Agenda

B/24/23

NSS BOARD FORMAL
FRIDAY, 27th SEPTEMBER 2024 COMMENCING 1030HRS, CANDERSIDE, LARKHALL, SOUTH LANARKSHIRE ML9 2QX (AND VIA TEAMS)

NSS Chair: Keith Redpath

Apologies:

1030 – 1200 hrs

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

2. **Items for Approval**

   2.1   Minutes of the previous meeting held on 28th June 2024 and Matters Arising **[B/24/24 and B/24/25]** – **Keith Redpath, NSS Chair**

   2.2   NSS Board Forward Programme **[B/24/26]** – **Keith Redpath, NSS Chair**

   2.3   NSS Calendar of Meetings 2025-2026 **[B/24/27]** – **Carolyn Low, Director Finance, Corporate Governance and Legal Services**

   2.4   Anchor Strategic Plan **[B/24/28]** – **Matthew Neilson, Associate Director of Strategy, Performance and Communications**

   2.5   NSS Annual Feedback and Complaints Report 2023-2024 **[B/24/29]** – **Louise MacLennan, Head of Equality, Engagement and Experience**

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**

Chair   Keith Redpath
Chief Executive   Mary Morgan

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

3.3   Finance Report (2024/25: Month 5 – August 2024) **[B/24/30]** – **Carolyn Low, Director Finance, Corporate Governance and Legal Services**

3.4   Integrated Performance Report **[B/24/31]** – **Matthew Neilson, Associate Director of Strategy, Performance and Communications**

3.5   NSS Risk Review (Risks and Issue Report) **[B/24/32]** **– Matthew Neilson, Associate Director of Strategy, Performance and Communications**

4. Items for Information

4.1   Public Inquiries Update **[B/24/33]** **– Matthew Neilson, Associate Director of Strategy, Performance and Communications**

4.2   NSS Assist – Progress Report **[B/24/34]**

4.3   NSS Committees Approved Minutes and opportunity for Committee Chair's to highlight material items **[B/24/35]**
- 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

Date of next meeting: Friday, 20th December 2024 at 10.30am, Jack Copland Centre, Edinburgh (and via Teams)

Minutes

NHS National Services Scotland

NHS NATIONAL SERVICES SCOTLAND BOARD

MINUTES OF MEETING HELD ON FRIDAY 28 JUNE 2024 IN BOARDROOMS 1&2, GYLE SQUARE, EDINBURGH AND VIA TEAMs DIGITAL PLATFORM AT 1030 HRS

Present:
Keith Redpath, NSS Chair
Lisa Blackett, Non-Executive Director
Paul Buchanan, Non-Executive Director
Ian Cant, Employee Director
Gordon Greenhill, Non-Executive Director and Vice-Chair
Sharon Hilton-Christie, Medical Director
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

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
Susi Buchanan, Director National Specialist Services & Screening Division
Steven Flockhart, Director Digital & Security
Matthew Neilson, Associate Director of Customer and Stakeholder Engagement
Jacqueline Reilly, Director of Nursing
Marc Turner, Director Scottish National Blood Transfusion Service
Karen Summers, Committee Services Manager [Minutes]

Apologies:
Lee Neary, Director of Strategy, Performance and Service Transformation (SPST)

Observers:
Carole Grant (Audit Scotland) (TEAMs)
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. Members noted that this was the first formal Board meeting for Sharon Hilton-Christie, NSS Medical Director.

Chair   Keith Redpath
Chief Executive Mary Morgan

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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 21 MARCH 2024 AND MATTERS ARISING [B/24/12 and B/24/13]

3.1 Members reviewed the draft minutes and approved them as an accurate record of the meeting.

3.2 Members discussed the action list and were content for all actions to be closed, as per the updates and recommendations.

Decision: To approve the minutes of the Board meeting held on 21 March 2024.

Decision: To close all actions from the 21 March 2024 Board meeting

4. BOARD FORWARD PROGRAMME [B/24/14]

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

Decision: To approve the Board Forward Programme

5. NSS ONE AND THREE YEAR DELIVERY PLAN [B/24/15]

5.1 Members reviewed the plan which was presented to Board for approval and noted that it had been approved by Scottish Government (SG) on 18 June 2024. In agreement with SG only those items which had already received confirmation of funding would be included. A new commissioning and change control process had also been agreed which would support any changes or new commissions during the life of the plan.

5.2 Members noted that the NSS Anchor Strategic Plan, as detailed in the delivery plan, had been redrafted following meetings with SG and other National Boards. A final version of would be presented at a future Board meeting once approved by SG.

5.3 The following highlights were discussed.

5.3.1 NSS approach to forecasting in relation to counter fraud savings;

5.3.2 Assurance that cyber security was fully linked across all relevant areas of planning;

5.3.3 Clarity on timelines in relation to sustainability targets and reporting, including both a start date and target completion date;

5.3.4 Further clarity on work plan for the National Contact Centre and other opportunities available to manage activity outwith vaccination programmes.

5.4 Members approved the plan and noted the updates discussed.

Decision: To approve the NSS One and Three Year Delivery Plan.

Action: To present the NSS Anchor Institute Strategic Plan once approved by Scottish Government.

Action: To consider feedback provided for future reporting.

Action: To ensure National Contact Centre programme of work per Section 1 – Primary and Community Care bullets 4 and 5 was clearly articulated.

6. NSS WHISTLEBLOWING ANNUAL REPORT [B/24/16]

6.1 Members reviewed the NSS Whistleblowing Annual Report 2023-2024 which was presented for approval prior to publication.

6.2 Members noted the excellent work completed in this area and were assured that proper controls and processes were in place.

Decision: To approve the NSS Whistleblowing Annual Report 2023-2024 for publication.

7. CHAIR'S REPORT

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

7.1.1 The letter received by Chairs from Caroline Lamb, Chief Executive of NHS Scotland and Director General for Health & Social Care NHS Scotland – Financial Position and Improvement Expectations, dated 21 June 2024, would form part of the programme for the forthcoming joint session with the NSS Executive Management Team (22 October 2024);

7.1.2 NSS had requested a Ministerial Annual Review;

7.1.3 Attended Purchasing for Health Conference and provided the introduction of the Cabinet Minister at the event;

7.1.4 Formal notification of the reappointment to the Board for their second term of office had been received: Lisa Blackett, Gordon Greenhill and Arturo Langa.

Decision: To note the verbal update provided.

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:

8.2 Events attended:

8.2.1 16 April 2024 – Presented at Health & Care Transformation Conference organised by Futurescot as a keynote speaker;

8.2.2 18 and 24 April 2024 Warehouse visits. This had been a positive opportunity to speak to staff and good feedback was received;

8.2.3 25 April 2024 – attended Procure for Health conference;

8.2.4 30 April 2024 – Transforming Energy Demand event held by PwC;

8.2.5   23 May 2024 – attended Triple Helix round table event on game-changing technologies for the NHS in Scotland. Organised by SG's Chief Scientist for Health and jointly chaired by Deputy First Minister and Cabinet Secretary for Health, the meeting brought together NHS, Academia and Suppliers for discussion;

8.2.6   10 June 2024 – Attended the NHS Scotland event at the Scottish Event Campus, Glasgow and subsequently visited the Golden Jubilee National Hospital to be shown round their impressive Phase 2 building, incorporating Orthopaedics, Endoscopy and Decontamination facilities before having an evening meeting with NHS Board Chief Executives.

8.2.7   22 June 2024 – Key note speaker at Scotland's International Day of Yoga organised by the Scottish Hindu Foundation which was focused on the benefits of Yoga for physical and mental wellbeing;

8.2.8   25 June – Flag Raising for Armed Forces week and signed the Armed Forces Covenant on behalf of NHS National Services Scotland.

8.3   Additional highlights:

8.3.1   2024 iMatter survey was underway;

8.3.2   Scottish Health Awards seeking nominations until 18 August 2024.

Decision: To note the verbal updated provided.

9.   NSS FINANCE REPORT (MONTH 2) [B/24/17]

9.1   Members discussed the report in full, which indicated that NSS was on track to achieve all statutory financial targets by year end.

Decision: To note that NSS was on track to achieve all statutory financial targets.

10.   INTEGRATED PERFORMANCE REPORT [B/24/18]

10.1   Members were taken through the report with the following highlights presented:

10.1.1 NSS had a successful year (2023-2024);

10.1.2 94% completion of Annual Delivery Plan (ADP) deliverables;

10.1.3 All statutory financial targets met, and cash releasing efficiency savings targets exceeded;

10.1.4 85% of the Great Place to Work Plan activities achieved;

10.1.5 Reductions achieved in food waste, water usage, carbon associated with the national procurement fleet and gas consumption.

10.2   Performance against strategic objectives remained broadly positive with all service excellence and financial sustainability assurance indicators met or on track. There was mixed performance in workforce sustainability and climate sustainability, largely due to specific situations that were noted in the report.

10.3 The report had been redesigned and improvements made throughout based on feedback and best practice.

Decision: To note NSS performance at the end of quarter 4 2023/24.

11. INITIAL REPONSE TO THE RECOMMENDATIONS OF THE INFECTED BLOOD INQUIRY [B/24/19]

11.1 Members welcomed the opportunity to formally acknowledge the initial recommendations in relation to the Infected Blood Inquiry and record their support for the apology that had been issued on behalf of the organisation.

Decision: To note and support the recommendations in the report in full.

12. ANNUAL REPORTS FROM COMMITTEES 2023-2024 [B/24/20]

12.1 Members considered the reports from NSS Board Committees and were content that due process and adherence to the individual Terms of Reference had been met.

Decision: To note the annual reports from Committees.

13. ITEMS FOR INFORMATION

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

13.1.1 Public Inquiries **[B/24/21]**

13.1.2 NSS Committees Minutes **[B/24/22]**

Decision: To note the items provided for information.

14. ANY OTHER BUSINESS

14.1 There was no other competent business to discuss.

The public session of the Board meeting concluded at 1155.

In Private Session –

Members agreed, in accordance with paragraph 5.22.4 of NSS's Standing Orders, to discuss the next two items in private.

(Standing Order 5.22.4 The Board is otherwise legally obliged to respect the confidentiality of the information being discussed)

15. AUDIT SCOTLAND NSS ANNUAL AUDIT REPORT [IPB/24/03]

15.1 Members discussed the item and noted that an In Private session minute would be completed for Members only.

16. ANNUAL REPORT AND ACCOUNTS 2023-2024 [IPB/24/04]

16.1 Members discussed the item and noted that an In Private session minute would be completed for Members only.

Meeting closed at 1208 hours.

NSS BOARD FORMAL MEETINGS ACTIONS

Meeting type: Formal

B/24/25

No	Date	REPORT TITLE	ACTION	ACTION OWNER	DEADLINE	CURRENT STATUS
1	21.3.24	**Annual Governance Report – NSS Corporate Governance Framework [B/24/05]**	To provide update on the re-appointment of Non-Executive Directors once received from Public Appointments Team.	Keith Redpath, NSS Chair	27.9.24	**Recommend for Closure** Item Complete and new contracts in place.
2	28.6.24	**NSS Strategic Framework [B/24/06]**	To meet and review with Lisa Blackett – Non-Executive Director in relation to environmental sustainability	Lee Neary, Director SPST	Date to be confirmed	**Recommend for Closure** Complete 12.7.24
3	28.6.24	**NSS One and Three Year Delivery Plan [B/24/15]**	To present the NSS Anchor Institute Strategic Plan once approved by Scottish Government.	Lee Neary, Director SPST	27.9.24	**Recommend for Closure** On agenda
4	28.6.24	**NSS One and Three Year Delivery Plan [B/24/15]**	To consider feedback provided for future reporting.	Lee Neary, Director SPST	Future meeting	
5	28.6.24	**NSS One and Three Year Delivery Plan [B/24/15]**	To ensure National Contact Centre programme of work per Section 1 – Primary and Community Care bullets 4 and 5 was clearly articulated.	Lee Neary, Director SPST	Future meeting	

NSS BOARD FORWARD PROGRAMME 2024-2025   B/24/26

20.12.24				
For Approval	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
For Scrutiny	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
For Information	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
Meeting Date	**Detail**	**Executive Lead**	**Report Author**	**Purpose**
28.3.25				
For Approval	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
	NSS Financial Plan	Director of Finance, Corporate Governance & Legal Services		Annual Board Report
For Scrutiny	Chairs Report (verbal)	NSS Chair		Standing Board Report
	Chief Executive's Report (verbal)	NSS Chief Executive		Standing Board Report
	NSS Risk Review (Risks and Issue Report) (6 monthly review)	Director of SPST	Associate Director Strategy, Performance & Communications	
	Integrated Performance Report	Director of SPST	Associate Director Strategy, Performance & Communications	Standing Committee Report
For Information	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

Meeting: NSS Board

Meeting date: 27 September 2024

Title: Calendar of Meetings 2025/2026

Paper Number: B/24/27

Responsible Executive/Non-Executive: Carolyn Low, Director of Finance, Corporate Governance and Legal Services

Report Author: Hayley Barnett, Associate Director of Governance and Board Services (Board Secretary)

1.   Purpose

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

2.   Recommendation

2.1   To approve the NSS Board Calendar of Meetings from 1 April 2025 to 31 March 2026, attached at appendix 1 and to authorise the Chief Executive to make minor adjustments, as necessary.

3.   Executive Summary

3.1   NSS Board Standing Orders require the NSS Board to annually approve a forward schedule of meeting dates (SO 4.1) and to approve a calendar of meeting dates for its committees (SO 9.7).   NSS Board and Standing Committee dates are attached at appendix 1.

3.2   The proposed dates set out in the 2025/2026 Calendar of Meetings have been scheduled to meet business needs including statutory reporting, audit requirements and known key submission dates for Scottish Government.

3.3   Scheduling improvements have also been implemented to aid forward planning and diary management. Key changes from the 2024/2025 are a week delay in Audit and Risk Meetings to support the end of year Internal Audit and Service Audit reporting deadlines and a week delay for Clinical Governance Committee to support the end of year reporting process.   This has resulted in the Staff Governance Committee taking place on the same week as another committee of the quarter.

3.4   Key report authors across the organisation and committee chairs have also been engaged to develop the attached Calendar of Meetings.

3.5   Following approval of NSS Board and standing committee dates, Board Services will schedule seminars and report review meeting dates with chairs for 2025/2026.

4.   Impact Analysis

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

4.2   Equality and Diversity, including health inequalities
An equality impact assessment is not required for this paper.

4.3   Data protection and information governance
A data protection impact assessment is not required.

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

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

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

8.   Climate Change and Environmental Sustainability Implications
8.1   NSS Board and Standing Committee meetings take place virtually or as hybrid meetings to support the NSS Sustainability objective.

9.   Route to Meeting
9.1   This report was considered by EMT at their meeting on Monday 19 August 2024.

10. List of Appendices and/or Background Papers

10.1   Appendix 1 – Calendar of Meetings

Appendix 1 – NSS 2025/2026 Calendar of Meetings

NSS Board
Friday 27 June 2025
Friday 26 September 2025
Friday 19 December 2025
Friday 27 March 2026

NSS Audit and Risk Committee
Thursday 29 May 2025
Thursday 19 June 2025
Thursday 4 September 2025
Thursday 4 December 2025
Thursday 5 March 2026

NSS Clinical Governance Committee
Thursday 5 June 2025
Thursday 11 September 2025
Thursday 11 December 2025
Thursday 12 March 2026

NSS Finance Procurement and Performance Committee
Tuesday 17 June 2025
Tuesday 16 September 2025
Tuesday 9 December 2025
Tuesday 17 March 2026

NSS Staff Governance Committee
Tuesday 3 June 2025
Tuesday 2 September 2025
Tuesday 2 December 2025
Tuesday 3 March 2026

NSS Remuneration Sub-Committee
Wednesday 25 June 2025
Wednesday 26 November 2025

NHS National Services Scotland

Meeting:	NSS Board
Meeting date:	27 September 2024
Title:	Anchor Strategic Plan
Paper Number:	B/24/28
Responsible Executive/Non-Executive:	Lee Neary, Director, Primary and Community Care (Interim), Strategy, Performance & Service Transformation
Report Author:	Tom McHugh, Shared Services Manager Reviewed by Matthew Neilson, Associate Director Strategy, Performance & Communications

1. Purpose

1.1   To provide an update on the NSS Anchor Strategic Plan submitted to Scottish Government.

2. Recommendation

2.1   It is recommended that the NSS Board endorses the NSS Anchor Strategic Plan.

3. Executive Summary

Annual Delivery Plan – Anchor   Activities

3.1   As part of the NHSScotland Delivery Plan Guidance, issued by the Scottish Government in February 2023, all Health Boards were asked in their Annual Delivery Plan to set out an:

'approach to developing an Anchors Strategic Plan by October 2023 which sets out governance and partnership arrangements to progress anchor activity; current and planned anchor activity and a clear baseline in relation to workforce; local procurement; and use or disposal of land and assets for the benefit of the community '.

3.2 Scottish Government issued guidance to all Health Boards which provided the information requirements for the production of an Anchor Strategic Plan, with all plans to be submitted by 27 October 2023. It was agreed with Scottish Government that the NSS submission would take a summary form including references to the relevant strategies and operational plans that support our commitments as an anchor institution.

3.3 There are three key areas which we have focused on within our Anchor Strategic Plan, which supports NSS operating as an anchor institution. These are as follows:

3.3.1 <u>Procurement</u> - Procurement plays a pivotal role as an anchor institution by leveraging our third-party trade spend, to deliver tangible social value benefits and supporting local supply chains.

3.3.2 <u>Property</u>
NHSScotland is one of the largest public landowners in the UK, and as such has an opportunity to support health and wellbeing through its use of land and estates. As part of our anchor objectives our focus is around the functions of NHSScotland Assure.

3.3.3 <u>People</u>
As an anchor institution we are fully committed to the implementation of inclusive recruitment policies, which encourages a wide range of applicants from all demographics across local communities. We continue to demonstrate a range of attractive pay and conditions packages, such as the Real Living Wage and Fair Work First in the NHS.

Anchor Strategic Plan – Feedback from Scottish Government

3.4 The original NSS Anchor Strategic Plan was submitted to Scottish Government on 27 October 2023. There was an initial feedback meeting held with Scottish Government's Place and Wellbeing Team, with a follow up where a formal response was received on 23 March 2024.

3.5 In summary the feedback highlighted the following:

3.5.1 How will NSS operate as an Anchor?
3.5.2 What elements of the Anchor agenda do not apply to NSS?
3.5.3 Highlight the gaps identified from the assessment process.
3.5.4 Clarify further the Governance approach to our Anchor's work.
3.5.5 Separate NSS Procurement actions from the wider support actions for all Health Boards.
3.5.6 Specific actions to progress for each area under the Anchor Agenda (Procurement, Workforce and Land & Assets).

3.6 The updated NSS Anchor Strategic Plan was re-configured to include the appropriate additional information in response to the above points.

3.7 Other additional inputs to support the NSS Anchor Strategic Plan includes:

3.7.1 Established a dedicated Anchor Institution Working Group with representation from Procurement, Operational Facilities Management, and Human Resources, providing subject matter expertise for information requirements in the production of the NSS Anchor Strategic Plan.

3.7.2 Conducted an Anchor self-assessment review based on a model (Harnessing the power of Scotland's Anchor Institutions – a Progression Framework), established by the Joseph Rowntree Foundation and adapted by Public Health Scotland. Appropriate gaps where identified.

3.7.3 Submitted our Anchor Institution Baseline Metrics 2022/23 to Scottish Government on 26 March 2024.

3.7.4 Established an NSS Anchor Institution Action Plan capturing key activities, milestones, and progress reporting, including updates to our 2024/25 One Year Plan.

3.7.5 Aligned our Anchor Strategic Plan to the NSS Strategic Framework 2024/2026, local service strategies, and operational plans to ensure we can support a positive impact on Scotland's economic recovery. This in turn contributes to national outcomes that improve health and wellbeing, increase opportunities and reduce inequalities.

3.7.6 The final version of the NSS Anchor Strategic Plan was submitted to Scottish Government on 31st May 2024. Confirmation on the delivery of the NSS Anchor Strategic Plan was acknowledged, but is currently not subject to any kind of approval process from Scottish Government.

4.   Impact Analysis,

4.1   Quality and Value

4.1.1 There are no direct implications around quality/patient care resulting from the NSS Anchor Strategic Plan, with other implications managed through the appropriate NSS governance – NSS Board, Executive Management Team, Finance Procurement and Performance Committee, Sustainable Infrastructure Board and Staff Governance Committee.

4.2   Equality and Diversity, including health inequalities

4.2.1 The NSS Anchor Strategic Plan has included reference to wider NSS implementation of all national policies and practices around equalities, diversity, and human rights across the organisation. For any anchor activities as appropriate, the necessary equality impact assessments shall be undertaken. There are no specific issues arising from this paper.

4.3   Data protection and information governance

4.3.1 This paper contains information only on an approach to developing a NSS Anchor Strategic Plan. Any specific anchor activities shall be covered by respective NSS Directorates' workplans and projects and reviewed for any data protection or information governance risks, or implications, which are therefore reported at a programme/project level. These are therefore not reported in this document.

5.   Risk Assessment/Management

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

6.   Financial Implications

6.1.1   There are no direct financial implications from the development of a NSS Anchor Strategic Plan.

7.   Workforce Implications

7.1   There are no direct workforce implications from the development of a NSS Anchor Strategic Plan. At strategic and operational levels, workforce implications shall be managed through existing governance, strategies and plans managed by each NSS Directorate as appropriate.

8.   Climate Change and Environmental Sustainability Implications

8.1   There are no direct climate change and environmental sustainability implications from development of a NSS Anchor Strategic Plan. At strategic and operational levels, NSS has agreed an Environmental and Sustainability Strategy 2022 to 2040, which sets out how we will build on work already taking place to reduce emissions and implement targeted sustainability practises, across a range of themes.   Also, NSS works closely with all NHSScotland Health Boards to reduce the environmental impact of the estate, as set out in the NHSScotland Climate Emergency and Sustainability Strategy.

9.   Route to Meeting

9.1   NSS as an Anchor Institution was discussed with the Executive Management Team. The Anchor Strategic Plan was developed with the support of directors for Procurement, Human Resources and Organisational Development and Operational Facilities Management and approved by the Executive Management Team. Our approach was informed by guidance from Scottish Government.

10.   List of Appendices and/or Background Papers
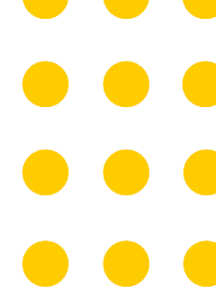
10.1   NSS Anchor Strategic Plan

NSS Anchor Strategic Plan

May 2024

Summary

NHS National Services Scotland (NSS) is a national board and, as an anchor institution, has the potential to make a positive impact on Scotland's economic recovery, as well as supporting national outcomes that improve health and well-being, increase opportunities, and reduce inequalities for the people of Scotland.

Our anchor strategic plan is focused on three key areas.

Procurement

We can procure goods and services for NHSScotland that supports local Scottish supply chains, while leveraging our buying power and contracts spend to deliver social value to local communities.

Property

We can help boards assess and manage the condition of their estates so NHSScotland buildings and spaces can contribute community, health and environmental benefits, locally and nationally.

People

We can actively contribute to local employment opportunities and actively support national policies such as 'Fair Work First in the NHS' and the Real Living Wage through our wide-ranging services and national spread.

NSS Operating as an Anchor Institution
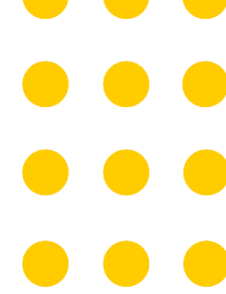
NSS recognises the added value it's services bring to deliver national policies, and support other organisations deliver on their strategic objectives, to improve health and social care outcomes.

NSS is moving forward as an anchor institution, and this commitment is outlined in this Anchor Strategic Plan, our NSS Strategic Framework 2024-2026, our Three-Year Plan 2024-2027 and One-Year Plan 2024/25.

As a national board, NSS has the potential to make a positive impact on the nation's economic recovery, as well as supporting national outcomes. A key part of the NSS approach as an anchor is to ensure we have robust workforce plans and manage land and assets appropriately. However, the key area of impact is within Procurement. As the National Procurement body, we can lead and support our partners with their objectives and plans around local spend.

Procurement

NSS Procurement Strategy

Property

NHS Scotland Assure Strategy

NSS Environmental & Sustainability Strategy

NSS Strategic Framework & Delivery Plans

People

NSS Workforce Plan

Anchors Commitment

This Anchor Strategic Plan has the full support of our Board and Executive Management Team. Specifically, we will ensure:
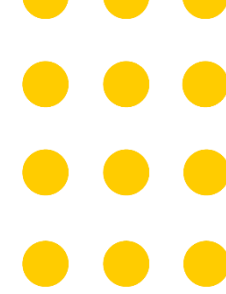
All activities associated with NSS being an anchor institution are embedded within our Strategic Framework 2024-2026, Three-Year Plan 2024-2027, One-Year Plan 2024/25, Workforce Strategy and 5 Pillars Action Plan.

All staff are properly engaged and involved with all associated activities which supports this plan and in partnership with trade unions and professional organisations.

Existing systems continue to be robust and transparent around performance monitoring, measurement and reporting on our anchor activities.

Collaborative working with other anchor institutions and partners to improve the quality, value and efficiency of services.

NSS Reach
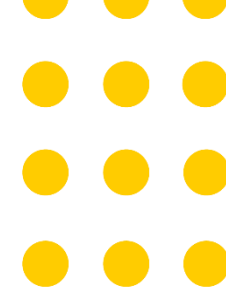
NSS is a national board and benefits from employing local, knowledgeable and professional staff in many different communities throughout Scotland. Roles range from clinical to non-clinical with opportunities at all levels.

The Scottish National Blood Transfusion Service employs people located in urban and rural areas throughout Scotland to ensure provision of blood, tissues, and cells to NHSScotland, ensuring they are available, 24 hours a day, every day of the year.

Programme Management Services employs programme and project management resources throughout Scotland to enable Scottish Government and NHSScotland to deliver on local and national programmes.

Digital and Security employs people from across Scotland to provide end-to-end business solutions, technology and data for clinical settings, and digital security options in line with NHSScotland requirements.

The National Contact Centre is a remotely delivered service that employs staff anywhere in Scotland so long as they can work from home to deliver public facing and primary-care focused non-digital health and care support helplines.

Opportunities

Procurement
National Procurement

National Procurement is the largest public sector procurement organisation in Scotland. Our activity covers £1.48 billion per annum of NHSScotland spend across 348 collaborative contracts.

We work with health boards and suppliers to support local supply chains that supports local employment opportunities, keeps wealth in local communities and delivers tangible social and environmental benefits.

Property
NHSScotland Assure

NHSScotland is one of the largest public landowners in the UK, and has an opportunity to support health and wellbeing, through its use of land and estates.

NHSScotland Assure and its services benefit all NHS health and care environments. They cover the full lifecycle of a build, from strategic assessment, building operations and ongoing maintenance, to decommissioning.
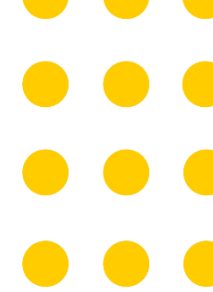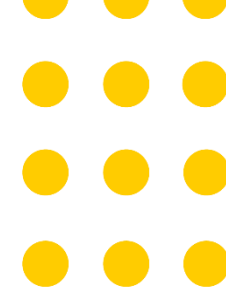
People
NSS Human Resources

NSS has 3,622 whole time equivalent (WTE) staff across 23 sites in Scotland.

Workforce wellbeing is at the heart of everything we do, along with equality of opportunity and increased diversity of our workforce.

We work with other boards and partners, to explore engagement opportunities within local areas.

NSS Supporting the Anchor Agenda

National Procurement

1. We shall demonstrate leadership through the delivery of pro-active anchors activities, including NSS continuing as chair of the Procurement Task and Finish Group reporting into the Anchors Delivery Group.

2. We will work with colleagues from all Health Boards and Scottish Government, to support the procurement community across NHS Scotland to deliver against anchor priorities.

3. NSS will undertake analysis of NHSScotland procurement expenditure, to help define the proportion of spend that could realistically be used to support local procurement by Health Boards.

4. We have secured access to 'Grow Local' analysis for health boards, which highlights opportunities to maximise expenditure in their local areas.

5. NSS is leading on developing the first NHSScotland Procurement Strategy, and will embed anchor institution outcomes as key deliverables over the life-time of the strategy.

NSS Anchor Limitations
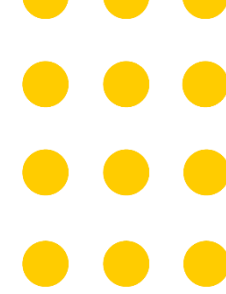
NSS own one property inclusive of building and land under freehold. The remaining are managed through lease arrangements. This results in NSS not owning any significant land or assets, which limits the ability to provide opportunities for social benefit. Therefore, this area of the Anchors agenda is one that doesn't necessarily apply.

Due to National Services Scotland building use, along with information governance and confidentiality requirements, it is difficult to open our buildings to the public.

Financial pressure is also a limiting factor. Restricted capital and revenue allocations create challenges for making changes to land and assets that could support Scotland's anchor initiatives. Grant funding is a route especially for sustainability betterment programmes, but that funding is now limited.
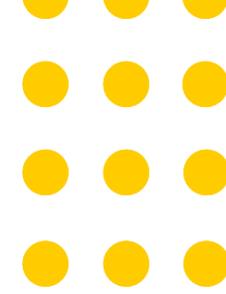
Workforce Plan

The strategic framework for supporting workforce reform is set out in the National Workforce Strategy for Health and Social Care. NSS has aligned its three-year strategic Workforce Plan to this national strategy and sets out our position in the NSS 5 Pillars Action Plan across the expected workforce pillars. Concurrently NSS has completed an analysis against the PHS Anchors Progression Tool and identified the following gaps:

| Anchors can …	Gaps
Recruit in ways that minimise discrimination, provide equality of opportunity and maximise scope for local people to secure good jobs.	Targeted local outreach and work with local partners to reach potential candidates, offer work experience opportunities, innovative interview techniques, targets set for diversity in recruitment at all levels and regular reflection on success. Use Equality Impact Assessments.
	Pay at least National Living Wage, with wage progression reflecting role and experience. Ethos of investment in future workforce, commitment to quality training and mentoring.
	Specific policy to use flexible working at all levels to attract and progress the best talent, advertised as this at point of hire, monitored and targeted.
Pay the living wage and then go further to support people in stretching take home pay.	Local Living Wage employer (i.e. significantly above National Living Wage, but below Foundation Living Wage, based on local circumstances/ living costs).
	Review of pension information through low pay perspective, proactive communication of benefits and options
	Package explicitly designed and procured to support lower paid, shared practice, reinvestment of salary sacrifice savings in benefits for lower paid, active engagement to drive take-up and design offer going beyond IT systems where necessary.
	No use of zero hours contracts unless mutually favoured, agency / casual workers protected from effects of low pay and used as a route to more stable employment where relevant, no use of exclusivity clauses or 'false agencies', poverty proofed HR, work with supply chain, paid time off and sick pay. Autonomy within roles encouraged and scope to vary work explored.
Commit to lower paid staff reaching their potential.	Skills enhancement opportunities targeted at lower pay bands including provision for basic (ESOL, literacy and numeracy) and softer/transferable skills and delivered so as to avoid barriers to access, e.g. shift patterns or location. Internal progression supported and encouraged. Skills recognised as central to driving productivity.
	Even and visible use of leadership and management to build positive work environments and open communication at all levels of the organisation, where effort is recognised and there is focus on engendering pride, trust, teamwork, values, confidence, wellbeing, management performance assessed, Use of specific tools to assist progression, improve job quality, boost wellbeing and performance, excellent use of communications to connect lower paid staff voice to management.
	Actively connected to corporate values and competencies and to progression and development with use of innovative tools in communicating, acknowledging, rewarding high performance .
	Health and wellbeing prioritised and ambitious policy or charter in place. Positive corporate culture, embodied by leaders. Health & wellbeing offer for all that is widely communicated and targeted. Environment that supports healthy choices and physical activity, including excellent facilities for cycling and exercise. Pride in being a caring and supportive employer, with workplace health related campaigns/activities; provision for health and eye tests; and signposting and assistance for wider support (including financial wellbeing).

Workforce Plan

What's been done to date:

1. Staff Governance is firmly established as one of the strands of the NHS Scotland governance framework, for which all Boards are held accountable.

2. Several strategic workforce policies, initiatives and agreements are in place including those on best employment practice and policy, workforce development and planning.

3. NSS is a Real Living Wage accreditation organisation, and we ensure all suppliers working on NSS sites pay people the real living wage.

4. NSS fully endorses Fair Work and has incorporated this requirement within its procurement practices.

5. NSS has worked with the Glasgow Centre for Inclusive Living (GCIL) for several years, placing disabled candidates into positions across NSS.

6. Other initiatives include Modern Apprenticeships, Graduate Placements, Graduate Trainees, Internships and Student Work-Placements.

Workforce Plan
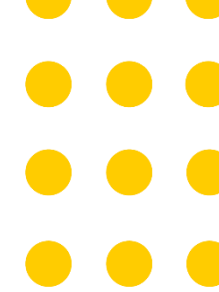
NSS Anchor Strategic Plan includes:

Priorities & Plans	Recruitment & Retention	Workforce Planning
• Our approaches around implementation of national workforce strategies and NSS workforce planning, Operational Plan, Annual Delivery Plan and NSS Executive and Senior management objectives, are aligned to wider NHS Scotland Priorities	• We shall continue to review our workforce and employability plans and adapt and adopt innovative and creative ways of attracting and retaining people. We shall continue to work with other NHS Boards and wider partners, to further explore opportunities to engage further with localities, and ensure our plans are meeting our objectives and targets • Working with NSS Senior Leaders with the intention to focus on working with third parties, to widen the scope for attraction and engagement, and to look at options to grow our own, or have direct access to talent pools	• NSS Directorates will submit local workforce plans aligned to National Priorities and Strategic Objectives of NSS • Review and refresh overall NSS Workforce Plan aligned to National Priorities and Strategic Objectives of NSS • External publication of NSS Workforce Plan and workforce projections • Development of NSS Clinical Workforce Plan

| Equality & Inclusion	Workforce Sustainability
• Enhancing NSS as a diverse and inclusive employer through our attraction strategy with an immediate focus on: Achieving Disability Leader accreditation/Developing stronger links with Veteran recruitment/Increasing number of appointments for candidates with a disability by working closely with GCIL and other disability inclusion partners/Implementation of the NSS Attraction Strategy/Continuing to roll out Values Based recruitment/Implementing changes to Home Office requirements for visa and immigration.	• All local workforce plans, and projections will be revisited and resubmitted on an annual basis, to reflect business as usual and new service requirements, in line with our three-year Operational Delivery Plan (remobilisation and recover) and annual delivery plans

Workforce Plan
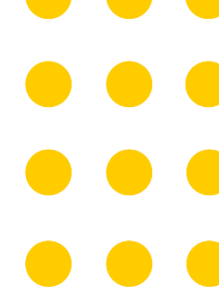
NSS Anchor Strategic Plan includes:

| Employability Plans	Hybrid Working	A Great Place to Work
• Support business needs and support the wider organisation in identifying and closing future skills gaps by developing pathways into roles • Unlock emerging talent, create a culture of lifelong learning from early on and provide a high-quality learning experience • Support Directorate workforce requirements by promoting widening access approaches • Work collaboratively with Armed Forces partners to support veterans into NSS roles and promote career opportunities • Defence Employers Recognition Scheme re-accreditation	• We continue to develop our hybrid working approach involving consultation with our staff and Employee Partnership / Trade Unions. This was aligned to the new Once for Scotland Flexible Work Location Policy launched on 1 November 2023 • Service redesign and change are enacted in line with the NSS Strategy, with full consideration given to the impact on workforce capability and capacity to deliver effective and efficient core services	• NSS delivers the ambition of the NHS Scotland Staff Governance Standard through developing and monitoring the delivery of an annual action plan, this is delivered through the Great Place to Work Plan (GPTW) 1. Actively encourages engagement and involvement of all employees 2. Trains and supports all employees to do their role whilst providing development opportunities 3. Treats all employees with dignity and respect 4. Promotes a culture of safety health and wellbeing for all 5. Consistently applied workforce policies, people treated fairly 6. An attractive benefits package which supports retention of a highly skilled workforce

Procurement Plan

As part of the Anchor work the following gaps were identified as part of the Progression Framework review of NSS procurement. This is not to say NSS should close these gaps however it provides an opportunity for additional activities which support anchor procurement priorities as part of the NSS Procurement Strategy refresh in 2024-25.

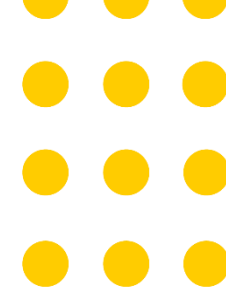| Anchors can …	Gaps
Local Supply Chains	Annual analysis of local spend using consistent methodology, plus analysis benchmarked against other localities and stretching targets set to increase local spend
	Large contracts routinely split into lots; SMEs, supported businesses and social enterprises supported through application processes, and fast payment of all suppliers/subcontractors
	Proactive and routine engagement with local advice for local suppliers to communicate opportunities and identify their current Social Value (good) practice plus sessions and advice for local suppliers on Social Value and other requirements opportunities and how to meet them.
	Ad hoc identification of areas of spend that lack local supply options and address gaps.
Social Value	Systematically include scored question over 10% , with some elements also covered in core requirements/subject matter of contract.
	Payment of real living wage sought as far as legally possible (e.g., in contracts where budgeted for or through seeking prices with and without living wage compliance). Specific and strengthened clauses on recruitment in and around the area for contracts that require local work.
	More stretching specifications and a wider range of specific goals cited under each of the main categories (social/community, health and environment).
	Engage with suppliers for all significantly sized contracts, and with sessions for potential and current local suppliers on how to meet SV requirements and to discuss what they can do to go beyond their current (good) practice.
	Strong and systematic monitoring of delivery of SV for all contracts, with evidence of delivery sought and verified. Reporting of benefits at senior level at least annually. Enforcement with penalties for non-compliance.
	Requirements to create local work opportunities via large construction projects (e.g., 12 months+ or £1m+ in value) included in core contract subject matter.
	Put focus on those who most need work and skills – e.g., unemployed people and those leaving education. Specific focus on this and requirements for employment of 'first job opportunity' workers/ 'new entrant trainees' e.g., 26-person-weeks per £1m of spend.
Works	Requirements to create local work opportunities via large construction projects (>£500k in value) included in core contract subject matter.
	Specific focus on this and requirements for employment of 'first job opportunity' workers/ 'new entrant trainees' e.g., 52-person-weeks per £1m of spend, plus supply side and brokerage mechanisms to help developers recruit from this group locally

Procurement Plan
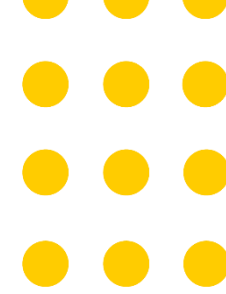
What's been done to date:

1. Fair Work First - In line with our commitment to promoting fair work practices, we ensure that regulated procurement exercises include a scored question specifically addressing Fair Work First criteria

2. To uphold our commitment to promoting community benefits, we systematically include a scored question within regulated procurement specifically addressing community benefits.

3. NP collaborated with Public Health Scotland to improve the economic, social, and environmental wellbeing of local areas through the establishment of a Community Benefits Gateway (CBG), which secured 18 community benefits in 2022/23, with 297 third sector organisations signed up, along with 230 suppliers

4. During the fiscal year 2022/23, NSS spent £943,729 with supported businesses, further demonstrating our commitment to supporting their important work.

Procurement Plan

NSS Anchor Strategic Plan includes:

| Social Value	Local Supply Chains
• We shall continue and build upon our adoption of supported business as much as possible • We shall continue to engage and promote opportunities with third sector organisations where possible • We will actively promote the use of the National Procurements Community Benefits Market Place to delivery tangible community benefits directly linked to NSS third party expenditure. • As part of our wider procurement strategy, we will switch our National Distribution Service fleet to biofuels which will substantially reduce CO_2 emissions, and will be a significant step towards the transition to a Net Zero distribution service	• We shall build on local procurement with a number of plans including making it easy for medium, small, and micro suppliers to work with NSS by providing easier access to contracting opportunities • We shall review and adapt internal procurement policies to increase spend with local / target organisations. This includes providing support to local / target organisations to access procurement opportunities • We will continue to engage with the wider market through events such as Procurex & Procurement 4 Health (P4H) along with participating in smaller supplier focused events as they arise such as those facilitated by the Supplier Development Programme

Land & Assets Plan

NSS has a range of strategies and plans which underpins the wider Scottish Government ambitions around the added value of Anchor Institutions that manage premises and assets in ways which create local jobs, skills, and apprenticeships, with focus on young people and those facing disadvantage. As an Anchor Institution through the way buildings, land and other assets are designed, procured, and managed can support local communities, build connections with them, provide new employment and skills opportunities, and create better places. As part of the Anchor progression tool the following gaps were identified:

Anchors can …	Gaps
Environmental Policies & Systems	Whole system IA strategy being developed on what is the long term retained estates. Long term uncertainty on estate portfolio.
	Limited data coverage across all estates. Implementation of automatic meter readers required.
	Limited funding and resource to implement sustainable initiatives across NSS estates to achieve Net Zero target.
	Educate/train staff on EMS and implement regular routine checks on the system with the appropriate teams/staff.
Energy, Waste and Pollution	Limited funding and resource to implement sustainable initiatives across NSS estates to achieve energy reduction.
	Challenges to implement sustainable initiatives on sites that are PPP contracted or leased sites.
	A full comprehensive analysis of the products NSS purchase and identify where plastics and single use plastics are used to identify more sustainable alternatives is required.
Transport and the Built Natural Environment	Establish a dedicated fleet and transport group within the governance structure is required.
	Limited funding to implement sustainable fleet across NSS.
	Limited funding and resource to implement sustainable initiatives across NSS estates and to improve the wellbeing space for staff.
	Require a Biodiversity and Greenspace strategy to be created and implemented.
	Limited opportunity to improve greenspace and biodiversity due to limited land ownership.
Land, Buildings & Community Benefits	Limitations due to National Services Scotland building use, ownership, lease management and confidentiality so will be difficult to open buildings to public.
	Limited funding can determine design routes and intent.

Land & Assets Plan
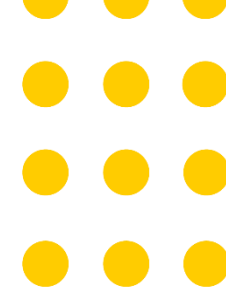
What's been done to date:

External NSS Assure (NHS Scotland Board Support)

1. NHS Scotland Assure teams entered a partnership with Edinburgh Napier University, to administer the £1million NHS Scotland Assure Research Fund. The fund seeks to progress research which reduces healthcare-built environment risk, and prioritises research which impacts on the advice and guidance produced by NHS Scotland Assure

2. NSS is working with 38 of our national procurement suppliers on climate change plans, covering over £900m of spend. We have engaged with clinical leads to remove Desflurane, an anaesthetic gas with a high environmental impact (it is 2,540 times more impactful than Carbon Dioxide), from use. We have also commissioned a decarbonisation pilot survey of East Ayrshire Community Hospital to inform options for achieving Net Zero for the site

Internal NSS Assure, Facilities Management

1. Providing strategic advice and guidance through attendance at NHS and partner meetings, where PHS Ops Facilities Management advice is to be considered

2. NSS has developed our Environmental and Sustainability Strategy 2022 to 2040, which sets out how we will build on work already taking place to reduce emissions and implement targeted sustainability practises, across a range of themes

3. NSS works closely with all NHS Scotland Health Boards to reduce the environmental impact of the estate, as set out in the NHS Scotland

4. NSS has completed the outline business case, for the 10-year National Board Property and Asset Management Strategy

5. We have worked closely with colleagues in NHS Facilities and Environmental Sustainability. This includes engaging with them as part of the process to review the NHS Property Transaction Handbook. We are seeking examples in writing where the Handbook is impeding efforts to use, or dispose, of assets for social good

Land & Assets Plan
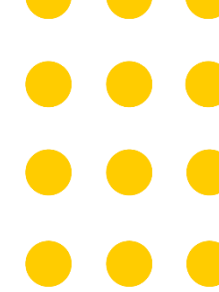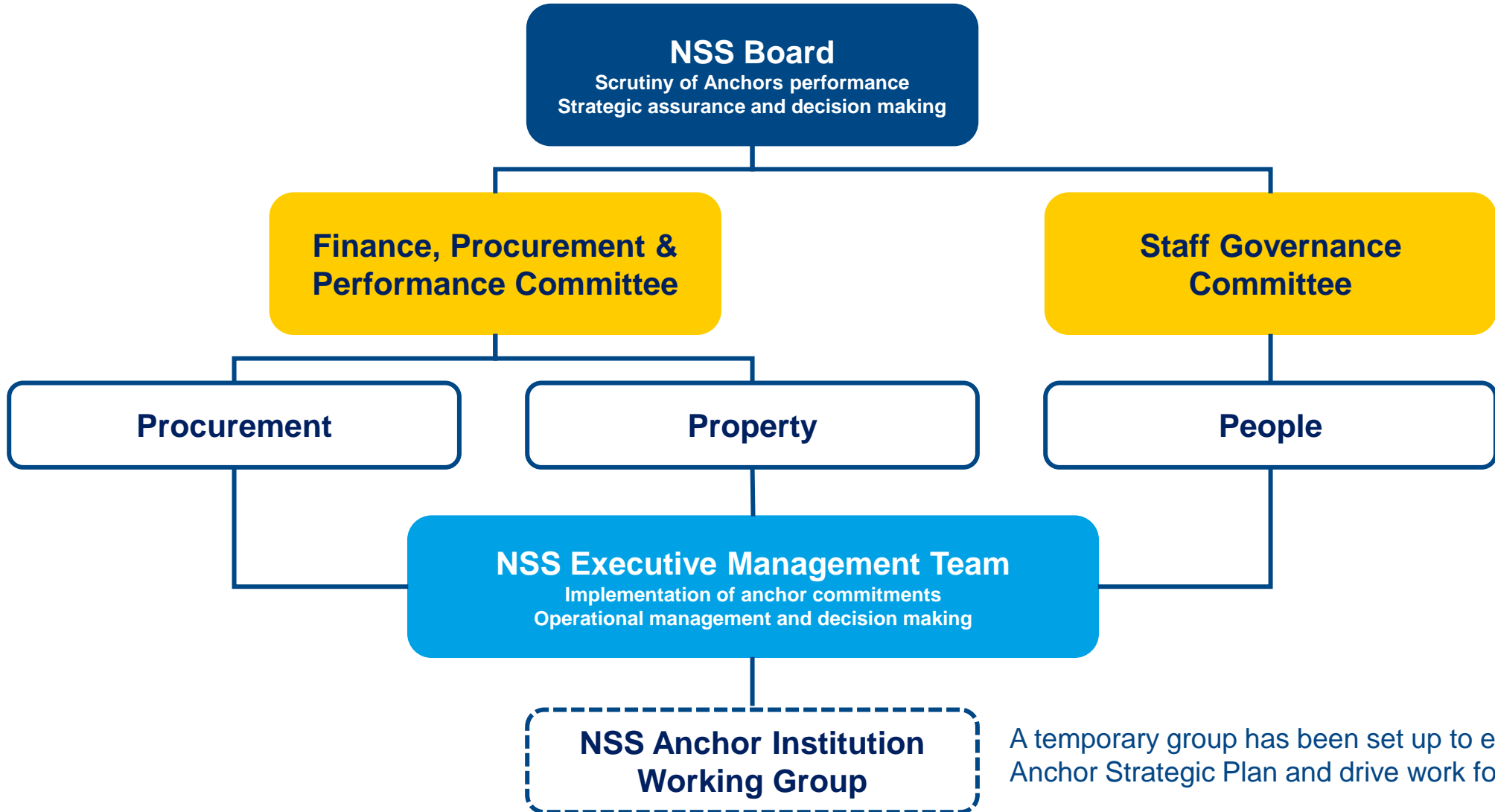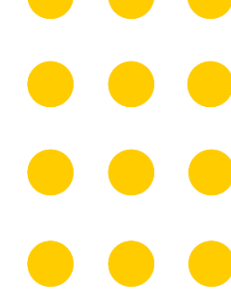
NSS Anchor Strategic Plan includes:

Key Action Areas	Future Areas of Development
• Supporting net zero ambitions and sustainable development – Taking and implementing decisions, use and management in ways that promote good stewardship	• Using buildings and spaces to support local community initiatives enabling local groups, charities and businesses to use estates when they are not in use
• Positive management of land and assets - Proactively managing the NSS estate	• Considering social value and the impact on the community when selling surplus land, or redeveloping land or buildings, for example supporting access to affordable housing or housing for employees
• Collaboration and partnership – Engaging with your communities and involving others in decisions about land and buildings.	• Working in partnership across a place to maximise the wider value of anchor estates.
• Supporting economic growth and community aspirations – Promoting and enabling diversified ownership and management of land and buildings, including community ownership	• Working proactively with other anchors to help improve the local built environment to support community health and wellbeing
• Sharing information – Being open and transparent about land and buildings and about decision-making processes and plans	• Working to develop good quality, accessible green spaces on unused land

Governance

NSS Board
Scrutiny of Anchors performance
Strategic assurance and decision making

Finance, Procurement & Performance Committee

Staff Governance Committee

Procurement

Property

People

NSS Executive Management Team
Implementation of anchor commitments
Operational management and decision making

NSS Anchor Institution Working Group

A temporary group has been set up to establish the Anchor Strategic Plan and drive work forward.

NHS National Services Scotland (NSS)

Meeting:	**NSS Board Meeting**
Meeting date:	**Friday 27 September 2024**
Title:	**NSS Annual Complaints and Feedback Report 2023-24**
Paper Number:	**B/24/29**
Responsible Executive/Non-Executive:	**Lee Neary Director of SPST and Primary Care Directorate**
Report Author:	**Louise MacLennan, Colin Kelly, Gavin Paterson Strategy, Performance and Communications**

1. Purpose

1.1 The report is presented to the NSS Board for approval.

2. Recommendation

2.1 It is recommended that the NSS Board approves the report for final submission to the Scottish Government and Healthcare Improvement Scotland on the 30th of September.

3. Executive Summary

3.1 The Patient Rights (Scotland) Act 2011 together with supporting legislation introduced the right to give feedback, make comments, raise concerns and to make complaints about NHS services. It also places a duty on NHS boards to actively encourage, monitor, act and share learning from the views they receive. The NHS Model Complaints Handling Procedure (MCHP) was introduced to support us to meet the requirements of the legislation.

3.2 In accordance with the Complaints Directions, relevant NHS bodies must publish annual summaries of the action which has been or is to be taken to improve services as a result of feedback, comments and concerns received in the year.

3.3 NSS adopted the MCHP and in accordance with the legislation and Complaints Directions publishes the annual complaints data.

3.4 This report is the annual summary of all complaints received by NSS in 2023-24: In 2023/24 we received 759 complaints. This compares to 754 in the previous year and represents an insignificant increase of 5 (0.06%). The details can be found on page 11 onwards in the report.

3.5 Each directorate reviews their complaints data and the themes to understand what improvements should be considered. For example, in National Procurement most complaints (n=40) related to out-of-date products being shipped to Health Boards from the National Distribution Service (NDS). However, 28 of these complaints were received in Q1/Q2 and a reduction was seen in Q3/Q4 with 12 complaints received. The number of complaints compared to the number of orders and products that NDS are managing during the reporting period is low in comparison to the overall complaints rate which is 0.002%.

3.6 94% of complex complaints received were resolved within the guidelines set out by the MCHP. This is in line with the previous year when 93% were resolved within the guidelines. We have also maintained a good average response time from 9.8 days last year to 10.2 days this year. The information detailed in the complaints is used to help inform and improve our service delivery and quality of our service user experience. The detail can be found on page 9.

3.7 Five complaints were referred to the Scottish Public Services Ombudsman (SPSO); none were upheld. The SPSO was satisfied that NSS had met the requirements of the MCHP in their handling of those five complaints in question.

3.8 We record compliments about our services and in the last year compliments about our services were received from a wide range of organisations and individuals. Overall, there were a total of 368 compliments. This is a slight increase from 362 on the previous year. The compliments are referenced on page 21 of the report.

3.9 The Customer Engagement Index (CEI) remains a key measure of our Service Excellence. The head of equality, engagement and experience and the customer relationship manager are working to refresh the approach to the CEI for 2025/26.

4.   Impact Analysis

4.1   Quality and Value
4.1.1 Gathering complaints and feedback data has an impact on the quality of our services, listening to people's feedback and complaints drives quality improvement.

4.2   Equality and Diversity, including health inequalities
4.2.1 The NSS complaints handling process aims to be accessible and equitable, providing a range of ways for people to make a complaint. A health inequality impact assessment of the NHS MCHP was carried out. Please refer to appendix 2.

4.2.2 Our services in SNBTS experienced negative feedback in relation to race equality on their social media platform. The comments were removed and SNBTS did not engage with the racist and extreme language, or the individuals concerned.

4.3   Data protection and information governance
4.3.1 The complaints data is handled in accordance with data protection and information governance.

5. Risk Assessment/Management

5.1 There are no risks associated with this report.

6. Financial Implications

6.1 Complaints reporting is managed within existing resources.

7. Workforce Implications

7.1 There are no workforce implications with this report.

8. Climate Change and Environmental Sustainability Implications

8.1 There are no climate and environmental sustainability implications with this report.

9. Route to Meeting

9.1 The governance route for this paper is as follows:

9.1.1 EMT Meeting 19 August 2024

9.1.2 Audit and Risk Committee 19 September 2024

9.1.3 NSS Board Meeting 27 September 2024

10. List of Appendices and/or Background Papers

10.1 The following appendices are included

10.1.1 Appendix 1 – Main standalone NSS Complaints Annual Report

10.1.2 Appendix 2 – Health Inequality Impact Assessment of MCHP

NSS Feedback and Complaints Annual Report

2023 - 2024

Produced by: Louise MacLennan, Colin Kelly and Gavin Paterson
Strategy, Performance and Communications

Contents

1. Executive Summary

This report provides a summary of the service user feedback and complaints recorded by NHS National Services Scotland (NSS) in the period from 1 April 2023 to 31 March 2024.

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

- Customer Engagement Index (CEI) Annual Surveys
- Compliments
- Complaints

In 2023/24 five of our directorates carried out surveys with external stakeholders and customers.

For the same reporting period NSS received 368 compliments in relation to our services.

In 2023/24 NSS received 759 complaints. This compares to 754 in the previous year and represents a very slight increase of 5 (0.06%).

In 2023/24 five complaints were referred to the Scottish Public Services Ombudsman. All five of those complaints were not upheld.

NSS resolved 94% of complex complaints received within the guidelines set out by the Model Complaints Handling Procedure (MCHP). This is in line with the previous year when 93% were resolved within the guidelines. We have also retained a statistically comparable average response time from 9.8 days last year to 10.2 days this year. The information detailed in the complaints is used to help inform and improve our service delivery and quality of user experience.

2. Introduction

2.1 Introduction to NSS

NHS National Services Scotland (NSS) was established to provide services that were common to all health boards in Scotland.

NSS started operating on 1 April 1974 as a result of The National Health Service (Functions of the Common Services Agency) (Scotland) Order 1974. Our mandate was to provide national strategic support services and expert advice to Scotland's health sector whilst maximising health impacts and cost savings.

In 2013, the Public Services Reform (Functions of the Common Services Agency for the Scottish Health Service) (Scotland) Order 2013 extended the remit of NSS

enabling the provision of services to other bodies, including local authorities and government departments.

The following year, the Public Bodies (Joint Working) Scotland Act 2014 reinforced this requirement to maximise health, financial and environmental impacts by engaging with and offering services to, the wider public sector in Scotland. NSS works across the whole of Scotland, you can learn more about our budget, workforce, and number of sites in our latest Annual Accounts.

We provide a wide range of national services.

Table 1: Key facts about NSS

Aspect	Fact
Budget:	£1,105million
Workforce:	2,745 Whole Time Equivalent (WTE) staff
Sites:	25
Services:	- Digital and Security - Primary Care Support - Specialist Healthcare Commissioning - Legal - Programme Management Services - NHSScotland Assure - Antimicrobial Resistance and Healthcare Associated Infection ARHAI - National Procurement - Fraud prevention - Blood, Tissues, and Cells (Includes Scottish National Blood Transfusion Service) - Corporate Shared Services (HR, Digital, Facilities, Procurement, Business Support and Finance) - Health Facilities

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

2.2 Introduction to the Report

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

Throughout the year we have used feedback, comments, and complaints information to improve our services. The three main insight sources are directorate and service surveys, compliments, and complaints data. The directorate and service surveys inform the NSS service excellence reporting to the Executive Management Team.

We are also committed to following best practice approaches to service user engagement and the use of the Planning with People guidance[1] and the NHS Model Complaints Handling Procedure (MCHP).

2.3 The Model Complaints Handling Procedure

The MCHP[2] was introduced across Scotland from 1 April 2017.
The key aims are:
- to take a consistently person-centred approach to complaints handling across NHS Scotland
- to implement a standard process to ensure that NHS staff and people using NHS services have confidence in complaints handling
- encourage NHS organisations to learn from complaints in order to continuously improve services

The MCHP introduced nine key performance indicators (detailed in Appendix three), by which NHS Boards and their service providers should measure and report performance. These indicators, together with reports on actions taken to improve services as a result of feedback, comments and concerns provide valuable performance information about the effectiveness of the process, the quality of decision-making, learning opportunities and continuous improvement.

NSS has a different approach to the NHSScotland Territorial Board model. The leads from each directorate meet monthly to share learning and best practice, discuss improvement plans and identify common themes. This has been particularly effective in-service areas with complaints data recorded on our online ServiceNow[3] portal – guiding staff to adopt and implement the NHS Model Complaints Handling Procedure. It has also improved complaints response times which is detailed further in the report. This report provides the overview of NSS wide complaints.

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[1] Care services - planning with people: guidance - gov.scot (www.gov.scot)
[2] **https://www.spso.org.uk/the-model-complaints-handling-procedures**
[3] ServiceNow a cloud-based platform and solutions to deliver digital workflows

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

Engagement continues with our directorates as part of the MCHP to understand the methods for obtaining and processing feedback in these business areas of NSS where no, or very few, complaints are received. All directorates of NSS review their complaints data regularly and where appropriate will implement any necessary improvement plans.

3. Service User Feedback

3.1 Encouraging and gathering feedback

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

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

The report does not include information on Care Opinion. NSS is registered with Care Opinion[4] however the stories related to our national services and programmes are the responsibility of the NHS Boards to respond to. For example, in the delivery of the national breast screening programme at a local level.

3.2 Compliments

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

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[4] Care Opinion

In the last year, compliments about our services were recorded from a wide range of organisations and individuals. Overall, there were a total of 368 compliments. This is a slight increase from 362 on the previous year.

Key themes of our compliments are:

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

Waterfall Chart 1: Number of Compliments received 2023/24
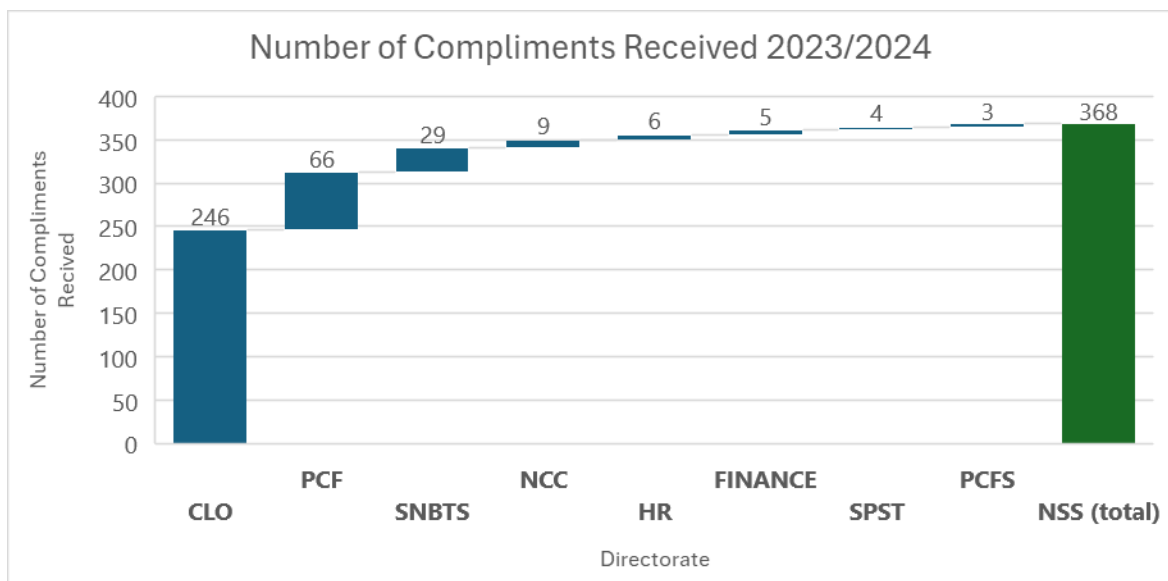
The table in appendix one provides some examples of the verbatim compliments NSS Directorates have recorded in the reporting period of 2023/24.

3.3 Introduction to NSS complaints

Between the 1 April 2023 and 31 March 2024, NSS received 759 complaints. This compares to 754 in the previous year and represents an increase of 5 (0.68%). This is the total combined number of stage one and stage two complaints for NSS.

The 132 complaints received by Logistics in relation to the number of orders from the NHS boards (4,626,701) for the last financial year, National Procurement will have an overall error rate of only 0.002%. Further details can be found on page 15.

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

A total of five complaints were referred to the Scottish Public Services Ombudsman (SPSO) in 2023/24. Out of those five, none were upheld. This is compared to six complaints reported to SPSO in 2022/23.

In 2023/24 we resolved 94% of the stage 2 complex complaints within the guidelines. This compares to 86% of stage 2 complex complaints in the previous year. Additionally, the average response time for closing stage 2 complex complaints is now 10.2 days compared to 9.8 days from the previous year. This can be explained by handling more complex complaints cases in the reporting period. The MCHP requires stage 2 complex complaints to be investigated and resolved within 20 working days.

In 2023/24, complaint numbers were lower in quarters 1 & 2 than in the previous year. Complaints in quarters 3 & 4 were higher than in the previous financial year.

Table 2: Total quarterly and cumulative totals for 2023/24 with a comparator with 2022/23

	Quarterly Total 23/24	Cumulative Total 23/24	Quarterly Total 22/23	Cumulative Total 22/23
Quarter 1	174	174	247	247
Quarter 2	173	347	198	445
Quarter 3	238	585	190	635
Quarter 4	174	759	119	754

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

Bar Chart 1: Quarterly complaints for the period 2021 to 2024

Number of Complaints per quarter 2021/2024

Legend: 2021/2022, 2022/2023, 2023/2024
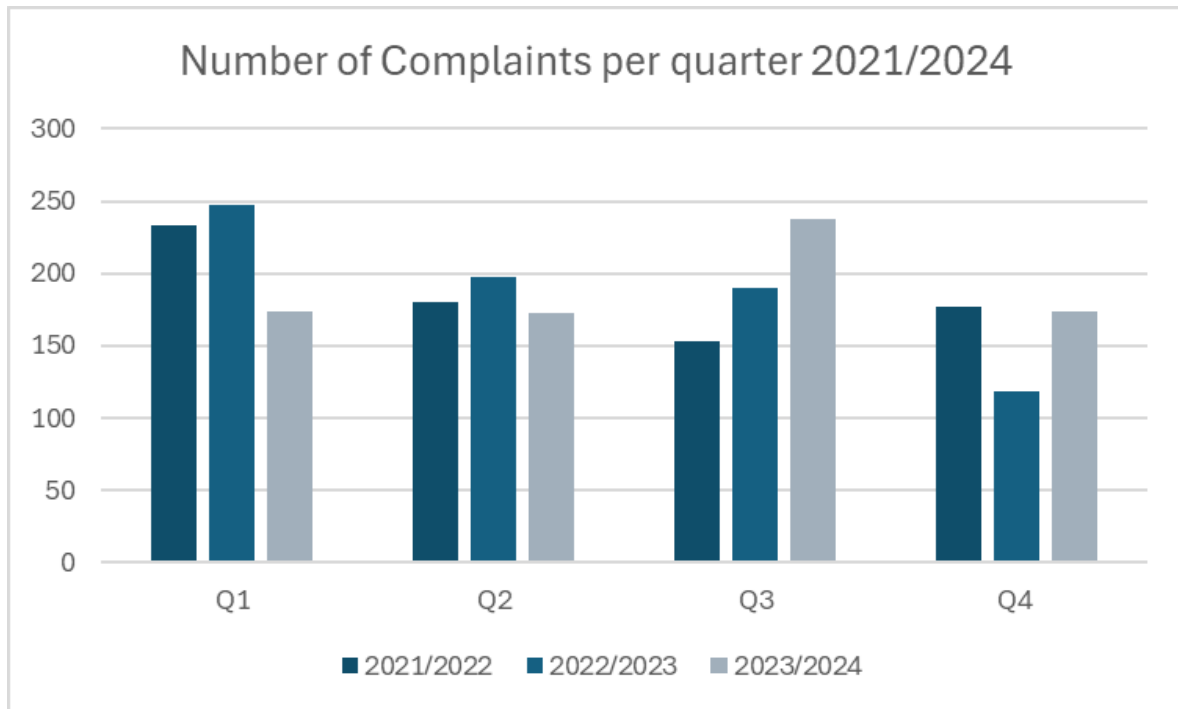
NSS continues to commit to the requirements set out in the NHS MCHP. Our policy is that we acknowledge complaints within three working days, resolve less complex complaints within five working days and resolve more complex complaints within the 20 working-day timescale.

The table below illustrates the response times for stage 1 and stage 2 complaints.

Table 3: Handling complaints – our response times for all complaints

	Q1 2023/ 2024	Q2 2023/ 2024	Q3 2023/ 2024	Q4 2023/ 2024	Annual 2023/20 24	Annual 2022/20 23
Average response time against target response time of five working days (less complex)	3.0	**3.0**	2.3	**4.3**	3.2	**4.3**
Average response time against target response time of 20 working days (more complex)	8.6	**8.8**	13.8	**8.6**	10.3	**9.8**
% responses within target (20 working days)	95%	**92%**	93%	**97%**	94%	**86%**
Number of responses out with target (20 working days)	4	**6**	7	**2**	19	**55**

3.4 Referrals to the Scottish Public Services Ombudsman

The Scottish Public Services Ombudsman (SPSO) will look at complaints after a complainant has gone through the NHS complaints procedure. If they have already complained to the NHS and are unhappy, they can ask the SPSO to look at the complaint. This is referred to as the right to redress.

A total of five NSS complaints were referred to the Scottish Public Services Ombudsman (SPSO) in 2023/24. Out of those five, none were upheld. This means that the SPSO was satisfied that NSS handled all five complaints according to the MCHP. This is compared to six complaints reported to SPSO in 2022/23, where one was upheld.

3.5 Directorate Complaints

3.5.1 Scottish National Blood Transfusion Service (SNBTS)

Table 4: SNBTS donor complaints

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

SNBTS Code	Complaint	Q1 23/ 24	Q1 22/ 23	Q2 23/ 24	Q2 22/ 23	Q3 23/ 24	Q3 22/ 23	Q4 23/ 24	Q4 22/ 23
1	Anti-HBc Lookback	0	N/A	0	N/A	0	N/A	1	N/A
2	Appointment Availability	1	5	2	0	6	6	2	5
3	Appointments	3	8	10	8	6	7	8	8
4	Adverse Events	0	4	0	0	1	2	3	4
5	Disruption	0	0	0	0	0	0	2	0
6	Documents and Records	4	4	3	1	0	9	2	4
7	Donor Communications	4	1	9	8	13	1	5	1
8	Donor Selection	7	8	2	18	2	9	5	8
9	Donor Web Portal	3	4	1	2	1	2	3	4
10	Facilities (incl. Parking)	0	1	1	1	1	2	1	1
11	Health & Safety	1	1	0	5	0	5	1	1
12	Legal claim	0	0	1	0	0	0	0	0

13	New Regulatory Change	17	4	2	4	4	5	1	4
14	Opening Hours	0	0	0	0	0	2	0	0
15	Opportunity to donate	5	13	5	11	4	9	7	13
16	Special Needs (DDA)	0	0	0	1	0	0	1	0
17	Special Redesign/change	2	0	0	1	0	0	0	0
18	Staff Attitude & Behaviour	4	6	9	10	2	10	9	6
19	Vexatious	1	0	0	0	0	0	0	0
20	Voluntary Organiser Attitude & Behaviour	0	0	0	0	0	0	0	0
21	Waiting Times	0	0	0	3	0	6	0	0
Total		53	59	45	73	40	75	51	59

SNBTS code their complaints' categories one to twenty-one, introducing a new type of complaint to reflect the Anti-HBc lookback programme of work.

Table 5: SNBTS Social media comments

Type of Social Media Comment	Q1 23-24	Q1 22-23	Q2 23-24	Q2 22-23	Q3 23-24	Q3 22-23	Q4 23-24	Q4 22-23
Positive	58	52	48	42	59	57	29	41
Negative	52	181	42	21	238	71	51	83
Query	3	14	16	5	10	6	7	7
Suggestion	3	0	0	3	7	2	3	1

The notable increase in complaints in Q3 relates to posts on our social media platform. SNBTS rarely respond to complaints on social media depending on the context and nature of the complaint. When a response is appropriate, they would acknowledge the individual and redirect to the Customer Services Team to handle and investigate. SNBTS experienced racist and extreme views on Facebook. This has been addressed without engaging with the individuals in question.

Table 6: SNBTS staff attitude and behaviour complaints 2023/24 and 2022/23

Q1 2023/2024	Q1 2022 / 2023	Q2 2023 / 2024	Q2 2022/2023	Q3 2023/2024	Q3 2022/2023	Q4 2023/2024	Q4 2022/2023
4	6	**9**	10	**2**	10	**9**	6

This year there have been 24 complaints relating to staff attitudes and behaviours which is the same volume as the previous year. All staff need to complete customer care training when they commence employment with SNBTS. This will be supported by the ongoing values and behaviours training that the heads of territory and senior nurses run with their teams. All teams have also had training in civility saves lives. It should be noted that the volume of complaints overall is a small proportion of the amount of donor/patient contacts across the year (0.00016% approx.)

3.5.2 Procurement, Commissioning and Facilities (PCF)

A total of 401 complaints were received within Procurement Commissioning and Facilities.

- 138 (34.4%) relate to products and services provided by PCF, of which 132 (32.9%) are related to Logistics
- 263 (65.6%) relate to the products and services provided by our 3rd party suppliers.

The 132 complaints received by Logistics in relation to the number of line orders from the NHS boards (4,626,701) for the last financial year, we will have an overall complaint rate of 0.002%. The table below provides a detailed breakdown of these complaints by cause.

Table 7: PCF Complaints 2023/24 (excluding 3rd Party)

Cause	Upheld	Not Upheld	Partially Upheld	Undetermined	Total Details from Outcome
Product Out of Date	33	4	3	0	40
Wrong/Confusing Information	15	9	4	0	28
Late/Incorrect/No Delivery	27	4	4	0	35
Health & Safety	10	0	0	0	10
Product Contaminated/ Hygiene Issue	10	0	0	0	10
Damaged Product	7	0	2	0	9
Product Substitution	1	2	0	0	3
IT/Systems/Ordering	2	0	0	0	2
Staff Conduct	1	0	0	0	1
Sub Total	106	19	13	0	138

The complaint numbers over the last five years have seen some slight variation, during this period, the service provision increased through the introduction of supply to the wider social health and primary care services. Within National Procurement the top issue was in relation to out of date products being shipped to the Health Boards from the National Distribution Service (NDS) receiving 40 complaints. 28 of these complaints were received in Q1 and Q2 and a reduction was seen in Q3 and Q4 with 12 complaints.

To reduce the number of out-of-date products being shipped from the NDS, the Operations and Inventory teams conduct date checks at goods in and now can record the product shelf life for a high percentage of products within the despatcher (Red Prairie)[5] system. This provides visibility of when the product is reaching near the end of its shelf life and can be removed from the supply chain.

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[5] RedPrairie Supply Chain Management Solutions (business-software.com)

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

Figure 1: Total PCF complaints 2023/24

Total complaints managed by NSD, NP and NHSSA
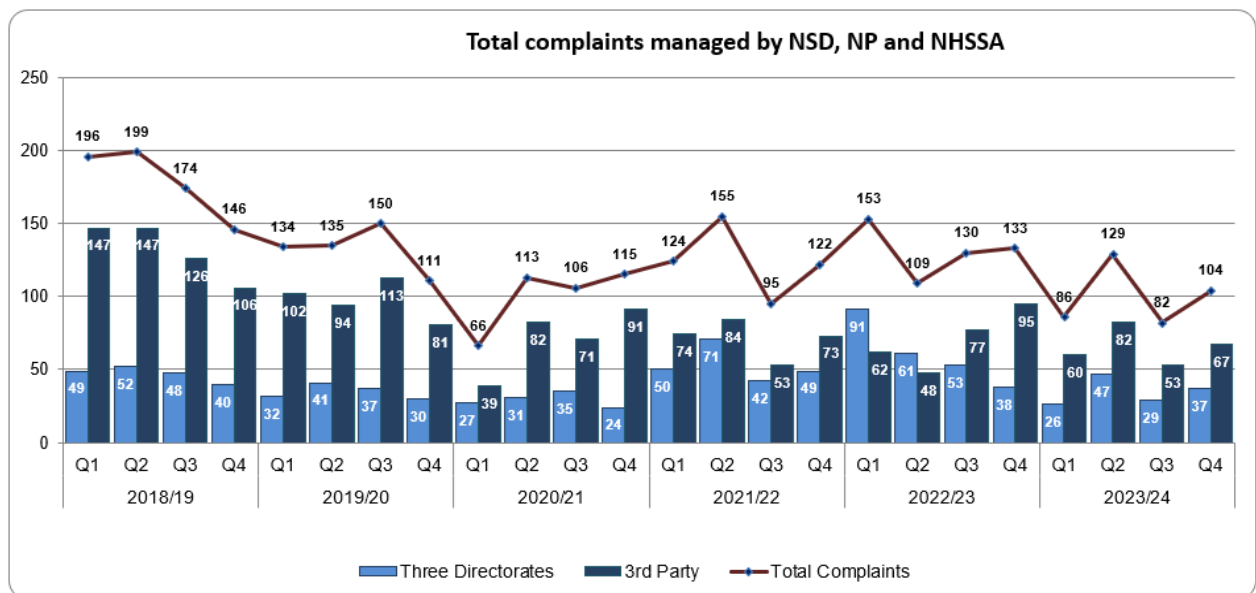
3.5.3 Practitioner and Counter Fraud Services (P&CFS)

Practitioner and Counter Fraud Services (P&CFS) received 32 complaints in 2023/24. This compares to 13 complaints in 2022/23. The number of complaints has increased due to:

- **Contractor Finance -** Processing challenges meant that for early part of 2023/24 actual and estimated payments to pharmacies were being experienced on a Health Board rotational basis. The implementation of a new pharmacy prescription item validation and pricing system, nDVCP[1], compounded the challenge as processing time was lost during the transitionary period. This meant that for a period of time, estimated payments and not payments based on actual dispensed data, were being made to all pharmacies. This led to a number of complaints being received. This has been addressed and resolved and payments have been made on the basis of actual dispensed data since February 2024.

- **Medical** – the closure of two mailrooms across Practitioner Services Division with one remaining in Gyle Square. This had led to a backlog of the transfer of medical records to NHS England. There was an increase in complaints regarding the length of time it was taking records to reach their new practice. Records transfer to England **has been** up to date **since** 28 February 2024, when the backlog was cleared.

Table 8: Complaints breakdown by service area for 2023/24

Service area	Number of complaints	Upheld	Partially upheld	Not upheld	Breach
Contractor Finance	11	**5**	2	**4**	0
Dental	3	**2**	1	**0**	0
Dental/Contractor Finance	2	**0**	2	**0**	0
Medical	10	**2**	2	**6**	0
Counter Fraud Services	3	**0**	0	**3**	0
Counter Fraud Services/Contractor Finance	1	**0**	1	**0**	0
Primary Care Websites	2	**2**	0	**0**	1
Total	32	**11**	8	**13**	1

3.5.4 Central Legal Office (CLO)

The Central Legal Office (CLO) received seven complaints in 2023/24. CLO received 4 complaints during 2023/24 from unrepresented claimants expressing dissatisfaction related to the progress of their claims and with the communication during their claim. CLO has reiterated their legal position related to these legal cases to complainants.

CLO also received three complaints related to its website and its content. The information on the website was in the process of being updated and was improved further. In the previous year CLO had received one complaint.

3.5.5 Strategy Performance and Service Transformation – National Contact Centre

NCC received 109 complaints which represented a 41% reduction compared to 2022/23 period.

Table 9: NCC Complaints Data

NCC	Number of complaints	Upheld	Partially upheld	Not upheld
2023/2024	109	15	8	86

Table 10: Yearly Call comparison split between NCC workstreams

Helplines	2023/24	2022/23
Vaccination	509k	910k
Covid Status	15k	267k
Contact Tracing	0	37k
Testing	8k	2k
Warm Scottish Welcome	176	5k
Pulse Oximetry Monitoring	0	1k
Outbound across NCC	100k	305k
Total Call Interactions	632k	1,527k

NCC received 109 complaints, which represented a 41% reduction compared to the 2022/23 period. During 2023/24 NCC continued to deliver a number of services including:

- Covid / Flu Vaccination programme
- Testing
- Warm Scottish Welcome
- Child Health Support
- SNBTS Hep-B Lookback helpline
- Transferring staff to PSD for a 4-month period to support with the pharmacy backlog keying.

Child Health and Practitioner Services Division support did not involve phone interactions, however, all other workstreams have done so.

The 109 complaints NCC received represents less than 0.02% of call interactions across NCC compared to 186 complaints (rate 0.0002%) during the previous year.

The NCC introduced a call quality review (CQR) process in August 2023, which allowed the teams to analyse the data from every call that was monitored. The operational managers were provided with the findings from the analysis of the data which informed training for staff and improvements to the scripts for the calls. The aim of the improvements is to increase the quality of the calls and improve service user experience. During quarters two, three and four NCC reviewed 1,828 calls and the CQR compliance rate during this time had risen from 87% to 94 % by the end of March 2024. The CQR process will be reviewed on a regular basis.

3.5.6 Human Resources (HR)

Human Resources provide a range of shared corporate services to Public Health Scotland and Occupational Health Services to NHS Health Improvement Scotland, The Scottish Ambulance Service and NHS Education Scotland. The information in this section provides a short summary in relation to the complaints received for the reporting year 2023/24.

Human Resources (HR) received a small number of complaints with regards to externally delivered services, five in total during 2023/24 on a range of issues. There were a number of positive lessons learnt because of the complaints. Examples of actions that were taken forward include:

- Review of the drop-down menus on the HR Contact Us e-form to ensure these are as intuitive as possible.
- Process changes regarding expenses approval raised as part of the Joiners Movers and Leavers Working Group involving HR and Finance.
- Automatic invite to interview emails were being monitored, following an incident where a job applicant did not receive an interview invite.

3.5.7 Digital and Security (DaS)

Digital and Security (DaS) provide external digital shared services, desktop IT, networking, web hosting and information security to the NHS Boards in Scotland, Public Health Scotland, and Healthcare Improvement Scotland.

DaS provides a management service and continuous quality improvement for major national digital services including:

- The Community Health Index
- The GP Patient Referral System
- The eESS HR system

- The COVID-19 / Flu vaccine scheduling system
- Strategic consultancy
- Delivery management and assurance on major national delivery programmes which include eRostering, Child Health, DPDP, ⌗ SNOMED CT[6] and GPIT.

DaS has received two complaints in this reporting period. These related to the transfer of an email address and the other to the carbon footprint of a monitor.

We seek to continually improve our services and has undertaken service redesign and implemented changes to its operating model this year. These have provided insights which has enabled improvements in the ease and speed of access to our services. Additionally, we have implemented an internal assurance process for project and programme delivery which will increase delivery confidence and quality of outputs.

3.5.8. Finance

The Finance department received four complaints in the 2023/24 period, compared to five in 2022/23. Of these, two involved fraudulent wage arrestment which were submitted through the website, while the other two were related to issues with credit note approvals and a lack of response to an ex-staff email regarding incorrect pension amounts sent to the Scottish Public Pensions Agency (SPPA).

In response to these complaints, the issues with credit note approvals and incorrect pension amounts were addressed by reviewing and enhancing internal processes. Additionally, Finance has reminded staff to regularly check their junk email folders to ensure all communications are promptly addressed. These actions are aimed at reducing the likelihood of similar complaints in the future, improving service delivery, and enhancing stakeholder satisfaction.

Table 11: Number of Complaints Finance 2023/24

Finance	Number of complaints	Upheld	Partially upheld	Not upheld
2023/2024	4	1	0	3

The Customer Engagement Index scores and findings are detailed in appendix two on page 28.

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[6] ISD Services | Terminology Services and Clinical Coding | SNOMED CT Resources | ISD Scotland

4. Improvement Activity

4.1 Good practice

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

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

There is no centralised complaints team in NSS, therefore the leads from each directorate meet monthly to ensure we continue to adopt best practice, discuss improvement plans and to look for common themes across our complaints and feedback data.

4.2 Improvement

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

To improve the quality of the feedback we receive from our service user surveys, some of our directorates now collect feedback throughout the year following the delivery of specific services. Digital and Security (DaS), Human Resources (HR), and Finance have now adopted this approach.

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

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

The NSS directorate and service complaint leads meet monthly to discuss good practice, share learning, and are provided with tools, guidance, and templates to ensure that there is a consistent approach across NSS. The meetings provide the

leads with an opportunity to network and creates a community of interest for those leading on complaints reporting for their area.

4.3 Accountability and Governance

The executive lead for feedback and complaints is the Director of Strategy, Performance and Service Transformation (SPST).

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

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

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

Figure 2: Hierarchy of governance arrangements for feedback and complaints reporting
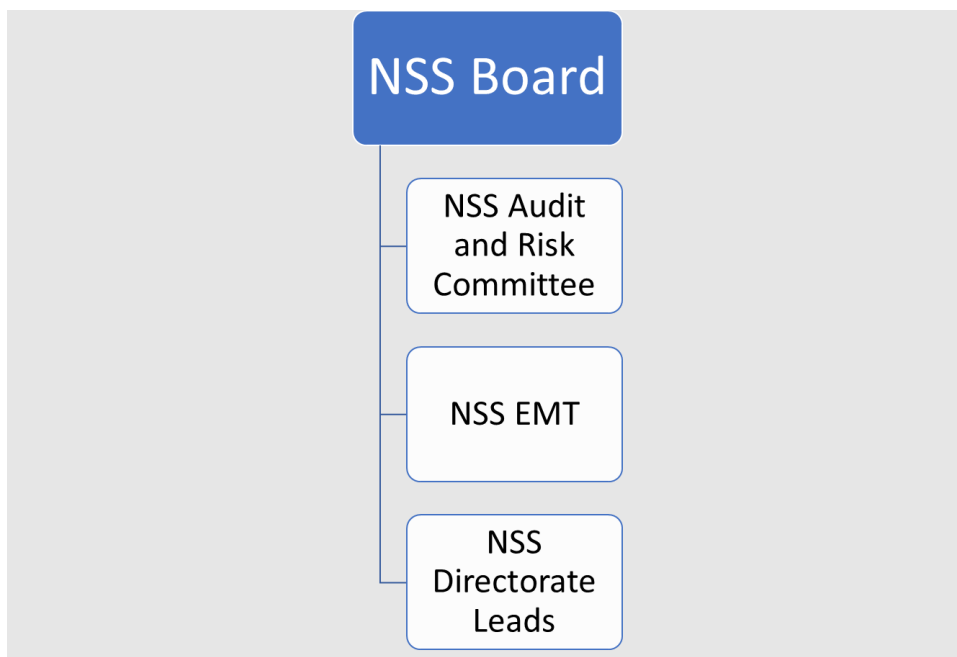
5. Appendices

5.1 Appendix one: Table 1: Examples of Compliments received 2023/24

Directorate	Compliment
Commercial Contracts & Property (CLO)	Commercial Contracts & Property - "The CLO provide good, tailored advice to the public sector and have a broad range of experience. They are also reasonable in their approach compared to external advisors who tend to be unreasonably risk averse and tend to put commercial interests first" (NSS)
CLO	Financial Services - "Our contact at CLO was extremely helpful in taking us through a situation we had limited knowledge. The individual, was both patient and extremely helpful in getting us to the desired goal" (PHS (Public Health Scotland))
CLO	Employment Law – "always able to speak to someone even when named person not available, good service provided" (Dumfries and Galloway)
National Procurement (NP)	ISO9001 Re-Assessment - "Well done everyone and many thanks to [name] for co-ordinating and ensuring everything ran smoothly" (NHSAA Director)
NP	Technology Services - "I just wanted to highlight to you what a great job the guys have done in supporting us in developing a viable workaround for GJNH for the PECOS interface errors. NP Technology Services team have been tenacious and shared their knowledge freely with our PoC team/Genesis in order to produce a workable solution for HB (Health Board).

	Hopefully, this can be used as evidence in their EOY (end of year) reviews as it demonstrates many of the core skills" (Scan for Safety Implementation Programme Manager)
NSSScotland Assure	Authorising Engineers NHSSA - "I would like to take this opportunity to thank you and your team at NHSScotland Assure for your help and advice over the last 12 months. Your team have been a massive support to NHSL Maintenance Services providing excellent AE assistance at a crucial time, covering Confined Spaces, High & Low Voltage, Ventilation and Water. I look forward to continuing to work with you and build on what is already a well-established working relationship" (Head of Maintenance Property& Support Services Division NHS Lanarkshire)
NP	Customer Service Team – "Thank you for the update. I would like to take the opportunity to thank you and all the staff for the great support today to ensure that Hairmyres stock was received in time to be delivered today to all the critical areas to cover the New Year public holidays." (Assistant General Procurement Manager NHS Lanarkshire)
SNBTS	Blood Donation – "Friendly and helpful staff" (Donor)
SNBTS	Blood Donation – "Just wanted to say thank-you to the nurses and healthcare staff on shift last Tuesday afternoon. You made me feel safe, relaxed and were happy to answer all my questions. I was not sure I could donate blood anymore (as my blood moved too slowly the last time) but you took the time to explain how I could overcome that so now I can donate regularly again! Thanks for the amazing work you do!" (Donor)
SPST- National Contact Centre	As recorded by National Vaccination helpline - "just wanted to tell me how happy she was with the staff at the

	Eddlewood vaccination Centre and how kind they all were to her" (Citizen)
SPST- National Contact Centre	Vaccination Helpline - "Agent was extremely pleasant and very polite. he was able to book me an appointment without any fuss and he is a true credit to the company. A very polite young man. Thank you" (Citizen)
SPST- National Contact Centre	"You've cheered me up, you are such a cheery person on the phone and kind" Citizen called about a call he had on 26/06/2024 with NCC agent. He was very thankful for her arranging his account and sending out testing kits. He was also very grateful that she was concerned about his cough and went the extra mile to provide information about where to go for more medical advice to help him. She showed great compassion, and it made an impression on him
HR	"Great to have this level of dedicated support. [Name] was fantastic and so knowledgeable and helpful. It felt like we were working as a team together" (Customer)
HR	New start assigned to wrong department - "thanks to all HR for being so helpful in my first week at PHS" (Customer)
Finance	Payroll – "I would like to compliment [Name] I sent in an urgent request regarding my payslips. [Name] picked up my query quickly and understood the importance of having this updated. [Name] responded to and resolved my query within 50 minutes of me sending in the request! Super impressed with this service. Thanks. (Customer)
PCFS	"Just a brief note to thank you so very much for your help and understanding with this matter. You have been extremely supportive of me over the last year, and I just wanted to let you know how much I appreciate your kindness. It has been a very difficult time for me. It has

| | been a comfort to know that you are always ready to advise. |
| | Thank you to you and your colleague" (Patient) |

5:2 Appendix two: Customer Engagement Index Scores

A customer engagement score is a quantitative measure used to assess the level of interaction, involvement, and satisfaction of individual customers with our brand, products, and services. This following is a summary of the directorates scores who have completed an annual survey in 2023/24. There is not as much detail available for this report compared to 2022/23.

Table one: Counter Fraud Services (CFS) Customer Engagement Index results

CEI measure	CEI score
Customer Satisfaction	100%
Net Promoter Score	90%
Customer Effort Score	100%

Table two: Central Legal Office Customer Engagement Index Results

CEI measure	CEI score
Customer Satisfaction	98%
Net Promoter Score	82%
Customer Effort Score	98%

Table three: Human Resources Customer Engagement Index results

CEI measure	CEI score
Customer Satisfaction	88%
Net Promoter Score	64%
Customer Effort Score	87%

Table four: Digital and Security Customer Engagement Index Results

Customer Satisfaction Score	Number of Responses	Customer
Excellent	225	PHS
Good	21	PHS
Satisfactory	10	PHS
Poor	2	PHS
Very Poor	3	PHS

Figure 1: DaS- PHS Customer Satisfaction Survey Results

NSS Customer Satisfaction survey Results

- Excellent
- Good
- Satisfactory
- Poor
- Very Poor
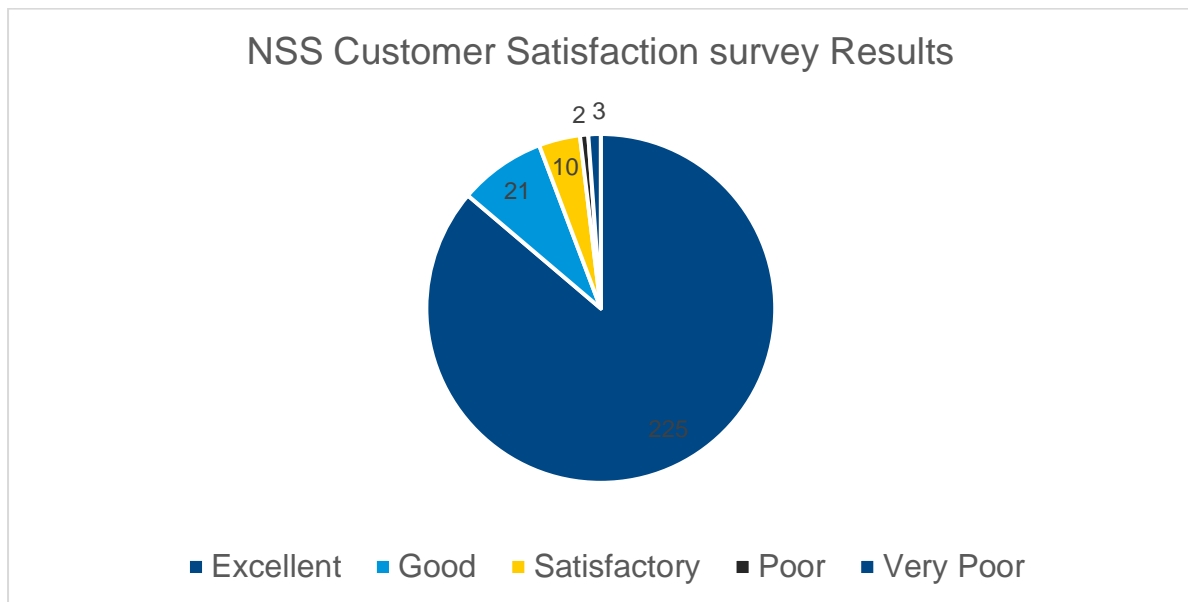
5.3 Summary of Finance Customer Engagement Surveys

This section provides the information on Finance's customer engagement index survey scores, the nature of the feedback received, and a summary of the lessons learned, and improvements implemented as a result of the feedback received.

The customer satisfaction scores have significantly improved due to the proactive measures taken by Finance to address the shortcomings identified in previous years. Key issues included customers' frustration with long response times and unresolved issues.

Finance has continued and expanded upon actions initiated last year, achieving the following improvements:

- Regular drop-in sessions with the Management Accounting team were established to explain and answer queries related to the dashboard information for NSS and PHS budget holders.
- Launched the PHS budget holder site to provide ongoing support to budget holders.
- A short instructional video on "How to raise a ticket" in ServiceNow is now available on the front end to make navigation easier for our customers.
- A SharePoint site, Finance Hub, has been launched to help finance staff deliver effective and efficient services to customers.
- A new "Submit a Payroll Query" option has been added to the Finance landing portal enabling direct contact with the payroll team.
- Catalogue forms such as purchase order request form and E-expense CMV request form have been updated to better meet customer's needs.

- Additional options have been added to the "Submit an enquiry" drop-down, helping customers select the correct assignment group in the first instance.

Customer satisfaction results slightly increased from 86% to 89% in 2023/24.

Additionally, ticket resolution time has also decreased reflecting improved service efficiency. Customers have expressed greater satisfaction with our services, and the efficiency of finance teams has improved based on feedback received:

- Usual great prompt service
- Finance member of staff was as efficient and helpful as always
- First-rate service in raising credit notes and new invoices so quickly. Huge thanks
- Easy to use form
- Prompt helpful clear response.
- The call was dealt with promptly and an update was provided.

Based on the recent annual survey, the service improvement team has gathered customer feedback and reported back to each team to identify further actions. The monthly follow-up on post-query survey feedback involves contacting customers, raising actions with the appropriate teams, and addressing specific concerns. These initiatives reflect our ongoing commitment to enhancing customer satisfaction and operational efficiency.

5.4 Appendix three: Scottish Government performance indicator form. NSS submission 2023/24

Performance Indicator Four:

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

4a. Number of complaints received by the NHS territorial board or NHS special board Complaints and Feedback team	759

4b. Number of complaints received by NHS Primary Care service contractors (*territorial boards only*)	n/a
4c. Total number of complaints received in the NHS board area	759

NHS board – sub-groups of complaints received

NHS board managed Primary Care services:	
4d. General Practitioner	n/a
4e. Dental	n/a
4f. Ophthalmic	n/a
4g. Pharmacy	n/a
Independent Contractors - Primary Care services:	
4h. General Practitioner	n/a
4i. Dental	n/a
4j. Ophthalmic	n/a

4k. Pharmacy	n/a
4l. Total of Primary Care Services complaints	n/a
4m. Total of prisoner complaints received *(Boards with prisons in their area only)* **Note: Do not count complaints which are unable to be concluded due to liberation of prisoner / loss of contact.**	n/a

Performance Indicator Five

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

Number of complaints closed by the NHS board	Number	As a % of all NHS board complaints closed (not contractors)
5a. Stage one	273	36%
5b. Stage two – non escalated	486	64%
5c. Stage two – escalated	0	0%
5e. Total complaints closed by NHS board	759	(Should = 100%) 100%

6. Complaints upheld, partially upheld, and not upheld

Stage one complaints

	Number	As a % of all complaints closed by NHS board at stage one
6a. Number of complaints upheld at stage one	19	

6b. Number of complaints not upheld at stage one	95	
6c. Number of complaints partially upheld at stage one	5	
6e. Total stage one complaints outcomes	119	

Stage two complaints

Non-escalated complaints	Number	As a % of all complaints closed by NHS Boards at stage two
6f. Number of non-escalated complaints upheld at stage two	87	
6g. Number of non-escalated complaints not upheld at stage two	67	
6h. Number of non-escalated complaints	76	

	Number	
partially upheld at stage two		
6j. Total stage two, non-escalated complaints outcomes	150	

Stage two escalated complaints

Escalated complaints	Number	As a % of all escalated complaints closed by NHS boards at stage two
6k. Number of escalated complaints upheld at stage two	0	
6l. Number of escalated complaints not upheld at stage two	0	
6m. Number of escalated complaints partially upheld at stage two	0	

60. Total stage two escalated complaints outcomes	0	

Performance Indicator Eight

8. Complaints closed in full within the timescales

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

	Number	As a % of complaints closed by NHS boards at each stage
8a. Number of complaints closed at stage one within five working days.	266	
8b. Number of non-escalated complaints closed at stage two within 20 working days	445	

8c. Number of escalated complaints closed at stage two within 20 working days	0	
8d. Total number of complaints closed within timescales	711	

Performance Indicator Nine

9. Number of cases where an extension is authorised

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

	Number	As a % of complaints closed by NHS boards at each stage
9a. Number of complaints closed at stage one where extension was authorised	0	0 %
9b. Number of complaints closed at stage two where	0	0 %

extension was authorised (this includes both escalated and non-escalated complaints)		
9c. Total number of extensions authorised	0	0%

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

Health inequalities impact assessment (HIIA)

**Final Report of the HIIA of changes proposed to the
NHS complaints procedure**

Policy lead and contact details:
Joanna Swanson, Person-Centred and Quality Unit, Scottish Government
St Andrews House, 2 Regent Road, Edinburgh EH1 3DG.
Telephone 0131 244 3028
Email Joanna.swanson@gov.scot
Date: 14/10/2016

1. Scope of the HIIA

The Patient Rights Act (Scotland) 2011 introduced a right for people to give feedback and comments, and to raise concerns and make complaints about NHS services, and it placed a duty on the NHS to actively encourage, monitor, take action and share learning from the views they receive.

The Scottish Health Council's 'Listening and Learning' report, which was commissioned by the Scottish Government, found that, while all Boards had made progress in responding to the requirements of the Act, and several could demonstrate innovative thinking and techniques in their handling of complaints and feedback, there was evidence of variation in the way complaints are handled across the NHS. It recommended that, as experts in the field, the Scottish Public Services Ombudsman's Complaints Standards Authority (the CSA) should lead on developing a more succinctly modelled, standardised and person-centred complaints process for NHS Scotland, in collaboration with the public, NHS Boards and the Scottish Health Council.

The NHS Model Complaints Handling Procedure (CHP) has been developed through a partnership approach, led by a Steering Group chaired by the Scottish Public Services Ombudsman (SPSO)'s Complaints Standards Authority and involving representatives from across NHS Scotland including territorial boards, the Scottish Health Council, NHS Education for Scotland, NHS National Services Scotland, the National Prisoner Healthcare Network, primary care and the NHS Complaints Personnel Association Scotland (NCPAS). The independent Patient Advice and Support Service (PASS) and Healthcare Improvement Scotland public partners have also been actively involved.

The revised procedure is intended to support a more consistently person-centred approach to complaints handling across NHS Scotland. It will bring a much sharper focus to the early, local resolution of complaints, wherever that's appropriate, and bring the NHS into line with other public service sectors by introducing a distinct, five working day stage for early, local resolution, ahead of the 20 working day stage for complaint investigations.

The procedure reflects the broader ambition for the NHS in Scotland to be an open, learning organisation that listens and acts when unintended harm is caused. The procedure complements the Duty of Candour provisions in the Health (Tobacco, Nicotine etc. and Care) (Scotland) Act, and the development of a national approach to reviewing and learning from adverse events. It is also complemented by the Apologies (Scotland) Act

2016, which is intended to encourage apologies being made, by making it clear that apologising is not the same as admitting liability.

The revised procedure will require amendments to the Regulations and Directions associated with the Patient Rights (Scotland) Act 2011. The Scottish Government intends these amendments to be made ahead of the proposed implementation date for the new procedure of 1 April 2017.

These include changes to the Regulations to:

- Introduce a distinct, five working day period in which responsible bodies, including NHS boards and service providers, may attempt to resolve complaints without the need for an investigation. This brings the NHS complaints procedure more closely into line with other parts of the public sector, including local authorities since 2013, and with the revised procedure for Social Work Complaints, which is due to be implemented from April 2017. Complaints may bypass early resolution and go straight to the investigation stage if the responsible body considers it is a serious or complex complaint which cannot be resolved without an investigation.

- Allow for investigations to exceed the 20 day limit if there are clear and justifiable reasons to do so. This is in line with other sectors and ensures that complaints can be investigated thoroughly where additional time is necessary, for example to gather essential statements, or where the person making the complaint has agreed to mediation.

- Enable anonymous complaints to be considered as far as possible as part of the NHS complaints procedure. This will support NHS bodies to ensure their complaints data is as complete as possible by systematically recording, monitoring and learning from anonymous complaints.

- Introduce flexibility for NHS bodies to offer to apply the complaints procedure in cases even where the complainant has stated in writing that they intend to take legal proceedings. This is intended to increase the use of the NHS complaints procedure as the initial route for resolving disputes, and to support the NHS to resolve people's complaints in the most straightforward and person-centred way possible.

Proposed changes to the Directions are intended to:

- Support Boards and service providers to learn from complaints and use them to continuously improve services.

- Ensure that the data that is recorded, reported and collected nationally about complaints demonstrates evidence of learning and improvement alongside effective processes.

2. Details of the process:

A Health Inequalities Impact Assessment (HIIA) workshop was held at the Thistle Centre in Edinburgh on the 25 August 2016, facilitated by NHS Health Scotland. This was a full day workshop involving NHS Equalities Leads from territorial and special Boards, a Healthcare Improvement Scotland Public Partner, and representatives from Alzheimer

Scotland, Youth Link Scotland, the Scottish Public Services Ombudsmen, the Health and Social Care Alliance Scotland, Child Poverty Action Group and the Scottish Independent Advocacy Alliance. The Scottish Council on Deafness contributed to the process by email.

The workshop considered a wide range of evidence, including national complaints statistics, research findings and good practice guidelines. Specialist knowledge and experience brought by participants included:

- Direct experience of working with people with various protected characteristics in acute care settings.
- Clinical experience of providing mental health services, including in the forensic sector.
- Experience and expertise in working with and supporting older people, including those with dementia and their families and carers.
- Working with and advocating for young people, families and carers, including those who are living in poverty.
- Experience of supporting people with disabilities or who are living with long-term health conditions to be in the driving seat of their care.
- Experience of working with people from different faith backgrounds.
- Expertise in overcoming barriers to communication, including those experienced by people with a learning disability, sensory impairment, or who are not English speakers.
- Expertise in complaints handling.
- Expertise in independent advocacy.
- Legal expertise.

The full HIIA scoping report is available on request.

3. Key findings

Overall, the stronger focus on early resolution was considered to have a potential positive impact on equalities groups. One underpinning principle of the model complaints handling procedure is to resolve complaints at an early stage, wherever that's appropriate, to avoid prolonging the possible distress associated with submitting a complaint to a health provider. The revised procedure seeks to open communication channels at an early stage, acknowledging the needs of all protected characteristic groups in a non-discriminatory manner. This approach will support organisations to foster good relations with those who use their services. It will help to build relationships between people using services and those providing them, which will support services to make changes and improvements based on open feedback.

The sharper focus on communication at an early stage does present challenges, particularly in relation to communications, which are recorded below in relation to various protected characteristics.

The new, model complaints handling procedure is intended to support a more consistent, rigorous and systematic approach to recording and reviewing complaints, with a view to acting on this feedback to improve services. If it is not effectively implemented, and the recommendations and action points effectively taken forward, there is a risk that health inequalities could increase, as services would reflect the voices only of those who felt able to complain

Age: Children and young people may prefer to contact services using social media. Older people with a cognitive impairment may require additional support to make a complaint.

Disability: People with a disability may need access to additional support to make a complaint.

Gender reassignment: Failure to recognise transgender people as the sex they identify as may impact negatively on the successful early resolution of their complaint.

Pregnancy and Maternity: Some people in this category, especially those living in rural areas, may be reluctant to make a complaint at all, due to concerns that this may impact on the future relationship with a care provider. Others may need additional reassurance that their concerns will be taken seriously.

Race and Ethnicity: No specific concerns were identified, although it was recognised that non-English speakers may face additional challenges in making their complaint at early resolution stage.

Religion and belief: The sex of the person making the complaint, and that of the person they are complaining to or about, may be an issue for some faith groups.

Sex: The procedure needs to accommodate people who may have had a negative experience with a healthcare professional of a specific sex and wish someone of the opposite sex to deal with their complaint. Aligned with this is the consideration of gender-based violence, and the need to ensure that the person dealing with a complaint is the appropriate sex.

Sexual Orientation: Staff attitude and behaviours, if not supportive, can be a barrier to LGBT individuals complaining. A particular positive impact was identified for this group, that the inclusion of anonymous complaints may make it easier for someone to complain.

Looked after (including accommodated) children and young people: A particular positive impact was identified for this group, that early resolution may help to relieve children's concerns that their complaint will not be considered and acted upon. Children who are looked after and accommodated may find the new process of early resolution less intimidating than the previous system, and may therefore be more likely to engage with the NHS to raise a complaint.

Carers: Carers may find it hard to make time to engage, even at the early resolution stage. Child carers may be fearful their complaint will be dismissed.

Homelessness: A particular positive impact was identified for this group, that early verbal resolution may negate the need for written materials being sent to an address.

Involvement in the criminal justice system: The stronger focus on early resolution is intended to support prison health services to resolve complaints locally, improving wait times for prisoners. Prisoners may, however, experience difficulty accessing independent advice and support.

4. Key recommendations

The following recommendations are intended to enhance the positive impact for these changes, and reduce any potential negative impacts.

4.1   NHS Boards and service providers should make it clear that all complaints are welcome and will be used to inform continuous improvements to services. They should make information about how to make a complaint or give feedback freely available in public / inpatient areas, and should provide evidence of how they are using the information provided to improve services in the feedback and complaints reporting required by the Patient Rights Act and associated legislation.

4.2   Information about the NHS model Complaints Handling Procedure should be clearly presented in ways that support people's health literacy needs. Public-facing documents, in particular, should be written in plain English and made available as required in a range of languages and formats.

4.3   Staff involved in responding to complaints should have access to training on how to conduct an early conversation with the person making a complaint, to establish what matters to them and the outcome they would like to see from their complaint. Staff should be supported to understand how they can to make a meaningful apology, where appropriate. Staff involved in investigating complaints should, additionally, have access to accessible information training.

4.4   NHS Boards should support staff to recognise where the person making a complaint may need additional support, and to make appropriate links where necessary with organisations providing advice and support, including independent advocacy.

4.5   Children's rights could be adversely affected if the complaints process is not followed correctly. NHS Boards should provide clear guidance to staff about issues of consent as they relate to children.

4.6   Younger people, in particular, may wish to contact services via social media. NHS Boards should test the use of social media to gather feedback and complaints.

4.7   The changes to the procedure bring opportunities to resolve a significant proportion of prisoner complaints at the early resolution stage. Boards should explore the potential for testing innovative approaches to early resolution in prison settings, building on the work already underway in some Board areas.

Taking action

5.1   All staff need to have an understanding of how to deal with complaints at the early resolution stage, and the appropriate knowledge and skills to do so effectively. This includes being aware of how to make a meaningful apology where appropriate. Investigative staff must also have the skills and training to effectively investigate and reach robust decisions on more complex complaints. It is for each NHS body (including NHS

Boards and service providers) to identify the training needs of appropriate staff to ensure they have the skills and confidence to implement the procedure effectively.

5.2   The Scottish Government has published a NHS model complaints handling procedure, and an accompanying public-facing document, by means of a [Director's letter](#) on 3 October, six months ahead of the proposed implementation date. These documents have been provided as templates for NHS Boards and service providers to adapt and adopt. The implementation guide that accompanies the documents provides information about the advice and support that is available from the SPSO (including on the 'Valuing Complaints' website at www.valuingcomplaints.org.uk), NHS Educations for Scotland and NCPAS in preparing for implementation.

5.3   The SPSO's training unit provides training courses on complaints investigation and complaint handling skills, such as listening, problem solving and conflict resolution. Other resources on relevant topics including carer awareness and LGBT good practice, and tools such as Emotional Touchpoints and Accessible Information Standards (SAIF), are freely available to NHS staff.

5.4   The Scottish Government is supporting NHS Education for Scotland (NES) and the CSA to jointly develop a programme of training and events as well as awareness-raising materials to support implementation of the model complaints handling procedure. This will complement the existing e-learning modules, which cover skills for frontline staff and complaints investigators and which are freely available for all staff providing NHS services.

5.5   The NHS Complaints Personnel Association Scotland (NCPAS) provides a forum for complaints practitioners to share their experiences and learning from complaints handling. NHS Education for Scotland is working with NCPAS to explore the potential to jointly develop an online learning resource for NHS complaints handlers in Scotland, which will include a links to relevant training resources and materials, and an open forum for consideration of live issues.

5.6   Scottish Government has opened discussions with NHS 24, to explore the potential to develop a shared NHS resource of accessible information, to reduce the cost and burden on individual boards. Early discussions have focussed on the production of key information about people's rights to give feedback and make a complaint, online in a range of languages and formats, including film clips in British Sign Language. NHS Inform is in the process of developing a new resource called 'Info for Me', which includes a function to translate additional materials as required.

5.7   As part of this work, the Scottish Government will explore with NHS 24 the potential to update the two easy read guides on giving feedback and making complaints about NHS services, which were developed by Health Rights Information Scotland in collaboration with a range of equalities groups, to reflect the new procedure.

NHS National Services Scotland

Meeting:	**NSS Board**
Meeting date:	**Friday 27th September 2024**
Title:	**Finance Report: August 2024 (M05 2024/25)**
Paper Number	**B/24/30**
Responsible Executive/Non-Executive:	**Carolyn Low, Director of Finance, Corporate Governance and Legal Services**
Report Author:	**Andy McLean, Deputy Director of Finance** (**Reviewed by: Carolyn Low, Director of Finance, Corporate Governance and Legal Services**)

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 31st August 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 NSS is on track to achieve all statutory financial targets despite financial risk which is being actively managed.

Revenue

3.2 NSS revenue position has moved favourably in month with an overall surplus of £1.7m. This surplus relates to hosted funds and in particular the phasing of expenditure across National Digital Programmes.

3.3 The core position has moved favourably in month with a £0.5m YTD surplus – this has been driven by additional under spending in pay and improvements in both the PgMS and DaS income budgets.

3.4 It is crucial that Budget Holders, supported by Business Finance, undertake a robust review of financials forecasts at this mid-point in the Financial Year. The historical trend is for many services to under spend more than forecast and this appears to have started as per M5 position.

3.6 Whilst NSD has a YTD deficit of £0.4m, it is forecast that pressures and risks can be contained within anticipated funding levels. NSS continues to work closely with SG Finance.

CRES

3.7 NSS is achieving YTD CRES targets, however, must identify opportunities to convert CRES from non-recurring to recurring. CRES still to be delivered is being monitored closely.

Capital

3.8 The capital budget for NSS has been fully allocated with no contingency in place, therefore all programmes must manage to the agreed budget and report slippage as soon as possible so that any unapproved backlog can be taken forward.

4. Impact Analysis

4.1 Quality and Value

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

4.2 Equality and Diversity, including health inequalities

4.2.1 An impact assessment is not required.

4.3 Data protection and information governance

4.3.1 There is no impact on Data Protection in this report.

5. Risk Assessment/Management

5.1 There are a number of underlying risks and opportunities being monitored and managed by NSS.

5.2 Given the current constraints within NHS Scotland, there is a risk that NSS does not receive all planned income from SG and Health Boards.

5.3 To date only 46% of SG Allocations have been received and SG and NSS Finance are working closely to review and enable the release of outstanding allocations which total £164m.

5.4 As such, it is recommended that NSS does not release any funds for further investment at this stage in the Financial Year.

5.5 Reduction in the working week will have a long-term impact on SNBTS headcount.

5.6 There is no contingency with capital budget should programmes require increase in funding. However, NSS could transfer revenue funding to capital via SG Finance should this be required – notwithstanding the aforementioned revenue pressures and risks.

6. Financial Implications

6.1 The financial implications are detailed within Appendix 1.

7. Workforce Implications

7.1 Appendix 1 summarises the pay position for NSS as at M5.

8. Climate Change and Environmental Sustainability Implications

8.1 There are no direct implications associated with this report.

9. Route to Meeting

9.1 The financial position at a Directorate level is reviewed and agreed between Directors and Finance Business Controllers, then a consolidated position produced for EMT. Actions agreed will be managed collectively by EMT.

9.2 The M5 Financial Position will be reviewed by EMT on Monday 24th September

9.3 The M4 Financial Position was scrutinised by FPPC on Tuesday 10th September

10. List of Appendices and/or Background Papers

10.1 The following appendices are included with this report:

- Appendix No 1: 2024/25 Month 5 Finance Report (August 2024)

NSS Financial Performance

August-24

NHS National Services Scotland Board
Financial Performance – August 2024
Executive Summary

NHS National Services

Performance Summary

At end of Month 5, **NSS is on track to achieve all statutory targets.**

Revenue (YTD £1.7M underspend and FY break-even forecast)

The **YTD underspend** is driven by:

- Hosted funds: phasing of spend within Digital National Programmes (slide 9).
- NSD: offsetting the underspend is the increased costs within Bowel Screening (Slide 10).
- NSS Core: underspend due to (a) additional underspends in pay, (b) improvement in DaS Recharges, (b) and within PGMS income and offset by a (c) delay in Anderson House move (slide 12).

It is forecast that NSS will achieve a balanced position at year end despite the risks within NSS Core (slide 12).

FY Forecasts will be reviewed during the month of September in conjunction with Directorates.

CRES there are currently no concerns in respect of in-year CRES delivery across core NSS and NSD targets – some initiatives are carrying a slight level of risk, and this will be closely monitored.
Directorates must focus on converting non-recurring into recurring CRES (slide 13).

Capital (£0.5m underspend and FY break-even forecast)

Overall, the capital budget for NSS is underspent due to phasing of spend (Slide 14). It is forecast that the capital budget available will be fully utilised by year end.

NSS Finance is seeking clarity from SG in regards to funding for dilapidations payment likely to be made this year. This could result in further pressure for NSS to manage.

NSS Targets	YTD £'000	Year End Forecast £'000	Target
Revenue NSS Total	**1,716**	**-**	**Breakeven**
Revenue NSS Core	471	(1,248)	Breakeven
Revenue Hosted Funds	1,690	443	Breakeven
Revenue NSD	(444)	-	Breakeven
Reserves	(11)	805	Breakeven
NSS CRES Total	**10,776**	**16,510**	**3% Recurring**
NSS (exc NSD) CRES	10,525	15,408	3% Recurring
NSD CRES	251	1,102	3% Recurring
Capital Outturn	**481**	**-**	**Breakeven**

Key Messages

Scottish Government has informed all Health Boards at the end of M04, the overall position for NHS Scotland **continues to deteriorate with further pressures still to be accounted for, such as pay consequential**.

Despite forecasting a balanced position, NSS has only received 44% of its planned allocations (slide 11) with some at risk. **Directorates must seek formal confirmation from sponsors prior to committing to spend.**

In addition to the focus in the current CRES plan, NSS should review and fully consider opportunities within the "15 Box Grid". .

Between August and September – an increased level of YTD underspend across many services has manifested. This is a historical trend. The focus on FY forecasts in September is therefore essential

2

Risks and Issues

As NSS is operating in a very financially constrained environment, all risks must be flagged to Finance as soon as possible (slide 12) and within ServiceNow. The following risks below are being monitored and given the wider risk, NSS is unable to release any emerging/confirmed opportunities.

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** - At the end of M5 only 44% has been received (refer to slide 11 for risk rating).
- **Service Charge for NDC** – This has now been agreed by HB.
- **Internal Recharges and Income Targe**t – shortfall within DaS and PGMS driving the YTD risks but there has been some improvement during M5 for both areas. The FY impact of PGMS shortfall remains at c£0.8M. Following DaS review of its recharges, the completeness of YTD recharges has improved, however there is still work to be done as there are areas where recharges are missing and it is likely that DaS can achieve a breakeven position by year end.

NSD

The Bowel Screening pressure remains unfunded at this stage. In addition, new drugs and increase in risk-share service scope will add pressure in the risk share budget despite it increasing by £14M in 24/25. NSD is working closely with Boards and SG to ensure controls are in place to limit cost pressures.

Pay costs

The impact of the reduction in the working week is being monitored and at this stage, currently additional resource requirements within SNBTS is of £0.2M. The 24/25 pay deal is being negotiated and at this stage all boards are advised to assume no impact.

Non-Pay costs

In addition to the VAT risk within JCC, there are some emerging pressures within energy costs in Gartnavel and Coddington. JCC Utilities VAT pressure is currently estimated at £0.1M and Gartnavel £0.2M. Within estates, clarity being thought for the funding of Dilapidations payment and depreciation and we risk within clearance of Hassockriggs is being monitored.

Capital

Capital budget has been fully allocated and approved by SIB (Scotblood website was approved by SIB subject to DaS Technical Assessment). Taken the phasing of the plan being heavily phased in the last 4 months in the year, there is a risk that some programmes may slip (refer to slide 14).

	On Track
	At Risk
	Off Track
	n/a

Breakdown of the Directorate position below. Additional detail will be made available to Directorates via the SMT packs and the Finance Dashboard.

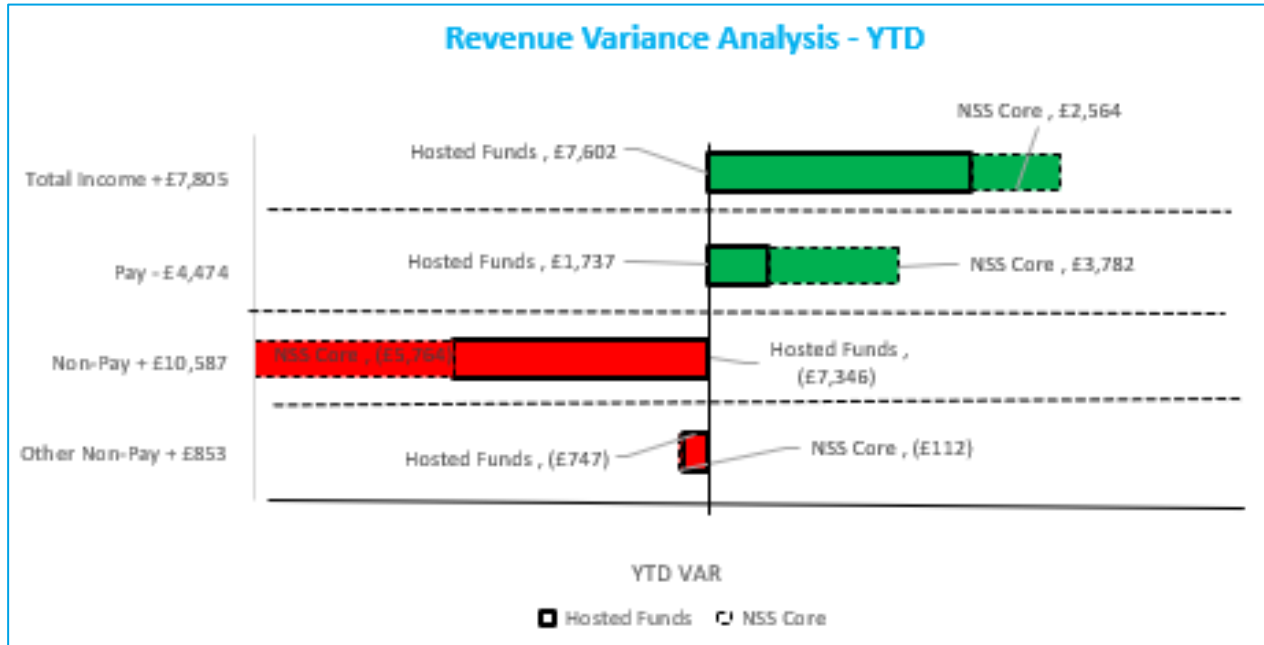|	Financial Performance (£'000) - Outturn vs Plan									
	Revenue Outturn						Other Financial Targets			
	YTD Revenue			FY Forecast						
Dir	Core	Hosted Funds	Total	Core	Hosted Funds	Total	CRES*	YTD Capital	Summary of Position	Actions Required to deliver the 24-25 plan
DaS	(493)	1,106	**612**	(549)	454	**(95)**	-	352	Revenue: improved but recharges still outstanding (hosted funds per slide 9). A breakeven may be achieved once recharges are updated. CRES: on track Capital: surplus due to phasing of budget.	- Complete the DaS recharges. - ATOS CDR - £1.8M risk if funding not agreed with SG - Rephase capital budget per spending plan.
SPST	(133)	n/a	**(133)**	(535)	n/a	**(535)**	-	n/a	Revenue: PGMS position is improving and likely to achieve a breakeven position by M08. Despite improvement within SPST, still forecasting a deficit position. CRES: fully achieved	Continue to monitor the PGMS income and identify opportunities to return to a break-even position. Public Inquiry budget (£1M) is likely to be required in full.
FCGLS	(161)	-	**(161)**	(94)	14	**(80)**	-	n/a	Revenue: delay in Anderson House move offset by CLO income surplus. CRES: on track	Confirm mitigation plan for delay in Anderson house move.
NSD	n/a	(444)	**(444)**	n/a	-	**-**	-	-	Refer to slide 11	
HR	298	n/a	**298**	211	n/a	**211**	-	n/a	Revenue: Underspend in YTD and FY driven by vacancies pending HR review. A review on non-pay budgets has been completed and spending plans confirmed. CRES: on track	Confirm resource plans post review.

Legend: On Track (green) | At Risk (yellow) | Off Track (red) | n/a (grey)

	Revenue Outturn						Other Financial Targets			
	YTD Revenue			FY Forecast						
Dir	Core	Hosted Funds	Total	Core	Hosted Funds	Total	CRES*	YTD Capital	Summary of Position	Actions Required to deliver the 24-25 plan
SNBTS	323	n/a	**323**	(170)	n/a	**(170)**	-	4	Revenue: YTD u/s driven Donnor Publicity and Advertising and 3rd party SLA income for raw materials. FY pressure of £0.2M driven by RWW. Capital: on track. CRES: on track with £1M at medium risk.	Closely monitor demand on blood, resulting in import from within UK (YTD o/s of £23k and FY bud £0.2m). Identify recurring CRES opportunities. Monitor the impact of A4C RWW. Follow up on SLA income shortfall
CD	(32)	n/a	**(32)**	(48)	n/a	**(48)**	-	n/a	Revenue: small o/s driven by salary costs CRES: on track	Complete all outstanding NOCs and monitor DPDP funding requirements.
NP	212	568	**781**	75	(25)	**50**	-	n/a	Revenue: YTD u/s pay within Logistics and strat sourcing. Service charge agreed by Boards. CRES: on track Capital: plan approved and within Assure.	Continue to review CRES (£0.8M at medium to high risk) to ensure full achievement within the year.
PSD	152	n/a	**152**	3	n/a	**3**	-	12	Revenue: YTD underspends driven by vacancies. CRES: on track Capital: funding for Bain Square now approved	Finalise business case for nDCVP and Tech Refresh as key risk within PSD. Continue to review the impact of forward workforce plan.
NHS Assure	329	n/a	**329**	(53)	n/a	**(53)**	-	112	Revenue: YTD and FY u/s driven by vacancies despite pressures within utilities. CRES: on track Capital: u/s Foresterhill Steam Upgrade.	Confirm phasing of capital plan per slide 14
Subtotal	482	1,246	**1,727**	(1,248)	443	**(805)**	-	481		
Reserves	(11)	n/a	**(11)**	1,248	(443)	**805**	-	n/a	Revenue: overspend due to apprentice levy. CRES : on track	Continue to monitor reserves balances (slide 12) & Monitor CRES achievement
Total	471	1,246	1,716	0	0	0	0	481		

RAG

NHS National Services Scotland

The FY24/25 Revenue position for NSS as of M5 close is of an underspend of £1.7M. The graph above summarises variances by category and type.

	M5 YTD Budget	Income	Pay	Non-Pay	Other Non-Pay	M4 YTD Actual
Hosted Funds	£392,038	7,602	1,737	(7,346)	(747)	£393,283
NSS Core	£147,789	2,564	3,782	(5,764)	(112)	£148,258
Total	£539,826	10,165	5,519	(13,110)	(859)	£541,542

The next slides will provide further breakdown for each of the categories above.

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NHS National Services Scotland Board
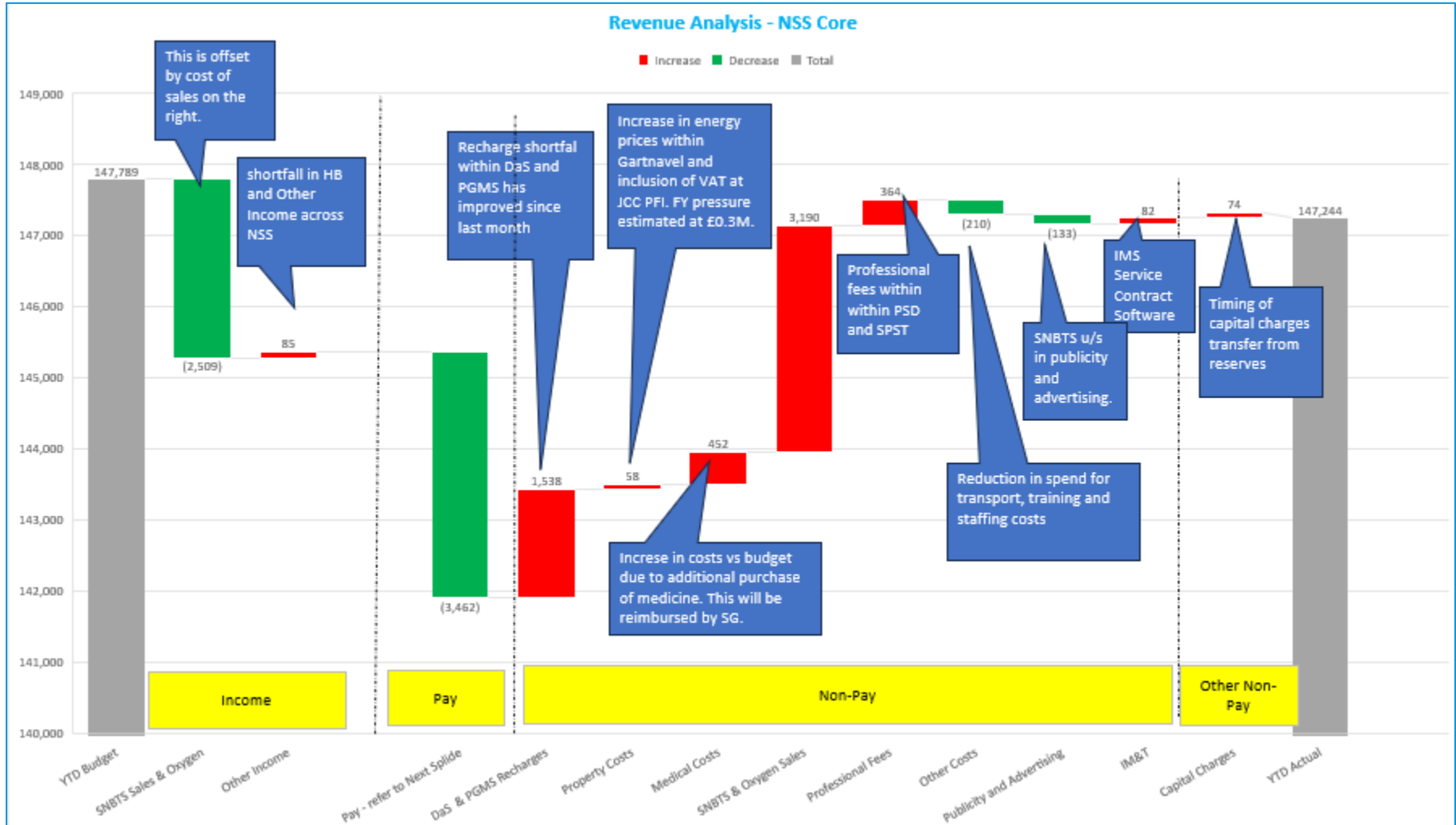# Financial Performance – August 2024
Revenue Analysis – NSS Core

The table below details the key variances across NSS Core.

Overall NSS Core has been underspent by £0.5M. Graph below gives a further breakdown of the variance.

NHS National Services Scotland Board
Financial Performance – August 2024
Revenue Analysis – Pay Deep Dive (£'000)

RAG

NHS National Services Scotland

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

Directorate	YTD Budget	24-25 Actuals					Budget vs Actual	Budget vs Actual (NSS Core)	Budget vs Actual (Hosted Funds)	PY YTD Spend	24/25 vs 23/24
		Pay	Overtime & Enhanced Pay	Secondee Costs, Income and recharges	Agency	YTD Actual					
CD	991	1,110	-	(202)	-	966	25	25		1,050	85
FCGLS	9,880	9,502	109	(46)	67	9,720	160	151	8	8,781	(939)
Hr	2,303	2,037	-	(44)	-	2,044	259	259		1,890	(154)
PSD	7,229	6,526	59	10	397	6,983	246	246		8,493	1,510
Redeployment	69	115	-	(135)	-	(20)	89	89		297	317
SPST	7,094	6,617	16	(78)	157	6,616	477	477		7,307	691
DaS	15,654	13,106	29	73	558	13,691	1,964	1387	577	15,077	1386
Nhs Assure	8,457	7,793	54	13	64	7,850	607	607		7,731	(119)
Pcf NP	9,499	7,889	644	(89)	638	9,086	413	72	341	9,947	861
SNBTS	20,831	19,726	843	110	2	20,681	150	150		20,237	(444)
NSD	3,989		-	9	-	3,669	319		319	3,772	103
Total	**85,994**	**74,423**	**1,754**	**(379)**	**1,883**	**81,286**	**4,708**	**3,462**	**1,246**	**84,583**	**3,297**
% Total Spend		92%	2%	0%	2%						
PY Spend	**87,349**	78,169	2,185	- 146	4,375	**84,583**	2,766				

- **Overall NSS pay costs are c£4.7M lower than budgeted and £3.3M lower than last year.**
- YTD surplus has been achieved in addition to £2.6M achieved through vacancy and savings targets built in the budget.
- **£1.2M of total underspend is within hosted funds which may result in funding being returned to SG sponsors.**
- The underspend is driven by vacancies
- Overall overtime, enhanced hours and agency costs are **below** prior year levels with slight increase in current month spend vs trend.
- Our YTD spend on pay is £2.8M 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£1M, **therefore net reduction compared to prior year is £1.6M**.
- A pay uplift has been made to AfC staff of 5.5%. **Offer acceptance and funding has not been confirmed.**

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 – August 2024
Services delivered on behalf of NHS Scotland

NHS National Services Scotland

FY24/25 Outturn

The table on the right outlines the financial performance of services NSS manages on behalf of NHS Scotland.

There has been a reduction in the funding envelope mainly due to return within NSD (c£0.4M Cochlear Implant), and a revised full year budget of £853M.

Overall national programmes are underspending by **£1.2M due**:

- Nationally funded services and programmes under spend is being driven by timing differences and will even out in M6 onwards. Any surplus or deficits will be managed at Scottish Government level and it is expected these areas will breakeven for the year.

- DaS is managing a £1.8M pressure within ATOS committed development resource (CDR) and funding is being disputed by DHAC, no indication if will pay part. Decision to be made by end of September and 6 months cancellation period. M365 surplus expected to increase to £500k by year end, surplus may be directed to the costs of the Barracuda back-up solution or 3rd party re-procurement partner.
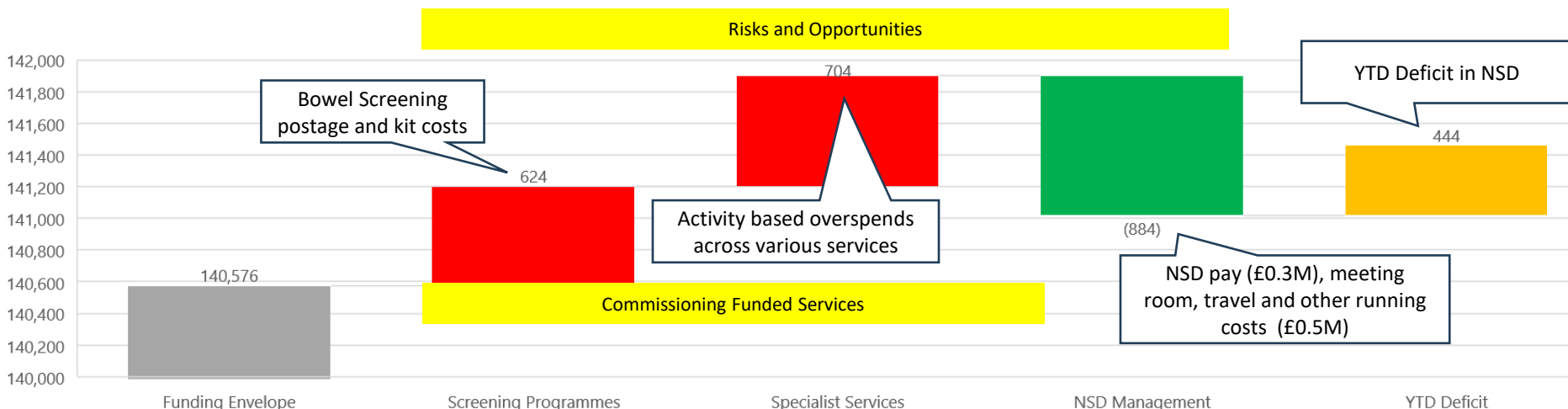
NDC surplus of £569k driven by Pay and BAU £402k and £237k Resilience SG funding.

NSD £444K deficit – refer to slide 10.

Any funding that is not required will be returned to SG / Boards as appropriate.

Hosted Funds	FY Bud	YTD Bud	YTD Act	YTD Var	% Budget Spent
M365	54,804	21,552	21,616	(64)	39%
ATOS	47,020	15,871	15,707	163	33%
eHealth	37,595	14,865	13,895	970	37%
PAC's	8,297	3,063	2,961	102	36%
eRostering	5,201	2,167	2,202	(34)	42%
GP IT	4,515	1,835	2,022	(187)	45%
CHI	4,216	1,711	1,554	157	37%
DaS Total	**161,647**	**61,063**	**59,956**	**1,106**	**37%**
NDC	222,070	100,991	100,422	569	45%
NSD	337,348	140,665	141,109	(444)	42%
SIBBS	132,402	106,435	106,435	0	80%
NSS Total	**853,467**	**409,154**	**407,923**	**1,231**	**48%**

NHS National Services Scotland Board
Financial Performance – August 2024
Services delivered on behalf of NHS Scotland – NSD (£'000)

RAG

NHS National Services Scotland

M5 YTD - Key Variances

Risks and Opportunities

Bowel Screening postage and kit costs

YTD Deficit in NSD

Activity based overspends across various services

NSD pay (£0.3M), meeting room, travel and other running costs (£0.5M)

Commissioning Funded Services

| Category	Value
Funding Envelope	140,576
Screening Programmes	624
Specialist Services	704
NSD Management	(884)
YTD Deficit	444

FY24/25 Revenue Position

- YTD NSD is £444k overspent driven by a series of overspends which in the main are offset by various under spends. Within this there are specific **Bowel Screening pressures** (c£0.6M YTD and £1.2M FY). Although this is proving **challenging** given the service demand and lack of financial flexibility, it has **been assumed** that **NSD will achieve a balanced position at year end**. **This out turn is predicated on NSS receiving all anticipated allocations to cover increased costs including full pay award funding and the impact of RWW – where staff costs to deliver commissioned services are and will significantly increase above existing funding levels**

- Other pressures that are being investigated are a sudden spike in HIPEC (service outsourced from England) and Pulmonary Vascular Hypertension drugs. NSD will review prescription protocols to ensure that this is being followed appropriately. There is an emerging underspend in IMD drugs (inherited metabolic diseases) but it is early to know if this will be maintained.

- NSD has written to all Boards looking for 3% (£6.78M) efficiency savings in 24/25. NSD will meet with Boards during Q2 to review progress.

- NSD is continuing to review budgets for all services and reprofile based on anticipated requirements so any surplus can be transferred to services in deficit. This will be taken to CFN and FCGLS Director per SFI requirements in September.

- There is a risk that new drugs, and increase in risk-share service scope, will add pressure in the risk share budget, despite it increasing by £14M in 24/25. For example, new indications for CAR-T; new genetic drugs for a certain type of Haemophilia (£1.8M per patient) and new UOP drugs being approved by SMC. NSD is working closely with Boards and SG to ensure controls are in place to limit cost pressures.

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NHS National Services Scotland Board
Financial Performance – August 2024
Scottish Government Funding Allocation Tracker (£'000)

RAG

Allocations Received Comparison with Prior Years
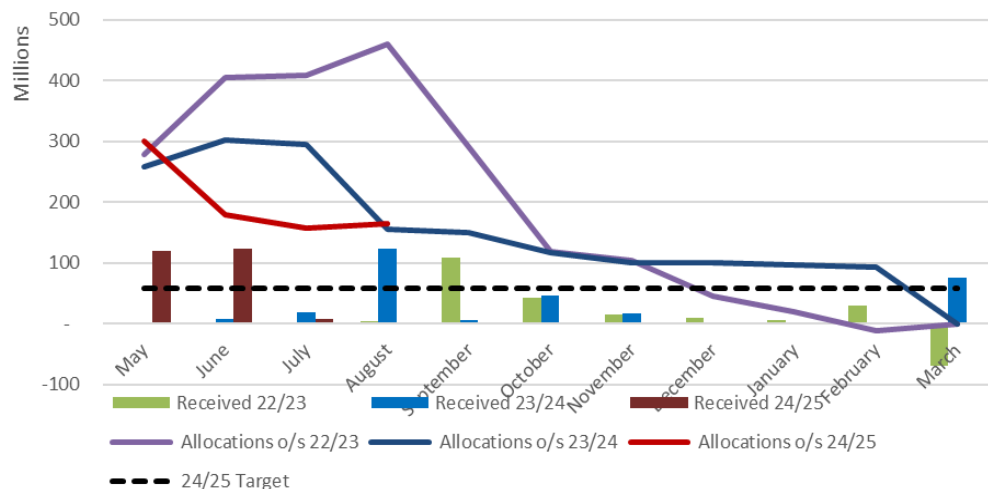
SG Allocations – Outstanding

At M5 only £0.2M of allocations were received leaving **c£164M (56%) of allocations outstanding** against a target of c£59M (20%of planned allocations and excluding additional funding for SIBBS of £117M).

SG Finance will continue to work closely with the Corporate Planning & Reporting Accountant to review all outstanding allocations in detail with a view to releasing them as soon as possible.

Whilst SG Finance has advised they await some further information from NSS on a few allocations, they have not advised of any specific material risk of non-receipt. **Apart from on-going discussions with Assure re reducing specific allocations and asking that all discretionary spend is stopped or reduced where possible in line with SG emergency spend controls.**

All Directorates must seek formal confirmation of all outstanding allocations prior to committing to spend.
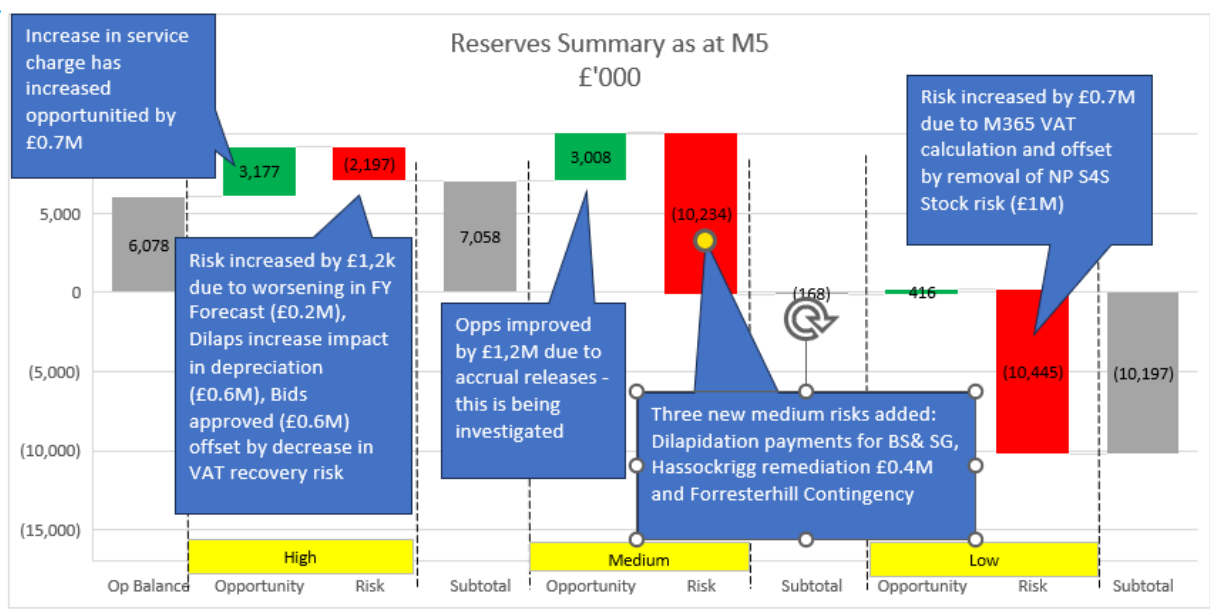
Directorate	Confirmed	Green	Amber	Red	Total	Comment
NHS Assure		10,573	338	175	11,086	**Red: PI SG Funding previously funded by NSS. Amber:CoE Pay Uplift**
CD		520			520	
DaS		1,855	1,562	1,808	5,225	**Red: eHealth Allocation shortfall £1.8m Amber: £0.5M Primary Care, £0.5M National Endoscopy System, £0.2M Care Opinion, £0.1m Scottish Therapeutics Utility**
FCGLS			91		91	
HR						
NP	40	26,483	1,712		28,236	**Amber: IMS £1.2M, Sustainability £0.4m and £0.3M Medical Equipment**
NSD	23,375	62,188	13,158		98,721	**Amber: £4.3M Foxgrove, £2.9M Risk Share Additionality, £2.0M pension, £1.7M specialist MH, £1.2M Cochlear Processors, £0.8M Out of Area Mesh**
PSD			16		25	
Reserves		282			282	
SNBTS		314	64		378	
SPST	16,363	2,873	27		19,263	
Total	**39,778**	**105,086**	**16,969**	**1,983**	**163,827**	

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FY24/25 - NSS Reserves Overview The graph summarises the movement in reserves should opportunities and risks materialise. As of M05, NSS could mitigate the impact should all high and majority of medium risks and opportunities materialised.

Reserves balance: Opening balance of £6.1M, which is a reduction of £0.1M since M04 due to funding being released for approved investments.

Opportunities and Risks: The graph above summarises the changes to Risks & Opportunities across since M4 across a range of scenarios

• **It is recommended that no additional funds are released as it stands – unless proposals are made which will deliver significant ROI.**

NHS National Services Scotland Board
Financial Performance – August 2024
Delivery of Cash Releasing Efficiency Savings (CRES) (£'000)

| RAG | |

CRES Plan (£K)

(Chart axis values: 18,000 / 16,000 / 14,000 / 12,000 / 10,000 / 8,000 / 6,000 / 4,000 / 2,000)

- £ 1,258 k high risk
- £ 2,688 k Medium Risk
- £ 1,787 k low...
- £ 10,777 k or 65% CRES Achieved

	Starting CRES Budget	YTD Achieved			Forecast by Risk Level			Total CRES Forecast
		Recurring CRES	Non-Recurring CRES	Non-recurring Measures	Low	Medium	High	
Clinical	87	22	-	-	65	-	-	87
DAS	565	235	-	-	233	96	-	565
FCGLS	1,510	471	-	-	60	978	-	1,510
HR	208	34	52	-	123	-	-	208
NHSAssure	614	197	-	-	175	243	-	614
NP	1,685	731	-	-	111	84	758	1,685
PSD	501	80	175	-	245	-	-	501
Reserves	8,515	-	7,992	-	523	-	-	8,515
SNBTS	1,427	131	110	-	133	1,053	-	1,427
SPST	296	296	-	-	-	-	-	296
NSD	1,102	221	30	-	118	233	500	1,102
NSS Total	**16,510**	**2,418**	**8,358**	**-**	**1,787**	**2,688**	**1,258**	**16,510**

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

NSS has fully achieved its YTD CRES target at end of M5 **. The total savings achieved, including non-recurrent measures, equates to £10.8M.** It is forecast that NSS will achieve £16.5M of CRES target. **During M5, no changes were made to the CRES plans.**

Outstanding CRES estimated to be medium to high risk has decreased since last month from £4.2 to £3.9M. **It should be noted to date only 22% of CRES has been achieved on a recurring basis.** it is recommended that NSS continue to focus on converting non-recurring to recurring CRES. NSS should also be actively considering and driving opportunities within the "15 box grid" and reporting any new CRES identified to Business Controllers. This will be and needs to be a focus of the Financial Planning process.

It is forecast that of the outstanding CRES of £5.7M, **£1.8M/32% will be achieved on a non-recurring basis.**

NSD CRES Performance Summary

In addition to table above, NSD are working with HB to identify 3% CRES savings which will be reinvested in service pressures and developments. The £1.1M of CRES per table above has been identified and ring-fenced and reinvested into NSD services, reducing the additional funding ask of Boards & SG.

NHS National Services Scotland Board
Financial Performance – August 2024
Capital Programme Delivery – Plan (£'000)

| Funding	Project	Directorate	YTD			FY			YTD/FY
			Budget	Actual	Variance	Budget	Forecast	Variance	Forecast
SG	CHI & Child Health	DaS	1,084	1,084	-	2,146	2,146	-	51%
NSS	Core Infras - Network Hardware	DaS	352	-	352	352	352	-	0%
SG	Foresterhill Steam Upgrades	Assure	281	170	112	675	675	-	25%
NSS	Coddington Warehouse	Assure	144	144	0	572	572	-	25%
NSS & Rev to Cap	Slectric Charging Points	Assure	-	-	-	780	780	-	0%
NSS	Breast Screening Units	NSD	-	-	-	487	487	-	0%
SG	Breast Screening Units	NSD	-	-	-	135	135	-	0%
NSS	Capital Tcat	SNBTS	30	25	4	100	100	-	25%
Rev to Capital	Capital Tcat	SNBTS	-	-	-	30	30	-	0%
NSS	Donor Services & Transport	SNBTS	-	-	-	913	913	-	0%
NSS	Manufacturing	SNBTS	-	-	-	239	239	-	0%
NSS	Patient Services	SNBTS	-	-	-	47	47	-	0%
NSS	Bain Square Move	PSD	49	37	12	49	36	13	102%
NSS	Ring-fenced (Scotblood & Slippage)	Reserves	-	-	-	168	168	-	0%
	Total		**1,940**	**1,459**	481	**6,692**	**6,679**	13	**22%**

FY24/25

The table shows the YTD and FY capital budget and spend.

At M5, the capital budget is **£0.5M underspent** due to phasing of the Foresterhill Project and DaS Networks. Overall NSS capital plan is **forecast to breakeven** and NSS Finance are currently investigating the funding source for dilapidation payments for South Gyle and Bain Square.

Taken the low level of spend YTD (22% of FY forecast) and the phasing of the budget being heavily weighted towards the end of the year, **all Planning Leads must review and confirm FY forecasts** to your Business Controller.

NSS Finance can confirm that of the total EGR sales proceeds of £7.5M, £1.5M has been draw down and **c£6M is potentially still available (subject to SG agreement / NHS Scotland affordability). SIB will be advised at its next meeting.**

Next SIB meets on 14th of October and A&I meets on a quarterly basis.
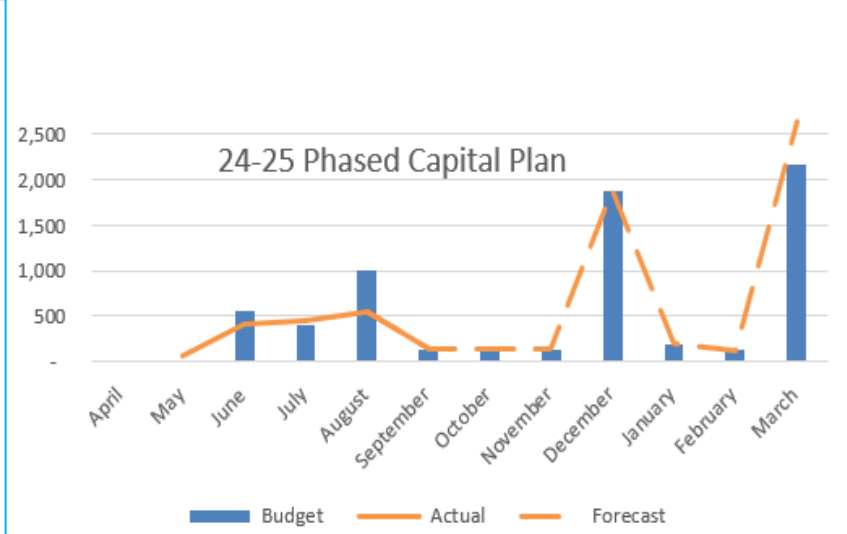
24-25 Phased Capital Plan

Budget — Actual — Forecast

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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	Status	Delivered M1-M5	Planned Deliverables M6+
Financial Grip & Control	Stronger Controls to pro-actively reduce / stop unplanned /discretionary expenditure	🟩	A detailed list of Financial Grip & Control opportunities (including those which have been or are being implemented) has been produced and is being maintained within Business Finance. This list was discussed at the CCSG during September to seek direction and agreement in terms of priority areas of focus. **It was agreed that CCSG should review one area of discretionary spend per meeting and as part of this consider if existing controls (and guidance) are sufficient.**	Business Finance will continue to maintain and update this list, ensuring delivery and 'tightness' of grip is in-line with SG emergency spending control requirements, Specific areas of focus include: **Financial Sustainability Comms** **Budgets in Pecos:** FMIS **Pecos Rule Groups:** FMIS **Finance Dashboard (Alerts)**: BI&A **Various (Mandatory Fields and Coding Restrictions**): Service Now Team (DaS).
Service Costing	Prepare and maintain accurate Service Costings (in-line with activity drivers) to support decision making, planning and cost recovery Support the transformation of Financial Management Culture across NSS services	🟧	Phase I Plan in place with various services now actively considering and/or delivering high level outputs. It has become very clear over the past month, that there is lots of related on-going activity and information **(including DaS & PgMS)** which this project can and will align to – reducing workload and expediting outputs. NSS Finance is aligned to the SG Finance PLICS project which is looking to agree and set standard costing principles across NHS Scotland (as per 15 Box Grid)	Delivery of Phase I plan so that high level costings are prepared for **each main service** in NSS during FY24/25. This will generate outputs but also support Directorate's Financial maturity and understanding of costs / drivers. Targeted detailed roll-out (subject to readiness) for specific services based on opportunity / risk and readiness

NHS National Services Scotland

Project	Benefits	Status	Delivered M1-M5	Planned Deliverables M6+
Data / MI	Consolidated, joined up single source of the truth which provides insight to support decision making and planning	🟥	A revised process within Finance has been introduced to consolidate and join up pay information Finance PMO continues to drive standardisation and completeness around CRES tracking and reporting. The contents of a complete NSS Multi-Year CRES Register have been considered. Phase I Corporate Data Project - **Partial**	Once Pay changes are implemented, focus will switch to Non-Pay and Income / Funding enhanced data to support decision making and feed planning activity. Finance PMO will develop and embed the Multi-Year CRES register drawing from various existing sources. This will support in-year reporting (and decision making) as well as longer term planning. Continue to drive corporate data work and **encourage pace across NSS** (Phase I completion into Phase II)
Finance Dashboard	Enhanced content to support Budget Holder decision making and action	🟩	A (1) revised Summary page, (2) PO information has been developed for introduction at the next reporting cycle. Scoping work to consider what transactional data we share with Budget Holders (cleansed; material) **Results were published on Working Day 8 for all Budget Holders – this marks significant improvement**	As above, the consolidated pay information will be the source data to flow to all Budget Holders via the Dashboard. Based on customer feedback, we also aim to introduce 'controlled' **transactional data by end of Q2** so Budget Holders can better self-serve.
Corporate Reporting	Enhanced content and insight to support decision making	🟩	Additional summary information and visualisation around NSS' total resources; risk levels and influence / control introduced to EMT & SLT reports.	Continue to ensure it is more relevant for audiences (Board; FPPC; EMT; SMTs) based on requirements and feedback **FPPC feedback asked for consideration of Reserves scenarios in terms of visualisation**
Budget Holder Engagement / Education	Greater clarity on roles and responsibilities between Finance and delegated Budget Holder	🟩	Finance Charter issued to Directorates, with lots of Directorate SLT engagement sessions undertaken	Using feedback, we will introduce regular training and support sessions for Budget Holders across NSS on specific financial topics. **Specific engagement is planned in terms of Financial Planning**
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. Consolidated COG Finance Report prepared and now embedded into BAU.	Continue to drive this agenda and ensure NSS maximises return from this crucial work

NHS National Services Scotland

Meeting:	**NSS Board**
Meeting date:	**Friday, 27 September 2024**
Title:	**Integrated Performance Report: Quarter 1 2024/25**
Paper Number:	**B/24/**
Responsible Executive/Non-Executive:	**Lee Neary, Director of Primary & Community Care (interim), Strategy, Performance and Service Transformation**
Report Author:	**Matthew Neilson, Associate Director Strategy, Performance, Communications; Caroline McDermott, Head of Planning; NSS Planning team and Corporate and Directorate Planning Leads**

1.   Purpose

1.1   The Integrated Performance Report (IPR) summarises NSS service excellence, finance, people, and environmental performance at the end of quarter 1, 2024/25.

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 1, 2024/25.

3.   Executive Summary

3.1   The report assesses performance during quarter 1 2024/25, April 2024 (M1) to June 2024 (M3).

3.2   NSS has had a successful period to date:
- 80% completion of Annual Delivery Plan (ADP) deliverables.
- On track to meet all statutory financial targets and cash releasing efficiency savings targets.
- Sickness absence is at 4.19%, slightly above the NHSScotland 4% standard.

3.3   At quarter 1, there is mixed performance across, workforce sustainability and climate sustainability indicators, due to specific issues noted in the report. Performance is positive with regard to service excellence and financial sustainability indicators.

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 1).
- All assurance indicators use the 4-question approach.
- Performance highlights for areas not previously covered are included.
- A forward look to quarter 2 2024/25.
- Mapping of strategic and corporate risks.

4.   Impact Analysis

4.1   **Quality and Value**
The Clinical Governance Committee provides oversight for all quality and patient care performance.

4.2   **Equality and Diversity, including health inequalities**
There are no specific issues arising from this performance paper.

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

5. Risk Assessment/Management

5.1 Risks are managed in line with the Integrated Risk Management Approach and are noted within the paper.

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

Appendix 1 – NSS Integrated Performance Report: Quarter 1 2024/25

Integrated Performance Report
Quarter 1 2024/25

Strategy, Performance & Communications

Contents

Executive summary
Quarterly performance

Overview	
	• **We have made a good start against our 2024/25 1yr delivery plan** At the end of Quarter 1 (Q1), 80% of deliverables were on track or achieved. The end of year target is 90%. Savings to support NHSScotland are being delivered through efficiencies in national contracts along with counter fraud recoveries and avoidance. There are several examples of service achievements, including the delivery of the spring vaccination programme and completion of key stage assurance reviews for the NHSScotland healthcare-built environment.
	• **We remain in a financially sustainable position** NSS is underspent by £0.7 million and is forecasting a break-even position for 2024/25. NSS Core is overspent by circa £1 million, due to shortfalls in Digital and Security (DAS) recharges and Programme Management Service (PGMS) income, both of which are being reviewed to ensure a breakeven position. Hosted funds, excluding the National Services Directorate (NSD), are underspent by £1.6 million due to the phasing of digital budgets. To date we have received 46% of Scottish Government allocations against a Quarter 1 target of 80%. Scottish Government Finance have given us assurance there are no specific, material risks and are working hard to release outstanding allocations.
	• **We need to boost blood donor levels** Scotland is currently experiencing its lowest blood donor levels since before the pandemic. Over the last year there has been a 1.1% increase in demand for red cells (when compared to pre-pandemic levels in 2018/19). Over the same period, the active whole blood donor base has shrunk by 8.1%. Reasons for this include a reduction in demand for red cells pre-pandemic, the switch to fixed site collection during the pandemic, and a change in donor behaviour since the pandemic. We have increased our use of marketing and engagement strategies to boost the number of donors while also being mindful of Scottish Government's request for health boards to reduce marketing expenditure.
	• **We continue to track performance in pharmacy verification** Following the introduction of the new pharmacy practitioner pricing system, payments continue to be processed and paid on time, however no amendments could be made in August, due to a new pharmacy amendments system not being operational. These amendments are not of high value and will be made when the system is operational, expected October for August adjustments.
	• **We are reducing the cost of our estate** Our estate programme continues to deliver site and financial efficiencies. In Q1 we successfully transferred our scanning service from Bain Square, Livingston to Gyle Square, Edinburgh. We also closed the Livingston Blood Donor Centre in favour of community collections. The Smarter Use of Space programme in the Gyle is well underway with all site users, and consultations are commencing with the Central Legal Office prior to their relocation from Anderson House, also in Edinburgh.

Executive summary
Performance highlights

Completed key activities	Upcoming key activities
We launched the **NSS Strategic Framework 2024-2026** with staff in April and with external stakeholders in July. The framework sets out our purpose, vision, values, priorities and objectives.	We will be commencing supply of **Plasma for Medicines** from the whole blood programme. The plasma can be used to make immunoglobulin therapy and help patients with weak immune systems fight infection.
We supported the **P4H Scotland** **procurement conference** held at Murrayfield Stadium, Edinburgh, in April. The event enables buyers from across healthcare to meet with leading suppliers and was positively received by attendees.	We are running **a Network Model Workshop** with the Scottish Government Health Planning team.
Screening Oversight and Assurance Scotland was formed. This new team will be responsible for oversight, quality assurance and coordination at the national level of the six population screening programmes. Four new chairs for screening boards started in May. The National Screening Oversight Board retains external oversight, and the new team will support this.	We will consult with Central Legal Office staff about the change of base from **Anderson House to Gyle Square**. This supports our estate rationalisation programme.
We participated in flag raising ceremony with the Scottish Ambulance Service at Gyle Square to celebrate **Armed Forces week** in June. We also signed the **Armed Forces Covenant** which promises to treat those who serve or have served in the Armed Forces, and their families, fairly.	We will be finalising all the **service level agreements** for services provided to NSS by Public Health Scotland, including governance arrangements and reporting requirements.
Cycling Scotland awarded our Athenaeum, Anderson House, Canderside, Coddington, Delta House, Foresterhill, Gartnaval, Marischal Square and Titan sites a **Cycle Friendly Employer Award**. This supports staff to actively travel to their place of work.	We are supporting **whole system infrastructure planning** for Boards and Scottish Government by delivering a SharePoint site and risk and costing methodologies.

Executive summary
Assurance indicators performance

NHS National Services Scotland

Service Excellence	**Performance is positive.** This objective is scrutinised by the Finance, Procurement and Performance Committee. 80% (20) of our one-year plan deliverables are on track or achieved (green). The remaining 20% (5) are behind schedule (amber) and none are flagged as unlikely to be delivered (red). Freedom of Information performance remains around 99% with only one breach each for 3-day and 20-day acknowledgements. This is an improvement on the same period in 2022/23 when there were 4 and 5 breaches, respectively. *Please note: several service excellence measures are under review and a new report is being developed for Quarter 2 onwards.*
Financial Sustainability	**Performance is positive.** This objective is scrutinised by the Finance, Procurement and Performance Committee. NSS is underspent by £0.7 million and is forecasting a break-even position for 2024/25. NSS Core is overspent by circa £1 million. Hosted funds, excluding the National Services Directorate (NSD), are underspent by £1.6 million. There is an overspend of £0.15 million in NSD due to bowel screening postage costs, but there are currently no concerns in terms of delivering our cash releasing efficiency savings (CRES). The Capital spending position relates to an unfunded cost overrun on the Bain Square project and we are still awaiting funding for the Community Health Index and Child Health programme.
Workforce Sustainability	**Performance is mixed.** This objective is scrutinised by the Staff Governance Committee. The total sickness absence rate for Q1 is marginally above the 4.00% national standard at 4.19%. Absence awareness sessions are being delivered to managers to provide tools to help manage absence. Our turnover rate for 2024/25 to date is much lower at 2.25%. We are proactively encouraging leavers to complete an exit interview questionnaire. This helps us to capture meaningful insights and make relevant interventions. Objective setting (76%), appraisal (77%) and personal development planning (77%) compliance has improved since last quarter following organisational wide communications and oversight from senior management teams.
Climate Sustainability	**Performance is mixed.** This objective is scrutinised by the Finance, Procurement and Performance Committee. There has been an increase in general and clinical waste from the Q1 last year, some of which can be attributed to unwanted materials being cleared out as part of the Gyle Rationalisation project, and disposal of tissue waste that had been in storage. Food waste has reduced mainly due to demand at cafeterias. CO_2 emissions have reduced. Gas and electricity consumption have decreased while water consumption has increased slightly since Q1 last year.

Executive summary
Assurance indicators performance

NHS National Services Scotland

Service Excellence

Performance Indicator	Standard	This quarter	Last quarter
Annual delivery plan completion	90%	**80%**	-
Freedom of Information requests responded to within 20 days	100%	**98.9%**	99.5%
Freedom of Information requests acknowledged within 3 days	100%	**99%**	100%

Climate Sustainability

Performance Indicator	Standard	Q1 2024/25	Q1 2023/24
General waste total (tonnes)	Reduce	81	74
Clinical waste total (tonnes)	TBD	24.7	22.5
General waste recycled or composted (tonnes)	>70%	44.8	39.9
Food waste (tonnes)	TBD	2.9	2.5
Fuel National Procurement fleet (CO_2)	Reduce	287	323
Fuel Scottish National Blood Transfusion Service fleet (CO_2)	Reduce	83	81
Gas CO_2 metered sites (tonnes)	Reduce	340	452
Electricity CO_2 metered sites (tonnes)	Reduce	373	431
Water M^3 metered sites (volume)	Reduce	5,174	4,917

Financial Sustainability

Performance Indicator	Forecast	This quarter	Last quarter
Revenue NSS total	-	**£707k**	-
Revenue (NSS core)	-	**(£937k)**	-
Revenue (hosted funds)	-	**£1,643k**	-
Revenue (NSD)	-	**(£150k)**	-
Cash Releasing Efficiency Savings total (NSS)	£16,510k	**£4,065k**	-
NSS excluding NSD	£15,408k	**£3,915k**	-
Cash Releasing Efficiency Savings total (NSD)	£ 1,102k	**£151k**	-
Capital outturn	-	**£76k**	-

Workforce Sustainability

Performance Indicator	Standard	This quarter	Last quarter
Sickness absence	4.0%	**4.19%**	4.3%
Staff turnover	7.0%	**2.25%**	9.7%
Appraisal compliance	90%	**77%**	70%
Objective setting compliance	90%	**76%**	75%
Personal development plan compliance	90%	**77%**	73%

Assurance Indicators
Quarter 1 2024/25

Service Excellence: 1 Year Plan 2024/25

Q1 RAG Status
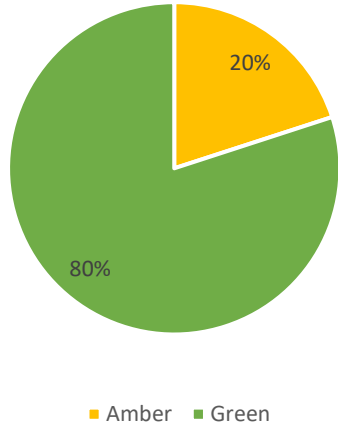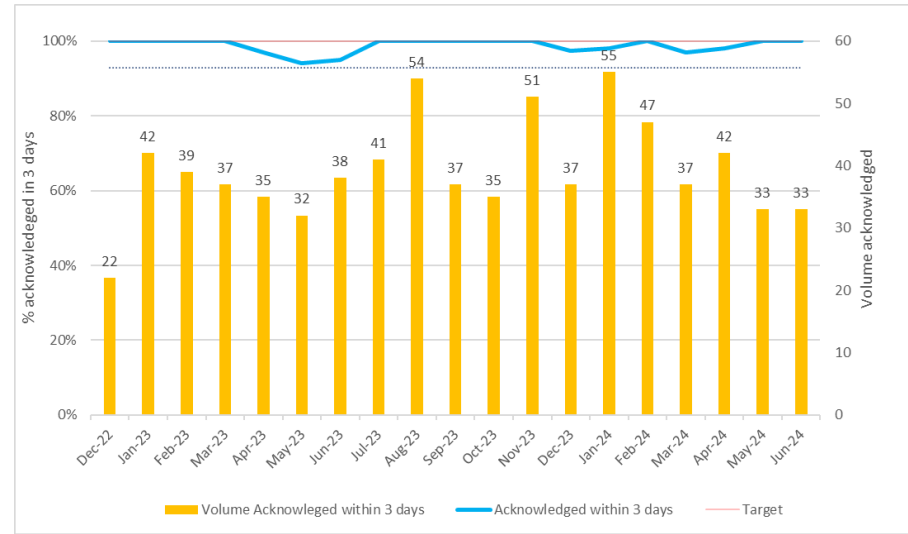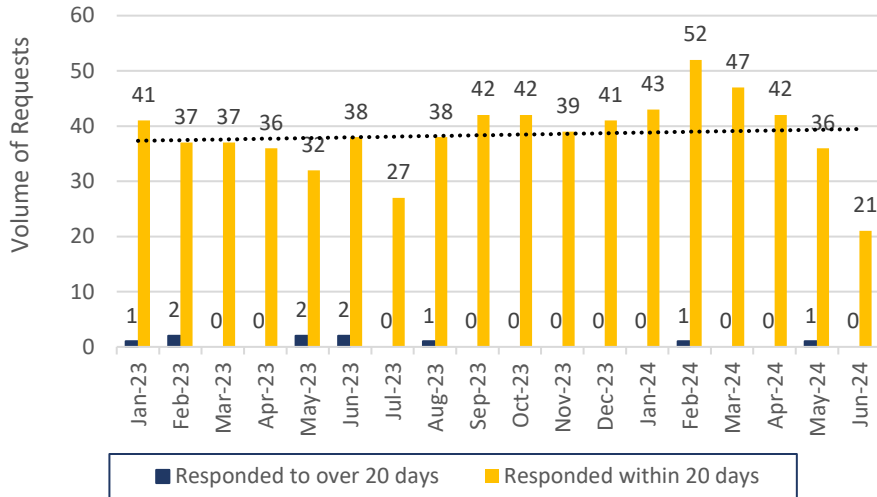

20%
80%

■ Amber ■ Green

Common Variation

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

Summary position	Performance highlights	Behind schedule	Risks
80% (20) deliverables are on track or achieved (green). 20% (5) deliverables are behind schedule (amber). 0% (0) are flagged as unlikely to be delivered (red).	• £200 thousand savings achieved against a forecast of £400 thousand from national contracts. This is the net cost impact after cost increases have been deducted and is in part due to savings secured from medicines. • Counter Fraud cost recoveries and avoidance of £1.07 million achieved against a target of £1.05 million. • National Contact Centre, spring vaccination programme complete and call waiting time targets of 210 seconds met with a time of 158 seconds achieved. • The Central Legal Office are actively engaged with hearings in the Scottish and UK Covid Inquiries and demand has come from all parts of the NHS. • Programme plan, resources and framework to support the NHSScotland Strategic Planning and Delivery Board approved. This supports changes to how services are planned, funded, commissioned and supported by NSD. • 99.6% of general practice, pharmacy, dental and optometry practitioners' payments were made accurately. • Finance Programme Management Office (PMO) established and working closely with the Strategic Change PMO to ensure join up, focus and collaboration across NSS.	The deliverables behind schedule are: • Heavy Goods Vehicles Sustainability: Hydrotreated Vegetable Oil (HVO) Tank and Merge on Wheels. Both activities paused due to a query about whether they meet sustainability targets, and we expect them to be progressed later in the year. • UK Manufacture of Plasma. Storage of plasma has started but there are issues with the validation of an assay (test procedure) which need to be resolved by the manufacturer. Testing has since started in July and the processing of recovered Plasma started in August with a target of first shipment of plasma to the supplier by March 2025. • NCC Service Extension. NHS Highland rejected offer of support for vaccine uptake for childhood immunisations. Further opportunities being pursued with Scottish Government. • Management of Clinical Negligence Claims. The recently implemented Legal Case Management System is causing delays to reporting as the data must be manually checked. A temporary resolution is expected in August and a system update is due in November that should mitigate delays.	Strategic: 7320 7321 7329 7331 *Risk relating to individual deliverables are recorded in the One Year Plan and NSS Risk Register

Service Excellence: FOIs responded to within 3 and 20 day targets

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 for the management of Freedom of Information (FOI) requests. There were 3 requests (out of 473) in the last 12 months when the 20-day standard was not met. This equates to a rolling 12-month compliance level above 99%. Our overall performance position for three-day acknowledgements in Q1 was 99%.	The 20-day target was breached once in Q1 2024/25 as an email was missed by a Directorate FOI Lead. The 3-day target was breached once in Q1 2024/25 as it was initially not identified as a FOI request. Both measures have improved against the same period in 2023/24.	There has been communications with all Directorate FOI Leads to ensure they are aware of the process and guidelines. Freedom of Information (Scotland) Act (FOISA) training and awareness has been undertaken with Marketing Communications and FOI teams supporting National Procurement, National Services Directorate, NHSScotland Assure and Practitioner Services. A further session for the Corporate Governance team is scheduled for August 2024.	A continuous improvement programme is in place. It includes regular review of all open requests, dialogue with directorates regarding deadlines, and the review of closed requests to monitor compliance. Additionally, we continue to communicate with all staff about their responsibilities in relation to Freedom of Information requests.	Strategic 7320 7333 Corporate: 4577

Financial Sustainability

NSS Targets	YTD £'000	Year End Forecast £'000	FY Target and RAG
Revenue NSS Total	707	-	Breakeven
Revenue NSS Core	(937)	-	Breakeven
Revenue Hosted Funds	1,643	-	Breakeven
Revenue NSD	(150)	-	Breakeven
NSS CRES Total	4,065	16,510	3% Recurring
NSS (exc NSD) CRES	3,915	15,408	
NSD CRES	151	1,102	
Capital Outturn	76	-	Breakeven
Cash Balance	5,795	-	Breakeven

Summary position	Analysis	Actions being taken	Improvement opportunities	Risks
NSS is on track to achieve all statutory financial targets. NSS has 3 statutory targets to achieve a breakeven within resource limit. : (1) Revenue (2) Capital (3) Cash Scottish Government also requires all health boards to 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.	• NSS is underspent by £0.7 million year to date but is still forecasting a break-even position for 2024/25. • NSS Core is overspent by c£1 million driven by shortfall in DaS recharges and PGMS income targets not being achieved. • Hosted funds are underspent by £1.6 million, due to phasing of digital budgets and NDC • There are currently no concerns in terms of achieving CRES, although some initiatives are carrying risks that need to be closely monitored. • The capital spending position relates to an unfunded cost overrun on the Bain Square project and advance expenditure on the Community Health Index and Child Health programme as funding has not yet been received. Child Health has £2.1 million of funding confirmed. Bids for core funding are still to be approved.	• NSS Core: The Executive Management Team will scrutinise the Programme Management Service income and Digital and Security recharges in Quarter 2. • Hosted funds: A review of the Logistics budget will be undertaken in Q2 to understand if the current underspend is likely to continue. This may lead to discussions with Boards around the service charge required for breakeven. • Scottish Government Allocations: By June, we had received 39% of the funding allocated to NSS against a target of 80%. Scottish Government Finance has been asked to confirm when NSS will receive its funding and if there is any specific underlying financial risk with outstanding allocations. • Capital: £2.9 million of core funding is available for 2024/25. £0.7 million has been approved and the Sustainability & Infrastructure Board (SIB) will review and approve prioritised capital bids in Q2.	NSS has several areas of focus to deliver its Financial Sustainability strategic objective. The work is detailed within the Financial Sustainability Actin Plan and builds on 2023/24 activity. Whilst Business Finance is driving and co-ordinating the overall NSS plan, staff and services across the organisation are responsible for the delivery of specific actions. Achievement of the Action Plan will help to ensure NSS remains a financially sustainable organisation with a strong financial management culture embedded across all service areas.	Strategic: 7331 7330 Corporate: 6679

Workforce Sustainability: Sickness absence

Year to Date Total Sickness Absence
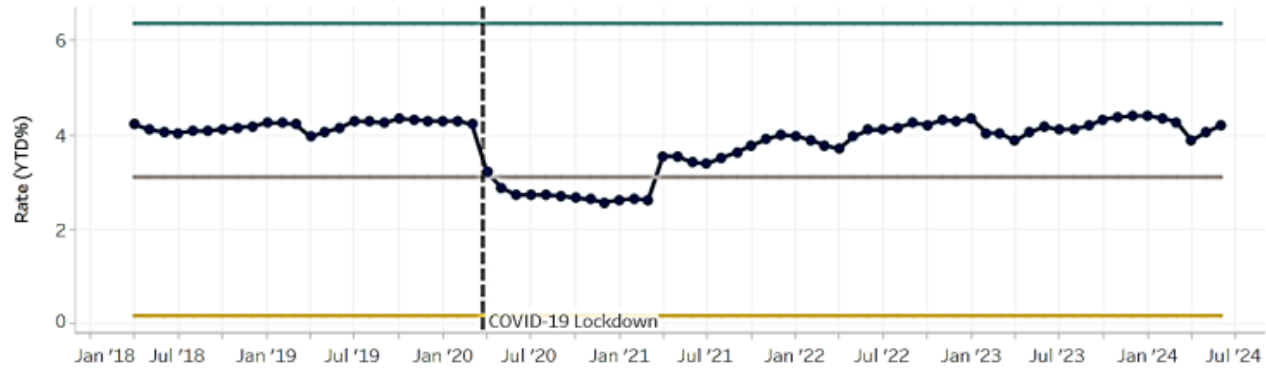
Month	Short Term	Long Term
June 2024	Month: **1.80%** FY: **1.48%**	Month: **2.63%** FY: **2.71%**
May 2024	Month: **1.40%** FY: **1.39%**	Month: **2.56%** FY: **2.66%**

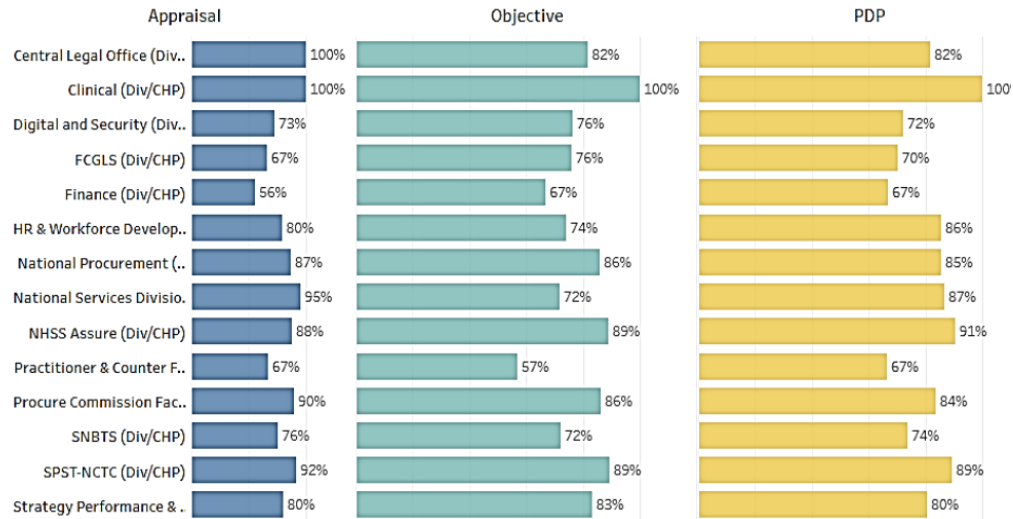| Summary position	Analysis	Actions being taken	Improvement opportunities	Risks
The total sickness absence rate for the financial year is 4.19% and remains marginally above the NHSScotland standard by 0.19%.	The total sickness absence rate for June was 4.43%, up from 3.97% in May with increases in both short- and long-term absence. With the current headcount sitting at 2,745 (Whole Time Equivalent), approximately 121 employees were off due to sickness in June (105 last month). The main driver for sickness absence is in relation to anxiety, stress and depression, with coughs and colds being recorded as the second highest reason. Based on the previous three years absence data, the year-to-date sickness absence for 2024/25 is forecast to be 4.05%.	Absence Awareness sessions are being delivered across NSS by the Case Management team. The objective of these sessions is to give managers the basic tools and information to manage absence, support staff, and reduce absence rates. A new report has been launched showing all employees who have reached a trigger in the month and are still absent.	Sickness absence rates historically rise after each reporting month due to retrospective absence updates from line managers. HR re-run sickness absence reports each month to maximise accuracy and capture retrospective changes. 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.	Strategic: 7312 7305 7320

Workforce Sustainability: Staff turnover

Directorate	Turnover This Month	Turnover Last Month
Clinical	0%	0%
DaS	1.06%	0.85%
FCGLS	1.05%	0.27%
HR	1.08%	1.10%
NP	0.26%	0.43%
NSD	1.17%	0.78%
Assure	0.60%	0.67%
PSD	1.54%	0.22%
SNBTS	0.42%	0.95%
SP&ST-NCC	0%	0%
SP&ST	0%	0.39%

Top 5 Reasons for Leaving (Financial Year)

Reason	Leavers
Retirement - Age	13
Other	12
New Employment Within NHS	11

Summary position	Analysis	Actions being taken	Improvement opportunities	Risks
NSS has recorded 59 new starts, 63 leavers and a turnover rate of 2.25% this financial year. Of the 63 employees who left, 22% were on a Fixed Term contract and 78% were on a Permanent contract. Turnover rates include bank staff. Therefore, the National Contact Centre rates include bank staff, as does the overall turnover percentage for NSS.	The main reason for staff leaving the organisation is retirement. This is closely followed by new opportunities within the wider NHS, and the "other" category. The "other" category relates to opportunities within the wider public sector, education and training, or no further employment. The turnover forecast for the end of this financial year is 12.98%, which is higher than the agreed target of 12%.	HR monitor turnover rates with Senior Management Teams and information is readily available in management dashboards. We are proactively encouraging leavers to complete an exit interview questionnaire. This helps us to capture meaningful insights and make relevant interventions. We are monitoring and improving the accuracy of our turnover forecast as we progress through the year.	HR has 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. This provides more accurate data, for example taking into account changes to fixed term contracts.	Strategic: 7312 7305 7320 Corporate: 7237

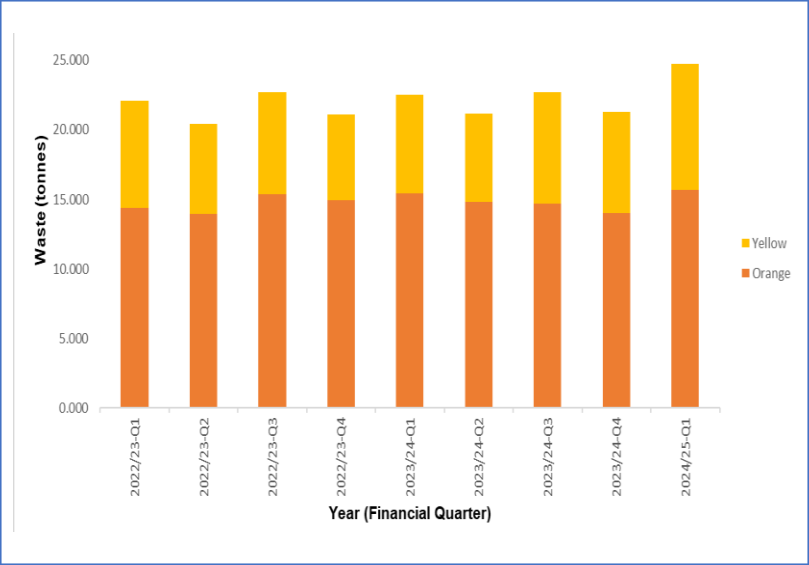# Workforce Sustainability: TURAS appraisal

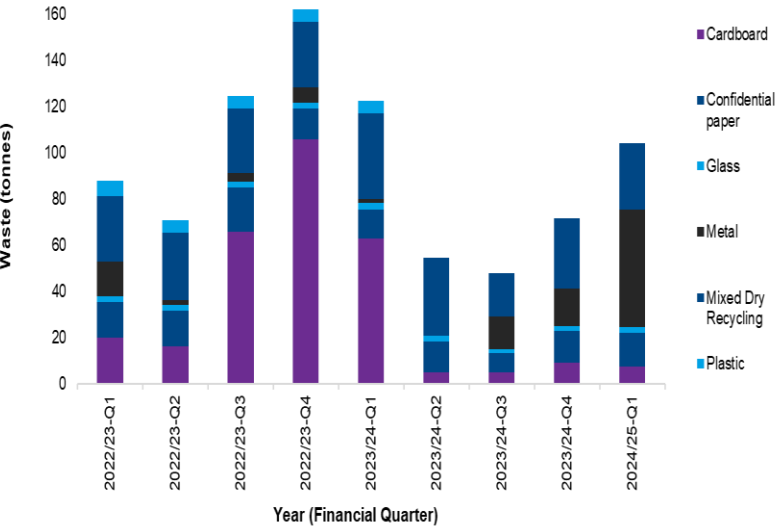| Summary position	Analysis	Actions being taken	Improvement opportunities	Risks
Compliance across all three measures was below the 90% standard we set ourselves: • 77% for appraisals • 76% for objectives • 77% for personal development plans *Please note: The compliance rates are calculated by excluding 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.*	Compliance rates have increased/ since the last period. See slide 6. This can be attributed to increased focus by staff and managers. Assessments completed within directorates show that discussions about objectives and personal development plans are still ongoing and yet to be signed off.	The need for compliance and considerations for how to achieve it has been raised with directorate senior management teams. They will be responsible for ensuring actions are in place to meet agreed standards.	Staff are also responsible for ensuring they have had an appraisal and that objectives and a personal development plan are in place. We will remind staff of the importance of planning in end of year reviews and objective and personal development plan setting meetings.	Strategic: 7312 7333 Corporate: 7237

Climate Sustainability: General Waste

Summary position	Analysis	Actions being taken	Improvement opportunities	Risks
The graph above provides an analysis of general waste from 2022/23-Q1 until 2024/25-Q1, showing a variation in trend. General waste is waste that does not contain recyclable content and does not fit into another waste stream. *Please note: once the new waste contract is implemented, general waste will be known as residual waste.*	2024/25-Q1 has seen an increase of 12 tonnes when compared to 2022/23-Q1 and 6.8 tonnes when compared to 2022/23-Q4. The increase in general waste in 2024/25-Q1 is due to three NSS sites – Gyle Square, Canderside and Coddington. The increase at Gyle Square has been attributed to increased waste production through the Gyle Rationalisation project as office areas look to clear out any unwanted materials. For the warehouses, the increase is due to expired stock and stock management.	Continue to monitor waste data and information from the Gyle Rationalisation project. We expect this to follow similar trends to Meridian Court. Waste minimisation group in place to identify opportunities and areas of improvement. Work to identify waste segregation improvements within one warehouse has been completed. Next steps are to implement the recommendations and complete similar exercises at the other two warehouses.	Business as usual waste auditing continues to identify poor segregation and sites/areas where improvements need to be made. Factual waste weight is required to help identify further improvements to site waste segregation. *Please note: Future regulation changes, will make it mandatory for suppliers to produce factual waste weights.*	Strategic: 7321 7330 Corporate: 6679

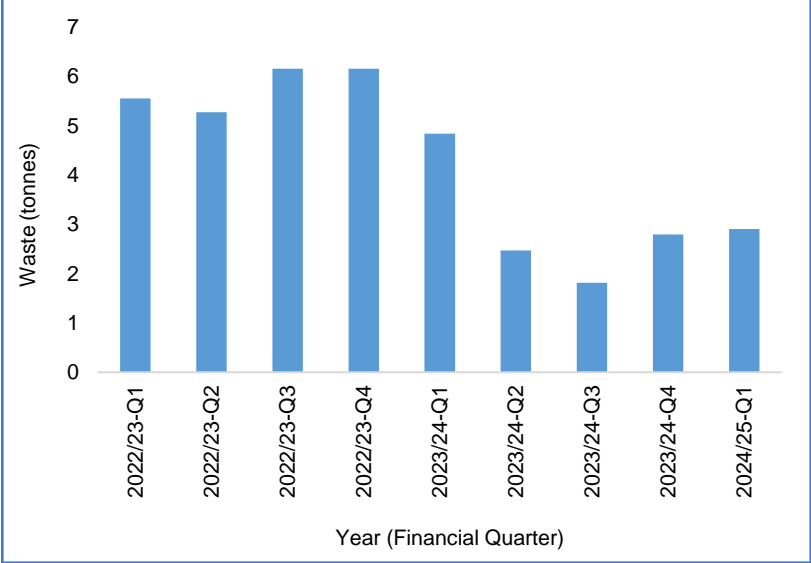# Climate Sustainability: Clinical Waste

Summary position	Analysis	Actions being taken	Improvement opportunities	Risks
Clinical waste data comes from five NSS sites: Gartnavel, Gyle, Lauriston, the Jack Copland Centre (JCC) and Possilpark, and community donor sessions. 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. Please note: Data is only available for sites where clinical waste is collected by our contractor. Discussions are taking place to address any gaps in our clinical waste data.	Clinical waste production has increased by 2.1 tonnes since the same period last year. The increase is primarily in the yellow waste stream and due, in part, to the disposal of tissue waste that had been in storage for several years. Clinical waste trends remain consistent with waste production trends.	Business as usual Pre-Acceptance Audits are carried out annually with all sites.	A change in consumables (orange bag sizes and sharps containers) will present sustainability benefits as well as demonstrate best practice. Current orange bag usage is 20%, a reduction in its size for one area of SNBTS will ensure optimisation of bag capacity. Changing from orange lidded sharps containers to metal recovery containers will allow us to implement metal recovery – when the waste supplier is able to provide the service – and support circular economy ambitions.	Strategic: 7321

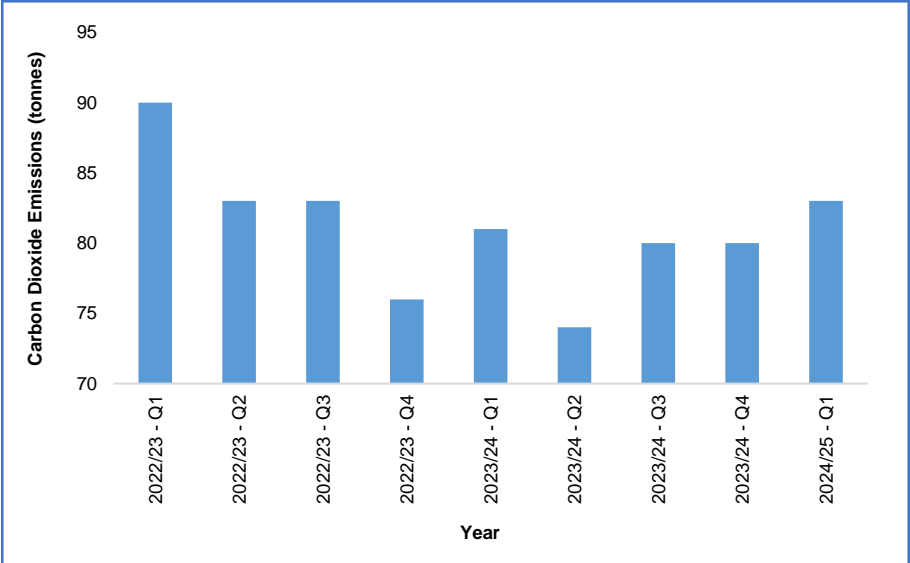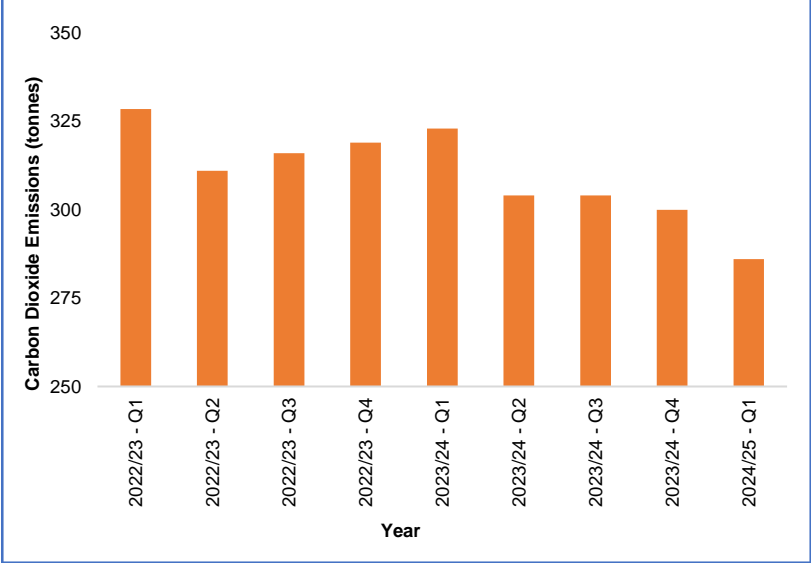# Climate Sustainability: General Waste Recycled or Composted

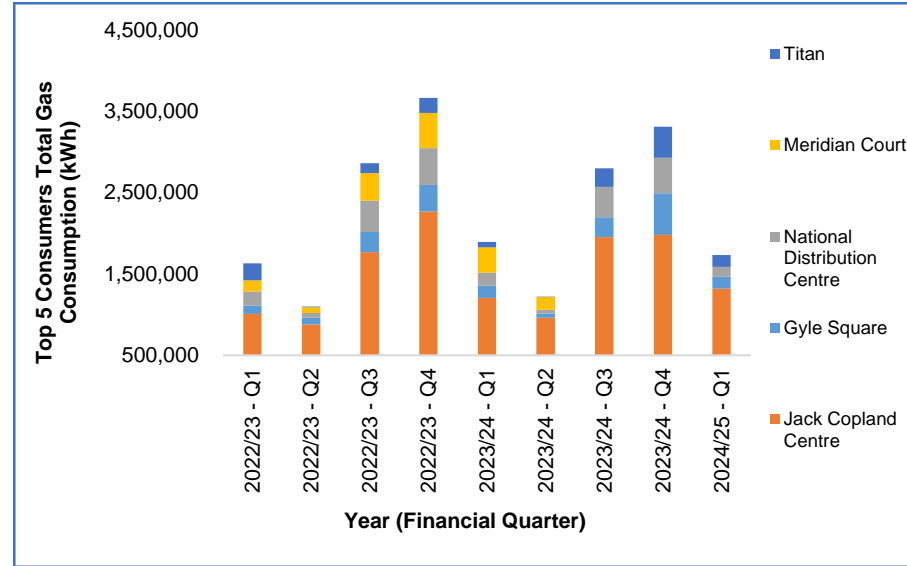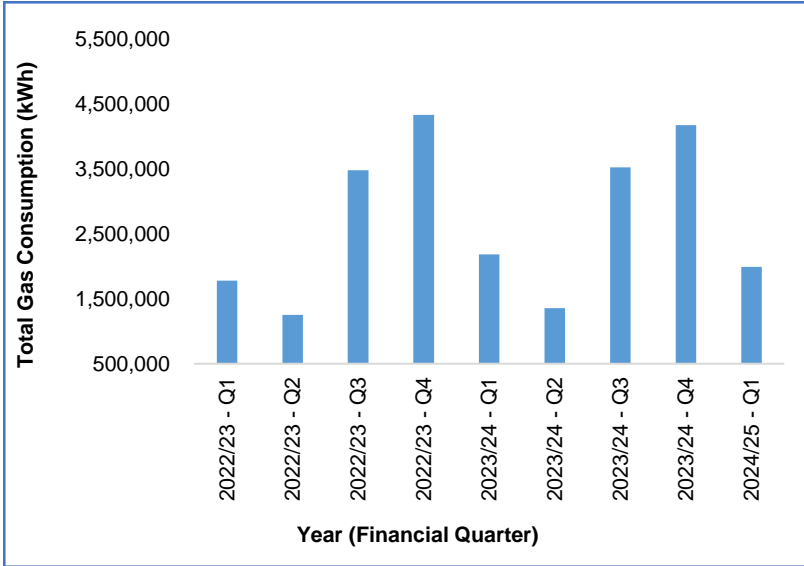| Summary position	Analysis	Actions being taken	Improvement opportunities	Risks
The graph above shows total recyclable waste across all NSS sites broken down by material between Q1 2022/23 and Q1 2024/25. *Please note: Waste data is industry standard weights and not factual. This will change with the implementation of the new General and Recyclets contract in 2024/25.*	Performance shows peaks and troughs. This is due to buildings collating their recyclable waste (i.e. cardboard, scrap metals etc.) and then recycling all materials at the same time; usually every three to four months.	Business as usual waste auditing continues to identify poor segregation and sites/areas where improvements need to be made.	As part of the new contract, material will be split into the raw commodities providing better data quality, recycling quality and enabling us to promote best practice. There will also be a reduction in the mixed dry recycling waste stream. We expect general site waste performance to improve with the availability of more accurate data through the new contract.	Strategic: 7321 7330 Corporate: 6679

Climate Sustainability: Food Waste

Summary position	Analysis	Actions being taken	Improvement opportunities	Risks
The graph shows total food waste across all NSS sites between Q1 2022/23 and Q1 2024/25.	There has been a reduction of 2.6 tonnes in Q1 2024/25 when compared to Q1 2022/23 and 1.93 tonnes when compared to Q1 2023/24. We expect to see food waste levels reduce due to the closure of Meridian Court in Glasgow and less uptake of cafeterias by staff at the JCC and Gyle Square sites in Edinburgh.	Soft Facilities Management is improving stock management. Business as usual waste auditing continues to identify poor segregation and sites/areas where improvements need to be made.	Factual waste weight is required to help identify further improvements to site waste segregation. *Please note: Future regulation changes, will make it mandatory for suppliers to produce factual waste weights.*	Strategic: 7321 7330 Corporate: 6679

Climate Sustainability:
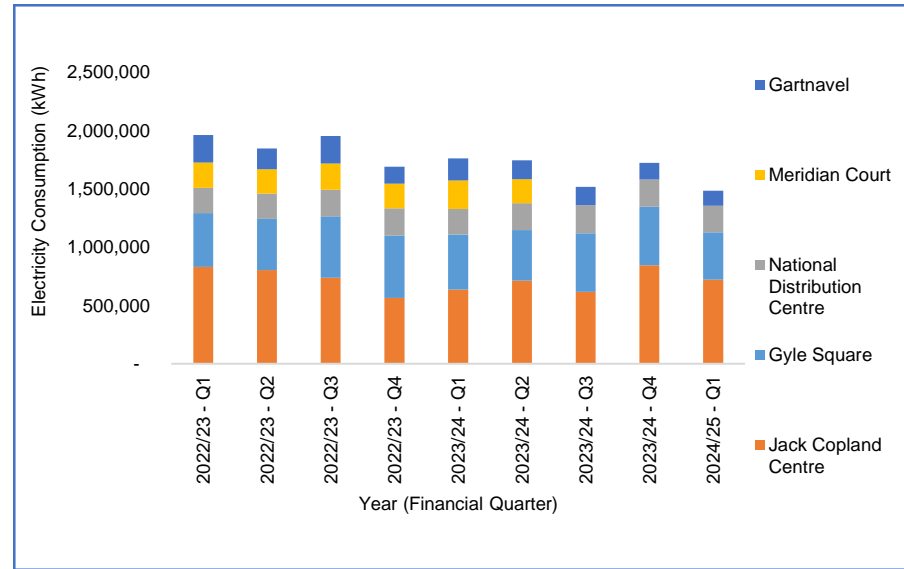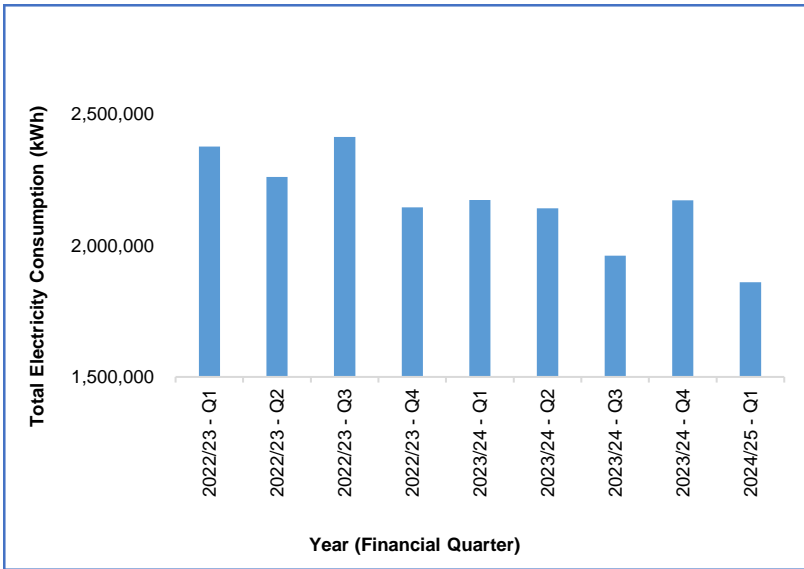## Fuel National Procurement & SNBTS Fleet

Summary position	Analysis	Actions being taken	Improvement opportunities	Risks
The graphs above highlight the CO_2 emissions produced across the National Distribution Sites (NDS) and the Scottish National Blood and Transfusion Service (SNBTS).	At Q1 2024/25 NDS had reduced emissions by 42 tonnes of CO_2 and SNBTS has also decreased emissions by 7 tonnes. The NDS CO_2 reduction was achieved with driven training to improve vehicle efficiency, implementation of eco vehicles, and a reduction in journeys required due to the implementation of new double decker trailers.	A funding bid submission has been made to Transport Scotland for additional electric charging infrastructure to support the transition to a zero-carbon fleet.	The introduction of Hydrotreated Vegetable Oil (HVO) will act as a stepping stone technology towards net-zero for the National Procurement fleet. This is expected to deliver a decrease in emissions by the end of this financial year.	Strategic: 7321

Climate Sustainability: Gas Metered Sites

Summary position	Analysis	Actions being taken	Improvement opportunities	Risks
The graphs shows quarterly gas consumption across NSS between Q1 2022/23 and Q1 2024/25, total and by site. The total number of sites included in our current analysis is 8. The previous quarter included Meridian Court use. We do not include sites which we share with other NHS Boards and where another Board is the site host.	Gas consumption varies depending on the time of year with higher levels of consumption in Q3 and Q4. The JCC consumes an average of 56% of total gas consumption over all 9 NSS buildings (including Meridian) where we can measure gas consumption.	Working with external stakeholders to better understand methods to improve our gas consumption to improve efficiency of use.	Implementation of automatic meter readers will help us to better understand the use of gas in NSS sites and enable us to identify improvement areas and pathways for transitioning to more sustainable alternatives.	Strategic: 7321 7330 Corporate: 6679

Climate Sustainability: Electricity Metered Sites

Summary position	Analysis	Actions being taken	Improvement opportunities	Risks
The graphs show quarterly electricity consumption for the top five electricity consuming buildings, total and by site.

Meridian Court, the fourth highest electricity consuming building, is no longer in use as NSS vacated the property at the end of Q2 2023/24. Meridian court will be removed from this report from Q3 2024/25.

We do not include sites which we share with other NHS Boards and where another Board is the site host. | Comparing Q1 for the past three years, NSS has had a reduction year on year resulting in an overall reduction of just over 500,000 kwh. This has been achieved with the closure of Meridian Court and reduction of energy usage at various sites due to warmer winters.

JCC consumes an average of 33% of total electricity consumption over all 15 NSS buildings where we can measure electricity consumption. JCC electricity consumption includes any electricity generated on site by solar. | Working with external stakeholders to better understand methods to improve our electricity consumption and improve efficiency of use. | Implementation of automatic meter readers will help us to better understand the use of electricity in NSS sites and enable us to identify improvement areas and pathways for transitioning to more sustainable alternatives. | Strategic: 7321 7330

Corporate: 6679 |

Climate Sustainability: Water Metered Sites

Summary position	Analysis	Actions being taken	Improvement opportunities	Risks
The graph above shows total water consumption across NSS between Q1 2022/23 and Q1 2024/25. The graph on the left show's consumption for the top five water consuming buildings. Incomplete data and late invoicing from a supplier has resulted in a delay for reporting Q1 2024/25 usage. Usage at Possilpark hasn't been reported since January 2024 due to supplier system issues.	The increase in water use from Q3 2023/24 can be attributed to the inclusion of Hassockrigg Eco Park and Titan, both of which were previously unreported. JCC is the highest water consuming building within NSS. Factors that may be causing this include the heating, ventilation and air conditioning system in place and specialist laboratory practices. Historically, water has been poorly reported. As bills appear at different times reporting can be inconsistent.	The NSS Sustainability team is working with the Facilities Projects team on the implementation of automatic meter readers for water. To date there are only 2 sites awaiting implementation, Gartnavel and Foresterhill.	Implementation of automatic meter readers will help us to better understand the use of water in NSS sites and enable us to identify improvement areas and pathways for transitioning to more sustainable alternatives.	Strategic: 7321 7330 Corporate: 6679

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
4577	IG Legislation Breach	There is a risk that NHS NSS breaches relevant legislation in relation to information due to incomplete organisational preparation for new and existing laws e.g. in data protection.	DaS Director	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

NHS SCOTLAND

Meeting	NSS Board
Meeting date	Friday 27 September 2024
Title	NSS Risk and Issues Report (as at end M4, July 24)
Paper Number	B/24/32
Responsible Executive/Non-Executive	Lee Neary, Director, Primary & Community Care (Interim) / Strategy Performance & Service Transformation
Report Author	Tracy Maxwell, Planning and Performance Manager, Caroline McDermott, Head of Planning

1.   Purpose

1.1   This paper is presented for scrutiny and provides the Board with the latest position for corporate red risks, corporate issues and strategic risks at the end of Month 4, 31st July 2024.

2.   Recommendation

2.1   As the responsible Executive, I am assured that the risks and issues contained within this report are being appropriately managed and escalated as necessary through established NSS processes.

2.2   It is recommended that the Board scrutinise the risks and issues position as at July 2024, to assure themselves that corporate red risks, corporate issues, and all strategic risks are being managed appropriately and to suggest improvements.

3.   Executive Summary

3.1   This paper provides details on the latest position for corporate red risks, corporate issues and strategic risks. All risks and issues are being managed by owners with actions in place to mitigate the likelihood and impact of risks occurring and to resolve issues. Each corporate risk, issue and strategic risk is scrutinised at the relevant Board Committee, based on their primary risk category.

3.2   **Corporate issues:** There are currently no corporate issues recorded on the NSS Risk Register.

3.3   **Corporate red risks:** At the end of end July there were 15 corporate risks consisting of no red risks, 11 amber risks and 4 green risks.

3.4   **Strategic risks:** All strategic risks are being managed, have action plans and controls in place to mitigate against occurrence. Board Committees scrutinise mitigating actions and risk performance. The overall strategic risk position remains the same as March with 5 red and 5 amber risks and no change in risk scores.

3.5   **Risk watchlist:** There was 1 amber corporate risk on the Board watchlist, where actions have continued towards closure. This risk was closed following the end of the reporting period on 6 August: 6121 – Unstructured and Unclassified Data.

4.   Impact Analysis

4.1   Quality and Value

4.1.1   Clinical risks are considered by the Clinical Governance Committee (CGC). Clinical staff related Health and Care Staffing Act (2019) risks and issues are also overseen by the CGC.

4.1.2   There are no Corporate risks with Clinical as a primary category.

4.1.3   1 amber strategic risk has Clinical as a primary category: 7305 – Clinical and Patient Safety (Clinical Directorate)

4.2   Equality and Diversity, including health inequalities

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

4.3   Data protection and information governance

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

5.   Risk Assessment/Management

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

6.   Financial Implications

6.1   There are two red strategic risks considered within this report with a financial impact of over £1,000k and are subject to review at the Finance, Procurement and Performance Committee (FPPC): 7331 – Financial Sustainability (Finance); and 7330 – Rationalisation of Office Accommodation (Finance)

7.   Workforce Implications

7.1   Staff risks are considered by the Staff Governance Committee (SGC).

7.2   There are no corporate red risks with a primary category of Staff.

7.3   There is one amber strategic risk with a primary category of Staff: 7312 – Workforce Sustainability (HR)

8.   Climate Change and Environmental Sustainability Implications

8.1   Work which NSS is undertaking to mitigate climate change and environmental sustainability is reported to the FPPC.

8.2   One amber strategic risk relates to climate change: 7321 – Climate Change (NHSScotland Assure)

9.   Route to Meeting

9.1   The Executive Management Team (EMT) review all corporate red risks, issues, and new amber risks at their monthly meetings and most recently on 23rd September 2024. Detailed review of corporate and strategic risks takes place at relevant Committees.

10.   List of Appendices and/or Background Papers

10.1   The following is included:

10.1.1   Appendix 1, Risks and Issues Report as at Month 4, 31st July 2024.

Definitions

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

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

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

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

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

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

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

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

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

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

Appendix 1

Risks and Issues Report (Month 4, 31st July 2024)

This paper presents the Board with the latest position on risk management activity across all corporate red risks, corporate issues and strategic risks. It is an opportunity for the Board to review these risks and issues in line with the reporting requirements set out in the Integrated Risk Management Approach (IRMA).

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

Corporate Risks

At Month 4, 15 corporate risks and 3 issues were identified. This included no red risks, 11 amber risks and 4 green risks.

Figure 1: Overall Corporate Risk Position at M4 FY25

			Likelihood					Total
			Rare	Unlikely	Possible	Likely	Almost Certain	
		Score	1	2	3	4	5	
Impact	Catastrophic	5	0	2	0	0	0	2
	Major	4	0	1	5	0	0	6
	Moderate	3	0	1	4	0	0	5
	Minor	2	0	1	0	0	0	1
	Negligible	1	0	1	0	0	0	1
	Total		0	6	9	0	0	15

Corporate Red Risks on 31 July 2024

There were no corporate red risks at the end of July.

Corporate Risks Watch List

6121 Unstructured and Unclassified Data

Current RAG	Initial RAG	Residual RAG
12	15	8

Review Date	Opened Date	Proximity Date
31/10/24	09/09/20	31/03/25

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

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

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

Update: The main mitigation activity for this risk was the transition from the legacy business classification scheme (BCS) to the new SharePoint system as part of the NHSScotland wide adoption of Microsoft Office 365. NSS managed the activity through the SharePoint Online Project to implement SharePoint within NSS. As part of the project, all directorates were required to cleanse files and folders in line with all appropriate polices, e.g. the NSS Document Storage and Retention Policy and NSS Corporate Records Management Policy, both of which were refreshed in 2023.

Additionally, actions were implemented in line with audits associated with the Network Information Systems Directive (NISD) and by the Information Commissioner's Office (ICO). The most notable example is the introduction of a sensitivity labelling scheme for all data and emails. The sensitivity labelling supports the classification of all files and folders, allowing the risk to be closed.

With the systems and policies now in place, work continues within Directorate to provide compliance through their operational roll out of SharePoint.

Corporate Issues

There are no Corporate Issues.

Strategic Risks

The Board approved 10 strategic risks at its meeting in December 2023. These risks have been recorded on the risk register, are being managed using the Integrated Risk Management Approach, and are reported to Committees based on their primary risk category. There has been no movement in risk scores since the risk were initially identified and agreed.

7333 Governance and Regulatory Compliance

Current RAG	Initial RAG	Residual RAG
12	12	6

Review Date	Opened Date	Proximity Date
31/10/24	31/01/24	31/03/25

Primary Category	Mitigation Strategy	Risk Owner
Business	Prevention	Director of Finance

Summary: There is a risk that we fail to meet appropriate corporate legal, governance and regulatory requirements, due to limited staff capacity and capability, ineffective internal processes, and wider service pressures.

Impact: Failure to meet regulatory requirements would have a potential impact on services which operate in a highly regulated environment and could result in financial penalties, impact on staff wellbeing and reputation with stakeholders.

Update: Regular Senior Leadership Team meetings are held to monitor and allocate resources, and Corporate Oversight Governance Group meet bimonthly to review policy updates. A review of staff skills sets will be undertaken as part of this process.

7331 Financial Sustainability

Current RAG	Initial RAG	Residual RAG
15	15	10

Review Date	Opened Date	Proximity Date
31/10/24	31/01/24	31/03/25

Primary Category	Mitigation Strategy	Risk Owner
Business	Reduction	Director of Finance

Summary: 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.

Impact: This would impact on the ability to balance the budget and meet cash releasing efficiency savings, whilst providing best value and savings for the NHS in Scotland. Our ability to invest in improving our services to meet our strategic objectives may be compromised.

Update: The Directorate Finance Charters issued to Directorates in June 2024 outlined the importance of the Financial Sustainability strategic objective in the context of the unprecedented financial challenge affecting NHSScotland. They also outlined how Finance will support individual Directorates during FY24/25 and sets out the responsibilities of delegated budget holders.

Monthly update calls are held with Scottish Government Finance to communicate and flag upcoming plans along with any other Finance related topics. Engagement with Scottish Government is also ongoing with a view to increasing the percentage of baseline funding as far as possible.

Workforce planning is incorporated into the 24/25 Budget and workforce requirements are continuously assessed.

7330 Rationalisation of Office Accommodation

Current RAG	Initial RAG	Residual RAG
15	15	10

Review Date	Opened Date	Proximity Date
31/10/24	30/01/24	31/03/25

Primary Category	Mitigation Strategy	Risk Owner
Business	Prevention	Director of Finance

Summary: There is a risk that NSS is unable to fully realise savings and service improvements from the rationalisation of its office accommodation. Due to the requirement to work collaboratively with, and at the pace of national boards and other stakeholders.

Impact: Estate rationalisation is a key element of NSS' longer term financial and environmental sustainability plan.

Update: Work is underway with NSS directorates, Public Health Scotland, Scottish Ambulance Service and Health Improvement Scotland to deliver the Smarter Use of Space programme at Gyle Square. We are engaging with territorial boards, Scottish Government and other parties on plans for the estate. There are regular updates to NSS staff and other National Boards on the status of the programme and several staff have moved to their final or temporary locations. A consultation is due with Central Legal Office (CLO) staff ahead of their planned move from Anderson House to Gyle Square later in the year. Bain Square was handed over to the landlord in August and scanning services have successfully transferred to Gyle Square.

NSS Strategic Infrastructure Board continues to meet quarterly. Scottish Government request for the NSS Long Term Capital initial plan is due for submission in January 2025 with work ongoing to prepare this.

7329 Delivery of National Programmes

Current RAG	Initial RAG	Residual RAG
16	16	8

Review Date	Opened Date	Proximity Date
31/10/24	30/01/24	31/03/25

Primary Category	Mitigation Strategy	Risk Owner
Business	Reduction	Director of Finance

Summary: 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. Due to the opt-in rather than opt-out approach used by NHS Scotland, the governance lying out with NSS, and potential impact of decisions made elsewhere.

Impact: Potential impact on the value of the investment made in national programmes not being realised and impact on credibility with stakeholders.

Update: All actions are ongoing. We are working across the organisation to ensure all business cases clearly articulate the cost to deliver and the Once for Scotland value they create once operational. Work continues with stakeholders to ensure close engagement and agreement of roles and responsibilities for all projects and programmes. We are also engaging with stakeholders (including Scottish Government, health and social care partners and wider public sector) to promote NSS' capabilities and expertise in estate, infrastructure and national digital programmes.

7322 Public Scrutiny and Inquiries

Current RAG	Initial RAG	Residual RAG
12	12	9

Review Date	Opened Date	Proximity Date
31/10/24	16/01/24	31/01/25

Primary Category	Mitigation Strategy	Risk Owner
Reputational	Reduction	Director of SPST

Summary: There is a risk that NSS does not meet statutory requirements and requests from public inquires and other forms of external scrutiny. Due to the devolved approach the organisation takes to respond.

Impact: Potential impact on quality of response, missed deadlines and media scrutiny, recognising the impact on workload for the staff who are responding to requests.

Update: Reporting for all public inquiries NSS is responding to is now coordinated centrally and reported at individual programme level, EMT and NSS Board.

There are ongoing discussions with DaS, PgMS and NCC in relation to a digital solution to capture and manage all 'customer contact' enquiries, including external requests for information.

The Programme Team has been facilitating engagement sessions with Directorates with responsibilities for responding to external requests for information to capture good practice and share lessons learned. Findings will be reported to the Corporate Governance Oversight Group in the Autumn.

7321 Climate Change

Current RAG	Initial RAG	Residual RAG
9	9	6

Review Date	Opened Date	Proximity Date
30/04/25	16/01/24	30/04/25

Primary Category	Mitigation Strategy	Risk Owner
Business	Prevention	Director of NHSS Assure

Summary: 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.

Impact: There is potential delay to major change programmes which are aimed at providing environmental benefits. If targets are not achieved, NSS could face criticism from stakeholders and lose credibility as we host the national team responsible for NHSScotland environmental and climate sustainability.

Update: The Sustainability team is working with NSS Waste Management Officer and Procurement on a mini competition for the new General & Recyclets waste contract. This will bring improvements in resource segregation and data quality and help identify areas for improvements. A short life working group is looking at ways to improve resource segregation and reduce stock wastage.

The 2024/25 Switched on Fleets bid is tentatively awarded. The bid is for the first permanent solar car canopy in NHSScotland with Electric Vehicle chargers at JCC.

Work continues to develop a Turas eLearning module with content having been created. A funding application has been awarded for 12 applicants for environmental management system training, with training anticipated to take place in Quarter 2 FY25.

Improvements have been made in the Greenspace and Biodiversity at estates that are utilised by staff, providing a welcoming outdoor wellbeing space for staff and visitors.

Digital flood risk assessments are ongoing.

7320 Service Excellence

Current RAG	Initial RAG	Residual RAG
16	16	6

Review Date	Opened Date	Proximity Date
30/09/24	15/01/24	31/03/26

Primary Category	Mitigation Strategy	Risk Owner
Business	Prevention	Director of SPST

Summary: There is a risk that NSS is unable to deliver effective services for its users which 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.

Impact: There is potential to fall short of user and stakeholder expectations and agreed timescales which could result in lack of improvement or delays and may result in reputational damage or media scrutiny.

Update: A presentation is being made to Change Oversight Group at end of August to confirm programme management support in relation to a new or improved corporate information system. A business case has been completed for a new corporate risk system and a project team is in place to manage this transition.

1 Year plan has been approved and updates as at Quarter 1 will be reported separately to the Board. A new format for the Integrated Performance Report was approved by the Board in June. The NSS Strategic Framework has been launched. Directorates have reviewed their operational performance indicators to ensure that they support the Service Excellence objective.

The Quality Management Framework and Quality Improvement Strategy are complete, approved by EMT and NSS Board, and implementation is well under way, supported by a full programme of activity. This area of work has now transitioned into SPST.

Budgets for FY24/25 are approved by Scottish Government and Directors and budget holders are expected to remain within budget. Monthly updates on status vs budget are provided monthly.

7312 Workforce Sustainability

Current RAG	Initial RAG	Residual RAG
12	12	4

Review Date	Opened Date	Proximity Date
30/08/24	11/01/24	31/03/25

Primary Category	Mitigation Strategy	Risk Owner
Staff	Prevention	Director of HR

Summary: 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.

Impact: There is the potential to see negative service impacts, including to standards, quality and timescale delays, leading to adverse satisfaction from stakeholders where there are workforce challenges alongside additional burdens for existing staff to cover unfilled roles.

Update: An Employability Plan is in place with a focus on redeployment, ex-armed forces personnel, and the NHS Academy. This also supports the workforce workstream of the Anchors Strategy.

The iMatter survey has been completed with a response rate of 80% (target 78%). Actions plans are now being developed and outcomes have been ~~will be~~ reviewed at the August Partnership Forum with follow up actions being taken forward.

The NSS Workforce Strategy and Workforce Plan are currently being reviewed, with publication due end October.

7305 Clinical and Patient Safety

Current RAG	Initial RAG	Residual RAG
12	12	8

Review Date	Opened Date	Proximity Date
30/09/24	20/12/23	31/03/26

Primary Category	Mitigation Strategy	Risk Owner
Clinical	Prevention	Clinical Director

Summary: There is a risk that preventable harm may occur to patients and service users resulting in a negative outcome. Due to emerging areas of potential harm and evolving requirements, NSS needs to remain proactively focused on ensuring and continuously improving the clinical and patient safety of the care, services and products we provide.

Impact: When events go wrong in our patient/ public facing services this may result in an adverse event activating the organisational duty of candour and/or non-compliance with regulatory requirements, potentially leading to financial penalties. There could be disruption to services and potentially some delay to projects.

Update: A draft Q1 internal report in relation to the Health and Care (Staffing) (Scotland) Act has been submitted to Healthcare Improvement Scotland (this is in advance of the NSS Staff Governance Committee on 5 September).

An initial draft action plan in response to the Infected Blood Inquiry recommendations has been submitted to the NSS Clinical Governance Committee. An SNBTS Steering Group has been established.

A Clinical Governance delivery plan has been developed and Associate Director for Nursing, Clinical Governance and Quality Improvement has been presenting to Clinical Governance groups (or equivalent) around clinical governance maturity assessments.

The Quality Improvement (QI) Hub, including a toolkit, case studies and training opportunities, went live in June, with increasing membership of the QI Teams channel following promotion of the site. Cohort 2 of the Quality Improvement and Value Skills programme begins in August.

A review of the documentation for the Software as a Medical Device (SaMD) Quality Management System (QMS) has taken place by the clinical informatics senior management

team with positive feedback. The 3rd party review of the QMS has also completed, again with a positive outcome, with both reviews only highlighting minor corrections/clarifications.

7300 Cyber Security

Current RAG	Initial RAG	Residual RAG
20	20	12

Review Date	Opened Date	Proximity Date
31/08/24	15/12/23	31/03/25

Primary Category	Mitigation Strategy	Risk Owner
Business	Reduction	Director of DaS

Summary: There is a risk that NSS could be the subject of a Cyber-attack resulting in critical loss of service, loss of data, or serious adverse event impacting clinical safety.

Impact: Cyber-attacks can disrupt operations, causing direct impact on specific clinical and business or supplier systems, making them not able to operate as intended, thus having a detrimental impact on service. Cyber-attacks can lead to immediate and consequential financial losses due to theft of funds, ransom payments, cost of investigations or regulatory fines.

Update: The Cyber Centre of Excellence strategy and NSS strategy are both being finalised following stakeholder feedback. Once published strategic roadmaps will be developed for both.

A tender for specialist consultancy services for security controls testing has been delayed until August due to resource constraints.

End to end assurance and monitoring for third party contracts is now procured. Implementation begins August 2024 with National Procurement team.

Following several workshops, key risk indicators have been drafted for consideration by the Information and Security Governance Group in September. This will allow cyber risks to be articulated and measured consistently.

NHS National Services Scotland

Meeting:	**NSS Board Meeting**
Meeting date:	**27 September 2024**
Title:	**Public Inquiries Update**
Paper Number:	**B/24/31**

Responsible Executive/Non-Executive:	**Lee Neary, Director of SPST**
Report Author:	**Marie Brown, Head of Public Inquiries and Scrutiny**
	[Reviewed by **(Directorate Director)** 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 23 September 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

Meeting	Executive Management Team – Sep 2024		
Reporting On	➢ UK and Scottish COVID-19 Public Inquiries ➢ Scottish Hospitals Public Inquiry ➢ Consultations	**Period Covered**	7 Aug – 4 Sep 2024

EMT/24/155

Upcoming Hearings (in order re substantive hearings, including Scottish Hospitals Inquiry)	
Public Inquiry	**Dates**
Scottish Hospitals Inquiry (Glasgow 3) – (will clash with UKI Module 3 hearings)	19 August 2024 - 8 November 2024
UK COVID-19 Inquiry Module 3 (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 (*break 14 October - 25 October 2024*) recommencing 28 October - 28 November 2024
Scottish COVID-19 Inquiry Education and Young People Impact Hearings	4th November – 20th December 2024
UK COVID-19 Inquiry Module 4 (Vaccines and Therapeutics) the evidential hearing has now been rescheduled to cover three weeks in London.	14 January 2025 - 30 January 2025
UK COVID-19 Inquiry Module 5 (Government Procurement) the evidential hearings will be held in London	3 March 2025 - 3 April 2025
Scottish Hospitals Inquiry (Glasgow 4)	expected spring 2025
UK COVID-19 Inquiry Module 6 (Care Sector)	scheduled for Summer 2025 (after the hearings for Module 7)
UK COVID-19 Inquiry Module 7 (Test, Trace and Isolate) the hearings will be held in London	Spring 2025

COVID-19 Public Inquiries - Executive Highlights

UK COVID-19 Public Inquiry

➢ **Module 1** (Preparedness, pre pandemic planning) – Module 1 Report and recommendations were published on Thursday 18th July. There is no direct impact for NSS.

➢ **Module 2** (Key decision making) – The last of the Module 2 hearings concluded in May 2024. 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 PHS. NSS provided the Inquiry with four witness statements, over 600 supporting documents and reviewed over 740 documents. One member of staff from NSS has been identified to give evidence at the up-and-coming Module 3 hearings on 5th November 2024.

Ahead of public hearings, commencing 9th September, NSS is reviewing evidence proposals for each witness, which are released on a weekly basis. This process allows opportunity to request a pre rule 10 and/ or provide comment on matters the Inquiry may wish to consider. This is a significant undertaking as approx. 8 to 10 EPs and Witness Statements to review each week, which for ARHAI overlaps similar exercise for Scottish Hospitals Inquiry Glasgow 3 which overlaps. NSS submitted an opening statement in August 2024.

NSS has reviewed and provided feedback on two draft expert reports:

o Physical Science Underpinning COVID-19 Transmission and Its Implication for Infection Prevention and Control in Healthcare Settings by Professor Clive Beggs for Module 3

o Infection prevention and control: the challenges of protecting everyone in healthcare settings from the threat of Covid-19 prepared by Dr Gee Yen Shin, Professor Dinah Gould, and Dr Ben Warne

- ➤ **Module 4** (Vaccines and therapeutics) – NSS is not a Core Participant but is a material provider. NSS responded to one 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 currently responding to one Rule 9 request, working to a deadline of 5th September. Due to the number of supporting documents, we have agreed on a fortnightly rolling document disclosure with approximately 5,000 documents submitted to date. The first part of an expert report 'Public procurement during Emergencies' by Professor Sanchez Graells has been received. After consulting with National Procurement, it was decided that there was no need for NSS to provide comment.
- ➤ **Module 7** (Test, trace and isolate) – NSS has been granted Core Participant status and joint legal representation (NSS, HIS, PHS) for this module. A Rule 9 request is expected in the coming weeks.

Scottish COVID-19 Public Inquiry
- ➤ The Inquiry will start its hearings investigating the impacts of the pandemic on education and certification (Portfolio 4) on 4 November 2024, before moving onto the impact of the pandemic on the financial and welfare support given to businesses and individuals (Portfolio 2).

FOI Requests
- ➤ NSS responded to two FOISA requests on costs relating to the Scottish COVID-19 Public Inquiry and Scottish Hospitals Public Inquiry on 20th August. Another FOISA request in connection with the Scottish Hospitals Inquiry has been received. BBC Scotland published the following article on 1st September 2024 Scotland's public inquiries have cost nearly £200m - BBC News.

Scottish Hospitals Public Inquiry - Executive Highlights

GGC - QEUH
- ➤ Provisional Position Papers 14 (Isolation Rooms) and 13 (Procurement History and Building Contract) have been received and reviewed NHSS Assure. A response to Provisional Position Papers 14 (Isolation Rooms) has been submitted to the Inquiry.

- ➢ A supplementary report to the expert report by Sid Mookerjee (Qualitative analysis undertaken to understand the association between built environment and rates of gram-negative and fungal bloodstream infections in the Schiehallion unit between year 2015 and 2022) has been received from the Inquiry. ARHAI reviewed the report and a response was submitted on 2nd September 2024.
- ➢ Glasgow 3 evidential hearing commenced on 19th August 2024. The Inquiry has called 7 current or former NSS staff to give evidence. These staff have been sent extensive question sets which they are required to respond to, which then becomes their witness statement. The witnesses are a combination of NSS staff being asked about their time as NSS members of staff and / or when they were previously employed by NHS GG&C. Members of NHS Assure are reviewing the witness statements for all witnesses in preparation for their giving evidence.
    - o Darryl Conner – 28th August 2024 (supported by NHS GGC CLO)
    - o Susie Dodd – 29th August 2024 (supported by NHS GGC and NHS NSS CLO)
    - o Annette Rankin – 3rd September 2024
    - o Laura Imrie – 6th September 2024
    - o Eddie McLaughlan – w/c 9th September 2024
    - o Tom Steele – w/c 30th Sept (supported by NHS GGC CLO)
    - o Jim Leiper – w/c 21st October 2024 (supported by NHS GGC CLO)

Consultations

- ➢ The Public Inquiries and Scrutiny Team supported the NSS response to 3 consultations in the last period:
    - o Equality and Human Rights Commission – Our Strategic Plan consultation 2025-2028
    - o The Scottish Government – Adults with Incapacity consultation
    - o Health Care Improvement Scotland - Healthcare Staffing Consultation: 12IR HIS: Monitoring and Development of Staffing Tools - changes to reflect the 37-hour working week

Police Scotland / COPFS Investigations

- ➢ One request was received from Police Scotland in relation to Operation Quadric.

NHS National Services Scotland

Meeting:	NSS Board
Meeting date:	27 September 2024
Title:	Assist Progress Report 2023/24
Paper Number:	B/24/34
Responsible Executive/Non-Executive:	Lee Neary, Director
	Primary / Community Care, SPST
Report Author:	Tom McHugh, Shared Services Manager
	Reviewed by
	Matthew Neilson, Associate Director
	Strategy, Performance & Communications

1. Purpose

1.1 To provide an overview on NHS National Services Scotland (NSS) strategic priority 'Assist other organisations involved in health and care'. Such organisations include: integration authorities, local authorities, emergency services, the wider Scottish public and third sectors.

2. Recommendation

2.1 To note the report which is presented to the Board for information.

3. Executive Summary

3.1 National Services Scotland – Strategic Priority 'Assist'

3.1.1 Since the implementation of The Public Services Reform (Functions of the Common Services Agency for the Scottish Health Service) (Scotland) Order 2013, and the Public Bodies (Joint Working) (Scotland Act) 2014, NSS interactions with networks have increased exponentially even more so during the Covid-19 pandemic. Historically, NSS reached out to engage with sectors and organisations, mainly to raise awareness of NSS and its services. Latterly, this position has now shifted in that organisations are now contacting NSS to engage and see NSS as being a preferred 'partner of choice'.

3.1.2   The previous NSS Strategy 2019 to 2024 outlined strategic objectives focused around Enable, Underpin and Assist priorities. The strategy highlighted the importance of pan-public collaboration and partnership working, to collectively identify problems and deliver solutions at scale and pace, to support the delivery of better health and social care outcomes.

3.1.3   These same strategic priorities and objectives are also included with our new NSS Strategic Framework 2024/2026, which continues to demonstrate how NSS shall support NHSScotland deliver excellent local front-line services. A key driver for NSS around the strategic priorities and objectives is through working in collaboration with all NHS Boards, wider Health and Social Care organisations and their partners. These commitments are enshrined in our vision.

Our Vision –

"To be integral to Scotland's health and care service."

Our Strategic Priorities are still to **Enable** health and care transformation with new services; **Underpin** NHS Scotland with excellent services, and **Assist** other organisations involved in health and care.

3.1.4   NSS continues to build on mature strong foundations, through well-established networks of key strategic stakeholders and influencers. These include Scottish Government, health and social care, local government, emergency services, non-departmental public bodies and executive agencies.

3.1.5   The range of engagement and with other organisations has expanded exponentially, where there are mutual strategic priorities and objectives to improve national outcomes around the wider health and care system.

As detailed in the Assist Progress Report 2023/24 the key stakeholders are:

Integration Authorities / Health and Social Care Partnerships	Local Authorities: Pan Lothian Partnership Joint Chronologies Edinburgh and South-East Scotland City Region Deal
Scotland Excel (MOU)	SOLACE and COSLA
Police Scotland (MOU)	Scottish Fire and Rescue Service (MOU)
Scottish Ambulance (MOU)	Voluntary Health Scotland (MOU)
The ALLIANCE (MOU)	National Improvement Organisations Huddle, and the Joint Account Management Team
Peaceplus	National Care Service
Scottish Government – Anchor Institutions	

4.   Impact Analysis,

4.1   Quality/ Patient Care
4.1.1   There are no direct implications around quality/patient care resulting from the Assist Progress Report 2023/24.

4.2   Equality and Diversity, including health inequalities

4.2.1   While there are no direct implications from the Assist Progress Report 2023/24, in terms of equality, diversity and inclusion requirements, all appropriate legal commitments, policies and procedures are managed at NSS Directorate levels.

4.3   Data protection and information governance

4.3.1   Again, while there are no direct implications from the Assist Progress Report 2023/24, all data protection and information governance requirements and appropriate legal commitments, policies and procedures are managed at NSS Directorate levels.

5.   Risk Assessment/Management

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

6.   Financial Implications

6.1   There are no direct financial implications from the Assist Progress Report 2023/24.

7.   Workforce Implications

7.1   There are no direct workforce implications from the Assist Progress Report 2023/24. At strategic and operational levels, workforce implications shall be managed through existing governance, strategies and plans managed by each NSS Directorate as appropriate.

8.   Climate Change and Environmental Sustainability Implications

8.1   There are no direct climate change and environmental sustainability implications from the outputs of the Assist Progress Report 2023/24.

9.   Route to Meeting

9.1   The NSS Strategic Priority 'Assist' is reported through the NSS Performance Reporting systems including information for Strategic Priorities 'Enable' and 'Underpin'. Reports have been produced and submitted to the EMT since the publication of the NSS Strategy 2019 to 2024.

10.   List of Appendices and/or Background Papers

10.1   NSS Strategic Priority Assist Progress Report 2023/24.

NSS Assist Progress Report 2023/24

Partnership and Collaboration

Contents

Introduction

NHS National Services Scotland (NSS) – Assist

NHS National Services Scotland (NSS) was established as the Common Services Agency in 1974 under The National Health Service (Functions of the Common Services Agency) (Scotland) Order 1974, with a mandate to provide national strategic support services and expert advice to Scotland's health and care sector, whilst maximising positive health outcomes and providing best value services.

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

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

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

NSS Strategic Framework

NSS is integral to Scotland's health and care service. We set ourselves three priorities to ensure this is maintained.

1. **Enable health and care transformation with new services**
   Harnessing NSS's wide-ranging skills and expertise to deliver national infrastructure solutions and services.

2. **Underpin NHS Scotland with excellent services**
   Providing national infrastructure solutions integral to the delivery of health and care services in Scotland.

3. **Assist other organisations involved in health and care**
   Connecting a range of partners and stakeholders to ensure our services support the wider health and social care system.

Through the NSS Assist strategic priority, by actively engaging and building relationships with stakeholders across all areas of health and care, NSS can respond quickly and appropriately to the needs of new policy requirements and health and care emergencies.

We are already supporting Health and Social Care Integration Authorities, Public Health Scotland, Local Authorities and Scottish Government Non-departmental Public Bodies and Agencies.

Purpose

To provide an update on NHS National Services Scotland's (NSS) collaboration and partnership working. Such organisations include: integration authorities, local authorities, emergency services, the wider Scottish Government departments and agencies.

Background

The previous NSS Strategy 2019 to 2024 has now been superseded by the NSS Strategic Framework 2024 to 2026. This outlines our strategic priorities with a focus again around Enable, Underpin and Assist. This strategic framework highlights the importance of pan-public collaboration and partnership working, to collectively identify problems and deliver solutions at scale and pace, to support the delivery of better health and social care outcomes.

Our Vision –

"To be integral to Scotland's health and care service."

Our purpose

Our vision

Our Values and Our People

Our Purpose – Reflects why we were established and guides everything we do:

 "We provide national solutions to improve the health and wellbeing of the people of Scotland."

Our Vision – Recognises what we need to achieve over the next 2 years:

"To be integral to a world-leading national health and care service."

Our Values and Our People – Guides everything we do to fulfil our purpose and makes our vision a reality.

   "We use our values to create an environment where employees can thrive and deliver great services."

Integration Authorities

Health and Social Care Partnerships

Assist is a member of the Health and Social Care Scotland and Chief Officers Reference Group (CORG) and provides wider strategic links across other sectors and organisations where NSS Assist is actively engaged.

There was growth in the interest in the CORG from Chief Officers and, National Health Boards and Public Sector Organisations and Scottish Government. Presentations and discussions included the following:

- North Lanarkshire HSCP (Screening Inequalities Programme and Detect Cancer Early)
- Office of the Chief Social Work Advisor (OCSWA) – Scottish Government
- Public Health Scotland – Whole System Modelling
- Scottish Social Services Council (SSSC) – Workforce Data and Visualisation Programme

From NSS, the following individuals and teams presented:

- Albert King (DAS) – Near Time Data Programme
- Keith Moffat (Clinical Directorate) - GP IT System Development
- Ruth Campbell (Clinical Directorate) RDI and ANIA pathway
- Social Care Integration Lead and Primary Care and Counter Fraud Services

This forum continues to enable NSS Directorates to engage with health and social care colleagues working across integrated services, raising awareness of key NSS activities and potential for collaborations. It also presents the opportunity for NSS to learn and understand the complexities and opportunities that exist across HSCPs, integration and social care challenges and potential solutions.

National Organisations (Joint Account Management)

NSS is part of the pan-public National Improvement Organisations Huddle, and the Joint Account Management Team. The aims of the Huddle are for NHS Boards and wider National Improvement bodies to seek collaboration opportunities and improve support for Health and Social Integration.

In terms of the Joint Account Management Team, there have been some twenty-four meetings and follow on meetings with Health and Social Care Partnerships (HSCPs), Chief Officers and senior leaders to identify areas where more improvement support can be provided.

These meetings focused on a range of support activities namely, **Workforce Challenges; Lack of Improvement Capacity; Data Analysis; Development Support for New IJB Members; Digital and Service Transformation.**

NSS continues to work with the Improvement Service, to support the Integrated Joint Boards (IJBs) self-assessment engagements using the Public Service Improvement Framework (PSIF) **https://shorturl.at/EFIS3**

This has included the following:

PSIF for Health and Social Care

Aberdeenshire APC
Argyll & Bute IJB
Chester Park Care Home
Clackmannanshire and Stirling Chief Officers Group
Craigieknowes Care Home
Dundee Adult Protection Committee
Dundee Child Protection Committee
East Ayrshire CPC
East Dunbartonshire IJB
Midlothian IJB
North Lanarkshire IJB
Scottish Borders IJB
Shetland HSCP
South Ayrshire IJB
West Dunbartonshire CPC
West Dunbartonshire HSCP

Local Authorities

Through a Local Government Engagement Plan, NSS explored opportunities around partnership working and collaboration where it is mutually feasible, suitable and acceptable to NSS.

Assistance has been provided to ten local authorities. The key areas include: Data and Intelligence; Digital and Information Technology; and Procurement. In these areas, there have been the sharing of knowledge and practice to help stakeholders to deliver on their own strategic priorities and business objectives Developing strategic partnerships and engaging with public sector senior leaders and decision makers, has been crucial for success.

The support and assistance provided by NSS continues to focus around three areas:

Supporting better decisions

Improving performance and prevention

Delivering value for money

1. Supporting Better Decisions

Through learning and sharing knowledge, practice and processes, where efficient data and intelligence provides the tools to support effective decisions at strategic and operational levels.

2. Improving Performance

Better use of management information approaches using tools including data virtualisation systems, to assist leaders understand where maximum impacts around improving outcomes are being achieved.

3. Delivering Best Value

To ensure that the optimum use of all resources – people; land/assets; financial stewardship; infrastructure capacities, all combined to deliver high quality and value-added services.

Assist helps to make connections and facilitates conversations with public sector and wider third and independent organisations, encouraging joint-working and partnerships, through bringing together the right people, at the right time and at the right place to improve health and social care outcomes for the people of Scotland.

Wider Local Government Engagement

Children, Young People and Adults - Joint Chronologies Pan Lothian Partnership

NSS provides ongoing leadership and support to the Pan-Lothian Partnership. This includes The City of Edinburgh, East Lothian, Fife, Midlothian, West Lothian Councils, Police Scotland, NHS Lothian and Scottish Fire and Rescue Service.

A common approach across the partnership has been developed, tested and implemented. This should lead to improving the exchange of data and information across multi-agencies, specific to vulnerable children, young people and adults.

As previously highlighted, the Pan Lothian Joint Chronologies Common Approach has been included as a Practice Note within the National Child Protection Guidance. The guidance was published by the Scottish Government on 2 September 2021, and updated in 2023. **https://www.gov.scot/publications/national-guidance-child-protection-scotland-2021-updated-2023/documents/**

Other local authorities have approached the Programme/Partnership/Initiative, to be involved with all materials available on a Knowledge Hub Group at Home - Pan Lothian Partnership - Joint Chronologies - Knowledge Hub (khub.net).

The partnership is also engaged and supporting a National Chronologies Group which includes the Scottish Government.

Since the previous annual report, Scottish Government Ministers have also expressed interest in this work, hence the remit of the National Chronologies Working Group is gathering pace and wider interest. The National Care Service Team continues interest in the activities of the Chronologies Common Approach, with links to the wider ambitions around further integration of public services.
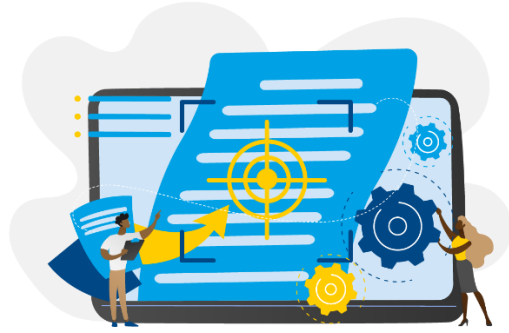
Scotland Excel and NSS National Procurement

Scotland Excel (SXL) and NSS National Procurement (NP) continue to meet regularly and explore mutual areas where there are business opportunities to collaborate around strategic procurement. Both organisations are able to use established procurement frameworks and share approaches around staff training and development.

Already there have been shared learning and knowledge transfer around the challenges faced pre and post the global pandemic.

Both organisations have committed to continue building on the strong working relationship through a Strategic Collaboration Agreement, approved by both organisations on 22 February 2023.

Edinburgh and South East Scotland City Region Deal

The Edinburgh and South East Scotland City Region Deal (ESESCR) is a £1.3billion partnership. It comprises six local authorities. East Lothian, The City of Edinburgh, Fife, Midlothian, Scottish Borders and West Lothian councils.

It's estimated that an additional £3.2bn worth of private sector investment could be leveraged. The deal was finally approved by both the Scottish and UK Governments almost five years ago on 7 August 2018.

There are five key themes; Research, Development, and Innovation; Integrated Regional Employability and Skills; Transport; Culture and Housing.

NSS has a range of expertise and knowledge which supports the Edinburgh and South East Scotland City Region Deal. NSS is already providing data and information to help enable delivery around health outcome indicators, research and reporting. These activities support national and local health deliverables and place Scotland as a global leader in health informatics research.

NSS / NHS Scotland is represented on the ESESCR Labour Market Analysis and Evaluation Theme Group, and the Health and Social Care (HSC) Skills Gateway Delivery Board. NSS was a panel evaluator for a commissioned research project around the impacts of the Covid global pandemic, on workforce digital skills gaps.

NSS continues to be an important contributor to the development of the ESESCR Benefits Realisation Reporting Framework, which includes measures around improving health and wellbeing outcomes.

SOLACE

NSS continues its links with SOLACE as a key strategic stakeholder group, with six memberships covering the executive and established leader levels. A range of leadership development approaches and seminars on specific areas of interest, has been made available to NSS senior leaders.

This has been a mature working relationship with SOLACE which has supported implementation of the Local Government Engagement Plan. NSS has re-enforced the strategic links between local authorities and Health and Social Care Partnerships, which has resulted in more opportunities to support improving health and care outcomes, were these are considered feasible, suitable and acceptable across NSS Directorates.

COSLA

Another key strategic partner for NSS, is the Convention of Scottish Local Authorities (COSLA).

There are synergies across COSLA and NSS around the health and social care agenda with opportunities to link up at a strategic level. A series of meetings have taken place with COSLA to explore areas of mutual interest. The common objectives are focused on national initiatives such as Public Health Reform, Climate Change and Post Covid Recovery. The COSLA Chief Executive, is fully aware of NSS, its services and engagements across local authorities, and the wider pan-public and health and social care partnerships.

Emergency Services
Scottish Fire and Rescue Service

Through a Memorandum of Understanding (MOU) between NSS and SFRS, agreed on 5 August 2021, NSS has been working with the Scottish Fire and Rescue Service (SFRS), across a range of activities which includes a pilot to develop a shared vulnerability groups index. This has involved building an understanding of risks across vulnerable communities,

and how that can be reflected in the data analysis sharing processes. The MOU shall be refreshed in 2024.

The Holistic Risk Assessment Profiling for Targeted Vulnerable Groups brings together data from all the emergency services bodies. Partners examine the shared patterns of demand facing the services. They look at the vulnerabilities that generate demand patterns from individuals and households.

The project will build evidence to inform the development of more efficient and effective service redesign. This will aim to manage the demand while seeking to achieve better outcomes for the most vulnerable people in our society.

Scottish Fire and Rescue Service (SFRS) is also a member of the Pan Lothian Partnership Joint Chronologies, where there are synergies with SFRS strategic objectives around safer communities.

It is also noted that the agreement between NSS and SFRS around collaboration supports the Strategic Plan 2022 to 2025 Outcome Seven: Community safety and wellbeing improves as we work effectively with our partners. It has been agreed that a renewed MOU for collaboration shall be approved, when the new SFRS Fire Chief Officer is in post in November 2024.

Police Scotland

Police Scotland has implemented the 2024/25 Annual Police Plan which has five Strategic Outcomes. These describe the results Police Scotland is working towards for the people of Scotland. This helps to show how it will make a positive impact through what is being done across the service.

Outcome 1: Threats to public safety and wellbeing are resolved by a proactive and responsive police service.

Outcome 2: The needs of local communities are addressed through effective service delivery.

Outcome 3: The public, communities and partners are engaged, involved and have confidence in policing.

Outcome 4: Our people are supported through a positive working environment, enabling them to serve the public.

Outcome 5: Police Scotland is sustainable, adaptable and prepared for future challenges.

There are clear links to wider heath and care outcomes in the plan, most notably a commitment to:

'Design services jointly to tackle complex public safety and wellbeing challenges'

Police Scotland and NSS have met on many occasions, and there is an appetite to collaborate around a range of areas including Data & Intelligence, Digital and IT, Research

and Business Intelligence. NSS has helped Police Scotland to better understand data and intelligence, specifically around Custody Healthcare and Interventions.

There are already mature links with Police Scotland, through the support provided by NSS National Services Division (NSD) to the national Police Care Network.

NSS has also provided 'critical friend' advice to Police Scotland in support of delivering their Annual Police Plan 2024/25 including a focus around mental health and wellbeing.

The above activities are enabled and continue through a Memorandum of Understanding (MOU) between Police Scotland and NSS for Collaborative Working, approved on 26 October 2023.

Scottish Ambulance Service

There is a steep history of joint working between the Scottish Ambulance Service (SAS) and NSS. We continue to work together to support operational requirements, to meet national emergency and contingency planning.

Building on the positive partnership and collaboration working particularly during the management of COVD-19 Testing Sites across Scotland, there has been shared learning between both organisations. Many innovations developed during the pandemic are being shared with NSS and other sectors / organisations, to raise awareness and assess the potential to scale up across other service delivery partners.

NSS supports the mission of SAS around 'Working together with the people of Scotland, our staff and partners to deliver sustainable and effective care, experience and treatment, anticipating needs and preventing ill health'

There are a range of synergies between NSS and SAS where there are common objectives around enabling delivery through areas such as Digital, Data, Research and Innovation

These opportunities are now being explored through the National Services Scotland and Scottish Ambulance Service Strategic Collaboration Agreement. Which was approved on 31 May 2022.

Third and Independent Sector

The Scottish Third and Independent sector encompasses around 45,000 voluntary organisations. Around half of these organisations are charities such as:

- small sports groups
- pre-school day care centres
- self-help groups
- health and well-being services
- housing and major social care providers (including care homes and care at home organisations)

There are over 46,500 voluntary organisations active in Scotland ▪ This includes 25,427 Scottish Charities in 2022/23 and over 1,000 UK-wide charities operating in Scotland. ▪ The figure also includes over 20,000 community groups not registered as charities.

For every 10 registered charities there are a further 8 community groups. • 89% of voluntary organisations are local 80% of Scottish charities and 98% of community groups are local. • 35% of voluntary organisations are based in rural or remote areas.

Charities and community groups play a particularly important role in rural areas, with more charities and community groups per head of population than urban areas.

- Scottish charity income in 2022/23 was £14 billion comprising:

  Source OSCR **https://shorturl.at/cimLN**

NSS Assist has engaged with several Chief Executives and senior leaders where there are aligned objectives to improve national health and social care outcomes.

Key areas include:

- Data and Intelligence;
- Digital and Information Technology;
- Innovation;
- Mental health practices.

A formal Memorandum of Understanding around Collaboration Working between NSS and the ALLIANCE was agreed on 7 March 2022. This is to be renewed in 2024.

An example of support provided to the ALLIANCE was NSS Assist agreed to be a member of the grant evaluation panel for the Self-Management Fund for Scotland 2023. NSS is also taking up the invitation to again join the grant evaluation panel for the Self-Management Fund for Scotland 2024.

The Health and Social Care Alliance Scotland (the ALLIANCE) administers the Self-Management Fund on behalf of the Scottish Government to third sector and community-based organisations across Scotland, to develop self-management activities. Since 2009, The ALLIANCE has granted over £24 million and has funded 398 projects across Scotland. For 2024 the fund available totals sum £2million.

In respect to Voluntary Health Scotland (VHS), a Collaboration Agreement between VHS and NSS was agreed on 3 November 2023.

Other Wider Initiatives

Peaceplus

Peaceplus is a € 1.1bn cross-border funding Programme supported by the European Union, the Government of the United Kingdom of Great Britain and Northern Ireland, the Government of Ireland, and the Northern Ireland administration. Scotland participates as a

functional area. Peaceplus is a successor to the Interreg VA programme in which NSS led for Scottish Government's health and care initiatives.

Since summer 2023, the International Engagement Team within PGMS has worked with ten multi-sector organisations in Scotland to support them to collaborate with 15 partners in Ireland and Northern Ireland to seek funding from Peaceplus. In spring 2024, two € 10m applications were submitted. A decision is due in September 2024. If successful, participation will allow NSS to support the Assist strategic priority and build new relationships and opportunities in Scotland and internationally until 2028.

NSS an Anchor Institution

Anchor institutions are large and locally rooted organisations like Hospitals, Health Centres, Local Authorities, Universities / Colleges, and big global businesses with local headquarters. They employ many people, spend substantial funds, own and manage land and assets, and often deliver crucial services, and they have a weighty impact on local communities and economies.

NSS as a large organisation, has already developed and implemented a range of national policies, and practices associated with an anchor institution around:Procurement; Human Resources; Facilities and Assets. NSS has also linked with other Anchor Organisations, to explore strategic and operational collaborative opportunities.

A short life working group was established with representation across NSS to conduct a baseline self-assessment, and understand what gaps are identified for improvements. Papers and presentation have been made to the Executive Management Team and the Finance Planning and Procurement Committee.

As with all NHS Boards, NSS submitted an initial Anchor Strategic Plan to Scottish Government on 27 October 2023. This plan outlined how NSS shall take forward actions to deliver on the ambitions and objectives included within the plan. NSS also submitted a set of Baseline Metrics for 2022/23 across 42 measures specified by Scottish Government. NSS submitted a return on 25 March 2024.

There are also links with the national Care and Wellbeing Portfolio Board around Anchors and Community Wealth Building, and how these contribute to national outcomes.

National Care Service

Legislation passed on 21 June 2022, enacted the framework for the establishment of a National Care Service (NCS). NSS has responded to Scottish Government consultations and presented papers to the Executive Management Team.

Following an extended consultation period which concluded on the 31st January 2024, recommendations were made by the Health, Social Care and Sports Committee which are

intended to strengthen the NCS Bill. The Scottish Government sent Stage 2 draft amendments to the Health, Social Care and Sports committee in June 2024.

An Expert Legislative Advisory Group (ELAG) met regularly during the summer months to explore further, and develop, various Stage 2 amendments. This group will continue to inform work on secondary legislation, guidance and best practice. An NCS Boards Chairs and Chief Executives Sub Group has been established and NSS has membership, to understand the potential strategic and operational impacts from the implementation of the NCS.

A Senior Health and Social Care Integration Lead has also been appointed, to ensure that strategic connections are established and continue to engage with key stakeholders and influencers around the NCS.

NSS Assist continues to support developments around the NCS and ensure ongoing strategic links with other sectors and key stakeholders are maintained.

Strategic Networks

NSS has a well-established network of key strategic groups. These span Scottish Government, health, local government, non-departmental public bodies and executive agencies. Since the implementation of The Public Services Reform (Functions of the Common Services Agency for the Scottish Health Service) (Scotland) Order 2013, and the Public Bodies (Joint Working) (Scotland Act) 2014, these networks are even more strategically important.

Conclusions

1. Our ongoing strategic engagements, partnerships, and collaborations between NSS and other organisations (as determined within the Assist Action Plan), has confirmed that NSS still plays an important role in supporting and assisting organisations deliver on their strategic objectives around improving wider health and social care outcomes.

2. New networks and working relationships have been established and continue to develop across sectors and organisations.

3. The awareness and profile of NSS has increased exponentially across integration authorities, local authorities, emergency services, and the wider Scottish public / third and independent sectors organisations. This has a positive impact on our reputational standing and validates NSS as a 'partner of choice and trust'.

4. NSS is supporting senior leadership in developing and building strategic partnerships across sectors. Engaging with senior leaders and influencers supports NSS's strategic objectives around 'Assisting other organisations involved in health and care' as well as promoting a 'Once for Scotland' approach.

If you require an alternative format please contact
NSS.EqualityDiversity@nhs.scot

Telephone 0131 275 6000

BSL ContactScotlandBSL **Contact Scotland (contactscotland-bsl.org)**

For further information on this report please contact:

nss.feedback@nhs.scot

or

Tom McHugh, Shared Services Manager at **tom.mchugh@nhs.scot**

Mobile 07779974036

Minutes

Approved

NHS National Services Scotland

NHS NATIONAL SERVICES SCOTLAND AUDIT AND RISK COMMITTEE (ARC)

MINUTES OF MEETING HELD ON THURSDAY, 20 JUNE 2024 VIA TEAMs DIGITAL PLATFORM AT 0930 HRS

B/24/35

Members Present:

Beth Lawton – Non-Executive Director and Committee Chair
Paul Buchanan – Non-Executive Director
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
Steven Flockhart – Director of Digital and Security (DaS)
John Innes – NHS Lothian Non-Executive Director [Observing]
Albert King – Chief Data Officer [Items 10 & 11]
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 [Item 13]
Matthew Neilson – Associate Director of Strategy, Performance and Communications [deputising for L Neary]
Brian Paterson - Senior Consultant, Information Governance [Items 10 & 11]
Grace Symes – External Audit, Audit Scotland
Lynsey Bailey – Committee Secretary (Minutes)

Apologies:

Carole Grant – External Audit, Audit Scotland
Lee Neary – Director of Primary/Community Care, Strategy, Performance and Service Transformation (SPST)
Dan Pearson – Service Audit, PwC

1.   WELCOME AND INTRODUCTIONS

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

Chair   Keith Redpath
Chief Executive   Mary Morgan

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

2.   DECLARATIONS OF INTEREST

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

3.   MINUTES AND MATTERS ARISING [AR/24/33, AR/24/34 and AR/24/35]

3.1   Members considered the draft minutes from the previous meetings on Thursday 16 May 2024 and Thursday 30 May 2024 and agreed they were an accurate record of the meeting.

3.2   Members noted the action updates provided, agreeing those recommended for closure. They acknowledged that only Action 3 from the meeting on 16 May 2024 remained as it was not due until the next ARC meeting in September 2024.

Decision: To approve the minutes of the meetings held on 16 May 2024 and 30 May 2024 as a true reflection of the meeting.

Decision: To approve the closure of all actions which had been recommended for closure.

4.   FORWARD PROGRAMME [AR/24/36]

4.1   Members discussed the forward programme.

Decision: To note and agree the forward programme.

5.   AUDIT AND RISK COMMITTEE ANNUAL REPORT TO THE BOARD 2023-2024 [AR/24/37]

5.1   Members considered the report, which updated the NSS Board on the Committee's activities during 2023/24. They discussed the Membership list and agreed that the Chairs should appear at the top of the membership list, along with wording to clarify the arrangements. Members also felt that the wording in respect of updates from the Service Audit Steering Group (SASG) needed to be reviewed for accuracy.

Decision: To approve the ARC Annual Report 2023-2024 for presentation to the Board following the minor amendments noted at paragraph 5.1.

Action: To update the ARC Annual Report as follows:

- **Move the Committee Chairs to the top of the Membership list**

- **Add a sentence to clarify the transition arrangements between the Committee Chairs**

- **Review wording around provision of SASG updates**

-    **Board Services**

6.   DRAFT NSS ANNUAL REPORT AND ACCOUNTS 2023/24 [AR/24/38]

6.1   Members welcomed the report on the financial and governance affairs of NSS for the financial year which would be laid before the Scottish Parliament during autumn 2024. Members were advised that NSS had made financial targets for the year with a small surplus. Adjustments had been made following the Audit and Risk Committee Seminar on 11 June 2024 and Members were given an update on a further adjustment required arising from an issue affecting all NHS Boards and the funding from Scottish

Government (SG) to address it. They were also reminded that an adjustment in respect of the information from the Scottish Public Pensions Authority (SPPA) still needed to be made.

6.2   Members commended the quality of the report and thanked all for their work on this. No substantive changes were expected between now and its presentation to the NSS Board but Members would be updated should anything arise. Members acknowledged that they could not recommend this to the NSS Board for approval until they had also scrutinised both the External and Internal Auditors' annual reports. However, subject to these being accepted, they were content with this report. Members suggested the forward programme be updated to ensure that the Internal and External Annual Audit reports come first on the agenda in future years.

Decision: To recommend the NSS Annual Report and Accounts 2023/24 for approval to the NSS Board, subject to the External and Internal Audit Reports being accepted.

Action: To update forward programme to have Internal, then external then Annual Report and Accounts in future years. – Board Services

Action: To update on any substantive updates should they occur - Director of Finance, Corporate Governance and Legal Services/Associate Director of Finance Operations

7.   EXTERNAL ANNUAL AUDIT REPORT 2023/24 [AR/24/39]

7.1   Members were taken through the report and given an overview of the audit process, challenges encountered and how these had been addressed. Members asked about the increasing risk regarding NSS's ability to provide essential services. They were advised that this had been recorded from an NSS perspective although the nature of NSS's work meant it was something that needed to be addressed with SG through the funding discussions. Members sought and received assurance that ongoing dialogue was taking place to optimise the funding position.

7.2   Members discussed savings and whether NSS should be doing more in terms of increasing its recurring savings. It was acknowledged that this was a challenge across the NHS and, although NSS performed well comparatively, Audit Scotland needed to highlight and report against the SG requirement. NSS recognised the ask from SG although to achieve it would involve service redesign, which would take time although it was the end goal. Members sought clarification on the statement regarding lateness of queries. They were advised that the queries had been tracked so NSS Finance would be engaging with Audit Scotland to look at the lessons learned and where improvements could be made. Members also recognised that the delay in the information from the SPPA had been a factor in a lot of the late queries.

Decision: To note

- **the proposed unmodified audit opinions;**

- **the Annual Audit Report, section 1 - Audit of the 2023/24 annual report and accounts to help inform the approval of the 2023/24 annual report and accounts;**

- **the conclusions in the draft Annual Audit Report relating to the wider scope areas of financial management, financial sustainability, vision, leadership and governance use of resources to improve outcomes, and covering letter;**

Decision: To accept the assurance provided by the Responsible Executive and recommend the report is remitted to the NSS Board.

8.   INTERNAL AUDIT REPORT [AR/24/40]

8.1   Members considered the Internal Audit Report, which had an overall opinion of 'significant assurance with minor improvements'. Members commended the work and were pleased to note there were no overdue actions.

Decision: To approve the Internal Audit Annual Report 2023-24 including the Head of Internal Audit opinion of 'significant assurance with minor improvements'.

9.   MANAGEMENT CONSULTANCY - 2022/23 & 2023/24 [AR/24/41]

9.1   Members were taken through the report which updated on Management Consultancy expenditure in 2022/23 (restated) and 2023/24.   Members expressed concerns that the narrowness of the management consultancy definition still did not give a full view of consultancy within NSS. They were provided with an overview of the deep-dive done to look at how costs were being allocated and how the definition had been decided (strategic work as opposed to service delivery) and accepted the agreed position. They also acknowledged that there was not a standard definition and each NHS Board may take a different view.

9.2   Members sought and received assurance around the Value for Money assessment, as well as clarification about how DaS utilised Gartner's services and the reporting of potential project costs. It was highlighted that the re-statement was because the fees for legal advice previously reported did not fall within the agreed definition. Going back to the discussion about the definition used for the purposes of the report, Members were keen to understand how they could get a view of the costs when a consultancy's services were then used in implementing any recommendations arising from their advice. However, they recognised that this would fall within the financial reporting at the NSS Finance, Procurement and Performance Committee (FPPC).

Decision: To note Management Consultancy Expenditure for 2022/23 (restated) and approve the publication of this information to meet statutory reporting requirements.

Decision: To note Management Consultancy Expenditure for 2023/24 and approve the publication of this information to meet statutory reporting requirements.

10.   LOSSES AND SPECIAL PAYMENTS 2023/24 [AR/24/42]

10.1   Members considered the report, which detailed the losses and special payments arising for the full year 2023/24.

Decision: To note the losses reported (particularly those above NSS delegated authority) and authorise the Director of FCGLS to seek formal approval from SG as part of the final accounts process.

11.   DATA PROTECTION POLICY [AR/24/43]

11.1   Members discussed the policy, which was reviewed following a finding from the ICO audit. Members discussed the statement about monitoring to reflect changes in legislation, which was in recognition of the potential legislative changes that were

expected in the near future. However, it was acknowledged that it was standard that any such changes would trigger a review of any policy impacted by them.   Members asked how NSS would ensure everyone fully understood the policy, the context the importance and what it means to them in their role. They were advised this was being addressed through TURAS training with recognition that individuals had personal responsibility for that. Members suggested that paragraph 4.1.3 of the policy could be clearer from a lay person's perspective and overall, they agreed it was a good policy.

Decision: To approve the Data Protection Policy

Decision: To review paragraph 4.1.3 for potential clarification - Director of Digital and Security

12.   DATA GOVERNANCE POLICY [AR/24/44]

12.1   Members were taken through the policy which was a new policy arising from the strategy update   Members had nothing further to add and were content to approve.

Decision: To approve the Data Governance Policy.

13.   SERVICE AUDIT: NATIONAL SINGLE INSTANCE (NSI) FINANCIAL SYSTEM [AR/24/45]

13.1   Members scrutinised the paper from NHS Ayrshire & Arran which provided assurance to all NHS boards on the control objectives and controls in place over the NSI financial system used by health boards to record financial transactions.   Members felt that the report was overly technical and would benefit from a summary. While there was still some room for improvement, NSS had done everything within its capacity to influence and the result was a clean audit opinion.

Decision: To note the report and its use by our External Auditors in assessing control risks relating to the use of core financial systems.

14.   GIFTS AND HOSPITALITY ANNUAL REPORT FOR 2023/24 [AR/24/46]

14.1   Members considered the report which provided an overview of activity in relation to the acceptance, or otherwise, of Gifts and Hospitality during 2023-24. Members discussed the key supplier management programme as well as the general process for declaring offers of gifts/hospitality and deciding whether to accept or decline.

14.2   Members asked about the costs associated with speaking engagements or Continuous Professional Development events and differentiating those in future. It was acknowledged that the aim was to have openness and transparency where there could be potential conflicts of interest. Members agreed it was better to over-declare than under-declare but a review of the policy should be undertaken to provide clarity on this. Members also suggested that the Key Supplier Management programme could be the topic of a future FPPC seminar.

Decision: To note the Gifts and Hospitality Annual Report.

Action: To review the Gifts and Hospitality policy to ensure clarity that all expenses (e.g. conference speaker) were declared - Director of Finance, Corporate Governance and Legal Services

Action: To consider FPPC seminar on Key Supplier Management Programme - Chair of FPPC/ Director of Finance, Corporate Governance and Legal Services

15. ANY OTHER BUSINESS

15.1 Members had no further business to discuss.

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

Minutes (Approved)

NHS National Services Scotland

NHS NATIONAL SERVICES SCOTLAND CLINICAL GOVERNANCE COMMITTEE (CGC)

MINUTES OF MEETING HELD ON THURSDAY 23 MAY 2024 VIA TEAMs DIGITAL PLATFORM AT 0930HRS

Present:
Alison Rooney – Non-Executive Director [Chair]
Arturo Langa – Non-Executive Director
Beth Lawton – Non-Executive Director
Maria McGill – Non-Executive Director
Keith Redpath – NSS Chair

In Attendance:
Hayley Barnett – Associate Director of Governance and Board Services
Sharon Hilton-Christie – Executive Medical Director
Lorna McLintock – Medical Director, Scottish National Blood Transfusion Service (SNBTS)
Nicola Pelosi Adams – Executive Support Officer [Observing]
Jacqui Reilly – Director of Nursing
David Stirling – Director of Healthcare Science
Calum Thomson – Associate Director for Nursing, Clinical Governance and Quality Improvement
Sian Tucker – Deputy Medical Director, NSS
Lynsey Bailey – Committee Secretary [Minutes]

Apologies:
Lisa Blackett – Non--Executive Director
Mary Morgan – Chief Executive

1. WELCOME AND INTRODUCTIONS

1.1 The Committee Chair welcomed all to the meeting. Apologies were noted as above. Since the last meeting Gordon Greenhill, Non-Executive Director, had left the Committee as part of the recent membership review of NSS's Committees and the Chair wished to record her thanks for his contributions.

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 [CG/24/13 and CG/24/14]

3.1   Members considered the draft minutes from the previous meeting on 29 February 2024, and were content to approve these as an accurate record.

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

Decision: To approve the minutes of 29 February 2024, as a true reflection of the meeting.

Decision: To agree the closure of all actions which had been recommended for closure.

4.   FORWARD PROGRAMME [CG/24/15]

4.1   Members discussed the forward programme and had no updates at this time.

Decision: To approve the Forward Programme

5.   NSS CLINICAL GOVERNANCE AND QUALITY IMPROVEMENT COMMITTEE 2023/24 ANNUAL REPORT TO THE BOARD [CG/24/16]

5.1   Members considered the NSS Clinical Governance 2023/24 Annual Report for submission to the NSS Board meeting in June 2024. Following a point of clarification in the evidence table, Members were content to approve the report subject to this being reflected in the report.

Decision: To approve the report to be presented to the Board, subject to point of clarification in the evidence table being reflected in the report.

Action: To clarify the statement in the evidence table for the Terms of Reference 6.1.1 and 6.1.4, and make some final proofing checks before sending back to the Committee Chair for sign-off on behalf of the Committee – Board Services

6.   NSS SNBTS QUARTER 4 AND ANNUAL REPORT ON INFECTION PREVENTION AND CONTROL (IPC) 2023/24 [CG/24/17]

6.1   Members discussed the report which updated on SNBTS IPC activity during Quarter 4 2023/24 (January - March 2024), covering the Scottish Government Healthcare Associated Infection Task Force (HAIRT) reporting components. It also included the summary report for the year to be approved. Members sought and received clarification about the estates matters covered in the report. They were assured that progress was being made. Members asked about incident AIR0001598 regarding air conditioning units at Ninewells and were provided an overview of the arrangements for addressing this and the areas of individual responsibilities for NSS and the Host Board. Members went on to discuss the completion rates of hand hygiene training on the Turas Learn system, recognising the recording challenges since the transfer from the LearnPro system. However, they were assured that the level of compliance indicated there was no cause for concern.

Decision: To note the Quarter 4 report setting out the most recent information on Healthcare Associated Infection.

Decision: To approve the Scottish National Blood Transfusion Service's Infection Prevention and Control Annual Report 2023-24

7. RESEARCH GOVERNANCE ANNUAL REPORT 2023/24 [CG/24/18]

7.1 Members discussed the report which updated on Research Governance within NSS and provided assurance that this was compliant with the principles of the UK policy framework. Members sought and received assurance around the policy development plan and when the Committee would have the opportunity to review this. They were advised that the current discissions around the plan were still in early stages and focussed on identifying the best way forward but once this had been agreed, a plan would be brought at that point.

7.2 Members suggested that some of the publications and studies detailed in the report could be a potential seminar topic and it was agreed to consider that option. Members were pleased to see responses to some of the gaps identified by the self-assessment. The Director of Healthcare Science also agreed to share the details of the Healthcare Science Forum Webinar series to give Members an opportunity to attend. Members sought and received clarification regarding Napier's role in the research work as well as what made SNBTS's position unique, recognising the key role it had in the research environment.

Decision: To note the report setting out the results of a self-assessment against the principles of the policy framework, and the extent of the research activity carried out within NSS.

Action: To share details of the Healthcare Science Forum Webinar series with Members – Director of Healthcare Science.

Action: To consider holding a seminar session around the publications and research being produced by NSS – Executive Medical Director/Director of Healthcare Science

8. IONISING RADIATION (MEDICAL EXPOSURE) REGULATIONS 2017 [IR(ME)R] ANNUAL REPORT 2023/24 [CG/24/19]

8.1 Members discussed the report which updated on NSS compliance within the requirements of IR(ME)R. Regarding the audit finding about documents that had been outstanding for review, Members sought assurance about the risk implications. They were advised that all had now been reviewed and no concerns were raised from a clinical or patient safety perspective for NSS. Members received an overview of the issues regarding arrangements for NSS staff working in other Boards, where the responsibilities lay and how this was addressed.

Decision: To note the report including the internal audit of IR(ME)R procedures

Decision: To agree that the management actions identified in the report provide assurance that compliance with the regulations is being appropriately managed.

9. PATIENT GROUP DIRECTIONS (PGD) 2023/24 ANNUAL REPORT [CG/24/20]

9.1 Members scrutinised the report as presented, which provided information on the governance in NSS around Patient Group Directions (PGDs) and assurance that PGDs have been applied according to local and national policies and guidelines for the year 2023/24. The Associate Director for Nursing, Clinical Governance and Quality Improvement highlighted the high levels of compliance, no adverse events

reported and the ongoing close monitoring. Members welcomed the report and commended the work done.

Decision: To note the report setting out the annual position on Patient Group Directions

Decision: To agree assurance has been provided that PGDs have been managed in accordance with NSS and national policies and guidelines.

10. **MEDICAL DIRECTOR'S REPORT [CG/24/21]**

10.1   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. Members were advised that the funding had now been allocated to the Digital Prescribing and Dispensing Programme (DPDP) meaning NSS could progress with a business plan to take the programme forward. There had also been a recent meeting about the gender identity protocol, with some progress made but there was still some uncertainty to be resolved. There was no indication of timescale yet regarding the Spine Service but an update would be provided once this was known.

10.2   Members also requested a fuller update about the impact of the quality improvement projects and their sustainability at some point in the future either as a seminar or report to committee. Members felt that in section 4.2, the sustainable healthcare recommendations could be more substantial. They were advised that there had been a meeting about this recently and ideas were being taken forward to link in with wider work within the organisation.

10.3   There was some more detail and discussion around proposed future seminar topics and it was agreed to leave the list unchanged. Members recognised that, as there would be a Board seminar on the UK Infected Blood Inquiry (IBI) in June 2024, the approach to the proposed CGC seminar in January 2025 would need to be linked up with that to avoid duplication.

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

Action: To ensure there is no duplication between the IBI Seminar for the Board in June 2024 and the proposed Clinical Governance Seminar on the same topic in January 2025 - Board Services/ Executive Medical Director

11. **NSS CLINICAL GOVERNANCE FRAMEWORK (CGF) DELIVERY PLAN REPORT [paper CG/24/22 refers]**

11.1   Members were taken through the report, which summarised the progress so far of the CGF delivery plan against the reporting timelines and milestones. Members sought and received assurance about the timescales and progress for remaining workstreams.

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

12. BLOOD AND TISSUE QUALITY, SAFETY AND SUFFICIENCY REPORT [Paper CG/24/23 refers]

12.1 Members scrutinised the report, which confirmed that NSS continued to meet all requirements in respect of quality, safety and sufficiency. They went on to discuss the updates on IBI, Hepatitis B lookback, and Plasma for Medicines. In respect of the Hepatitis B lookback report being published, Members agreed that they were content to receive a high-level overview of the outcomes unless the report indicated there were significant issues to address.

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: A summary update on the final Hepatitis B lookback report to be provided when ready.

13. CLINICAL ADVERSE EVENTS AND COMPLAINTS REPORT: QUARTER 4 2023-2024 (JANUARY TO MARCH 2024) [paper CG/24/24 refers]

13.1 Members considered the report, which provided details of Clinical Adverse Events and Complaints during quarter 4 of 2023/24. Members welcomed the report. They briefly discussed the missing medical records, receiving assurance that the patients impacted had been informed and the remaining record was still being looked for.

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 that 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.

14. CLINICAL RISK REPORT: 1 FEBRUARY TO 30 APRIL 2024 [paper CG/24/25 refers]

14.1 Members reviewed the report, which provided details of corporate clinical risks on the NSS Risk Register. They discussed Risk 5361 (Reduction of Baseline Funding) and were assured this related back to Cash Releasing Efficiency Savings requirements from Scottish Government. It was therefore recognised that this was being reviewed in respect of the wording etc for future reports.

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.

15. ANY OTHER BUSINESS

15.1 Members had no further business to raise.

16.   DATE OF NEXT MEETING:

16.1   The next meeting was scheduled for Thursday, 22 August 2024 at 09:30

The meeting finished at 1104hrs

Minutes
(Approved)

NHS
National Services Scotland

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

MINUTES OF MEETING HELD ON TUESDAY 11 JUNE 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
Keith Redpath – NSS Chair

In Attendance:

Hayley Barnett – Associate Director Governance and Board Services (Board Secretary)
Gordon Beattie – Director of National Procurement (NP)
Stewart Brown - Assistant Director, Property and Capital Planning
Carolyn Low – Director of Finance, Corporate Governance and Legal Services (FCGLS)
Brian McCabe – Associate Director of Finance Operations
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)
Karen Summers – Committee Services Manager [Minutes]

Apologies:

Beth Lawton – Non-Executive Director

1. WELCOME AND INTRODUCTIONS

1.1 The Committee Chair welcomed all to the meeting, which was being held virtually via the TEAMs platform. Apologies were noted as listed above.

2. DECLARATIONS OF INTEREST

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

3. MINUTES OF THE PREVIOUS MEETING HELD ON WEDNESDAY 28 FEBRUARY 2024, THE IN PRIVATE MEETING HELD ON WEDNESDAY 28 FEBRUARY 2024, AND MATTERS ARISING [FPP/24/19, FPP-IP/24/19 and FPP/24/20]

3.1 Members were content that the minutes and In Private minutes were an accurate record of the meetings.

Chair   Keith Redpath
Chief Executive   Mary Morgan

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

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 28 February 2024 and the In Private meeting held on 28 February 2024.

Decision: To approve the closure of all actions which had been recommended for closure.

4.   FORWARD PROGRAMME [FPP/24/21]

4.1   Members noted the forward programme as presented and were content to approve based on the information provided.

Decision: To approve the forward programme.

5.   FPPC ANNUAL REPORT TO THE BOARD [FPP/24/22]

5.1   Members considered the report, which updated the NSS Board on the Committee's activities during 2023/24. Members asked for it to include the additional seminar topic that was held in April 2023 on Procurement Strategy, Financial Planning and Social Value. Members acknowledged that it had been a busy year and the Committee Chair wished to thank all those who had contributed and ensured the meetings had run as smoothly as possible.

Decision: To approve the report to be presented to the Board.

Action: To add details on the FPPC Seminar on Procurement held on 17/04/2023 to the Committee Annual Report to the Board – Board Services

6.   2024-2025 SERVICE DEVELOPMENT AND INVESTMENT BIDS [FPP/24/23]

6.1   Members were taken through the report which presented the agreed service development investment which had been thoroughly reviewed and engaged with. This was being brought to Committee following discussions at Board and their request to have continued oversight of development investment, its delivery and value achieved as a result. Members were advised that demand exceeded the funding available, which meant that prioritisation was required. Members were given a detailed overview of the governance and process to reach agreement on the investment bids. They were advised that an internal audit was also planned around the change governance process to get some insight to improve further.

6.2   Members acknowledged that this was a fluid piece and plans were to proceed with these programmes as recommended. The Change Oversight Group (COG) would have oversight and FPCC would do a detailed review at the mid-year point alongside the mid-year financial analysis and identify where any others could be included. However, the focus was on Return on Investment and the ability to deliver at pace.

6.3   Members welcomed the report but asked that additional information be included showing the improvement, savings etc to provide a true overview. This would also be discussed at future meetings in relation to budgets.

Decision: To approve the report including the priority investments for 2024/25.

Action: To review content per discussions for future reporting.

7.   FINANCIAL PERFORMANCE (AS AT 31 MARCH 2024) [FPP/24/24]

7.1   Members discussed the final financial performance of NSS at the year end point and noted that all statutory financial arrangements had been achieved.

Decision: To scrutinise the report, note that NSS has achieved all statutory financial targets - subject to external audit review, and accept the assurances from the Responsible Executive.

8.   STANDING FINANCIAL INSTRUCTIONS (SFI) ADVERSE EVENTS [FPP/24/25]

8.1   Members reviewed the report provided and noted that there had been no SFI adverse events in the period.

Decision: To note that there had been no SFI Adverse Events reported since the last update on 28 February 2024 and accept the assurances from the responsible Executive.

9.   NATIONAL PROCUREMENT CONTRACT SCHEDULE [FPP/24/26]

9.1   Members scrutinised the report as presented. Members asked that for future reporting on contracts the clear economic benefits of the awards were visible.   Members discussed the recent procurement self-assessment results and how best to update on these. They were advised that a dashboard had been put in place to reflect this and many additional areas of information and would be shared at the next meeting of the Committee.

9.2   After a short debate Members asked that the Terms of Reference for the Committee be reviewed, and recommendations made, in relation to reporting of contracts including indicative value and risk and the frequency of reporting.

Decision: To:-

- **Note the secured savings and cost avoidance achieved in the last financial year, 2023-24 and the planned savings targets for the current financial year, 2024-25 in section 6.**

- **Note the list of awards at Appendix 1 requiring Chief Executive approval.**

- **Note the NSS Contracts Awarded for more than £1m detailed at Appendix 2, as required by the NSS Standing Financial Instructions.**

- **Accept the assurance provided by the responsible Director.**

Action: To review and update reporting to include financial impact in addition to organisational impact of the Scottish supply chain programme.

Action: To share procurement dashboard at next Committee meeting.

Action: To review Committee Terms of Reference with Associate Director in relation to reporting requirements for procurement (Appendix 2 – FPP/24/26)

10.   PORTFOLIO MANAGEMENT GROUP (PMG) [FPP/24/27]

10.1   Members scrutinised the report as presented, noting the updates provided. Members asked for further information in relation to the implications for the Plasma for Medicines programme within Scottish National Blood Transfusion Services in relation to delays to plasma preparation tubes for the collection of samples and archiving. Director of Finance, Corporate Governance and Legal Services to review and provide additional information for the next report and escalate where appropriate.

10.2   Members discussed provision of Forensic Medical Services and Director of Finance, Corporate Governance and Legal Services would supply a focused report on this for the next meeting.

Decision: To scrutinise the report and note the improving position reported.

Action: To provide report on Forensic Medical Services Project

11.   SERVICE EXCELLENCE REPORT QUARTER 4 (MARCH 2024) [FPP/24/28]

11.1   Members scrutinised the report presented, and welcomed the progress made since the last meeting.

Decision: To scrutinise the Service Excellence Performance report.

12.   RESILIENCE REPORT [FFP/24/29]

12.1   Members discussed the report, which updated on resilience activities that had taken place since the previous meeting, noting that the resilience management team had not been required to meet during the period.

Decision: To note the Resilience Report and accept the assurances provided.

13.   CORPORATE BUSINESS RISK AND ISSUES REPORT – FEBRUARY TO APRIL 2023-2024 [FPP/24/30]

13.1   Members were taken through the paper which updated on corporate red and new amber business risks and issues from February to April 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 scrutinise the risks and issues contained within this report to satisfied that they were being managed appropriately.

14.   BEST VALUE – NSS MAPPING EXERCISE [FPP/24/31]

14.1   Members scrutinised the report presented and thanked all those involved for their assistance in producing the information. It was noted that the duty of Best Value on public bodies had been in place since 2002 and the report had been based on the Scottish Public Finance Manual.

Decision: To scrutinise the Best Value mapping report and accept the assurances provided by the Responsible Executive.

15.   SUSTAINABILITY UPDATE [FPP/24/32]

15.1   Members noted the report, which provided an update on sustainability activity across NSS. Members asked for additional information in relation to the implementation of LED lighting and new reporting requirements in relation to climate change and sustainability for a future report. They also sought further detail around treatment of waste.

15.2   Members noted that a presentation in relation to the Road to Net Zero would be made available after the meeting for information.

Decision: To note the Sustainability performance report, accepting the assurance provided.

Action: To circulate the presentation on Sustainability and Environmental Management: Our Journey to Net Zero

16.   ANY OTHER BUSINESS

16.1   Members had no other business to raise.

There being no further business, the meeting closed at 1134 hrs.

Minutes
(Approved)

NHS
National Services Scotland

NHS NATIONAL SERVICES SCOTLAND STAFF GOVERNANCE COMMITTEE

MINUTES OF MEETING HELD ON THURSDAY 6 JUNE 2024, COMMENCING 0930 HOURS VIA TEAMS

Present:
Lisa Blackett – Non-Executive Director and Committee Chair
Paul Buchanan – Non-Executive Director
David Allan – Trade Union Representative
Ian Cant – Non-Executive Director
Arturo Langa – Non-Executive Director
Gerry McAteer – Trade Union Representative
Keith Redpath – NSS Chair

In Attendance:
Serena Barnatt – Director of HR and Organisational Development
Hayley Barnett – Associate Director Governance and Board Services
Jane Fewsdale – Head of People Insights, Performance and Systems [Item 12]
Mary Morgan – Chief Executive
Aileen Stewart – Associate Director of HR
Lynsey Bailey - Committee Secretary [Minutes]

Apologies:
Tam Hiddleston – Trade Union Representative
Beth Lawton – 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.

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 THURSDAY 8 FEBRUARY 2024 AND MATTERS ARISING [SG/24/17 and SG/24/18]

3.1 Members considered the draft minutes from the previous meeting held on 8 February 2024 and agreed they were an accurate record of the meeting.

disability confident
EMPLOYER

Chair   Keith Redpath
Chief Executive   Mary Morgan

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

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.   FORWARD PROGRAMME [SG/24/19]

4.1   Members considered the schedule of meetings and had no further comments.

        Decision: To approve the Staff Governance Committee Forward Programme.

5.   SGC 2023/24 ANNUAL REPORT TO THE BOARD [SG/24/20]

5.1   Members considered the report which provided an overview of the Committee's activities during 2023/24. Members identified a typographical error in the Committee membership list to be corrected. They were also keen to find a way to spotlight and share the report with staff. They discussed standardisation of the Committee's annual reports and whether Appendix 1 in this report was required.   It was agreed to take the appendix out for presentation to the NSS Board but look at how to use it to disseminate the information to staff.

        Decision: To approve the SGC 2023/24 Annual Report to be presented to the Board without Appendix 1 and subject to correction of the typographical error identified.

        Action: To correct the typographical error in the Committee Membership List – Board Services.

        Action: To consider how to spotlight and share the information included in the Annual Report and Appendix 1 with staff. – Director of HR and OD

6.   NSS FACILITY TIME PUBLICATION RELEASE 2023/2024 [SG/24/21]

6.1   Members were taken through the report, which provided detail of the amount and costs of staff undertaking Trade Union duties and were provided with a high-level overview of the process for gathering the information. Members wished to thank HR, Payroll and Trade Union representatives who worked to get the information collated, and NSS as an organisation for supporting this. They also acknowledged that this report was a statutory requirement that did not necessarily reflect the value and benefit of partnership working.

        Decision: To approve the NSS Facility Time Publication Release for 2023/2024 to include as part of the NSS Annual Accounts Report and publish on the NSS website by the end of July 2024.

7.   NSS GREAT PLACE TO WORK PLAN 2024/25 [SG/24/22]

7.1   Members received an overview of the updates made to the draft plan presented at the previous meeting. They acknowledged that the plan did not significantly change year on year, which they felt was an indicator that the basis for the plan was strong. Members

asked about the Education Governance Committee and were given an overview of its establishment, anticipated impact, and function.

Decision: **To approve the updated NSS Great Place to Work Plan 2024/2025 for publication as the final plan.**

8. GREAT PLACE TO WORK PLAN 2023/24 YEAR-END REPORT [SG/24/23]

8.1 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 welcomed the report which indicated a successful year in delivering against the plan and maintaining the standards throughout the year. They suggested that it may be helpful to introduce indications of priority for each of the deliverables as further context.

Decision: **To note the Great Place to Work Year-End Report and accept the assurances provided.**

9. NSS PARTNERSHIP FORUM [SG/24/24]

9.1 Members considered the minutes provided and were provided with a high-level overview of the recent discussions that had taken place. They received assurance that partnership working continued to be conducted well.

Decision: **To note the updates provided on the work of the Partnership Forum.**

10. PEOPLE REPORT [SG/24/25]

10.1 The Director of HR and Organisational Development spoke to the paper, which covered all key issues around compliance with the Staff Governance Standard and best employment practice. Members discussed the incidents reportable under the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDORs). They also discussed the dip in the Turas Appraisals figures, expressing disappointment about the current figures while acknowledging the issues were being addressed.   Members asked about the process for calculating the targets and benchmarking. For RIDDORs especially, Members advised they would welcome a discussion about what would be the best metric to use to assure that NSS was providing a safe working environment for staff.

10.2 Members pointed out that the increase in headcount by 3% was not explained, and that there were other figures missing trend data and explanations. Members also felt that the turnover figures seemed like they might appear to be higher than they really were. They acknowledged some targets were nationally set (e.g. sickness absence) and that there were some data quality issues (e.g. delays in information being retrieved from the system and high turnover creating lower-than-expected appraisal compliance figures with no way to reflect that).   Going back to turnover, Members were given a brief overview of background and context to the figures. They were also reminded that "targets" are sometimes expected outcomes rather than a figure to be aimed for. Members asked about agency staff and how this would be reduced, receiving assurance about the expectations in this respect.

Decision: **To note the updates provided in the People Report and accept the assurances provided.**

Action: **To consider feedback received on People Report and how this can be used to inform future reports – Director of HR and Organisational Development**

[**Secretary's Note**: Members agreed to combine items 11 and 12 on the agenda into one discussion]

11.   WHISTLEBLOWING QUARTERLY REPORT AND ANNUAL REPORT [SG/24/26 and SG/24/27]

11.1   Members welcomed the report which updated on NSS's performance for the fourth quarter of 2023-24 (January to March 2024), demonstrating performance against the key performance indicators as required by the Independent National Whistleblowing Officer (INWO). Members welcomed the highlighting of initiatives implemented to promote the confidential contact service and the training, acknowledging the impact these had already had and were expected to have in the longer term.

11.2   Members discussed the timescales for turning around investigations referred to INWO and its approach to these investigations. Members were given an overview of the meetings between Whistleblowing Leads with assurance that anything urgent would be brought to the Committee as soon as possible. Members also discussed linking the activity around training and awareness with Speak Up week in October 2024.

Decision: **To note and endorse the Whistleblowing Quarterly Report, accepting the assurance provided.**

Decision: **To note and endorse the draft annual report and accept the assurances provided by the Executive Lead, prior to formal approval by the NSS Board.**

12.   STAFF RISKS [SG/24/28]

12.1   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 at 30 April 2024. Members suggested that it would be useful to have HR representation at the July 2024 Clinical Governance Committee (CGC) seminar on the Scottish National Blood Transfusion Service staffing risk.

Decision: **To note the Staff Risks Quarterly Report, accepting the assurance provided.**

Action: **To invite HR representatives to the CGC seminar on 25 July 2024 – Board Services.**

13.   STAFF GOVERNANCE MONITORING EXERCISE 2022/2023 [SG/24/29]

13.1   Members noted the report which presented the response from the Scottish Government received on 2 April 2024 for the 2022/23 monitoring return.

Decision: **It is recommended that the Staff Governance Committee notes the response from the Scottish Government received on 2 April 2024 for the 2022/23 monitoring return.**

14.   NHSSCOTLAND STAFF GOVERNANCE STANDARD MONITORING FRAMEWORK 2023/24 [SG/24/30]

14.1   Members noted the report which presented the letter received from the Scottish Government on 16 May 2024 [Appendix A] with regards to the process for NHS Scotland

Staff Governance Standard Monitoring Framework for 2023/24. Members sought and received assurance around how the progress would be monitored and were keen to see an improvement in the timescales for the government feedback being provided.

Decision: **To note the letter received from the Scottish Government on 16 May 2024 [Appendix A] with regards to the process for NHS Scotland Staff Governance Standard Monitoring Framework for 2023/24.**

15. HEALTH AND CARE (STAFFING) (SCOTLAND) ACT 2019 (HCSSA) – IMPLEMENTATION IN NSS: PROGRESS REPORT [SG/24/31]

15.1 Members noted the report which provided an update on progress in implementation of the HCSSA. Members were advised that quarterly reporting internally would continue and consideration would be given as to how this would be presented to SGC.

Decision: **To**

- **Note that the HCSSA is now live, and that NSS has progressed well towards compliance.**

- **Note that NSS reported good progress towards compliance with the HCSSA in the Quarter 3 Report submitted on 12 April 2024 to the Chief Nursing Office in Scottish Government.**

- **Note that all quarterly reports have been submitted to Scottish Government by the deadlines required, and that all relevant updates and information have been provided.**

- **Note the SGC would continue to receive updates on internal quarterly NSS reporting.**

16. NSS REMUNERATION COMMITTEE ANNUAL REPORT 2023/24 [SG/24/32]

16.1 Members considered the report which updated on the Remuneration Committee's activities. As with the SGC Annual Report, Members discussed standardising the style of the report.

Decision: **To note the NSS Remuneration Committee Annual Report 2023/24.**

Action: **To look at updating the report into a more standard format – Associate Directorate of Governance and Board Services**

17. ANY OTHER BUSINESS

17.1 Chief Executive suggested it would be worth including Joint Local Negotiating Committee (JLNC) minutes within future SGC agendas for completeness.

17.2 The Director of HR and OD was invited to provide her reflections on her first six months in post and Members welcomed her perspectives.

Action: **To look at bringing JLNC Minutes/Action Notes for information to future SGC meetings - Associate Director of HR/Board Services**

Meeting closed 1103hrs.