- SG Allocations - SG have continued to state that Health Boards will have 80% of its allocations confirmed by end of Q1. We are working closely with SG to support the achievement of the target. At the end of M2 only 8% has been allocated.
- Service Charge for NDC - NSS is currently reviewing the charge with Health Boards and a follow up paper will be taken to CFN on 24 July to try to seek agreement with Boards.
- Income Targets – this is being closely monitored within Directorates.

### **Funding - Capital**

The capital plan is currently over-subscribed. A review and reprioritisation of bids has been undertaken. All recommended schemes for approval are affordable and cover all critical areas of work.

## **NSD**

NSS are working with provider Health Boards to identify opportunities to reduce costs to ensure that any cost pressures and essential service developments can be funded from within current funding levels. There is a risk that if savings are not identified, specialist services and patient facing service developments will be impacted . This will be closely monitored during the year.

### **Pay costs**

The impact of the reduction in the working week is being monitored and at this stage, risk is being managed.

The 24/25 pay deal is being negotiated and at this stage all boards are advised to assume no impact.

### **Utilities**

There are some emerging pressures within energy costs in Gartnavel and Coddington. This is being investigated by Assure at this stage and will be confirmed during M3. JCC Utilities VAT pressure is currently estimated at £0.2M. This may be funded by SG and confirmation will be sought out at the next SG review.



# NHS National Services Scotland Board

## Financial Performance – May 2024

### NSS Opening Budget FY24/25

RAG



The table below summarises NSS' opening revenue budget by Directorate:

- Whilst NSS' baseline has been received, it only accounts for one third of NSS' total resources.
- NSS' reliance on other SG allocations is stark – SG has advised it aims to allocate 80% (c£240m) by the end of June.
- In addition to the opening budget, NSS will receive £117m extra funding to meet the costs of Interim Compensation Payments made on behalf of UK Government following the Infected Blood Inquiry.
- Most of NSS' expenditure relates to non-pay including £324m under NSD for 'Purchase of Healthcare' and over £200m Logistics supplies.
- Beyond the transactions which are reflected in NSS' Financial Statements, NSS has financial stewardship accountability and influence over other health expenditure, including the payment of Family Health Services practitioners, including GPs, Dentists, Pharmacists and Ophthalmologists (£3.2bn), procuring goods and services under frameworks (£1.5bn) and Payroll Services (£2.1bn)..

NSS Budget FY24-25 (Directorates)	Opening Funding Budget				Opening Expenditure Budget		
	Total Resources (£m)	Hosted Funds (£m)	Baseline Funding Received (£m)	SG Allocations Currently Outstanding (£m)	Pay	Non-Pay	Other-Non Pay
Clinical	-5,511	0	-2,283	-2,780	3,551	1,960	0
FCGLS	-54,867	-20,002	-8,437	-20,428	23,652	31,132	83
HR	-6,414	0	-3,253	-67	5,526	888	0
Practitioner Services	-30,654	0	-21,310	-4,291	17,348	12,969	337
SPST	-63,113	0	-2,394	-44,166	17,241	44,129	1,743
Digital And Security	-178,010	-115,797	-19,493	-70,636	37,871	138,213	1,926
NHS Assure	-53,682	0	-17,550	-16,395	20,811	26,233	6,638
National Procurement	-269,907	-222,070	-5,928	-30,792	24,560	242,165	3,182
SNBTS	-64,266	0	-42,069	-4,864	49,565	14,033	668
NSD	-334,583	0	-225,989	-108,078	9,583	851	324,149
<b>Directorates Total</b>	<b>-1,061,008</b>	<b>-357,869</b>	<b>-348,707</b>	<b>-302,497</b>	<b>209,709</b>	<b>512,572</b>	<b>338,727</b>
		34%	33%	29%	20%	48%	32%

# NHS National Services Scotland Board

## Financial Performance – May 2024

### Operational Performance – Page 1 of 2



Directorate	YTD Revenue			Forecast	CRES*	Capital	Summary of Position	Actions Required to deliver the 24-25 plan
	Core	Hosted Funds	Total					
Clinical	(31)	-	(31)	-	-		Revenue: small overspend at the close of M2, which is mainly driven by incorrect postings. Forecasting a break-even position at this stage. CRES: on track	Transfer of budgets in and out of CD requiring monitoring and correction during the year. Transfer of National Screening Budgets have been completed and Directorate must ensure all NOCS are completed.
FCGLS	34	-	34	-	-		Revenue: small underspend at the close of M2, which is mainly driven by incorrect postings. Forecasting a break-even position at this stage. CRES: on track	Ensure all systems are updated to reflect the changes within the Directorate.
HR	104	-	104	-	-		Revenue: YTD underspend driven by planned non-filling vacancies pending review of HR operating model. Forecasting a break-even position at this stage. CRES: on track	Review vacancy position and confirm recruitment plans.
PSD	77	-	76	-	-		Revenue: small underspend driven by non-pay. YTD position includes additional funding for pharmacy keying and Gyle scanning services. CRES: on track	A full review of forecast position will be undertaken during M3 and M4 particularly in respect of the workforce plan in pharmacy and expenditure required for system CCNs.
Reserves	(7)	-	(7)	-	-		Apprentice levy driving overspend and forecasting a break-even. CRES : on track	Review of CRES and reserve balance.
SPST	(253)	-	(253)	-	-		Revenue: overspend driven by PGMS income target not being achieved> Position reported excludes recently approved NSS developments. CRES: on track	Detailed review of income and income targets to be undertaken in M3. If a deficit is anticipated, a review of options to bring Directorate into a balanced position must be considered.

# NHS National Services Scotland Board

## Financial Performance – May 2024

### Operational Performance – Page 2 of 2



Directorate	YTD Revenue			Forecast	CRES*	Capital	Summary of Position	Actions Required to deliver the 24-25 plan
	Core	Hosted Funds	Total					
DaS	(598)	705	106	-	-	TBC	Revenue: core overspend due to recharges not fully completed for M2. Hosted funds underspend driven by SWAN. It is anticipated that this will come into line during the year. CRES: on track	Review of recharges so this is being fully captured for M3.
NHS Assure	144	-	144	-	-	TBC	Revenue: underspend driven by pay offset by VAT pressure within utilities for JCC. CRES: on track	Review VAT pressure and ensure appropriate funding is in place.
NP	17	206	223	-	-	TBC	Revenue: underspend driven by Logistics pay due to reduction in Agency staff. This is offset by ARCO face fitting costs. Forecasting a breakeven position and this assumes Boards will agree to the service charge. CRES: on track with £1.1M of CRES initiatives within the forecast at risk	Review of forecast of NP including Sales and work with SG to review the PPE funding requirements to board. Review CRES and associated risks
SNBTS	(482)	-	(482)	-	-	TBC	Revenue: within deficit position CRES target and not yet achieved is £0.25M. Plans are in place to achieve this in M4. £0.2M are mainly due to pre-payments not being accounted for in M2. CRES: on track	Continue to review spend and forecast with senior manager as SNBTS Review M2 position and ensure adjustments are in place for M3. Review and confirm income opportunities Review CRES plan
NSD	-	(124)	(124)	-	-	TBC	Revenue: £124k overspend driven by phasing of spend and this will come back in line with the budget in M3.	NSD are on track with CRES but continue to work with Boards to review options to achieve a 3% reduction in costs.
<b>Total</b>	<b>(1,002)</b>	<b>787</b>	<b>(214)</b>	<b>-</b>	<b>-</b>			

# NHS National Services Scotland Board

## Financial Performance – May 2024

### Revenue Analysis – Pay Deep Dive (£'000)

RAG



The table below details the pay spend per Directorate and by category.

Most Directorates are managing pay costs within budget.

Directorate	YTD Budget	24-25 Actuals				Budget vs Actual	PY YTD Spend	24/25 vs 23/24
		Pay	Secondee Costs	Agency	YTD Actual			
Clinical Directorate	445	441	24	-	464	(19)	461	- 3
FCGLS	3,942	3,821	33	9	3,863	79	3,685	- 179
Hr	921	811	-	-	811	110	804	- 7
P&cfs	2,909	2,685	-	223	2,907	2	3,557	649
Redeployment	60	72	-	-	72	(13)	138	66
Strategy Perform Serv Trans	2,874	2,650	15	67	2,732	142	3,126	394
Digital And Security	6,312	5,157	115	249	5,521	791	6,237	716
Nhs Assure	3,469	3,131	27	20	3,178	291	3,079	- 99
Pcf Np	4,093	3,465	-	209	3,674	419	4,069	395
Scottish Blood Transfusion	8,261	8,167	64	1	8,232	29	8,467	235
Pcf Nsd	1,597	1,476	34	-	1,511	86	1,608	97
<b>Total</b>	<b>34,883</b>	<b>31,875</b>	<b>313</b>	<b>778</b>	<b>32,966</b>	<b>1,917</b>	<b>35,288</b>	2,322
<b>% Total Spend</b>		97%	1%	2%				

### Summary of position

- YTD NSS has £1.9M surplus in pay budgets after achieving vacancy factor of £0.7M. **£0.7M of total underspend is within hosted funds which could impact on ability to deliver key programmes on behalf of NHSScotland.**
- The underspend is driven by vacancies within the budgeted establishment mainly within DaS, NP and Assure.
- Total overtime and enhanced hours paid YTD totals £0.5M compared to £0.9M at the same point last year. A breakdown of spend will be provided in M3.
- Our YTD spend on pay is £2.3M lower than in 2023/24.. This is driven by the AfC one off payment of c£2.1M in 23/24 offset by the pension uplift c£0.3M. SG have confirmed funding will be made available for the pension uplift.

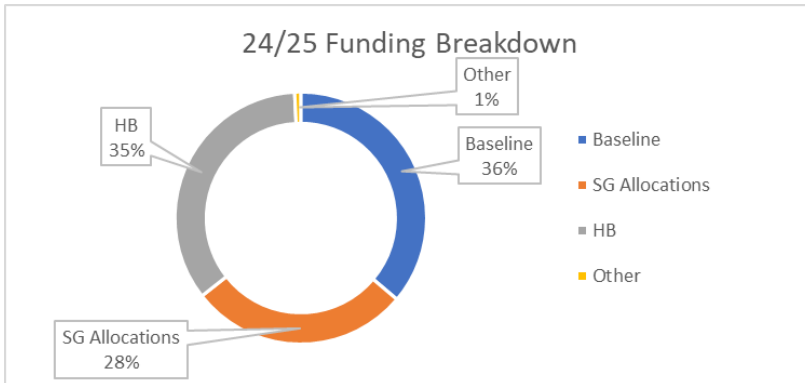
**FY24/25 Focus** - Directorates are required to continue to manage workforce budgets robustly, in-line with the "15 box grid" and overseen by VMG

# NHS National Services Scotland Board

## Financial Performance – May 2024

### Revenue Analysis – Income Deep Dive (£'000)

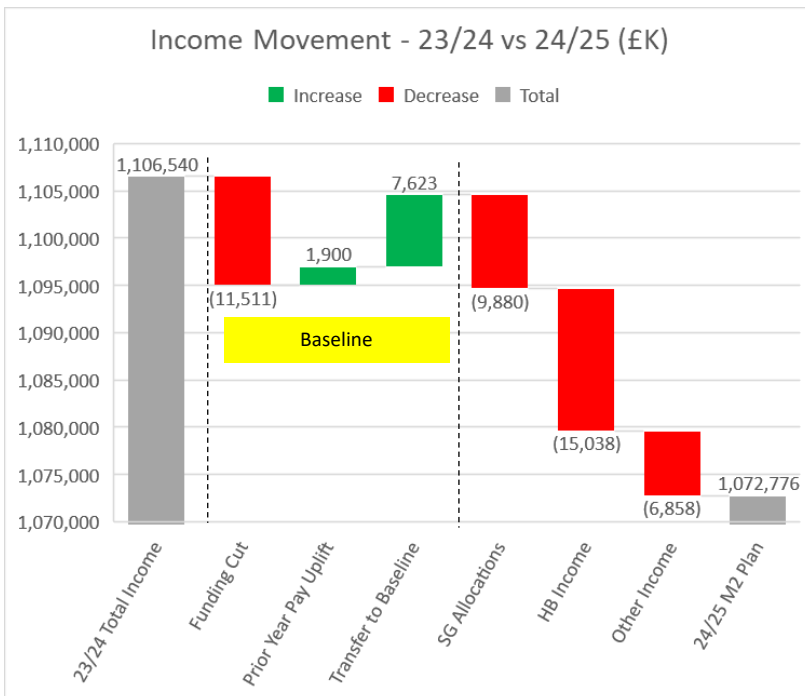
RAG



As of M2 close, the total income budgeted for NSS is of £1,076M and the doughnut chart on the left presents a breakdown of income by source.

It is anticipated that this will grow by c£100M to fund Infected Blood Compensation payments which will be made in June 2024.

For funding that has not been confirmed there is a risk that some planned allocations will not be received in full. To manage the risk, additional controls have been introduced to ensure that spend does not exceed total funding envelope.



Compared to 23/24, our current plan assumed a reduction in funding of £34M which is outlined in the chart on the left.

At this early stage in the financial year, it is likely that income will change further. In terms of movement:

**Baseline:** NSS baseline was reduced by £11.5M. This has been offset by prior year pay inflation and recurring NSD funding which will be added to baseline in 24/25.

**SG Allocations:** there were a number of one-off allocations (eg Pandemic PPE, resilience) stock which will now be provided to Boards.

**HB Income:** The decrease is driven by NP sales to Boards. This is due to the timing of the plan will be reviewed and reconciled with NP during June.

**Other Income (£6.9M):** reduction mainly within CLO (£2M), internal engagement (£1.3M) and SNBTS grants (£1.6M). SNBTS anticipates additional income for the TRX contract which is not yet reflected in the 24/25 budget.

# NHS National Services Scotland Board

## Financial Performance – May 2024

### Scottish Government Funding Allocation Tracker (£'000)

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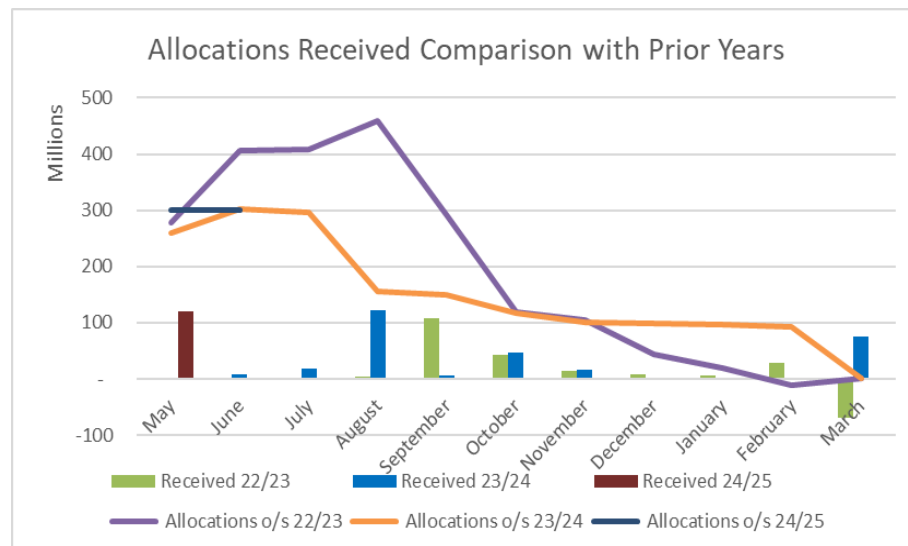
#### SG Allocations Received

Business Controllers are working with Directorates to understand allocations that have been confirmed and at this point, £25m allocations have been confirmed by SG.

Planned allocations, totalling £2m are assessed as **Red**. Business Controllers are working with colleagues in DaS and SNBTS to understand the risk and any mitigating action required.

SG continues to advise that 80% of allocations will be confirmed and allocated by the end of Q1. NSS received a late allocation letter on 14<sup>th</sup> June of £120m including £117m for SIBBS, these will be reconciled and fully reflected in the M3 position.

SBU	Confirmed	Green	Amber	Red	Total
Assure		14,680	1,716		<b>16,395</b>
Clinical		58	2,722		<b>2,780</b>
DaS	829	58,255	9,143	1,908	<b>70,136</b>
Finance		287	20,140		<b>20,428</b>
HR		67			<b>67</b>
NP		1,426	29,366		<b>30,792</b>
NSD	310	125	107,643		<b>108,078</b>
P&CFS		204	4,087		<b>4,291</b>
Reserves		362			<b>362</b>
SNBTS		4,287	55	523	<b>4,864</b>
SPST	23,763	1,994	18,409		<b>44,166</b>
	<b>24,902</b>	<b>81,743</b>	<b>193,282</b>	<b>2,431</b>	<b>302,358</b>



### FY24/25 Outturn

- The table on the right outlines the financial performance of services NSS manages on behalf of NHS Scotland and excludes NSD (see next slide).
- The full year budget of £440M. YTD spend is £0.8M lower than Budget. Services delivering in line with phased budget are SIBBS.
- Services delivering surplus vs phased budgets are CHI £119k, eHealth SLA £649k, NDC £206k, O365 £171k and PACs £153k underspent.
- Services delivering a deficit vs phased budget are ATOS £158k, e-Rostering £282k and GPIT £27k.
- NSD manages an additional £335M FY, which brings the total of managed services budget within NSS to £440M. NSD position including FY risks and opportunities review is detailed in the next slide.

### Services delivered on behalf of Scotland - YTD Position

Hosted funds	FY Bud	YTD Bud	YTD Act	YTD Var	% of Budget Spent
ATOS	£1,014K	£169K	£327K	£-158K	32.2%
CHI	£4,216K	£684K	£485K	£199K	11.5%
eHealth	£30,638K	£5,106K	£4,457K	£649K	14.5%
eRostering	£1,501K	£250K	£532K	£-282K	35.4%
GPIT	£9,733K	£439K	£466K	£-27K	4.8%
NDC	£26,931K	£4,488K	£4,282K	£206K	15.9%
NSD	£334,583K	£55,764K	£55,888K	£-124K	16.7%
O365	£5,766K	£0K	£-171K	£171K	-3.0%
PACS	£5,882K	£554K	£401K	£153K	6.8%
SIBBS	£20,002K	£3,528K	£3,529K	£-1K	17.6%
<b>Grand Total</b>	<b>£440,265K</b>	<b>£70,984K</b>	<b>£70,197K</b>	<b>£787K</b>	<b>15.9%</b>

NSD FY Budget Breakdown	£'000
Pay	9,583
Non-Pay	797
Capital Charges	585
Purchase Of Healthcare	323,633
<b>Total Costs</b>	<b>334,598</b>
Baseline	(225,989)
NSS Allocations	(531)
Sg Allocations	(108,078)
<b>Total Income</b>	<b>(334,598)</b>

Purchase Of Healthcare Breakdown	£'000
Specialist Services	196,468
Managed Clinical Networks	1,781
Hps Laboratories	7,226
National Commissioning Group	5,065
Uk Blood & Transplant	7,232
Risk Share Arrangement	75,327
Screening	27,036
Breast Screening Equip Costs	824
Project Costs	2,675
<b>Total</b>	<b>323,633</b>

## FY24/25 Revenue Position

- The table above summarises the gross NSD budget for 24/25. At this early stage in the financial year, a breakeven position is expected. It has been assumed that SG will fund risk-share fully but this remains a risk at present.
- NSD has written to all Boards looking for a 3% (£6.78M) efficiency savings to be achieved in 24/25. If efficiency targets aren't delivered there could be a significant impact on the funding of essential patient facing service developments.
- Bowel screening pressure (c£1M) is currently being analysed with the purpose of seeking additional funding form SG.
- YTD NSD is £124k overspent due to phasing of islet cells and ATOS spend. This will come back in line with the budget for M3.
- During Q1, NSD will review the budgets for all services and reprofile based on anticipated requirements so that any surplus are being transferred to services that are in deficit. This will be taken to CFN and FGLS Director per SFI requirements.

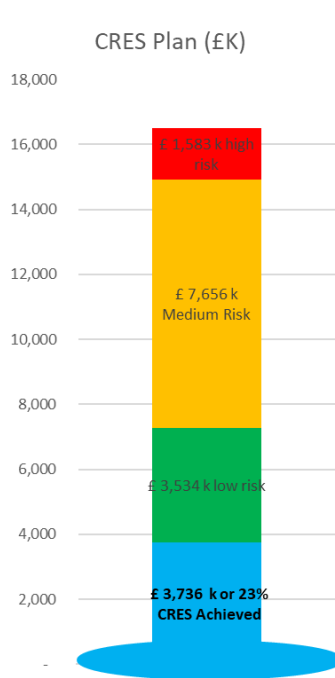


# NHS National Services Scotland Board

## Financial Performance – May 2024

### Delivery of Cash Releasing Efficiency Savings (CRES)

RAG  



	Starting CRES Budget	YTD Achieved			Forecast by Risk Level			Total CRES Forecast
		Recurring CRES	Non-Recurring CRES	Non-recurring Measures	Low	Medium	High	
<b>Clinical</b>	87	6	-	-	81	-	-	87
<b>DAS</b>	565	94	-	-	-	471	-	565
<b>FCGLS</b>	1,510	214	-	-	143	1,438	-	1,510
<b>HR</b>	208	14	21	-	71	103	-	208
<b>NHSAssure</b>	614	69	-	-	198	347	-	614
<b>NP</b>	1,685	323	-	-	159	120	1,083	1,685
<b>PSD</b>	501	80	70	-	-	351	-	501
<b>Reserves</b>	8,515	-	2,399	-	3,000	3,116	-	8,515
<b>SNBTS</b>	1,427	40	10	-	-	1,377	-	1,427
<b>SPST</b>	296	296	-	-	-	-	-	296
<b>NSD</b>	1,102	89	12	-	168	333	500	1,102
<b>NSS Total</b>	<b>16,510</b>	<b>1,225</b>	<b>2,512</b>	<b>-</b>	<b>3,534</b>	<b>7,656</b>	<b>1,583</b>	<b>16,510</b>

#### NSS CRES Performance Summary

The graphs and table show **reported achievement** of CRES for 24/25.

At the end of M2, **NSS fully achieved its CRES target. The total savings achieved, including non-recurrent measures, equates to £3.7M.** It is forecast that NSS will achieve £16.5M of CRES. All new CRES identified within Directorates must be returned to reserves so that emerging pressures and investments can be funded appropriately.

At this early stage in the financial year, £9.2M of CRES has been classed as medium and high risk. This will be reviewed and tracked so all risks mitigated to ensure that Directorates achieve the 24/25 plan.

#### NSD CRES Performance Summary

NSD delivered has plans in place to deliver £1.1M CRES in FY24/25 which is ring-fenced and reinvested into NSD services, reducing the additional funding ask of Boards & SG. In addition, NSD are working with HB to identify 3% CRES savings which will be reinvested in service pressures and developments.

**Capital Bids totalling £4.8m have been received to date from Directorates.**

Only Formula Allocation funding (**£2.9m**) has been confirmed. Given the financial position across NHSScotland, securing further funding is unlikely, which means that any capital expenditure in excess of this amount would need funded from revenue – and would require additional CRES savings to be found.

Bids received have been assessed, and categorised as follows:

- **Approved £675k:** Essential works approved by SIB, and already underway, following critical failure of steam infrastructure at Foresterhill.
- **Ready for Prioritisation £1,542k** – SNBTS Bids which have been submitted in line with guidance and are sufficiently developed to progress to delivery.(Key highlights on slide)
- **Requires further Information £2,475k** – Bids which contain insufficient detail to enable prioritisation or are not sufficiently developed to progress to delivery.

Directorates have been asked to submit detail to Finance to support investment bids no later than 5<sup>th</sup> July 2024 to enable the recommended Capital Plan priorities for 24/25 to be agreed by SIB at their meeting on 29<sup>th</sup> July 2024.

- 5-year capital plan submissions be prepared by directorates in-line with the Whole System Plan (WSP) strategic case. This must be completed by Jan 2025.
- The Budget Summit will provide the forum to review and challenge directorate submissions for completeness. Work is underway to deliver this with cross organisational support.
- NSS cannot seek additional funding for capital plans unless it has been included in the WSP.

# NHS National Services Scotland – Board Finance Report

## Financial Performance – May 2024

### Financial Sustainability – Page 1 of 2



#### Overview

NSS has several areas of focus to deliver its Financial Sustainability strategic objective.

The planned work is summarised below and builds on activity during FY23/24.

Whilst Business Finance is driving and co-ordinating the overall NSS plan - staff and services across the organisation will be responsible for the delivery of specific actions.

Ultimately the delivery of the Action Plan will help to ensure that NSS remains a (financially) sustainable organisation which has a strong Financial Management culture that is embedded across all service areas..

Project	Benefits	Overall Status	Delivered M1-M2	Planned Deliverables M3+
Financial Grip & Control	Stronger Controls to pro-actively reduce / stop unplanned /discretionary expenditure		Scoping work undertaken against best practice checklist Initial considerations include (1) introduction of budgets in Pecos (2) auto alert functionality in Tableau for material variances	Full Proposal to be developed by Q1 for planned implementation
Service Costing	Prepare and maintain accurate Service Costings (in-line with activity drivers) to support decision making, planning and cost recovery		SNBTS Pilot continues with costing outputs via system  Pilot activity has informed a roll out approach for other NSS services.  Readiness discussions have taken place with DaS colleagues.	Costing Event in Gyle (20th June) to (1) prepare Business Finance costing and (2) refine roll out approach and materials  Phase I Plan is to develop a high-level service costing for all areas by the end of Q2.

# NHS National Services Scotland – Board Finance Report

## Financial Performance – May 2024

### Financial Sustainability – Page 2 of 2



Project	Benefits	Overall Status	Delivered M1-M2	Planned Deliverables M3+
Data / MI	Consolidated, joined up single source of the truth which provides insight to support decision making and planning		<p>A revised process within Finance has been proposed to consolidate and join up pay information</p> <p>Finance PMO continues to drive standardisation and completeness around CRES tracking and reporting</p>	<p>Once Pay changes are implemented, focus will switch to Non-Pay and Income / Funding enhanced data to support decision making and feed planning activity.</p> <p>Finance PMO will develop and embed the end to end NSS process around 'savvy savings'</p>
Finance Dashboard	Enhanced content to support Budget Holder decision making and action		Internal discussions to ensure BI&A are positioned to transact any changes	Based on customer feedback and our enhanced, consolidated data – we will introduce controlled changes to Dashboard regularly during FY24/25
Corporate Reporting	Enhanced content and insight to support decision making		Additional summary information and visualisation around NSS' total resources; risk levels and influence / control.	Continue to ensure it is more relevant for audiences (Board; FPPC; EMT; SMTs) based on requirements and feedback
Budget Holder Engagement / Education	Greater clarity on roles and responsibilities between Finance and delegated Budget Holder		Finance Charter issued to Directorates SLT Engagement sessions planned and taking place (DaS)	Using feedback, we will introduce regular training and support sessions for Budget Holders across NSS on specific financial topics
Corporate Foundations	Alignment to related corporate work to ensure One NSS approach		Driving the introduction and work of the Change PMO, within wider CF portfolio	Continue to drive this agenda and ensure NSS maximises return from this crucial work



E: dghsc@gov.scot

NHS Board Chief Executives  
NHS Scotland Board Chairs

Cc. Directors of Finance,

By email only

21 June 2024

Dear all,

## **NHS Scotland – Financial Position and Improvement Expectations**

I am writing to set out the current financial position of NHS Scotland for 2024-25, and actions I require all NHS Boards to review and implement, where applicable.

The financial challenge is still of significant concern - the forecast gross gap for NHS Boards in 2024-25 is £1.1 billion, reducing to £360 million after savings. This remains a very high risk position and the true gap is expected to be closer to £550 - £600 million based on a number of savings not yet identified. This is simply not at an acceptable level and risks not only the Portfolio failing to balance the financial position, but the wider Scottish Government.

I recognise the complexity of the multiple issues faced in reducing costs whilst assuring quality of care across the system. I also acknowledge that there is evidence of association between financial performance and quality of care. It is my belief that better quality of care can be delivered which will bring financial efficiency gains through improved management.

Eight NHS Boards required brokerage in 2023-24, and the value more than doubled from 2022-23 to a requirement of £166 million. This is unsustainable and therefore brokerage caps have been set for the eight boards for 2024-25. Where this brokerage cap is not met, a deficit will be shown in the 2024-25 NHS Boards accounts.

The 3% recurrent savings target on baseline budget was set for 2023-24 and was not achieved - c. 1.5% of recurring savings were achieved on baseline budgets, ranging in individual Boards from 0.4% to 2.9%. This target continues to be in place for 2024-25 and while it alone will not close the financial gap, these savings play an important part in helping the system to move to a more sustainable position.

All NHS Boards will be aware of the '15 boxes' which set out areas of focus for Boards to support achieving that 3% recurrent target. This is not exhaustive and all local savings areas should continue to be progressed.



The Annex to this letter sets out detail of the actions all Boards must progress, where applicable to their Board, as soon as possible in 2024-25. The actions focus mainly on the 15 Box Grid, but a separate list has been included for savings opportunities that should be implemented locally.

These areas are regularly discussed at Financial Improvement Network (FIN), Corporate Finance Network, Directors of Finance and Board Chief Executives, and a range of information and data is available on each, please speak with your finance team or contact the NHS Scotland Finance Delivery Unit at [NHSSFinancialImprovement@gov.scot](mailto:NHSSFinancialImprovement@gov.scot).

These areas will be followed up with all Boards at their Quarter One financial review early August.

Further information and feedback will be given on the local choices returns in due course which forms a vital part of our path to balance.

I appreciate the hard work continuing across the system.

Yours sincerely,

**Caroline Lamb**



**Chief Executive of NHS Scotland and Director General for Health & Social Care**

## Annex – Areas for Action to Support 3% recurring savings

Value Based Health and Care and Prescribing		
	Action required	More information
1	Review the list of medicines of low and limited clinical value spend within your own Board. Consider what actions can be taken now to reduce spend in these areas ahead of the published consultation.	Public consultation is due to go live over the summer with conclusion published in autumn. Data on spend of these medicines will be monitored quarterly during 2024-25.
2	Review developed list of procedures of limited clinical value and consider what action can be taken now to reduce activity in these areas ahead of the national list being published.	List of procedures of limited clinical value to be published over the summer. Discovery dashboard on volume of activity by Board has been sent by FDU. Volume of activity of these procedures will be tracked on a quarterly basis.
3	To review medicines wastage metrics within your Board	NSS Counter Fraud Services have shared data on overprescribing in community care settings. The data has been provided to Directors of Pharmacy.  The FDU will provide areas of overspend within prescribing budgets in early course.  A list of prescribing support resources is included at the foot of this table.
4	Increase the number of polypharmacy reviews in 2024-25, aiming to reduce the number of people on 8+ medicines where clinically appropriate.	Information on polypharmacy reviews and an PowerBI polypharmacy dashboard has been shared. Data on numbers of people on 10+ medicines will be tracked quarterly.
5	All available medicines switches must be made as soon as possible.	NSS newsletter Data shared from FDU
Workforce		
	Action required	More information
6	Work towards registered nurse agency being by exception only by October 2024, and work towards removing agency spend on healthcare support workers entirely.	This should be achieved by complying with guidance from the Supplementary Staff Task & Finish Group.
7	Adopt direct engagement for, at least, medical locums and Allied Health Professions. This should be extended further if possible to other staffing areas.	Opportunity by Board has been collected and shared by FDU.  Spend will be tracked through FPRs and will be discussed at quarterly finance meetings.
8	To achieve a meaningful and sustained reduction in sickness absence	The estimated cost of sickness absence has been shared by the FDU. Scottish Government will start work with Health Boards and staffside in early course to ensure consistent adoption of best practice to reduce sickness absence across Scotland.

9	<p>Establish drivers of non-compliant rotas and create an action plan to reduce spend.</p> <p>Work to reduce non-compliant rota Jr Dr costs by 25% before the end of 2024/25 in comparison to 2023/24 spend.</p>	<p>Spend on Jr Dr non complaint rotas has been gathered and shared by the FDU.</p> <p>Discussion has taken place at FIN to share ideas and good practise.</p> <p>Spend will be monitored and discussed on a quarterly basis.</p>
10	<p>Create a plan to be actioned as soon as possible to reduce headcount in central functions job family (per Turas) to pre pandemic levels.</p> <p>The plan should focus on levers available (e.g. attrition and vacancy management) and work within NHS Scotland's employment terms and conditions.</p> <p>Ensure vacancy control panels are established with regular reporting of approval rates.</p>	<p>Data on trends in this job family is shared quarterly by FDU.</p> <p>Should be viewed in line with wider work on business systems transformation.</p>
<b>Service optimisation and productivity</b>		
	<b>Action required</b>	<b>More information</b>
11	Complete implementation of digital theatre scheduling tool before the end of 2024/25. Develop local plan to rollout across 20 specialties.	Digital Health and Care team within SG will continue to engage with HB Digital Leads on roll out.
12	Review use of remote outpatient appointments and consider opportunities where this could improve efficiency, reduce travel costs, reduce DNA rates and reduce emissions through less travel.	<p>Data on remote outpatient appointments for video and phone has been shared by Board by specialty.</p> <p>Supporting materials and information on increased use of InHealthCare and NHS Near Me can be provided via Digital Health and Care in SG.</p>
13	Engage with a PLICS supplier by Q3 of 2024/25 and have an implementation plan in place for early 2025/26.	Information is available from the FDU on suppliers and next steps.
14	<p>Review specialties with the highest lengths of stay and understand from the service managers what corrective action can be taken</p> <p>Eg compliance with discharge before noon rates or planned discharge dates</p>	<p>Length of Stay benchmarking is available on Discovery and the FDU quarterly benchmarking packs.</p> <p>Further benchmarking on delayed discharges will be issued from SG in due course.</p>
15a	<p>Work to improve clinical waste audit scores to over 80%.</p> <p>NHS Boards should be actively reviewing this data for opportunities.</p>	<p>Data on tonnage of clinical waste and audit scores are available from NHS Assure.</p> <p>FDU will discuss this at quarterly finance review meetings.</p>
15b	Review opportunities to use public grant funding for energy efficiency	FDU will share any national opportunities.



	schemes which also provide a cost saving eg LED bulbs.	
15c	Have a plan in place for selling waste cardboard for Product Recycling Notes rather than paying to have this removed.	Further information can be obtained from NSS Assure.
<b>Other</b>		
	<b>Action required</b>	<b>More information</b>
	Review take up of epayslips for weekly and monthly payroll with a view to maximising take up and reduce printing and postage cost as soon as possible.	Information on e-payslip take up for monthly and weekly payroll has been shared by FDU.
	Review use of Netcall or similar providers for electronic patient letters Some Boards have generated clear savings from reduced printing and posting.	Several Boards have engaged with digital letter platforms but rollout has been limited.
	Ensure Buyers' Guides issued by National Procurement are fully considered and implemented.	Buyers' Guides are frequently issued to procurement teams via the Hub and outline procurement-focussed savings opportunities.  Buyers' Guides implementation will be discussed at quarterly review meetings.
	Selling equipment that is unused or surplus to requirements.	Information on selling unused equipment and vendors has been previously provided by the FDU.
	Conduct benchmarking to identify further efficiency opportunities.	The FDU issue a quarterly benchmarking pack that collates data from Turas and Discovery. There is also a host of new benchmarking tools available to finance teams including Discovery dashboards on polypharmacy spend, key cost pressures, and cost book data.  The FDU also recently issued a benchmarking summary to outline the various tools available, and also can provide advice on suitable benchmarking platforms for specific areas of interest.

## Prescribing Support

- Guidance for improving the control of respiratory conditions and choosing the most sustainable inhaler choice is available here; [Quality prescribing for respiratory illness 2024 to 2027](#).
- An accompanying series of National indicators (NTIs) looking at overuse of reliever inhalers and the CO2 impact from the use of metered dose inhalers (pMDI's), responsible for approximately 3% of the carbon footprint of NHS Scotland, are available [here](#).
- The [Scottish Therapeutics Utility](#) (STU) is available free of charge to all GP practices and compliments the NTIs by providing searches to enable practices to identify individuals for review.
- NHS Boards should engage with the work of the [green theatres program](#), [nitrous oxide project](#) and communicate to healthcare professionals and patients that any unused medicines, inhalers or medicines waste should be returned to community pharmacy for correct disposal. Further resource such as [Medicines waste – NHS Dorset](#), [Reducing Medicine waste by returning unused medicines to pharmacy | Sustainable Healthcare Networks Hub](#) and [Greener practice](#) resources can support work in this area throughout primary and secondary care.

Caroline Lamb  
Chief Executive of NHS Scotland and Director General for Health & Social Care

# NHS National Services Scotland

<b>Meeting:</b>	<b>NSS Board</b>
<b>Meeting date:</b>	<b>Friday, 28 June 2024</b>
<b>Title:</b>	<b>Integrated Performance Report: Quarter 4 2023/24</b>
<b>Paper Number:</b>	<b>B/24/18</b>
<b>Responsible Executive/Non-Executive:</b>	<b>Lee Neary, Director of Primary &amp; Community Care, Strategy, Performance and Service Transformation</b>
<b>Report Author:</b>	<b>Matthew Neilson, Associate Director Strategy, Performance, Communications; Caroline McDermott, Head of Planning; NSS Planning team and Corporate and Directorate Planning Leads</b>

## 1. Purpose

- 1.1 The Integrated Performance Report (IPR) summarises NSS service excellence, finance, people, and environmental performance at the end of quarter 4 2023/24.

## 2. Recommendation

- 2.1 *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.
- 2.2 It is recommended that the Board scrutinise and note NSS performance at the end of quarter 4 2023/24.

## 3. Executive Summary

- 3.1 The report assesses performance during quarter 4 2023/24, January 2024 (M10) to March 2024 (M12) and considers our end of year position for 2023/24.

- 3.2 NSS has had a successful year:
- 94% completion of Annual Delivery Plan (ADP) deliverables.
  - All statutory financial targets met, and cash releasing efficiency savings targets exceeded.
  - 85% of the Great Place to Work Plan activities achieved.
  - Reductions achieved in food waste, water usage, carbon associated with the national procurement fleet and gas consumption.
- 3.3 Performance against our strategic objectives remains broadly positive with all service excellence and financial sustainability assurance indicators met or on track. There is mixed performance in workforce sustainability and climate sustainability, largely due to specific situations that are noted in the report.
- 3.4 The report has been redesigned and improvements made throughout based on feedback and best practice. Our aim has been to give a more complete picture of performance. Key changes:
- Performance covers the same period (quarter 4).
  - All assurance indicators use the 4-question approach.
  - Performance highlights for areas not previously covered are included.
  - A forward look to quarter 1 2024/25.
  - Mapping of strategic and corporate risks.

## **4. Impact Analysis**

### **4.1 Quality and value**

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

### **4.2 Equality and Diversity, including health inequalities**

- 4.2.1 There are no specific issues arising from this performance paper.

### **4.3 Data protection and information governance**

- 4.3.1 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 As noted above.

## **7. Workforce Implications**

7.1 As noted above.

## **8. Climate Change and Environmental Sustainability Implications**

8.1 As noted above.

## **9. Route to Meeting**

9.1 Papers reporting performance for each strategic objective were scrutinised at the Finance Procurement and Performance Committee (service excellence, financial sustainability, climate sustainability) and Staff Governance Committee (workforce sustainability). All reports are subject to review by the Executive Management Team.

## **10. List of Appendices and/or Background Papers**

10.1 Appendix 1 – NSS Integrated Performance Report: Quarter 4 2023/24



# Integrated Performance Report

## Quarter 4 2023/24



Strategy, Performance & Communications

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# Executive summary

## Quarterly performance

### Overview

- **NSS has had a successful year**

We achieved 94% completion of Annual Delivery Plan (ADP) deliverables and there has been good progress in our environmental performance with reductions in food waste, water usage, carbon associated with the national procurement fleet and gas consumption. Financial performance was also positive, with all our statutory financial targets met and we exceeded our cash releasing efficiency savings targets for the year, achieving £12.8 million. From a workforce perspective, activity against our Great Place to Work Plan resulted in 85% of the plan being achieved.

- **Supporting national efficiencies**

Over the past year, the health and care system across Scotland has continued to experience pressures and NHS resilience has been directly and indirectly tested. NSS success has been built on our steadfast commitment to deliver against our strategy and annual delivery plan, together with our ability to remain flexible as we responded to the existing and emerging needs of Scotland's health and care service. In terms of national efficiencies, we supported:

- £3.2 billion payments to primary care contractors, on behalf of Scottish Government and territorial Health Boards.
- £268.8 million procured on behalf of NHSScotland.
- £314.2 million services nationally commissioned on behalf of NHSScotland.
- £30.4 million cost reductions achieved by National Procurement.
- £4.3 million of NHSScotland resources protected through prevention, detection and investigation of fraud.

- **Dealing with challenges**

Our successful performance has been achieved even with the budgetary underspend on staffing following the implementation of budgetary controls, such as the vacancy management group, as requested by Scottish Government. The only notable exception has been in practitioner services, where pharmacy performance reduced following the implementation of the new pricing validation system. In response we implemented an Incident Management Team and established a Strategic Pharmacy Oversight Group involving health boards, Scottish Government, Community Pharmacy Scotland and ourselves. The NSS wide management and front-line response to the incident, along with clear governance and oversight, meant we were able to resolve the original issue before year end.

- **Strengthening partnerships beyond health**

Although this report covers most of our strategic framework, it is worth noting that we continue to explore new opportunities and relationships as part of our approach to the Assist priority. This included the signing of a two-year Memorandum of Understanding (MoU) with Police Scotland. The MoU enables us to explore opportunities for intelligence and data sharing in areas such as custody healthcare and interventions and mental health. We also submitted our draft Anchor Institution Strategic Plan in quarter 4.



# Executive summary

## Performance highlights

Completed key activities	Upcoming key activities
<p>The <b>Sustainable Grassland Management Report</b> was published. It seeks to encourage and enable health boards to identify places where it is appropriate to change existing low biodiversity value grassland areas and maintenance regimes, to species-rich tall grassland, or implement other grassland biodiversity enhancing features.</p> <p><a href="https://www.nss.nhs.scot/media/4802/hfs-grassland-management-v1-feb-2024.pdf">https://www.nss.nhs.scot/media/4802/hfs-grassland-management-v1-feb-2024.pdf</a></p>	<p>Launch of the new <b>NSS Strategic Framework</b> setting out the purpose, vision, priorities, objectives and values that will shape NSS activity and delivery over the next two years. The focus in the first quarter of 2024/25 will be on engaging NSS staff on the framework, with external engagement to follow in the second quarter of the year.</p>
<p><b>Seer 2</b> was launched at the Digital Health &amp; Care conference by the Cabinet Secretary for NHS Recovery, Health and Social Care. Seer allows staff to access and analyse data easily, helping clinicians, teams and boards in decision-making around patient care and the planning of resources.</p> <p><a href="https://www.gov.scot/news/digital-tech-to-drive-health-and-social-care-innovation/">https://www.gov.scot/news/digital-tech-to-drive-health-and-social-care-innovation/</a></p>	<p>National Procurement will be giving advice on how NHSScotland procurement can support anchor institution activities as part of an <b>Anchor Institutions Peer Learning Network</b> event run by Public Health Scotland and involving all health boards. National Procurement are part of the wider governance established by Scottish Government through the Place and Wellbeing Programme Board. One of the sub-groups that underpins anchor activity in NHSScotland is the Procurement Task and Finish Group, which is chaired by Kris Lindsay, Head of Procurement, NSS.</p>
<p>HR delivered a <b>'Grow your own Talent'</b> session. It covered the practicalities of workforce planning and its application, developing career pathways, how to undertake a skills gap analysis, and ways to grow existing talent to meet future service needs by maximising development tools and resources.</p>	<p>NSS and the Scottish National Blood Transfusion Service <b>nursing strategies</b> are being reviewed to reflect the current service landscape along with future requirements for NSS nurses and to ensure alignment with national strategies for example Health Care Support, Work Education, Excellence in Care and Band 5 nurse review.</p>
<p>Publication of a new portfolio of templates for general dental practices on <b>Ionising Radiation (Medical Exposure) Regulations (IR(ME)R)</b> employers procedures following agreement with the Ionising Radiation (Medical Exposures) Regulation Regulator.</p> <p><a href="https://www.scottishdental.nhs.scot/new-radiation-file-dental-irmer-employers-procedures-templatesep1-3/">https://www.scottishdental.nhs.scot/new-radiation-file-dental-irmer-employers-procedures-templatesep1-3/</a></p>	<p>Central Legal Office (CLO) will implement a new Case Management System, responding to actions identified through the recent internal audit covering fee charging, peer review and quality assurance and agreeing actions for the next phase of the <b>CLO Transformation Journey</b>. They will also start consulting with staff on their relocation from Anderson House to Gyle Square, both in Edinburgh, as part of the Smarter use of Space programme underway at Gyle Square.</p>
<p>Original issues relating to <b>pharmacy payments following the introduction of nDCVP</b> were resolved. February saw payments to all contractors being made on actual data rather than estimated data. This was a month ahead of schedule against the recovery plan and the incident management plan ensures payment on 'actuals' is the norm going forward.</p>	<p>Pilot surveys will be agreed for the <b>Reinforced Autoclaved Aerated Concrete (RAAC) Survey Programme</b> and guidance and training will be developed and issued to health boards. Surveys for the all 545 properties will be completed and the individual results will be shared with health boards and collaborative sessions held to enhance awareness and knowledge of RAAC.</p>

# Executive summary

## Assurance indicators performance

<b>Service Excellence</b>	<p><b>Performance is positive.</b> This objective is scrutinised in full at the Finance, Procurement and Performance Committee.</p> <p>94% of our Annual Delivery Plan deliverables were achieved, which is above target and matches last year's performance. User engagement scores were all above target at year end, an improvement on Quarter 3 following a positive survey by the Scottish National Blood Transfusion Service. Variable engagement scores remains across services and our approach to assessing performance is being review in the first half of 2024/25. Freedom of Information data showed 1 breach of the 20-day target.</p>
<b>Financial Sustainability</b>	<p><b>Performance is positive.</b> This objective is scrutinised in full at the Finance, Procurement and Performance Committee.</p> <p>NSS fully achieved its statutory financial targets for 2023/24 (subject to external audit review). The core revenue budget was underspent by £0.42m, mainly due to controls around vacancy management. There was £12.8m of cash releasing efficiency savings (CRES), although £6.6m were achieved on a non-recurring basis. The capital budget saw a small surplus of £33k, driven by small underspends across several programmes.</p>
<b>Workforce Sustainability</b>	<p><b>Performance is mixed.</b> This objective is scrutinised in full at the Staff Governance Committee.</p> <p>Sickness absence for the financial year is marginally above the NHSScotland standard of 4% at 4.26%, however levels vary by Directorate. TURAS compliance is 70% for appraisals, 75% for objectives, and 73% for personal development plans. Although lower than standard, this is consistent for this time of year due to how the system operates. A more complete picture will be available in Quarter 1 2024/25. Training compliance rates are 86% for statutory and 83% for mandatory. The migration of training records for those with a 5-digit ID (consultants, visiting workers and agency staff) is on the workplan for NHS Education for Scotland (NES). Finally, NSS recorded 332 new starts, 261 leavers and a turnover rate of 9.69% this financial year. For recruitment within the financial year, the total is 366 jobs and 516 vacancies in total.</p>
<b>Climate Sustainability</b>	<p><b>Performance is mixed.</b> This objective is scrutinised in full at the Finance, Procurement and Performance Committee.</p> <p>Total levels of fuel related carbon dioxide reduced due to actions taken by National Procurement to improve vehicle efficiency and reduce journeys. There was an increase in general waste compared to the previous quarter and a waste audit is underway to identify ways to improve waste reduction and resource management. Gas, electricity and water usage also increased primarily due to winter heating requirements (gas), the addition of new sites to the figures (water) and an increase in consumption at the Jack Copland Centre (electricity). A bid has been made to Transport Scotland for the implementation of solar canopies consisting of 276 solar panels at the Jack Copland Centre. As well as being able to support charging of 44 electric vehicles, any excess could be used by the site. This could help us save nearly 19,000 tonnes of carbon dioxide emissions per annum.</p>

# Executive summary

## Assurance indicators performance



Service  
Excellence

Performance Indicator	Standard	This quarter	Last quarter
Annual delivery plan completion	90%	<b>94%</b>	81%
User satisfaction score	70%	<b>72%</b>	61%
User effort score	62%	<b>70%</b>	59%
User advocacy score	0%	<b>17%</b>	10%
Freedom of Information requests responded to within 20 days	100%	<b>99.5%</b>	100%
Freedom of Information requests acknowledged within 3 days	100%	<b>100%</b>	100%



Workforce  
Sustainability

Performance Indicator	Standard	This quarter	Last quarter
Sickness absence	4.0%	<b>4.3%</b>	4.3%
Staff turnover	7.0%	<b>9.7%</b>	8.0%
Appraisal compliance	90%	<b>70%</b>	83%
Objective setting compliance	90%	<b>75%</b>	75%
Personal development plan compliance	90%	<b>73%</b>	74%



Financial  
Sustainability

Performance Indicator	Standard	This quarter	Last quarter
Revenue outturn (core)	£0.0m	<b>£0.42m</b>	£2.3m
Cash Releasing Efficiency Savings total	£7.8m	<b>£12.8m</b>	£4.1m
National Services Division Cash Releasing Efficiency Savings total	£3.8m	<b>£3.8m</b>	£2.9m
Capital outturn	£0.0m	<b>£0.03m</b>	£0.7m



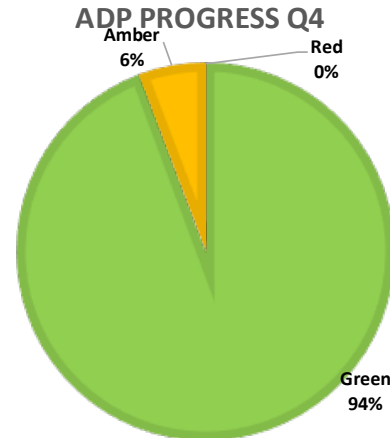
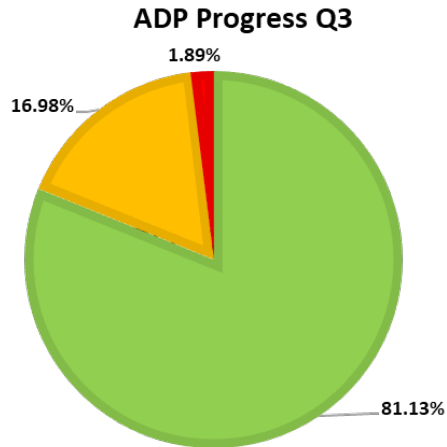
Climate  
Sustainability

Performance Indicator	Standard	This year	Last year
General waste total (tonnes)	Reduce	<b>63.8</b>	57.1
Clinical waste total (tonnes)	TBD	<b>21</b>	21
General waste recycled or composted (tonnes)	>70%	<b>34</b>	34
Food waste (tonnes)	TBD	<b>2.8</b>	6
Fuel National Procurement fleet (CO <sub>2</sub> )	Reduce	<b>300</b>	319
Fuel Scottish National Blood Transfusion Service fleet (CO <sub>2</sub> )	Reduce	<b>80</b>	76
Gas CO <sub>2</sub> (tonnes)	Reduce	<b>890</b>	1028
Electricity CO <sub>2</sub> metered sites (tonnes)	Reduce	<b>449</b>	330
Water M <sup>3</sup> metered sites (volume)	Reduce	<b>5,781</b>	7,394

# Assurance Indicators

## Quarter 4 2023/24

# Service Excellence: Annual Delivery Plan (ADP) 2023/24



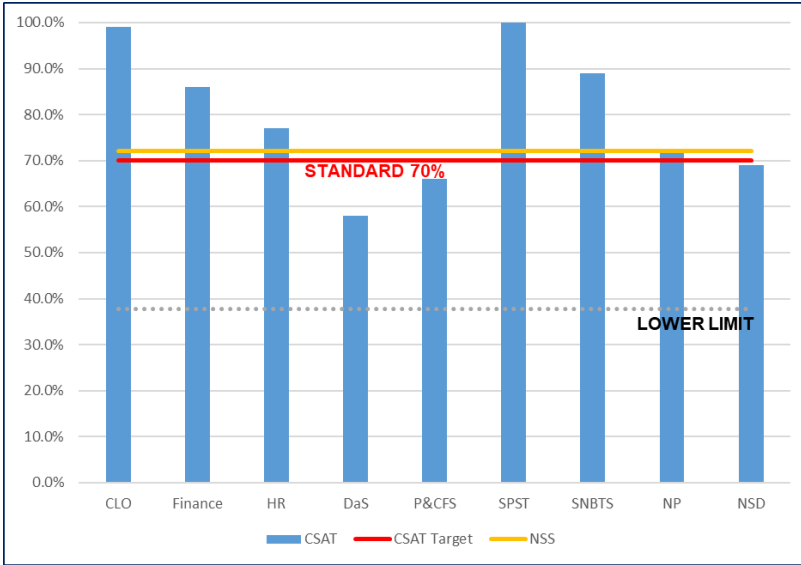
**Area of Improvement**  
Results show a positive trend in performance



**Meeting Standard**  
The metric consistently meets the agreed standard

Summary position	Performance highlights	Behind schedule	Not reported	Risks
<p>The Quarter 4 update is as follows:</p> <p>94% (50) deliverables are on track or achieved (Green) against a target of 90% of milestones to be delivered.</p> <p>6% (3) deliverables are behind schedule (Amber).</p> <p>0 are flagged as unlikely to be delivered (Red).</p>	<p>National Procurement achieved cost reductions of £30.43m:</p> <ul style="list-style-type: none"> <li>£2.09m from non-medicine products;</li> <li>£28.34m from medicines area through purchasing power through national contracts;</li> <li>Cost avoidance of £21.54m through negotiating improved prices</li> </ul> <p>Scottish National Blood Transfusion Service consistently met the requirement to have 3 days blood supply enabling hospitals to access blood and cells for their patients.</p> <p>Our leadership of Seer 2 - NHSScotland's national data and analytics platform and service – helped 20,000 users make data-informed decisions.</p> <p>We have enabled £4.3m worth of recoveries and cost avoidance through counter fraud.</p> <p>We continued to implement the Scan for Safety Programme, an NHSScotland wide approach for high-risk implantable devices in Scotland.</p> <p>Our continued delivery of the Scottish Cancer Network, the National Strategic Network for Genomic Medicine and Perinatal Mental Health Managed Clinical Network.</p> <p>Provision of planning, advice and if required response provided to Infection, Prevention, Control (IPC) and wider issues relating to the healthcare-built environment.</p> <p>Management of Picture Archiving and Communications System (PACS) Re-provisioning Programme</p>	<p>The three deliverables that are behind schedule (Amber) are:</p> <p>The delivery of the General Practice Information Technology (GPIT) Re-provisioning programme. By 31 March 2024 the new managed service solution was implemented in 211 practices across five health boards;</p> <p>Management of the replacement of the Scottish Wide Area Network (SWAN). Site-by-Site transitions are in progress with 318 sites having now successfully migrated to the new supplier.</p> <p>Support Public Health Scotland (PHS) for outbreak variants and mutations (VAM) beyond COVID-19. Discussions with Public Health Scotland continue to progress, with a digital portal in testing with users.</p>	<p>Four deliverables within the 2023/24 ADP are not reported, as agreed through the Change Control process with Scottish Government. These changes were made in response to in year changes due to circumstances outwith our control.</p>	<p>Strategic:</p> <p>7320</p> <p>7329</p> <p>7331</p> <p>*Risk relating to individual ADP deliverables are recorded in the ADP and NSS Risk Register</p>

# Service Excellence: User Satisfaction



Area	Volume	Score	Weighting	Survey Date
CLO	186	99%	2%	FY24
FIN	698	86%	1%	FY23
HR	239	77%	1%	FY22
DAS	638	58%	15%	FY23
PCFS	554	66%	5%	FY24
SPST	17	100%	9%	FY22
SNBTS	81	89%	6%	FY24
NP	35	72%	32%	FY23
NSD	130	69%	29%	FY24
<b>NSS</b>	<b>2578</b>	<b>72%</b>		<b>FY22-FY24</b>



**Common Variation**



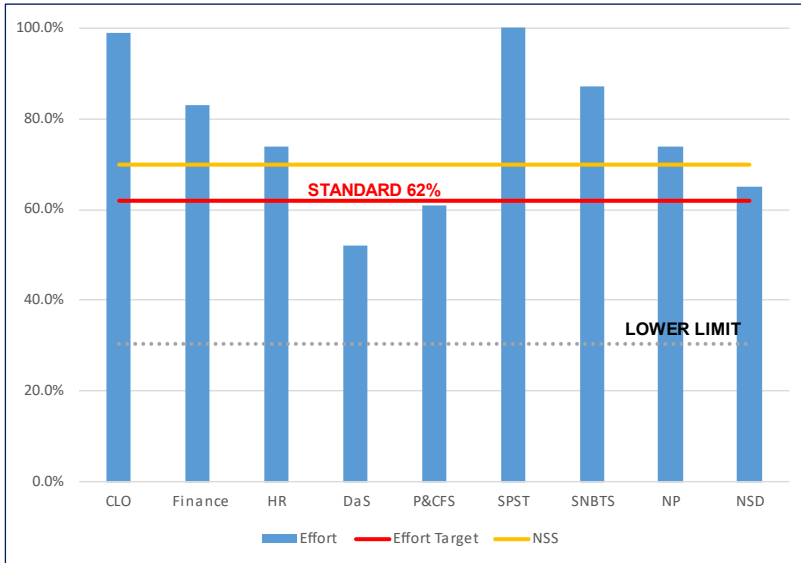
**Variable Achievement**  
Results are mixed and it is unclear if the standard will be consistently achieved.



**Improvement area**  
The activity is not meeting standard and needs attention


Summary position	Analysis	Actions being taken	Improvement opportunities	Risks
<p>Users are generally satisfied with services across most Directorates. The recent SNBTS survey has improved the aggregated NSS score to 72%, which is slightly above our agreed standard of 70%.</p> <p>Three Directorates are not presently meeting standard:</p> <ul style="list-style-type: none"> <li>DAS (58%)</li> <li>PCFS (66%)</li> <li>NSD (69%)</li> </ul> <p>Actions plans are in place for each.</p>	<p>SNBTS conducted the most recent annual survey and as one of our largest budgetary areas their positive performance (89%) has had a positive impact on the NSS score (72%).</p> <p>Verbatim comments extracted from these surveys showed SNBTS staff being referred to as “always helpful”, “professional and courteous” and “informative and willing to give advice at all times”.</p>	<p>DAS have hired Business Change Managers to help improve results and are moving to a “real time” survey to help identify and address issues sooner.</p> <p>Practitioner Services will be delivering communications to highlight what change means for the directorate and practitioners. They are also rethinking how external stakeholders can be involved earlier in changes.</p>	<p>Work is planned for 2024/25 to amend the scoring to take account of real time surveys and give a more accurate representation of service and NSS satisfaction.</p> <p>We will also introduce more sector specific information for comparison, for instance, while DAS scores are below the NSS Standard of 70% they score well compared to other IT organisations (based on the UK Customer Satisfaction Index).</p>	<p>Strategic: 7320</p>

# Service Excellence: User Effort



Area	Volume	Score	Weighting	Survey Date
CLO	186	98%	2%	FY24
FIN	698	83%	1%	FY23
HR	239	74%	1%	FY22
DAS	638	52%	15%	FY23
PCFS	554	61%	5%	FY24
SPST	17	100%	9%	FY22
SNBTS	81	87%	6%	FY24
NP	35	74%	32%	FY23
NSD	130	65%	29%	FY24
<b>NSS</b>	<b>2578</b>	<b>70%</b>		<b>FY22-FY24</b>

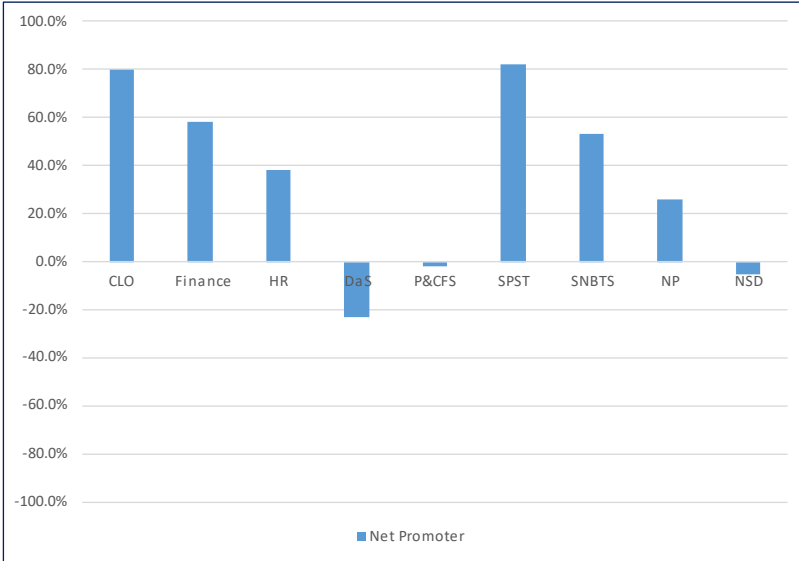
 **Common Variation**

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

 **Improvement area**  
The activity is not meeting standard and needs attention


Summary position	Analysis	Actions being taken	Improvement opportunities	Risks
<p>Users are generally satisfied with how easy it is to do business with the majority of Directorates. The recent SNBTS survey improved the aggregated NSS score to 70% and above our agreed standard of 62%.</p> <p>Two Directorates are not presently meeting standard:</p> <ul style="list-style-type: none"> <li>DAS (52%)</li> <li>PCFS (61%)</li> </ul>	<p>While two Directorates are below the standard, they are both in a recoverable position and action plans are in place.</p>	<p>DAS are moving to a “real time” survey to better reflect views of the ease of doing business with them. More instantaneous feedback will allow issues to be addressed more quickly.</p>	<p>Work is planned for 2024/25 to amend the scoring to take account of real time surveys and give a more accurate representation of service and NSS satisfaction.</p>	<p>Strategic: 7320</p>

# Service Excellence: Net Promoter



Area	Volume	Score	Weighting	Survey Date
CLO	186	82%	2%	FY24
FIN	698	58%	1%	FY23
HR	239	38%	1%	FY22
DAS	638	-23%	15%	FY23
PCFS	554	-2%	5%	FY24
SPST	17	82%	9%	FY22
SNBTS	81	53%	6%	FY24
NP	35	26%	32%	FY23
NSD	130	-5%	29%	FY24
<b>NSS</b>	<b>2578</b>	<b>17%</b>		<b>FY22-FY24</b>

 **Common Variation**

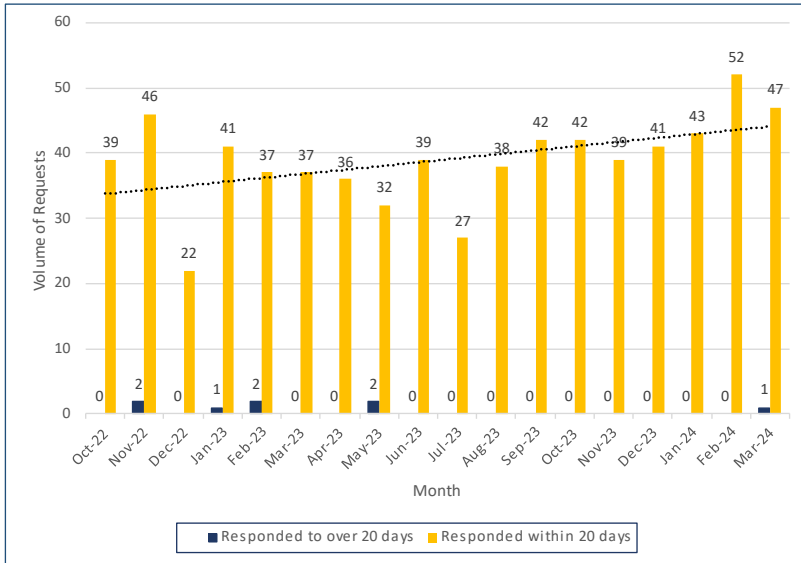
 **Variable Achievement**  
Results are mixed and it is unclear if the standard will be consistently achieved.

 **Improvement area**  
The activity is not meeting standard and needs attention

Summary position	Analysis	Actions being taken	Improvement opportunities	Risks
<p>Users generally class themselves as promoters of our Directorates when asked. The most recent positive surveys from SNBTS brought the aggregated NSS score up to 17% which is above our base standard of having a positive result.</p> <p>Three Directorates are not presently meeting standard:</p> <ul style="list-style-type: none"> <li>• DAS (-23%)</li> <li>• NSD (-5%)</li> <li>• PCFS (-2%)</li> </ul>	<p>While only three Directorates are drawing negative overall results, they are our second and third largest by financial weighting which has a detrimental impact on the aggregated NSS score. Financial weighting is according to the service's percentage of NSS revenue.</p>		<p>The work planned for 2024/25 in introducing more real time surveys and sector specific scoring will help give more context to this going forward.</p>	<p>Strategic: 7320</p>



# Service Excellence: FOIs responded to within 20 days



**Common Variation**

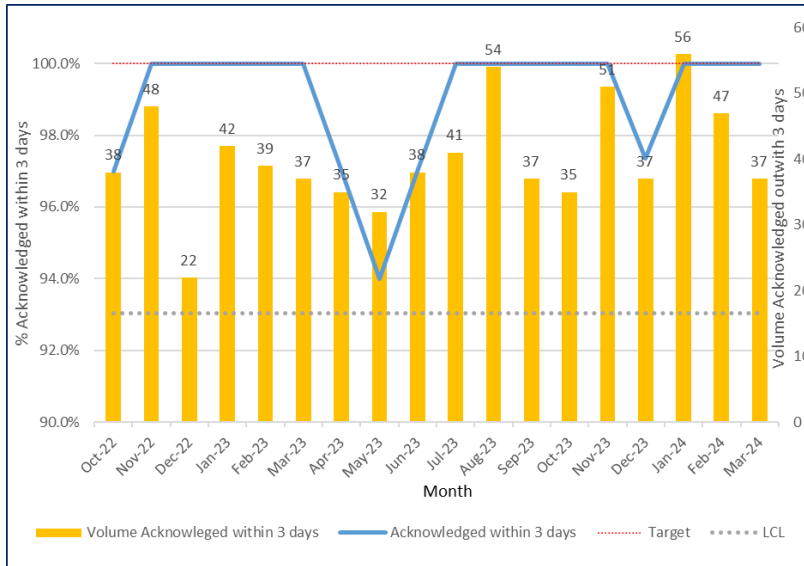


**Variable Achievement**

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

Summary position	Analysis	Actions being taken	Improvement opportunities	Risks
<p>Performance remains strong in this metric only failing to meet standard in two of the last 12 months.</p> <p>Over the course of the year this comes to 0.5% of requests exceeding the 20-day target.</p>	<p>The overall volume of requests received year on year continues to increase. This is likely to increase further due to more public/media scrutiny around the Covid-19 inquiry.</p>	<p>Communications have been made to all staff through Stay Connected and to Directorates through Freedom of Information Act Scotland (FOISA) Leads to ensure staff are aware of the process but also the importance of dealing with requests within regulatory guidelines.</p>	<p>A continuous programme review in place from the IS&amp;G Team to ensure regular organisational reminders of the staff's legislative obligations under FOISA.</p>	<p>Strategic 7320 7333</p>

# Service Excellence: FOIs acknowledged within 3 days



**Common Variation**



**Variable Achievement**

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

Summary position	Analysis	Actions being taken	Improvement opportunities	Risks
Performance remains strong in this metric only failing to achieve the standard of all requests acknowledged within 3 days of receipt in 2 months of the year.	The overall volume of requests received year on year continues to increase. This is likely to increase further due to more public/media scrutiny around the Covid-19 inquiry.	Communications have been made to all staff through Stay Connected and to Directorates through Freedom of Information Act Scotland (FOISA) Leads to ensure staff are aware of the process but also the importance of dealing with requests within regulatory guidelines.	A continuous programme review in place from the IS&G Team to ensure regular organisational reminders of the staff's legislative obligations under FOISA.	Strategic: 7320 7333

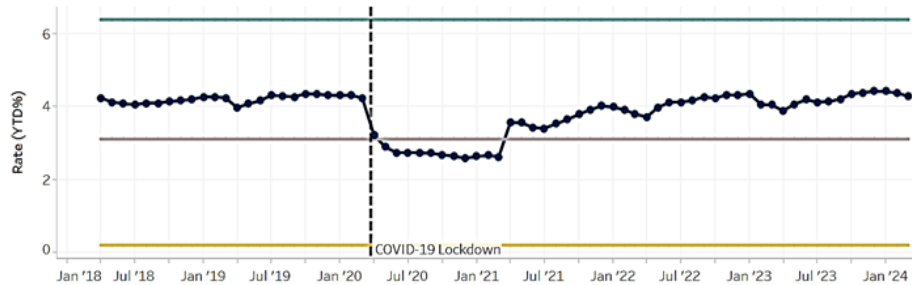
# Financial Sustainability

NSS Targets	Final	Forecast	RAG
	£M	£M	
Revenue Outturn	0.42	0	G
NSS CRES Total	12.8	12.8	G
NSD CRES Total	3.8	3.8	G
Capital Outturn	0.03	-	G

Summary position	Analysis	Actions being taken	Improvement opportunities	Risks
<p>NSS has fully achieved its statutory financial targets for 2023/24 (subject to external audit review). The reported position is a £0.42M underspend, compared to an underlying £0.9M surplus position reported in M11.</p> <p>NSS has fully achieved its CRES target with approximately £6.6M of total savings being achieved on a non-recurring basis. Although this has benefited the revenue position for NSS in 2023/24, it increases the risk in achieving financial sustainability in future years.</p>	<p>NSD: The risk-share risk forecast at £3.8M has reduced to £1.6M after Boards confirmed balances. SG funded the reduced Risk Share pressure enabling NSD to break-even.</p> <p>DAS: A deficit of £0.3M was forecast at M11, but year-end recharge adjustments addressed the pressure. DAS recharges are an area of immediate focus in Quarter 1 2024/25 to ensure accuracy and robustness of the financial position and forecast.</p> <p>Test, Protect &amp; Vaccination (TP&amp;V): Costs were expectedly lower (£18.4M) than the starting budget of £61M and an additional £5.8M of funding was returned to Scottish Government. This was due to a reduction in testing kits and vaccinations costs.</p>	<p>The reported outturn assumes a net £36.5M of Scottish Government allocations will be received in the M13 allocation letter. Within this balance, a further return of £8.8M will be processed. This is in addition to the £12.6M of TP&amp;V funding already returned/not required and helped meet Scottish Government's request to support the wider NHS financial position. NSS has not received a formal request/target but previous discussions were to aim for a 5% level which equated to c£14M.</p> <p>Capital surplus of £39k was driven by small underspends across several programmes as well as some in year non-recurring opportunities. In addition to the core capital allocation, £0.9M of Ellen's Glen funds has been drawn down to support the development of NSS infrastructure. A further £0.3M of revenue has been transferred to support SNBTS and PCFS capital programmes.</p>	<p>Improvements have been made in 2023/24 on visibility and demonstrations of how CRES savings have been achieved. This will continue to be an area of focus in 2024/25 so that all savings are reported, tracked and recurring opportunities are identified to replace the non-recurring savings achieved this year.</p> <p>Moving into 2024/25, NSS will continue to pursue financial sustainability of services. This includes formal confirmation of in-year allocations prior to committing to spend, formalising CRES plans and cost pressures, and reviewing DAS recharges.</p>	<p>Strategic: 7331 7330</p> <p>Corporate: 6679</p>

# Workforce Sustainability: Sickness absence

Year to Date Total Sickness Absence – SPC



Directorate Breakdown – SPC

Between Lower Limit and Mean (0.18% - 3.08%)	Between Mean and Upper Limit (3.08% - 6.35%)
DaS, Finance	CLO, Clinical, HR, PCF, P&CF, SNBTS, SP&ST

Summary position	Analysis	Actions being taken	Improvement opportunities	Risks
<p>The total sickness absence rate for the financial year is 4.26%, and improvement on last month's 4.34%. However, it remains marginally above the NHSScotland standard by 0.26%.</p> <p>The total sickness absence rate for March was 3.67%, a drop on February's figure of 4.19%. With the current headcount sitting at 3,194.19 (WTE), approximately 117 employees were off due to sickness in March (138 last month).</p>	<p>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.</p> <p>Based on the previous three years absence data, the year-to-date sickness absence for 2024/25 is forecast to be 4.04%.</p>	<p>NSS Management continues to take an active part in working with their line managers, HR Case Management, and HR Business Partners to address absence issues across their respective areas.</p> <p>Absence Awareness sessions continue to be delivered across NSS by the Case Management team with the objective of these sessions being to give managers the basic tools and information to manage absence and reduce absence rates. A new absence trigger report has been launched in January showing <b>all</b> employees who have reached a trigger in the month and whether they have an active case.</p>		<p>Strategic: 7312 7305 7320</p> <p>Corporate: 7111 7037 6544</p>

# Workforce Sustainability: Staff turnover

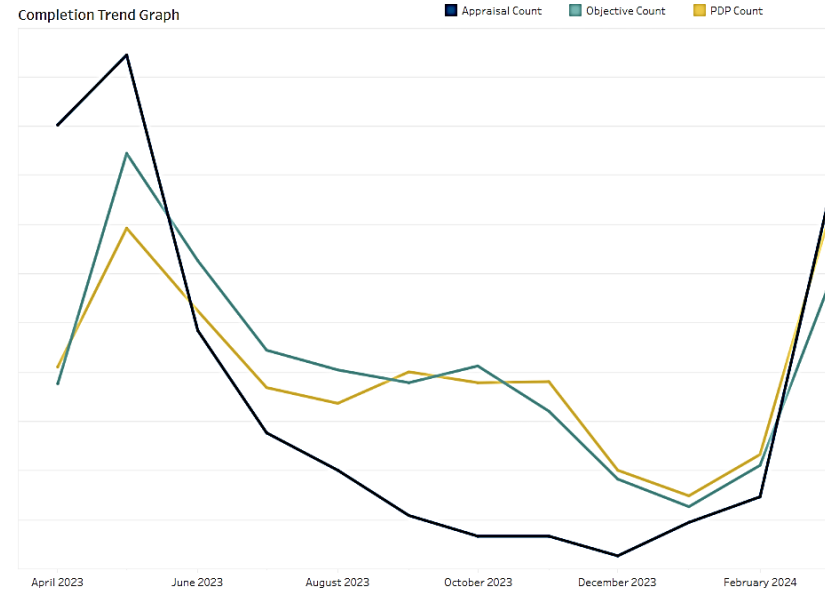
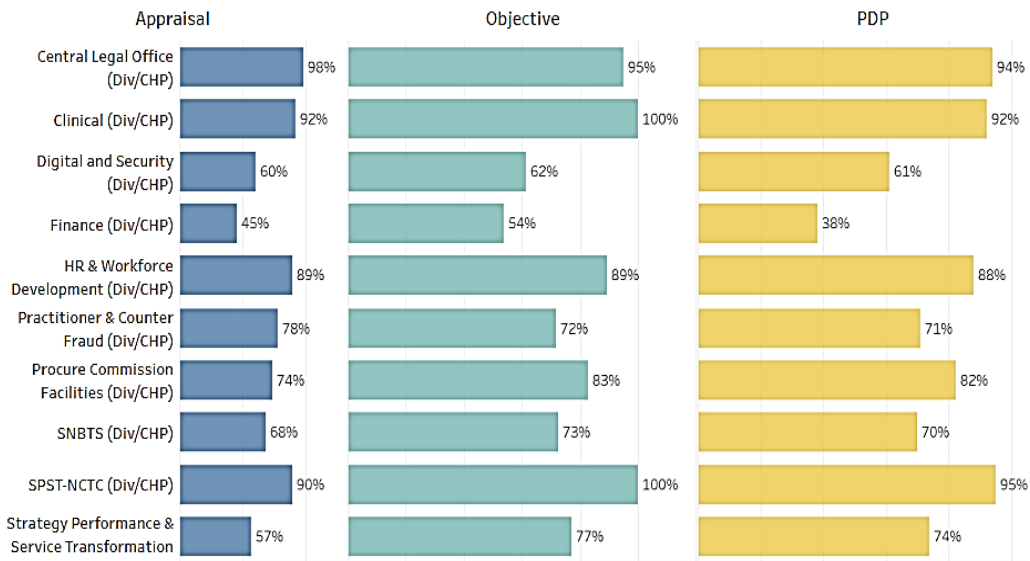
Directorate	Turnover This Year	Turnover Last Year
CLO	20.07%	3.15%
Clinical	8.51%	11.11%
DaS	9.37%	12.09%
Finance	9.36%	9.91%
HR	15.73%	24.47%
P&CF	7.63%	8.69%
PCF	8.47%	10.36%
SNBTS	10.50%	14.65%
SPST-NCC	25.60%	168.43%
SP&ST	6.64%	12.78%

## Top 5 Reasons for Leaving

Reason	Leavers
Vol. Resignation – Other	54
Other	54
New Employment Within NHS	53
Retirement - Age	38
Retirement - Other	15

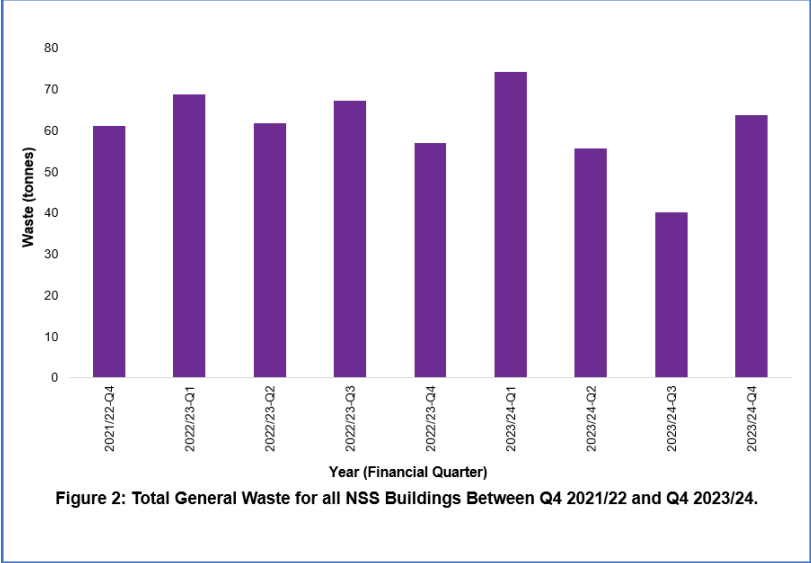
Summary position	Analysis	Actions being taken	Improvement opportunities	Risks
NSS has recorded 332 new starts, 261 leavers and a turnover rate of 9.69% this financial year. Of the 332 employees who left, 18% were on a Fixed Term contract and 82% were on a Permanent contract.	<p>Turnover rates are produced from eEES National Team turnover reports and include bank staff. Therefore, NCC rates include bank as does the overall turnover percentage for NSS.</p> <p>HR Workforce Information team 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.</p>		<p>The turnover forecast for the end of next financial year is 14.66%, which is higher than the agreed target of 14%. We will monitor and improve the accuracy of the forecast as we progress through the year.</p>	<p>Strategic: 7312 7305 7320</p> <p>Corporate: 7237 7111 7037 6544</p>

# Workforce Sustainability: TURAS appraisal



Summary position	Analysis	Actions being taken	Improvement opportunities	Risks
<p>Compliance across all three measures was below the 90% standard we set ourselves:</p> <ul style="list-style-type: none"> <li>70% for appraisals</li> <li>75% for objectives</li> <li>73% for personal development plans</li> </ul> <p>Please note: The compliance rates are calculated by excluding the staff groups that are on maternity leave, long term sick, or career breaks. It also excludes new starts, medical staff, bank staff, and movers within the organisation.</p>	<p>Expectations are that end of year reviews are not generally all completed by the end of the fiscal year, so there may be a further drop in compliance levels before improving again at the end of April/May.</p>	<p>The need for compliance and considerations for how to achieve it is being discussed at Directorate senior leadership teams.</p> <p>The importance of planning end of year reviews and new objective and personal development plan setting meetings has been highlighted with staff.</p>		<p>Strategic: 7312 7333</p> <p>Corporate: 7237</p>

# Climate Sustainability: General Waste



Summary position	Analysis	Actions being taken	Improvement opportunities	Risks
<p>The graph above provides an analysis of general waste from Q4 2021/22 – Q4 2023/24, showing a variation in trend.</p> <p>General waste is waste that does not contain recyclable content and does not fit into another waste stream. Note: once the new waste contract is implemented, general waste will be known as residual waste.</p>	<p>2023/24-Q4 has an increase of 2.7 tonnes compared to 2021/22-Q4 and 6.7 tonnes compared to 2022/23-Q4.</p> <p>2023/24-Q4 has an increase of 23.5 tonnes compared to 2023/24-Q3</p>	<p>Waste reductions continues with closure and less activity in buildings and improvement in waste segregation.</p>	<p>Business as usual waste auditing continues to identify poor segregation for improvements but, factual waste weight is required to further identify poor waste segregating sites.</p> <p><b>Note:</b> due to future regulation changes, it will be mandatory for suppliers to produce factual waste weights.</p>	<p>Strategic: 7321 7330</p> <p>Corporate: 6679</p>

# Climate Sustainability: Clinical Waste

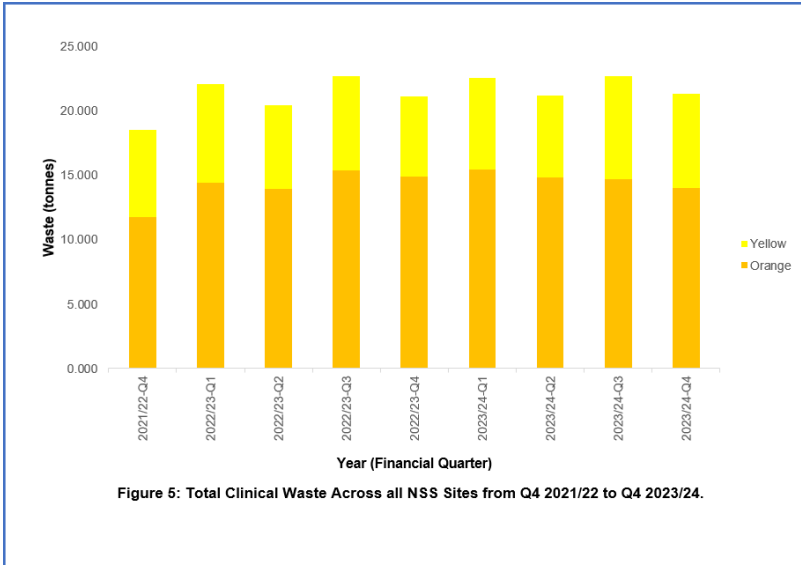


Figure 5: Total Clinical Waste Across all NSS Sites from Q4 2021/22 to Q4 2023/24.

Summary position	Analysis	Actions being taken	Improvement opportunities	Risks
<p>Clinical waste data comes from five NSS sites: Gartnavel, Gyle, Lauriston SNBT, JCC and Possilpark, including community donor sessions. Sites not captured in data due to not being directly collected by contractor. Discussion taking place to capture gap.</p> <p>Yellow waste consists of anatomical and gypsum waste which is incinerated. Orange waste consists of orange bag, STAATT IV orange bag and orange lidded sharps which is shredded, heat treated and sent to energy from waste.</p>	<p>NSS clinical waste production has increased by 2.8 tonnes compared to 2021/22-Q4 and 0.2 tonnes compared to 2022/23-Q4 but trends remains consistent from 2022/23-Q1.</p>	<p>Business as usual Pre-Acceptance Audits are carried out annual with all sites compliant.</p>	<p>It has been identified a change in consumables (orange bag sizes and sharps containers) will present sustainability benefits as well as demonstrate best practice.</p> <p>Reduction in orange bag size for 1 area of SNBTS will ensure optimisation of bag capacity, current bag usage sits at 20%. Change from orange lidded sharps container to metal recovery container will put NSS in position to implement metal recovery once waste supplier is able to provide service, implementing circular economy.</p>	<p>Strategic: 7321</p>



# Climate Sustainability: General Waste Recycled or Composted

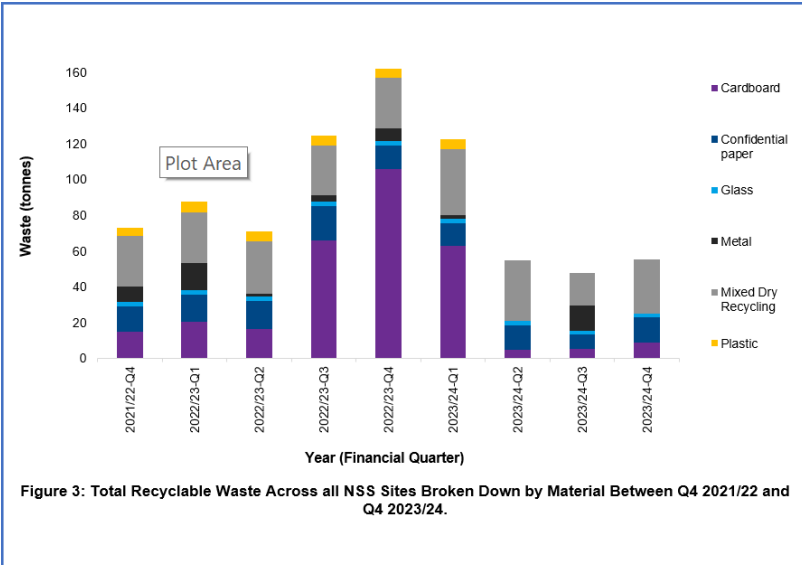
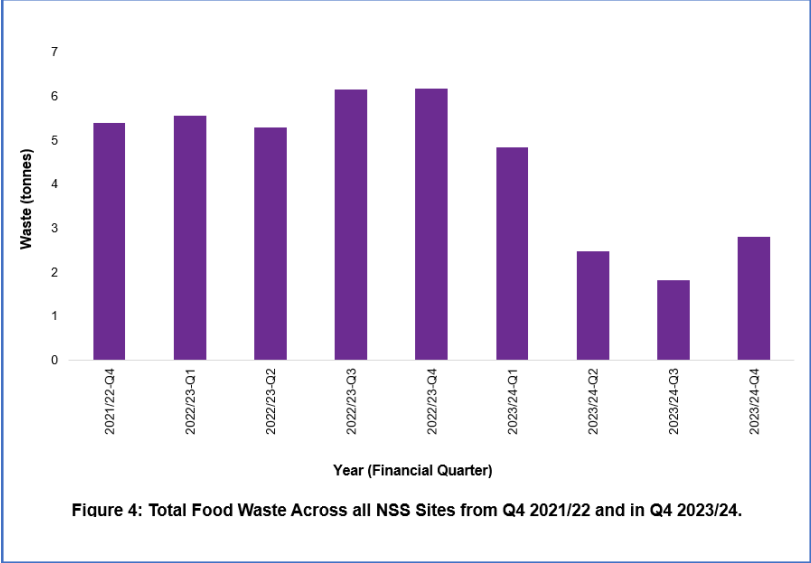


Figure 3: Total Recyclable Waste Across all NSS Sites Broken Down by Material Between Q4 2021/22 and Q4 2023/24.

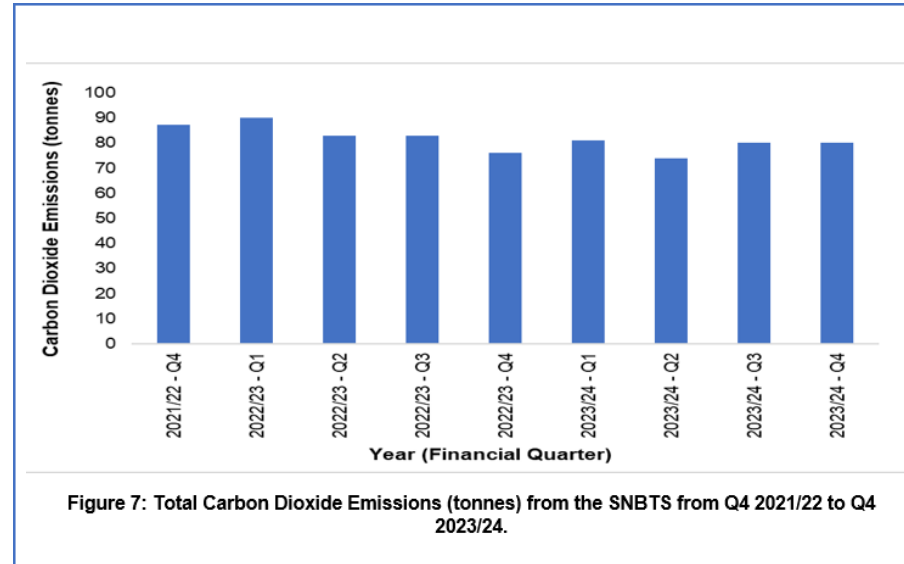
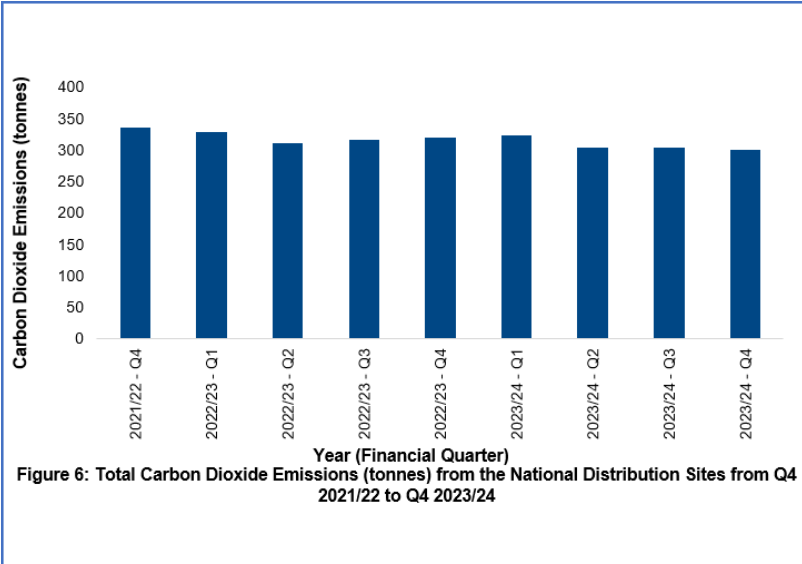
Summary position	Analysis	Actions being taken	Improvement opportunities	Risks
<p>The graph above shows total recyclable waste across all NSS sites broken Down by material between Q4 2021/22 dnd Q4 2023/24</p> <p><b>Note:</b> Waste data is industry standard weights and not factual. This will change once new General and Recyclelets contract implementation in 2024/25-Q1/2.</p>	<p>For waste, there have been peaks and troughs between 2021 to 2024. This is 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.</p>	<p>Business as usual waste auditing continues to identify poor segregation for improvements in segregation.</p>	<p>Once new contract is implemented, Mixed Dry Recycling will no longer be a waste. The material will be split into the raw commodities providing better data quality, recycling quality and promote best practice.</p>	<p>Strategic: 7321 7330</p> <p>Corporate: 6679</p>

# Climate Sustainability: Food Waste



Summary position	Analysis	Actions being taken	Improvement opportunities	Risks
The graph shows total food waste across all NSS sites between Q4 2021/22 and Q4 2023/24.	2023/24-Q4 has a reduction of 2.6 tonnes compared to 2021/22-Q4 and 3.4 tonnes compared to 2022/23-Q4. 2023/24-Q4 has increase by 1 tonne compared to previous quarter.	Waste reductions continue due to closure in Meridian court site and less uptake in cafeterias at JCC and Gyle Square. Soft FM has also improved in stock management.	Business as usual waste auditing continues to identify poor segregation for improvements but, factual waste weight is required to further identify poor waste segregating sites.  <b>Note:</b> due to future regulation changes, it will be mandatory for suppliers to produce factual waste weights	Strategic: 7321 7330  Corporate: 6679

# Climate Sustainability: Fuel National Procurement & SNBTS Fleet



Summary position	Analysis	Actions being taken	Improvement opportunities	Risks
<p>The graphs above highlight the CO<sub>2</sub> emissions produced across the National Distribution Sites (NDS) and the Scottish National Blood and Transfusion Service (SNBTS).</p> <p>NDC CO<sub>2</sub> reduction achieved with driven training to improve vehicle efficiency, implementation of eco vehicles, reduction in journeys required due to implementation of new double decker trailers.</p>	<p>At 2023/24-Q4 compared to 2021/22-Q4, NDS has reduced emissions by 35 tonnes of CO<sub>2</sub> and SNBTS has increased emissions by 4 tonnes,</p>	<p>Submission of funding bids to Transport Scotland for additional electric charging infrastructure to support the transition to zero carbon fleet.</p>	<p>Additional funding will be required to support transition to zero carbon emitting fleet and the implementation of the infrastructure to support the transition.</p>	<p>Strategic: 7321</p>

# Climate Sustainability: Gas Metered Sites

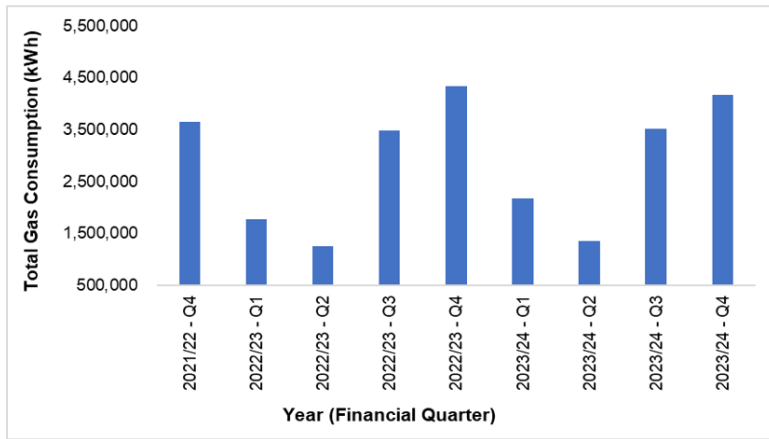


Figure 8: Quarterly Gas Consumption Across NSS Between Q4 2021/22 and Q4 2023/24.

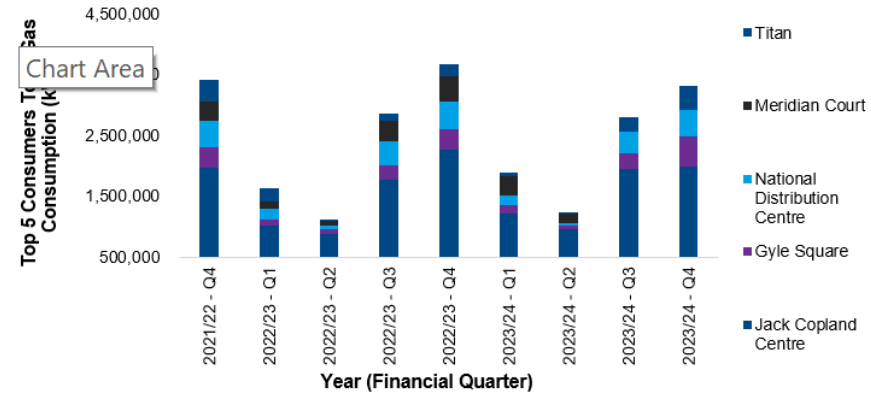
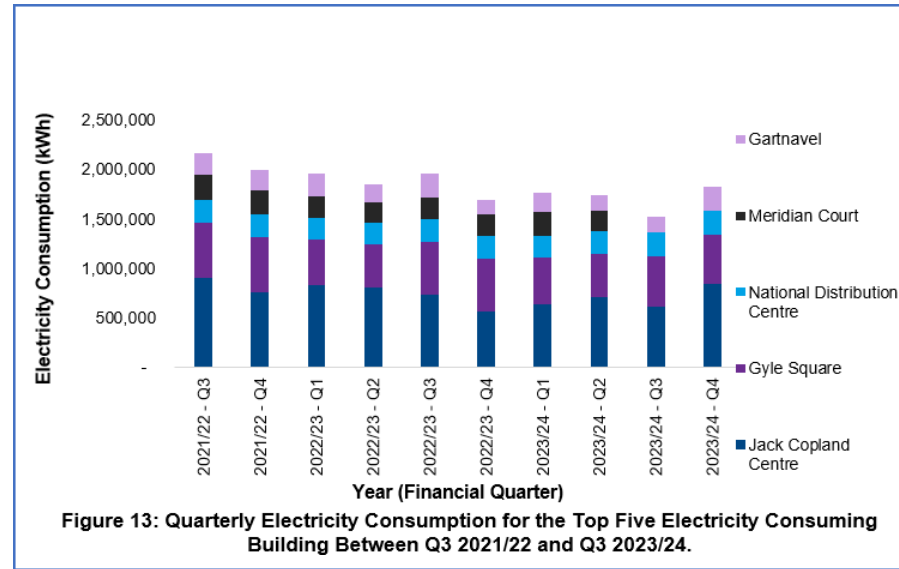
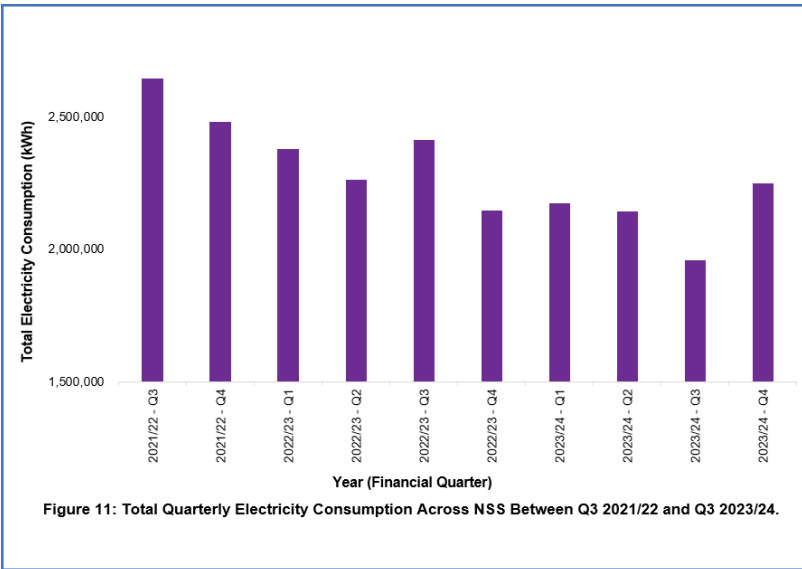


Figure 9: Quarterly Gas Consumption for the Top Five Gas Consuming Buildings Between Q4 in 2021/22 and Q4 in 2023/24.

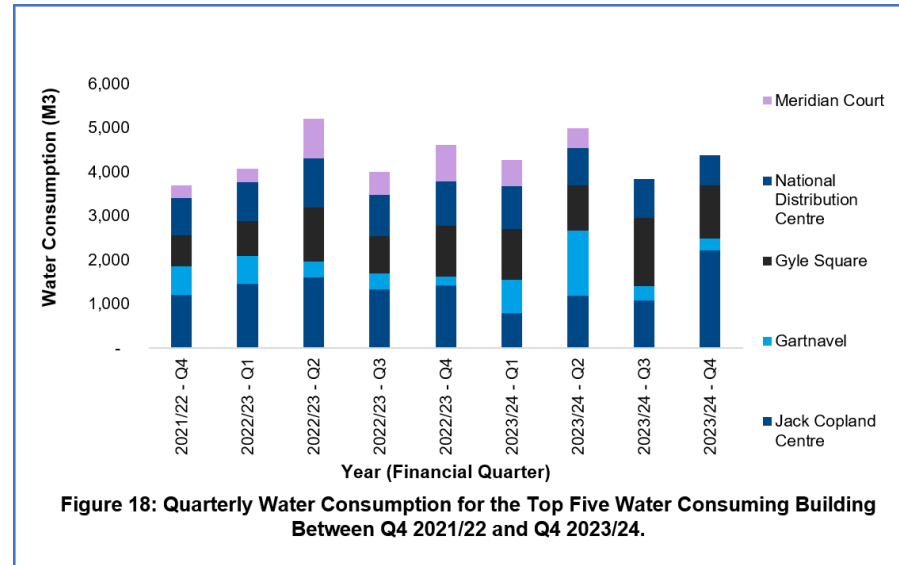
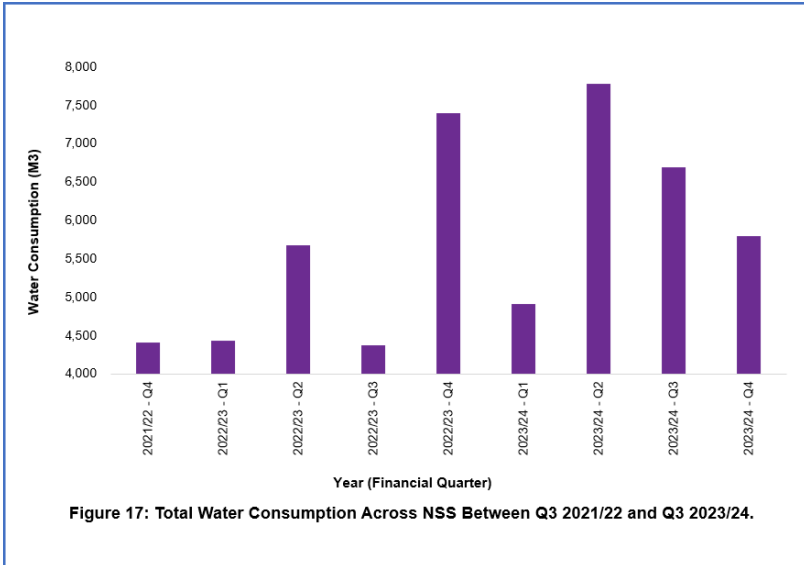
Summary position	Analysis	Actions being taken	Improvement opportunities	Risks
<p>The graphs shows quarterly gas consumption across NSS Between Q4 2021/22 and Q4 2023/24.</p> <p>Current total number of sites included in analysis is 8, previous quarter included Meridian Court use. Not included here are sites which we share with other NHS Boards and where another Board is the site host.</p>	<p>Gas consumption varies depending on the time of year with higher levels of consumption in Q3 and Q4. The Jack Copland Centre consumes an average of 58% of total gas consumption over all 9 NSS buildings (including Meridian) where we can measure gas consumption.</p>	<p>Working with external stakeholders to better understand methods to improve our gas consumption to improve efficiency of use.</p>	<p>Implementation of automatic meter readers are required to get full understanding of NSS estates gas use. This data will support the identification of areas requiring improvement and transition to more sustainable alternatives to achieve Net Zero by 2040.</p>	<p>Strategic: 7321 7330</p> <p>Corporate: 6679</p>

# Climate Sustainability: Electricity Metered Sites



Summary position	Analysis	Actions being taken	Improvement opportunities	Risks
<p>The graphs show quarterly electricity consumption for the top five electricity consuming buildings. Meridian Court, the second highest electricity consuming building is no longer in use. NSS vacated the property in 2023/24 – Q2. Meridian court will be removed from this report from 2024/25 – Q1. Not included here are sites which we share with other NHS Boards and where another Board is the site host. 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. Electricity consumption for JCC includes any electricity generated on site by Solar PV.</p>	<p>Comparing 2023/24-Q3 to 2022/23-Q3, NSS has had a reduction of 453,603 kWh. This has been achieved with the closure of Meridian Court and reduction of energy usage at various sites due to a warmer winter.</p>	<p>Working with external stakeholders to better understand methods to improve our electricity consumption to improve efficiency of use.</p>	<p>Implementation of automatic meter readers are required to get full understanding of NSS estates electricity use. This data will support the identification of areas requiring improvement and transition to more sustainable alternatives to achieve Net Zero by 2040.</p>	<p>Strategic: 7321 7330</p> <p>Corporate: 6679</p>

# Climate Sustainability: Water Metered Sites



Summary position	Analysis	Actions being taken	Improvement opportunities	Risks
<p>The graph above shows total water consumption across NSS between Q4 2021/22 and Q4 2023/24.</p> <p>The graph on the right shows consumption for the top 5 water consuming buildings between Q4 2021/22 and Q4 2023/24.</p>	<p>Increase in water use in Q3 2022/23 compared with Q3 2023/34 can be attributed to the inclusion of Hassockrigg Eco Park and Titan, both previously unreported.</p> <p>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 system and for specialist laboratory practices.</p> <p>Historically, water has been poorly reported. As bills have been brought in at different times this makes reporting somewhat inconsistent.</p>	<p>Sustainability team is working with Facilities projects team on the implementation of automatic meter readers.</p>	<p>Implementation of automatic meter readers are required to get full understanding of NSS estates water use. This data will support the identification of areas requiring improvement and transition to more sustainable alternatives to achieve Net Zero by 2040.</p>	<p>Strategic: 7321 7330</p> <p>Corporate: 6679</p>

# Risk details

# Risks featured in this report

Risk No./ RAG	Title	Summary	Owner	Strategic/ Corporate
7320	Service Excellence	There is a risk that NSS is unable to deliver effective services for its users.	Director of Primary & Community Care & SPST	Strategic
7331	Financial Sustainability	There is a risk that NSS is unable to deliver its statutory obligation to deliver services within approved funding limits, whilst delivering cash releasing efficiency savings targets.	Director of Finance	Strategic
7330	Rationalisation of Office Accommodation	There is a risk that NSS is unable to fully realise savings and service improvements from the rationalisation of its office accommodation.	Director of Finance	Strategic
7329	Delivery of National Programmes	There is a risk that NSS is unable to deliver the planned benefits, including service improvements and cost reduction, from the NHS Scotland national programmes it has been tasked to deliver.	Director of Finance	Strategic
7333	Governance and Regulatory Compliance	There is a risk that we fail to meet appropriate corporate legal, governance and regulatory requirements.	Director of Finance	Strategic
6679	Properties and Estates 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.	Director of NHS Scotland Assure	Corporate
7312	Workforce Sustainability	There is a risk that NSS will not have a sustainable workforce that is diverse, knowledgeable, and skilled to support the organisation to remain resilient and responsive to meet its strategic ambitions and service needs.	HR Director	Strategic
7237	Recruitment & Retention	There is a risk that it is becoming increasingly difficult to recruit and retain staff in some roles.	HR Director	Corporate
7111	Staffing Levels in SNBTS CAU	There is a risk that there is insufficient staffing levels to cover all the Clinical Apheresis hours of service including out of hours. (subsequently closed 29/05/24).	Director of SNBTS	Corporate
7037	Staffing Levels in Manufacturing	There is a risk of insufficient staffing levels in SNBTS Manufacturing (Processing & Testing) to meet demand.	Director of SNBTS	Corporate
6544	Patient Services Lab Cover	There is a risk to service delivery within Patient Services laboratories (Blood Banks and H&I), due to the number of available suitable trained staff who can participate on rosters that provide 24/7 service cover.	Director of SNBTS	Corporate
7321	Climate Change	There is a risk that we do not reduce our impact on the environment in line with government climate change targets.	Director of NHS Scotland Assure	Strategic
7305	Clinical and Patient Safety	There is a risk that preventable harm may occur to patients and service users resulting in a negative outcome.	Clinical Director	Strategic



# NHS National Services Scotland

<b>Meeting:</b>	<b>NSS Board</b>
<b>Meeting date:</b>	<b>28 June 2024</b>
<b>Paper Number:</b>	<b>B/24/19</b>
<b>Title:</b>	<b>Initial Response to the Recommendations of the Infected Blood Inquiry</b>
<b>Responsible Executive:</b>	<b>Marc Turner, Director, Scottish National Blood Transfusion Service (SNBTS)</b>
<b>Report Author:</b>	<b>Marc Turner, Director, SNBTS</b>

## 1. Purpose

- 1.1 The purpose of this paper is to provide an initial NSS response to the recommendations of the Infected Blood Inquiry (IBI).

## 2. Recommendation

- 2.1 The Board is recommended to;
  - 2.1.1 Note the publication of the Inquiry report;
  - 2.1.2 Extend an apology from the Board to those people infected or affected by the practices followed at the time and as set out in the Inquiry report, acknowledging that SNBTS has been an integral part of The Common Services Agency (NSS) since 1974 (throughout the period covered by the inquiry).
  - 2.1.3 Agree that the operational and regulatory arrangements set out in this report and regularly reported to our Clinical Governance Committee, covering the current practices for the collection of blood, tissues and cells by SNBTS provides assurance that they operate to the highest professional standards that prioritise and optimise patient and donor safety.
  - 2.1.4 Agree that a detailed action plan on how to respond to the recommendations that can be addressed by this Board alone will be brought to the next meeting of the Clinical Governance Committee and monitored for delivery on an ongoing basis thereafter.
  - 2.1.5 Agree that a report on the wider health system actions, coordinated by the Scottish Government in response to the Inquiry recommendations, also be periodically brought to the NSS Board

### 3. Executive Summary

- 3.1 The Infected Blood Inquiry (IBI) Final Report was published on 20<sup>th</sup> May 2024.
- 3.2 It is a comprehensive document consisting of seven volumes and just over 2,500 pages covering events in the 1970s, 1980s and early 1990s leading to transmission of Hepatitis B (HBV), Human Immunodeficiency Virus (HIV) and Hepatitis C (HCV) by blood components and plasma products. Around 30,000 people across the UK have been infected or affected by these infections of whom 3,000 have died.
- 3.3 The background to the Inquiry and a summary of the Key Failings, Lessons to be Learned and Recommendations made by the Chair of the Inquiry, were provided in the paper entitled 'Reflections on the Infected Blood Inquiry' discussed at the Board seminar on 4 June 2024.
- 3.4 Sir Brian Langstaff states that he believes that ***'The first, and most important lesson, is that the first, and paramount consideration should always be safety'***. He goes on to discuss a number of elements to safety including understanding of risk, delays in decision making, questioning the *status quo*, consent and communication, candour and transparency between doctor and patient and between Government and citizen, involvement in a decision by those affected by it, medical records, public health and complacency.
- 3.5 In conclusion he summarises the principles of approach which he believes should be adopted:
- '(1) First and foremost, patient safety should have been the paramount, guiding principle.***
- (2) Second, a search for certainty can be, and in this case was, an enemy of achieving progress.***
- (3) Third, risks to public health need to be addressed with speed, consistency, and an objective look at such evidence as there is without making unjustified assumptions.***
- (4) Fourth, what aids the process is a clear structure for decision-making. Instead of effective decision-making here, there was "decision paralysis".***
- (5) Finally, cost, though a relevant factor, should not be the starting point. Patient safety should be.'***
- 3.6 SNBTS wishes to offer the Board a slightly wider reflection on the key elements of safety in blood, tissue and cell transfusion / transplantation:
- 3.7 First, these products can be lifesaving, life-enhancing or permissive of other critical medical interventions. SNBTS has a duty to ensure sufficiency of supply to patients both on a routine and contingency basis, on a 24/7/365 basis and across Scotland's distributed geography. Given that we are not completely in control of supply (donors are volunteers) or demand (which is clinically driven), that many of these products are labile and time bounded and may need to be immunologically matched to the patient, this can be a challenging undertaking. We articulate this as: ***A clinical duty to ensure sufficiency of supply of blood, tissues and cells (substances of human origin) for treatment of patients in Scotland.***

- 3.8 Second, SNBTS procures, manufactures and supplies products under a stringent legal and regulatory framework and is subject to inspection and licensure by multiple regulatory bodies. The purpose of this framework is to ensure the consistency of quality of the products (and supporting services) supplied. Self-evidently a poor-quality product may be ineffectual or unsafe (or both). We articulate this as: ***A legal duty to ensure the quality and regulatory compliance of products and services.***
- 3.9 Third, blood safety regarding transfusion transmitted infection has improved significantly over the past 30 to 50 years through stringent donor selection, microbiological screening and quality management systems. However, it is important that we retain the capabilities and capacity required to respond promptly to new and emergent infections. Moreover, other elements of safety such as correct immunological matching between donor and patient are dependent not just upon SNBTS but also the twenty-eight hospital blood banks across NHS Scotland, and the hospital based clinical transfusion process is the responsibility of the Territorial Health Boards. The safety of a transfusion in the broadest sense is therefore contingent on the whole of the supply chain from donor to patient. We articulate this as: ***An ethical duty to ensure the safety of those products and services.***
- 3.10 At the time of writing the response to the IBI Final Report is still in a formative phase and many groups are in the process of being set up by (*inter alia*) the Scottish Government, the Advisory Committee on the Safety of Blood, Tissues and Organs and the UK Blood Services Forum. This document should therefore be seen as formative at this stage, and we undertake to keep the Board informed of developments elsewhere and action plans as these become more definitive.

## **4. Impact Analysis**

### **4.1 Quality and Value**

- 4.1.1 The quality and safety of blood, tissues and cells is assured through our quality and regulatory framework and through our clinical governance activities at operational and NSS Board levels. We will bring forward proposals to further assure the quality and safety of products and services following system-wide discussions as above.

### **4.2 Equality and Diversity, including health inequalities.**

- 4.2.1 We aim to further improve transfusion safety amongst clinical conditions such as Sickle Cell Disorder and Thalassaemia which have differential ethnic prevalence.

### **4.3 Data protection and information governance**

- 4.3.1 No direct impact.

## **5. Risk Assessment/Management**

- 5.1 There is a risk that NSS does not respond in a timely manner to the recommendations of the IBI.

## **6. Financial Implications**

- 6.1 It is highly likely that some of the responses to the IBI Recommendations will have financial implications. These have yet to be identified.

## **7. Workforce Implications**

- 7.1 Similarly, some of the responses to the recommendations may have an impact of workforce.

## **8. Climate Change and Environmental Sustainability Implications**

- 8.1 No direct implications.

## **9. Route to Meeting**

- 9.1 Board Seminar Reflections on the Infected Blood Inquiry - 4 June 2024.
- 9.2 Discussion with NSS CEO and Director of Finance.

## **10. List of Appendices and/or Background Papers**

- 10.1 None attached. However, The Report of the Infected Blood Inquiry may be found at the following link: [The Inquiry Report | Infected Blood Inquiry](#)

# NHS National Services Scotland

<b>Meeting:</b>	<b>Board</b>
<b>Meeting date:</b>	<b>28 June 2024</b>
<b>Title:</b>	<b>Annual Reports from Committees 2023-2024</b>
<b>Paper Number:</b>	<b>B/24/20</b>
<b>Responsible Executive/Non-Executive:</b>	<b>Keith Redpath, NSS Chair</b>
<b>Report Author:</b>	<b>Karen Summers, Committee Services Manager</b>  [Reviewed by <b>Hayley Barnett,</b> <b>Associate Director of Governance and Board Services (Board Secretary)]</b>

## 1. Purpose

- 1.1 This paper is presented to the Board to provide assurance that all Committees of the Board are managed in accordance with the NSS Corporate Governance Framework.

## 2. Recommendation

- 2.1 The Board is recommended to scrutinise the Annual Reports from all NSS Committees for 2023-2024.

## 3. Executive Summary

- 3.1 This report provides a compilation of the following reports;
  - NSS Audit and Risk Committee Annual Report 2023-2024;
  - NSS Clinical Governance Committee Annual Report 2023-2024;
  - NSS Staff Governance Committee Annual Report 2023-2024;
  - NSS Finance, Procurement and Planning Committee Annual Report 2023-2024;
  - NSS Remuneration and Succession Planning Committee Annual Report 2023-2024 (the formal name of the Committee was changed to the NSS Remuneration Committee on 21 March 2024 following approval by the Board.)

- 3.2 The reports are prepared by the Committee Chairs to provide assurance to the NSS Board that they are fully meeting their obligations. The information collated into the annual report highlights the work done during the year and provides evidence of adherence to the Terms of Reference (NSS Corporate Governance Framework Appendices 3.1, 3.2, 3.3, 3.4 and 3.5).

## **4. Impact Analysis**

### **4.1 Quality and Value**

- 4.1.1 There is no direct impact on quality or value resulting from this report. However, this paper's purpose is to provide assurance to the NSS Board that the Committees have fulfilled their remit which includes elements of quality and value.

### **4.2 Equality and Diversity, including health inequalities**

- 4.2.1 An impact assessment has not been completed as this was not relevant to an Annual Report.

### **4.3 Data protection and information governance**

- 4.3.1 There are no specific data protection or information implications directly associated with this paper.

## **4. Risk Assessment/Management**

- 5.1 All NSS Board Committees review risks, relevant to their individual remits, at every meeting and escalate to the Board where required. Risks are managed inline with the requirements of the NSS Integrated Risk Management Approach.

## **6. Financial Implications**

- 6.1 There are no specific financial implications directly associated with this report.

## **7. Workforce Implications**

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

## **8. Climate Change and Environmental Sustainability Implications**

- 8.1 There are no specific climate change and environmental sustainability implications directly associated with this report.

## **9. Route to Meeting**

- 9.1 Committees reviewed and approved the reports on the following dates:

- NSS Audit and Risk Committee held on 20 June 2024
- NSS Clinical Governance Committee held on 23 May 2024
- NSS Finance, Procurement and Performance Committee held on 11 June 2024
- NSS Remuneration Committee held on 26 June 2024
- NSS Staff Governance Committee held on 6 June 2024

## **10. List of Appendices and/or Background Papers**

10.1 Appendix 1 – NSS Board Committees Annual Reports 2023-2024

# APPENDIX 1



NSS Audit & Risk Committee  
Annual Report to Board Members  
2023/24

## 1. Context

In accordance with the Audit and Risk Committee (ARC) Terms of Reference and NSS Standing Orders, the NSS ARC presents its Annual Report to the Board.

## 2. ARC Meetings

The Committee membership and representation during the year ending 31 March 2024 was as follows.

### Members:

Julie Burgess, NSS Vice-Chair/Non-Executive Director (Chair until 30 November 2023)  
Beth Lawton, Non-Executive Director (Member until 30 November 2023 then Chair from 1 December 2023 – to support the transition chaired the 12 September 2023 meeting)

Paul Buchanan, Non-Executive Director (from 21 March 2024)  
John Deffenbaugh, Non-Executive Director (until 31 January 2024)  
Gordon Greenhill, Non-Executive Director  
Arturo Langa, Non-Executive Director  
Maria McGill, Non-Executive Director (from 21 March 2024)  
Alison Rooney, Non-Executive Director

### In (regular) attendance:

Chief Executive  
Director of Finance, Corporate Governance and Legal Services  
Associate Director of Corporate Governance and Board Services  
Director of Strategy, Performance and Transformation  
Director of Digital and Security  
Associate Director of Information Security and Governance  
Executive Medical Director (as Caldicott Guardian)

### Auditor representation:

KPMG	Internal Audit
PricewaterhouseCoopers (PwC)	Service Audit
Audit Scotland	External Audit

The Committee met on 12 September 2023, 6 December 2023, 14 March 2024, 16 May 2024, 30 May 2024 and 20 June 2024 (this is a different period from other Committee annual reports, reflecting the reporting of audit activity). Members reviewed the annual audit plans, reports from auditors and management's progress in completing audit actions raised. Information Governance and Security updates, progress with fraud cases, and counter fraud initiatives were also reviewed.

## 3. Minutes of and Actions from Meetings

Minutes of Committee meetings were approved by the Committee and presented to the NSS Board. Any relevant issues or matters arising from the other NSS Committees were brought to the attention of the Committee to ensure that relevant points were noted, and actions taken where appropriate.

The Committee maintained an action register to record and manage actions agreed from each meeting and reviewed progress at subsequent meetings.

#### 4. Appointment of Auditors

The Auditors of NSS during the year 2023/24 were as follows:

<b>Audit Service</b>	<b>Auditor</b>	<b>Current Contract Ends</b>
Internal Audit	KPMG	March 2027
Service Audit: Payroll Services	PwC	March 2027
Service Audit: Practitioner Services	PwC	March 2027
Service Audit: National IT Contract	PwC	March 2027
External Audit	Audit Scotland	March 2027

#### 5. Reports Reviewed

##### 5.1 Internal Audits

The Internal Audit Plan for 2023/24 had previously been approved by the Committee at their meeting on 23 February 2023. During the year, the Committee was provided with updates on the progress made against the Internal Audit Plan, the key findings identified, and progress made by management with implementation of audit recommendations to address them.

A summary of the Internal Audit reports reviewed by the Committee during the year is provided in Table 1 of this report. In total, eight audits were completed in the year and 34 findings were raised. Of the 34 findings requiring management action, none were categorised as 'high', 18 were categorised as 'medium' and 16 categorised as 'low' in terms of risk.

Management actions were agreed to address all recommendations during the 2023/24 audit cycle. As at 30 April 2024, all actions which were due for completion had been fully addressed on time. 24 actions from the 2023/24 audit are due to be completed during 2024/25.

Progress with completion of all actions due in 2023/24 was reported to the Committee on a quarterly basis.

The Board were kept apprised, through provision of the Committee minutes, of progress against the audit plan and any concerns would be raised via this route. However, this was not necessary in 2023/24.

**Table 1 – Overview of Audit Reports in 2023/24**

<b>Review</b>	<b>Report classification</b>	<b>Number of findings</b>			<b>Total</b>
		<b>High</b>	<b>Medium</b>	<b>Low</b>	
Core Financial Controls: Payroll	Significant assurance with minor improvement opportunities	-	3	3	<b>6</b>
Mesh Scheme	Significant assurance with minor improvement opportunities	-	1	2	<b>3</b>
Capital Planning	Significant assurance with minor improvement opportunities	-	-	5	<b>5</b>
Central Legal Office	Partial assurance with improvement required	-	7	-	<b>7</b>
Licensing	Significant assurance with minor improvement opportunities	-	2	1	<b>3</b>
Investing in Cyber Security	Partial assurance with improvement required	-	3	2	<b>5</b>
Atos Contract Management	Significant assurance with minor improvement opportunities	-	1	3	<b>4</b>
Pharmacy Contractor Payments – Financial Assurance (additional review requested in-year)	Significant assurance with minor improvement opportunities	-	1	-	<b>1</b>
<b>TOTAL</b>		<b>-</b>	<b>18</b>	<b>16</b>	<b>34</b>

**Table 2 – Report Classifications**

<b>Report classifications</b>	<b>Number of Reports with this classification</b>
Significant Assurance	-
Significant Assurance with Improvements	6
Partial Assurance with Improvements Required	2
No Assurance	-

**Table 3 – Internal Audit Actions**

Risk Level	To be completed during 2024/25 but audit report presented in 2023/24	Implementation date(s)	Report Title
Medium	3	30/06/2024	Core Financial Controls
Low	2		
Medium	1	30/09/2024	Central Legal Office
		31/03/2025	
	1	31/05/2024	
	1	30/09/2024	
	1	31/12/2024	
		01/04/2025	
	1	31/05/2024	
		30/09/2024	
		31/12/2024	
		01/04/2025	
1	30/06/2024		
1	30/04/2024		
Medium	2	31/03/2025	Licensing
Low	1		
Medium	2	31/03/2025	Investing in Cyber Security
	1	30/09/2024	
Low	1	30/09/2024	
	1	31/05/2025	
Medium	1	31/03/2025	Atos Contract
Low	2	31/08/2024	
Low	1	31/03/2025	

**Table 4 – Trends in Findings Raised**

Finding rating	Trend between current and prior year	Number of findings			
		2023/24	2022/23	2021/22	2020/21
High	↓	-	4	1	3
Medium	↓	18	22	20	13
Low	↑	16	6	9	14
<b>Total</b>	↑	<b>34</b>	<b>32</b>	<b>30</b>	<b>30</b>

## 5.2 Internal Audit Annual Report 2023/24

The Internal Audit Annual Report for 2023/24 from KPMG summarises the work carried out in the year. This was presented to the Committee in June 2024. In this report, the Head of Internal Audit reports an overall opinion for the period 1 April 2023 to 31 March 2024 of 'Significant assurance with minor improvements' can be given on the overall adequacy and effectiveness of the organisation's framework of governance, risk management and control.'

## 5.3 Service Audits

A sub-group of the NSS Audit and Risk Committee, the Service Audit Steering Group (SASG) was constituted to provide additional scrutiny and oversight.

SASG, comprising the NSS Board Chair, NSS Audit and Risk Committee Chair, Chief Executive and Director of Finance, Corporate Governance and Legal Services, met quarterly to review work underway across all Service Audit areas.

Updates from SASG were reported as part of Management's Service Audit Update to the Committee throughout the year.

The Service Audit reports for 2023/24 were reviewed and approved by the Committee at their meeting on 30 May 2024. The service areas audited were:

- IT Services
- Payroll Services (Type I and Type II)
- Practitioner and Counter Fraud Services

The Service Auditors have provided Payroll Services with an unqualified opinion. IT Services and Practitioner and Counter Fraud Services had minor qualifications in specific areas. Service Audits will continue in 2024/25 for the service areas noted above.

## **6. External Audit – Audit Scotland**

The Committee received all reports from the External Auditors (Audit Scotland). These included an annual assessment of the adequacy of the internal audit, the external audit annual audit plan, internal controls report and the annual audit report. The annual audit report included a report to those charged with governance on matters arising from the audit of the annual financial statements, as well as comment on financial sustainability, governance, and best value.

The Annual Report and Accounts for 2022/23 were laid before Parliament on 24 November 2023.

Where appropriate, issues raised by the External Auditor as part of the Annual Accounts process are included in the Governance Statement in the Annual Accounts for the year to 31 March 2024.

The Draft Accounts were considered by the Committee on 11 June 2024 at a specially convened ARC Seminar to which all NSS Board members were invited.

The Director of Finance, Corporate Governance and Legal Services attended the clearance meeting for the Annual Accounts with the External Auditors on 10 June 2024. The final Annual Report and Accounts will be presented to the Committee on 20 June 2024 for approval and presented to the Board for adoption on 28 June 2024. Once signed, the Annual Report and Accounts would be submitted to the Scottish Government Health & Social Care Directorate (SGHSC) by 30 June 2024 before being laid before Parliament at a later date to be confirmed.

## **7. Risk**

All NHS Bodies are subject to the requirements of the SPFM (Scottish Public Finance Manual) and must operate a risk management strategy in accordance with the relevant guidance issued by Scottish Ministers. The general principles for a successful risk management strategy are set out in the SPFM.

NSS governance and management structures support risk management by embedding risk identification and assessment into their strategic reviews and day to day activities as follows:

- The risk management approach sets out the importance of risk management to the delivery of our objectives, our risk appetite statement, the responsibilities of staff across NSS, the supporting organisational arrangements for the identification, assessment and reporting of risks and the steps to be taken to develop and implement mitigating actions.
- Directorates identify and assess risks through their planning and performance processes, reviews of significant changes in NSS service or the environment in which it operates in, following a resilience incident, adverse event or near miss, data protection impact assessments, information security risk assessments, testing controls in place around NSS day to day activities, horizon scanning future events, stakeholder engagement, programme and project risk assessments, and through the internal controls assurance checklists. Monthly risk reviews are undertaken by Directorates.
- The Executive Management Team reviews the risk profile for corporate risks across the organisation, across all categories of risk and challenges key organisational risks and issues monthly.
- Risks are assessed for the likelihood of an event occurring and the impact of the event. They are categorised under four headings: Business, Staff Clinical and Reputational. Management Groups review these risks by category for their areas of responsibility and challenge the actions being taken to address them. Information Governance risks across all the categories were also reviewed by the Information Security and Governance Group.
- The NSS Committees: Finance Procurement and Performance, Staff Governance, Clinical Governance, and Audit and Risk met at least three times during the year and reviewed and challenged Business, Staff, Clinical, Information and Reputational risks respectively across NSS. This provided a comprehensive review of risks by risk category across the organisation. The Committees also reviewed respective strategic risks at least three times each year.

- The NSS Audit and Risk Committee received quarterly reports on risk management across NSS, detailing the improvements being made to processes and procedures and key risks for the organisation. This provided the Committee with the assurance that risk management was operating effectively and that there was integration between organisational risks and audit activity. The Committee also reviewed the NSS risk appetite statement on an annual basis. This year, the NSS Audit and Risk Committee scrutinized a new Risk Strategy, which was subsequently approved by the Board
- Risks associated with information that NSS holds and are responsible for are subject to regular review and independent audit as part of overall governance and risk management arrangements. An audit is expected in Q2 of FY 2024/25.
- The Board received risk update reports every six months. The reports include details of risk management improvements; the risk profile for the organisation and the key risks being addressed. This gives the Board the opportunity to review and challenge risk management processes and the key risks NSS face. The Board reviews and approves NSS's appetite to risk annually. NSS has a flexible approach to its risk appetite in pursuit of its four principal objectives:
  - Service Excellence
  - Financial Sustainability
  - Workforce Sustainability
  - Environmental Sustainability
- The Board and EMT worked together throughout 2023 to agree a set of Strategic Risks, in collaboration with risk owners, the Planning and Performance team and Directorate risk leads. Throughout this process there has been several opportunities to review, provide feedback and further develop these risks, so they provide an accurate representation of the key risks to NSS delivering its strategic priorities and objectives. Ten Strategic Risks were identified. Each risk was allocated a primary category in line with the NSS Integrated Risk Management Approach. Depending on the primary category identified, each risk has been presented to the relevant committee for scrutiny prior to being presented to the Audit and Risk Committee (ARC) and to the NSS Board for approval. These risks are now scrutinised by the relevant Committees and presented to the Board twice yearly

Where risks to new and on-going activities were identified, NSS will always attempt to mitigate the likelihood or impact of the risk to a level judged to be acceptable in the prevailing conditions. This is in line with the NSS Integrated Risk Management Approach (IRMA).

All staff are required to complete the Risk and Resilience e-Learning as mandatory training. The achievement rate as at 31 March 2024 was 89%.

## **8. Fraud Prevention**

The Committee received quarterly fraud update reports during the year. These reports provided the Committee with updates on NSS fraud cases, counter fraud training delivered to staff, initiatives undertaken to identify and address fraud, and the work carried out by Practitioner and Counter Fraud Services in relation to detecting, deterring, disabling, and dealing with fraud in the NHS.



NSS has adopted the NHS Scotland Counter Fraud Standards and has agreed a Fraud Action Plan for 2024/25. Fraud risks have been reviewed in partnership with Counter Fraud Services and included in the Corporate Risk Register.

The NSS Fraud Champion and the Fraud Liaison Officer attended the annual meeting with Counter Fraud Services and were given an overview of their work during 2023/24 and plans for the coming year.

This provided the Committee with the assurance that the risk of fraud was being managed and addressed across NSS.

## 9. Information Governance

The Committee received updates and sought assurance on NSS’s compliance with relevant legislation, duties, and standards with regards to information governance. This covered Caldicott Guardianship and Confidentiality; Data Protection; Information Security; Freedom of Information and Records Management. Reports were provided at each meeting to allow the Committee to satisfy itself that appropriate progress was being made to improve the quality of information governance across NSS, and that any information incidents, risks, and complaints were being managed appropriately.

Members were also updated on the outcome of NSS’s Network and Systems Directive (NISD) audit and the Information Commissioner’s Office audit in 2024.

## 10. Conclusion

The NSS Audit and Risk Committee concludes that significant attention is given by the organisation to its audit, risk, and information governance arrangements, that this is proportionate to the nature of each Directorate’s role, and that the Committee’s monitoring responsibilities are being met as in the table below:

<b>Key Duty</b>	<b>Evidence</b>
Advise the Board and Chief Executive on the strategic processes for risk, control, and governance and the governance statement, and how they support the achievement of the Board’s strategies and objectives	<b>Standing Items:</b> Internal Audit Plan Approval – 14 March 2024 Review of Risk Appetite and Strategic Risk Review – 6 December 2023 meeting
Advise the Board and Chief Executive on the accounting policies, the accounts, and the Board’s annual report. This includes the process for review of the accounts before they are submitted for audit, levels of error identified, and management’s letter of representation to the external auditors.	<b>Standing Item:</b> June 2024 meeting.
Advise the Board and Chief Executive on the planned activity and results of both internal and external audit.	<b>Standing Item:</b> Each meeting – internal and external audit report.
Advise the Board and Chief Executive on the performance of the internal audit function;	<b>Standing Item:</b> Each meeting – internal and external audit report.
Advise the Board and Chief Executive on the adequacy of management response to issues	<b>Standing Item:</b> Each meeting – internal audit actions report.

Key Duty	Evidence
identified by audit activity, including external audit's management letter or report.	
Advise the Board and Chief Executive on the effectiveness of the internal control environment.	<b>Standing Item:</b> Each meeting – internal and service audit reports/updates.
Provide assurances relating to the corporate governance requirements for the Board.	<b>Standing Item:</b> Each meeting – internal, external, and service audit reports/updates.
Advise the Board and Chief Executive on the appointment of the Chief Internal Auditor.	Current contract with KPMG is in place until end of 2026/27
Advise the Board and Chief Executive on the purchase of non-audit services from contractors who provide audit services.	Not required in 2023/24
Advise the Board and Chief Executive on the Board's policies, procedures, and processes where they relate to risk management, governance, and internal control. Examples are the Board's Standing Orders, Standing Financial Instructions, Scheme of Delegation, risk management policy, ethical conduct, prevention of bribery and corruption, anti-fraud, and Whistleblowing.	Brought as required
Advise the Board and Chief Executive on the skills required for committee effectiveness, to inform the selection of members of the committee.	Considered at the ARC meeting of September 2023
Review annually the nature of and expenditure incurred by each Directorate on the employment of Management Consultants in the preceding year.	Considered at the ARC meeting in June 2024
Review annually all detailing all losses written off and special payments made including ex-gratia payments made to staff in line with Section 18 of NSS SFIs – Losses and Special Payments	Considered at the ARC meeting in June 2024
Review annually NSS's Fraud and Other Illegal Acts Register	<b>Standing Item:</b>
Review reports presented on instances of banking accounts being overdrawn	Not required in 2023/24
Consider and scrutinise NSS's compliance with relevant legislation, duties under Common Law and performance against national standards with regards to information governance. This duty covers the following components of information governance: Caldicott Guardianship and Confidentiality; Data Protection; Information Security; Freedom of Information and Records Management.	<b>Standing Item:</b> Each meeting – Information Security and Governance Report

<b>Key Duty</b>	<b>Evidence</b>
Review at each meeting reports on performance relating to information governance matters across NSS and satisfy itself that appropriate progress is being made to improve the quality of information governance across NSS.	<b>Standing Item:</b> Each meeting – Information Security and Governance Report.
Satisfy itself that each NSS Directorate has processes in place to monitor and report information governance incidents, risks, and complaints.	<b>Standing Item:</b> Each meeting – Information Security and Governance Report.
Review at each meeting identified information governance risks, issues, and complaints, and satisfy itself that appropriate action has been taken, lessons learnt, and improvements implemented.	<b>Standing Item:</b> Each meeting – Information Security and Governance Report.
Review annually the risk appetite of NSS in relation to information governance.	<b>Standing Item:</b> Annual – risk appetite review in December.

**Beth Lawton**  
**Chair of the NSS Audit and Risk Committee**  
**June 2024**

## **NSS Clinical Governance Committee 2023/24 Annual Report to the NSS Board**

### **1. INTRODUCTION**

NSS has a duty to have appropriate arrangements in place to meet its clinical governance responsibilities. Clinical governance is the framework through which NHS organisations are accountable for continuously improving the quality of their services and safeguarding high standards of care, defined as "corporate accountability for clinical performance". It is not intended to replace professional self-regulation and individual clinical judgement, but to add an extra dimension that will provide the public with assurance that relevant, safe, and effective systems and processes are in place. Within NSS this serves to support NSS in delivering effective national and specialist services which enable and support improvements in the health and wellbeing of all the people of Scotland.

Clinical governance within NSS is overseen by the Clinical Governance Committee, a committee of the NSS Board. The Committee, chaired by a non-executive member of the Board, does this through scrutiny of reports focussing on the quality assurance of services likely to have a direct, or indirect, impact on health and wellbeing. Through its minutes, the Committee then reports to the NSS Board on all relevant issues.

The Committee met formally on four occasions during 2023-24, on 1 June 2023, 7 September 2023, 30 November 2023, and 29 February 2024. Seminar sessions were also held on 26 April 2023, 15 August 2023, 16 October 2023, and 30 January 2024.

During the 2023-24 period, the Committee's membership and regular attendees were as follows:

#### Members:

Alison Rooney, Non-Executive Director and Committee Chair  
Arturo Langa, Non-Executive Director and Committee Vice-Chair  
Lisa Blackett, Non-Executive Director  
Gordon Greenhill, Non-Executive Director (until 20 March 2024)  
Beth Lawton Non-Executive Director  
Maria McGill, Non-Executive Director (from 21 March 2024)  
Keith Redpath, NSS Chair

#### In Attendance:

Lorna McLintock – Scottish National Blood Transfusion Service (SNBTS) Medical Director  
Mary Morgan, Chief Executive  
Lorna Ramsay, Medical Director, and Executive Lead for Clinical Governance (until 31 January 2024)  
Jacqueline Reilly, Director of Nursing and Executive Lead for Quality Improvement  
Calum Thomson, Associate Director for Nursing, Clinical Governance and Quality Improvement  
Sian Tucker, Deputy Medical Director

## 2. COMMITTEE ACTIVITIES IN 2023-2024

### 2.1 Evidence Table (mapping agenda items against the Committee's Terms of Reference [ToRs])

Item	Description	Evidence
ToRs (6.1.1)	Assure that process and reporting arrangements are in place, as required in order to provide assurance that the clinical and related activities under NSS direction and control are at all times appropriately governed and monitored as to their safety, quality, and effectiveness	<p><b><u>Standing Items - every meeting:</u></b> Medical Director's Report, Clinical Governance Framework Delivery Plan Report; Clinical Adverse Events Report; Clinical Risks Report, Healthcare Associated Infection (HAI) Quarterly Report; Blood and Tissue Quality, Safety and Sufficiency Report.</p> <p><b><u>Standing Items - annual:</u></b> Duty of Candour Annual Report (at 1 June 2023 meeting);</p> <p>Also see Section 2.2 of this report – Additional Highlights</p>
ToRs (6.1.2)	Assure all aspects of Quality Management are reflected including Quality Planning, Quality Improvement and Quality Control and the application of the principles of Realistic Medicine	<p><b><u>Standing Items - every meeting:</u></b> Medical Director's Report, Clinical Governance Framework Delivery Plan Report;</p>
ToRs (6.1.3)	Assure that clinical activity is challenged from the perspectives of equity, inequality/equality, diversity, and value (expressed as triple value).	<p><b><u>Standing Items - every meeting:</u></b> Medical Director's Report, Clinical Governance Framework Delivery Plan Report;</p>
ToRs (6.1.4)	Assure that services' compliance with clinical regulatory requirements is in place	<p><b><u>Standing Items - every meeting:</u></b> Blood and Tissue Quality, Safety and Sufficiency Report; Medical Director Report</p> <p><b><u>Standing Items – annual (all at 1 June 2023 meeting):</u></b> Clinical Staff Revalidation Report; Medical and Dental Staff Revalidation Report; Infection Prevention and Control Annual Report; Duty of Candour Annual Report; Research, Governance Annual Report; Patient Group Directions Audit</p> <p>Also see Section 2.2 of this report – Additional Highlights</p>
ToRs (6.2)	Provide advice, as required, to the Board on the clinical impacts of any new service developments proposed for adoption by NSS.	<p><b><u>Standing Items - every meeting:</u></b> Medical Director's Report</p>

ToRs (6.3.1)	The Committee will review and scrutinise reports on Clinical adverse events, Duty of Candour events, clinical risks and complaints (related to safety of services or clinical staff fitness to practice) including their identification, causes, management, learning identified and service improvement and implementation	<b><u>Standing Items - every meeting:</u></b> Clinical Adverse Events Report; Clinical Risks Report, <b><u>Standing Items - annual:</u></b> Duty of Candour Annual Report (at 1 June 2023 meeting)
ToRs (6.3.2)	The Committee will review and scrutinise reports on blood and tissue safety to satisfy itself that appropriate action is being taken to provide an adequate and safe supply.	<b><u>Standing Items - every meeting:</u></b> Blood and Tissue Quality, Safety and Sufficiency Report
ToRs (6.3.3)	The Committee will review and scrutinise reports on HAI in NSS as per required national policy on HAI, using the HAI reporting template	<b><u>Standing Items - every meeting:</u></b> HAI Quarterly Report <b><u>Standing Items - annual:</u></b> Infection Prevention and Control Annual Report (at 1 June 2023 meeting);
ToRs (6.3.4)	The Committee will review and scrutinise reports on major NSS programmes in support of clinical services	<b><u>Standing Items - every meeting:</u></b> Medical Director's Report
ToRs (6.3.5)	The Committee will review and scrutinise reports on activity relating to national clinical governance functions delivered by NSS, e.g., screening, and dental	<b><u>Standing Items - every meeting:</u></b> Medical Director's Report
ToRs (6.3.6)	The Committee will review and scrutinise annual reports on: <ul style="list-style-type: none"> <li>- Infection Prevention and Control</li> <li>- Duty of Candour</li> <li>- Research, Development, and Innovation</li> <li>- Clinical Professional Appraisal and Revalidation</li> <li>- Patient Group Directions Audit</li> <li>- Relevant Intellectual Property activity facilitated by SNBTS.</li> </ul>	<b><u>Standing Items – annual (all at 1 June 2023 meeting):</u></b> Clinical Staff Revalidation Report; Medical and Dental Staff Revalidation Report; Infection Prevention and Control Annual Report; Duty of Candour Annual Report; Research, Governance Annual Report; Patient Group Directions Audit

## 2.2 Additional Highlights

In response to a strategic risk review by the Board, a risk statement was formed around clinical and patient safety to align with the Service Excellence strategic objective. This was discussed by the Committee at their meeting on 7 September 2023 and approved at the meeting on 30 November 2023. Oversight of this risk is covered through the regular quarterly risk reporting to the Committee.

Over the course of the year, the seminar sessions covered the following topics:

- Clinical Governance Framework
- Spotlight on SNBTS - focussed on blood sufficiency (strategy and activity) and reflections on the UK Infected Blood Inquiry
- Financial and Climate Sustainability - the clinical context
- Spotlight on Practitioner and Counter Fraud Services - focussed on community eyecare and NSS's role in the clinical governance of dental and orthodontic services

### **2.3 Relationships with other Board Committees**

The Committee continues to recognise the overlap in its responsibilities in respect of certain matters with the Audit and Risk and Staff Governance committees. Cross reference to matters of mutual interest discussed in other committees of the Board (particularly relating to Staff Governance or Audit and Risk) were addressed as necessary.

### **3. CONCLUSIONS AND ASSURANCE TO BOARD**

The Clinical Governance Committee concludes that clinical governance structures and processes continue to be reviewed and monitored across NSS by clinical leaders, executive directors, and the Clinical Governance Committee. Progress continues to be made in the understanding and reporting of clinical risks within the corporate risk register.

The committee feels able to assure the NSS Board that substantial attention is given by the organisation to its clinical governance arrangements, that this is proportionate to the nature of each Directorate's role, and that the Clinical Governance Committee's monitoring responsibilities are being met.

**Alison Rooney**  
**NSS Clinical Governance Committee Chair**  
**May 2024**

## **Annual Report to NSS Board by NSS Finance, Procurement, and Performance Committee: 1 April 2023 – 31 March 2024**

### **1. INTRODUCTION**

- 1.1 The purpose of the annual report is to provide a summary of matters considered and to provide assurance to the NSS Board that the Committee has fulfilled its remit.

### **2. MEMBERSHIP**

- 2.1 The Members of the Finance, Procurement, and Performance Committee are:-

- Gordon Greenhill, Non-Executive Director and Committee Chair
- Beth Lawton, Non-Executive Director and Committee Vice-Chair
- Lisa Blackett, Non-Executive Director
- Julie Burgess, Non-Executive Director (until 30.11.23)
- Ian Cant, Non-Executive Director
- Maria McGill, Non-Executive Director (from 21.03.24)
- Keith Redpath, NSS Chair

- 2.2 The following NSS officers are normally in attendance at meetings of the Committee:-

- Chief Executive
- Director of Finance, Corporate Governance and Legal Services
- Director of Strategy, Performance, and Service Transformation
- Director of National Procurement

### **3. MEETINGS**

- 3.1 The Committee met on the following dates:-

- 31 May 2023
- 30 August 2023
- 8 November 2023
- 28 February 2024.

### **4. COMMITTEE ACTIVITIES**

- 4.1 The Committee discharged its key duties under its Terms of Reference as per the table overleaf:



Item	Description	Evidence
ToRs 6.1.1a	To scrutinise and recommend to the Board for approval the Annual 3-year or 5-year (as required) Annual Delivery Plan (ADP) and Financial Plans, prepared consistent with statutory financial responsibilities.	<b>Agenda Items:</b> At 31 May 2023 In Private (ADP) and 28 February 2024 (Budget)
ToRs 6.1.1b	To scrutinise and recommend to the Board for approval the Draft NSS Annual Delivery Plan for submission to the Scottish Government.	<b>Agenda Item:</b> 31 May 2023 In Private meeting
ToRs 6.1.1c	To scrutinise and recommend to the Board for approval the NSS Property and Asset Management Strategy and action plan.	Final strategic outline case (SOC) was presented to the National Collaborative Programme Board in April 2023. Further agreements are still required to develop the SOC into a National Boards Property and Asset Management Strategy.
ToRs 6.1.1d	To scrutinise and recommend to the Board for approval the NSS Climate Sustainability Strategy and action plan	<b>Agenda Item:</b> Sustainability Strategy – at 31 May 2023 meeting
ToRs 6.1.1e	To scrutinise and recommend to the Board for approval NSS Standing Financial Instructions, Standing Orders and Scheme of Delegation	<b>Agenda Items:</b> Revised Standing Orders for Presentation to the Board – at 8 November 2023 meeting  SFI Revisions – at 28 February 2024 meeting
ToRs 6.1.2a	To approve, at Outline Business Case or Full Business Case stage, property transactions undertaken in accordance with the NHS Scotland Property Transactions Handbook	<b>Agenda Item:</b> Meridian Court Staff Relocation: Full Business Case – at 31 May 2023 meeting
ToRs 6.1.2b	To approve the NHS Scotland Procurement Strategy, Workplan and Annual Report	<b>Agenda Item:</b> National Procurement Annual Report – at 30 August 2023 meeting
ToRs 6.1.2c	To approve the NSS Procurement Strategy, Workplan and Annual Report	<b>Agenda Item:</b> NSS Procurement Annual Report – at 30 August 2023 meeting
ToRs 6.1.2d	To approve any procurements which require the authority of the Board under NSS Standing Financial Instructions.	<b>Agenda Items:</b> – Resolution Therapeutics and Rinri Therapeutics contracts - at 28 February In Private meeting
ToRs 6.1.2e	To approve Budget limits and set business performance targets for all Directorates except in respect of earmarked funds allocated for specific purposes by Scottish Government.	<b>Agenda Items:</b> Annual Delivery Plan - at 31 May 2023 In Private meeting and Budget - at 28 February 2024 meeting; Supporting the Wider Financial Challenge – at 30 August 2023 Meeting;

Item	Description	Evidence
ToRs 6.1.3a	To regularly review and scrutinise reports on financial and operational performance against plans and delivery against Annual Delivery Plan (ADP) targets, and to consider the appropriateness and effectiveness of current and planned management actions	<b>Agenda Items:</b> Service Excellence Report - at every meeting (dates noted under 3.1); Finance Report - at every meeting (dates noted under 3.1); NSAT/Sustainability Update – at 31 May 2023, 8 November 2023 and 28 February 2024 meetings; Supporting the Wider Financial Challenge – at 30 August 2023 Meeting; Public Bodies Climate Change Duties Report - at 8 November 2023 meeting; NSS Plasma for Medicines Delivery Plan – at 8 November 2023 meeting; Annual Climate Change Report - at 28 February 2024 meeting;
ToRs 6.1.3b	To regularly review and scrutinise reports on any occurrences where the Standing Financial Instructions have not been followed	<b>Agenda Item:</b> SFI Breaches/Adverse Events - at every meeting (dates noted under 3.1)
ToRs 6.1.3c	To regularly review and scrutinise reports on the performance of programmes delivered by NSS on behalf of NHS Scotland	<b>Agenda Item:</b> Portfolio Management Group Report - at every meeting (dates noted under 3.1)
ToRs 6.1.3d	To regularly review and scrutinise reports on delivery against the NSS Financial Sustainability Plan	<b>Agenda Item:</b> Finance Report - at every meeting (dates noted under 3.1)
ToRs 6.1.3e	To regularly review and scrutinise reports on the Business risks contained in the NSS corporate risk register and associated management actions as set out in the Integrated Risk Management Approach	<b>Agenda Item:</b> Review of Business Risks - at every meeting (dates noted under 3.1)
ToRs 6.1.3f	To regularly review and scrutinise the content of financial reporting and information presented to the Board	<b>Agenda Item:</b> Finance Report - at every meeting (dates noted under 3.1); Supporting the Wider Financial Challenge – at 30 August 2023 Meeting;

## 5. ADDITIONAL HIGHLIGHTS

- 5.1 The Committee continued to receive regular, focussed updates on the procurement contract schedule.
- 5.2 Seminars were also held as follows:
- 17 April 2023 – Procurement Landscape, Financial Planning and Governance, and Social Value
  - 11 September 2023 – Service Level Agreements
  - 30 October 2023 – Strategic Business Risks
  - 22 November 2023 - Sustainability

## **6. CONCLUSIONS AND ASSURANCE TO NSS BOARD**

- 6.1 The Members of the Finance, Procurement, and Performance Committee can give assurance to the Board that, in line with their remit, they have kept under review the financial position of NSS and sustainability and procurement activity to ensure that suitable arrangements are in place to secure economy, efficiency, and effectiveness in the use of all resources, and that the arrangements are working effectively.
- 6.2 The Committee Chair also wishes to record their thanks to Committee members and NSS staff members whose work has contributed to achieving and maintaining this position.

Gordon Greenhill  
Chair of the Finance, Procurement, and Performance Committee  
June 2024

DRAFT

## **Annual Report to NSS Board and NSS Staff Governance Committee by the NSS Remuneration Committee, April 2023- March 2024**

### **1. INTRODUCTION**

1.1 The purpose of the annual report is to provide a summary of matters considered and to provide an assurance to the NSS Board and NSS Staff Governance Committee that the NSS Remuneration Committee has fulfilled its remit. It should be noted that the remit of the Committee was updated in March 2024 and approved by the Board as part of the NSS Corporate Governance Framework to remove specific items in relation to Succession Planning and transfer this to the NSS Staff Governance Committee. The name of the Committee was officially changed to the NSS Remuneration Committee on 21 March 2024.

1.2 The Members of the Remuneration Committee during the year were: -

#### **Members:**

Ian Cant	Employee Director and Chair of the Committee
Lisa Blackett	Non-Executive Director and Chair of the NSS Staff Governance Committee and Vice Chair of the Committee
Julie Burgess	Non-Executive Director until 30.11.23
John Deffenbaugh	Non-Executive Director until 1.1.24
Keith Redpath	NSS Chair
Alison Rooney	Non-Executive Director

#### **In attendance:**

Jacqui Jones	Director, HR and Workforce Development (until 30.06.23)
Serena Barnatt	Director of HR and Organisational Development (from 01.09.23)
Mary Morgan	Chief Executive

1.3 The Remuneration Committee met on the following dates:

23 June 2023  
28 November 2023

## 2. COMMITTEE ACTIVITIES

- 2.1 Detailed and comprehensive minutes are prepared after each meeting to provide a clear audit trail and as evidence if required by the Scottish Government.
- 2.2 An action register is prepared to manage actions agreed from each Committee meeting and is reviewed at each meeting.
- 2.3 This report summarises those matters which are considered and discussed by the NSS Remuneration Committee. The format for this report reflects the 'Key Duties' section from the Committee Terms of Reference.

Item	Description	Evidence
ToRs 4.3	Minutes of the proceedings of the Committee shall be drawn up by or on behalf of the Board Secretary and submitted for approval to the next meeting of the Committee	<b><u>Standing Items - every meeting:</u></b> Draft minutes of previous meeting for approval.
TORs (5.1 and 5.2)	A report on the proceedings of the RSPC Committee shall be drawn up by or on behalf of the Standards Officer and submitted for information to the first ordinary meeting of the Staff Governance Committee held after the meeting of the Committee and to the NSS Board.	<b><u>Standing Items – annual:</u></b> Annual Report to the NSS Board and Staff Governance Committee.  Discussed at meeting held on: 23 June 2023
TORs 5.3	The Committee must submit the approved Consultants' Discretionary Points to the NSS Board annually.	<b><u>Standing Item – annual</u></b> Discussed at meeting held on 28 November 2023
TORs 5.4	The Committee must submit the remuneration arrangements for members of the Executive and Senior Management Cohorts to the External Auditor for scrutiny, in accordance with normal audit requirements.	<b><u>Standing Item – annual</u></b> Discussed at meetings held 23 June 2023 and 28 November 2023.
TORs 6.1.1	Conduct a regular review of the NSS Board's policy for the remuneration and performance management of members of the Executive and Senior Management Cohorts in the light of any guidance issued by the Scottish Government and the National Performance Management Committee remaining in force. A direction order or specific Scottish Government instruction will be required for any payments which fall out with the terms of the guidance.	<b><u>Standing Items:</u></b> Agenda item for all meetings via update from the Director of HR and Organisational Development.  Meetings held: 23 June 2023 and 28 November 2023

<b>Item</b>	<b>Description</b>	<b>Evidence</b>
TORs 6.1.2	Agree all the terms and conditions of employment of members of the Executive Cohort, including job description, basic pay, performance pay and bonuses (individual and team) and benefits (including pension, removal arrangements & cars), with reference to Scottish Government guidance, Ministerial directions, and protocols.	<b>Standing Items:</b> Standing agenda item. The Committee Chair liaises with HR outwith the meeting to approve all appropriate posts per the NSS Standing Financial Instructions. This includes permission to advertise, permission to place on banding etc.  Discussed at meeting held on: 23 June 2023 and 28 November 2023
TORs 6.1.3	Review and approve annual performance objectives, including overseeing the review of performance against these objectives at the mid-year point and agreeing any revisions to the objectives during the course of the year.	<b>Standing Items:</b> Agenda item for November and June meetings on an annual basis.  Discussed at meetings held on: 23 June 2023 and 28 November 2023
TORs 6.1.4	Consider and approve the assessment of performance at the year-end and any changes made to the remuneration or the Terms and Conditions of Employment arising from this assessment of performance during the review period, and ensure onward submission for approval to the National Workforce Performance Management Committee in the required timescales	<b>Standing Items Annual:</b> Agenda item for June meetings of the Committee.  Discussed at meeting held on: 23 June 2023
TORs 6.1.5	To review and approve annually the Discretionary Points awarded by the NSS Committee on Consultants' Discretionary Points, for reporting to the NSS Board and to provide confirmation of the process followed in the allocation of points.	<b>Standing Items:</b> A report is provided to the November meeting of the Committee.  Discussed at meeting held on: 28 November 2023
TORs 6.1.8	To approve all termination settlements which exceed £75,000. An annual report of all such instances will be presented to the Remuneration Committee;	<b>Standing Items:</b> standing agenda item. The Committee Chair liaises with HR outwith the meeting to approve all appropriate input per the NSS Standing Financial Instructions.  Discussed at meetings held on: There were no termination settlements discussed during the period.

### **3. COMMUNICATION TO BOARD AND STAFF GOVERNANCE COMMITTEE [Details]**

- 3.1 The minutes of the Committee must be kept confidential because they contain details of named individuals. However, the following procedures are followed to

ensure members of the NSS Staff Governance Committee are appropriately informed and assured: -

- (i) A verbal report can be provided to the next available NSS Staff Governance Committee and Board meeting following the Committee meeting, by the Employee Director, who is a Member of both Committees and Chair of the Remuneration Committee.

#### **4. SUCCESSION PLANNING**

- 4.1 At a meeting of the Committee held on 28 November 2023 Members reviewed a paper recommending changes to the treatment of Succession Planning in the organisation [RSP/23/29] (see 1. Purpose of this report).

The following decision was approved;

**Decision: To approve the development of a Talent Management and Succession Planning Strategy to replace the current Enhancing Leadership Capability process; and for reporting to be aligned to the 5 pillars of the NSS Workforce Strategy and reported through the Staff Governance Committee.**

#### **5. COMMITTEE'S TERMS OF REFERENCE AND PROCEDURES**

- 5.1 The Committee Terms of Reference were reviewed as part of the NSS Corporate Governance Framework requirements which was approved by the full Board on 21 March 2024. This review identified a number of changes to the work of the Committee and its remit. As a direct result of this review the following changes were made to the business and role of the Committee;

- The NHS National Services Scotland (NSS) Remuneration Committee is established, in accordance with MEL (1993)114 and subsequent amendments.
- The Remuneration Committee is established as a sub-committee of the Staff Governance Committee and through the Staff Governance Committee, required to provide assurance that systems and procedures are in place to manage the issues set out in MEL (1993)114 so that the overarching staff governance responsibilities can be discharged.
- The purpose of the committee is to ensure the application and implementation of fair and equitable pay systems on behalf of the Board.
- The Committee will work within the principles of the Blueprint for Good Governance – Second Edition, to ensure effective management, improved performance, and good outcomes for all stakeholders.
- The Remuneration Committee is to report activities and progress annually to the NSS Staff Governance Committee and to the NSS Board to provide assurance

as set out in remit at 1. This report will be timed to support the preparation of the Annual Governance Statement within the Annual Report and Accounts.

- The Staff Governance Committee will not be given the detail of confidential employment issues that are considered by the Remuneration Committee: these can only be considered by Non-Executive Directors of the Board.

5.2 A forward programme of work for the Committee was produced during the year and discussions during meetings covering all aspects of the duties of the Committee, including the following:

- Review of Recruitment Activity – standing agenda item for all meetings.
- Homologation of decisions taken between Committee meetings – standing item for all meetings.
- Review of Performance Appraisals and Objectives for the Executive Cohort – at both the Mid-Year and Year End points

## **6. CONCLUSIONS AND ASSURANCE TO BOARD AND STAFF GOVERNANCE COMMITTEE**

6.1 The Members of the NSS Remuneration Committee conclude that they have given due consideration to the effectiveness of the systems of control concerning remuneration, performance appraisal and succession planning within NSS and can give assurance to the NSS Board and NSS Staff Governance Committee that they have discharged their responsibilities on behalf of the Board and in line with their remit under the terms of the Standing Orders for NSS.

Ian Cant  
Chair of the NSS Remuneration Committee  
June 2024



## **NSS STAFF GOVERNANCE COMMITTEE ANNUAL REPORT 2023-24**

### **1. INTRODUCTION**

1.1 The Staff Governance Committee, on behalf of the NSS Board, is charged with satisfying itself that NSS has processes in place to manage staff effectively and to comply with the Staff Governance Standard. As such, the Committee reviews NSS's performance in meeting the Staff Governance Standards, which require 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;
- Provided with a continuously improving and safe working environment, promoting the health and well-being of staff, patients and the wider community.

1.2 The following are/were members of the Staff Governance Committee during the period 1 April 2023 to 31 March 2024.

- Lisa Blackett, Non-Executive Director (Committee Chair)
- David Allan, Trade Union Representative
- Paul Buchanan - Non-Executive Director (from 21.03.24)
- Ian Cant, Employee Director
- John Deffenbaugh, Non-Executive Director (until 31.01.24)
- Tam Hiddleston, Trade Union Representative
- Arturo Langa, Non-Executive Director
- Beth Lawton, Non-Executive Director
- Gerry McAteer, Trade Union Representative
- Suzanne Milliken, Trade Union Representative (until 31.05.23)
- Alex Morrison, Trade Union Representative (from 28.09.23)
- Keith Redpath, NSS Chair

1.3 The following NSS officers are also normally in attendance at meetings of the Committee:

- Chief Executive
- Director of HR and Organisational Development

1.4 Meetings during 2023/24 were held on the following dates: 30 May 2023, 20 September 2023, 9 November 2023 and 8 February 2024. A seminar session was also held on 2 November 2023.

## 2. COMMITTEE ACTIVITIES

- 2.1 The purpose of this report is to provide assurance to the Board that NSS complies with the Staff Governance Standard. In addition, this report summarises those matters which were considered and discussed by the Staff Governance Committee. The format for the report reflects the ‘Key Duties’ section from the Committee Terms of Reference as follows:

Item	Description	Evidence
ToRs (6.1.1)	Ensure an effective system of Governance and oversight for the management, safety and welfare of the workforce including a strategic workforce planning strategy	<p><b><u>Standing Items - every meeting:</u></b> People Report; Partnership Forum Update; Great Place To Work Plan Quarterly Report</p> <p><b><u>Standing Items – annual:</u></b> Great Place to Work Plan 2023-24 (at 30 May 2023 meeting); Draft Great Place To Work Plan 2024/25 (at 8 February 2024 meeting)</p> <p><b><u>Individual Items:</u></b> Recruitment Strategy (at 2 November 2023 seminar);</p>
ToRs (6.1.2)	Oversee the development of frameworks which ensure delivery of the Staff Governance Standard.	<p><b><u>Standing Items - every meeting:</u></b> People Report; Partnership Forum Update; Great Place To Work Plan Quarterly Report</p> <p><b><u>Standing Items - annual:</u></b> Great Place to Work Plan 2023-24 (at 30 May 2023 meeting); Staff Governance Monitoring Return [Scottish Government Response]; (at 30 May 2023 meeting); Staff Governance Monitoring Return 2022-23 (at 9 November 2023 meeting):</p>
ToRs (6.1.3)	Review evidence of attainment and maintenance of the Staff Governance Standard through the Great Place to Work Plan (Staff Governance Action Plan). Where there is evidence of short falls the Staff Governance Committee will ensure that causes are identified, and remedial action recommended.	<p><b><u>Standing Items - every meeting:</u></b> People Report; Partnership Forum Update; Great Place To Work Plan Quarterly Report</p> <p><b><u>Standing Items - annual:</u></b> Great Place to Work Plan 2022-23 year-end (at 30 May 2023 meeting); Staff Governance Monitoring Return [Scottish Government Response]; (at 30 May 2023 meeting) : NSS iMatter Results 2023/24 (at 20 September 2023 meeting); Staff Governance Monitoring Return 2022-23 (at 9 November 2023 meeting); Great Place To Work Plan 2024/25 (at 8 February 2024 meeting)</p>

Item	Description	Evidence
ToRs (6.1.4)	Oversee the development and monitoring of all organisational policy related to workforce ensuring compliance with National Workforce Policies.	<p><b><u>Standing Items - every meeting:</u></b> People Report; Partnership Forum Update</p> <p><b><u>Individual Items:</u></b> Implementation of NHSScotland Supporting Work Life Balance Workforce Policies (at 20 September 2023 meeting); Uniform and Appearance Policy (at 20 September 2023 meeting); NSS Induction Policy (at 9 November 2023 meeting); CCTV Policy and Guidelines (at 8 February 2024 meeting)</p>
ToRs (6.1.5)	Approve any policy amendment, funding, or resource submission to achieve the Staff Governance Standard, providing support as required to drive forward.	<p><b><u>Individual Items:</u></b> Senior Leadership Forum Report (at 30 May 2023 meeting); Undergraduate Practice Learning Environment (UGPLE) in NSS Scottish National Blood Transfusion Service (SNBTS): final evaluation report (at 20 September 2023 meeting); Uniform and Appearance Policy (at 20 September 2023 meeting); NSS Induction Policy (at 9 November 2023 meeting); NSS Talent Management &amp; Succession Planning Framework Proposal (at 8 February 2024 meeting); CCTV Policy and Guidelines (at 8 February 2024 meeting);</p>
ToRs (6.1.6)	Agree detailed and timely staff governance data reporting standards, ensuring that information is provided to support both NSS operating activities and national monitoring	<p><b><u>Standing Items - every meeting:</u></b> People Report</p> <p><b><u>Standing Items - annual:</u></b> Equal Pay Gap Report and Statement (at 30 May 2023 meeting); Great Place to Work Plan 2022-23 year-end (at 30 May 2023 meeting); Staff Governance Monitoring Return [Scottish Government Response] (at 30 May 2023 meeting); NSS iMatter Results 2023/24 (at 20 September 2023 meeting); Staff Governance Monitoring Return 2022-23 (at 9 November 2023 meeting); Great Place To Work Plan 2024/25 (at 8 February 2024 meeting)</p> <p><b><u>Individual Items:</u></b> Health and Care Safe Staffing Act (2019) Update (at 2 November 2023 and 8 February 2024 meetings)</p>

Item	Description	Evidence
ToRs (6.1.7)	Provide staff governance information for the Statement of Internal Control.	Information provided outwith meetings as part of preparing the NSS Annual Report and Accounts
ToRs (6.1.8)	Review quarterly staff risks contained in the NSS Corporate Risk Register and set out in the Integrated Risk Management Approach, identifying, and reporting on specific areas of concern	<b><u>Standing Items - every meeting:</u></b> Staff Risks Report
ToRs (6.1.9)	Review quarterly the NSS complaints report in the context of staff risk.	<b><u>Standing Items - every meeting:</u></b> People Report
ToRs (6.1.10)	Oversee the NSS values programme, ensuring that the values are embedded within NSS structures and processes	<b><u>Standing Items - every meeting:</u></b> People Report; Partnership Forum Update  <b><u>Standing Items - annual:</u></b> Equal Pay Gap Report and Statement (at 30 May 2023 meeting); Great Place to Work Plan 2022-23 year-end (at 30 May 2023 meeting); Staff Governance Monitoring Return [Scottish Government Response] (at 30 May 2023 meeting); NSS iMatter Results 2023/24 (at 20 September 2023 meeting); Staff Governance Monitoring Return 2022-23 (at 9 November 2023 meeting); Great Place To Work Plan 2024/25 (at 8 February 2024 meeting)
ToRs (6.1.11)	Review Quarterly and Annual Whistleblowing Reports	<b><u>Standing Items - every meeting:</u></b> Whistleblowing Quarterly Report  <b><u>Standing Items - annual (at 30 May 2023 meeting):</u></b> Whistleblowing Annual Report
ToRs (6.1.12)	Provide assurance that systems and procedures are in place to manage the issues set out in MEL (1993) 114 (amended)	<b><u>Standing Items - every meeting:</u></b> People Report; Partnership Forum Update  <b><u>Standing Items - annual:</u></b> Staff Governance Monitoring Return (at 30 May 2023 meeting); Great Place to Work Plan 2023-24 (at 30 May 2023 meeting); Great Place to Work Plan 2022-23 year-end (at 30 May 2023 meeting); Equal Pay Gap Report and Statement (at 30 May 2023 meeting); NSS iMatter Results 2023/24 (at 20 September 2023 meeting); Great Place To Work Plan 2024/25 (at 8 February 2024 meeting)

### **3. CONCLUSIONS AND ASSURANCE TO BOARD**

- 3.1 The NSS Staff Governance Committee concludes that NSS has processes in place to manage staff effectively and to comply with the Staff Governance Standards. The Committee feels able to assure the NSS Board that substantial attention is given by NSS to its staff governance arrangements, and that the Staff Governance Committee's monitoring responsibilities are being met.

**Lisa Blackett**  
**NSS Staff Governance Committee Chair**  
**June 2024**

# NHS National Services Scotland

<b>Meeting:</b>	<b>NSS Board Meeting</b>
<b>Meeting date:</b>	<b>28 June 2024</b>
<b>Title:</b>	<b>Public Inquiries Update</b>
<b>Paper Number:</b>	<b>Board B/24/21</b>
<b>Responsible Executive/Non-Executive:</b>	<b>Lee Neary, Director of SPST</b>
<b>Report Author:</b>	<b>Marie Brown, Head of Public Inquiries and Scrutiny</b>
	[Reviewed by <b>(Directorate Director)</b> if not Responsible Executive]

## 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. There are also two ongoing Crown Office investigations (COVID-19 Deaths and the Queen Elizabeth University Hospital) which NSS staff are assisting with. 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 18 March 2024 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 and Value

- 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

<b>Meeting</b>	Board Meeting 28 June 2024		
<b>Reporting On</b>	<ul style="list-style-type: none"> <li>➤ UK and Scottish COVID-19 Public Inquiries</li> <li>➤ Infected Blood Public Inquiry</li> <li>➤ Scottish Hospitals Public Inquiry</li> <li>➤ Consultations</li> <li>➤ Criminal Investigations</li> </ul>	<b>Period Covered</b>	10 May – 11 June 2024

<b>Upcoming Hearings (in order re substantive hearings, including Scottish Hospitals Inquiry)</b>	
<b>Public Inquiry</b>	<b>Dates</b>
<b>Scottish COVID-19 Inquiry</b> Health and Social Care Impact Hearings.	15 April - 1 June 2024
<b>Scottish COVID-19 Inquiry</b> Education and Young People Impact Hearings.	Expected to commence August/September 2024
<b>Scottish Hospitals Inquiry</b> (Glasgow 3) – (will clash with UK COVID-19 Inquiry Module 3 hearings).	19 August - 8 November 2024
<b>UK COVID-19 Inquiry Module 3</b> (Impact of the COVID-19 pandemic on healthcare systems throughout UK) evidential hearings will take place in London over 10 weeks.	9 September - 10 October 2024 ( <i>break 14 October - 25 October 2024</i> ) recommencing 28 October - 28 November 2024
<b>UK COVID-19 Inquiry Module 4</b> (Vaccines and Therapeutics) the evidential hearing has now been rescheduled to cover three weeks in London.	14 January - 30 January 2025
<b>UK COVID-19 Inquiry Module 5</b> (Government Procurement) the evidential hearings will be held in London.	3 March - 3 April 2025
<b>Scottish Hospitals Inquiry</b> (Glasgow 4).	Expected spring 2025
<b>UK COVID-19 Inquiry Module 6</b> (Care Sector).	Scheduled for Summer 2025 (after the hearings for Module 7)
<b>UK COVID-19 Inquiry Module 7</b> (Test, Trace and Isolate) the hearings will be held in London.	12 May – 30 May 2025



## COVID-19 Public Inquiries - Executive Highlights

### UK COVID-19 Public Inquiry

- **Module 1** (Preparedness, pre pandemic planning) – NSS is a Core Participant and responded to 1 Rule 9 request from the Inquiry. Module 1 Report and recommendations are due to be published in summer 2024.
- **Module 2** (Key decision making) – The last of the Module 2 hearings have concluded. NSS is a Core Participant and responded to 2 Rule 9 requests, submitting almost 2,000 supporting documents; opening and closing statements and reviewed almost 3,000 evidence proposals. The Inquiry intends to publish its report and recommendations approximately 1 year after evidential hearings conclude.
- **Module 3** (Healthcare systems) – NSS is a Core Participant along with territorial health boards and Public Health Scotland (PHS). NSS provided the Inquiry with 4 witness statements, over 600 supporting documents and reviewed over 740 documents. One member of staff from NSS has been identified, on the provisional list of witnesses, to give evidence at the up-and-coming Module 3 hearings.
- **Module 4** (Vaccines and therapeutics) – NSS is not a Core Participant but is a material provider. NSS responded to 1 Rule 9 request and submitted 6,600 supporting documents in response to a Section 21 order.
- **Module 5** (Procurement) – NSS is a Core Participant, and we are currently responding to 1 Rule 9 request, working to a deadline of mid-August. Due to the number of supporting documents, we have agreed on a fortnightly rolling document disclosure with over 3,000 documents submitted to date, it is expected that the total documents submitted will be approximately 10,000 documents.
- **Module 7** (Test, trace and isolate) – NSS has been granted Core Participant status and joint legal representation for NSS, Healthcare Improvement Scotland (HIS), and PHS for this module. The preliminary hearing is set for Wednesday 26<sup>th</sup> June where information on up-and-coming Rule 9 requests may be announced.

### Scottish COVID-19 Public Inquiry

- Impact hearings are ongoing.

### Infected Blood Public Inquiry - Executive Highlights

- The IBI report was published on Monday 20<sup>th</sup> May. SNBTS provided an update to EMT and the NSS Board on 4<sup>th</sup> June. A paper on IBI recommendations will be submitted to the Board meeting on the 28<sup>th</sup> June 2024.

### Scottish Hospitals Public Inquiry - Executive Highlights

#### General:

- Lothian hearings have concluded: NSS responded to Counsel to the Inquiry's report, to the Inquiry chair, and will be providing a supplementary paper on Research to the Inquiry.
- Queen Elizabeth University Hospital expert reports are being released to us in advance of August hearings where they will be reviewed and feedback provided.

#### Lothian

- We have submitted a response to Counsel to the Inquiry's report, to the chair of the Inquiry, and the team are reviewing other core participant responses for matters we may wish to respond to.
- We are preparing a further paper on Research, in agreement with the Inquiry, to expand on some areas set out in Counsel to the Inquiry's report.

#### GGC - QEUH

- Five expert reports are expected. Response to the first report received is due Tuesday 11<sup>th</sup> June and is on schedule for submission. The report concerns a review of the water and waste-water system from the point at which patients occupied the site in 2015.
- We have expert report 2, on the epidemiology and relationship between the built environment and rates of gram-negative and fungal bloodstream infections at the Schiehallion unit between the years 2015 and 2022.
- Subsequent reports will have a five-week turnaround time for responses.
- We are seeking clarity on whether any NSS witnesses will be required for the August hearings.

### Consultations

- The Public Inquiries and Scrutiny Team supported the NSS response to 4 Scottish Government consultations in the last period:
  - Consumer Duty Guidance Consultation
  - NHS Property Transaction Handbook Consultation
  - Finance and Public Administration Committee – Views on the National Outcomes for Scotland
  - NHS Scotland – Medicines Home Care Review

### Other Investigations

- The Public Inquiries and Scrutiny Team has set up a dedicated mailbox to receive queries from Police Scotland for matters relating to investigations into the QEUH and COVID-19 deaths. In the last month the team has supported and coordinated the response to 2 Police Scotland enquiries in connection with the QEUH.

# Minutes (Approved)

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## NHS NATIONAL SERVICES SCOTLAND AUDIT AND RISK COMMITTEE (ARC)

### MINUTES OF MEETING HELD ON THURSDAY, 14 MARCH 2024 VIA TEAMS DIGITAL PLATFORM AT 0930 HRS

#### Members Present:

Beth Lawton – Non-Executive Director and Committee Chair  
Gordon Greenhill – Non-Executive Director  
Arturo Langa – Non-Executive Director

B/24/22

#### In Attendance:

Hayley Barnett – Associate Director of Governance and Board Services (Board Secretary)  
Scott Barnett – Head of Information and Cyber Security [For Item 5]  
Paul Buchanan – Non-Executive Director (observing as part of induction)  
Steven Flockhart – Director of Digital and Security (DaS) and Senior Information Risk Owner (SIRO) [Items 1-9]  
Carole Grant – External Audit, Audit Scotland  
Carolyn Low – Director of Finance, Corporate Governance and Legal Services (FCGLS)  
James Lucas – Head of Internal Audit, KPMG  
Brian McCabe – Associate Director of Finance Operations  
Maria McGill – Non-Executive Director (observing as part of induction)  
Liz Maconachie – External Audit, Audit Scotland  
Mary Morgan – Chief Executive  
Lynn Morrow – Corporate Affairs and Compliance Manager  
Lee Neary – Director of Strategy, Performance and Service Transformation (SPST)  
Brendan O'Brien – Chief Clinical Informatics Officer (and Deputy Caldicott Guardian)  
Dan Pearson – Service Auditor, PricewaterhouseCoopers PwC  
Grace Symes – External Audit, Audit Scotland  
Jennifer Thomson – Legal Advisor [For Item 10]  
Lynsey Bailey – Committee Secretary (Minutes)

#### Apologies:

Alison Rooney – Non-Executive Director  
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. Apologies were noted as 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 MATTERS ARISING [Paper AR/24/02 refers]**

- 3.1 Members considered the draft minutes from the previous meeting on 6 December 2023 and agreed they were an accurate record of the meeting.
- 3.2 Members were advised that there were no actions arising from the meeting on 6 December 2023 and no outstanding actions remained from any previous meetings.

**Decision: To approve the minutes of the meeting held on 6 December 2023 as a true reflection of the meeting.**

**Decision: To note there were no outstanding actions requiring closure.**

### **4. FORWARD PROGRAMME [Paper AR/24/03 refers]**

- 4.1 Members discussed the forward programme. Members expressed disappointment that the NSS Procurement Card Report had not been brought to the Committee but looked forward to receiving it at the next meeting.

**Decision: To note and agree the forward programme.**

**[SECRETARY'S NOTE:** The following two items were brought forward on the agenda, as agreed by the Chair]

### **5. INFORMATION SECURITY AND GOVERNANCE REPORT [Paper AR/24/11 refers]**

- 5.1 Members were taken through the report, which updated the Committee on the key aspects of Information Security and Governance and Information Risk activity during Quarter 3 of 2023/24 (October-December 2023).
- 5.2 As SIRO, the Director of DaS also provided an update on events that had occurred outwith the reporting period. These were a Territorial Board ransomware attack (which the Cyber Centre of Excellence was supporting the response to) and an Atos Cyber Incident (an internal infrastructure issue with no indication that client systems have been impacted). Members were advised that these were being closely monitored to ensure that there was no direct impact on NSS. Members discussed the levels of NSS's responsibility and accountability, and the capacity to cover all Boards.
- 5.3 Members discussed the recommendation from the Information Commissioner's Office Audit regarding training and were advised that this topic would be re-opened for discussion by NSS's Executive Management Team. Members also sought and received clarity regarding the urgency of the recruitment for a Data Protection Officer.
- 5.4 In respect of the Network Information Systems Directive (NISD) Audit, Members were advised that the maturity assessment demonstrated improvements in the way NSS had articulated, collated, and submitted evidence.
- 5.5 Members sought clarity and assurance around the terminology of "maturity assessment" and the process followed. Members were advised that the re-audit by the Scottish Government Designated Competent Authority would be happening in April 2024. The SIRO was confident that mechanisms were in place to submit the evidence as required. Being mindful of the previous challenges, Members were keen to have some form of proportionate early sight of any recurrence of those issues. The Chief Executive

provided an overview of plans for addressing the potential challenges and Members confirmed they were content.

**Decision: To :**

- **note the updates and accept the assurances regarding the NISD Audit, the maturity assessment outcome, remediation activities underway, and plan as set out;**
- **note the update regarding the ICO Audit and follow-up remediation plan as set out;**
- **note the full report as presented; and,**
- **accept the assurances provided by the Responsible Director.**

**6. SERVICE AUDIT PROGRESS REPORT [Paper AR/24/08 refers]**

- 6.1 Members considered the paper, which provided a summary of progress made against each of the service audit areas since the last ARC meeting in December 2023. Members were advised that open observations were being addressed and, in terms of walkthroughs, only the annual year-end controls remained. Year-end sample testing was on track and, so far, there was no cause for concern regarding the final audit opinion. Should year-end testing identify any concerns, these would be flagged and addressed immediately. Following clarification around the graphs relating to the design effectiveness, Members confirmed they were content with assurances provided.

**Decision: To note progress made against each of the service audit areas and accept the assurances provided by the Executive Lead.**

**7. INTERNAL AUDIT PLAN 2024/24 [Paper AR/24/05 refers]**

- 7.1 The Head of Internal Audit spoke to the Internal Audit Plan for 2024/25. Members commended the paper. They sought and received clarity around the workforce planning audit being shortlisted for 2025/26 and the discussions that had led to this. Members also asked if the Property and Estates Managements audit would cover sustainability and were assured that this was expected to be part of that audit's Terms of Reference when they were finalised nearer the time.

**Decision: To approve the Draft Internal Audit Plan for 2024/25 along with the continued use of the Internal Audit Charter as included.**

**8. INTERNAL AUDIT PROGRESS [Paper AR/24/05 refers]**

- 8.1 The Head of Internal Audit spoke to the paper, which summarised progress against the Internal Audit Plan. Members were content with the updates provided and recorded their thanks to colleagues for their work in completing the actions.

**Decision: To note progress made against the Internal Audit Plan, internal audit actions and updates on any significant findings, and accept the assurances provided by the Executive Lead.**

**9. INTERNAL AUDIT: LICENSING [Paper AR/24/06 refers]**

- 9.1 Members were presented with the Licensing internal audit report which had an overall audit opinion of "significant assurance with minor improvement opportunities". Members

welcomed the report and discussed the main highlights regarding license management and role of line managers in this area in addition to that of DaS staff.

**Decision: To note the report and endorse the improvement actions proposed in response to the report's findings, accepting the assurances provided by the Responsible Director**

**10. INTERNAL AUDIT: CENTRAL LEGAL OFFICE [Paper AR/24/07 refers]**

- 10.1 Members were presented with the Central Legal Office (CLO) internal audit report which had an overall audit opinion of “partial assurance with improvement required”. Members highlighted the excellent service delivered by CLO. Members were given an overview of the audit implementation plan and how culture change was being taken forward. They were advised that CLO’s re-charging process did not reflect practice that would normally be seen within the legal profession (i.e. CLO charged based on the type of work being done rather than the professional rank of the staff providing the service). In terms of the level of charging, benchmarking was taking place to inform any refresh of the fee model and CLO was also considering how to achieve the right balance of overall value and quality. Members acknowledged that this would not be from a perspective of income generation, but rather identifying an equitable charge for the service.

**Decision: To note the report and endorse the improvement actions proposed in response to the report's findings, accepting the assurances provided by the Executive Lead.**

**11. ANNUAL AUDIT PLAN (EXTERNAL AUDIT) [Paper AR/24/09 refers]**

- 11.1 Members were taken through the plan and had nothing further to add. Members briefly discussed the involvement of valuers and where they had been (and would be) brought in as needed.

**Decision: To note the Audit Plan provided by Audit Scotland and accept the assurance provided by the Executive Lead.**

**12. EXTERNAL AUDIT RECOMMENDATIONS [Paper AR/24/10 refers]**

- 12.1 Members discussed the paper, which updated on the progress on the External Audit recommendations by management. Members acknowledged that the two remaining actions to be closed were on track for completion within timescales. Members commended the report and the work done to achieve the positive position reported.

**Decision: The actions taken to address the audit recommendations raised in the Audit Scotland Annual Audit Report for 2022/23 and accept the assurances provided by the Executive Lead**

**13. RISKS AND ISSUES REPORT [Paper AR/24/12 refers]**

- 13.1 Members scrutinised the report, which updated on corporate red risks and issues, along with all corporate red and new amber reputational risks and issues, as at the end of January 2024. Members were advised that the SNBTS red staffing risks were being managed and the pharmacy payments red risk had been reduced to green due to the better than forecast response. In respect of corporate issues, work continued on Windows 7 legacy devices, the exchange server upgrades were looking positive for completion within the month, resolution of the issues with the new Data Capture Validation and Pricing system had progressed well and payments were now being based

on actual data rather than estimates. Members sought and received clarification about the staffing requirements to maintain the service going forward. They were advised that that the increase in prescriptions and a lower impact from automation than anticipated meant that this would be different than had originally been planned for.

- 13.2 Members received a brief update on the risk and resilience training information in Figure 3 of the paper. They were advised that the drop reported was the result of a large contingent of staff needing refresher training at the same time following a drive on this training in late 2020/early 2021.
- 13.3 Members sought clarification about risk 6544 (Patient Services Lab Cover) and the statement about “unacceptable impact” on patients but recognised that this fell within the remit of the NSS Clinical Governance Committee.

**Decision: To note the risks and issues update and accept the assurances provided by the responsible Director.**

#### **14. FRAUD REPORT [Paper AR/24/13 refers]**

- 14.1 Members were provided with an update on the fraud prevention activity undertaken since the last report to ARC in December 2023. Members were content with the report and welcomed its clarity.

**Decision: To note the report, approve the National Counter Fraud Standard self-assessment for 2023/24, endorse the NHSScotland Counter Fraud Strategy 2023-26, and accept the assurances provided by the Executive Lead.**

#### **15. LOSSES AND SPECIAL PAYMENTS [Paper AR/24/14 refers]**

- 15.1 Members considered the report which provided an update on the losses and special payments arising as at the end of December 2023. Members discussed the emergency vaccine and planning, and received assurance that NSS was liaising with Scottish Government for full visibility. It was also highlighted that most of the expiring stock had been bought in 2020 and early 2021 in response to the COVID-19 pandemic. Members discussed how stock levels could be managed in future, acknowledging the constraints of supply and distribution logistics and the need to balance the risk of losses with the risk of stock being potentially unaffordable and/or unavailable when needed.

**Decision: To:**

- **Note the paper;**
- **Note the losses which are above NSS delegated authority as set by Scottish Government (SG) in their annual accounts manual;**
- **Authorise the Director of Finance Corporate Governance and Legal Services to seek formal approval from Scottish Government as part of the final accounts process;**
- **Accept the assurances provided by the Executive Lead.**

#### **16. ANY OTHER BUSINESS**

- 16.1 Members had no further business to raise at this time.

There being no further business, the meeting closed at 1123hrs.



# Minutes (Approved)

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## NHS NATIONAL SERVICES SCOTLAND AUDIT AND RISK COMMITTEE (ARC)

### MINUTES OF MEETING HELD ON THURSDAY, 16 MAY 2024 VIA TEAMS DIGITAL PLATFORM AT 0930 HRS

#### Members Present:

Beth Lawton – Non-Executive Director and Committee Chair  
Paul Buchanan – Non-Executive Director  
Gordon Greenhill – Non-Executive Director  
Maria McGill – Non-Executive Director  
Alison Rooney – Non-Executive Director

#### In Attendance:

Hayley Barnett – Associate Director of Governance and Board Services (Board Secretary)  
Scott Barnett – Head of Information and Cyber Security  
Martin Bell – Director of Practitioner and Counter Fraud Services  
Steven Flockhart – Director of Digital and Security (DaS)  
Carole Grant – External Audit, Audit Scotland  
Sharon Hilton-Christie – Executive Medical Director (and Caldicott Guardian)  
Carolyn Low – Director of Finance, Corporate Governance and Legal Services (FCGLS)  
James Lucas – Internal Audit, KPMG  
Liz Maconachie – External Audit, Audit Scotland  
Brian McCabe – Associate Director of Finance Operations  
Mary Morgan – Chief Executive  
Lynn Morrow – Corporate Affairs and Compliance Manager  
Lee Neary – Director Strategy, Performance and Service Transformation (SPST)  
Grace Symes – External Audit, Audit Scotland  
Tom Tandy – Internal Audit, KPMG  
Lynsey Bailey – Committee Secretary (Minutes)

#### Apologies:

Arturo Langa – 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.

## 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. APPOINTMENT OF VICE-CHAIR**

- 3.1 The Committee Chair proposed P Buchanan, Non-Executive Director, to be appointed as Vice-Chair. The Committee discussed this and were content to approve his appointment.

**Decision: To appoint P Buchanan, Non-Executive Director, as Vice-Chair of ARC.**

### **4. MINUTES AND MATTERS ARISING [AR/24/16]**

- 4.1 Members considered the draft minutes from the previous meeting on Thursday 14 March 2024 and agreed they were an accurate record of the meeting.

- 4.2 Members were advised that there were no actions arising from the ARC meeting on Thursday 14 March 2024 and no outstanding actions remaining from any previous meetings.

**Decision: To approve the minutes of the meeting held on 14 March 2024 as a true reflection of the meeting.**

**Decision: To note there were no outstanding actions requiring closure.**

### **5. FORWARD PROGRAMME [AR/24/17]**

- 5.1 Members discussed the forward programme. C Grant, Audit Scotland, advised it had been decided that there was no requirement for the External Audit Assurance Letter this year so it would not be going to the next meeting.

**Decision: To note and agree the forward programme.**

**Action: To remove the External Audit Assurance Letter from the agenda and forward programme for 20 June ARC meeting – Board Services**

### **6. SERVICE AUDIT PROGRESS**

- 6.1 The Director of FCGLS provided a verbal update on the current Service Audit position. Final reports were still being prepared and it was anticipated this would be completed within the next week. Therefore, an ad-hoc meeting would be called before the end of May 2024 to allow the reports to be approved and shared with stakeholders within the required timescales. Members sought assurance on the reason for the delay and were advised that it was due to some unexpected late testing which had been required. A lessons learned exercise had already been planned in response and this would be reported back in due course.

**Decision: To note the verbal update provided and call an ad-hoc meeting before the end of May 2024.**

**Action: To confirm date and arrangements for ad-hoc meeting to Members as soon as possible – Board Services**

### **7. ANNUAL ACCOUNTS PART B (ACCOUNTING POLICIES) [AR/24/19]**

- 7.1 Members considered the paper, which set out the proposed accounting policies to be applied by NSS in preparing NSS Annual Report and Accounts 2023-24. Following a high-level overview of the updates made this year, Members confirmed they were content to approve the accounting policies.

**Decision: To approve the accounting policies as set out in appendix 1**

## **8. INTERNAL AUDIT: FINANCIAL ASSURANCE - PHARMACY PAYMENTS [AR/24/20]**

- 8.1 Members were presented with the Pharmacy Payments audit report, which had an overall audit opinion of “significant assurance with minor improvement opportunities”. This had been a substantive piece of work which would provide additional assurance to stakeholders. Members welcomed the report and its outcomes. Members discussed the move to an automated alternative, recognising the service redesign work that would be required and the financial challenges that would require to be addressed. Members sought and received assurance in relation to the resilience plans that would be required whilst this was being done.
- 8.2 Members also discussed the estimates process, recognising that this was a failsafe when actuals could not be calculated. Members sought and received assurance from management of the associated risks and ensuring the appropriate priority was given. The Director of FCGLS gave an overview of how bringing Contractor Finance staff into the wider Finance team was intended to address those points. Members also sought and received assurance about the resilience within the team from a workforce perspective.

**Decision: To note the report and endorse the improvement actions proposed in response to the report’s findings, accepting the assurances provided by the Executive Director**

## **9. INTERNAL AUDIT: ATOS CONTRACT MANAGEMENT [AR/24/21]**

- 9.1 Members were taken through the Atos Contract Management audit report, which had an overall audit opinion of “significant assurance with minor improvement opportunities”. Members commended the report. Members asked whether the findings were unique to Atos or if they could be applied more generally for contract management. They were advised that the Atos contract had additional complexities because it was a long-standing arrangement. However, the audit would be taken as a general view and learning would be applied across all contract management. Members discussed the finding regarding paperwork being up to date and the proposed timescale for completion of the actions. They were assured that the action deadline was a final date for completion and interim updates would be given within the Information Security and Governance Report. There were other audits with overlapping actions which could also be used as milestones within that. Members were also given an overview of the scrutiny and governance in place around contract management.

**Decision: To note the report and endorse the improvement actions proposed in response to the report’s findings, accepting the assurances provided by the Director.**

**Action: To include interim progress updates on actions as part of the Information Security and Governance Report – Director of DaS**

## **10. INTERNAL AUDIT: INVESTING IN CYBER SECURITY [AR/24/22]**

- 10.1 Members were presented with the Investing in Cyber Security audit report, which had an overall audit opinion of “partial assurance with improvement required”. Members were assured that the findings were as expected, and they recognised the challenges in terms of recruitment, retention and talent attraction/development. Members also discussed the challenges in terms of stakeholder uptake for the Cyber Centre of Excellence (CCoE) and progress made in that area.

**Decision: To note the report and endorse the improvement actions proposed in response to the report's findings, accepting the assurances provided by the Director.**

## **11. INTERNAL AUDIT PROGRESS [AR/24/23]**

- 11.1 J Lucas, KPMG, spoke to the paper which summarised progress against the internal audit plan, highlighting that there had been no overdue actions in the last 12 months. Members briefly discussed the action dated April 2024 and were advised that it had not yet been closed due to the timing of the writing of the report. The evidence had been submitted and this would be reflected in the next report. Members welcomed the report.

**Decision: To note progress made against the Internal Audit Plan and accept the assurances provided by the Executive Lead.**

## **12. EXTERNAL AUDIT RECOMMENDATIONS [AR/24/24]**

- 12.1 Members discussed the paper, which updated on the progress on the External Audit recommendations by management. The Associate Director of Finance Operations highlighted that there had been an interim report with additional actions which were not included in this report but would be included in future. In respect of action 5 (Service Assurance Gap), while it was recognised NSS had done everything within its control, the assurance gap could not be closed due to the National Single Instance (NSI) eFinancials service audit requirements not yet being fully addressed. Members sought and received assurance around lessons learned discussions between NSS and Audit Scotland and how these were taken forward.

**Decision: To note the actions taken to address the audit recommendations raised in the Audit Scotland Annual Audit Report for 2022/23 and accept the assurances provided by the Executive Lead**

## **13. INTERIM AUDIT MANAGEMENT LETTER [AR/24/25]**

- 13.1 Members considered the Interim Audit Management Letter which shared Audit Scotland's findings from the interim work undertaken as part of the audit of the NHS NSS Annual Report and Accounts 2023/24. Audit Scotland's conclusion was that controls were in place with some identified opportunities for improvement and they were content with NSS's management response to those. Picking up on the earlier point about the NSI eFinancials Service Audit, Members were briefly updated on meetings that had taken place amongst the respective auditors involved, and assured that a plan for a way forward was being developed.
- 13.2 Members were advised that no issues had been identified in Audit Scotland's initial testing and everything was on track to deliver the audit by the end of June 2024. Members were given a brief overview of an issue with the Scottish Public Pensions Authority which impacted all NHS Boards' accounting information. This was being pursued by both NSS (on its own behalf) and Audit Scotland (more generally), and Audit Scotland were confident that a resolution would be achieved in time for the annual accounts to be signed off.
- 13.3 Three additional areas had been highlighted from the previous year. Members discussed the finding about access to banking. The Associate Director of Finance Operations clarified that NSS had accepted that finding and gave a brief summary of the plan to respond to it.

**Decision: To note the Interim Audit Management Letter provided by Audit Scotland, and the management actions proposed to address the points raised.**

#### **14. INFORMATION SECURITY AND GOVERNANCE REPORT [AR/24/26]**

14.1 Members were taken through the report, which updated the Committee on key aspects of Information Security and Governance and Information Risk activity during Quarter 4 of 2023/24 (January - March 2024). In particular, the Director of DaS highlighted the updates provided on the Network Information Systems Directive (NISD) Audit, CCoE, risk management and SharePoint migration. Members sought and received assurance around the timescales for completion of the NISD re-audit and reporting that back to Committee. They welcomed the Information Commissioner's Office audit comments and were pleased to note the report.

**Decision: To:-**

- **note the updates regarding the NISD Audit, including the outcome, remediation activities underway and those planned, as set out in paragraphs 3.3 - 3.5;**
- **note the update regarding the CCoE and strategy reset as set out in paragraph 3.12 - 3.14;**
- **note the full report as presented at Appendix 1; and,**
- **accept the assurances provided by the responsible officer.**

#### **15. RISKS AND ISSUES REPORT [AR/24/27]**

15.1 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 the end of March 2024. Members were satisfied that the staffing risks in the Scottish National Blood Transfusion Service continued to be managed. Members also welcomed the updates on risk 7322 (Public Scrutiny and Inquiries), risk 6121 (Unstructured and Unclassified Data, and issue 6247 (Continued use of Windows 7) and issue 7160 (Exchange server out of support).

15.2 Members sought and received clarity around risk 6544 (Patient Services Lab Cover) and the impact of the recruitment on the cover arrangements. Members asked about the update on risk 7160 due at the end of April and were advised that it had not been included because of the timing for writing this report. However, Members were advised that the work was on track. Members commended the positive position in respect of risk and resilience training. They also sought and received assurance that the potential impact of Atos's financial restructuring was being monitored.

**Decision: To note the risks and issues update and accept the assurances provided by the responsible Director.**

#### **16. FRAUD REPORT [AR/24/28]**

16.1 Members were provided with an update on the fraud prevention activity undertaken since the last report in February 2024. Members discussed the cases relating to staff rostered to work for other public bodies while working for NSS, specifically the risk increasing in this area, and were assured regarding the mitigations in place. Members sought and received assurance regarding the proportionality of the effort expended for the value of

fraud detected, recognising the deterrent factor was also important. Members also welcomed the progress made on the National Fraud Standards.

**Decision: To note the report, which forms part of the Board assurance process, and accept the assurances provided by the Executive Director.**

**17. CORPORATE PURCHASING CARD EXPENDITURE [AR/24/29]**

17.1 Members considered the paper which provided an overview of corporate purchasing card expenditure, along with the associated controls and processes. Members sought and received clarification around payment methods for sponsored work visas, confirming that a corporate credit card was the only method available. Members welcomed the report and were content to accept the assurance provided around the scrutiny and rigour being applied to the use of these cards.

**Decision: To note the report and accept the assurances provided.**

**18. ANY OTHER BUSINESS**

18.1 Members were reminded that the Infected Blood Inquiry report was due to be released on Monday 20 May and were given a brief overview of the anticipated impact and media interest.

There being no further business, the meeting closed at 1144hrs.

# Minutes (Approved)

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## NHS NATIONAL SERVICES SCOTLAND AUDIT AND RISK COMMITTEE (ARC)

### MINUTES OF MEETING HELD ON THURSDAY, 30 MAY 2024 VIA TEAMS DIGITAL PLATFORM AT 0930 HRS

#### Members Present:

Beth Lawton – Non-Executive Director and Committee Chair  
Gordon Greenhill – Non-Executive Director  
Arturo Langa – Non-Executive Director  
Maria McGill – Non-Executive Director  
Alison Rooney – Non-Executive Director

#### In Attendance:

Hayley Barnett – Associate Director of Governance and Board Services (Board Secretary)  
Martin Bell – Director of Practitioner and Counter Fraud Services (PCFS)  
Steven Flockhart – Director of Digital and Security (DaS)  
Sharon Hilton-Christie – Executive Medical Director (and Caldicott Guardian)  
Carolyn Low – Director of Finance, Corporate Governance and Legal Services (FCGLS)  
James Lucas – Internal Audit, KPMG  
Liz Maconachie – External Audit, Audit Scotland  
Brian McCabe – Associate Director of Finance Operations  
Lynn Morrow – Corporate Affairs and Compliance Manager  
Dan Pearson – Service Audit, PwC  
Grace Symes – External Audit, Audit Scotland  
Lynsey Bailey – Committee Secretary (Minutes)

#### Apologies:

Paul Buchanan – Non-Executive Director  
Carole Grant – External Audit, Audit Scotland  
Mary Morgan – Chief Executive  
Lee Neary – Director Strategy, Performance and Service Transformation (SPST)

## 1. WELCOME AND INTRODUCTIONS

- 1.1 The Committee Chair welcomed all to the meeting, which was being held virtually via the TEAMS platform.

## 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. SERVICE AUDIT: FINAL REPORTS [AR/22/29]**

- 3.1 Members received an overview of the Service Audit outcomes, which were all positive with any qualifications being minor in nature. In respect of the need to hold this as an ad-hoc meeting, Members were advised that a lessons learned review was being planned to help with managing the timescales for next year. Members were pleased with the outcomes, in particular around pharmacy. They recognised the complexity of the work and the impact that had on timescales.
- 3.2 Members briefly discussed the potential level of attention the pharmacy audit would attract due to the change in practice and the Director of FCGLS advised she was confident that NSS could demonstrate that thorough the scrutiny that had taken place. They asked about the Services Audit Steering Group (SASG) and whether it was still active. They received confirmation that it was and were given an overview of the next steps to review the lessons learned. Members were assured that SASG minutes would be shared and a plan for winding the group down would be developed following the outcome of the lessons learned review.
- 3.3 Looking at the Payroll Type II audit report in detail, Members received an overview of the exceptions identified. None of the exceptions had been classified as having a material impact on the overall control objective and the opinion was therefore unqualified. Members confirmed that they were content to approve the report for release to stakeholders.
- 3.4 Moving on to the Payroll Type I audit report, Members received an overview of the difference from Type II and confirmation that there had been no findings. Members asked about implementation of the Target Operating Model and the potential impact on the service audit for the coming audit year. There were assured that business as usual operation was anticipated. However, there was a medium risk acknowledged which was the result of general pressures, a highly manual processes, and the implementation of the reduced working week for NHSScotland staff. Members confirmed that they were content to approve the report for release to stakeholders.
- 3.5 In the Practitioner Services audit report, it was noted that the opinion was qualified in respect of Dental. Members attention was drawn to Control Objectives 2 (relating to pharmacy services payments) and 3 (relating to dental services payments). They were given an overview of the emphasis of matter in Control Objective 2 and an explanation of what that meant. In respect of Control Objective 3, they received an overview of the exceptions.
- 3.6 Members asked for more detail about the exception relating to a small value transaction in Dental and were advised that it had been highlighted because it could have been much bigger. However, it was also recognised that had it been for a higher value, additional factors would likely have contributed to a different outcome since the issue was with the timing of the payment rather than the amount or recipient. Members were given an overview of the processes for larger sums that reduced the risk of this occurring.
- 3.7 The Director of PCFS provided additional context to the removal of patient without the correct signatory on the form, acknowledging the vast increase in the volume of forms being submitted at the time. Members could be assured that the correct outcome had been achieved and any potential financial impact had also been negligible. Members also received an overview of the potential updates identified to the relevant control in this area to mitigate this risk in future.



- 3.8 Members discussed the importance of the management statement being read in conjunction with the finding since that was where the explanation of the financial impact and materiality came in, and how the assurance was provided to stakeholders. Members received clarification that the finding being described as minor or major was to do with compensating controls or an informal control that had not been articulated in the framework. They were also given an overview of the outcome for the consultancy review. Members confirmed that they were content to approve the report for release to stakeholders.
- 3.9 Finally, Members considered the DaS services audit report, which had a qualification for one of the control objectives (logical access). They received a summary of the identified issues with access controls and were keen to see this tightened up. Members asked about the exceptions in this and the other reports and whether they had all happened in the last quarter. They were advised that was down to PwC's testing process and the timing of the samples.
- 3.10 Returning to the point about incorrect access, Members sought and received assurance that no exploitation of any incorrect access had occurred. They were also assured that these access control issues were common across all organisations and not unusual. Members were given an overview of how much of the factors in the access control issues were directly within NSS's control and how much lay with Atos. Members confirmed that they were content to approve the report for release to stakeholders.

**Decision: To approve the issue of all the presented Service Audit reports to Health Boards and their External Auditors.**

**Decision: To note the lessons learned activity already underway to plan Service Audit activity for the coming year and accept the assurances provided by the Executive Director.**

**Action: To add a report to forward programme for September 2024 on SASG discussions following the lessons learned – Board Services**

#### **4. ANY OTHER BUSINESS**

- 4.1 As it was the last meeting for the Director of PCFS before he retired, Members wished to record their thanks for his work and their best wishes for the future.

There being no further business, the meeting closed at 1144hrs.

# Minutes (Approved)

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## NHS NATIONAL SERVICES SCOTLAND CLINICAL GOVERNANCE COMMITTEE (CGC)

### MINUTES OF MEETING HELD ON THURSDAY 29 FEBRUARY 2024 VIA TEAMS DIGITAL PLATFORM AT 0930HRS

#### Present:

Alison Rooney – Non-Executive Director [Chair]  
Lisa Blackett – Non-Executive Director  
Arturo Langa – Non-Executive Director  
Beth Lawton – Non-Executive Director  
Keith Redpath – NSS Chair

#### In Attendance:

Zakyeya Atcha – Consultant in Public Health  
Hayley Barnett – Associate Director of Governance and Board Services  
Paul Buchanan – Non-Executive Director [Observing]  
Maria McGill – Non-Executive Director [Observing]  
Lorna McLintock – Medical Director, Scottish National Blood Transfusion Service (SNBTS)  
Mary Morgan – Chief Executive  
Jacqui Reilly – Director of Nursing  
Calum Thomson – Associate Director for Nursing, Clinical Governance and Quality Improvement  
Sian Tucker – Deputy Medical Director  
Lynsey Bailey – Committee Secretary [Minutes]

#### Apologies:

Gordon Greenhill – Non-Executive Director

### 1. WELCOME AND INTRODUCTIONS

1.1 A Rooney welcomed all to the meeting. Apologies were noted as above.

### 2. DECLARATIONS OF INTEREST

2.1 No declarations of interest or transparency statements were made in respect of any agenda items.

### 3. MINUTES AND MATTERS ARISING [Papers CG/24/02 and CG/24/03 refer]

3.1 Members considered the draft minutes from the previous meeting on 30 November 2023, and were content to approve as an accurate record.

3.2 Members considered all actions, which were recommended for closure.



Chair  
Chief Executive

Keith Redpath  
Mary Morgan

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Common Services Agency for the Scottish Health Service.

**Decision: To approve the minutes of 30 November 2023, as a true reflection of the meeting.**

**Decision: To note the action list and agree the closure of all actions recommended for closure.**

**4. NSS CLINICAL GOVERNANCE COMMITTEE SEMINAR PROGRAMME [paper CG/24/04 refers]**

- 4.1 Members discussed the proposed seminar programme for 2024/25. They noted the proposed topic for the next Seminar scheduled for April 2024 and agreed the setting of the remaining topics should be deferred until the new Executive Medical Director was in post.

**Decision: To agree the programme of Clinical Governance Committee seminars for 2024/25.**

**Action: To bring back to a future meeting once Executive Medical Director has had the opportunity to feed in – Board Services**

**5. FORWARD PROGRAMME [paper CG/24/05 refers]**

- 5.1 Members discussed the forward programme. It was highlighted that due to the timing of the next CGC meeting, some annual reports would need to be deferred to a later meeting - Duty of Candour in particular.

**Decision: To approve the Forward Programme as it currently stands, subject to a review of the timings for Annual Reports.**

**Action: To look at the timing for the presentation of each of the annual reports. – Director of Nursing/Deputy Medical Director/Associate Director for Nursing, Clinical Governance and Quality Improvement**

**Action: To move the Duty of Candour report to the CGC on 22 August 2024 – Board Services**

**6. CLINICAL DIRECTORATE REPORT [paper CG/24/06 refers]**

- 6.1 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.

- 6.2 Members asked about the level of confidence for meeting the 31 March 2024 implementation deadline for the requirements of the Health and Care Staffing (Scotland) Act [HSCA]. They were advised that the guidance was not available in respect of many clinical staffing groups beyond nursing although this was not an NSS-specific issue. However, the principles were being applied to workforce planning more broadly. This had reached quite an advanced stage with nursing staff and Members were assured that NSS was on track. Members were also given a brief overview of the implementation overlap with the report that was due to be submitted on this and how it would be managed.

- 6.3 Members discussed the stalling of the gender identity work. They were advised that there was no impact for service users anticipated, mostly just a delay to planned

improvements/changes, but guidance from the Chief Medical Officer was still awaited. They also sought and received assurance around staff wellbeing in terms of leadership and covering the current vacancies.. In respect of Realistic Medicine and NSS’s role in delivery of that, Members received an overview of the discussions regarding the funding for leads. Finally, regarding Medical Device Regulations (MDR), Members asked about compliance and were advised that NSS was on track. The Deputy Medical Director agreed to look into this and circulate a more detailed update outwith the meeting.

**Decision: To note the Medical Director’s Report and accept the assurances provided.**

**Action: To feed back more detail on MDR compliance position for circulation to Members – Deputy Medical Director**

**7. NSS CLINICAL GOVERNANCE FRAMEWORK (CGF) DELIVERY PLAN REPORT [paper CG/24/07 refers]**

- 7.1 Members were taken through the report, which summarised the progress so far of the CGF delivery plan against the reporting timelines and milestones. Members received an overview of the maturity assessment and were pleased that clinical governance was in a positive place. A more detailed report was being produced and would be shared as appropriate.

**Decision: To note the progress of the CGF delivery plan against the reporting timelines and milestones, and accept the assurance provided.**

**8. BLOOD AND TISSUE QUALITY, SAFETY AND SUFFICIENCY REPORT [Paper CG/24/08 refers]**

- 8.1 Members scrutinised the report, which confirmed that NSS continued to meet all requirements in respect of quality, safety and sufficiency. The SNBTS Medical Director highlighted the impact of the increase in sickle cell patients, regulatory inspection, and implantation of new blood safety measures, as well as providing reassurance around HCSA.
- 8.2 Members sought and received assurance around the inspection findings and were pleased to hear that the findings were viewed as positive rather than a specific cause for concern. Members also discussed blood bank staffing concerns and the implications in respect of risk of harm. They were advised there was no immediate harm to patients, but it was suggested this could be a potential seminar topic.
- 8.3 Going back to sickle cell patients, Members asked about how extensive the gaps were, and what the impact was on patients. Members were advised that SNBTS was being proactive, doing everything possible to provide these patients with the best care and make improvements. However, it was challenging, and more resource was required so this was being escalated to Scottish Government.
- 8.4 Members welcomed the high score on the donor satisfaction survey. They also asked if NSS would get advanced sight of the UK Infected Blood Inquiry report and were advised that it would likely not be very far in advance if at all. Pre-warning letters had gone out to individuals named but these were confidential until the report was made public,

**Decision: To note the quality, safety and sufficiency of the blood and tissue products and 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 staffing sufficiency risks**

**Action: To plan for a future seminar on blood bank staffing - Director of Nursing/Deputy Medical Director**

**9. CLINICAL ADVERSE EVENTS AND COMPLAINTS REPORT: QUARTER 4 [paper CG/24/09 refers]**

9.1 Members considered the report, which provided details of Clinical Adverse Events and Complaints. In particular, the Duty of Candour incident was highlighted. Members acknowledged that the common theme in these events was failures in checking and asked if this was related to staffing issues or other underlying causes that would not be addressed by training. They were provided with an overview of the work being done on this and were assured that numbers remained static.

9.2 Members sought and received clarity around where responsibility for Duty of Candour lay and welcomed the focus on ensuring NSS's processes were as good as they could be. They also asked about the equality and diversity statement and were given an overview of how this would be done relating to the specific adverse event or complaint.

**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.**

**10. CLINICAL RISK REPORT: 1 NOVEMBER 2023 TO 31 JANUARY 2024 – [paper CG/24/10 refers]**

10.1 Members reviewed the report, which provided details of corporate clinical risks on the NSS Risk Register, and advised that they had nothing further to raise. Members discussed the financial implications, how liability levels were assigned and how this would be apportioned to any other Boards involved where appropriate. Members also enquired about the 36 hour working week changes, mitigation and its impact.

**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.**

**Action: To consider covering the proposed 36 hour working week mitigation within the blood bank staffing seminar - Director of Nursing/Deputy Medical Director**

**11. INFECTION PREVENTION AND CONTROL (IPC) AND HEALTHCARE ASSOCIATED INFECTION (HAI) QUARTERLY REPORT [paper CG/24/11 refers]**

- 11.1 Members considered the report which updated on SNBTS IPC activity during Quarter 3 2023/24 (October – December 2023), including the Scottish Government Healthcare Associated Infection Task Force (HAIRT) reporting components. In discussing the states issues, Members were keen to ensure there was clarity around the elements which were NSS's responsibility and that these were prioritised and addressed appropriately. Members also enquired about walkarounds, receiving assurance that these had been planned for the whole year and were on track. Members commended the work of the team towards achieving the positive outcomes reported.

**Decision: To note the report setting out the most recent information on HAI and accept the professional assurances given that the service continues to meet all the requirements placed upon it.**

**12. ANY OTHER BUSINESS**

- 12.1 Members had no further business to raise.

**13. DATE OF NEXT MEETING:**

- 13.1 The next meeting was scheduled for Thursday, 23 May 2024 at 09:30

The meeting finished at 1049hrs

# Minutes

## (Approved)

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

### MINUTES OF MEETING HELD ON WEDNESDAY 28 FEBRUARY 2024 VIA TEAMS DIGITAL PLATFORM AT 0930 HRS

#### Present:

Gordon Greenhill – Non-Executive Director and Committee Chair  
Lisa Blackett – Non-Executive Director  
Ian Cant – Employee Director  
Beth Lawton – Non-Executive Director  
Keith Redpath – NSS Chair

#### In Attendance:

Hayley Barnett – Associate Director Governance and Board Services (Board Secretary)  
Gordon Beattie – Director of National Procurement (NP)  
Martin Bell – Director of Practitioner and Counter Fraud Services (PCFS)  
Julie Critchley – Director NHSScotland Assure  
Carolyn Low – Director of Finance, Corporate Governance and Legal Services  
Brian McCabe – Associate Director of Finance  
Andy McLean – Deputy Director of Finance  
Lee Neary – Director of Strategy, Performance and Service Transformation (SPST)  
Marc Turner, Director of the Scottish National Blood Transfusion Service (SNBTS)  
Lynsey Bailey – Committee Secretary (Minutes)

#### Apologies:

None

#### 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 MEETING HELD ON WEDNESDAY 16 NOVEMBER 2022, THE IN PRIVATE MEETING HELD ON 30 AUGUST 2023, AND MATTERS ARISING [Papers FPP/24/02, FPP-IP/24/01 and FPP/24/03 refer]

3.1 Members were content that the minutes were an accurate record 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 those recommended for closure.

**Decision: To approve the minutes of the FPPC meeting on 8 November 2023 and the In Private meeting held on 30 August 2023.**

**Decision: To approve the closure of all actions which had been recommended for closure.**

#### **4. ANNUAL CLIMATE CHANGE REPORT [paper FPP/24/04 refers]**

- 4.1 Members considered the report, which fulfilled a mandatory requirement to report annually against the aims of DL (2021) 38 (A Policy for NHS Scotland on the Climate Emergency and Sustainable Development). In particular, the Director of NHSScotland Assure highlighted the areas where reductions in NSS's carbon footprint had been achieved and what had contributed to them, as well as acknowledging the increase in travel due to greater accessibility post-COVID restrictions. Members discussed a wording change within section 6 of the report relating to domestic waste for better clarification in future reports. Members asked about the reporting on NSS's carbon footprint and the possibility of taking a wider view, looking at the supply chain etc. They were given an overview of the work ongoing on that which would be shared at a later date.

**Decision: To approve the Climate Emergency and Sustainability Report for 2022/23 on behalf of NSS.**

**Action: To consider future wording of section 6 of the Annual Climate Change Report – Director of NHSScotland Assure.**

#### **5. STANDING FINANCIAL INSTRUCTIONS (SFIs) 2024/24 [paper FPP/24/05 refers]**

- 5.1 Members were presented with the SFIs for 2024/25. Members discussed the winding up of the Trinity Park Foundation (TPF) and whether the possibility to turn to some form of staff endowment fund had been considered. They were advised that the constitution of the TPF had not allowed for that and it had also been inactive for a number of years with minimal donations received. Members also sought and received assurance regarding liaison with any donors before passing a donation on elsewhere.

- 5.2 Members also asked to ensure that references to Remuneration Committee were corrected to the updated title which did not include Succession Planning

**Decision: To recommend the SFIs for 2024/25 to the Board for approval subject to updates noted at 5.2.**

**Action: To correct the mention of April 2025 at Paragraph 3.3 to say April 2024 – Associate Director of Finance Operations**

**Action: To update “Remuneration and Succession Planning Committee” with “Remuneration Committee” throughout the document – Associate Director of Finance Operations**



## **6. NSS FINANCE, PROCUREMENT AND PERFORMANCE COMMITTEE SEMINAR PROGRAMME 2024/25 [paper FPP/24/06 refers]**

- 6.1 Members discussed the proposed seminar programme for 2024/25. Members were invited to feed back any suggestions for additional topics following the meeting.

**Decision: To agree the dates as proposed of Finance, Procurement and Performance Committee seminars for 2024/25 and feed back to Board Services regarding topics.**

**Action: To feed back to Board Services with any topics by 13 March 2024 - ALL**

## **7. FINANCIAL PERFORMANCE [paper FPP/24/07 refers]**

- 7.1 Members considered the report, which provided an update on financial performance against plan as at the end of January 2024. Members were pleased to hear that NSS was on track to meet its statutory targets and break even by the end of the financial year. Members were given an overview of the discussions with Scottish Government to agree an offset between allocations and savings. They sought and received assurance about the risks associated with both that offset and chimeric antigen receptor T-cell therapy.

**Decision: To note the Financial Performance Report and accept the assurances provided.**

## **8. STANDING FINANCIAL INSTRUCTIONS (SFI) ADVERSE EVENTS [paper FPP/24/08 refers]**

- 8.1 Members scrutinised the report, which updated on financial adverse events reported since the previous FPPC meeting on 8 November 2023. Members received an overview of the detail of each of the three adverse events reported. They were advised that in respect of the CLO adverse event, the investigation was still ongoing and there was a focus on improving controls in that area. For the other two, investigations had completed with resolution achieved and improvements implemented.
- 8.2 Members discussed the background to the temporary contract role, acknowledging that this was a specialist, regulatory role with a high market rate. They also received an overview of the mechanism for the NHS Lothian payments and recovery and were given assurance that should this result in a loss it would then be reported at the NSS Audit and Risk Committee.
- 8.3 Members asked about the possibility for Non-Executive scrutiny of the investigations. They were advised that the fact that these breaches had been identified through improved scrutiny and improvements made in response highlighted that financial controls were working. Members welcomed the openness and transparency of the reporting.

**Decision: To note that there have been three SFI Adverse Events reported since 1 November 2023 and accept the assurances provided.**

**Action: To provide a further update on the three adverse events at the next meeting of the FPPC – Associate Director of Finance Operations**

**9. NATIONAL PROCUREMENT CONTRACT SCHEDULE [paper FPP/24/10 refers]**

9.1 Members were taken through the paper which provided an update on the national workplan for 2023-24. Members acknowledged the potential for financial loss as a result of the recent announcement regarding capital expenditure. They were assured that this had been factored in and received a high-level overview of the monitoring, which did not indicate any loss so far.

**Decision:**

- **To note the secured savings and cost avoidance achieved year to date in 2023-24;**
- **To note the list of awards requiring Chief Executive approval;**
- **To note the NSS Contracts Awarded for more than £1m; and,**
- **To accept the assurances provided.**

**10. PORTFOLIO MANAGEMENT GROUP REPORT [paper FPP/24/11 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 5 February 2024. The NSS Chair expressed concerns about the Forensic Medical Services project and requested some additional updates outwith the meeting. Members were given an overview of recent National Planning and Delivery Board discussions, the governance structures, challenges in the current climate, and NSS's role.

**Decision: To note the improving position of key national programmes being delivered by NSS on behalf of NHS Scotland and accept the assurances provided.**

**Action: To update the NSS Chair on Forensic Medical Services project offline – Director of Finance, Corporate Governance and Legal Services**

**11. SERVICE EXCELLENCE REPORT: QUARTER 2 2023/24 [paper FPP/24/12 refers]**

11.1 Members considered the report, which gave an overview of the delivery status of key programmes and performance metrics. Following a brief discussion, they were content with the assurances provided.

**Decision: To note the Service Excellence Performance Report and accept the assurances provided.**

**12. RESILIENCE REPORT [paper FPP/24/13 refers]**

12.1 Members discussed the report, which updated on resilience activities that had taken place since the previous FPPC meeting on 8 November 2023.

**Decision: To note the Resilience Report and accept the assurances provided.**

**13. PHARMACY PAYMENTS INCIDENT MANAGEMENT TEAM (IMT) UPDATE [paper FPP/24/14 refers]**

- 13.1 Members were presented with the report, which updated on the progress made in moving to making payments to pharmacy contractors based on actual dispensing data rather than estimated payments. Members were updated on the impact of Lloyds Pharmacy liquidation and the increase in prescribing since the pandemic. They were also provided with an overview of the additional assurance commissioned. They were also advised that the external auditors confirmed that, at a board level, they would not be looking for additional assurance. Finally, Members sought and received assurance around the workforce planning for the pharmacy payments team and achieving a sustainable position. The NSS Chair asked for a further update on this outwith the meeting.

**Decision: To note the progress made by the Pharmacy Payments IMT Programme, including the move towards payments being made on the basis of actual dispensing data, and also to note the additional assurance work which was underway via NSS's Internal and Service Auditors.**

**Action: To update the NSS Chair offline on Pharmacy Payments staffing - Director of Finance, Corporate Governance and Legal Services**

**14. REVIEW OF BUSINESS RISKS [paper FPP/23/15 refers]**

- 14.1 Members were taken through the paper which updated on corporate red and new amber business risks and issues from 1 October 2023 until 31 January 2024. In respect of risk 6121 (unstructured and unclassified data), Members sought and received assurance from a data protection compliance perspective about the use of Sharepoint for storing patient/personal identifiable information.

**Decision: To note the Corporate Business Risk and Issues Report and accept the assurances provided.**

**15. SUSTAINABILITY UPDATE [Paper FPP/24/16 refers]**

- 15.1 Members noted the report, which provided an update on sustainability activity across NSS. Members sought and received some clarification around the routemap provided. They welcomed the report.

**Decision: To note the Sustainability performance report, accepting the assurance provided.**

**16. FORWARD PROGRAMME [paper FPP/24/17 refers]**

- 16.1 The forward programme was presented for information.

**Decision: To note the Forward Programme.**

**17. ANY OTHER BUSINESS**

- 17.1 Members had no other business to raise.

There being no further business, the meeting closed at 1134 hrs.

# Minutes

## (Approved)

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### NHS NATIONAL SERVICES SCOTLAND STAFF GOVERNANCE COMMITTEE

### MINUTES OF MEETING HELD ON THURSDAY 8 FEBRUARY 2024, COMMENCING 0930 HOURS VIA TEAMS

#### Present:

Lisa Blackett – Non-Executive Director and Committee Chair  
David Allan – Trade Union Representative  
Ian Cant – Non-Executive Director  
Tam Hiddleston – Trade Union Representative  
Arturo Langa – Non-Executive Director  
Gerry McAteer – Trade Union Representative  
Beth Lawton – Non-Executive Director  
Keith Redpath – NSS Chair

#### In Attendance:

Serena Barnatt – Director of HR and Organisational Development  
Hayley Barnett – Associate Director Governance and Board Services  
Lynn Cowan – Organisational Development Manager [Item 4]  
Jane Fewsdale – Head of People Insights, Performance and Systems [Item 8]  
Aileen Stewart – Associate Director of HR  
Lynsey Bailey – Committee Secretary [Minutes]

#### Apologies:

Mary Morgan – Chief Executive

#### Observing:

Paul Buchanan – Non-Executive Director

## 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. A particular welcome was extended to P Buchanan, Non-Executive Director who was attending to observe as part of his induction.

## 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 MEETING HELD ON THURSDAY 9 NOVEMBER 2023, AND MATTERS ARISING [paper SG/24/02 and SG/24/03 refers]**
- 3.1 Members considered the draft minutes from the previous meeting held on 9 November 2023 and agreed they were an accurate record of the meeting.
- 3.2 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. NSS TALENT MANAGEMENT AND SUCCESSION PLANNING PROPOSAL [paper SG/24/04 refers]**
- 4.1 Members considered the paper, which proposed the development and implementation of a Talent Management and Succession Planning Framework. Members were provided with an overview of the background to the proposal's development, its aims, and the potential benefits and proposal to change the governance to the Staff Governance Committee. Members welcomed the paper and were supportive of the direction of travel.
- 4.2 They acknowledged this was a large piece of work which would take time to develop and embed, and also recognised this provided an opportunity to implement a more holistic view in the organisation's approach to career development. Members sought and received clarification that this was not intended as a gradual top-down approach. They were reassured that the aim was to establish consistent processes to allow all staff to have meaningful career and PDP discussions, which would also look beyond formal training courses. Members were also keen to ensure the needs of staff who were not aspirational in their career plans were considered and that a balanced, supportive approach was achieved which met all staff needs.
- 4.3 Members were given an overview of how the success/value added by this proposed framework could be measured, the challenges in quantifying and evidencing that, and how the reporting would progress to become more embedded. They acknowledged that this was the start of a journey and would be an iterative process. Members discussed the timescales for this and aligning it with the Great Place To Work plan, and considering how that would work.
- 4.4 Members were advised that there had been some cases where the ambitions in the document did not align with the realities experienced by staff. There was recognition that these cases had been exceptions, and that the framework was intended to be a mechanism for having a future focus on how NSS supported its staff. Members were assured it had already been agreed between the Director of HR and Organisational Development and the Employee Director that the detail of the framework itself would be discussed at the next Partnership Forum.
- 4.5 On the basis of these discussions, Members were content to approve the proposed approach.
- Decision: To approve the proposal for development and implementation of a Talent Management and Succession Planning Framework as presented.**

## **5. NSS PARTNERSHIP FORUM [paper SG/24/05 refers]**

- 5.1 Members were advised that the Partnership Forum continued to be in a positive position. Members were provided with an overview of the recent key highlights, including:
- 5.1.1 Development of the Partnership Forum's new Terms of Reference;
  - 5.1.2 The budget summit outputs workshop held in December 2023;
  - 5.1.3 The work around the NSS Strategy;
  - 5.1.4 The discussions about the temporary promotions deep dive;
  - 5.1.5 Establishment of a sub-group to look at how to address some of the budget challenges.

**Decision: To note the updates provided on the work of the Partnership Forum.**

## **6. PEOPLE REPORT [paper SG/24/06 refers]**

- 6.1 The Director of HR and Organisational Development spoke to the paper, which covered all key issues around compliance within the Staff Governance Standard and best employment practice. Members were advised that there had been an increase in the sickness absence figures, which was in line with seasonal peaks and being monitored with targeted support provided as required. Compliance for statutory and mandatory training, and appraisals, continued to be in a good place. Members were advised that, since the end of the reporting period being covered, a new incident reportable under the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR) was being investigated. They were also provided with a brief overview of discussions at the recent Occupational Health and Safety Advisory Committee (OHSAC) meeting about the new Occupational Health system being introduced.
- 6.2 In respect of the RIDDORs, Members expressed concerns that this was increasing and sought assurance about the response to the increase in the current year. They were provided with an overview of how it was being monitored at OHSAC. It was highlighted that one of the incidents in the report related to a donor accident following a donation so consideration was being given as to whether it should be reported under RIDDOR or recorded as an Adverse Event instead. Members were also assured that information was also being taken from incident/accident forms and trends were being monitored.
- 6.3 Members discussed the case management of absences and how support was being provided to managers to engage with the new, enhanced absence trigger report. It was acknowledged that not everyone needed to go through a case management approach so further refinement in the reporting was required and Business Partners also provided advice and support where needed. In respect of statutory and mandatory training, Members asked when improvement from interventions would be seen in those areas that were still reporting below target. Members were advised that there had been a renewed focus on this and some improvements had already been seen. They were also given an overview of the specific challenges regarding the recently transferred payroll staff and figures in this area are now increasing.
- 6.4 Members discussed the numbers of fixed term contracts and acknowledged that sometimes this had to fluctuate in response to specific programmes of work and was based on the funding streams from Scottish Government so this was closely monitored. They also asked about the cost of sickness absence and were given a brief overview of how this was calculated and attributed.

**Decision: To note the updates provided in the People Report and accept the assurances provided.**

## **7. WHISTLEBLOWING QUARTERLY REPORT [paper SG/24/07 refers]**

- 7.1 Members welcomed the report which updated on NSS's performance for the third quarter of 2023-24 (October to December 2023), demonstrating performance against the key performance indicators as required by the Independent National Whistleblowing Officer. Members noted the highlights, in particular Speak Up Week and the presentation to Partnership Forum.
- 7.2 Members commended the efforts to raise awareness around whistleblowing but expressed concerns that there were still so few concerns being reported relative to the size of the organisation. It was suggested that it could be seen as a positive indicator that internal processes were successful in addressing issues before it escalated to whistleblowing. There had been an increase in reports when the new standards were introduced which seemed to have plateaued since, but it was too early to say definitively what this meant in terms of NSS's performance.
- 7.3 Members were given an overview of the work undertaken to increase the awareness with contractors and encourage improved reporting there. Focus was beginning to turn towards the next Speak Up Week and re-framing as a "speak up" culture in recognition of the other avenues for addressing concerns. Members were assured that NSS was provided multiple avenues for staff to raise concerns Members were updated on the plans for a digital system for recording, which had no confirmed timescales yet, but it was a priority and regular discussions were taking place with Digital and Security (DaS).

**Decision: To note and endorse the Whistleblowing Quarterly Report, accepting the assurance provided.**

## **8. STAFF RISKS [paper SG/24/08 refers]**

- 8.1 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 31 December 2023. There had been no new red or amber risks recorded within the period. Members were given an overview of the remaining amber risk regarding the COVID-19 Inquiry which continued to be monitored.
- 8.2 The Head of People Insights, Performance and Systems highlighted the second appendix covering several risks raised across the organisation which had either a staff or a workforce impact. Members were assured regarding the monitoring and mitigation of these. Members were also briefly updated on the work on the strategic workforce sustainability risk.

**Decision: To note the Staff Risks Quarterly Report, accepting the assurance provided.**

## **9. GREAT PLACE TO WORK PLAN 2023/24 QUARTER 3 REPORT [paper SG/24/09 refers]**

- 9.1 Members were taken through the report, which updated on the progress against the priority areas for improvement contained in NSS Great Place to Work Plan 2023/2024. Members were updated on the work being done with DaS regarding the Total Reward

Statement (TRS), the likely timescales involved, and possible impact on next year's plan. Members sought and received clarification on what the TRS was and how it was compiled. They briefly discussed its level of priority and the proportionality of the resource and time spent on it, requesting that the Associate Director of HR consider this when agreeing whether it should be carried forward as a priority to the 2024/25 plan

**Decision: To note the Great Place to Work Q3 Report and accept the assurances provided.**

**10. DRAFT NSS GREAT PLACE TO WORK PLAN 2024/25 [paper SG/24/10 refers]**

10.1 Members considered the Draft NSS Great Place to Work Plan for 2024/25 as presented. Members were advised this was consistent with approach in previous years and received an overview of the updates made. Members acknowledged the impact of the recent discussions around budget, workforce strategy and planning. They discussed the 90% threshold and were assured that the aim was always to achieve 100% but 90% was the acceptable minimum tolerance level. Members provided some feedback on aligning the messaging and language to clarify that. Taking into account comments made with reference to Talent Management and Succession Planning Framework and Total Rewards Statement (see Items 4 and 9), the plan was approved

**Decision: To approve the Great Place to Work Plan for 2024/25.**

**11. iMATTER - COMPARISON OF HEALTH AND SOCIAL CARE RESULTS TO NSS RESULTS [paper SG/24/11 refers]**

11.1 Members welcomed the paper, which provided a high-level overview of the 2023 Health and Social Care iMatter survey results in comparison with NSS 2023 iMatter survey results. Members were advised that NSS had exceeded the national average scores in the Team and Line Manager categories but there were four elements within the individual category that were scoring below the national average. However, looking at these four elements across previous years, the scores were showing improvement. Members concluded the discussions by commending NSS's high return rate for the iMatter survey.

**Decision: To note the data provided in the information contained within the presentation and accept the assurances provided.**

**12. HEALTH AND CARE (STAFFING) (SCOTLAND) ACT 2019 – IMPLEMENTATION IN NSS – UPDATE ON QUARTER 3 REPORT [paper SG/24/12 refers]**

12.1 Members considered the paper, which provided an update on how NSS was progressing as an early implementer of the Health and Care (Staffing) (Scotland) Act 2019 which was being overseen by the Chief Nursing Office Directorate at the Scottish Government. Members discussed the financial impact statement, acknowledging that the specific detail of this was still to be established and would be brought back to a future meeting for discussion should that be necessary.



**Decision: To note that:**

- the scope for the Q3 report had been confirmed and agreed with Scottish Government;
- progress was underway to complete the Q3 report with all areas agreed as in scope for this quarter. This would be signed off by the Health & Care (Staffing) (Scotland) Act 2019 – Implementation in NSS – Steering Board at their meeting on 27 February 2024 to meet the deadline for submission on Friday 1 March 2024;
- the SGC would be notified when the Q3 report has been submitted;
- and accept the assurances provided.

**13. CCTV POLICY [paper SG/24/13 refers]**

- 13.1 Members received the updated CCTV policy which had been presented for information. Members had nothing to add.

**Decision: To note the updated CCTV policy for information.**

**14. FORWARD PROGRAMME [paper SG/24/14 refers]**

- 14.1 Members noted the schedule of meetings and had no further comments.

**Decision: To note the Staff Governance Committee Forward Programme.**

**15. SEMINAR PROGRAMME [paper SG/24/15 refers]**

- 15.1 Members noted the proposed schedule of seminars and had no further comments. Members agreed that all Board members should be invited to the Whistleblowing seminar.

**Decision: To agree the Staff Governance Committee Seminar Programme.**

**Action: To invite all Board members to the Whistleblowing seminar – Board Services**

**Action: To reschedule the OSHAC meeting on 5 November 2024 - Board Services**

**Action: To update all seminar invitations to include the topics in the title – Board Services**

**16. ANY OTHER BUSINESS**

- 16.1 Members had no other competent business to discuss.

Meeting closed 1136hrs.