

Operational Delivery Plan 2019/20



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NSS Operational Delivery Plan

1.0 Introduction

NHS National Services Scotland (NSS) provides national infrastructure services and solutions which are integral to NHSScotland. Using our expertise in a wide range of specialist areas, we are able to support a successful health and care service – locally, regionally and nationally.

Our main focus is on supporting NHSScotland, but we are now working more widely across health and care. This ensures the benefits and value we achieve through our national infrastructure can help many different areas of local front line services to improve outcomes for the people of Scotland.

Our national infrastructure is wide-ranging, covering clinical areas, such as the safe supply of blood, tissues and cells, through to non-clinical areas, such as providing essential digital platforms and cyber security for health and care.

We are also able to increase the value we create for health and care by bringing our services together and focusing them on delivering solutions in key areas, such as the shift to prevention and meeting NHSScotland's current priorities on waiting times, mental health and integration.

This Operational Delivery Plan (ODP) sets out the agreement between 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.

Whilst the ODP sets formal targets for the year ending 31st March 2020, NSS plans on a 5-year horizon. Long-term programmes are therefore included with appropriate delivery milestones showing the value provided by undertaking these activities.

Our Public Health and Intelligence team have included targets for 19 / 20. We will ensure the smooth and successful transition of Information Services Division (ISD) and Health Protection Scotland (HPS) to the new public health body, Public Health Scotland, by December 2019. We will create a corporate services solution for the new body so that it can focus a greater proportion of its efforts on achieving the national public health priorities.

2.0 Strategic Intent

Our draft Strategic Plan (2019 – 24) provides more detail on our strategic direction.

Our purpose

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

Our vision recognises what we need to achieve over the next 5 years:

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

Values and our people

The NHSScotland values guide everything we do and ensure we fulfil our purpose and make our vision a reality. Our goal is:

“NSS will remain a great place to work.”

Approach

Our approach defines where our stakeholders need us to prioritise our efforts:

1. Enable health and care transformation with new services.

Our intention over the next 5 years is on harnessing the wide ranging skills and expertise NSS has to deliver national infrastructure solutions and services that create better health, better care and better value for Scotland.

2. Underpin NHSScotland with excellent services.

NSS provides core national infrastructure across our broad range of activities which enables national insight and local decision making.

3. Assist other organisations involved in health and care.

By connecting with partners and stakeholders in other organisations involved in health and care, we can ensure our services support national, regional and local initiatives

3.0 Enabling health and care transformation with new solutions

We have the ability to connect our services and deliver solutions that create additional value for health and care. We are focusing our attention for the next 5 years on delivering solutions that achieve the greatest impact as defined by the triple aim of better care, better health and better value. We have identified a series of strategic themes. They are also designed to help Scotland achieve the Health and

Social Care Delivery Plan, while also addressing the immediate needs of mental health, waiting times and integration. These are as follows:

- **Primary and community care**

We will enable the modernisation and integration of primary and community care in Scotland. This includes assessing primary care capability and capacity, supporting the modernisation and integration of primary care systems and processes, assessing the current state of the general practice estate and actively engaging with community care to understand their needs.

This programme will help deliver a more sustainable and resilient primary and community care service that improves patient care with more effective multi-disciplinary team working.

- **Medicines**

We will enable the introduction of new treatments, develop the use of genomics and cellular therapies and help improve prescribing pathways. This includes reviewing and redesigning prescribing pathways and improving access to medicines data, support the research, development and introduction of new treatments and ensuring Scotland gets best value from its spend on medicines.

This programme will help ambitions for the right medicine or right treatment to be given to the right patient at the right time and by the right clinician in any location.

- **Digital and data**

We will enable the successful delivery of the digital health and care strategy. This includes optimising the use of the public cloud, creating a new national security operations centre for NHSScotland and improving access and use of NSS national data sets.

This programme will help our customers turn ideas into practical digital-first solutions through digital service transformation.

- **Transformation, innovation and integration**

We will enable stakeholders and partners in Scottish Government, territorial health boards, regions and integration authorities to deliver change. This includes developing an innovation network with partners, harnessing expertise to support innovators and supporting the scale up of key innovations across Scotland.

This programme will help maximise the potential for key innovations to be successfully implemented across health and care in Scotland.

4.0 National Boards Collaborative

We are part of a collaborative of eight national boards providing services where improved quality, value and efficiency is best achieved through a national approach. We share a common purpose and by working closely together, and with our partners in the Scottish Government, regions, territorial boards and integration joint boards,

we will support the changes required to improve services, reduce unnecessary demand, improve workforce sustainability and strengthen leadership to protect and improve Scotland's health.

The National Boards Collaborative Programme focuses on three areas - (1) improvement, transformation and evaluation; (2) digitally enabled service redesign; and (3) a sustainable workforce:



These are the areas where we believe we can help our partners redesign services to meet technological, demographic and societal changes. We will take on difficult issues in partnership to identify where national support can help deliver real sustainable change to address priority areas such as waiting times and mental health and drive integration across health and social care.

5.0 Risks to Delivery

Risks to the delivery of this Operational Delivery Plan will be recorded within our Corporate Risk Register and reported regularly.

At the point of publication, the risk matrix, describing the aggregated impact and likelihood of the identified risks is as follows:

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

Targets

This section details the targets and milestones for delivery. These will be regularly reviewed, monitored and formally reported on a quarterly basis.

1 Better Health

1.1 Safe and sufficient supply through a modernised blood, tissues and cells service (SNBTS).

- No avoidable Transfusion or Tissue Transmitted Infections (TTIs) (Risk 5114)
- 3 or more days blood supply available for all blood groups (Risk 3236)

1.2 Build Research, Development and Innovation capability within NSS

(SNBTS/NSS). There are no risks related to these research projects which impact on service delivery.

- Complete main treatment arm of the MATCH study (autologous macrophages in cirrhosis). To include establishing a second manufacturing site at JCC, and processing donations from multiple participating sites e.g. Glasgow and Dundee by March 2020. This will lay the groundwork for multi-centre late phase clinical trials.
- Establish an HLA-typed Allogeneic Mesenchymal Stromal Cell bank to improve and support transplant and regenerative medicine early-phase clinical trials by December 2019.
- Expansion and derivation 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 the UK and worldwide as part of the GAIT initiative.
- Complete review of NSS RDI Strategy, governance and plan by June 19.

1.3 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 2020.
- 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 2020 (3rd of 3 year programme).

1.4 Implement policy changes in national screening programmes within agreed timeframes, specifically: (Procurement, Commissioning and Facilities).

- Milestones in relation to Hr-HPV for Cervical Screening met by March 2020.

- 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 2020.
- Milestones in relation to NIPT for Pregnancy Screening met by March 2020.
- Milestones in relation to DRS for Diabetic Screening met by March 2020.

1.5 Monitor hazards and manage outbreaks and incidents through the national health protection service. (Risk 4503) (Public Health and Intelligence)

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

1.6 Provide surveillance and response coordination as appropriate for all national level health protection threats including healthcare associated infections. (Risk 2904) (Public Health and Intelligence)

- 100% of all national incidents and outbreaks caused by organisms/agents under current national surveillance are reported to HPS through the surveillance system and managed according to the national guideline.

1.7 Delivery of Antimicrobial Resistance and Healthcare Associated Infections (ARHAI) Programme portfolio supporting the national ARHAI strategy. (Public Health and Intelligence)

- Support the national framework for ARHAI including the UK AMR Action Plan (2019-2024) delivery of the UK action plan and SG ARHAI Outcomes Framework. 95% deliverables to time and quality for action plan and outcomes framework.

2. Better Care

2.1 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.
- Support for primary care service development by completing GP premises survey by Q1 2019
- All new patients receive oxygen service within 4 days of notification (100%).

2.2 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.

- Quality Assurance – reinforcing new Statistics Code of Practice, including: (Risk 4146).
 - Undertake quality assurance review of at least 2 data-sets by end March 2020.
 - 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)
 - Deliver the number of maps in line with the final business case approved by Scottish Government.
 - Develop and deliver an Atlas training programme focussed on clinical professionals as agreed with Scottish Government in the final business case.
- Regional support:
 - Continue to support the 3 Regional Planning teams.
- Mental Health:
 - In support of the Mental Health Strategy by March 2020 increase the number of Mental Health Quality Indicators published on the ISD Website and in Discovery to at least 20.
 - Lead the Knowledge and Information Workstream for the Children and Young Peoples' Mental Health Taskforce and from that work develop a patient level dataset and establish data flows by December 2019.
 - Mental Health Access Support Team – by September 2019, have an Access Improvement Data (AID) product to be used as an intelligence tool by all stakeholders.
 - CivTech Challenge – complete a pilot project with Stirling Council by March 2020 to develop a digital “artificial intelligence chatbot.” that supports the mental health of young people.
- Waiting times:
 - As set out in the Waiting Times Improvement Plan, working collaboratively with Scottish Government and NHS Boards, develop a range of new information and intelligence resources to monitor and improve waiting time performance for patients by March 2020.
- Primary care (Risk 4370)
 - Ensure the resilience of the flu vaccination programme so that the population are appropriately immunised through active monitoring of the supply, demand and uptake of the vaccine. (Measureable performance indicator being developed).
 - Data collection tool to support the new GP contract is:
 - Tested in one GP Cluster by April 2019
 - Ready for wider deployment from July 2019
- Whole System Modelling:
 - By end of October 2019, ISD will deliver a demonstrator adapted from the model developed by Deloitte for the SG's Delivery Plan Model. This demonstrator, and future iterations (including timelines for delivery), will be steered by the Model User Group.
- Workforce
 - Transition of workforce intelligence and data functions to NES is achieved seamlessly from the perspective of users of official statistics,

SG policy and analytical officials, Ministers and other service users - by December 2019.

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

- By March 20 LIST will: (Risk 4990, 4992)
 - Continue to support 100% of Integration Authorities.
 - Spreading the value of our locally derived intelligence by sharing at least 30 cross-sector stories across established GP clusters for scalability and applied learning across Scotland.
 - In addition to routine outputs, half of Integration Authorities utilising new emerging data and derived intelligence, from data sources such as SPIRE and Source (Social Care), through the formation of creative labs.
 - Produce 6 co-designed stories across CPPs, Third Sector and Local Authorities that demonstrate impact.
- Social Care:
 - Review the success of the initial local analyses (developed at the end 2018/19) of social care data linked with health service data in meeting the integrated information and intelligence needs of Health and Social Care Partnerships by September 2019. Design and disseminate a refined set of analyses by March 2020.
 - Work with stakeholders to provide social care data which is made publicly available on the ISD website and supports national policy development:
 - Release the first ISD official statistics social care publication in April 2019 and following this seek feedback from stakeholders and produce a revised official statistics publication by March 2020.
 - During 2019/20 work with SG policy and analytical leads to ensure social care data supports national policy development.

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

- By March 2020 ScotPHO will further develop health and social care inequality indicators by:
 - By December 19, consult with stakeholders to identify areas where their impact can be increased.
 - By March 20, integrating these indicators into other ScotPHO profile products.
 - By March 20, explore options to incorporate additional indicators. Progress monitored by reporting on the outcomes of work to identify additional indicators.

2.5 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 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 and Child Health, Office 365, GPIT within specification, timescale and budget.

3. Better Value

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

- Collaborative Contract Coverage £1.4bn.
- Actual NDC Revenue Throughput £155m.
- National Contract Delivered Savings £60m

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

- All NHSScotland orders for goods and services are placed via the most appropriate electronic procurement system for their business area.

3.3 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

3.4 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. Risk 5357

3.5 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.

3.6 To support health improvement in NHS Scotland by undertaking prevention, detection and investigation initiatives to reduce patient exemption fraud or error by £1.5million by March 2020. (Practitioner and Counter Fraud Services).

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

3.7 Ensure customers understand what NSS can offer them and have high levels of satisfaction with our service delivery (Strategy, Performance and Service Transformation).

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

3.8 Build sustainable development into all our services to ensure resilience is delivered, including: reduced emissions, adapting for climate change and behaving sustainably. (Risk 3601) (Procurement, Commissioning and Facilities)

- Deliver a Good Corporate Citizenship score of:
 - $\geq 85\%$ by March 2020. (Further indicators to be developed).