


Operational Delivery Plan 2018/19



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1.0 Chief Executive's Summary

This Operational Delivery Plan (ODP) sets out the agreement between NHS National Services Scotland (NSS) and the Scottish Government (SG) as to the targets to be delivered in support of Scotland's 2020 Vision for Health and Social Care, the SG's National Strategic Objectives and the Health and Social Care Delivery Plan. It encompasses all aspects of NSS business as usual activities; whether funded directly by SG or through other sources. Transformation activities in conjunction with other national Boards will be delivered through the separate National Boards' Delivery Plan. In maximising its unique skills, expertise and national scale, NSS can deliver best value for Scotland, its people, their health and well-being as well as enabling integration across health and social care.

Whilst the ODP sets formal targets for the year ending 31st March 2019, NSS plans on a 5-year horizon. Long-term programmes are therefore included with appropriate delivery milestones showing the public value provided by undertaking these activities.

During 2018-19 NSS will prioritise enablement of transformation across the bulleted areas below on the basis that our routine shared services support will continue to underpin NHSScotland and other existing customers to improve clinical care, save money and ensure we are a great place to work for our staff.

- **Once for Scotland Shared Services.** NSS will support the transformation of Scotland's health and care services by developing existing common services and where appropriate specialist analytical and healthcare services. The aim is to free up territorial boards and their regional groupings, to focus on the operational delivery of their principle service functions, assured in the knowledge that the value of underpinning support services will be maximised to provide the stable, consistent and continuously improved platforms they require.
- **National Board Collaboration.** In line with the Health and Social Care Delivery Plan, NSS will conduct specific activity to maximise collaboration between its services and the other national Boards. Four specific areas of effort will be developed, namely: a national evaluation, improvement and transformation service, digital services transformation plus workforce and financial sustainability. These opportunities will seek to develop and transform service provision, maximising synergy, efficiency and effectiveness. This will include contributing, appropriately, to the required financial efficiency of £15m on top of existing Cash Releasing Efficiency Savings (CRES) measures. Full details of the deliverables for these four programmes will be captured in the National Boards' Delivery Plan.
- **Digital Transformation.** The Health and Social Care Delivery Plan identified digital as a key enabler. NSS has already commenced significant digital transformation activity across its own services. Where possible and appropriate services will be digitised over the next 5 years. This will support NSS internal efficiency and productivity through consistent, standardised and quality assured processes and systems. It will also improve access to timely data and analytics, supporting broader reach, greater pace and more informed decision making, particularly when working with other boards.
- **Clinical Engagement.** NSS has a highly respected clinical leadership cohort. The professional and clinical insight and influence these exert, internally and externally, are central to the enablement of our various transformation programmes. They also underpin

NSS clinical governance and systemic quality improvement. This high level, clinical engagement ensures health and care remains at the heart of NSS services, visibly delivering the National Clinical Strategy and Realistic Medicine outcomes. Our clinicians are also engaged across with health and life science research initiatives; seeking innovative new developments around advance medical therapies and novel ways to use technology to support health and well-being outcomes across our population.

- **Business Engagement.** NSS will continue to provide high quality business engagement, supporting customer priorities and the development and delivery of strategies and solutions to these. Existing commercial support and the experience gained through Tailored Support to territorial health boards will be harnessed to expand and develop solutions to wider business support functions. This will ensure all NSS activity is aligned to broader national collaboration in the support of better health, improved patient experience and sustainable cost.
- **Public Health Body.** NSS has a significant role to play in the creation of the new Public Health Body. As large elements of the Public Health and Intelligence business unit will migrate to the new body, it is essential that the people, governance and processes are well informed and prepared for the transition. NSS is already fully committed to working with the transition group to ensure issues and risks are identified early and mitigated where possible.

These programmes, combined with the extremely challenging fiscal environment, represent some of the greatest challenges NSS has had to face over the last decade. The ongoing challenge of finding CRES and accommodating the proposed pay settlements means that some of those areas heavily dependent on baseline funding are looking to stop some service provision. An example of this is the MASNET initiative that sought to reduce agency spend across boards. Without funding commitment, the service redesign required cannot be achieved. Significant engagement and collaboration will be required across all stakeholder groups to mitigate the impacts of these challenges. The pace of transformation will also be dependent on the level of support and guidance from organisation sponsors.

To address the latter bullet above, NSS will work in partnership with our Trade Union colleagues to ensure staff matters arising from the creation of the Public Health Body are mitigated as far as is practicable. Again time to conclude meaningful engagement with staff is a key but finite resource. NSS will also need to refocus its priorities once the move of Public Health and Intelligence has been completed. This will ensure the remainder of NSS is appropriately realigned to deliver the transformative and core shared services effects required in support of national boards and 'Once for Scotland' collaboration.

Finally, it is essential that NSS work with partner boards to ensure the outcomes and benefits of collaboration deliver tangible benefits and are not simply focused on shifting of boundaries without adding value. Streamlining of governance and service improvements will only be delivered when all partners can see, believe in and articulate the added value to justify the effort required for transformation.

2.0 Strategic Intent

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

Supporting the transformation of health and care

NSS, working with others, will **enable** the transformation of health and social care to help improve the health and wellbeing of the people of Scotland.

We will continue to **underpin** a sustainable and resilient NHSScotland by providing excellent support services and expertise.

We will **assist** other public sector organisations where there is value in doing so.

We will achieve this through our strategic objectives

- We put the **customer at the heart** by listening and understanding their needs.
- We **increase our service impact** by being bold, embracing new technologies and new ways of working together.
- We **improve how we do things** by sharing knowledge and continually innovating to find new and better ways of doing things.
- We make NSS **a great place to work** by listening to, supporting and investing in our most important resource – our people.

3.0 Planning Environment

2020 Vision for Health and Social Care

The NSS Operational 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’.

4.0 Nationals’ Delivery Plan

NSS is working collaboratively with the other seven National Boards to develop a Delivery Plan to support high quality and sustainable services across health and social care either directly or by supporting regional delivery. This Plan covers the activities of NSS alone and will not repeat initiatives within the Nationals’ Delivery Plan and vice versa.

5.0 Achieving Our Operational Delivery Plan

The specific targets within this Plan have been agreed with a range of stakeholders and our sponsor in SG Health and Social Care Directorate. Targets can have 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 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

This Plan will be monitored on a quarterly basis. Progress will be shared with staff, customers, stakeholders and SG colleagues as appropriate.

6.0 Operational Delivery Plan Risk Profile

Risks associated with the achievement of 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.

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 where value can be added, the wider public sector. We will lead the shared services agenda, using our capabilities to do things once for Scotland. This includes increasing collaboration with the other seven National Boards.
- **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.

8.0 Tackling inequalities

NSS recognises their obligation to the legal duty to preventing discrimination from taking place and providing equity of opportunity including setting clear targets to improve the diversity of our workforce. NSS has worked with the Glasgow Centre for Inclusive Living and the Disabled Graduate Scheme; NP implemented the Modern Apprenticeship Scheme which has rolled out to other SBUs and National Services Division is working with Health Scotland to increase uptake of screening, across all programmes, in deprived communities. We continue to provide opportunities for learning and development to all our staff through a range of online and face to face training 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.

We have increased the inequalities content of much of our published work which takes us in the right direction. We will publish a report on inequalities before the end of the year; this will help in identifying where we can do more to utilise the intelligence we have to support the service to tackle health inequalities. Specific targets are referenced in section 1.9 below.

Draft Targets

1. Health Impact

1.1 Safe and sufficient supply of blood, tissues and cells through Service Modernisation (SNBTS).

- No avoidable Transfusion or Tissue Transmitted Infections (TTIs) Risk 4230.
- 3 or more days blood supply available for all blood groups Risk 3236.

1.2 Leverage the benefits of moving to the Jack Copland Centre (SNBTS).

- Complete transition to the Jack Copland Centre. Risk 4129, 1812.

1.3 Build Research, Development and Innovation capability within NSS (SNBTS). There are no risks related to these research projects which impact on service delivery.

- Perform dose escalation followed by multiple treatment arm of the MATCH study (autologous macrophages in cirrhosis) completion by March 2019.
- Establish an HLA-typed Allogeneic Mesenchymal Stromal Cell bank to improve and support transplant and regenerative early-phase clinical trials by March 2019.
- Derivation and expansion of the first UK GMP-grade iPSC cell lines by December 2019 to support the rapidly growing pluripotent stem cell-derived regenerative medicine field in Scotland and wider UK.

1.4 Build Research, Development and Innovation capability within NSS (Public Health and Intelligence).

- Engaged in both City Deal and Health Data Research UK (HDR UK) – by October 2018, we will have produced a summary of the expected contributions from NSS and ISD. Risk 4983

1.5 Facilities programmes in place to support improved patient care (Procurement, Commissioning and Facilities).

- 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. Risk 4998
- Aim to reduce healthcare associated infection by implementing the Decontamination Strategy Action Plan, with year 3 measures by March 19. Risk 4998
- All new patients receive oxygen service within 4 days of notification (100%). Risks 4979, 4980

1.6 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 (Procurement, Commissioning and Facilities).

- 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 2019. Risk 4980
- Quality standards in 33% of commissioning service agreements would be reviewed and updated against international benchmarks to help deliver better services and optimal outcomes by March 2019 (2nd of 3 year programme). Risk 4985
- Implement policy changes in national screening programmes within agreed timeframes, specifically:
 - Milestones in relation to Hr-HPV for Cervical Screening met by March 2019. Risk 4988
 - 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 by March 2019. Risk 4987

- Review 12 commissioned specialist service and networks against the national designation criteria to ensure ongoing need in Scotland by March 2019. Risk 4986

1.7 Meet the need of customers for information and intelligence to improve outcomes for the people of Scotland (Public Health and Intelligence).

- Completion to schedule of 90% of all Information and Intelligence deliverables identified within the PHI/SG SLA. Risk 4503
- Quality Assurance – embedding new Statistics Code of Practice, including:
 - Undertake quality assurance review of at least 2 data-sets by end March 2019.
 - Participate in assessments of official statistics, as required by the UK Statistics Authority (timetable and publications for review are determined by the UKSA).
- Atlas of Variation: Risk 4877
 - Delivering of three atlas maps on knee, hip and cataract by end April 2018
 - A minimum of a further 12 atlas maps in at least 2 themes by March 19
- Regional support: Risk 4981
 - Sustainable levels of support agreed with all 3 regions by end June 2018 with further deliverables to be agreed in year.
- Excellence in care: Risk 4914
 - All participating Health Boards and partnerships will have an agreed number of indicators for adult inpatients by nurse family and an IT supported approach to submitting data to ISD. Submitted data will be visualised through tableau hosted information system known as Care Assurance Improvement Resource (CAIR).
 - PHI will have 100 test users of ‘CAIR’ (Care Assurance and Improvement Resource) system by March 2019. The system supports Excellence in Care for both care assurance and quality improvement and uses indicators agreed with health boards and partnerships.
- Primary Care/SPIRE:
 - All data requirements (local reports and extracts) to support the new GP Contract in place in line with Scottish Government requirements (dates to be confirmed – first suite likely to be Q2 in 18/19). Risk 4991
 - By end June 2018, ensure appropriate support is in place for all practices which have the SPIRE software installed to submit data requirements relating to the new GP contract, through the provision of face-to-face training, appropriate “how-to-guides”, and on the ground support from LIST analysts. Risk 4370
 - Throughout 2018/19, work with NHS Boards to ensure that GP practices have up to date versions of the SPIRE software, enabling local reporting and extracts to support cluster working and the data requirements of the new GP contract. During 2018/19, a particular focus will be on supporting those Boards which are installing the SPIRE software in line with planned hardware and server upgrades.
- Cancer – delivery of the Scottish Cancer Registry and Intelligence Service (SCRIS): Risks 4668,4669,4670
 - Delivery of all agreed objectives for developing the Scottish Cancer Registry and Intelligence Service (SCRIS) by 31 March 2019 (various deadlines over the year), including integration of radiotherapy, QPI and molecular pathology data, and the establishment of a wrap around intelligence service to embed the use of cancer information locally.
- Whole System Modelling: Risk 4993
 - Support the delivery of the Deloitte whole system model through the provision of high quality data and statistical advice by end June 2018.
 - Put forward a proposal to develop self sufficiency and ongoing capability in whole system modelling in NHS Scotland by end June 2018.

1.8 Intelligence led decision making across the public sector (Public Health and Intelligence).

- By March 19 LIST will:
 - Continue to support 100% of Integration Authorities.
 - Provide support to 100% of established GP Clusters that wish to make use of LIST.
 - Work collaboratively with 30 GP Clusters to provide and share insights on needs assessments, local profiles or health inequality initiatives.
 - Share 10 initiatives that have been adapted and used by other areas.
 - Produce 5 co-designed stories across CPPs, Third Sector and Local Authorities that demonstrate impact. Risk 4990, 4992
- Source
 - Data submission and quality assurance of social care activity complete by October 2018, in order to provide full Social Care data to Scottish Government, design and issue a new output on social care activity on the Source Platform and publish Official Statistics thereafter. Risk 4514

1.9 Tackling inequalities - Integrate health inequalities (Public Health and Intelligence). Risk 4994

- Further develop the ScotPHO inequalities interactive profiles tool based on stakeholder feedback and publish a final public version by September 18.
- Working with colleagues in NHS Health Scotland, collect data for a set of health and social care indicators based on UK wide proposals (“Cookson indicators”), develop a clear and attractive interactive user interface to present these indicators; test this with users and modify based on feedback. Publish the final version by March 19.

1.10 Monitor hazards and manage outbreaks and incidents through the national health protection service. Risk 4503

- Ensuring completion to schedule of 95% of all health protection deliverables identified within the PHI/SG SLA.

1.11 Provide surveillance and response coordination as appropriate for all national level health protection threats including healthcare associated infections. Risk 2904

- 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.

1.12 Delivery of Antimicrobial Resistance and Healthcare Associated Infections (ARHAI) Programme portfolio supporting the national ARHAI strategy. (2017-2022). Risk 4995

- Agree new framework contract with SGHSCD.
- 95% deliverables in the framework contract to time and quality inclusive of annual HAI report with gram negative epidemiology (in support of new targets) in May and a one health AMR report in November (CVO resource dependent).

1.13 Delivery of agreed IT Services to health, including Boards and SGHSCD (IT).

- 95% delivery to Boards of the national SLA for business as usual services on an annual basis.
- 95% delivery to Boards of other services in the national SLA (e.g. IT project management) on a quarterly basis.
- 95% delivery of agreed outcomes to Scottish Government’s Health and Social Care delivered on time and within budget on a quarterly basis.
- 95% Delivery of Major IT programmes to include CHI, PACS, GPIT within Specification, timescale and budget.

2. Financial Impact

2.1 Source and deliver goods to support the NHS to achieve financial targets (Procurement, Commissioning and Facilities).

- Collaborative Contract Coverage £1.4bn. Risk 4545, 4349
- Actual NDC Revenue Throughput £153.7m. Risk 4989
- National Contract Delivered Savings £50m (consolidated from contract performance and year 2 of the procurement services transformation programme). Risks 4545,4349

2.2 Single and consistent eProcurement system and processes in place to enable NHS Boards to procure products in a standard manner (Procurement, Commissioning and Facilities).

- Report by March 19 on improvement of use of processes to drive best practice and improve efficiencies. Risk 4545,3838

2.3 Pay approximately £2.5 billion to over 8000 primary care practitioners to agreed standards of accuracy and timeliness (Practitioner and Counter Fraud Services). Risk 5102

- Target of 99.5% accuracy to agreed dates.

2.4 To support health improvement in NHS Scotland by undertaking prevention, detection and investigation initiatives to reduce patient exemption fraud or error by £1million by March 19. (Practitioner and Counter Fraud Services). Risk 4976

- This will be achieved through a combination of recoveries and cost avoidance. Performance indicators to be identified.

2.5 Deliver cost effective litigation, commercial property, commercial contracts and employment legal services (Central Legal Office).

- Achieve greater than 90% customer satisfaction levels for Legal Services and set the annual increase of fees at 0%. Risk 1615

2.6 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 (Central Legal Office).

- 100% update of Clinical Negligence Claims – value and settlement dates.

2.7 Delivery of agreed IT Services to the Scottish public sector beyond health (IT).

- 90% delivery to public sector customers of the SLA for BAU services on an annual basis.
- 90% delivery of agreed outcomes to public sector customers delivered on time and within budget on a quarterly basis.

2.8 Support financial sustainability across NHS in Scotland: (Business Services)

- Contribute towards the National Boards' £15 million recurring savings target.

2.9 Ensure customers understand what NSS can offer them and have high levels of satisfaction with our service delivery (Customer Engagement and Development).

- NSS services achieve a minimum annual customer satisfaction score of 70%.

3. Environmental Impact

3.1 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). Risk 3601

- Deliver a Good Corporate Citizenship score of:
 - >80% by March 2019
 - ≥ 85% by March 2020.