

# Local Delivery Plan 2017 / 2022



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**NHS National Services Scotland  
Local Delivery Plan  
2017 / 18 – 2021 / 22**

**1.0 Chief Executive's Summary**

This Local Delivery Plan (LDP) sets out the agreement between NHS National Services Scotland (NSS) and the Scottish Government as to the targets to be delivered in support of Scotland's 2020 Vision for Health and Social Care, the Scottish Government's National Strategic Objectives and the recently published Health and Social Care Delivery Plan. It complies with Scottish Government's Strategic Guidance and encompasses all aspects of NSS activities; whether funded directly by Scottish Government or through other sources.

The LDP also recognises NSS ability since June 2013 to provide services to public bodies across Scotland. This puts NSS in an ideal position to do things "once for Scotland" within a whole system context. In maximising its unique skills, expertise and national scale, NSS can deliver best value for Scotland, its people, their health and the drive for integration across health and social care.

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

This LDP projects an ambitious and challenging plan. Our strategy sees customers at the heart of everything we do. Ultimately these customers are the patients and people of Scotland. This principle of 'customer at the heart' is backed up by a clinical leadership network that connects what we do with healthcare and public health professionals. By working in a proactive, efficient and consistent way we can best support our 3 customer cohorts:

- Public Bodies
- Professionals
- The Public

Overall, the fiscal position expected in 2017/18 and beyond is well understood and NSS will do everything it can to meet its Cash Releasing Efficiency and Savings targets. However, without the ability to reinvest these savings, maintaining and developing current services will, inevitably, be challenging. We are committed to working with all stakeholders to mitigate the impact of any changes.

Our strategy centres around our ambition to deliver public value within the aims of **underpin**, **accelerate** and **expand** (see also section 3.0), utilising our services and creating solutions to best support our customers to deliver outcomes.

In terms of **underpin**, we will use our services and our expertise to strengthen (underpin) the ability of the NHS in Scotland to deliver outcomes which work towards its 2020 vision (see below). These include, for example, the supply of high quality blood tissues and cells, providing effective and safe IT services, supporting decision makers with information and intelligence, and providing central procurement services for NHS Scotland. We will focus on excellence in all that we do and continue to improve engagement with our customers.

**Accelerate** relates to harnessing a "once for Scotland" approach whereby we maximise efficiency and effectiveness by providing services consistently rather than in multiple ways or

instances. Equally, as part of this agenda, we will work proactively with territorial health boards to establish appropriate regional services.

All our efforts to underpin and accelerate support the outcomes identified in the Scottish Government's overarching, Health and Social Care Delivery Plan, December 2016. Within the framework provided by that plan our work will include:

- Proactively collaborating with our partner **special boards** to develop ways in which we can work more effectively and efficiently together;
- Supporting territorial health boards to develop **regional and national solutions** that meet their objectives. This includes continuing to support the establishment of shared services where there is opportunity and demand – for example in areas where service provision is challenging such as radiology;
- Building on the success of the **tailored support** we have provided to three health boards in 2016/17 (see section 3.0 below). This has involved bringing a number of NSS services together to help our customers deal with a range of challenges;
- Identifying other ways in which we can bring our services together to **develop solutions** to meet challenges in health and social care – for example in supporting the government's goal to build capacity in primary and community care;
- Continuing to provide support to health and social care **integrated joint boards** – for example through the analytical expertise offered by the NSS Local Intelligence Support Team.
- Working with our partners towards the creation of a **new public health body** for Scotland;

In terms of **expand**, we will continue to look for opportunities where our services and expertise can support wider public sector bodies. We already engage with and provide services to a number of public sector organisations beyond health – for example through the establishment of the Scottish Wide Area Network (SWAN), a high-capacity core network for the public sector in Scotland. Given the challenges faced by the NHS in Scotland most of our efforts will be focussed on underpinning and accelerating the creation of value in health and social care. However, clearly, improvements in health can only be achieved by health and a range of other public services working together systematically, and our approach does and will continue to recognise this.

## 2.0 Planning Environment

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

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

Scottish Government has identified a Route Map<sup>1</sup> to achieving the 2020 Vision which has a Triple Aim at its core. Our LDP targets are structured around this Triple Aim of:

- Quality of Care
- Health of the Population
- Value and Financial Sustainability.

The Triple Aim in turn supports the NHS in Scotland to reach the 3 Healthcare Quality Ambitions as stated below.

### **Healthcare Quality Ambitions**

**Person-centred** - Mutually beneficial partnerships between patients, their families and those delivering healthcare services which respect individual needs and values and which demonstrate compassion, continuity, clear communication and shared decision-making.

**Safe** - There will be no avoidable injury or harm to people from healthcare they receive, and an appropriate, clean and safe environment will be provided for the delivery of healthcare services at all times.

**Clinically Effective** - The most appropriate treatments, interventions, support and services will be provided at the right time to everyone who will benefit, and wasteful or harmful variation will be eradicated.

### **3.0 NSS Strategy**

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

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

It aims to deliver public value and to achieve this vision through work in three priority areas:

- **Underpin** NHSScotland with excellent support services and expertise
- **Accelerate** the creation of effective “once for Scotland” and regional solutions
- **Expand** our services to the wider public sector

The specific action needed is then identified against 4 strategic objectives:

- Customers at the heart of everything we do
- Increasing our service value
- Improving the way we do things; and
- Become a great place to work.

Work planned against these objectives features throughout this LDP. Notable amongst new goals for 2017/18 includes a focus on digital transformation of NSS services and processes and the need to give more emphasis to joining up current and future NSS services to create solutions for our customers. The provision of tailored support to a number of other health boards is one existing example of applying that solutions focus to support frontline services

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<sup>1</sup> Route Map to the 2020 Vision for Health and Social Care, Scottish Government, May 2013

facing rising demand and changing population needs. Employing a range of NSS services to help meet challenges in primary care is another. Our tailored support work with territorial board colleagues in 2016/17 identified opportunities in a range of areas including, prescribing efficiency, reducing waste due to variation, rostering and agency costs. In 2017/18 we will look to extend tailored support to other boards as need and demand dictates.

The NSS Strategy Map (Appendix 1) summarises how our objectives and outcomes align with national and NHS direction.

NSS seeks to ensure all its activities are carried out in a way that is Altruistic, Authentic and Ambitious and we will seek to clearly demonstrate our public value in terms of health, financial and environmental impact. This reflects our desire to, not only benefit the health of the people of Scotland, but also ensure value for money, avoid cost and seek additional savings where required. The vast majority of the solutions we deliver are developed in collaboration with partners and we will continue to work with them to share risk and understand opportunity. We recognise that any organisational activity can have an environmental impact, therefore, we continually improve our practices and processes to ensure we fulfil our corporate responsibilities to Scotland - maximising value and sustainability.

We recognise the importance to the people of Scotland on tackling inequality in health and we will support Scottish Government and other partners to tackle inequalities through our research agenda; provision of better intelligence and public health support. Also, we aim to identify and tackle inequalities in our own service provision.

Internally we will focus on operational excellence in our service delivery to make improvements in the way we work, looking to achieve marginal gains as well as significant step change. The areas we will seek to address will be informed by a range of sources including, for example, external input such as that provided by the December 2016 Health Improvement Scotland review of the Scottish breast screening programme.

#### **4.0 Delivering Our Local Delivery Plan**

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

Strategic Business Units:

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

Support Business Units:

- Business Services (Support SBU)

- Human Resources (Support SBU)

Directorates:

- Clinical
- Customer Engagement and Development
- Strategy and Governance.

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

## 5.0 Local Delivery Plan Risk Profile

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

Table 1

		Likelihood					Total	
		Rare	Unlikely	Possible	Likely	Almost Certain		
Score		1	2	3	4	5		
Impact	Catastrophic	5	0	0	0	0	0	
	Major	4	0	0	2	0	2	
	Moderate	3	0	1	1	3	5	
	Minor	2	0	1	0	7	8	
	Negligible	1	0	0	0	0	0	
Total			0	2	3	10	0	15

## 6.0 Valuing the Workforce and Treating People Well by Delivering 'Everyone Matters'

### 6.1 Whole Time Equivalent (WTE) Staffing Projections

The workforce plan projections show a small increase of 107.5 WTE over the five year plan to FY 22, an increase of 3%.

The main movements in WTE over the 5-year period are:

- Business Services will increase by 107% due to demand for Project and Programme Management services.
- SNBTS is expected to decrease by 7.8% as a result of the redesign/modernisation activities currently being undertaken to consolidate and streamline production and;
- Practitioner and Counter Fraud Services will reduce the overall available workforce by 24% partially through a reduction in the utilisation of temporary agency WTE.
- There are relatively minor fluctuations within other areas.

Any staff who are displaced from their posts are managed within the organisation to support projects and move to vacancies in other areas of the business, where appropriate and in line with staff's skills. This will continue to be proactively managed to take into account future changes in workforce needs.

These workforce projections are based on planning for a steady state, however the impact of transformational change within the NHS is likely to be significant.

## 6.2 Workforce Planning

The Scottish Government in spring 2017 will publish a national Health and Social Care Workforce Plan which takes forward its commitment to develop a sustainable workforce to deliver the Health and Social Care Delivery Plan.

Workforce planning is currently ongoing within NSS at business unit level, utilising a national Six Step Methodology to plan for anticipated changes and ensure staff are developed and skilled to meet future service needs.

A key objective is to support and facilitate staff engagement. We have seen good levels of engagement in the iMatter staff survey with a response rate of 81% and an employee engagement index of 76%. Teams have developed action plans to address the results of the survey.

Action to deliver, 'Everyone Matters, the 2020 Workforce Vision,' has been developed in partnership with trade union colleagues.

## 7.0 Customers at the Heart of Everything We Do

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

- **Public Bodies** - We aim to retain and expand our existing health customers and develop new business with integrated bodies and the wider public sector. We will lead the shared services agenda, using our capabilities to do things once for Scotland.
- **Professions** - We will provide leadership to maximise the positive impact NSS has on Scotland's health, wellbeing and tackling inequalities agenda. We aim to build trust and understanding and engagement across the professional cadres both internally and externally.
- **The Public** - NSS has identified the role we have in delivering the person centred care ambition of the 2020 Vision for health and social care. We will focus on a

number of areas, to improve services for the public who either directly or indirectly utilise our services. We also continue to engage our service users in representative networks to improve services across Scotland.

NSS recognises the importance of treating all people equally. We have therefore equipped all our staff through a range of training opportunities to recognise both organisational and personal responsibilities in terms of equality and diversity. We believe that the impact of this training will not only benefit our staff, but also our customers' experience, whenever they contact NSS.

## Targets

### 1. Quality of Care

Impact	Targets and Milestones	Risk
<p>1.1 Meet the need of customers for information and intelligence to improve outcomes for the people of Scotland.</p> <p>(Public Health and Intelligence)</p>	<p>Completion to schedule of 95% of all national information and intelligence deliverables identified within the PHI/SG SLA.</p> <p>By March 2018, undertake comprehensive consultations with key stakeholders to transform current methods for publishing data to Open Data format; adding new, innovative analyses and visualisations; providing faster, person centred designed Official and National Statistics for policy and decision makers.</p> <ul style="list-style-type: none"> <li>• Full automation of A&amp;E waiting times weekly publication.</li> <li>• Consolidation of 50 individual waiting times publications to reduce by 25%.</li> <li>• Consolidation of Acute and Workforce publications to reduce by 10%.</li> </ul> <p>Develop new functionality in Discovery to facilitate regional planning, in support of strategic commissioning and the Health &amp; Social Care Delivery Plan.</p> <ul style="list-style-type: none"> <li>• Aggregation tools in place by July 2017.</li> <li>• Scenario evaluation prototype available by Dec 2017.</li> </ul> <p>Improve signposting to Discovery content, using Realistic Medicines as a test bed.</p> <ul style="list-style-type: none"> <li>• Functionality deployed into live system by Dec. 2017.</li> </ul> <p>Produce high level reports on unwarranted variation (NHS Scotland Atlas of Variation) and support boards in realising benefits through a strengthened wrap around service.</p> <ul style="list-style-type: none"> <li>• Reporting cycle functioning by Sept. 2017.</li> </ul> <p>Assure 3 datasets in line with the Office of Statistics Regulation by March 2018.</p> <p>Capability in place by July 2017 for SPIRE</p>	<p>4503</p>

	<p>to be the extract mechanism for data relating to the Transitional Quality Arrangements (TQA).</p> <p>Further suite of national reports (TBA) developed for use in SPIRE by Sept. 2017 and by March 2018.</p> <p>Deliver all agreed milestones relating to the Scottish Cancer Registration and Intelligence Service by March 2018 in line with Integrated Healthcare Delivery Programme requirements.</p>	
<p>1.2 Intelligence led decision making across the public sector to improve service planning.</p> <p>(Public Health and Intelligence)</p>	<p>Expand the reach and impact of our Local Intelligence Support Team (LIST) - by March 2018 (unless otherwise specified):</p> <ul style="list-style-type: none"> <li>• Contact made with 100% of established GP clusters.</li> <li>• Actively working with GP clusters in 60% of Health and Social Partnership areas.</li> <li>• Single coordinated mechanism for access to GP cluster support established with partners (Healthcare Improvement Scotland and Health Scotland) by end June 2017.</li> <li>• Sustained support to 100% of Integrated Authorities (IAs).</li> <li>• Tests of change established within 4 CPPs.</li> <li>• Working on 10 projects involving the third/voluntary sector.</li> </ul> <p>Expand use of Source, our integrated health and social care data and analytical tool:</p> <ul style="list-style-type: none"> <li>• Minimum of two new topic based analytical reports to be included in the Source dashboard by March 2018.</li> <li>• Four examples of use of Source information within Partnerships to be documented by September 2017.</li> <li>• Work with SG colleagues to redesign and consult as necessary to establish Source Social Care data as the primary national source of information and national statistics on home care, self-directed support and telecare. By March 2018 have returns from all local authorities to Source, prior to extraction and publication of National Statistics in 2018/19.</li> </ul>	<p>4508, 4509</p>

Impact	Targets and Milestones	Risk
<p>1.3 Pay approximately £2.4 billion to over 8000 primary care practitioners to agreed standards of accuracy and timeliness, supporting access to services.</p> <p>(Practitioner and Counter Fraud Services)</p>	<p>99.5% accuracy to dates agreed through the Practitioner Services Health Board partnership.</p>	<p>3778</p>

## 2. Health of the Population

Impact	Targets and Milestones	Risks
<p>2.1 Safe and sufficient supply of blood, tissues and cells through service modernisation.</p> <p>(Scottish National Blood Transfusion Service)</p>	<ul style="list-style-type: none"> <li>No avoidable Transfusion or Tissue Transmitted Infections (TTIs).</li> <li>3 or more days blood supply available for all blood groups.</li> </ul>	<p>3989</p>
<p>2.2 Leverage the benefits of moving to the Jack Copland Centre to modernise blood collection and processing.</p> <p>(Scottish National Blood Transfusion Service)</p>	<ul style="list-style-type: none"> <li>Complete transition to National Centre (Jack Copland Centre) within 9 months of practical completion date.</li> </ul>	<p>2842 1812</p>
<p>2.3 Build Research, Development and Innovation capability within NSS to improve health outcomes.</p> <p>(Scottish National Blood Transfusion Service)</p>	<ul style="list-style-type: none"> <li>Perform dose escalation followed by multiple treatment arm of the MATCH study (autologous macrophages in cirrhosis) completion by March 2019.</li> <li>Establish an HLA-typed Allogeneic Mesenchymal Stromal Cell bank to improve and support transplant and regenerative early-phase clinical trials by December 2017.</li> <li>Progress Novosang (Bloodpharma) programme activities to meet the Wellcome Trust Funding Agreement (Milestone 3) by 30th April 2018 on a trajectory to secure regulatory approval and First-in-Man clinical study (expected by 31st October 2020).</li> </ul>	

Impact	Targets and Milestones	Risks
<p>2.4 Build Research, Development and Innovation capability within NSS to improve health outcomes.</p> <p>(Public Health and Intelligence)</p>	<p>By March 2018, increase volume of projects provided with data by eDRIS to 70 within year.</p> <p>Median time to provision data, post IG approvals, to be less than &lt; 60 days of clocked eDRIS time.</p> <p>Establish through survey a baseline of customer experience of eDRIS by September 2017.</p>	<p>4505</p> <p>4504</p>
<p>2.5 Provide a robust health protection service for Scotland</p> <p>(Public Health and Intelligence)</p>	<p>Monitor hazards and manage outbreaks and incidents through the national health protection service, ensuring completion to schedule of 95% of all health protection deliverables identified within the PHI/SG SLA.</p> <p>Provide surveillance and response coordination as appropriate for all national level health protection threats including healthcare associated infections. 100% of all national incidents and outbreaks caused by organisms/agents under current national surveillance are identified through the surveillance system and managed according to the national guideline.</p> <p>Establish a process to monitor new scientific literature on the health impacts of Unconventional Oil and Gas and provide Scottish Government with an updated assessment of the health risks.</p> <p>Delivery to schedule of 75% of Verotoxigenic Escherichia coli (VTEC)/E.Coli O157 Action Plan for Scotland and production of the final report for Scottish Government by March 2018.</p> <p>Support SG delivery of Healthcare Associated Infections (HAI) and Anti-Microbial Resistance (AMR) strategy until 2021. 95% deliverables to time and quality.</p> <p>Point Prevalence Study actions – define HAI and AMR priorities in the context of current epidemiology to inform the SG HAI 5 year strategy review this year.</p>	<p>4503</p> <p>2904</p>

Impact	Targets and Milestones	Risk
<p>2.6 National Specialist Services and Screening programmes meet national standards and demonstrate evidence of continuous quality improvement with a view to achieving optimal outcomes for patients.</p> <p>(Procurement, Commissioning and Facilities)</p>	<p>100% of commissioned specialist, screening services and networks have quality reviews annually, to identify areas for improvement to deliver better services and patient outcomes by March 18.</p> <p>Quality standards in 33% of commissioning service agreements would be reviewed and updated against international benchmarks to help deliver better services and optimal outcomes. (A 3 year programme).</p> <p>Implement policy changes in national screening programmes within agreed timeframes – specifically:</p> <ul style="list-style-type: none"> <li>• QFIT as first line test in bowel screening by December 2017.</li> </ul> <p>The governance structures in breast screening to be reviewed (by August 2017) in conjunction with stakeholders to ensure accountable programme governance in place by March 2018, with implications for other screening programmes accounted for.</p> <p>Ensure equitable access to national specialist services and risk share schemes by monitoring geographic uptake against the Scottish average and reporting to NHS Boards. 90% of specialist activity by Board within agreed targets.</p> <p>Review 6 commissioned specialist service and networks against the national designation criteria to ensure ongoing need in Scotland by March 18. (A 3-5 year programme of reviews)</p>	<p>The risk of non-delivery is mitigated through regular performance monitoring and discussion at Senior Management meetings.</p>

Impact	Targets and Milestones	Risk
<p>2.7 Tackling health inequalities.</p> <p>(Public Health and Intelligence)</p>	<p>Produce at least one Actionable Intelligence authoritative ‘white paper’ with a strong focus on inequalities.</p> <p>By March 2018, 55% of eligible PHI products/publications include meaningful analyses of or reference to equalities and/or health inequalities.</p>	<p>4105</p>

### 3. Value and Sustainability

Impact	Targets and Milestones	Risk
<p>3.1 Proactively deter staff from committing any form of financial crime.</p> <p>(Practitioner and Counter Fraud Services)</p>	<p>Raise awareness of Counter Fraud Services and the impact financial crime has on Scotland.</p> <ul style="list-style-type: none"> <li>Year on year improvement within NHS Boards is targeted from the 2014/15 baseline of 40% to 80% by March 2018.</li> </ul>	<p>The risk of non-delivery is mitigated through quarterly performance monitoring and monthly discussion at Senior Management meetings along with regular meetings with Health Board Fraud Liaison Officers and Counter Fraud Contacts.</p>

Impact	Targets and Milestones	Risk
<p>3.2 Effective logistics service in place providing savings to support NHS Boards to achieve financial targets.</p> <p>(Procurement Commissioning and Facilities)</p>	<p>Actual NDC Revenue Throughput (£155m)</p>	<p>The risk of non-delivery is mitigated through performance monitoring and scrutiny at the NHSScotland Director's of Finance (DoF) Groups and the Health Procurement Delivery Group (HPDG)</p>
	<p>National Distribution Centre 2 Outline Business Case developed by March 18.</p>	

Impact	Targets and Milestones	Risk
<p>3.3 Support NHS Boards procure products in a standard manner, to enable them to take advantage of savings</p> <p>(Procurement, Commissioning and Facilities)</p>	<p>Increase trade spend and value through common e-Procurement systems £1.71bn</p>	<p>The risk of non-delivery is mitigated through performance monitoring and scrutiny at the NHSScotland Procurement Transformation Board and the Transformation Delivery Group</p>
<p>3.4 Source and deliver goods nationally to gain maximum benefit for the public.</p> <p>(Procurement, Commissioning and Facilities)</p>	<p>Collaborative Contract Coverage £1.4bn by Q4.</p>	<p>The risk of non-delivery is mitigated through performance monitoring and scrutiny at the NHSScotland Procurement Transformation Board and the Transformation Delivery Group</p>
	<p>Delivered savings of £1m from the Fleet/Logistics programme by March 18</p>	<p>The risk of non-delivery is mitigated through performance monitoring and scrutiny at the NHSScotland Procurement Transformation Board and the Transformation Delivery Group</p>
	<p>Delivered savings of £47.5m by March 18 (consolidated from contract performance and year 1 of the procurement services transformation programme).</p>	<p>The risk of non-delivery is mitigated through performance monitoring and scrutiny at the NHSScotland Procurement Transformation Board and the Transformation Delivery Group</p>
	<p>Community Benefit enhanced supplier programme delivering value for NHSS (90% delivered to plan).</p>	<p>The risk of non-delivery is mitigated through performance monitoring and scrutiny at the NHSScotland Procurement Transformation Board and the Transformation Delivery Group</p>

Impact	Targets and Milestones	Risk
<p>3.5 Facilities programmes in place to support improved patient care.</p> <p>(Procurement, Commissioning and Facilities)</p>	<p>All new patients receive oxygen service within 4 days of notification. (100%)</p> <p>Aim to reduce healthcare associated infection by implementing the Decontamination Strategy Action Plan, with year 1 measures by March 18 to include: demonstrating national impact with a 10% reduction in negative HEI report findings and workforce and succession planning for internal staff with 75% of staff appropriately trained'.</p> <p>Reduce the potential for healthcare associated infection by testing and validating equipment for decontamination of reusable medical devices to greater than 90% against the planned programme.</p>	<p>2848</p>

Impact	Target and Milestone	Risks
<p>3.6 Deliver effective Legal Services.</p> <p>(Central Legal Office)</p>	<p>Deliver cost effective litigation, commercial property, commercial contracts and employment legal services that achieve greater than 90% customer satisfaction levels for Legal Services and set the annual increase of fees at 0%.</p>	<p>1610, 2062 The risks of private practice competition or of possible reduction of property transaction and Employment Tribunals is mitigated by regular visits to clients and discussions related to their requirements and emerging needs.</p>
<p>3.7 Support Scottish Government in improving Clinical Negligence Claims.</p> <p>(Central Legal Office)</p>	<p>Support the Scottish Government in improving the overall management of clinical negligence claims, including the increased use of periodic payments for high value negligence claims and ensuring that the information recorded by litigation solicitors in the CLO database is accurate and timely, facilitating an accurate assessment of CNORIS contributions for NHS Boards and assisting financial planning. 100% update of Clinical Negligence Claims – Value and Settlement Dates.</p>	<p>1607 The risk of the quality of the solicitors work not being consistent is mitigated by monthly quality assurance checks being undertaken.</p>

<b>Impact</b>	<b>Targets and Milestones</b>	<b>Risk</b>
<p>3.8 Delivery of agreed IT services to health, including Boards and SGHSCD.</p> <p>(Information Technology)</p>	<p>95% delivery to Boards of the national SLA for business as usual services on an annual basis.</p> <p>95% delivery to Boards of other services in the national SLA (e.g. IT project management) on a quarterly basis.</p> <p>95% delivery of agreed outcomes to Scottish Government's Health and Social Care Directorate delivered on time and within budget on a quarterly basis.</p>	
<p>3.9 Delivery of agreed IT services to the Scottish public sector beyond health.</p> <p>(Information Technology)</p>	<p>90% delivery to public sector customers of the SLA for BAU services on an annual basis.</p> <p>90% delivery of agreed outcomes to public sector customers delivered on time and within budget on a quarterly basis.</p>	
<p>3.10 Measure of customer satisfaction around performance on major programmes of IT work.</p> <p>(Information Technology)</p>	<p>A survey will be held on a quarterly basis of our key eHealth stakeholders. The target will be to obtain an 8 out of 10 (80%) rating across all programmes.</p>	

<b>Impact</b>	<b>Targets and Milestones</b>	<b>Risk</b>
<p>3.11 Ensure customers understand what NSS can offer them and have high levels of satisfaction with our service delivery.</p> <p>(Customer Engagement and Development)</p>	<p>1.1 Increase NSS strategic engagement with the Scottish Public Sector by meeting 90% of Scottish public bodies (sectors agreed with SG) by March 2018.</p> <p>1.2 Ensure <math>\geq 70\%</math> satisfaction with NSS services.</p>	
<p>3.12 Improve the user experience of NSS services through digital channels.</p> <p>(Customer Engagement and Development)</p>	<p>1.1 Migrate 100% of NSS service websites to nhsnss.org by March 2019.</p> <p>1.2 Ensure <math>\geq 70\%</math> usability rating with nhsnss.org by March 2019.</p>	

<b>Impact</b>	<b>Targets and Milestones</b>	<b>Risk</b>
3.15 Deliver NHS in Scotland health shared services portfolio to improve resilience, quality and efficiency.  (Business Services)	Delivery of 90% of agreed milestones within the NHS Scotland Shared Services Portfolio.	
3.16 Support health and care transformation through development of a Digital Innovation Delivery Service for NHS Scotland.  (Clinical)	Fully scope and test a Digital Innovation Delivery Service for NHS Scotland by end 17/18.	

<b>Impact</b>	<b>Targets and Milestones</b>	<b>Risk</b>
3.17 Build Sustainable Development into all our services to ensure resilience is delivered, including: Reduced Emissions, Adapting for Climate Change and Behaving Sustainably.  (Strategy and Governance)	Deliver a Good Corporate Citizenship score of: <ul style="list-style-type: none"> <li>• ≥ 80% by March 2018</li> <li>• ≥ 85% by March 2020.</li> </ul>	

<b>Impact</b>	<b>Targets and Milestones</b>	<b>Risk</b>
3.18 Deliver solutions that leverage multiple NSS services in line with customer and partner requirements to enable them to meet their objectives.	Develop at least 3 NSS solutions that support the delivery of targets in health and social care.  One of these 3 will be delivery of tailored support solutions (see section 3.0) to 3 NHS Boards within 2017 / 18 (aside from those we already support).	
3.19 Improve access to our services by fully utilising digital technology to transform our services and processes.  (Customer Engagement and Development / IT)	Meet 90% of milestones in Digital Transformation programme plan.	

## Appendix 1 NSS Strategy Map

