Agenda

B/25/01

NSS BOARD FORMAL
FRIDAY, 28th MARCH 2025 COMMENCING 1030HRS GYLE SQUARE, EDINBURGH (AND VIA TEAMS)

NSS Chair: Keith Redpath

1030 – 1200 hrs

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

In attendance: M Cook, Essity (Member of the Public)

2. Board Quarterly Highlight Presentation: Quality Improvement – National Call Centre, Call Quality Review (presenter: Sam Williamson, Quality and Governance Manager)

3. Items for Approval

3.1 Minutes of the previous meeting held on 20th December 2024 and Matters Arising **[B/25/02 and B/25/03]** – **Keith Redpath, NSS Chair**

3.2 Board Forward Programme **[B/25/04] – Keith Redpath, NSS Chair**

3.3 NHS Reform and Renewal Report **[B/25/05] – Mary Morgan, Chief Executive**

3.4 Board Assurance Framework **[B/25/06]** – **Carolyn Low, Director Finance, Corporate Governance and Legal Services**

3.5 Annual Governance Report and NSS Corporate Governance Framework **[B/25/07]** – **Carolyn Low, Director Finance, Corporate Governance and Legal Services**

3.6 Public Sector Equality Duty Reporting **– [B/25/08]** – **Lee Neary, Director, Primary & Community Care (P&CC) (Interim)/Strategy, Performance & Service Transformation (SPST)** (Presenters: Matthew Neilson, Associate Director of Strategy, Performance & Communications and Nelson Kennedy, Associate Director Digital Services & Quality Improvement)

	Chair	Keith Redpath
	Chief Executive	Mary Morgan

3.7   NSS Anti-Racism Plan **[B/25/09]** – **Serena Barnatt, Director HR and Organisational Development** (Presenters: Matthew Neilson, Associate Director of Strategy, Performance & Communications and Nelson Kennedy, Associate Director Digital Services & Quality Improvement)

4. Items for Scrutiny

4.1   Chairs Report (verbal) – **Keith Redpath, NSS Chair**

4.2   Chief Executive's Report (verbal) – **Mary Morgan, NSS Chief Executive**

4.3   NSS Finance Report (Month 11) **[B/25/10]** - **Carolyn Low, Director Finance, Corporate Governance and Legal Services**

4.4   Integrated Performance Report **[B/25/11]** – **Lee Neary, Director, Primary & Community Care (P&CC) (Interim)/Strategy, Performance & Service Transformation (SPST)**

4.5   NSS Risks and Issues Report **[B/25/12]** - **Lee Neary, Director, Primary & Community Care (P&CC) (Interim)/Strategy, Performance & Service Transformation (SPST)**

5. Items for Information

5.1   Public Inquiries Report **[B/25/13]**

5.2   NSS Committees Approved Minutes and opportunity for Committee Chair's to highlight material items **[B/25/14]**

- NSS Audit and Risk Committee
- NSS Clinical Governance Committee
- NSS Finance, Procurement and Performance Committee
- NSS Staff Governance Committee

6. Any other business

1200-1230 *In Private Session –* *under NSS Standing Orders paragraph **5.22.1** & The Board is still in the process of developing proposals or its position on certain matters and needs time for private deliberation and **5.22.4** - The Board is otherwise legally obliged to respect the confidentiality of the information being discussed.*

7. NSS Financial Plan 2025-26 **[IPB/25/01]**– **Carolyn Low, Director Finance, Corporate Governance and Legal Services** to follow

Date of next meeting: Friday, 27 June at 10.30am, Gyle Square, Edinburgh (and via Teams)

Minutes
(DRAFT)

NHS
National
Services
Scotland

NHS NATIONAL SERVICES SCOTLAND BOARD

MINUTES OF MEETING HELD ON FRIDAY 20 DECEMBER 2024 AT THE JACK COPLAND CENTRE, EDINBURGH, AND VIA TEAMs DIGITAL PLATFORM AT 1030 HRS

B/25/02

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 NSS Vice-Chair
Sharon Hilton-Christie, Medical Director
Arturo Langa, Non-Executive Director
Beth Lawton, Non-Executive Director
Carolyn Low, Director of Finance, Corporate Governance and Legal Services (FCGLS)
Maria McGill, Non-Executive Director
Mary Morgan, Chief Executive
Alison Rooney, Non-Executive Director

In Attendance:
Serena Barnatt, Director of HR and Organisational Development
Gordon Beattie, Director National Procurement
Kyle Clark-Hay, Associate Director Corporate Governance (Board Secretary)
Julie Critchley, Director NHS Assure
Susi Buchanan, Director National Specialist Services & Screening Division
Steven Flockhart, Director Digital & Security
Rachel Kavish Wheatley, Executive and Governance Manager
Matthew Neilson, Associate Director of Customer and Stakeholder Engagement
Mark McLeod, Inventory Supervisor, National Procurement
Jacqueline Reilly, Director of Nursing
Karen Summers, Committee Services Manager [Minutes]
Marc Turner, Director of Scottish National Blood Transfusion Service
Damien Wisniewski, National Procurement Warehouse Shift Manager [Item 3]

Apologies:

Lee Neary, Director of Primary & Community Care (interim), Strategy, Performance and Service Transformation

Observers:
NSS Staff (TEAMs)

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.

1.   WELCOME AND INTRODUCTIONS

1.1   The Chair welcomed all to the meeting and noted those in attendance which included members of NSS staff. The apologies were noted as set out above. Members noted that this was the first formal Board meeting for Kyle Clark-Hay as Associate Director, Corporate Governance (Board Secretary).

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.   BOARD QUARTERLY HIGHLIGHT PRESENTATION – WAREHOUSE QUALITY IMPROVEMENT [Presentation]

3.1   Members noted the Quarterly Highlight Presentation would be a new standing item for Board meetings going forward which would highlight areas of improvement work and best practice carried out across the organisation.

3.2   The area for consideration at this meeting would focus on Warehouse Quality Improvement and Members welcomed members of the team from National Procurement.

3.3   Members welcomed the presentation on the Modula Relay Improvements and Mezzanine projects. Members agreed that this was an exemplar in working together around continuous improvement to increase productivity and remove non-benefit activities from working practices. It was noted that this had been part of the wider NSS continuous improvement work and thanks were extended to the Director of Nursing who sponsored the team during this process. It was also noted that the National Procurement team had been nominated for an NSS Excellence Award.

3.4   Members thanked the team for their informative presentation and looked forward to seeing the improvements in action on future visits to the warehouse.

4.   MINUTES OF THE PREVIOUS MEETING HELD 27 SEPTEMBER 2024 AND MATTERS ARISING [B/24/37 and B/24/38]

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

4.2   Members discussed the action list and were content for all actions to be closed, as per the updates and recommendations, noting those scheduled for future meetings.

Decision: To approve the minutes of the Board meeting held on 27 September 2024.

Decision: To close all completed actions from the 27 September Board meeting.

5.   BOARD FORWARD PROGRAMME [B/24/39]

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

Decision: To approve the Board Forward Programme.

6.   NSS RISK MANAGEMENT STRATEGY [B/24/40]

6.1   Members considered the NSS Risk Management Strategy and noted that no material changes had been made during the annual review cycle.

Decision: To approve the NSS Risk Management Strategy.

7.   COMMITTEE AND BOARD SERVICES REPORT [B/24/41]

7.1   Members noted the report, and the recommendations included. The Chair thanked all those involved in the recent Board development sessions, and the progress made to objectives within the 2024/25 Board Governance Development Plan 2024/25.

7.2   Members noted the recommendations for Non-Executive Training which was well received.

Decisions:

- **To approve Maria McGill to succeed Alison Rooney as the Chair of the Clinical Governance Committee with effect from 1st April 2025;**

- **To approve the Board Seminar and Development Schedule for 2025/26;**

- **To approve the approach to Non-Executive Board members training including the list of on-line modules;**

- **To note the updates provided on Board member recruitment;**

- **To note the actions and themes which emerged from the Board and Executive Management Team Development sessions in October 2024; and**

- **To note the progress made towards the achievement of objectives within the Board Governance Development Plan 2024/25.**

8.   CHAIR'S REPORT

8.1   The NSS Chair provided a verbal update in relation to activities that had taken place since the last meeting held on 27 September 2024, highlighting the following:

8.1.1   The organisation remained in a good financial and performance position.

8.1.2   Board and Executive Management Team development sessions had taken place in October 2024 and had been successful. The Chair thanked all those who took part.

8.1.3   The NSS Annual Review with the Minister had taken place in November 2024 and had been a positive meeting. The formal feedback letter had not yet been received and would be circulated to all once available. Of particular note by the

Minister was the excellent partnership working relationship held by NSS and Trade Union colleagues.

8.1.4 There would be an update on both Westminster and Scottish budgets as part of the ongoing discussions and planning for the 2025/26 NSS Financial Plan.

8.1.5 The focus of the Board Chairs meetings during the period had been on the Reform agenda as well as the new Executive Group which has been formed joining up Scottish Government, Chief Executives, and the Cabinet Secretary to provide a collaborative strategic approach.

Decision: To note the verbal update provided.

Action: To circulate the Annual Review outcome letter once received. (Board Services)

9. CHIEF EXECUTIVE'S UPDATE

9.1 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:

9.1.1 Professor Jacqueline Reilly had advised of her intention to retire as Director of Nursing in April 2025 and the recruitment process for this post was in progress.

9.1.2 While NSS has a small number of volunteers, we have signed a Volunteer Charter recognising the importance of volunteers and their contributions.

9.1.3 We have received confirmation from Government that the Common Services Agency (NSS) (constituted under section 10 of the National Health Service (Scotland) Act 1978) has been recognised as a UK public health agency in relation to Scotland under regulation 3 of the Health Security (EU Exit) Regulations 2021, insofar as it carries out the following functions:

9.1.3.1 surveillance and monitoring of infections and antimicrobial resistance to assess their impact on health;

9.1.3.2 infection prevention and control and antimicrobial resistance advice and horizon scanning;

9.1.3.3 preparation and response to healthcare-associated infection outbreaks and incidents in relation to "related special health matters" as defined in the Health Security (EU Exit) Regulations 2021.

Events attended:

9.1.4 Scottish Ahlul Bayt Society (SABS) candle lighting ceremony at the Edinburgh City Chambers.

9.1.5 The Home Office National Engagement Conference, which was held in Glasgow. The event was attended by a range of representatives from ethnic groups, charities, and other organisations to discuss the issues most pressing to ethnic minority groups, and particularly those seeking asylum. We are awaiting confirmation of a meeting with the Home Office to talk more specifically about what NSS can do to support this work.

9.1.6 The Board and Executive Management Team development sessions and the NSS Annual Review, which had also been highlighted in the Chair's update.

9.1.7   The NSS Budget Summit meetings held on 18-19 December 2024, which have been very productive. A seminar would take place in the new year with the Board.

Decision: To note the verbal updated provided.

10.   NSS FINANCE REPORT (MONTH 8) [B/24/42]

10.1   The following key areas were highlighted from the report:

10.1.1   NSS was on track to meet all statutory financial targets with underlying pressures been identified and being managed;

10.1.2   Funding of the 24/25 pay award had been received however there has been no confirmation if this would be a recurring funding position for future years;

10.1.3   The organisation was on target to exceed its CRES targets which has allowed some funds to be used for investment;

10.1.4   NSS has now received over 81% of its allocations from Scottish Government and no red risks remained in relation to these. Some Amber risks remained but these were being managed with Scottish Government colleagues;

10.1.5   There are areas which remain challenged around the Reduction in the Working Week, especially when the requirements of the Health and Care (Staffing) (Scotland) Act 2019 are considered. Discussions for future baseline funding were ongoing with Scottish Government;

10.1.6   Capital spend was on track with risk scenarios being carried out as there was no contingency funding available;

10.1.7   The Quarter 2 financial performance review was attached for information and had been very positive.

10.2   Members noted the improving position within NSS.

Decision: To note the NSS Financial Performance Report for Month 8 2024-25.

Action: To review layout of tables for future reporting. (Carolyn Low, Director Finance, Corporate Governance and Legal Services)

11.   INTEGRATED PERFORMANCE REPORT [B/24/43]

11.1   The following key areas were highlighted from the report:

11.1.1 NSS was performing well and already achieving at least 86% of required deliverables. It was noted that this was an improvement position from previous years in the same timeframe. Members were asked to note that additions in relation to digital projects would be integrated into the next iteration of the report which may result in changes to the reported position.

11.1.2 Amendments had been made to the report, based on Audit Scotland recommendations to focus on areas of pressure in the interest of public transparency. To that end, Blood Donation figures have been included within the report.

11.1.3 Challenges in relation to pharmacy payments continued to be closely monitored and this was an improving area.

11.1.4 The data now included review of the work done around NSS Estate and what has been achieved across the organisation as a result.

11.2 Members asked for clarity around reported figures and additions to the narrative for future reporting. They noted the progress in the Pharmacy programme and sought clarity on the relationship with the implementation partners, particularly in relation to any impact around resourcing issues. The Associate Director of Customer and Stakeholder Engagement confirmed further detail would be sought and shared to provide assurance to members.

11.3 Members added that it may be useful to have definitions in relation to assurance levels for indicator performance in future reporting, i.e. what defined an improving or mixed indicator. A discussion in relation to Climate Change and Sustainability, and the changing parameters included in these figures took place and it was noted that this was a particularly difficult area for reporting as the underlying data was constantly changing. For example, the original indicators did not reflect the new warehouse estate and the implications for utilities etc. on the baseline figures. The National Contact Centre (NCC) was also discussed including utilisation by other Boards. The Chief Executive advised that further work was also taking place within NSS to look at a One NSS approach to the utilisation of the NSS NCC.

Decision: To note NSS performance at the end of quarter 2 2024-2025.

Action:
- **To ensure the turnover figure is correctly labelled as cumulative going forward. (Matthew Neilson, Associate Director of Customer and Stakeholder Engagement)**

- **To update members on the Pharmacy programme implementation partners and any impact around resourcing issues. (Matthew Neilson, Associate Director of Customer and Stakeholder Engagement)**

12   ITEMS FOR INFORMATION

12.1 Members were content to note, in full, the contents of the Public Inquiries Report **[B/24/44],** which had been presented for information and detailed the significant amount of work and pressure for all those involved. Members acknowledged that support measures were in place and recognised that inquiries could take many years. This item would also remain on the Board agenda with a specific seminar recommended for the NSS Staff Governance Committee.

Decision: To note the item presented for information.

Action:

- **To arrange an NSS Staff Governance Committee seminar on the Public Inquiries and staff involvement for next year. (Marie Brown, head of Public Enquiries and Scrutiny)**

- **To continue to receive the report at all Board meetings. (Matthew Neilson, Associate Director of Customer and Stakeholder Engagement)**

13   NSS COMMITTEES APPROVED MINUTES AND OPPORTUNITY FOR COMMITTEE CHAIRS TO HIGHLIGHT ANY ADDITIONAL MATERIAL ITEMS [B/24/35]

13.1   Members noted the minutes provided and that there were no additional material items to be highlighted.

   Decision: To note the minutes from NSS Committees.

14   ANY OTHER BUSINESS

14.1   There was no other competent business to discuss.

   The public Board meeting concluded at 11:45.

NSS BOARD FORMAL MEETINGS ACTIONS

Meeting type: Formal   **B/25/03**

No	Date	REPORT TITLE	ACTION	ACTION OWNER	DEADLINE	CURRENT STATUS
22	20.12.24	**Chair's Report**	To circulate the Annual Review outcome letter once received.	Board Services		**Recommend for closure** Complete.
23	20.12.24	**NSS Finance Report (Month 8) [B/24/42]**	To review layout of tables for future reporting.	Director Finance, Corporate Governance and Legal Services	Future Reporting	**Recommend for closure** Complete.
24	20.12.24	**Integrated Performance Report [B/24/43]**	To ensure the turnover figure is correctly labelled as cumulative going forward.	Associate Director of Customer and Stakeholder Engagement	Future Reporting	**Recommend for closure** Complete.
25	20.12.24	**Integrated Performance Report [B/24/43]**	To update members on the Pharmacy programme implementation partners and any impact around resourcing issues.	Associate Director of Customer and Stakeholder Engagement	Future Reporting	**Recommend for closure** Complete. Update provided in March Integrated Performance Report
26	20.12.24	**Public Inquiries [B/24/44]**	To continue to receive the report at all Board meetings.	Associate Director of Customer and Stakeholder Engagement	All future meetings	**Recommend for closure** Item has been added to forward programme.
27	20.12.24	**Public Inquiries [B/24/44]**	To arrange an NSS Staff Governance Committee seminar on the Public Inquiries and staff involvement for next year.	Associate Director of Customer and Stakeholder Engagement	Future SGC Seminar topic	**Recommend for closure** Seminar date set for 20.6.25

	27.6.25				26.9.25			
	Paper	**Exec Lead**	**Author**	**Notes**	**Paper**	**Exec Lead**	**Author**	**Notes**
For Consideration	Board Quarterly Highlight Presentation -Reducing Plasma Wastage at Ninewells Hospital Bloodbank	Director of SNTBS	Associate Medical Director/Consultant Hematologist		Board Quarterly Highlight Presentation - topic tbc			
Standing Items	Minutes	Director of Finance, Corporate Governance & Legal Services	Board Services		Minutes	Director of Finance, Corporate Governance & Legal Services	Board Services	
	Actions	Director of Finance, Corporate Governance & Legal Services	Board Services		Actions	Director of Finance, Corporate Governance & Legal Services	Board Services	
Items for Approval	Board Forward Programme	Director of Finance, Corporate Governance & Legal Services	Board Services		Board Forward Programme	Director of Finance, Corporate Governance & Legal Services	Board Services	
	NSS 25/26 Annual Delivery Plan	Director, Primary & Community Care (P&CC) (Interim)/Strategy, Performance & Service Transformation (SPST)	Associate Director Strategy, Performance & Communications		Annual Feedback and Complaints Report 2025-2026 (post ARC review)	Director, Primary & Community Care (P&CC) (Interim)/Strategy, Performance & Service Transformation (SPST)	Head of Quality and Engagement, Customer Experience	
	Integrated Risk Management Approach and Risk Appetite (post ARC review)	Director, Primary & Community Care (P&CC) (Interim)/Strategy, Performance & Service Transformation (SPST)	Head of Planning		Calendar of meeting dates 2026-27	Director of Finance, Corporate Governance & Legal Services	Associate Director Governance and Board Services (Board Secretary)	
	Audit Scotland Annual Audit Report (In Private)	Director of Finance, Corporate Governance & Legal Services		In Private Session				
	Audit Scotland Annual Audit Report (In Private)	Director of Finance, Corporate Governance & Legal Services		In Private Session				
Items for Scrutiny	Chairs Report (verbal)	NSS Chair	Verbal update		Chairs Report (verbal)	NSS Chair	Verbal update	
	Chief Executive's Report (verbal)	NSS Chief Executive	Verbal Update		Chief Executive's Report (verbal)	NSS Chief Executive	Verbal Update	
	NSS Finance Report	Director of Finance, Corporate Governance & Legal Services			NSS Finance Report	Director of Finance, Corporate Governance & Legal Services		
	Integrated Performance Report Q4	Director, Primary & Community Care (P&CC) (Interim)/Strategy, Performance & Service Transformation (SPST)	Associate Director Strategy, Performance & Communications		Integrated Performance Report Q1	Director, Primary & Community Care (P&CC) (Interim)/Strategy, Performance & Service Transformation (SPST)	Associate Director Strategy, Performance & Communications	
	NSS Committee Annual Reports	Director of Finance, Corporate Governance & Legal Services	Board Services		Risk and Issues Report	Director, Primary & Community Care (P&CC) (Interim)/Strategy, Performance & Service Transformation (SPST)	Associate Director Strategy, Performance & Communications	
	Annual Whistleblowing Report 2024-2025	Director of Finance, Corporate Governance & Legal Services	Associate Director Governance and Board Services (Board Secretary)					
Items for Information	Public Inquiries Report	Director, Primary & Community Care (P&CC) (Interim)/Strategy, Performance & Service Transformation (SPST)	Public Inquiries Team		Public Inquiries Update	Director, Primary & Community Care (P&CC) (Interim)/Strategy, Performance & Service Transformation (SPST)	Public Inquiries Team	
	Annual Assist Progress Report 2024/25	Director, Primary & Community Care (P&CC) (Interim)/Strategy, Performance & Service Transformation (SPST)	Associate Director Strategy, Performance & Communications					
	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)		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)	

19.12.25				27.3.26			
Paper	**Exec Lead**	**Author**	**Notes**	**Paper**	**Exec Lead**	**Author**	**Notes**
Board Quarterly Highlight Presentation - topic tbc				Board Quarterly Highlight Presentation - topic tbc			
Minutes	Director of Finance, Corporate Governance & Legal Services	Board Services		Minutes	Director of Finance, Corporate Governance & Legal Services	Board Services	
Actions	Director of Finance, Corporate Governance & Legal Services	Board Services		Actions	Director of Finance, Corporate Governance & Legal Services	Board Services	
Board Forward Programme	Director of Finance, Corporate Governance & Legal Services	Board Services		Board Forward Programme	Director of Finance, Corporate Governance & Legal Services	Board Services	
				Board Assurance Framework	Director of Finance, Corporate Governance & Legal Services	Assoc Director Corporate Governance (Board Secretary)	
				Annual governance report & Governance Framework	Director of Finance, Corporate Governance & Legal Services	Assoc Director Corporate Governance (Board Secretary)	
				Annual Finance Plan 26/27	Director of Finance, Corporate Governance & Legal Services		
Chairs Report (verbal)	NSS Chair	Verbal update		Chairs Report (verbal)	NSS Chair		
Chief Executive's Report (verbal)	NSS Chief Executive	Verbal Update		Chief Executive's Report (verbal)	NSS Chief Executive		
NSS Finance Report	Director of Finance, Corporate Governance & Legal Services			NSS Finance Report	Director of Finance, Corporate Governance & Legal Services		
Integrated Performance Report	Director, Primary & Community Care (P&CC) (Interim)/Strategy, Performance & Service Transformation (SPST)	Associate Director Strategy, Performance & Communications		Integrated Performance Report	Director, Primary & Community Care (P&CC) (Interim)/Strategy, Performance & Service Transformation (SPST)	Associate Director Strategy, Performance & Communications	
				Risk and Issues Report	Director, Primary & Community Care (P&CC) (Interim)/Strategy, Performance & Service Transformation (SPST)	Associate Director Strategy, Performance & Communications	
				Annual delivery plan 25/26 (timelines TBC)	Director, Primary & Community Care (P&CC) (Interim)/Strategy, Performance & Service Transformation (SPST)	Associate Director Strategy, Performance & Communications	In private
Public Inquiries Update	Director SPST	Public Inquiries Team		Public Inquiries Update	Director SPST	Public Inquiries Team	
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)		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)	

NHS National Services Scotland

Meeting:	**NSS Board**
Meeting date:	**27 March 2025**
Title:	**NHS Scotland Renewal and Reform**
Paper Number:	**B/25/05**
Responsible Executive/Non-Executive:	**Mary Morgan, Chief Executive**
Report Author:	**NHS Scotland Board Chief Executives Group**

1.   Purpose

1.1   This paper is presented to the Board to set out the context for renewal and reform following the First Minister's statement on 27 January 2025. It provides and briefs NHS Boards on the new governance arrangements with the establishment of the NHS Scotland Executive Group and wider efforts to support a more collaborative ethos in NHS Scotland.

1.2   The paper describes the need for all NHS Boards to ensure a systematic approach to balancing local delivery with the need to contribute to meet the needs of larger populations – beyond their geographical boundaries – in the delivery of planned care and asks the NSS Board to commit to these principles formally.

2.   Recommendations

2.1   The Board is asked to note the commitment set out by the First Minister to progress the renewal and reform of the NHS in Scotland, and associated requirement for the Board to seek assurance on delivery of these commitments.

2.2   The Board is asked to note the evolution of the new governance arrangements which are intended to enable and foster stronger collective accountability whilst underpinning the strength of local accountability mechanisms.

2.3   The Board is asked to note the anticipated increased pace of change and requirement for regional and national collaboration in the coming weeks and months.

2.4   The Board is asked to note that in response to the coming changes, it is recognised that there is a requirement to refresh the traditional approach to the Board performance framework and indeed Executive personal objectives, which was referenced in Caroline Lamb's letter of 7 February.

2.5   The Board is asked to acknowledge and approve the duality of their role for the population/Board they serve, as well as their contribution to population planning that will cross traditional Board boundaries. The Board is also asked to approve local implementation of this approach, consistent with DL(2024)31 and 12 (J) of the 1978 NHS Scotland Act.

2.6   The Board is asked to approve the requirements to deliver the principles set out by the First Minister in his speech on 27 January, to deliver efficiencies and savings and to put into action the commitments set out in the three reform documents.

3.   Executive Summary

Background

3.1   The First Minister's statement on Improving Public Services and NHS Renewal on 27 January 2025, emphasised the need for NHS Boards to work collaboratively to achieve the principles and aims that he set out: improved access to services; shifting the balance of care to the community; focus on innovation to improve access to; and delivery of care.

3.2   The First Minister's statement reflected the shift sought in DL(2024)31: A renewed approach to population-based planning across NHS Scotland, which was published on 28 November 2024. The DL emphasises the need for service planning to align with the population size and be collaborative. It highlights a significant shift in planning, organising, delivering, and potentially funding services to meet Scotland's changing needs and ensure high-quality, sustainable services. NHS Boards will be required to collaborate across NHS Board boundaries – and with Scottish Government – to implement these principles, particularly through the annual delivery plan process.

3.3   NHS Board Chairs and Chief Executives received a letter on 7 February 2025 from the Director General Health and Social Care and Chief Executive of NHS Scotland (DGNHS) setting out expectations about collaboration. This letter reaffirmed the principles set out in DL(2024)31 with an expectation for increased collaboration between NHS Boards for to help improve the health and wellbeing of the citizens and communities of Scotland and is aligned to the principles of co-operation and assistance as set out in section 12 (J) of the 1978 NHS Scotland Act.

3.4   This letter also aligns with the key priority deliverables set out in the First Minister's speech on 27 January 2025 which aims to improve access, reform, and equity for the people of Scotland.

Governance Arrangements

3.5   Over the past year, steps have been taken to revise national governance arrangements. This is intended enhance collaborative working in recognition that the challenges facing the NHS and social care require a system-level leadership and corporate working across NHS Board boundaries.

3.6   In October 2024, the NHS Scotland Executive Group was established. It is co-chaired by the Director General Health and Social Care and Chief Executive of NHS Scotland and the Chair of Board Chief Executives Group. This newly formed group provides collective leadership in addressing key issues which require a national perspective. NHS Chairs received a briefing on the role of the Group on 5 November 2024.

3.7   NHS Boards are working to advance practical examples of building a more cohesive approach to the design and delivery of services on behalf of NHS Scotland. NHS Board Chief Executives undertook a successful two-day session on group development and digital innovation in September 2024 at the National Robotarium in Edinburgh. In relation to adoption of new digital developments and products it was agreed that the default position should be national development approach and local adoption. It was also recognised that this principle may well apply in a range of other planning matters.

Renewal and Reform

3.8   Since the end of 2024, a small cohort of Board Chief Executives, on behalf of the wider NHS Board Chief Executives Group, have contributed to a weekly reform coordination group. This group also includes senior Scottish Government officials and was set-up to create early dialogue on the phasing of reform and renewal plans due to be published this year. NHS Board Chief Executives have welcomed this approach as it has enabled NHS representatives to meaningfully contribute to and influence the early approach on reform and renewal.

3.9   Representatives of the reform coordination group led on delivery of a joint Chief Executives/Executive Leads and Scottish Government session on NHS Renewal, held at COSLA on 18 February. This session explored the current position of the 3 'products' that are due to be published in the first half of 2025:

- Operational Improvement Plan (by the end March)
- Population Health Framework (Spring)
- Health and Social Care Service Reform Framework (pre summer Scottish Parliament recess)

3.10   These policy documents will provide the platform for the delivery of the First Minister's commitments. There is significant opportunity for NHS Board Chairs, Chief Executives, and teams to contribute to this work, as well as partners, patients, and communities themselves. It is important that NHS Boards contribute to the scrutiny of any proposals to ensure that the plans are deliverable.

3.11   In parallel to reform, there is renewed focus on wider public sector reform and efficiency and productivity with an onus on Chief Executives and NHS Boards to ensure that all opportunities for service efficiency and improvement are explored

and delivered, whilst simultaneously progressing longer term reform. A paper will be presented to the NHS Scotland Executive Group on 6 March on Business Services which will demonstrate opportunities available to NHS Boards to deliver transformation of business services and supporting systems.

Improvements in Planned Care

3.12 NHS Board Chief Executive representatives updated colleagues on weekly meetings they had contributed to which were convened and chaired by the First Minister, including the Cabinet Secretary for Health and Social Care and Scottish Government officials. This has resulted in the development of a National Planned Care Framework, which sets out a number of principles for achieving the necessary improvements in planned care.

3.13 The Framework seeks to create a balanced planned care system, ensuring all patients in Scotland have equal and timely access to care. It aims to maintain or improve care standards while balancing short-term and long-term actions on waiting lists. This draft framework was discussed and approved by the NHS Board Chief Executives Group on 19 February. It will now be subject to engagement with NHS Boards.

3.14 The National Planned Care Framework exemplifies new working methods, adhering to the principles of cooperation and assistance outlined in section 12(J) of the 1978 NHS Scotland Act. As we advance in planning, organising, delivering, and potentially funding services to meet Scotland's evolving needs and lay the groundwork for service transformation, the Director General Health and Social Care and Chief Executive of NHS Scotland is committed to reviewing and modifying the performance governance of individual Boards to reflect this new approach, emphasising collective accountability. This will be important as there will likely be a requirement to adopt a collaborative approach to delivery across other key areas of healthcare policy.

4. Impact Analysis

4.1 Quality and Value

4.1.1 No impact analysis in relation to quality and value is required at this stage.

4.2 Equality and Diversity, including health inequalities

4.2.1 No impact analysis in relation to equality, diversity and health inequalities is required at this stage.

4.3 Data protection and information governance

4.3.1 No impact analysis in relation to data protection and information governance is required at this stage.

5. Risk Assessment/Management

5.1 Any risk assessments in relation to this request will be carried out as required or at a project level.

6. Financial Implications

6.1 The financial implications resulting from these recommendations will be reviewed in line with normal reporting requirements.

7. Workforce Implications

7.1 Any workforce implications resulting from these recommendations will be reviewed in line with normal reporting requirements.

8. Climate Change and Environmental Sustainability Implications

8.1 Any climate change and environmental sustainability implications resulting from these recommendations will be reviewed in line with normal reporting requirements.

9. Route to Meeting

9.1 This is being presented directly to the Board as agreed by the NHS Scotland Board Chief Executives Group.

10. List of Appendices and/or Background Papers

10.1 There are no appendices associated with this report.

NHS National Services Scotland

Meeting:	**NSS Board**
Meeting date:	**Friday, 28th March 2025**
Title:	**Board Assurance Framework**
Paper Number:	**B/25/06**

Responsible Executive/Non-Executive:	**Carolyn Low, Director of Finance, Corporate Governance and Legal Services**
Report Author:	**Kyle Clark-Hay, Associate Director Corporate Governance (Board Secretary)**
	Rachel Kavish Wheatley, Executive and Governance Manager

1. Purpose

1.1 The Board Assurance Framework (BAF) plays a crucial role in implementing the principles outlined in the Blueprint for Good Governance, 2nd Edition (BGG). It offers a systematic approach that aids the Board in fulfilling its responsibilities, including; effective governance, strategic planning and decision-making, risk management, and performance monitoring ensuring the organisation delivers on its objectives.

2. Recommendation

2.1 As Executive Director, I am assured that the BAF presented for approval meets the requirements as set out in the BGG as well as the needs of the NSS Board and Executive.

2.2 It is recommended that the Board:

2.1.1 approve the Board Assurance Framework and further approve that the Board Assurance Framework be incorporated into the Corporate Governance Framework for NSS.

2.1.2 delegate authority to the Associate Director Corporate Governance (Board Secretary) to make administrative changes to the document throughout the year to ensure accuracy.

3. Executive Summary

3.1 The BAF is an essential governance tool which outlines the sources and lines of assurance available to the Executive Management Team and the Board, offering a comprehensive overview to identify any gaps. It integrates key components of good governance, such as risk management, compliance functions, and management control, ensuring a robust assurance framework. Serving as the foundation for the integrated governance approach within NSS, the BAF enables informed decision-making and actions to enhance organisational performance. Following extensive review and revision, incorporating sector best practices and guidance, the revised BAF is submitted for Board approval and adoption.

3.2 The creation of this Board Assurance Framework was included as an objective in the NSS Blueprint for Good Governance Development Plan. The approval and adoption of the BAF brings to a close this objective and will enhance assurances provided to Board Members through the delivery of the Board Assurance Framework.

4. Impact Analysis

4.1 Quality and Value
4.1.1 The ongoing use of a Board Assurance Framework improves the overall approach by the NSS Board to oversite and assurance.

4.2 Equality and Diversity, including health inequalities

4.2.1 An equality impact assessment is not required for this report.

4.3 Data protection and information governance

4.3.1 There are no data protection or information governance risks or considerations to be addressed at this stage.

5. Risk Assessment/Management

5.1 Risk falls within the remit of the Audit and Risk Committee. The Board Assurance Framework provides clear roles and responsibilities in relation to Risk Management.

5.2 There is no requirement for any additional risks to be added to the Risk Register at this stage.

6.   Financial Implications

6.1   Financial oversight and control falls within the remit of the Finance, Procurement and Performance Committee, as well as the Board. The BAF provides clear roles and responsibilities in relation to financial control and oversight.

7.   Workforce Implications

7.1   Clarity of roles and responsibilities within governance documentation will support a better organisational understanding of governance responsibilities.

8.   Climate Change and Environmental Sustainability Implications

8.1   Climate Change and Environmental Sustainability sits within the FPPC remit. The BAF sets out responsibilities and reporting requirements for NSS and ensure matters are fully considered.

9. Route to Meeting

9.1   Executive Management Team – February 2025.

10.   List of Appendices and/or Background Papers

10.1   Appendix 1 NSS Board Assurance Framework v3

Board Assurance Framework

NHS National Services Scotland

Contents

Forward

As Chair of the Board for NHS National Services Scotland (NSS), I am pleased to present our Board Assurance Framework. This essential document underscores our commitment to delivering the principles within the Blueprint for Good Governance, providing NSS and its Board with the routes of assurance required for active governance and management. The Framework sets out our means of ensuring structures are in place to identify and assess gaps in control and assurance which may impact on our ability to deliver our strategic objectives.

The NSS Board Assurance Framework, as part of the NSS Corporate Governance Framework, brings together the critical elements of NSS assurance and control over risk, financial, clinical, workforce, service delivery, and performance. It details the roles and responsibilities of the Executive Management Team, the Board and its Standing Committees, and the mechanisms and tools employed internally and externally to proactively deliver good governance.

Embracing this framework affirms our commitment to active governance, accountability, and transparency. I extend my gratitude to all those at NSS who have contributed to its development, as well as the Board and Executive Management Team for their steadfast commitment to continuous improvement and accountable leadership.

As we navigate our evolving landscape as an NHS Scotland Anchor organisation, I am assured that together we have the Governance and Assurance Frameworks needed to lead with control, confidence, compassion, and resilience.

Keith Redpath

Chair of NHS National Services Scotland

1. Introduction

1.1. The National Services Scotland (NSS) Board have adopted the NSS Board Assurance Framework (BAF) to support them in the discharging of their duties. It describes the high-level system of assurance that operates within NSS, aligned to the NHS Scotland Blueprint for Good Governance. It enables the Board to identify where and how assurance is tested, controls are implemented, and how performance is monitored against the strategic objectives.

1.2. Assurance should provide evidence-based confidence that internal controls are in place and effective in supporting the achievement of objectives. The Board Assurance Framework sets out lines of accountability across the Executive Management Team, the Board and its Standing Committees which enable oversight and control of assurance mechanisms. The framework is also used to:

- identify and resolve any gaps in control and assurance;
- identify any areas where assurance is not present, insufficient, or disproportionate in relation to the delivery of the NSS' corporate objectives or operational priorities; and
- provide evidence to support the Governance Statement published within the Annual Report and Accounts.

"The assurance information system should be designed to provide frequent and informative performance and financial reports to assure the Board that it is delivering safe, effective, patient-centred, affordable and sustainable services."[i]

Figure One – The Blueprint for Good Governance
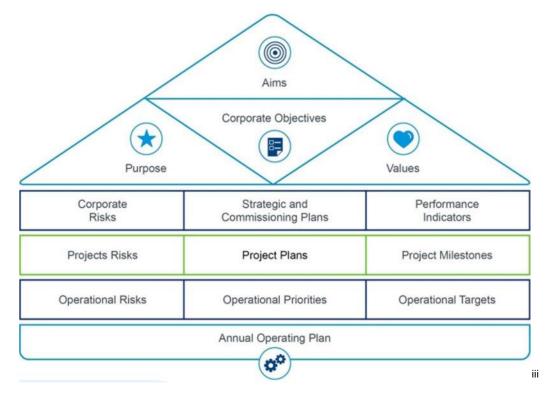
2. The Assurance Framework within NSS

Figure two – The Assurance Framework

2.1 The approach to governance within NSS is aligned to the principles of good governance as defined by the Blueprint for Good Governance. It includes:

- Board and Standing Committee arrangements;
- Clinical and Research Governance;
- Staff and Workforce Governance;
- Financial Sustainably and Governance;
- Information and Data Governance;
- Management of risk;
- Sustainability / Climate Governance; and
- Service delivery and Performance management.

2.2 This integrated approach brings together the functions and enablers available to the Board. It offers clear definitions in relation to the areas of control, assurance and governance frameworks used by NSS and their supporting policies which are essential for delivering good governance.

The Board Assurance Framework

2.3 The Board Assurance Framework provides a clear picture of the links between the outcomes expected by the Board and the strategic plans, transformational change projects and operational plans developed by the Executive Management

Team to deliver those outcomes. As defined by the Blueprint, the Board Assurance Framework ensures the systems for evaluation and performance management; strategic planning and commissioning; implementing change; managing risk; and providing assurance information are all aligned and focused on the corporate objectives and priorities.

The NSS Board and Standing Committees

2.4 The NSS Board is comprised of publicly appointed Non-Executive Directors, Chief Executive, Director of Finance, Corporate Governance, and Legal Services, Executive Medical Director, and the Employee Director who collaborate on decision making and organisational stewardship. The Board is led by the Chair – an appointment made by the Scottish Government Public Appointments Team. The Board sets the organisations strategic direction and monitors its delivery. The Board sets the approach to governance and assurance in relation to risk management, financial and internal controls within the organsiation and its services. The approach is aligned to national frameworks (such as the Blueprint for Good Governance); regulations and standards; and legislative requirements. The Board is accountable to the Scottish Government and Scottish Ministers. The expectations for NSS are set out in the NSS Framework Document.

2.5 Other than those powers reserved for the Board and its Standing Committees (as set out in the Scheme of Delegation, Standing Orders, and respective Terms of Reference) the Board delegates authority for operational delivery, management, and decision making to the Chief Executive (Accountable Officer). The Chief Executive in turn, delegates authorities to the Executive Directors and Directors comprising the Executive Management Team (EMT) who may delegate further to their Senior Leadership Teams (SLT) within their portfolios. The EMT has established key governance and reporting groups to monitor performance and progress delivery across the organisation.

2.6 The Board and Standing Committees have agreed a suite of annual Work Plans aligned to the Board Assurance Framework which underpin the delivery of active governance to support the Board in the discharging of their duties.

Strategic and Operational Planning

2.7 The NSS Strategic Framework 2024 -2026 sets out the organisation's purpose, vision, values, and contribution, and was developed in consulation with service users and approved by the NSS Board. The Strategic Framework is reviewed and revised biennially. Operational plans are produced annually to deliver on strategic objectives, taking into account Scottish Government guidelines and statutory requirements. These include the Annual Delivery Plan (ADP) , The Capital Plan and Annual Budget, and the Workforce Plan. Each plan is considered by the relevant Governance Committee and approved by the Board. Performance reporting against these plans is described below.

Performance Monitoring

2.8 Quarterly performance reports on progress against strategic objectives and operational plans are provided to the Board and its Standing Committees as based on their remit. Quarterly performance against NSS Service Excellence strategic objectives, the NSS Annual Delivery Plan (ADP), and Financial Performance are presented to the Board via the Finance, Performance, and Procurement Committee. Workforce data and progress towards achievement of objectives in the Great Place to Work and Workforce plans are reported to the Staff Governance Committee.

2.9 Standing Committees scrutinise these reports, the detail of which is recorded within the meeting minutes and presented to the Board for assurance. As well as these reports, the Board and its Committees receive a wide range of regular and ad-hoc reports that provide assurance of delivery against objectives and specific statutory functions.

The Corporate Governance Framework

2.10 The NSS Corporate Governance Framework incorporates all aspects of good governance and practice through an integrated approach which includes:
- Board Standing Orders;
- Standing Committee Terms of Reference;
- Board Assurance Framework;
- Standing Financial Instructions;
- Corporate Policy Development Framework;
- Scheme of Delegation; and
- Board Code of Conduct.

It sets out the Standing Orders for the Board, the Terms of Reference (ToR) for its Standing Committees including the remits delegated to them by the Board and the Standing Financial Instructions. The Corporate Governance Framework is underpinned by the NHS Scotland Blueprint for Good Governance.

Scheme of Delegation

2.11 The NSS Scheme of Delegation has been developed and approved by the NSS Board and delegates power to individual officers within the management structure. The holders of the positions identified in the Scheme of Delegation are accountable for their areas and for providing assurance to the Board as required.

Management Assurance

2.12 Assurance is provided to the Board through standard reporting formats which align to the NHS Scotland model meeting paper template. Within this template,

NSS has introduced the use of [Director Assurance Statements](#) for governance reports and this approach is described at section 5.

2.13 The Blueprint for Good Governance describes the use of active governance which enables members to focus on the right things, consider the right evidence and respond in the right way. This is supported in NSS by the [Assurance Routes](#) described in section 3 in conjunction with the processes described for reporting on performance and risk.

Risk Management

2.14 The NSS Risk Management Strategy and Integrated Risk Management Approach (IRMA) have been developed with and approved by the Board. The strategy and approach together ensure that all categories of strategic, corporate, and programme or project risks are captured, mitigated and controlled. It also sets out roles and responsibilities in relation to risk management across the organisation. Regular reporting through the Board Committees provides assurance to the Board that corporate risks are being appropriately managed.

2.15 The approach includes the use of risk appetite which is agreed by the Board. The risk appetite supports the principles of active governance. The NSS Finance Procurement and Performance, Staff Governance, Clinical Governance, and Audit and Risk Committees meet quarterly and scrutinise Business, Staff, Clinical, Information and Reputational risks respectively across NSS. This provides a comprehensive review of risks by risk category across the organisation. The Committees also review respective strategic risks.

2.16 The Board undertake a regular review of strategic risks, at least once per year, and receive a Risk Management Update Report twice a year for scrutiny and review. The Audit & Risk Committee and the Executive Management Team review all red corporate risks and issues; red and new amber reputational risks; and issues and reputational strategic risks on the NSS Risk Register in line with the reporting requirements set out in the NSS Integrated Risk Management Approach (IRMA). Audit and Risk review the NSS Risk Management report on strategic risks quarterly to scrutinise and challenge the management of key risks; Challenge the NSS Reputational risks quarterly and those risks identified as information governance risks. Specific risk areas can be called out for more detail, as necessary. NSS corporate risks are agreed and reviewed monthly by the Executive Management Team and reported to the relevant Committee, depending on their category.

Internal Audit

2.17 The Internal Auditors report directly to the Audit & Risk Committee and provide independent assurance that the organisation's risk management, governance and internal control framework are operating effectively. They provide an annual

work plan based on the key risks facing the organisation which also tests the main internal controls. This plan is approved by the Audit & Risk Committee who receive progress reports throughout the year. The Committee and Executive Management Team also receive all internal audit reports and updates on progress with recommendations arising from those reports. Internal audit reports are shared with other Governance Committees, for scrutiny and assurance, where the topic falls within or links to their remit.

2.18 In addtion to the programme of annual internal audits, NSS carries out a number of additional audits for internal assurance and compliance such as the Annual Network & Information Systems Regulations Audit, Annual Internal Service Audit, and audit with the Information Comissioner Office.

External Audit

2.19 The External Auditor provides an objective assessment of the financial statements and related processes. An opinion is provided by an independent third party, appointed by the Auditor General for Scotland. The Audit & Risk Committee receive from External Audit the annual audit plan, the independent auditors report and other information in the Annual Report and Accounts.

Workforce, Partnership, and Staff Governance

2.20 The NSS Workforce Plan aligns to the NSS Strategic Framework, NHS Scotland Workforce Strategy for Health and Care, Scottish Government's Care and Wellbeing Portfolio, and the NHS Scotland national priorities in relation to workforce. It falls under the remit of the Staff Governance Committee, supported in scrutiny by the Partnership Forum.

2.21 The NSS Great Place to Work Plan is the annual Staff Governance Plan aligned to the NHSScotland Staff Governance Standard and underpinned by the NSS Strategy and values. It falls under the remit of the Staff Governance Committee, supported in scrutiny by the Partnership Forum.

2.22 The NSS Partnership Forum has a key role in the delivery and implementation of the Staff Governance Standards through the Staff Governance Action Plan. Regular reports from the Partnership Forum are received by the Staff Governance Committee to provide the necessary evidence and assurance that partnership working is implemented appropriately across NSS.

Clinical Governance

2.23 NSS has a Clinical Governance Framework which describes the national policy and guidance, and the organisational context and approach to ensuring effective clinical governance is embedded at all levels across NSS. It is aligned to the Scottish Government Clinical and Care Governance Framework and the NHS

Scotland Healthcare Quality Strategy, supporting NSS to achieve the healthcare quality strategy ambitions of safe, effective, and person-centred care.

2.24 The Framework sets out the responsibilities of all NSS staff at all levels in executing clinical governance by following the arrangements in place to achieve safe, effective, value based, person centred care and in contributing to the quality of care for people who use NSS products and services. The NSS Clinical Governance Framework falls under the direction and scrutiny of the NSS Clinical Governance Committee.

2.25 The Clinical Governance Framework aligns with the NSS Quality Management Framework and focuses on how quality management is implemented and governed in the context of NSS clinical and care services and our clinical professional staff.

Quality Management

2.26 The NSS Quality Management Framework has been developed to ensure Quality Management Systems and embed a culture of quality improvement and continuous learning across NSS. It is supported by the NSS Quality Improvement Strategy and NSS Quality Improvement Programme Delivery Plan. It is primarily aligned to our Service Excellence strategic objective but also supports our objectives under Financial, Workforce and Climate Sustainability by enabling the development of structures, processes and culture for continuously improving the way we do things in the organisation. Performance is monitored through our Service Excellence report by the Finance, Procurement, and Performance Committee, and by the Clinical Governance Committee where quality is related to a clinical objective. The Board Standing Committees receive these reports once they have been scrutinised by the Executive Management Team.

Climate Sustainability

2.27 The NSS Environmental and Sustainability Strategy reflects the aim of NSS to be an organisation that is financially sustainable, environmentally sustainable and socially equitable. It articulates the sustainable healthcare aspirations of NSS to deliver effective professional care that protects our planet and is scalable to demographic change. Sustainabilty and achievment of environmental and suistainabiltiy targets is monitored by the Finance, Procurement, and Performance Committee.

3. Assurance Routes

Operational Control
Ensure appropriate directorate level control, compliance and service delivery

Management Control & reporting
Ensure EMT have oversight & control of performance and delivery of objectives

Standing Committees
Seek assurance that controls are effectively applied and risks managed

NSS Board
Seek assurance public accountability requirements are met and strategic objectives progressed within a controlled and appropriately managed environment

External Review & Compliance
Assurance from external bodies (Auditors, Scottish Government, Regulatory Bodies, etc) and evidence of compliance with legislation and statutory duties

Figure Three – Assurance in NSS

3.1 The Assurance Routes at Appendix 1 set out the main areas of assurance required by NSS and the Board as set out in the Blueprint for Good Governance. They inform the business of the Board and its Standing Committees. Each has an annual programme of work which sets out the business to be delivered in order to meet the assurance requirements and satisfy the responsibilities as set out in the NSS Corporate Governance Framework.

3.2 Many of the items in the Assurance Routes are supported by relevant strategies and policies which are submitted through appropriate governance routes for approval. Policies are considered by the Corporate Governance Oversight Group (EMT subgroup) and, where required, the Workforce Policy Terms and Conditions Committee.

3.3 Each Standing Committee submits an annual report to the Board that specifies how it has met its remit during the year against its responsibilities as outlines in its ToR and the Board Standing Orders. A high-level overview of the Committees and their remits are set out in the table below. These are not exhaustive, and full detail should be sought from the relevant ToR.

Committee	Principal Function
Audit and Risk	To assist and advise the Board and Chief Executive on the strategic processes for risk, control, and governance, and how they support the achievement of strategies and objectives. The committee scrutinises internal and external audit plans and reports and advises the Board in relation to audits. Financial and information governance is assured by the Committee.
Remuneration	To assist the Board in discharging its responsibilities for staff employed on executive and senior management terms and conditions and remuneration arrangements and maintains the highest possible standards of corporate governance in this area. Executive performance and review are also monitored by the Committee.
Finance, Procurement and Performance	To provide an independent and objective view and keep under review the financial position of NSS, procurement and sustainability activity and performance management, and provide assurance to the NSS Board that suitable arrangements are in place to secure economy, efficiency, and effectiveness in the use of all resources, and that the arrangements are working effectively.
Clinical Governance	To provide assurance to the Board that clinical activities are appropriately governed and monitored as to their safety, quality and effectiveness and that quality improvement and Realistic Medicine are at the core of clinical work. The committee is responsible for reviewing reports on clinical adverse events and risks, Duty of Candour, and complaints. They provide advice to the Board, as required, on the clinical impacts of any new service developments proposed for adoption by NSS.
Staff Governance	Holds the organisation to account in terms of meeting the requirements of the NHS Scotland Staff Governance Standard. Supports NSS to maintain a culture where the delivery of the highest possible standard of staff management is understood to be the responsibility of everyone working within the organisation and is built upon partnership and collaboration.

4.   Internal Controls

4.1 A comprehensive system of internal controls is in place within the organisation and the main route of assurance for these is the Audit & Risk Committee. In addition, all Standing Committees monitor and advise the Board on the appropriateness of internal controls within those areas they have been delegated authority to. The Staff Governance Committee assures activity to support

achievement of the Staff Governance Standard as well as other workforce controls. The Clinical Governance Committee assures activity and controls in relation to quality, safety, and compliance in NSS clinical settings.

4.2 The terms of reference for the Audit & Risk Committee as well as the financial management controls in operation within NSS align to the Government Financial Reporting Manual, the Scottish Public Finance Manual and the Audit & Assurance Committee Handbook. In line with these, the purpose of the Audit and Risk Committee is stated as assisting the Board to deliver its responsibilities for the issues of risk, control and governance and associated assurance through a process of constructive challenge and scrutiny.

4.3 The Annual Report and Accounts includes a summary of the internal control environment and details any instances where controls have not been met. The Accounts also include a summary of the main controls in relation to staff governance. The Accounts in the first instance are assured by the Audit & Risk Committee before being provided for approval by the Board and finally laid in Parliament.

4.4 The table below summarises the main areas of internal control and what evidence for assurance is provided on these to the Board and its Committees.

Area of Internal Control	Assurance Evidence Provided
Financial Management	Annual Report & Accounts; Quarterly Finance reports; Financial Sustainability Quarterly update; Annual and Quarterly Procurement report; Short, Medium, and Long Terms Financial plans; Best Value Mapping; SFI Adverse Event reporting
Business Planning	Strategic Framework, Annual Delivery Plan (ADP), Performance reporting; Programme and Project reporting
Risk Management	Risk reports from the strategic and operational plan risk registers; Quarterly Standing Committee Risk reports
Information Governance and Security	Quarterly Compliance reporting; Quarterly Information Security and Governance Risk report; Quarterly IG Adverse Event reporting;
Clinical Governance	Clinical Governance Framework and action plan; HAI Quarterly reporting; [IR(ME)R] Annual report; Patient Group Directions Annual report; Quarterly Adverse Event and Complaint reporting
Counter Fraud Activity	Quarterly updates including progress with the Fraud Annual Action Plan and the Counter Fraud Services

	self-assessment; Annual Fraud Report; Non-Executive Board member appointed as Fraud Champion
Complaints & Customer Insights	Quarterly and Annual Feedback and Complaint reporting; Quarterly Customer Satisfaction and Insights reporting
Whistleblowing	Quarterly and Annual Whistleblowing reports; Non-Executive Board member appointed as Whistleblowing Champion
Workforce Governance	Staff Governance action plan updates and monitoring returns; Quarterly Workforce and Workforce Sustainability reporting; Annual iMatter report and action plan
Sustainability	Quarterly Sustainability reporting; Annual Statutory Sustainability monitoring reports and returns; Non-Executive Board member appointed as Sustainability Champion
Conduct of the Board and executive staff	Register of interests; register of gifts and hospitality

Reporting Principles

4.5 NSS has identified a number of principles to support the delivery of comprehensive reporting arrangements which provide the information and assurance reqired at all levels. The NSS reporting principles require all reports to focus on key indicators and exceptions (under performance or by request from the Board or committee).

4.6 Reports cover the latest quarter, with more detailed performance reporting at mid-year and full year. Statistical Process Control (SPC) charts are used for reporting non-financial performance information when possible. Reports are made available through online internal systems and in offline formats for the public record.

Policy and Governance Documents

4.7 The detailed description of our governance arrangements and the guidance on implementing these arrangements are contained in a portfolio of documents held and maintained by the Associate Director Corporate Governance (Board Secretary). It includes Standing Orders, Standing Financial Instructions and the Schemes of Delegation that provide our senior leadership and management with their principal operating guidance.

Review of the Assurance Framework

4.8 The Assurance Framework will be reviewed every three years but will be updated should assurance requirements need to change in line with national guidance, statutory duties, or organisational delivery.

5. Levels of Assurance

5.1 The Blueprint for Good Governance requires that there are effective assurance information systems in place to enable the Board to deliver its assurance function and to be clear on their role in the assurance process. To support this, NSS has introduced the use of Director Assurance Statements in Board and Committee reports, as well as mapping the purpose and remit of reports and functions within respecitve Committee Forward Programmes.

5.2 The responsible Director will provide a statement of assurance within their the report to the Board or Committee providing the focus required to support the review of that assurance. Where papers are being provided for approval, the Assurance Statement should be seeking to answer the following questions:

Focus of Assurance Statement

Focus of assurance	Question
To operate in a way that satisfies a particular assurance need, such as a quality standard, a professional standard, a regulatory requirement, a legal requirement, or a basic principle of internal control.	What assurance do you take that the system of control achieves or will achieve the purpose that it is designed to deliver?
To achieve a defined level of organisational performance or impact in terms of outcomes for stakeholders.	What assurance do you take that the actions described will deliver the outcomes you require within an acceptable timescale?

Appendix 1 – Assurance Routes

BAF Ref #	Assurance Requirement	Blueprint link	Self-assessment link	Management control and reporting	Governance Forums and Committees	Board (inc on behalf of authority)	External Review, Consultation, and Compliance	Statutory/ Other Deliverables
1. Setting Direction								
1.1	Setting strategic direction and organisational priorities	3.1.1. - Provide leadership, support and guidance to the organisation, including determining the organisation's purpose and ambition. 3.1.2 Approve the strategies and plans to deliver the policies and priorities of the Cabinet Secretary for Health and Sport and the Scottish Government.	2a.	Executive Management Team	Finance, Procurement and Performance Committee	Board	Approval of Strategic Framework by Scottish Government (SG)	Published
1.2	Development and Performance of Operational Plans including Annual Delivery Plan and Medium-Term Planning	3.1.3 Allocate the budgets and approve the capital investments required to deliver strategic and operational plans. 3.1.4 Agree aims, objectives, standards, and targets for service delivery in line with the Scottish Government's priorities.	2b.	Executive Management Team	Audit and Risk Committee Partnership Forum	Board	Approval of Plans by Scottish Government Annual Review with Scottish Government	Published
1.3	Financial Plans	3.1.3 Allocate the budgets and approve the capital investments required to deliver strategic and operational plans	2c.	Executive Management Team	Audit and Risk Committee Finance, Procurement and Performance Committee	Board	Regular engagement with Scottish Government	Approval of budgets and financial plans by SG
1.4	Workforce Plans	3.5 Develop a cultural blueprint consistent with the organisation's purpose and ambition	3f. 6a.	Executive Management Team Partnership Forum	Staff Governance Committee	Board	Scottish Government Trade Unions	Health and Care (Staffing) (Scotland) Act 2019
1.5	Project and Programme Oversight	3.2.5 Ensure continuous improvement is embedded in all aspects of service delivery, identifying system failures and receiving assurances of remediation action.	2e.	Change Oversight Group (COG)	Finance, Procurement and Performance Committee	n/a	n/a	

BAF Ref #	Assurance Requirement	Blueprint link	Self-assessment link	Management control and reporting	Governance Forums and Committees	Board (inc on behalf of authority)	External Review, Consultation, and Compliance	Statutory/ Other Deliverables
				Portfolio Management Group EMT				
1.6	Quality Improvement	3.2.5 Ensure continuous improvement is embedded in all aspects of service delivery, identifying system failures and receiving assurances of remediation action.	2d.	EMT	Clinical Governance Committee Finance, Procurement and Performance Committee	Board	n/a	
3. Holding to Account								
2.1	Monitoring of Organisational Strategy Delivery and Performance	3.2.1 Monitor, scrutinise, challenge and then, if satisfied, support the Executive Leadership Team's management of the organisation's activities to ensure that the organisation's aims, objectives, performance standards and targets are met.	3a.	Executive Management Team	Finance, Procurement and Performance Committee	Board	Annual Review with Scottish Government External Audit and Annual Report	Published
2.2	Financial Stewardship/Best Value	3.2.2 Safeguard and account for public money to ensure resources are used in accordance with Best Value principles	3b.	Executive Management Team	Audit and Risk Committee Finance, Procurement and Performance Committee	Board	External Audit	Annual Report and Accounts laid in Parliament Annual Procurement report published
2.3	Budget and budgetary control	3.2.2 Safeguard and account for public money to ensure resources are used in accordance with Best Value principles	3b.	Executive Management Team	Finance, Procurement and Performance Committee	Board	External Audit	Annual Report and Accounts

BAF Ref #	Assurance Requirement	Blueprint link	Self-assessment link	Management control and reporting	Governance Forums and Committees	Board (inc on behalf of authority)	External Review, Consultation, and Compliance	Statutory/ Other Deliverables
					Audit and Risk Committee			Annual Procurement report published
2.4	Financial Control	3.2.3 Ensure compliance with the requirements of relevant regulations or regulators.	3b.	Executive Management Team	Audit and Risk Committee	Board	External Audit	Annual Report and Accounts
2.5	Clinical Governance	3.2.3 Ensure compliance with the requirements of relevant regulations or regulators.		Executive Management Team Internal Clinical and Quality Oversight Group(s)	Clinical Governance Committee	Board	Various External Bodies and Groups (e.g. MHRA,	NHS Scotland Healthcare Quality Strategy Scottish Government Clinical and care Governance Framework
2.6	Executive Team Performance	3.2.4 Ensure the application and implementation of fair and equitable systems of pay and performance management for the Executive Leadership Team.	3e.	Executive Appraisals	Remuneration Committee	Board	Sponsor Team	Remuneration Report within published annual accounts
2.7	Non-executive Performance		12b.	Non-Executive Appraisals	n/a	Chair of the Board	Sponsor Team	Non-executive performance is assessed through annual/mid-year appraisals with the Chair.
2.8	Internal Audit and Control	5.6 The role of the internal audit team: - Reviewing accounting and internal control systems. - Reviewing the economy efficiency and effectiveness of operations. - Assisting with the identification of significant risks.	11d. 12c.	Executive Management Team	Audit and Risk Committee	Board	Auditors	

BAF Ref #	Assurance Requirement	Blueprint link	Self-assessment link	Management control and reporting	Governance Forums and Committees	Board (inc on behalf of authority)	External Review, Consultation, and Compliance	Statutory/ Other Deliverables
		- Examining financial and operating information. - Special investigations. - Reviewing compliance with legislation and other external regulations						
2.9	Sustainability (Reducing Emissions/ Climate Change Act 2009)	3.2.3 Ensure compliance with the requirements of relevant regulations or regulators.		Occupational Health and Safety Committee Sustainability Infrastructure Board /Partnership Forum / EMT	Finance, Procurement and Performance Committee	Board	Scottish Government	Non-executive Sustainability Champion. Annual Climate Emergency and Sustainability Report to Audit and Risk Committee.
4. Managing Risk									
3.1	Strategic Risk Management	3.3.1 Approve risk management strategies and ensure they are communicated to the organisation's staff.	4a.	Executive Management Team	Audit and Risk Committee	Board	Scottish Government	Shared risks and register with Sponsor Team
3.2	Risk Oversight, monitoring, and assurance	3.3.2 Agree the organisation's risk appetite. 3.3.3. Identify current and future corporate, clinical, legislative, financial, and reputational risks. 3.3.3 Oversee an effective risk management system that assesses level of risk, identifies mitigation and provides assurance that risk is being effectively treated, tolerated, or eliminated.	4b. 4c.	Senior Leadership Team / Executive Management Team	All Committees for risks assigned to them/ Audit and Risk Committee	Board	n/a	Included in Annual Report and Accounts
3.3	Information Governance and Records Management (Public Records Scotland Act)	3.2.3 Ensure compliance with the requirements of relevant regulations or regulators.		Executive Management Team	Audit and Risk Committee Finance, Procurement and	Board	Scottish Information Commissioner (SIC)/ National Records Scotland (NRS)	Quarterly reports on Freedom of Information activity to SIC. Records

BAF Ref #	Assurance Requirement	Blueprint link	Self-assessment link	Management control and reporting	Governance Forums and Committees	Board (inc on behalf of authority)	External Review, Consultation, and Compliance	Statutory/ Other Deliverables
					Performance Committee		The Public Records (Scotland) Act 2011 (PRSA) ICO Audits	Management Plan to NRS.
3.4	Cyber and Information Security	3.2.3 Ensure compliance with the requirements of relevant regulations or regulators.		Executive Management Team	Audit and Risk Committee	Board	Annual NISD Audit Public Sector Cyber Resilience Framework	Annual Network & Information Systems Regulations Audit
3.5	Counter Fraud	3.2.3 Ensure compliance with the requirements of relevant regulations or regulators.		Executive Management Team	Audit and Risk Committee	Board		NHS Scotland Counter Fraud Standard & Fraud Prevention Guide Self-assessment
5. Engaging with Key Stakeholders								
4.1	Annual Report and Accounts including Governance Statement	3.4.5 Report on stewardship and performance and publish an Annual Report and Accounts. 5.5 Provide the Board and key stakeholders with assurance that the system of internal controls is functioning as intended.	11d.	Executive Management Team	Audit and Risk Committee	Board	External Audit/ Internal Audit	Annual Report and Accounts
4.2	Assurance of the engagement of stakeholders and service users in the work of NSS	3.4.1 Involve stakeholders in the development of policies and the setting of priorities. 3.4.2 Take into account the views of stakeholders when designing services. 3.4.3 Ensure priorities are clear, well communicated and understood by all stakeholders, including staff, service users and the general public. 3.4.6 Contribute to the development of Scottish Government policies.	5a. 5b. 5c. 5e.	Executive Management Team	Clinical Governance Committee Staff Governance Committee	Board	Service user and stakeholder surveys Anchor Organisation	planning-people-community-engagement-participation-guidance-updated-2024.pdf

BAF Ref #	Assurance Requirement	Blueprint link	Self-assessment link	Management control and reporting	Governance Forums and Committees	Board (inc on behalf of authority)	External Review, Consultation, and Compliance	Statutory/ Other Deliverables
								Participation Toolkit | HIS Engage
4.3	Complaints and Feedback	3.4.4 Establish and maintain public confidence in the organisation as a public body.	5d.	Executive Management Team	ARC FPPC	Board	Scottish Government/Scottish Public Services Ombudsman	Annual feedback and complaints Report Published
6. Influencing Culture								
5.1	Staff Governance Standard	3.5.1 Determine and promote shared values that underpin policy and behaviours throughout the organisation	6e. 3d.	EMT	Staff Governance Committee Partnership Forum	Board	Scottish Government	Annual Staff Governance Monitoring Return submission
5.2	Equality, Diversity, and Inclusion & Equality Monitoring (Equality Act 2010 Specific Duties)	3.2.3 Ensure compliance with the requirements of relevant regulations or regulators.	6f.	Executive Management Team/ Partnership Forum/ Equality and Diversity Steering Group and Staff networks	Staff Governance Committee	n/a	Scottish Government Ethical Standards Commissioner Equality and Human Rights Commission Membership of NHSScotland Equality	Publish Equality Mainstreaming Report including Equality Workforce Equality Monitoring Report to Scottish Government Publish Anti Racism Plan

BAF Ref #	Assurance Requirement	Blueprint link	Self-assessment link	Management control and reporting	Governance Forums and Committees	Board (inc on behalf of authority)	External Review, Consultation, and Compliance	Statutory/ Other Deliverables
							Professional Lead Network	Publish Gender Pay Gap report
5.3	Corporate Parenting/ Children's Rights/ United Nations Convention of the Rights of the Child (Incorporation) (Scotland) Act 2024			Corporate Governance Oversight Group (sub of EMT) Equality Steering Group	Clinical Governance Committee Staff Governance Committee	Board	Scottish Government	UNCRC Report to Scottish Ministers, first due 2026 and then every 3 years. Children's Rights and Corporate Parenting Report
5.4	Whistleblowing/ Safe to Speak Up	3.2.3 Ensure compliance with the requirements of relevant regulations or regulators.	6c. 6d.	Executive Management Team Partnership Forum	Staff Governance Committee	Board	Reports submitted to the Independent National Whistleblowing Officer.	Non-Executive Whistleblowing Champion. Whistleblowing Published Report. Public Interest Disclosure Act
5.5	Staff Survey/ iMatter	3.4.2 Take into account the views of stakeholders when designing services	6e.	Executive Management Team Partnership Forum	Staff Governance Committee	Board	n/a	
5.6	Health and Safety/ Health and Wellbeing	3.2.3 Ensure compliance with the requirements of relevant regulations or regulators.	6e.	Executive Management Team Occupational Health and Safety Advisory Committee	Staff Governance Committee Partnership Forum	Board	Health and Safety Executive	Report to Health and Safety Executive if accident resulted in absence.

BAF Ref #	Assurance Requirement	Blueprint link	Self-assessment link	Management control and reporting	Governance Forums and Committees	Board (inc on behalf of authority)	External Review, Consultation, and Compliance	Statutory/ Other Deliverables
				NSS Wellbeing Forum				
5.7	Gender Representation on Public Body Boards	3.2.3 Ensure compliance with the requirements of relevant regulations or regulators.		Executive Management Team	Staff Governance Committee Partnership Forum	n/a	Scottish Government/ Ethical Standards Commissioner	Published within Equality Duty Report
			7. Governance					
6.1	Register of Interests	3.5.2 Demonstrate the organisation's values and exemplify effective governance through Board Members' individual behaviours.	8e.	Assoc. Director Corporate Governance (Board Secretary)	n/a	Board	Standards Commission	Publication on website
6.2	Register of Gifts and Hospitality			Assoc. Director Corporate Governance (Board Secretary)	Executive Management Team	Audit and Risk Committee	n/a	Publication on website
6.3	Corporate Governance Systems	5.9.1 a strategic planning cycle that clearly indicates where the Board is involved in considering options, debating risk, giving approval and thereafter in monitoring delivery of the Board's strategic plans. 5.9.2 An integrated annual work programme and coordinated timetable for Board meetings, Board seminars and Committee meetings. This programme should not only ensure that strategic planning is co-ordinated, and the appropriate level of scrutiny is delivered, but also that decisions are taken in a logical sequence. 5.9.3 A standard template and guidance on writing papers and reports, including setting the requirements for financial assessment and risk assessment of the	8d. 11f.	Executive Management Team	All Standing Committees (ToR's, SFI, etc)	Board	n/a	Publication on website

BAF Ref #	Assurance Requirement	Blueprint link	Self-assessment link	Management control and reporting	Governance Forums and Committees	Board (inc on behalf of authority)	External Review, Consultation, and Compliance	Statutory/ Other Deliverables
		impact of options presented to the Board.						
6.4	Board Assurance	Compliance with the overall principles of the Blueprint for Good Governance	10a.	Executive Management Team	n/a	Board		Triennial Board Self-assessment against Blueprint
6.5	Code of Conduct	3.5.2 Demonstrate the organisation's values and exemplify effective governance through Board Members' individual behaviours.	6b.	Assoc. Director Corporate Governance (Board Secretary)	Audit and Risk Committee	Board	Standards Commission/ Model Code of Conduct	Publication on website
6.6	Board Self-Assessment & Skills matrix	4.3 Board Members should have the following skills: - The insight into the organisation and an awareness of its operating environment. - The capacity to question and challenge constructively. - The ability to analyse and review complex issues, weighing up conflicting opinions and making evidence-based, well-informed, and risk-assessed decisions. - The interpersonal skills to communicate and engage with a wide range of organisations and individuals. - The confidence and self-awareness to Chair, or participate as a member of, key committees that support corporate governance. 6.3 The Board should annually assess the effectiveness of the corporate governance system, conducting a self-assessment to review progress with the development plan and identify any new and emerging issues or concerns.	7d. 12a.	Assoc. Director Corporate Governance (Board Secretary)	Audit and Risk Committee	Board	Independent Review	Triennial Board Self-assessment against Blueprint for Good Governance

Note: Where n/a is marked under an Assurance Route it does not automatically indicate a lack or gap in assurance. While the Board has overall responsibility for setting the direction for the organisation and for all areas of assurance, the routes are intended to indicate the routine assurance

line for items and where they are not routinely provided, this is marked n/a. This does not exclude the Board from receiving reports in these areas when appropriate or from considering matters escalated to it by a Standing Committee. Several items including statutory requirements are reserved for decision by the Board, and this is covered in the Corporate Governance Framework and its documents.

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[i] Quote - Blueprint for Good Governance in NHS Scotland - Second edition, Scottish Governance 2023

[ii] Figure – p.12, Blueprint for Good Governance in NHS Scotland - Second edition, Scottish Governance 2023

[iii] Figure – p.38, Blueprint for Good Governance in NHS Scotland - Second edition, Scottish Governance 2023

NHS National Services Scotland

Meeting:	NSS Board
Meeting date:	Friday, 28th March 2025
Title:	Annual Governance Report 2025
Paper Number:	B/25/07
Responsible Executive/Non-Executive:	Carolyn Low, Director of Finance, Corporate Governance and Legal Services
Report Author:	Kyle Clark-Hay, Associate Director Corporate Governance (Board Secretary)
	Rachel Kavish Wheatley, Executive and Governance Manager

1. Purpose

1.1 This paper presents the Board with the annual review of the National Services Scotland (NSS) Corporate Governance Framework (CGF) and its key documents for approval. It highlights changes and amendments to the CGF and its components as well as the annual review and approval of Committee membership. The CGF further sets out the Board and Committee Seminar and Development Programme. Going forward, the Board Assurance Framework (BAF) will be integrated within the Corporate Governance Framework for annual review by the Board.

2. Recommendation

2.1 As responsible Executive Director, I am assured that a robust review of the Corporate Governance Framework and its key documents has been conducted, and that the amendments proposed within meet the needs of NSS and the Board.

2.2 It is recommended that the Board:

2.2.1 approve the Corporate Governance Framework and its key documents, including any changes as highlighted; and

2.2.2   delegate authority to the Associate Director Corporate Governance (Board Secretary) to make administrative changes to the documentation throughout the year to ensure accuracy.

3.   Executive Summary

3.1   The Blueprint for Good Governance (BGG) in NHS Scotland, Second Edition provides NHS Boards with guidance on how to deliver and sustain good governance. It promotes the development of an assurance framework and integrated governance system that brings together the organisation's strategic planning, risk management and assurance information systems[1]. The BGG aims to improve the effectiveness of governance in the NHS by requiring that the Boards' assurance and governance arrangements be subject to continuous review and development. This annual governance report presents the Board with the Corporate Governance Framework for approval which following review and development, supports the notion of continuous improvement within NSS governance.

4.   Corporate Governance Framework (CGF)

4.1   The NSS Corporate Governance Framework consists of:

- The Board Standing Orders and Code of Conduct
- The Standing Committees Terms of Reference
- The Scheme of Delegation
- The Policy Development Framework
- The NSS Standing Financial Instructions (SFIs)

   Documents have been attached at the appendices.

4.2   There are administrative changes proposed to several documents which have been highlighted within this report and the documents themselves. Examples include change in post titles, document names, dates, and officer remits.

4.3   Subject to Board approval, the Board Assurance Framework will be incorporated in the Corporate Governance Framework going forward.

Board Standing Orders

4.3   Administrative changes have been proposed to the Board Standing Orders. These have been highlighted within the document at Appendix 3. In addition, the following substantive changes have been made to the Standing Orders for Board adoption and approval:

- Section 5.19 - to make amendments to the routes of decision making available to the Board and its Standing Committees allowing for business to be conducted electronically.

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[1] https://www.gov.scot/publications/blueprint-good-governance-nhs-scotland-second-edition

- Section 9 - to reinstate the Remuneration Committee as a Standing Committee of the Board rather than a sub-committee of the Staff Governance Committee.

Board Code of Conduct

4.4 No changes have been made to the Board Code of Conduct however they are included at Appendix 7 as part of the Corporate Governance Framework.

Committee Terms of Reference (ToR)

4.5 Each set of Committee ToRs have been considered in detail by the relevant Committee. Administrative changes have been proposed, these have been highlighted within the documents at Appendix 4. Through the process of assurance mapping against the BAF, some required substantive changes to the Standing Committee ToRs are recommended. All changes are listed below for adoption and approval:

4.5.1 Recommended changes to the Remuneration Committee ToR
- Section 1.2 - to re-instate the Remuneration Committee as a Standing Committee of the Board rather than a sub-Committee of the NSS Staff Governance Committee.
- Section 5.1 - to report activities and progress annually to the NSS Staff Governance Committee and to the NSS Board.

4.5.2 Recommended change to Staff Governance Committee (SGC) ToR:
- Section 3.5 - to review an annual report provided by the NSS Remuneration Committee on recent activities and progress prior to submission to the NSS Board.
- Section 6.1.3 - to review, monitor, and approve the approach to Equality, Diversity, Inclusion and Human Rights and any associated statutory reporting.
- Section 6.3.6 - to include reporting in relation to the Health and Care (Staffing) (Scotland) Act 2019, as agreed at the SGC meeting held on March 6, 2025.

4.5.3 Recommended change to Audit and Risk Committee (ARC) ToR:
- Section 6.2.10 – to add oversight of Resilience activities and review of the Resilience Strategy and to remove the prescriptive examples.

  The Board are asked to note that this change will result in resilience reports being submitted to ARC rather than the Finance, Procurement and Performance Committee (there are no changes required to the FPPC ToR to enable this change in process).

4.5.4 Recommended change to the Finance, Procurement, and Performance Committee ToR:

- 6.1.1c - to remove reference to the NSS Property and Asset Management Strategy and action plan and replace with the NSS Whole System Infrastructure Plan and Business Continuity Plan.

The Scheme of Delegation

4.6   The Scheme of Delegation has been reviewed with administrative changes made, such as to roles and titles. The following substantive change is proposed:

4.8.1 Recommended changes to the NSS Scheme of Delegation:

- Section 7 – Reduce the Chief Executive ex gratia payment sign off limit to £15k, in alignment with the SFIs.

Corporate Policy Development Framework

4.7   The NSS Policy Development Framework was approved by the Board in March 2024. It is included for review as part of the CGF with amendments made to strengthen the approach to policy governance as highlighted below and submitted for Board approval.

4.8.1 Recommended changes to the NSS Policy Development Framework:

- Clarify governance roles, responsibilities, and routes throughout.

Committee membership

4.8   The Board must also approve committee membership for 2025-26 which has been attached at appendix 9. The Board are asked to note that due to current non-executive recruitment the Chair may wish to propose changes to Committee membership again in autumn 2025. Any proposed change would be brought to the Board for consideration and approval. The Board agreed all Board and Committee dates at the 27 September 2024 Meeting as per Standing Orders.

4.9   It was agreed at the Board meeting of 20 December 2024 Maria McGill would succeed Alison Rooney as the Chair of the Clinical Governance Committee with effect from 1st April 2025. This has been reflected in the appendix.

Standing Financial Instructions (SFIs)

4.10   The SFIs were approved by the Finance, Procurement, and Performance Committee at their meeting on the 11th of March 2025. They form part of the Corporate Governance Framework and are used in conjunction with the Standing Orders and in particular the Schedule of Matters Reserved to the Board and the Scheme of Delegation therein. The following material changes have been made:

4.10.1 Vacancy Management Group

- Prior to the filling of any vacant position within NSS, approval must be sought from the VMG. Following VMG approval, recruitment to an open role can commence.

4.10.2 Agency staff

- Open roles should not be filled by Agency staff without the express approval of VMG, and the use of Agency staff should only be sought in exceptional circumstances. Where short term capacity is required over and above the funded establishment, Agency staff may be utilised, subject to VMG approval, and only in exceptional circumstances.

4.10.3 Records Management

- References with the Management, retention and disposal of administrative records section have been updated to reflect the updated Scottish Government issued Records Management Health and Social Care Code of Practice (Scotland) 2020 and related updated NSS Corporate Records Management Policies.

4.10.4 New directorate names

- References to the newly named Primary and Community Care Directorate have been reflected.

Board Seminar Programme

4.11   The Board Development Sessions and Seminar timetable for 2025-2026 has also been attached at appendix 10. The Board approved its Seminar and Development Sessions at their 20 December 2024 meeting.

Board Governance Development Plan

4.12   The updated Board Development Plan was reviewed by the Board at their meeting of December 20, 2024. Since its last review, one additional objective is now complete, which is the delivery of the Board Assurance Framework. All other objectives remain on track.

5.   Impact Analysis

5.1   Quality and Value

5.1.1   The inclusion of the Board Assurance and Policy Frameworks within the CGF improve the comprehensive nature and approach to governance systems within NSS going forward.

5.2   Equality and Diversity, including health inequalities

5.2.1   An equality impact assessment is not required for this report.

5.3   Data protection and information governance

5.3.1   Data protection and information risks fall within the remit of the Audit and Risk Committee. Amended ToRs and the Scheme of Delegation with its detailed Information Governance section support good governance in this area.

6.   Risk Assessment/Management

6.1   Risk falls within the remit of the Audit and Risk Committee. The Board Assurance Framework, Amended ToRs, alignment with the SFIs and Scheme of Delegation provide clarity of roles and responsibilities in relation to Risk Management.

6.2   There is no requirement for any additional risks to be added to the Risk Register at this stage.

7.   Financial Implications

7.1   The SFIs set out the financial governance arrangements of the organisation. Alignment of corporate governance documentation is an essential component of the organisational financial controls.

8.   Workforce Implications

8.1   Clarity of roles and responsibilities within governance documentation will support a better organisational understanding of governance responsibilities.

9.   Climate Change and Environmental Sustainability Implications

9.1   Climate Change and Environmental Sustainability sits within the FPPC remit. The Board Assurance Framework and the FPPC ToR set out responsibilities and reporting requirements for NSS and ensure matters are fully considered.

10.   Route to Meeting

10.1   Executive Management Team – February 2025.

11.   List of Appendices and/or Background Papers

11.1   Appendix 1   -   Corporate Governance Framework Introduction
         Appendix 2   -   Standing Orders
         Appendix 3   -   Committee Terms of Reference & Delegated Functions
         Appendix 4   -   Standing Financial Instructions
         Appendix 5   -   Scheme of Delegation
         Appendix 6   -   Code of Conduct for Board Members
         Appendix 7   -   Corporate Policy Development Framework
         Appendix 8   -   Committee Membership 2025/26

Appendix 9   -   Board Development Sessions and Seminars
Programme 2025-2026

CORPORATE GOVERNANCE FRAMEWORK

March 2025 Version 4

DOCUMENT CONTROL SHEET

Key Information:

Title:	**NSS Corporate Governance Framework**
Date Published/Issued:	28 March 2025
Date Effective From:	28 March 2025
Version/Issue Number:	V4
Document Type:	Framework
Document status:	*Final*
Author:	Associate Director Corporate Governance (Board Secretary)
Owner:	Associate Director Corporate Governance (Board Secretary)
Approver:	N/A
Approved by and Date:	N/A
Contact:	Kyle.clark-hay@nhs.scot
File Location:	Corporate Governance Framework 2025-2026

Revision History:

Version:	Date:	Summary of Changes:
V2	30 June 2023	Changes to Clinical Governance and Quality Improvement Committee Terms of Reference following Board Approval, Appendix 3.2 – committee name to CGC, and addition of two annual reports to item 6.3.6- Medical Staff Revalidation and Appraisal and IR(M)ER Advisory Group. 'Clinical' added at 6.1.2.

Minor typo/title changes to the Scheme of Delegation made under delegated authority to the Board Secretary.

Section 5 - Scheme of Delegation arising from the SFIs, Awarding Contracts as per SFI 9.03 and contract extensions, Procurement Strategy and Professional Advice. And Section 8: Non-Pay Expenditure. Approved |

		Alternate Officer amended to Head of Governance and Sustainable Procurement. Healthcare Associated Infections (HAI) Lead added to table 3.3, pg. 6. 'Clinical' removed from Director of Nursing Responsibilities – Quality Improvement, Pg 23.
V4	Feb 2025	To Include the Board Assurance Framework within the CGF post Board approval March 2025. Minor changes to the Corporate Policy Development Framework including strengthening the wording that relates to the development and approval process. Minor changes to the SFI's including the incorporation of the Vacancy Management group and its responsibilities, updates to records management practices and policies, and new directorate names. Minor title changes to the Scheme of Delegation and at Section 7 – Reduce the Chief Executive ex gratia payment sign off limit to £15k, in alignment with the SFIs. Minor administrative changes to Standing Committee ToR's and Board Standing Orders: Change to standing orders to include ability to conduct business online out with meeting schedule. Changes to Remuneration Committee ToR. Section 1.2 - Re-instate the Remuneration Committee as a Standing Committee of the Board. Section 5.1 - To report activities and progress annually to the NSS Staff Governance Committee and to the NSS Board. Changes to Staff Governance Committee ToR: Section 3.5 - SGC to review an annual report provided by the NSS Remuneration Committee Changes to Audit and Risk Committee ToR: Section 6.2.10 – add oversight of Resilience activities and review of the Resilience Strategy.

CORPORATE GOVERNANCE FRAMEWORK

1 - INTRODUCTION

2 - BOARD ASSURANCE FRAMEWORK

3 - BOARD STANDING ORDERS

4 - STANDING COMMITTEE TERMS OF REFERENCE:

       4.1   Audit and Risk Committee

       4.2   Clinical Governance and Committee

       4.3   Finance, Procurement and Performance Committee

       4.4   Staff Governance Committee

       4.5   Remuneration Committee

5 - STANDING FINANCIAL INSTRUCTIONS

6 - SCHEME OF DELEGATION

7 - CODE OF CONDUCT FOR BOARD MEMBERS

8 - CORPORATE POLICY FRAMEWORK

1 – INTRODUCTION

1.1   National Services Scotland's (NSS) Corporate Governance Framework (CGF) is based on the general principles of the [UK Corporate Governance Code](#) and the [NHS Scotland Health Boards and Special Health Boards – Blueprint for Good Governance (BGG) Second Edition](#).

1.2   The [UK Corporate Governance Code](#) defines corporate governance as the system by which organisations are directed and controlled.

1.3   The [NHS Scotland Health Boards and Special Health Boards – Blueprint for Good Governance Second Edition](#) includes a definition of governance in healthcare and has been developed for use by NHS Scotland. This definition has been expressed as:

"Governance is the means by which NHS Boards direct and control the healthcare system to deliver Scottish Government policies and strategies and ensure the long-term success of the organisation. It is the ability to ask questions and make decisions to improve population health and address health inequalities, while delivering safe, effective, and high-quality healthcare services. It is to be distinguished from executive-led operational management."

1.4   The Blueprint also identifies ten principles of good governance. These are:

1. Good governance requires the Board to set strategic direction, hold executives to account for delivery, manage risk, engage stakeholders and influence organisational culture.

2. Good governance requires a Board that consists of a diverse group of people with the necessary skills, experience, values, behaviours and relationships.

3. Good governance requires that roles, responsibilities and accountabilities at Board and executive level are clearly defined and widely communicated.

4. Good governance requires an assurance framework that aligns strategic planning and change implementation with the organisation's purpose, aims, values, corporate objectives, and operational priorities.

5. Good governance requires an integrated governance system that coordinates and links the delivery of strategic planning and commissioning, risk management, assurance information flows, audit, and sponsor oversight.

6. Good governance requires operating guidance that is agreed, documented, widely communicated and reviewed by the Board on a regular basis.

7. Good governance requires regular evaluation of governance arrangements to ensure it is proportionate, flexible, and subject to continuous improvement.

8. Good governance requires an active approach that anticipates and responds to risks and opportunities which could have a significant impact on the delivery of corporate objectives, the Board's relationships with stakeholders and the management of the organisation's reputation.

9. Good governance requires a collaborative approach that ensures the organisation's systems are integrated or aligned with the governance arrangements of key external stakeholders.

10. Good governance requires governance arrangements that are incorporated in the organisation's approach to the management of day-to-day operations and the implementation of change.

1.5   The NSS CGF sets out the governance framework for the organisation. This includes; the **Board Assurance Framework** to define the means and routes of assurance for the Board and Standing Committees, **Standing Orders** to regulate conduct of business at the NSS Board and Committee meetings; the **Committee Terms of Reference and Delegated Functions** (ToRs) to define the functions delegated by the Board to each committee; the **Scheme of Delegation** to delegate power to individual officers within the NSS Management Structure; the **Standing Financial Instructions** to provide sound control of financial and related activities; the **Code of Conduct for Board Members** to set out the standards of conduct that Board members must adhere to.

1.6   To meet the expectation in the BGG, and ensure the arrangements are subject to continuous review and development, the CGF will be reviewed annually, as per Standing Orders. The Board and Committee meeting dates for the relevant year will be appended to the CGF.

NATIONAL SERVICES SCOTLAND (NSS)

2.1   NSS is a Non-Departmental Public Body (NDPB), accountable to Scottish Ministers. 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 sector whilst maximising health impacts and cost savings.

2.2   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.

2.3   The framework within which NSS operates is agreed with Scottish Government (SG) and is set out within the Scottish Government – NHS NSS

[Framework Agreement, 2023](#). It defines the key roles and responsibilities which underpin the relationship between NSS and the SG.

2.4   The Scottish Ministers are ultimately accountable to the Scottish Parliament for the activities of NSS and its use of resources. Their responsibilities include:

- agreeing NSS's strategic aims, objectives, and key targets as part of the corporate planning process;
- agreeing the budget for NSS, and securing the necessary Parliamentary approval;
- approve the Code of Conduct of the NSS Board;
- approve pay remits or proposals and superannuation arrangements for the staff, Chief Executive, Chair and Board members;
- Lay the accounts of NSS before the Scottish Parliament;

2.5   The roles and responsibilities of the Board and NSS officers are set out within the other sections of the CGF.

STANDING ORDERS

(NHS National Services Scotland (NSS) is the common name for the Common Services Agency (CSA) for the Scottish Health Service)

March 2025

**STANDING ORDERS FOR THE PROCEEDINGS
AND BUSINESS OF NHS NATIONAL SERVICES SCOTLAND NHS BOARD**

1   General

1.1   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.

1.2   These Standing Orders for regulation and the conduct and proceedings of the Common Services Agency (more commonly known as NSS) Board are in line with The Common Services Agency (Membership and Procedure) regulations (1991 No.564 (S.49).

1.3   The procedures set out below also take into account the terms of The Health Boards (Membership and Procedure) (Scotland) Regulations 2001 (2001 No. 302), as amended up to and including The Health Boards (Membership and Procedure) (Scotland) Amendment Regulations 2016 (2016 No. 3), where appropriate, to better align with the Health Boards that it serves.

1.4   The NHS Scotland Health Boards and Special Health Boards - Blueprint for Good Governance Second Edition (issued through DL (2022) 38) has informed these Standing Orders. The Blueprint states Boards are primarily responsible for the delivery of the five primary functions of governance. These are described as:

   1.4.1 Setting the direction, including clarifying priorities and defining change and transformational expectations.
   1.4.2 Holding the Executive Management Team to account by seeking assurance that the organisation is being effectively managed and change is being successfully delivered.
   1.4.3 Managing risks to the quality, delivery, and sustainability of services.
   1.4.4 Engaging with key stakeholders, as and when appropriate.
   1.4.5 Influencing the Board's and the wider organisational culture.

   Further information on the role of the Board, Board members, the Chair, Vice-Chair, and the Chief Executive is available on the NHS Scotland Board Development website (https://learn.nes.nhs.scot/17367/board-development)

1.5   The Scottish Ministers shall appoint the members of the Board. The Scottish Ministers shall also attend to any issues relating to the resignation and removal, suspension, and disqualification of members in line with the above regulations.

1.6   Any statutory provision, regulation, or direction by Scottish Ministers, shall have precedence if they conflict with these Standing Orders.

1.7   Any one or more of these Standing Orders may be varied or revoked at a meeting of the Board by a majority of members present and voting, provided the notice for the meeting at which the proposal is to be considered clearly

states the extent of the proposed repeal, addition, or amendment. Standing Order 1.6 will not be capable of suspension.

1.8 The Board will annually review its Standing Orders.

1.9 Any member of the Board may on reasonable cause shown be suspended from the Board or disqualified for taking part in any business of the Board in specified circumstances. The Scottish Ministers may by determination suspend a member from taking part in the business (including meetings) of the Board. Paragraph 5.4 sets out when the person presiding at a Board meeting may suspend a Board member for the remainder of a specific Board meeting. The Standards Commission for Scotland can apply sanctions if a Board member is found to have breached the NSS Code of Conduct for Board Members, and those include suspension and disqualification. The regulations set out at 1.2 also set out grounds for why a person may be disqualified from being a member of the Board.

Board Members – Ethical Conduct

1.10 Members have a personal responsibility to comply with the NSS Code of Conduct for Board Members. The Code has been issued by the Scottish Ministers, with the approval of the Scottish Parliament, as required by the Ethical Standards in Public Life (Scotland) Act 2000, as amended. Complaints of breaches of the NSS Code of Conduct for Board Members are investigated by the Ethical Standards Commissioner and adjudicated upon by the Standards Commission for Scotland.

1.11 The Board has appointed a Standards Officer (Associate Director for Corporate Governance (Board Secretary)). This individual is responsible for carrying out the duties of that role, however they may delegate the carrying out of associated tasks to other members of staff. The Board's appointed Standards Officer shall ensure that the Board's Register of Interests is maintained. When a member needs to update or amend their entry in the Register, they must notify the Board's appointed Standards Officer of the need to change the entry within one month after the date the matter is required to be registered.

1.12 The Board's appointed Standards Officer shall ensure the Register is available for public inspection at the principal offices of the Board at all reasonable times and will be included on the Board's website.

1.13 Members must always consider the relevance of any interests they may have to any business presented to the Board or one of its committees. Members must observe paragraphs 5.5 - 5.11 of these Standing Orders and have regard to Section 5 of the NSS Code of Conduct (Declaration of Interests) for Board Members.

1.14 In case of doubt as to whether any interest or matter should be declared, in the interests of transparency, members are advised to make a declaration and not to participate in consideration of that item.

1.15   Members must comply with Section 3.13 - 3.21 of the NSS Code of Conduct for Board Members in relation to gifts and hospitality. <mark>Members should register with the Standards Officer any offer of gifts and hospitality that have been refused.</mark>

1.16   The Standard's Officer shall provide a copy of these Standing Orders to all members of the Board on appointment. A copy shall also be held on the Board's website.

2   Chair

2.1   The Scottish Ministers shall appoint the Chair of the Board.

3   Vice-Chair

3.1   The Chair shall nominate a candidate or candidates for Vice-Chair to the Cabinet Secretary. The candidate(s) must be a non-executive member of the Board. The Board's Whistleblowing Champion and Board Members who are employees of the organisation are disqualified from being Vice-Chair. The Cabinet Secretary will in turn determine who to appoint based on evidence of effective performance and evidence that the member has the skills, knowledge and experience needed for the position. Following the decision, the Board shall appoint the member as Vice-Chair. Any person so appointed shall, so long as he or she remains a member of the Board, continue in office for such a period as the Board may decide.

3.2   The Vice-Chair may at any time resign from that office by giving notice in writing to the Chair. The process to appoint a replacement Vice-Chair is the process described at paragraph 3.1.

3.3   Where the Chair has died, ceased to hold office, or is unable for a sustained period to perform his or her duties due to illness, absence from Scotland or for any other reason, then the Board's Standard's Officer should refer this to the Scottish Government. The Cabinet Secretary will confirm which member may assume the role of interim chair in the period until the appointment of a new chair, or the return of the appointed chair. Where the Chair is absent for a short period due to leave (for whatever reason), the Vice-Chair shall assume the role of the Chair in the conduct of the business of the Board. In either of these circumstances references to the Chair shall, so long as there is no Chair able to perform the duties, be taken to include references to either the interim chair or the Vice-Chair. If the Vice-Chair has been appointed as the Interim Chair, then the process described at paragraph 3.1 will apply to replace the Vice-Chair.

4   Calling and Notice of Board Meetings

4.1   The Chair may call a meeting of the Board at any time and shall call a meeting when required to do so by the Board. The Board shall meet not less than once

in every three months in any given year and will annually approve a forward schedule of meeting dates.

4.2 The Chair will determine the final agenda for all Board meetings. The agenda may include an item for any other business; however, this can only be for business which the Board is being informed of for awareness, rather than being asked to make a decision. No business shall be transacted at any meeting of the Board other than that specified in the notice of the meeting except on grounds of urgency. The Chair must rule that it is a matter of urgency and give the reasons for the ruling to be noted in the minutes. The item must be made known at the start of the meeting when the order of business is decided.

4.3 Any member may propose an item of business to be included in the agenda of a future Board meeting by submitting a request to the Chair. If the Chair elects to agree to the request, then the Chair may decide whether the item is to be considered at the Board meeting which immediately follows the receipt of the request, or a future Board meeting. The Chair will inform the member which meeting the item will be discussed. If any member has a specific legal duty or responsibility to discharge which requires that member to present a report to the Board, then that report will be included in the agenda.

4.4 In the event that the Chair decides not to include the item of business on the agenda of a Board meeting, then the Chair will inform the member in writing as to the reasons why.

4.5 A Board meeting may be called if one third of the whole number of members including at least two members who are also not officers signs a requisition for that purpose. The requisition must specify the business proposed to be transacted. The Chair is required to call a meeting within 7 days of receiving the requisition. If the Chair does not do so, or simply refuses to call a meeting, those members who presented the requisition may call a meeting by signing an instruction to approve the notice calling the meeting provided that no business shall be transacted at the meeting other than that specified in the requisition.

4.6 Before each meeting of the Board, a notice of the meeting (in the form of an agenda), specifying the time, place and business proposed to be transacted at it and approved by the Chair, or by a member authorised by the Chair to approve on that person's behalf, shall be circulated to every member to be available to them at least three clear days before the meeting. The notice shall be distributed along with any papers for the meeting that are available at that point.

4.7 With regard to calculating clear days for the purpose of notice under 4.6 and 4.9, the period of notice excludes the day the notice is sent out and the day of the meeting itself. Additionally, only working days (Monday to Friday) are to be used when calculating clear days; weekend days and public holidays should be excluded.

Example: If a Board is meeting on a Wednesday, the notice and papers for the meeting should be distributed to members no later than the preceding

Thursday. The three clear days would be Friday, Monday, and Tuesday. If the Monday was a public holiday, then the notice and papers should be distributed no later than the preceding Wednesday.

4.8   Lack of service of the notice on any member shall not affect the validity of a meeting.

4.9   Board meetings shall be held in public. A public notice of the time and place of the meeting shall be provided at least three clear days before the meeting is held. The notice and the meeting papers shall also be placed on the Board's website. The meeting papers will include the minutes of committee meetings which the relevant committee has approved. The exception is that the meeting papers will not include the minutes of the Remuneration Committee. The Board may determine its own approach for committees to inform it of business which has been discussed in committee meetings for which the final minutes are not yet available. For items of business which the Board will consider in private session (see paragraph 5.22), only the Board members will normally receive the meeting papers for those items, unless the person presiding agrees that others may receive them.

5   Conduct of Meetings

Authority of the Person Presiding at a Board Meeting

5.1   The Chair shall preside at every meeting of the Board. The Vice-Chair shall preside if the Chair is absent. If both the Chair and Vice-Chair are absent, the members present at the meeting shall choose a Board member who is not an employee of a Board to preside.

5.2   The duty of the person presiding at a meeting of the Board or one of its committees is to ensure that the Standing Orders or the committee's terms of reference are observed, to preserve order, to ensure fairness between members, and to determine all questions of order and competence. The ruling of the person presiding shall be final and shall not be open to question or discussion.

5.3   The person presiding may direct that the meeting can be conducted in any way that allows members to participate, regardless of where they are physically located, for example, videoconferencing, teleconferencing. For the avoidance of doubt, those members using such facilities will be regarded as present at the meeting.

5.4   In the event that any member who disregards the authority of the person presiding, obstructs the meeting, or conducts himself/herself inappropriately the person presiding may suspend the member for the remainder of the meeting. If a person so suspended refuses to leave when required by the person presiding to do so, the person presiding will adjourn the meeting in line with paragraph 5.12. For paragraphs 5.5 to 5.21, reference to 'Chair' means the person who is presiding the meeting, as determined by paragraph 5.1.

<u>Quorum</u>

5.5   The Board will be deemed to meet only when there are present, as per paragraph 5.3 and entitled to vote, a quorum of at least one third of the whole number of members, including at least two members who are not employees of a Board. The quorum for committees will be set out in their terms of reference, however it can never be less than two Board members.

5.6   In determining whether a quorum is present the Chair must consider the effect of any declared interests.

5.7   If a member, or an associate of the member, has any pecuniary or other interest, direct or indirect, in any contract, proposed contract or other matter under consideration by the Board or a committee, the member should declare that interest at the start of the meeting. This applies whether that interest is already recorded in the Board Members' Register of Interests. Following such a declaration, the member shall be excluded from the Board or committee meeting when the item is under consideration and should not be counted as participating in that meeting for quorum or voting purposes.

5.8   Paragraph 5.7 will not apply where a member or an associate of theirs, interest in any company, body or person is so remote or insignificant that it cannot reasonably be regarded as likely to affect any influence in the consideration or discussion of any question with respect to that contract or matter. In March 2015, the Standards Commission granted a dispensation to NHS Board members who are also voting members of integration joint boards. The effect is that those members do not need to declare as an interest that they are a member of an integration joint board when taking part in discussions of general health & social care issues. However, members still must declare other interests as required by Section 5 of the NSS Code of Conduct for Board Members.

5.9   If a question arises at a Board meeting as to the right of a member to participate in the meeting (or part of the meeting) for voting or quorum purposes, the question may, before the conclusion of the meeting be referred to the Chair. The Chair's ruling in relation to any member other than the Chair is to be final and conclusive. If a question arises about the participation of the Chair in the meeting (or part of the meeting) for voting or quorum purposes, the question is to be decided by the members at that meeting. For this latter purpose, the Chair is not to be counted for quorum or voting purposes.

5.10   Paragraphs 5.6-5.9 shall equally apply to members of any Board committees, whether they are also members of the Board, for example stakeholder representatives.

5.11   When a quorum is not present, the only action that can be taken are to either adjourn to another time or abandon the meeting altogether and call another one. The quorum should be monitored throughout the conduct of the meeting in the event that a member leaves during a meeting, with no intention of returning.

The Chair may set a time limit to permit the quorum to be achieved before electing to adjourn, abandon or bring a meeting that has started to a close.

Adjournment

5.12 If it is necessary or expedient to do so for any reason (including disorderly conduct or other misbehaviour at a meeting), a meeting may be adjourned to another day, time, and place. A meeting of the Board, or of a committee of the Board, may be adjourned by the Chair until such day, time and place as the Chair may specify.

Business of the Meeting

The Agenda

5.13 If a member wishes to add an item of business which is not in the notice of the meeting, he or she must make a request to the Chair ideally in advance of the day of the meeting and certainly before the start of the meeting. The Chair will determine whether the matter is urgent as per paragraph 4.2, and accordingly whether it may be discussed at the meeting under matter arising or any other business.

5.14 The Chair may change the running order of items for discussion on the agenda at the meeting. Please also refer to paragraph 4.2.

Decision-Making

5.15 The Chair may invite the lead for any item to introduce the item before inviting contributions from members. Members should indicate to the Chair if they wish to contribute, and the Chair will invite all who do so to contribute in turn. Members are expected to question and challenge proposals constructively and carefully to reach and articulate a considered view on the suitability of proposals.

5.16 The Chair will consider the discussion, and whether a consensus has been reached. Where the Chair concludes that consensus has been reached, then the Chair will normally end the discussion of an item by inviting agreement to the outcomes from the discussion and the resulting decisions of the Board.

5.17 As part of the process of stating the resulting decisions of the Board, the Chair may propose an adaptation of what may have been recommended to the Board in the accompanying report, to reflect the outcome of the discussion.

5.18 The Board may reach consensus on an item of business without taking a formal vote, and this will be normally what happens where consensus has been reached.

5.19 In relation to matters of urgency that cannot wait until the next available meeting of the Board or the relevant Board Committee, The Chief Executive or the Associate Director Corporate Governance (Board Secretary) in conjunction

Voting

5.19   Where the Chair concludes that there is not a consensus on the Board's position on the item and/or what it wishes to do, then the Chair will put the decision to a vote. If at least two Board members ask for a decision to be put to a vote, then the Chair will do so. Before putting any decision to vote, the Chair will summarise the outcome of the discussion and the proposal(s) for the members to vote on.

5.20   Where a vote is taken, the decision shall be determined by a majority of votes of the members present and voting on the question. In the case of an equality of votes, the Chair shall have a second or casting vote. The Chair may determine the method for taking the vote, which may be by a show of hands, or by ballot, or any other method the Chair determines.

Board Meeting in Public

5.21   While the meeting is in public the Board may not exclude members of the public and the press (for the purpose of reporting the proceedings) from attending the meeting.

Board Meeting in Private

5.22   The Board may agree to meet in private to consider certain items of business. The Board may decide to meet in private on the following grounds:

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

    5.22.2 The business relates to the commercial interests of any person and confidentiality is required, for example, when there is an ongoing tendering process or contract negotiation.

    5.22.3 The business necessarily involves reference to personal information and requires to be discussed in private to uphold the Data Protection Principles.

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

5.23   The minutes of the meeting will reflect when the Board has resolved to meet in private.

Minutes

5.24   The names of members present at a meeting of the Board, or of a committee of the Board, shall be recorded in the minute of the meeting. The names of other persons in attendance shall also be recorded.

5.25   The Board's Standard's Officer (or his/her authorised nominee) shall prepare the minutes of meetings of the Board and its committees. The Board or the committee shall review the draft minutes at the following meeting. The person presiding at that meeting shall sign the approved minute.

6   Matters Reserved for the Board

Introduction

6.1   The Scottish Government retains the authority to approve certain items of business. There are other items of the business which can only be approved at an NHS Board meeting, due to either Scottish Government directions or a Board decision in the interests of good governance practice.

6.2   The matters reserved to the Board are:

6.2.1 Corporate Governance Framework, including the ==Board Assurance Framework, Board Code of Conduct,== Standing Orders, terms of reference of all its committees and appointment of committee members, Standing Financial Instructions, and the Scheme of Delegation.

6.2.2 Organisational Values.

6.2.3 The strategies for all the functions that it has planning responsibility for, subject to any provisions for major service change which require Ministerial approval.

6.2.4 Annually, The Delivery Plan (following consideration by Scottish Government).

6.2.5 Corporate objectives or corporate plans which have been created to implement its agreed strategies.

6.2.6 Risk Management ==Strategy and Approach==.

6.2.7 Financial plan for the forthcoming year, and the opening revenue and capital budgets.

6.2.8 Annual accounts and report. (Note: This must be considered when the Board meets in private session. To respect Parliamentary Privilege, the Board cannot publish the annual accounts, or any information drawn from it before the accounts are laid before the Scottish Parliament. Similarly, the Board cannot publish the report of the external auditors of their annual accounts in this period.)

6.2.9 Any business case item that is beyond the scope of its delegated financial authority before it is presented to the Scottish Government for approval. The Board shall comply with the Scottish Capital Investment Manual.

6.2.10 The Board shall approve the content, format, and frequency of performance reporting to the Board.

6.2.11 The appointment of the Board's chief internal auditor. (Note: This applies either when the proposed chief internal auditor will be an employee of the Board, or when the chief internal auditor is engaged through a contract with an external provider. The audit committee should advise the Board on the appointment, and the Board may delegate to the audit committee oversight of the process which leads to a recommendation for appointment.)

6.2.12 Arrangements for the approval of all policies.

6.2.13 The system for responding to any civil actions raised against the Board.

6.2.14 The system for responding to any occasion where the Board is being investigated and/or prosecuted for a criminal or regulatory offence.

6.3   The Board itself may resolve that other items of business be presented to it for approval.

7   Delegation of Authority by the Board

7.1   Except for the Matters Reserved for the Board, the Board may delegate authority to act on its behalf to committees, individual Board members, or other Board employees. In practice this is achieved primarily through the Board's approval of the Standing Financial Instructions (NSS SFI's) and the Scheme of Delegation.

7.2   The Board may delegate responsibility for certain matters to the Chair for action. In such circumstances, the Chair should inform the Board of any decision or action subsequently taken on these matters.

7.3   The Board and its officers must comply with the NHS Scotland Property Transactions Handbook, and this is cross-referenced in the Scheme of Delegation.

7.4   The Board may, from time to time, request reports on any matter or may decide to reserve any particular decision for itself. The Board may withdraw any previous act of delegation to allow this.

8   Execution of Documents

8.1   Where a document requires to be authenticated under legislation or rule of law relating to the authentication of documents under the Law of Scotland, or where a document is otherwise required to be authenticated on behalf of the Board, it shall be signed by an executive member of the Board, or any person duly authorised to sign under the Scheme of Delegation in accordance with the Requirements of Writing (Scotland) Act 1995. Before authenticating any document, the person authenticating the document shall satisfy themselves that all necessary approvals in terms of the Board's procedures have been satisfied. A document executed by the Board in accordance with this paragraph shall be self-proving for the purposes of the Requirements of Writing (Scotland) Act 1995.

8.2   Scottish Ministers shall direct which officers of the Board can sign on their behalf in relation to the acquisition, management, and disposal of land.

8.3   Any authorisation to sign documents granted to an officer of the Board shall terminate upon that person ceasing (for whatever reason) from being an employee of the Board, without further intimation or action by the Board.

9   Committees

9.1   Subject to any direction issued by Scottish Ministers, the Board shall appoint such committees (and sub-committees) as it thinks fit. The Blueprint for Good Governance, Second Edition identifies the committees which the Board must establish.

9.2   As of 1 April 2024, the NSS Board has appointed the following Standing Committees:

        9.2.1 NSS Audit & Risk Committee
        9.2.2 NSS Finance, Procurement & Performance Committee
        9.2.3 NSS Clinical Governance Committee
        9.2.5 NSS Staff Governance Committee
        9.2.6 NSS Remuneration Committee

~~3   As of 1 April 2024, the NSS Board has appointed a Remuneration Committee, as a sub-committee of the Staff Governance Committee whose primary function is to ensure the application and implementation of fair and equitable pay systems on behalf of the Board, as determined by Ministers and the Scottish Government, and described in MEL (1993) 114 and subsequent amendments.~~

9.3   The Board shall appoint the chairs of all committees and sub-committees established through these Standing Orders. The Board shall approve the terms of reference and membership of the committees. The Board shall review these as and when required and shall review the terms within 2 years of their approval if there has not been a review.

9.4   The Board shall appoint committee and sub-committee members to fill any vacancy in the membership as and when required. If a committee is required by regulation to be constituted with a particular membership, then the regulation must be followed.

9.5   Provided there is no Scottish Government instruction to the contrary, any non-executive Board member may replace a committee member who is also a non-executive Board member, if such a replacement is necessary to achieve the quorum of the committee.

9.6   The Board's Standing Orders relating to the calling and notice of Board meetings, conduct of meetings, and conduct of Board members shall also be

applied to committee and sub-committee meetings. The general expectation is that committee and sub-committee meetings shall not be held in public, and the associated committee papers shall not be placed on the Board's website, unless the Board specifically elects otherwise.

9.7   Generally, Board members who are not members of a committee may attend a committee meeting and have access to the meeting papers. However, if the committee elects to consider certain items as restricted business (in private), then the meeting papers for those items will normally only be provided to members of that committee. The person presiding the committee meeting may agree to share the (private) meeting papers for restricted business papers with others.

9.8   The Board shall approve a calendar of meeting dates for its committees and sub-committees. The committee and sub-committee chair may call a meeting any time and shall call a meeting when requested to do so by the Board.

9.9   The Board may authorise committees to co-opt members for a period up to one year, subject to the approval of both the Board and the Accountable Officer. A committee may decide this is necessary to enhance the knowledge, skills, and experience within its membership to address a particular element of the committee's business. A co-opted member is one who is not a member of National Services Scotland NHS Board and is not to be counted when determining the committee's quorum.

AUDIT AND RISK COMMITTEE TERMS OF REFERENCE

1.   Remit

1.1   The National Services Scotland (NSS) Audit and Risk Committee (ARC) is established in accordance with Scottish Public Finance Manual, the Scottish Government Audit and Assurance Committee Handbook (3 April 2018) and is established as a committee of the NSS Board.

1.2   The purpose of the Committee is to provide independent advice and support the Chief Executive (as the Board's Accountable Officer) and the Board in their responsibilities of risk, control and governance and meeting their assurance needs.

1.3   The Committee has no executive authority and is not charged to make or endorse any decisions. The Committee may draw attention to strengths and weaknesses in internal control and make recommendations for how such weaknesses might be dealt with.

1.4   The Board authorises the Committee to:

   1.4.1   Investigate any activity which is within its terms of reference, and in doing so, is authorised to seek any information it requires from any Board member or employee. All members and employees are directed to co-operate with any request made by the Committee.

   1.4.2   Obtain specialist ad-hoc advice at the expense of the organisation, subject to the budgets agreed by the Board and the Chief Executive.

   1.4.3   Co-opt additional members for a period not exceeding one year to provide specialist skills, knowledge, and experience.

1.5   The Committee will work within the principles of the Blueprint for Good Governance – Second Edition, to ensure effective management, improved performance, and good outcomes for all stakeholders.

1.6   The NSS Board Standing Orders have informed these Terms of Reference and the relevant paragraphs of the Standing Orders pertain to this Committee.

2. Membership

<u>Membership</u>

2.1 Membership shall comprise six non-executive members of the Board. The Board must ensure that at least one member has recent and relevant financial experience. A Committee Chair shall be nominated by the Board Chair and thereafter confirmed by the Board. The Committee will then select a Vice-Chair from among the membership to deputise for the Committee Chair as required.

2.2 The Chair of the Board, any stakeholder member and any employee of the Board may not be a member of the Committee.

2.3 The Board may appoint independent external members if there is an insufficient number of non-executive Board members to form the Committee.

2.4 The Board will appoint independent external Committee members for a period of no more than three years but may re-appoint a member if the Board is satisfied with the member's contribution.

<u>Attendees</u>

2.5 The Committee will routinely invite the Chief Executive, Director of Finance, Chief Internal Auditor, and a representative of the external auditor to attend its meetings. The Committee may invite other officers to attend meetings to support the consideration and discussion of agreed items of business.

<u>Private Meetings</u>

2.6 The Committee may agree to meet in private to consider certain items of business without any non-members present. The Committee will also meet in private with the internal auditors and external auditors as required. This should happen at least once a year at a minimum.

2.7 The minutes of the meeting will reflect when the Committee has resolved to meet in private.

3. Quorum

3.1 The Committee is quorate when there are three non-executive Board members present.

4. Meetings

<u>Frequency of Meetings</u>

4.1 The Committee shall meet as required but not less than four times a year.

<u>Minutes of Meetings</u>

4.2   Minutes of the proceedings of the Committee shall be drawn up by or on behalf of the Board Secretary and submitted for approval to the next meeting of the Committee.

4.3   The Minutes of the Committee will be presented for information to the next scheduled meeting of the NSS Board, in either approved or draft format, as the means of updating the Board on the work of the Committee.

5.   Reporting Arrangements

5.1   The Committee Chair will provide a report to the Board and the Chief Executive after each meeting of the committee. A copy of the minutes may form the basis of this report. The Chief Internal Auditor and the external auditor should receive a copy of the report.

5.2   The ARC will provide an annual report to the Board to provide assurance as set out in the remit at 1. This report will be timed to support the preparation of the Annual Governance Statement within the Annual Report and Accounts and the content of the report will reflect the requirements set out in paragraphs 5.5 and 5.6 of the Scottish Government Audit and Assurance Committee Handbook (3 April 2018).

5.3   The Committee will develop a work plan to discharge its remit and duties, which will determine the information that it requires at meetings and consequently the agenda for those meetings. The Committee will normally require at every meeting:

    5.3.1   A report on: all strategic and red corporate risks and issues; red reputational and information governance risks and issues contained in the NSS corporate risk register, along with any appropriate risks flagged by the Director. Reports will incorporate associated management actions as set out in the Integrated Risk Management Approach.
    5.3.2   Progress reports from the internal and external auditors, including details of any work they have performed and the key issues that have emerged.
    5.3.3   Identified information governance risks.

6.   Delegated Functions:
6.1   The delegated functions of the committee are:
    6.1.1   Supporting the Chief Executive and the Board identify and formulate their assurance needs regarding risk management, governance, and internal control.
    6.1.2   Reviewing and constructively challenging the assurances that have been provided as to whether their scope meets the needs of the Chief Executive and the Board.

6.1.3 Reviewing the comprehensiveness, reliability and integrity of those assurances, i.e., considering whether they are founded on reliable evidence, and that the conclusions are reasonable in the context of that evidence.

6.1.4 Drawing attention to weaknesses in systems of risk management, governance, and internal control, and making suggestions as to how those weaknesses can be addressed.

6.1.5 Review annually the risk appetite of NSS in relation to risk categories.

6.1.6 Commissioning further assurance work for areas that are not being subjected to sufficient review.

6.1.7 Seeking assurance that management are remedying previously identified areas of weakness.

6.1.8 Monitor and review NSS's performance and compliance in respect of Information Governance and Data Protection legislation and processes.

6.2 The Committee will specifically advise the Board and Chief Executive on:

6.2.1 The strategic processes for risk, control, and governance and the governance statement, and how they support the achievement of the Board's strategies and objectives.

6.2.2 The accounting policies, the annual accounts, and the Board's annual report. This includes the process for review of the accounts before they are submitted for audit, levels of error identified, and management's letter of representation to the external auditors.

6.2.3 The planned activity and results of both internal and external audit.

6.2.4 The performance of the internal audit function.

6.2.5 The adequacy of management response to issues identified by audit activity, including external audit's management letter or report.

6.2.6 The effectiveness of the internal control environment.

6.2.7 Assurances relating to the corporate governance requirements for the Board.

6.2.8 The appointment of the Chief Internal Auditor, the Internal Audit Charter and Internal Audit Opinion.

6.2.9 The purchase of non-audit services from contractors who provide audit services.

6.2.10 The Board's policies, procedures, and processes where they relate to risk management, governance, resilience and internal control. Examples are the Board's Standing Orders, Standing Financial Instructions, Scheme of Delegation, risk management policy, Resilience Strategy, ethical conduct, prevention of bribery and corruption, fraud management policy and action-plan, and Whistleblowing.

6.2.11 The skills required for committee effectiveness, to inform the selection of members of the committee.

6.2.12 Review annually the nature of and expenditure incurred by each Directorate on the employment of Management Consultants in the preceding year.

6.2.13 Review annually all detailing all losses written off and special payments made including ex-gratia payments made to staff in line with Section 18 of NSS SFIs – Losses and Special Payments

6.2.14 Review annually NSS's Fraud and Other Illegal Acts Register

6.2.15 Review reports presented on instances of banking accounts being overdrawn

6.3 In addition, the committee also has specific duties in relation to information governance:

6.3.1 Consider and scrutinise NSS's compliance with relevant legislation, duties under Common Law and performance against national standards with regards to information governance. This duty covers the following components of information governance: Caldicott Guardianship and Confidentiality; Data Protection; Information Security; Freedom of Information and Records Management.

6.3.2 Review at each meeting reports on performance relating to information governance matters across NSS and satisfy itself that appropriate progress is being made to improve the quality of information governance across NSS.

6.3.3 Satisfy itself that NSS has processes in place to monitor and report information governance incidents, risks, and complaints.

6.3.4 Review at each meeting identified information governance risks, issues, and complaints, and satisfy itself that appropriate action has been taken, lessons learnt, and improvements implemented.

7. Supplementary Information for Boards and Committee Members

7.1 The [Scottish Government Audit and Assurance Committee Handbook (3 April 2018)](#)

7.2 The NHS Scotland Board Development website also has a wealth of material on NHS Scotland which is relevant to governance, risk management, and internal control.
https://learn.nes.nhs.scot/17367/board-development

CLINICAL GOVERNANCE COMMITTEE TERMS OF REFERENCE

1. Remit

1.1 The National Services Scotland (NSS) Clinical Governance Committee (CGC) is established in accordance with the guidance given in MEL (1998) 75, reinforced by MEL (2000) 29, and is established as a committee of the NSS Board.

1.2 The purpose of the Committee is to provide assurance to the NSS Board that the clinical activities of NSS are appropriately governed and monitored as to their safety, quality and effectiveness and that Quality Improvement and Realistic Medicine are at the core of its work.

1.3 The Committee will work within the principles of the Blueprint for Good Governance – Second Edition, to ensure effective management, improved performance, and good outcomes for all stakeholders.

1.4 The NSS Board Standing Orders have informed these Terms of Reference and the relevant paragraphs of the Standing Orders pertain to this Committee.

2. Membership

Membership

2.1 Membership shall comprise six non-executive members of the Board, including the Board Chair. The Committee Chair shall be nominated by the Board Chair and thereafter confirmed by the Board. The Committee will then select a Vice-Chair from among the membership to deputise for the Committee Chair as required.

Attendees

2.2 The Medical Director and Director of Nursing shall be the lead executive officers to the Committee and will arrange for such other officers to attend as required by the business of the committee.

3. Quorum

3.1 The Committee is quorate when there are three non-executive Board members present.

4. Meetings

Frequency of Meetings

4.1 The Committee shall meet as required but not less than four times a year.

Minutes of Meetings

4.2 Minutes of the proceedings of the Committee shall be drawn up by or on behalf of the Board Secretary and submitted for approval to the next meeting of the Committee.

4.3   The Minutes of the Committee will be presented for information to the next scheduled meeting of the NSS Board, in either approved or draft format, as the means of updating the Board on the work of the Committee.

<u>Private Meetings</u>

4.4   The Committee may agree to meet in private to consider certain items of business without any non-members present.

4.5   The minutes of the meeting will reflect when the Committee has resolved to meet in private.

5.   Reporting

5.1   The CGC is to report activities and progress to the NSS Board as described in these terms of reference. The CGC is to determine the style and content of these reports, subject to guidance and direction by the NSS Board.

5.2   The CGC will produce an Annual Report of the Committee's activities to provide assurance as set out in remit at 1.   This report will be timed to support the preparation of the Annual Governance Statement within the Annual Report and Accounts.

6.   Delegated Functions

6.1   The CGC will provide assurance to the Board that:

    6.1.1 Process and reporting arrangements are in place, as required, in order to provide assurance that the clinical and related activities under NSS direction and control are at all times appropriately governed and monitored as to their safety, quality and effectiveness.

    6.1.2 All aspects of clinical Quality Management are reflected including Quality Planning, Quality Improvement and Quality Control and the application of the principles of Realistic Medicine.

    6.1.3 Clinical activity is challenged from the perspectives of equity, inequality/ equality, diversity, and value (expressed as triple value).

    6.1.4 Services compliance with clinical and product regulatory requirements is in place.

    6.1.5 The Clinical and Patient Safety Strategic Risk is being managed and mitigated appropriately. The Strategic clinical and patient safety risk(s) plus red clinical and patient safety risks and issues contained in the NSS corporate risk register, along with any

appropriate risks flagged by the Medical Director. Reports will incorporate associated management actions as set out in the Integrated Risk Management Approach.

6.2   The CGC will provide advice, as required, to the Board on the clinical impacts of any new service developments proposed for adoption by NSS.

6.3   In order to assure themselves, the CGC will review and scrutinise reports on:

6.3.1   Clinical adverse events, Duty of Candour events, clinical risks and complaints (related to safety of services or clinical staff fitness to practice) including their identification, causes, management, learning identified and service improvement and implementation.

6.3.2   Blood, cells and tissue safety to satisfy itself that appropriate action is being taken to provide an adequate and safe supply and on product regulatory compliance.

6.3.3   Healthcare Acquired Infection in NSS as per required national policy on HAI, using the HAI reporting template.

6.3.4   Major NSS programmes in support of clinical services.

6.3.5   Activity relating to national clinical governance functions delivered by NSS, e.g., screening, and dental.

6.3.6   Annual reports on:
-   Infection Prevention and Control
-   Duty of Candour
-   Research, Development, and Innovation
-   Clinical Professional Appraisal and Revalidation
-   Medical Staff Revalidation and Appraisal
-   Patient Group Directions Audit
-   IR(M)ER Advisory Group
-   Relevant Intellectual Property activity facilitated by Scottish National Blood Transfusion Service (SNBTS).
-   Health and Care (Staffing) (Scotland) Act 2019

FINANCE, PROCUREMENT AND PERFORMANCE COMMITTEE - TERMS OF REFERENCE

1. **Remit**

1.1 The NHS National Services Scotland (NSS) Finance, Procurement and Performance Committee (FPPC) is established, as a committee of the Board.

1.2 The purpose of the Committee is to provide an independent and objective view and keep under review the financial position of NSS, procurement and sustainability activity and performance management, and provide assurance to the NSS Board that suitable arrangements are in place to secure economy, efficiency, and effectiveness in the use of all resources, and that the arrangements are working effectively.

1.3 The Committee will work within the principles of the Blueprint for Good Governance – Second Edition, to ensure effective management, improved performance, and good outcomes for all stakeholders.

1.4 The NSS Board Standing Orders have informed these Terms of Reference and the relevant paragraphs of the Standing Orders pertain to this Committee.

2. **Membership**

Membership

2.1 Membership shall comprise six non-executive members of the Board, including the Board Chair. A Committee Chair shall be nominated by the Board Chair and thereafter confirmed by the Board. The Committee will then select a Vice-Chair from among the membership to deputise for the Committee Chair as required.

Attendees

2.2 The Director of Finance, Corporate Governance and Legal Services shall be the lead executive officer to the Committee and will arrange for such other officers to attend as required by the business of the committee.

2.3 The Chief Executive and Directors of National Procurement (NP), Strategy, Performance, and Service Transformation (SPST) and NHSScotland Assure will also be in attendance.

3. **Quorum**

3.1 The Committee is quorate when there are three non-executive Board members present.

4. Meetings

Frequency of Meetings

4.1   The Committee shall meet as required but not less than four times a year.

Minutes of Meetings

4.2   Minutes of the proceedings of the Committee shall be drawn up by or on behalf of the Board Secretary and submitted for approval to the next meeting of the Committee.

4.3   The Minutes of the Committee will be presented for information to the next scheduled meeting of the NSS Board, in either approved or draft format, as the means of updating the Board on the work of the Committee.

Private Meetings

4.4   The Committee may agree to meet in private to consider certain items of business without any non-members present.

4.5   The minutes of the meeting will reflect when the Committee has resolved to meet in private.

5. Reporting

5.1   The FPPC is to report activities and progress annually to the NSS Board as described in these terms of reference. The FPPC is to determine the style and content of these reports, subject to guidance and direction by the NSS Board.

5.2   The FPPC will produce an Annual Report of the Committee's activities to provide assurance as set out in remit at 1. This report will be timed to support the preparation of the Annual Governance Statement within the Annual Report and Accounts.

6   Delegated Functions

6.1   The delegated functions of the Committee are:

6.1.1 To scrutinise and recommend to the Board for approval:

6.1.1a Annual, 3-year or 5-year (as required) Delivery Plan and Financial Plans prepared consistent with statutory financial responsibilities.

6.1.1b Draft annual NSS Delivery Plan for submission to the Scottish Government.

6.1.1c ~~NSS Property and Asset Management Strategy and action plan.~~ <mark>NSS Whole System Infrastructure Plan and Business Continuity Plan.</mark>

6.1.1d NSS Climate Sustainability Strategy and action plan.

6.1.1e NSS Standing Financial Instructions,

6.1.2 To approve:

6.1.2a At Outline Business Case or Full Business Case stage property transactions undertaken in accordance with the NHS Scotland Property Transactions Handbook.

6.1.2b <mark>National</mark> Procurement Strategy, Workplan and Annual Report.

6.1.2c NSS Procurement Strategy, Workplan and Annual Report.

6.1.2d Any procurements which require the authority of the Board under NSS Standing Financial Instructions.

6.1.2e Budget limits and set business performance targets for all Directorates except in respect of earmarked funds allocated for specific purposes by Scottish Government.

6.1.2f The NSS Public Bodies Climate Change Duties Report.

6.1.2g New Income contracts above £500,000.

6.1.3 In order to assure themselves, the FPPC will review and scrutinise reports on:

6.1.3a Financial and operational performance against plans and delivery against Delivery Plan targets, and to consider the appropriateness and effectiveness of current and planned management actions.

6.1.3b Any occurrences where the Standing Financial Instructions have not been followed and reports specifically required by the SFIs (see appendix 1).

6.1.3c The performance of programmes delivered by NSS on behalf of NHS Scotland.

6.1.3d Delivery against the NSS Financial Sustainability Plan.

6.1.3e The Strategic business risks plus red business risks and issues contained in the NSS corporate risk register, along with any appropriate risks flagged by the Director of Finance, Corporate Governance and Legal Services. Reports will incorporate associated management actions as set out in the Integrated Risk Management Approach.

6.1.3f The content of financial reporting and information presented to the Board.

6.1.4g The performance against delivery of the NSS climate sustainability objective including the National Sustainability Assessment Tool (NSAT) and the Sustainability Performance Report.

6.1.4 To review the financial aspects and make recommendations for any Business Cases beyond the scope of delegated financial authority before it is presented to the Scottish Government for approval. All business cases shall comply with the Scottish Capital Investment Manual.

Appendix 1 – Reports specifically required by SFIs.

SFI Reference	Requirement	Frequency	Lead officer as per Scheme of Delegation
6.07	Family Health Services Payments – payments and performance	Regular Reported to ARC via Service Audit	Director of Practitioner and Counter Fraud Services
6.07	Family Health Services – financial governance and control	Regular Reported to ARC via Service Audit	Director of Finance, Corporate Governance and Legal Services
6.12	Exceptions to procurement guidelines.	Quarterly	Director of Finance, Corporate Governance and Legal Services
6.28	Advance payment (non-contractual) for goods/services.	Annual	Director of Finance, Corporate Governance and Legal Services
8.04	Procurement staff/CLO advice not accepted	Quarterly	Director of National Procurement
8.12/9.14	Sole Source Justification report.	Annual	Director of Finance, Corporate Governance and Legal Services
9.13	Supplier management activity.	Annual	Director of National Procurement

STAFF GOVERNANCE COMMITTEE - TERMS OF REFERENCE

1. Remit

1.1 The NHS National Services Scotland (NSS) Staff Governance Committee (SGC) is established in accordance with the guidance given in the Staff Governance Standard 4th Edition published by the Scottish Government in June 2012 and is established as a committee of the NSS Board.

1.2 The purpose of the committee is to is to support and maintain a culture within NSS where the delivery of the highest possible standard of staff management is understood to be the responsibility of everyone and is built upon partnership and collaboration. It will ensure that robust arrangements to implement the Staff Governance Standard are in place and monitored.

1.3 The NSS Board Standing Orders have informed these Terms of Reference and the relevant paragraphs of the Standing Orders pertain to this Committee.

2. Membership

Membership

2.1 Membership shall comprise six non-executive members of the Board (including the Board Chair and Employee Director) and four trade union representatives. A Committee Chair shall be nominated by the Board Chair and thereafter confirmed by the Board. The Committee will then select a Vice-Chair from among the membership to deputise for the Committee Chair as required.

Attendees

2.2 The Director of Human Resources shall be the lead executive officer to the Committee and will arrange for such other officers to attend as required by the business of the committee.

3. Quorum

3.1 The Committee is quorate when there are three non-executive Board members present and one trade union representative present.

4.   Meetings

<u>Frequency of Meetings</u>

4.1   The Committee shall meet as required but not less than four times a year.

<u>Minutes of Meetings</u>

4.2   Minutes of the proceedings of the Committee shall be drawn up by or on behalf of the Board Secretary and submitted for approval to the next meeting of the Committee.

4.3   The Minutes of the Committee will be presented for information to the next scheduled meeting of the NSS Board, in either confirmed or unconfirmed format, as the means of updating the Board on the work of the Committee.

<u>Private Meetings</u>

4.4   The Committee may agree to meet in private to consider certain items of business without any non-members present.

4.5   The minutes of the meeting will reflect when the Committee has resolved to meet in private.

5. Reporting

5.1   The SGC is to report activities and progress annually to the NSS Board as described in these terms of reference. The SGC is to determine the style and content of these reports, subject to guidance and direction by the NSS Board.

5.2   The committee will submit an annual report to give the Board assurance around the detail of staff governance arrangements and monitoring process and to assure the Board that the SGC's aims are being met.

5.3   The SGC will review an annual report provided by the NSS Remuneration Committee in relation to its activities that support the overarching organisational achievement of the Staff Governance Standards prior to submission to the NSS Board.

5.4   The NSS Partnership Forum has a key role in the delivery and implementation of the Staff Governance Standards through the Staff Governance Action Plan. Regular reports from the Partnership Forum will be received to SGC to provide the necessary evidence and assurance.

6. Key Duties

6.1   The key duties of the Committee are to:

6.1.1   Ensure an effective system of Governance and oversight for the management, safety and welfare of the workforce including a strategic workforce planning strategy.

6.1.2   Oversee the development of frameworks which ensure delivery of the Staff Governance Standard.

6.1.3   Review evidence of attainment and maintenance of the Staff Governance Standard through the Great Place to Work Plan (Staff Governance Action Plan). Where there is evidence of short falls the Staff Governance Committee will ensure that causes are identified, and remedial action recommended.

6.1.4   Oversee the development and monitoring of all organisational policy related to workforce ensuring compliance with National Workforce Policies.

6.1.5   Approve any policy amendment, funding, or resource submission to achieve the Staff Governance Standard, providing support as required to drive forward.

6.1.6   Agree detailed and timely staff governance data reporting standards, ensuring that information is provided to support both NSS operating activities and national monitoring.

6.1.7   Provide staff governance information for the Statement of Internal Control.

6.1.8   Review quarterly staff risks contained in the NSS Corporate Risk Register and set out in the Integrated Risk Management Approach, identifying, and reporting on specific areas of concern.

6.1.9   Review quarterly the NSS complaints report in the context of staff risk.

6.1.10 Oversee the NSS values programme, ensuring that the values are embedded within NSS structures and processes.

6.1.11 Review Quarterly and Annual Whistleblowing Reports.

6.1.12 Provide assurance that systems and procedures are in place to manage the issues set out in MEL (1993) 114 (amended).

6.1.13 Review and monitor the approach to Equality, Diversity, Inclusion and Human Rights. This includes reviewing and approving all documents for publication in relation to the Public Sector Equalities Duty providing assurance that systems and procedures are in place for compliance with the Equalities Act 2010 and related legislation.

REMUNERATION COMMITTEE TERMS OF REFERENCE

1. Remit

1.1   The NHS National Services Scotland (NSS) Remuneration Committee is established, in accordance with MEL (1993)114 and subsequent amendments.

1.2   The Remuneration Committee is established as a Committee of the NSS Board and is required to provide assurance that systems and procedures are in place to manage the issues set out in MEL (1993)114 so that the overarching staff governance responsibilities can be discharged.

1.3   The purpose of the Committee is to ensure the application and implementation of fair and equitable pay systems on behalf of the Board. The Committee will work within the principles of the Blueprint for Good Governance – Second Edition, to ensure effective management, improved performance, and good outcomes for all stakeholders.

1.4   The NSS Board Standing Orders have informed these Terms of Reference and the relevant paragraphs of the Standing Orders pertain to this Committee.

2. Membership

Membership

2.1   Membership shall comprise the Chair of the NSS Board and at least three Non-Executive Members of the NSS Board, of which one must be the Employee Director, and one of whom shall act as Chair, as appointed by the NSS Board Chair.

Attendees

2.2   The Director of Human Resources and Organisational Development shall be the lead executive officer and professional advisor to the Committee and will arrange for such other officers to attend as required by the business of the committee. The Chief Executive will be in attendance.

2.3   Attendees will not be present when the Terms and Conditions of their own post are being discussed.

3. Quorum

3.1   The Committee is quorate when there are three non-executive Board members present.

4. Meetings

<u>Frequency of Meetings</u>

4.1   The Committee shall meet as required but not less than twice a year.

<u>Minutes of Meetings</u>

4.2   Minutes of the proceedings of the Committee shall be drawn up by or on behalf of the Board Secretary and submitted for approval to the next meeting of the Committee.

<u>Private Meetings</u>

4.3   The Committee may agree to meet in private to consider certain items of business without any non-members present.

4.4   The minutes of the meeting will reflect when the Committee has resolved to meet in private.

5. Reporting

5.1   <mark>The Remuneration Committee will provide an annual report to the Staff Governance Committee confirming its activities in support over the overarching organisational achievement of the Staff Governance Standards. This report will be timed to support the preparation of the Annual Governance Statement within the Annual Report and Accounts.</mark>

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

5.3   The Committee must approve Consultants' Discretionary Points annually.

6. Delegated Functions

6.1   The delegated functions of the committee are:

6.1.1 Comply with any Scottish Government Health Directorates directions and take into consideration any relevant guidance on remuneration or terms and conditions of employment;

6.1.2 Review and approve all Terms and Conditions of Employment, including job descriptions, terms of employment, basic pay, performance pay (if applicable) and all benefits associated with each post;

6.1.3 Review and approve annual performance objectives, including overseeing the review of performance against these objectives at the mid-year point and agreeing any revisions to the objectives during the course of the year;

6.1.4 Consider and approve the assessment of performance at the year-end and any changes to the remuneration or the Terms and Conditions of Employment arising from this assessment of performance during the review period, and ensure onward submission for approval to the National Workforce Performance Management Committee in the required timescales;

6.1.5 Approve any responsibility allowances or any temporary regrading for staff in the Executive cohort and review the overall position on an annual basis;

6.1.6 Ensure that effective arrangements are in place for carrying out 6.1.2-6.1.4 above in respect of members of the Senior Management Cohort;

6.1.7 To approve all new or additional jobs created for AfC band 8c, 8d, 9 and Executive Grades. In addition, they will agree all appointments where the lower half of the range, will not secure the preferred candidate. The Committee can delegate authority to the Chair to approve the functions noted above to prevent delays in appointments. A report on decisions will be submitted to the next meeting of the Committee;

6.1.8 To approve all termination settlements which exceed £75,000. An annual report of all such instances will be presented to the Remuneration Committee;

6.1.9 To review and approve annually the Discretionary Points awarded by the NSS Committee on Consultants' Discretionary Points, for reporting to the NSS Board and to provide confirmation of the process followed in the allocation of the points and report the outcome to the NSS Executive Medical Director;

Standing Financial Instructions

April 2025 – March 2026

Contents

Section 1: Introduction

General

1.01 Background

These Standing Financial Instructions ("SFIs") replace all previous instructions and are issued for compliance by all officers of the Common Services Agency, more commonly known as NHS National Services Scotland (and referred to as NHS National Services Scotland or NSS throughout these Standing Financial Instructions) from 1 April 2025.

These SFIs and supporting policies and procedures detail the financial responsibilities adopted by NHS National Services Scotland. Their purpose is to provide sound control of NHS National Services Scotland's financial and related activities and are carried out in accordance with the law and Scottish Government policy. They should be used in conjunction with the Standing Orders and in particular the Schedule of Matters Reserved to the Board and the Scheme of Delegation therein.

All NSS policies referred to in this document can be found on geNSS, the ServiceNow portal or relevant SharePoint site.

1.02 The purpose of the scheme of control is:

- To ensure the NSS acts within the law and that financial transactions are in accordance with the appropriate authority.
- To ensure that proper accounting records, which are accurate and complete, are maintained.
- To ensure that financial statements, which give a true and fair view of the financial position of NSS and its expenditure and income, are prepared timeously.
- To protect NSS against the risk of fraud and irregularity.
- To safeguard NSS assets.
- To ensure proper standards of financial conduct are maintained.
- To enable the provision of appropriate management information.
- To ensure that NSS seeks best value from its resources by making proper arrangements to pursue continuous improvement, having regard to economy, efficiency and effectiveness in NSS operations; and
- To ensure that any delegation of responsibility is accompanied by clear lines of control and accountability, together with appropriate reporting arrangements.

NSS shall exercise financial supervision and control by:

- Formulating a financial strategy.
- Requiring the submission and approval of financial plans and budgets within approved allocations and overall income.
- Defining and approving essential features of financial arrangements in respect of procedures and financial systems (including the need to obtain value for money).
- Defining specific responsibilities placed on directors and officers as indicated in the Scheme of Delegation.

1.03 Responsibilities & application of the SFIs

These SFIs identify the financial responsibilities that apply to everyone working for NSS. They do not provide detailed procedural advice and should be read in conjunction with detailed departmental and financial procedure notes. All financial procedures and any consequent amendments must be approved by the Director of Finance, Corporate Governance and Legal Services.

Should any difficulties arise regarding the interpretation or application of any of the SFIs then the advice of the Director of Finance, Corporate Governance and Legal Services must be sought before you act.

1.04 Compliance

The Director of Finance, Corporate Governance and Legal Services is responsible for assisting the Chief Executive as Accountable Officer and therefore has ultimate responsibility ensuring that SFIs are in place, up to date and observed in NSS. The responsibilities of the Director of Finance, Corporate Governance and Legal Services as specified in the SFIs may be carried out by such other senior finance officers as he or she might specify.

Members and officers of NSS shall observe these SFIs at all times. Directors shall be responsible for ensuring that the SFIs are made known within the services for which they are responsible and shall ensure they are adhered to.

Any adverse event to these SFIs must, on discovery, be reported immediately to the Director of Finance, Corporate Governance and Legal Services who will discuss the matter with the Chief Executive and/or Director to determine the proper action to be taken. The views of internal audit and/or Counter Fraud Services may also be taken depending on circumstances. Adverse events will be reported to the Finance, Procurement and Performance Committee in line with appendix IV and the SFI reporting framework.

Failure to comply with the SFIs shall be a disciplinary matter.

1.05 Variation and Revocation

These SFIs may only be varied or revoked in accordance with the Standing Orders.

1.06 Terminology

The following terminology applies throughout these Standing Financial Instructions:

(a) "Accountable Officer" means the Scottish NHS Officer responsible and accountable for funds entrusted to NSS. The Accountable Officer will be responsible for ensuring the proper stewardship of public funds and assets. For NHS National Services Scotland it will be the Chief Executive.

(b) "Board" means the Board of NHS National Services Scotland.

(c) "Budget" means a resource, expressed in financial terms, proposed by the Board for the purpose of carrying out, for a specific period, any or all the functions of NSS.

(d) "Budget Holder" means the director or employee with delegated authority to manage finances (Income and Expenditure) for a specific area of the organisation.

(e) "Chief Executive" means the chief officer of NSS.

(f) "Contract" means any arrangement giving rise to right and obligations between NSS and any one or more third parties whether legally enforceable or otherwise.

(g) "Director of Finance, Corporate Governance and Legal Services" means the chief financial officer of NSS.

(h) "Executive Management Team (EMT)" means the committee of executive officers of NSS appointed by the Board and given authority by the Board to act in accordance with its remit.

(i) "Financial Services" means the central finance function of NSS.

(j) "Framework Agreement" means a framework agreement in terms of the Public Contracts (Scotland) Regulations 2015.

(k) "Director" means the chief officer of a Directorate of NSS; "Legal Advisor" means the properly qualified person appointed by NSS to provide legal advice.

(l) "Officer" means employee of NSS or any other person holding a paid appointment or office with NSS.

(m) "NSS" means NHS National Services Scotland, the common name of the "Common Services Agency for the Scottish Health Service".

(n) "SGHSC" means the Scottish Government Health and Social Care Directorate and

(o) Virement – the reallocation of budget authority

Wherever the title Chief Executive, Director of Finance, Corporate Governance and Legal Services, and Director is used in these instructions, it will be deemed to include such other directors or employees who have been duly authorised to represent NSS.

Wherever the term "employee" is used and where the context permits it will be deemed to include employees of third parties contracted to NSS when acting on behalf of NSS.

All references in these Instructions to the singular form will be read as equally applicable to the plural. Similarly, any references in these Instructions to the masculine gender will be read as equally applicable to the feminine gender and vice versa.

Section 2: Responsibilities of Chief Executive, Director of Finance, Corporate Governance and Legal Services, Directors and Employees

2.01 Responsibilities of Chief Executive as Accountable Officer

Under the terms of Sections 14 and 15 of the Public Finance and Accountability (Scotland) Act 2000, the Principal Accountable Officer for the Scottish Government has designated the Chief Executive of NSS as Accountable Officer.

Accountable Officers must comply with the terms of the Memorandum to National Health Service Accountable officers, and any updates issued to them by the Principal Accountable Officer for the Scottish Government.

2.01 (a)   General Responsibilities

The Accountable Officer is personally answerable to the Scottish Parliament for the propriety and regularity of the public finances for NSS.

The Accountable Officer must ensure that the Board takes account of all relevant financial considerations, including any issues of propriety, regularity or value for money, in considering policy proposals relating to expenditure or income.

It is incumbent upon the Accountable Officer to combine their duties as Accountable Officer with their duty to the Board to whom he or she is responsible and from whom they derive their authority. The Board is in turn responsible to the Scottish Parliament in respect of its policies, actions and conduct.

The Accountable Officer has a personal duty of signing the Annual Report and Accounts for NSS. Consequently, he or she may also have the further duty of being a witness before the Audit Committee of the Scottish Parliament and be expected to deal with questions arising from the Accounts, or, more commonly from reports made to Parliament by the Auditor General for Scotland.

The Accountable Officer must ensure that any arrangements for delegation promote good management, and that he or she is supported by the necessary staff with an appropriate balance of skills. This requires careful selection and development of staff and the sufficient provision of special skills and services.

2.01 (b)   Specific Responsibilities

The Accountable Officer is required to:

Ensure that from the outset proper financial systems are in place and applied, and that procedures and controls are reviewed from time to time to ensure their continuing relevance and reliability, especially at times of major changes.

Ensure that the Board's financial obligations and targets are met. The Chief Executive shall be responsible for the implementation of the Boards financial policies and for co-ordinating any corrective action necessary to further these policies. In fulfilling this responsibility, the Chief Executive shall take account of advice given by the Director of Finance, Corporate Governance and Legal Services on all such matters. The Director of Finance, Corporate Governance and Legal Services shall be accountable to the Board for this advice.

Sign the Accounts assigned to them, and in doing so, accept personal responsibility for ensuring that they are prepared under the principles and in the format directed by the Scottish Ministers.

Ensure that proper financial procedures are followed incorporating the principles of separation of duties and internal check, and that accounting records are maintained in a form suited to the requirements of the relevant Accounting Manual, as well as in the form prescribed by the published Accounts.

Ensure that public funds and assets such as land, buildings or other property including stores and equipment for which he or she is responsible are properly managed and safeguarded, with the appropriate checks in place.

Ensure that, in the consideration of policy proposals relating to expenditure or income, for which he or she has responsibilities as Accountable Officer, all relevant financial considerations, including any issues of propriety, regularity or value for money, are considered, and where necessary brought to the attention of the Board.

Ensure that effective management systems appropriate for the achievement of the organisation's objectives, including financial monitoring and control systems have been put in place.

Ensure that risks, whether relating to achievement of business objectives, regularity, propriety or value for money, are identified, that their significance is assessed and that systems appropriate to the risks are in place in all areas to manage them.

Ensure that best value from resources is sought, by making proper arrangements to pursue continuous improvement having regard for economy, efficiency and effectiveness, and in a manner which encourages the observance of equal opportunities requirements.

Ensure that managers at all levels have a clear view of their objectives, and the means to assess and measure outputs for performance in relation to those objectives.

Ensure that managers at all levels are assigned well defined responsibilities for making best use of resources, including a critical scrutiny of output and value for money.

Ensure that managers at all levels have the information (particularly about costs), training and access to the expert advice which they need to exercise their responsibilities effectively.

Ensure that the Directors, employees and all new appointees are notified of and understand their responsibilities within the SFIs.

2.01 (c)   Regularity and Propriety of Expenditure

The Accountable Officer has a particular responsibility for ensuring compliance with Parliamentary requirements in the control of expenditure. A fundamental requirement is that funds should be applied only to the extent and for the purposes authorised by Parliament in the Budget Acts (or otherwise authorised by Section 65 of the Scotland Act 1998). Parliament's attention must be drawn to losses or special payments by appropriate notation of the organisation's Accounts. In the case of expenditure approved under the Budget Act, any payments made must be within the scope and amount specified in that Act.

All actions must be able to stand the test of parliamentary scrutiny, public judgements on propriety and professional Codes of Conduct. Care must be taken to avoid actual, potential, or perceived conflicts of interest when employing external consultants and their staff.

2.01 (d)   Advice to the Board

The Accountable Officer has a duty to ensure that appropriate advice is tendered to the Board on all matters of financial propriety and regularity, and more broadly, as to all considerations of prudent and economical administration, efficiency and effectiveness.

If the Accountable Officer considers that, despite their advice to the contrary, the Board is contemplating a course of action which they consider would infringe the requirements of regularity or propriety, and that they would be required to take action that is inconsistent with the proper performance of their duties as Accountable Officer, they should inform the SGHSCD's Accountable Officer, so that the Department if it considers it appropriate, can intervene and inform the Scottish Ministers. If this is not possible, the Accountable Officer should set out in writing their objection and the reasons, to the proposal. If their advice is overruled, and the Accountable officer does not feel that he or she would be able to defend the proposal to the Audit Committee of the Scottish Parliament, as representing value for money, he or she should obtain written instructions from the Board for which he or she is designated, and send a copy of their request for instruction and the instruction itself as soon as possible to the External Auditor and the Auditor General for Scotland.

2.01 (e)   Absence of Accountable Officer

The Accountable Officer should ensure that they are generally available for consultation, and that in any temporary period of unavailability a senior officer is identified to act on their behalf.

If the Accountable Officer would be unable to discharge their responsibilities for a period of four weeks or more, NSS will notify the Principal Accountable Officer of the Scottish Government, in order that an Accountable Officer can be appointed pending their return.

Where the Accountable Officer is unable by reason of incapacity or absence to sign the Annual Report and Accounts in time for them to be submitted to the Auditor General, the Board may submit unsigned copies, pending the return of the Accountable Officer.

2.02 Responsibilities of the Director of Finance

Provision of financial advice to the Board and its employees.

Implementing the Board's financial policies and for co-ordinating any corrective action necessary to further those policies.

Ensuring that sufficient financial records are maintained to show and explain the Board's transactions and to disclose, with reasonable accuracy, the financial position of the Board at any time.

The design, implementation and supervision of systems of internal financial control incorporating the principles of separation of duties and internal checks.

The preparation and maintenance of such accounts, certificates, estimates, records and reports as the Board may require for the purpose of carrying out its statutory duties and responsibilities.

Setting accounting policies consistent with Scottish Government guidance and generally accepted accounting practice.

2.03 Responsibilities of all Directors and Employees

All directors and employees of the Board, severally and collectively, are responsible for:

- security of the Board's propriety,
- avoiding loss.
- exercising economy and efficiency in the use of NSS resources.
- complying with the requirements of the Board's Standing Orders, Standing Financial Instructions, Financial Procedures and the Scheme of Delegation.
- reporting on discovery of any non-compliance of the SFIs to the Director of Finance, Corporate Governance and Legal Services.

All staff must be aware of the Fraud Management Policy (including the Fraud Action Plan) and the Whistleblowing Policy. The Counter Fraud Champion (also the Chair of the Audit and Risk Committee) is responsible for ensuring the requirements of Fraud Action Plan are met, and processes followed in every relevant situation.

The Director should ensure that these SFIs and associated documents are made known to all staff within the Directorates and ensure that they are adhered to.

Any contractor, or employee of a contractor, who is empowered by NSS to commit NSS to expenditure or who is authorised to obtain income will be covered by these instructions. It is the responsibility of the Director to ensure that such persons are made aware of this.

For all members of the Board and Executive Management Team and employees who carry out a financial function, the form in which financial records are kept and the manner in which those members discharge their duties must be to the satisfaction of the Director of Finance, Corporate Governance and Legal Services.

Section 3: Code of Conduct

3.01 Introduction

The Model Code of Conduct for Members of Devolved Public Bodies (nhs.scot) was issued by the Scottish Ministers on 7 Dec 2021, with the approval for the Scottish Parliament, as required by the Ethical Standards in Public Life etc, (Scotland) Act 2000 . Its purpose is to set out the conduct expected of those who serve on the Boards of public bodies in Scotland.

The Code has been developed in line with the nine key principles of public life in Scotland. The financial responsibilities are set out in this section. The code of conduct for Board members of NSS are discussed further in the NSS standing orders.

3.02 General Principles

There is a general presumption against the giving or receipt of gifts and hospitality by employees of NSS. All employees should: -

- Not put themselves in a position where their official and private interests may conflict.
- To be aware off the presumption of influence on a potential purchasing decision or strategic decision relating to the business objectives of NSS; and
- Not make use of their official positions to further their private interests.
- These guidelines should be read in conjunction with section 3.12 on bribery.

3.03 Activities involving the use of official information or experience

Any employee of NSS (other than medical or dental staff engaged in clinical practice) is required to obtain permission from the relevant Director, before undertaking any form of private work which involves the use of official NHS information or their NHS experience.

All media broadcasts or television appearances by employees of NSS on matters relating to the work of NSS should be regarded as official duty, and no question of payment to individuals will normally arise. However, if the work of preparation for the media broadcast/television appearance involves private, as well as official time, the Chief Executive may, at their discretion, allow an employee to retain the whole or part of any fee as appropriate.

3.04 Outside Occupation

Employees of NSS are not allowed to accept any outside employment which would require their attendance at any time during their normal working hours with NSS. Employees should notify NSS if they propose to take up outside employment which would, when both or more

employments are combined, result in their average working week exceeding the maximum working week laid down in the Working Time Regulations 1998, currently 48 hours per week.

Employees are advised not to engage in outside employment which may conflict with their NHS work or be detrimental to it.

3.05 Confidentiality

No employee of NSS shall use for their own benefit or gain, or divulge to any persons, firms, companies or other organisation whatsoever, any confidential information belonging to NSS, or relating to its affairs or dealings, which may come to the employee's knowledge during the course of their duties. Employees will not disclose confidential information or information which should reasonably be regarded as being of a confidential or private nature, without the express consent of a person or body authorised to give such consent, or unless required to do so by law. Employees should note that if they cannot obtain such express consent, they should assume it is not given.

Notwithstanding this, any employee who has genuine concerns about operational issues and service delivery, particularly if the concerns relate to health and safety, malpractice or fraud has a right and responsibility to raise these. Further details of how staff should raise concerns are outlined in the NSS Whistle blowing policy and the Fraud Management Policy.

3.06 Contracts and use of services of NSS contractors

On starting employment, all NSS staff must declare any financial interests or relationships (e.g. Honorary positions held) with any manufacturer, supplier or contractor, with whom the NSS has, or is likely to enter into a contractual relationship, or any financial or other interests which may affect NSS's decisions. In addition, any employee engaged in ongoing activity or a project involving third parties must declare any relevant financial or other interests at the earliest opportunity to their Director and comply with any consequent requests or instructions made by NSS. Any NSS staff leading activities or projects with third parties must, at initiation and at all meetings, thereafter, seek positive confirmation as to any such interests which those NSS staff present may have and take action accordingly. Any interests declared must be properly recorded in the minutes and records of the meetings.

Board Members have a duty to declare any interests at any meeting when they are acting in their capacity as a Board Member. If a Board Member declares an interest, then the Member must remove themselves from the meeting.

In addition, Board Members, Directors, Senior Managers and Senior Procurement staff of NSS will be asked quarterly to confirm their declarable interests.

No employee of NSS may purchase goods from, or use the services of, a contractor on preferential terms for private purposes, if these terms are given directly or indirectly because of the contractual or other official business relationship (whether potential or actual), between the contractor and NSS.

3.07 Acceptance of Gifts

For the purpose of this section, a gift shall be taken to mean any personal, material and/or financial advantage or reward, which can include material items such as calendars, stationery etc.

Employees must never ask or seek any gift. Where gifts are sent to an employee, these should only be accepted when the gift is of minimal or nominal value and in any case where the value is presumed to be less than £5. All other gifts should be returned to the sender.

It is recognised that, on occasion, a gift may be received from a patient or a donor as a "thank you" for services received. These gifts would be difficult to refuse without causing offence. If they are of low intrinsic value, the principles outlined above should be applied. Should they be expensive, the Director should be consulted for a view on acceptance.

In all cases in relation to gifts, it is recognised that it is NSS who is the owner of the received gift and not the individual employee.

Casual gifts offered by contractors or others e.g. at Christmas time should be declined.

3.08 Acceptance of Hospitality

For the purpose of this section, hospitality shall be taken to mean an offer of food, drink, invitations to events, travel and/or accommodation.

As a guiding principle, hospitality should be refused. Modest hospitality, provided it is normal and reasonable in the circumstances, e.g. lunches in the course of working visits, may be acceptable when the scale of hospitality is similar to that which the NHS would be likely to offer in the circumstances. Where hospitality is provided at free events or conferences - where the object is to maintain knowledge or develop networks – this may be accepted, provided the hospitality is proportionate,

For the avoidance of doubt, tickets to national sporting events or similar should be refused.

3.09 Procedure for completing and recording forms

Full guidance on accepting and recording of gifts and hospitality can be found on the Service Now portal.

3.10 Reporting

An annual report of all accepted gifts and hospitality offered and accepted will be submitted to the EMT and Audit and Risk Committee for noting.

3.11 Use of official Accommodation, Equipment or Vehicles

No employee of the NSS may make use of, or make available for use, official accommodation, equipment, supplies, services or vehicles, for private purposes, without the prior permission of the Chief Executive.

Employees should not use, or in any way enable others to use, public bodies resources imprudently, unlawfully, for any political activities or matters relating to these or improperly.

Employees should not make inappropriate or unauthorised use of IT systems e.g. email and Internet access. The NSS guidelines governing the use of IT systems should be referred to for further guidance.

3.12 Bribery

The Bribery Act 2010 came into force on 1 July 2011 and makes it a criminal offence to take part in 'active' or 'passive' bribery or to fail to prevent bribery in an organisation:

(a) Active bribery (section 1 of the Act) makes it an offence for a person to offer, give or promise to give a financial or other advantage to another individual in exchange for improperly performing a relevant function or activity.

(b) Passive bribery (section 2 of the Act) makes it an offence for a person to request, accept or agree to accept a financial or other advantage in exchange for improperly performing a relevant function or activity.

(c) Bribery of a foreign public official (section 6 of the Act) makes it an offence to offer, promise or give a financial or other advantage to a foreign public official with the intention of influencing the official in the performance of their official function. Previously such payments may have been known as Facilitation Payments.

(d) Corporate offence (section 7 of the Act) states that an organisation may be liable if it fails to have adequate procedures in place to prevent bribery.

Employees must be committed to the prevention of bribery and all forms of corruption. NSS operates a zero-tolerance approach to bribery committed by any person working at NSS and any person who provides services for or on behalf of NSS and that any allegation of bribery by a Board member or employee will be investigated in accordance with relevant processes and procedures and may be reported to the authorities, as appropriate.

The NSS approach to addressing fraud, which includes bribery, is set out in Section 4.

Section 4: Suspected Theft, Fraud and Other Irregularities

4.01 Introduction

This section should be read in conjunction with the Fraud Management Policy and the Fraud Action Plan.

The following procedures should be followed, as a minimum, in cases of suspected theft, fraud, embezzlement, corruption, bribery or other financial irregularities to comply with the above guidance.

In addition, guidance and recommendations issued from time to time by NSS Counter Fraud Services to combat fraud should also be considered and implemented where necessary.

4.02 Theft, Fraud, Embezzlement, Corruption, Bribery and Other Irregularities

NSS has a Fraud Management Policy and Action Plan. All NSS staff should be aware of the content of this policy and their responsibilities in relation to the prevention and detection of fraud including bribery and corruption and their duty to report any suspicious activity.

The Fraud Action Plan is reviewed annually, amended as appropriate, and submitted to the Audit and Risk Committee for re-endorsement annually.

The Chair has the responsibility to designate a Non-Executive Member of the Board who is also a member of the Audit and Risk Committee as the Counter Fraud Champion (CFC). Their role is to raise the profile of counter fraud initiatives and publicity across the organisation. The CFC will support the Fraud Liaison Officer (FLO), whose role it is to co-ordinate action where there are reasonable grounds for believing that an instance of fraud, theft, embezzlement, corruption, bribery, or other financial irregularity has occurred. Contact details for the CFC and FLO can be found in the Fraud Management Policy and on the finance pages on geNSS.

It is the FLO's responsibility, supported by the CFC where appropriate, to inform as they deem appropriate, the Police, Counter Fraud Services (CFS), the appropriate director(s), the Appointed External and Internal Auditors, the Chief Executive and the Chair of the Audit and Risk Committee, where such an occurrence is suspected. It should be noted that CFS does not routinely investigate the crime of theft, unless systematic losses have occurred, and the use of covert surveillance is being considered.

Where any officer has grounds to suspect any of the above activities has occurred, they should report this to the FLO without delay. The FLO will ensure that there is consultation with CFS as set out in the Fraud Management Policy. It is essential that preliminary enquiries are carried out in strict confidence and with as much speed as possible.

Where the suspicion involves an Executive or Non-Executive Director the matter will be reported to the CFC. It is the CFC's responsibility, supported by Counter Fraud Services, to co-ordinate any such investigation. The CFC will inform the appointed External and Internal Auditors and the Chair of the Board, where the allegation relates to the Chair of the Board the CFC will inform Scottish Government.

If, in exceptional circumstances, the CFC, the FLO and the Head of Internal Audit are unavailable the officer should report the circumstances to the Chief Executive who will be responsible for informing CFS. As soon as possible thereafter the FLO should be advised of the situation.

Where preliminary investigations suggest that prima facie grounds exist for believing that a criminal offence has been committed, CFS will undertake the investigation on behalf of, and in co-operation with NSS. At all stages the CFC, the FLO and the Head of Internal Audit will be kept informed of developments on such cases. All referrals to CFS must also be copied to the Appointed Auditor.

4.03 Remedial Action

As with all categories of loss, once the circumstances of a case are known the CFC will be required to take immediate steps to ensure that so far as possible these do not recur. However, no such action will be taken if it would prove prejudicial to the effective prosecution of the case. It will be necessary to identify any defects in the control systems which may have enabled the initial loss to occur, and to decide on any measures to prevent recurrence.

4.04 Reporting to SGHSC

While normally there is no requirement to report individual cases to SGHSC there may be occasions where the nature and/or scale of the alleged offence or the position of the person or persons involved, could give rise to national or local controversy and publicity. Moreover, there may be cases where the alleged fraud appears to have been of a particularly ingenious nature or where it concerns an organisation with which other public health sector bodies may also have dealings. In all such cases, SGHSC must be notified of the main circumstances of the case at the same time as an approach is made to CFS.

4.05 Responses to Press Enquiries

Where the publicity surrounding a particular case of alleged financial irregularity attracts enquiries from the press or other media, the Chief Executive will ensure that the relevant officials are fully aware of the importance of avoiding issuing any statements, which may be regarded as prejudicial to the outcome of criminal proceedings or potential actions of CFS. Advice on such issues will be provided by CFS.

4.06 National Fraud Initiative

NSS participates in the National Fraud Initiative coordinated by the Audit Commission for the prevention and detection of fraud and other financial irregularity. As part of this initiative NSS is required to share financial data including payroll data with the Audit Commission who will compare this data with other public sector bodies to highlight potential fraud. NSS through the FLO will investigate all queries arising through the initiative and take action in accordance with its findings.

Section 5: Audit and Financial Performance Arrangements

5.01 Audit and Risk Committee

In accordance with Standing Orders the Board will establish an Audit and Risk Committee, with clearly defined terms of reference, which will provide an independent and objective view of internal control.

5.02 Finance, Procurement and Performance Committee

In accordance with Standing Orders the Board will establish a Finance, Procurement and Performance Committee, with clearly defined terms of reference, which will provide an independent and objective view on any financial matters referred to it by the Board.

5.03 Director of Finance, Corporate Governance and Legal Services

The Director of Finance, Corporate Governance and Legal Services is responsible for:

1) ensuring there are arrangements to review, evaluate and report on the effectiveness of internal financial control including the establishment of an effective internal audit function.

2) ensuring that the internal audit is adequate and meets the NHS best practice.

3) ensuring that an Internal Audit Plan is prepared for the consideration of the Audit and Risk Committee. The plan must cover:
    a) strategic audit plan covering the coming three years; and
    b) a detailed plan for the coming year.

4) ensuring that an annual Internal Audit Report is prepared for the consideration of the Audit and Risk Committee. The report must cover:
   a) a clear opinion on the effectiveness of internal control in accordance with current controls assurance guidance issued by SGHSC including for example compliance with control criteria and standards.
   b) major internal financial control weaknesses discovered.
   c) progress on the implementation of internal audit recommendations; and
   d) progress against plan over the previous year.

The Director of Finance, Corporate Governance and Legal Services, the Head of Internal Audit or their authorised representatives and CFS in relation to a fraud investigation will have authority, without necessarily giving notice, and on production of identification, to require and receive:

1) access at all reasonable times to any land, premises or employee of NSS.

2) access to all records, documents and correspondence relating to any financial or other relevant transactions, including documents of a confidential nature (in which case, he will have a duty to safeguard that confidential nature).

3) the production or identification by any employee of any NSS cash, stores, or other property under the employee's control; and

4) explanations concerning any matters under investigation.

5.04 Irregularities

Whenever any matter arises which involves, or is thought to involve, irregularities concerning stores or other property of NSS or any suspected irregularity it will be notified immediately to the Fraud Liaison Officer (FLO) who will inform Counter Fraud Services and the Director of Finance, Corporate Governance and Legal Services. Where appropriate, the Director of Finance, Corporate Governance and Legal Services will inform the Chief Executive and the Head of Counter Fraud Services.

Any decision to involve the police in cases of misappropriation and other irregularities not involving fraud or corruption will be taken by the Chief Executive and the Director of Finance, Corporate Governance and Legal Services. Such decisions will be taken after obtaining appropriate advice from NSS Counter Fraud Services.

Further details pertaining to suspected theft, fraud, embezzlement, corruption, bribery and other irregularities are contained at Section 4.

5.05 Audit Reporting

Annual and longer-term audit plans will be prepared and laid before NSS's Audit and Risk Committee for approval by 31 March preceding the audit year commencing 1 April, or at such other time as the Committee may approve.

5.06 Internal Audit

Detailed Internal Audit Reports will be submitted to and agreed with management following all audit visits. Management must respond formally to audit reports within five working days of receipt of the final draft. The finalised report will be provided to the relevant Director, Director of Finance, Corporate Governance and Legal and NSS's statutory auditor.

Each year NSS's Internal Audit Service provider will prepare and present to the Audit and Risk Committee an annual Internal Audit Report which summarises internal audit findings in the preceding year. This will be submitted before 30 June following the audit year in question.

Periodic review of the responses to agreed actions will be carried out by the Internal Auditors and the findings presented to the Audit and Risk Committee.

5.07 External Audit

The Public Finance and Accountability (Scotland) Act 2000 places responsibility on the Auditor General for Scotland to decide who is to undertake the external audit of each health body in Scotland.

The appointed External Auditor will conduct their audit in accordance with the Public Finance and Accountability (Scotland) Act 2000 and International Standards on Auditing (UK and Ireland) issued by the Auditing Practices Board as required by the Code of Audit Practice approved by the Auditor General for Scotland.

5.08 Service Audit

Annual Service Audit Reports will be submitted to and agreed with management following audits of the key services we provide to NHS Boards. Management must respond formally to audit reports within three weeks of receipt. The finalised reports will be provided to the Director, Director of Finance, Corporate Governance and Legal Services, NSS's statutory auditor and to the Audit and Risk Committee.

Each Service Auditor Report will provide an opinion on the controls in place and how effectively they have been operating during the year under review. This will be submitted before 30 June following the audit year in question.

The report will also detail the exceptions that were identified during the course of the testing, and management's responses to these. Management will be required to ensure that action is taken to address the risks or issues identified by the agreed deadlines.

Periodic review of the actions taken will be carried out by the Service Auditors and the findings presented to the Audit and Risk Committee.

5.09 Risk Management

The Audit and Risk Committee is responsible for overseeing the risk management framework for NSS.

The Chief Executive is responsible for reviewing the effectiveness of the system of internal control, which includes the maintenance of an NSS risk register. The NSS risk register should be reviewed by the Board, Board Committees and Executive Management Team and management teams as set out in the NSS Integrated Risk Management Approach (IRMA).

The Directors are responsible for ensuring that risk registers are appropriately maintained and reviewed, and that appropriate risk management strategies and practices are adopted within their Directorates as outlined in the IRMA.

Section 6: Financial Planning and Budget Control

6.01 Introduction

NSS has a responsibility to prepare and submit financial plans in accordance with the requirements of SGHSC to the Board and to SGHSC, ensuring that the budgets reconcile to such plans.

NSS will perform its functions within the total of funds allocated by Scottish Ministers and through income from other Health Boards and from other sources. All plans, financial approvals and control systems will be designed to meet this obligation.

NSS's income consists of four elements:

- the NSS baseline allocation which is to be treated as an aggregate sum.

- specific additional allocations of funding for projects and services sponsored by SGHSC and managed by NSS on behalf of NHSScotland.

- bottom sliced allocation from other Health Boards to fund National Services provided by NSS; and

- Income earned from trading with other Health Boards and other third parties.

NSS's financial planning cycle in respect of all income and expenditure will be co-ordinated with its business planning arrangements and timetables as approved by the Board. The financial plans will be reviewed in detail by the EMT and the Finance, Procurement and Performance Committee before being put to the Board for approval.

All requests for additional funding and income whether capital or revenue should be made using the Service Now Demand portal. Requests will be approved and prioritised on both an annual basis through the Resource Allocation Meetings and monthly at the EMT meetings.

The funding for specific ring-fenced projects will be agreed in advance of the project's commencement with NSS and SGHSC and will be supported by request through the

Demand tool in the Service Now portal and an approved business case where required by SGHSC. The Director of Finance, Corporate Governance and Legal Services should be notified of any such projects at the earliest opportunity and will be responsible for ensuring funding is secured via additional allocations.

Services funded through bottom slicing will agree the budget with those Health Boards involved. Retrospective adjustments will be made at the same time for any over/underspend from the previous period.

The financial planning cycle in respect all NSS functions, including projects, programmes and services managed by NSS on behalf of NHSScotland will be co-ordinated with SGHSC's planning cycle.

6.02 Preparation of budgets

The Directors will prepare and submit budgets, which reconcile to the approved financial plan to Director of Finance, Corporate Governance and Legal Services in line with the agreed timetable for NSS. Such budgets will:

1) be prepared within the limits of available funds as advised by the Director of Finance, Corporate Governance and Legal Services or SGHSC in the case of additional allocations.

2) meet any requirements of the Board and SGHSC.

3) be in accordance with the aims and objectives set out in the Annual Operating Plan and reflected in the Directorate's Business Plan

4) accord with workload, workforce plans and funded establishment; and

5) identify potential risks and opportunities.

The Directors will be required to formally approve the delegated budget for their Directorate on an annual basis.

6.03 New Funding Requests

The Director is responsible for securing additional revenue or capital funds for new projects, programmes or services for NSS or delivered by NSS on behalf of NHSScotland. All additional funding, whether through NSS or SGHSC allocations or income from health boards or third parties must be requested through the Business Case process in the Service Now Demand portal. This will ensure the Board have full visibility of all funds they are accountable for.

Once approved these additional funds will form part of the budget for the duration of the project, programme or service.

6.04 Systems of budgetary control

The Director of Finance, Corporate Governance and Legal Services will monitor financial performance against budget and will ensure that a performance management process is in place to periodically review the finance plan.

The Director of Finance, Corporate Governance and Legal Services will have a right of access to budget holders on budget-related matters and be entitled to receive relevant information promptly and fully.

The Director of Finance, Corporate Governance and Legal Services will devise, introduce and maintain systems of budgetary control, and all staff of NSS will ensure compliance with these systems.

Such systems will incorporate:

1) monthly financial reports to the Board in a form approved by the Board containing:
   a) income and expenditure to date showing trends and forecast year-end position.
   b) capital projects spend and projected outturn against plan on a monthly basis.
   c) comparison of the agreed annual workforce establishment to the actual in month, year to date and forecast position.
   d) specific programme level reporting in respect of all major projects, programmes and services managed by NSS on behalf of NHSScotland, in line with the specific requirements defined by the Finance, Procurement and Performance Committee.
   e) explanations of any material variance from Directorate's Finance Plans (material being defined as the higher of 10% and £100,000). For the purpose of reporting, materiality should be considered in relation to the total income, and the total pay and non-pay expenditure; and
   f) details of corrective action where necessary and the Director of Finance, Corporate Governance and Legal Services view of whether such actions are sufficient to correct the situation.
   g) investigation and reporting of variances from financial, workload and workforce budgets, including a requirement for finance staff to escalate any significant changes to income and expenditure to both the Director of Finance, Corporate Governance and Legal Services and the Director.

2) monitoring of management action to correct variances; and

3) arrangements for the authorisation of budget transfers in the case of NSS's general allocation.

4) arrangements for the return of specific additional allocations or proposed virement in line with agreed conditions of funding award for funds managed by NSS on behalf of NHSScotland (see section 6.06 for rules of virement).

The Director is responsible for ensuring that:

1) any likely overspending or reduction of income, which is not offset by corresponding reduction in expenditure, which cannot be met by virement within agreed limits is not incurred without the prior consent of the Director of Finance, Corporate Governance and Legal Services in respect of the general allocation, in addition to SGHSC in respect of ring-fenced funds.

2) the amount provided in the approved budget is not used in whole or in part for any other purpose other than that specifically authorised subject to the rules of virement.

The monthly financial returns from Directorate's will report actual results against a revised budget reflecting in year allocations.

6.05 Budget limits and Delegation

The budgets adopted by NSS will be set so as to ensure that it meets the financial targets to contain its Revenue and Capital expenditure in each year within the limits approved by SGHSC and to meet the targets set by SGHSC regarding Cash Releasing Efficiency Savings (CRES) and cash requirement.

The Board will approve budget limits and set business performance targets for all Directorate's except in respect of earmarked funds allocated for specific purposes by SGHSC. Overall responsibility for budgetary control will rest with the Chief Executive, who is the Accountable Officer of NSS.

The Chief Executive will, in turn, delegate this responsibility to senior officers in NSS within the context of an agreed performance assessment framework.

Each Director is the designated budget holder and is accountable to the Chief Executive and to the Board for the financial performance of their Directorate.

The Chief Executive and delegated budget holders must not exceed the budgetary total or virement limits set by the Board or SGHSC for NSD earmarked funding and other funds managed by NSS on behalf of NHSScotland (including eHealth) (see Appendix I).

Any budgeted funds within NSS's general allocation not required for their designated purpose(s) revert to the immediate control of the Chief Executive, subject to authorised use of virement (see below). In relation to earmarked funds and other funds managed by NSS on behalf of NHSScotland, budgeted funds not required for their designated purpose revert to the immediate control of either SGHSC's Director of Finance, Corporate Governance and Legal Services or Health Board Chief Executives as appropriate, subject to the authorised use of virement (see below).

As part of monthly financial reporting arrangements, the Director with delegated authority to manage earmarked funds and other funds managed by NSS on behalf of NHSScotland, must report formally to the Director of Finance, Corporate Governance and Legal Services where budgeted funds are not required.

The Director of Finance, Corporate Governance and Legal Services will be responsible for making arrangements to return un-required funds to SGHSCD in line with agreed protocols.

Non-recurring budgets will not be used to finance recurring expenditure without the prior approval of the Chief Executive or Director of Finance, Corporate Governance and Legal Services, or SGHSC as appropriate.

Within NSS's general allocation, the Chief Executive, Director of Finance, Corporate Governance and Legal Services or the Board, as appropriate, must approve expenditure not covered by an approved budget in advance. Further details are contained at Appendix I.

Irrespective of the approved budget levels, commitment of expenditure by budget holders must comply with procurement rules (see section 7 to 11). Approval of any contract award should be in accordance with section 9 and the approval levels set out in 9.02 and 9.05 below.

6.06 Virement

Virement is the re-allocation of budget authority. It involves reducing the level of budget at one or more Budget Centres and correspondingly increasing the level of budget at one or more other Budget Centres.

There is an over-riding requirement on the Board to contain expenditure within NSS's Revenue Resource Limit (RRL); it may, therefore, be necessary in certain circumstances for the Chief Executive to impose virement and vary the budget of an individual Budget Holder.

Subject to the foregoing rules, planned or fortuitous savings within delegated limits (see Appendix 1) may be redeployed within NSS's general allocation provided that the Director has verified that:

(a) they do not arise from major alterations in service provision.

(b) they are not part of an efficiency savings initiative.

(c) the level of service defined in the Business Plan has been or will be achieved.

(d) details of the savings figures have been provided to the Director of Finance, Corporate Governance and Legal Services.

(e) non-recurring savings are not committed recurrently.

(f) the Budget Centre in total is expected to remain within budget by the end of the year.

(g) the alternative use does not conflict with NSS policy.

In the case of NSD's earmarked funding allocation, the Director of NSD has delegated authority from SGHSC to allocate revenue funds to national services, and to make a virement of funds between individual national services. Such actions should be within the earmarked allocation for commissioning national healthcare and screening services to ensure that the actual costs of specialist and screening services needed by residents of Scotland are met, as far as possible, within the overall earmarked allocation made available by SGHSC, provided that:

    a) the level of service defined in National Healthcare and Screening Service Agreements has been or will be achieved.

    b) waiting times are within the limits set by SGHSC.

    c) funding shifts do not generate major service change unless prior approval by SGHSC has been granted.

    d) use or application of savings across the total earmarked funds of NSD (subject to the virement reference above) should be agreed in conjunction with the relevant funding bodies, i.e. SGHSC for top sliced allocation for designated specialist and screening services and NHS Boards for NHS Scotland financial risk share arrangements; and

    e) savings against earmarked funds of NSD will not be used to support NSS activity; similarly, NSS funds will not be used to support activity funded through NSD.

The Director of NSD must report significant virements to the Director of Finance, Corporate Governance and Legal Services in the first instance and to the National Corporate Finance Network.

Virement within earmarked capital / non-recurring funds and in respect of funding managed by NSS on behalf of NHSScotland is only permitted with prior approval of SGHSC.

For the avoidance of doubt, virement between projects and programmes within eHealth must be specifically approved by the Deputy Director (eHealth) in SGHSCD.

All virements must be recorded in the finance ledger against the appropriate service.

6.07 Family Health Service Payments

NSS is responsible for the payments to primary care practitioners on behalf of the NHS Scotland territorial Health Boards. Cash is drawn down from Scottish Government on a monthly basis to ensure payment to all contractors under the Medical, Pharmacy, Dental and Ophthalmic contractor streams. The Director of Primary and Community Care is responsible for the delivery of this service.

The Director of Finance, Corporate Governance and Legal Services is responsible for:

    a) the accuracy and timeliness of the payments to practitioners and for the flow of accurate and timely information to practitioners, NHS Boards and the SGHSC regarding these payments.

    b) all aspects of financial control, the management of cash requirements and the processing of payments,

    c) setting the delegated authority limits for the authorisation of payments on a monthly basis,

    d) regular reviews of financial controls,

    e) reviewing and approving changes to financial controls and

f) the payment of Scottish Infected Blood Scheme and MESH payments as directed by Scottish Government.

The Finance, Procurement and Performance Committee will receive regular reports from the Director of Finance, Corporate Governance and Legal Services on financial governance, control and performance in year.

6.08 Financial consequences of change

The Director of Finance, Corporate Governance and Legal Services will keep the Chief Executive and the Board informed of the financial consequences of changes in policy, pay awards and other events and trends affecting budgets and will advise on the financial and economic aspects of future plans and projects.

Section 7: Staff Appointments, Remuneration and related matters

7.01 Remuneration Committee

In accordance with Standing Orders, the Board will establish a Remuneration Committee, with clearly defined terms of reference, specifying which posts fall within its area of responsibility, its composition, and the arrangements for reporting.

7.02 Staff Appointments

The Board will delegate responsibility to a manager for:

a) ensuring that all employees are issued with a Contract of Employment in a form approved by the Board; and

b) dealing with variations to, or termination of, contracts of employment.

c) both in a form which complies with employment legislation.

No officer of the Executive Management Team or employee may engage, re-engage, or regrade employees, either on a permanent or temporary nature, or hire agency staff, or agree to changes in any aspect of remuneration:

a) unless within the limit of their approved budget and funded establishment; or

b) in exceptional circumstances if authorised to do so by the Chief Executive.

Prior to the filling of any vacant position within NSS, approval must be sought from the Vacancy Management Group (VMG). Following VMG approval, recruitment to an open role can commence.

Open roles should not be filled by Agency staff without the express approval of VMG, and the use of Agency staff should only be sought in exceptional circumstances.

Where short term capacity is required over and above the funded establishment, Agency staff may be utilised, subject to VMG approval, and only in exceptional circumstances.

The Board will approve or delegate to a Board Committee the approval of procedures presented by the Chief Executive for the determination of commencing pay rates, condition of service, etc, for employees.

All employee contracts will conform to relevant standard NHS terms and conditions. Any variation from standard terms and conditions will require prior approval of the Director of Human Resources and Workforce Development.

The Remuneration Committee will approve all new or additional jobs created for Agenda for Change band 8c, 8d, 9 and Executive grades. In addition, they will agree all senior appointments where the lower half of the salary range will not secure the preferred candidate.

7.03 Processing of Payroll

The Director of Finance, Corporate Governance and Legal Services is responsible for ensuring that appropriate arrangements exist for:

   a)   specifying timetables for submission of properly authorised time records, expense claims and other notifications.

   b)   the final determination of pay and allowances.

   c)   making payment on agreed dates; and

   d)   agreeing method of payment.

The Director of Finance, Corporate Governance and Legal Services will issue instructions regarding:

   a)   verification and documentation of data.

   b)   the timetable for receipt and preparation of payroll data and the payment of employees and allowances.

   c)   maintenance of subsidiary records for superannuation, income tax, national insurance contributions and other authorised deductions from pay.

   d)   security and confidentiality of payroll information.

e) checks to be applied to completed payroll before and after payment.

f) authority to release payroll data under the provisions of the Data Protection Act and National Fraud Initiative.

g) methods of payment available to various categories of employees and officers.

h) procedures for payment by bank credit to employees and officers.

i) procedures for the recall of cheques and bank credits.

j) pay advances and their recovery.

k) maintenance of regular and independent reconciliation of pay control accounts.

l) regular reconciliation of key standing data between the payroll system and the Human Resources Business Systems.

m) a system to ensure the recovery from leavers of sums of money and property due by them to NSS.

n) procedures for reclaiming expenses incurred wholly, necessarily and exclusively for business purposes.

o) procedures for the recovery of any over/under payments; and

p) procedures for the regular review of protection payments to ensure compliance with policy.

Appropriately nominated managers and EMT members have delegated responsibility for:

a) completing and authorising time records, and other notifications in accordance with the Director of Finance, Corporate Governance and Legal Services' instructions and in the form prescribed by the Director of Finance, Corporate Governance and Legal Services.

b) submitting time records, and other notifications in accordance with agreed timetables; and

c) submitting termination forms in the prescribed form immediately upon knowing the effective date of an employee's or officer's resignation, termination or retirement. Where an employee fails to report for duty or to fulfil Executive Management Team obligations in circumstances that suggest they have left without notice, the Director of Finance, Corporate Governance and Legal Services must be informed immediately.

Regardless of the arrangements for providing the payroll service, the Director of Finance, Corporate Governance and Legal Services will ensure that the chosen method is supported

by appropriate (contracted) terms and conditions, adequate internal controls and audit review procedures and that suitable arrangements are made for the collection of payroll deductions and timely payment of these to appropriate bodies.

7.04 Termination Settlements

In the case of a termination settlement, a cost/benefit statement must be prepared for submission to the Director of Finance, Corporate Governance and Legal Services to demonstrate the financial effect of the decision. This statement will be in a form approved by the Remuneration Committee. In all cases, the appropriate Director, the Director of HR and Workforce Development, and the Director of Finance, Corporate Governance and Legal Services must sign the statement in support.

Where the full cost of the settlement exceeds £75,000, the case must be submitted to the Chair of the Remuneration Committee for prior approval. The Chief Executive will be responsible for authorising settlements where the total cost is less than £75,000. An annual report of all such instances will be presented to the Remuneration Committee by the Chief Executive.

Approval from or notification to SGHSC of any settlement agreements will be done in conjunction with relevant guidance issued by SGHSC.

Prior to payment of any termination settlement the Head of Payroll Services will ascertain from the Director of Finance, Corporate Governance and Legal Services and the Director of HR and Workforce Development that the settlement has been duly authorised.

7.05 Organisational Change

The Director is responsible for setting out the requirements and following the Organisational Change Policy. A full financial appraisal must support the organisation change programme and be submitted to the Change Oversight Group (COG) for approval.

The financial budget for any established posts is removed from the Directorate budget as a gross saving and reinvested within the NSS Workforce Resource Team as required.

7.06 Extension to Pay during periods of absence

The line manager with support from HR advisors is responsible for requesting an extension to pay during extended periods of absence. The Section 14 Workforce review panel, chaired by the Director of Finance, Corporate Governance and Legal Services will assess the circumstances of the individual and where appropriate approve any extension to pay.

7.07 Ex Gratia Payments

All ex-gratia payments made to staff will be approved in line with section 18 on losses and special payments. An annual report of all such payments in excess of delegated limits per appendix II will be presented to the Audit and Risk Committee by the Director of Finance, Corporate Governance and Legal Services.

7.08 Trade Union Facility Time

All trade union representatives are required to submit the time spent on trade union activities on a biannual basis to the Head of Payroll Services. This information will be used to support the required disclosures for the Annual Report and Accounts and other regulatory disclosures.

Section 8: Non-Pay Expenditure

8.01 Introduction

This section deals with obtaining goods, works or services solely for NSS use.

All procurement activity must be undertaken in line with the Scottish Government Procurement Journey and all specific NHSScotland procurement policies.

The NSS procurement team will provide advice and support to the Directorate's on all aspects of procurement to ensure compliance with all relevant Acts and regulations. The NSS Procurement Team will manage all route 2 and 3 procurement requirements as defined within the Scottish Government Procurement Journey,

Capital works must be undertaken in line with the requirements set out in the Scottish Government Scottish Capital Investment Manual and the Construction Procurement Handbook or any subsequent amendment or revision of those documents issued by Scottish Government.

It is the responsibility of everyone involved in the process of commitment of Non-Pay Expenditure to familiarise themselves with the requirements commensurate with their intended procurement. Guidance can be sought from and will be provided by the NSS Procurement team.

8.02 Delegation of Authority

Each Director will designate an officer(s) who will be empowered, within defined limits, to authorise the creation of NSS's official purchase orders on behalf of their respective Directorate. The authorisation of a Purchase Order commits expenditure on behalf of NSS

and, following completion of the relevant procedures, the disbursement of NSS funds to the supplier.

8.03 Responsibilities

The Chief Executive is responsible for

- setting out procedures on the seeking of professional advice regarding the supply of goods and services in line with SGHSC guidance and recognised best practice.

The Director of Finance, Corporate Governance and Legal Services is responsible for ensuring:

- instructions are issued for staff regarding the handling, checking and payment of accounts and claims within the Finance Operations team.

- where appropriate, the expenditure is in accordance with regulations and all necessary authorisations have been obtained.

- the account is arithmetically correct.

- appropriate entries have been made in purchasing and payment systems, registers, inventories, stores or similar records as required.

- appropriate expenditure code numbers are charged with the cost.

- payments for goods and services are only made once goods and services are received.

- appropriate segregation of duties for placing orders, receipting goods and services and authorising payment of invoices.

- ensure that appropriate arrangements are in place for the prompt payment of accounts and claims. Payment of contract invoices will be in accordance with contract terms, or otherwise, in accordance with national guidance.

- only invoices with a valid purchase order number will be paid.

- VAT has been appropriately applied; and

- the account is in order for payment.

The Director is responsible for:

- compliance with the guidance and limits specified by the Director of Finance, Corporate Governance and Legal Services.

- the purchase of goods is in accordance with Scottish Government Procurement Journey and NHSScotland procurement policies.

- ensuring the procedures are followed when placing an order and invoking competitive quotation or tendering arrangements are outlined in Section 9.

- where consultancy advice is being obtained, the procurement of such advice must be in accordance with Section 11.

- goods and services are received timeously and accurately.

- no contract will be entered into, or purchase order issued for any item or items to any organisation or person which has made an offer of gifts, inducement, reward or benefit to directors or employees,

- no requisition/order or contract acceptance is placed for any item or items for which there is no budget provision unless authorised by the Director of Finance, Corporate Governance and Legal Services on behalf of the Chief Executive.

8.04 Requisitioning of goods and services

The requisitioner or officer placing the order, in choosing the goods to be supplied (or the service to be performed) and the procurement process to be followed must always seek to obtain the best value for money for NSS and NHS Scotland. In so doing, where deemed appropriate, the advice of NSS's procurement staff and where appropriate CLO shall be sought. Where this advice is not acceptable to the requisitioner, the Director of Finance, Corporate Governance and Legal Services (and/or the Chief Executive) must be consulted. Details of any such occurrences should be reported quarterly as appropriate to the Finance, Procurement and Performance Committee

Full guidance for ordering and receipting of goods and services can be found on the knowledge base of the Finance and Procurement Service Now portal.

Section 9: Tenders, Quotations and Contracting Requirements

9.01 Introduction

These Standing Financial Instructions define the arrangements for tendering or receipt of quotations and contracting requirements. They apply for procuring or ordering goods or services for which no applicable public sector contract or framework agreement currently exists that NSS can use.

The Director of Finance, Corporate Governance and Legal Services is responsible for ensuring the maintenance of systems for the invitation, receipt, safe-keeping and selection of tenders and quotations, which will include a register of tenders.

9.02 Thresholds for Purchasing of goods, services and works

The thresholds for the purchasing/ordering of all goods, services and works are as follows: -

Thresholds	Purchasing Process
Contract value < £10,000	Achievement of value for money should be demonstrated. Where possible, this will be through receipt of three competitive quotations from reputable suppliers. (In the absence of such quotes, the purchaser must be prepared to justify the procurement route chosen to the Director of Finance, Corporate Governance and Legal Services if asked to do so).
Contract value > £10,000 and < £50,000 (except public works) Public Works <£2m	Procurement Journey Route 1
Contract value £50,000 or more over its lifetime (4 years maximum) (except public works) Public Works £2m or greater	Procurement Journey Route 2. This must be done with full advice and guidance of NSS procurement, CLO and other technical advisers as required. The contract must be advertised on Public Contracts Scotland.
Contract with an estimated value equal to or greater than the published thresholds detailed within SPPN 08/2019 (see 8.07 below)	Procurement Journey Route 3 This must be done with full advice and guidance of NSS procurement, CLO and other technical advisors as required. The contract must be advertised on Public Contracts Scotland.

In order to ensure that value for money is achieved it is essential that a sufficient number of competent, financially sound suppliers with adequate capacity to undertake the work or provide the goods or service are identified. As part of value for money, due regard to other relevant organisational policies is important, for example, policies in relation to corporate social responsibility, sustainability and risk management.

In the case of Goods and Services, the estimated value of the contract must include all possible options under the contract. For example, if the contract allows NSS to aggregate requirements, purchase additional supplies or services or extend the contract period beyond its original duration, the financial implications of these must be included in the estimate of the potential contract value, even if the likelihood of taking up these options is small. This will assist in ensuring the appropriate best practice procurement route is chosen.

In the case of Works, purchasers are required to estimate the value of the whole works project, irrespective of whether or not it comprises a number of separate contracts for different activities, stages or phases of an individual project.

Any contract with an anticipated value of over £50,000 must be routed through the NSS Procurement team. The NSS Procurement manager will ensure that standardised NSS procurement processes are followed and that NSS complies fully with regulations and SG policy.

In certain circumstances, public procurement regulations may not apply. This is permitted using the general exclusions and Specific Situations of the Public Contracts (Scotland) Regulations 2015 Sections 4 or 7 through 18 or by being a service listed in Schedule 3 of the aforementioned regulations. To ensure probity the Sole Source Justification form should be completed in these circumstances. If the purchase is of an ongoing nature, a single form for the requirement should be completed at the start of each financial year and attached to the initial Purchase Order for NSS Procurement records. All subsequent Purchase Orders should reference the initial Purchase Order number. The Sole Source Justification form is located on the Service Now portal at Sole Source Justification - Finance & Procurement (service-now.com). These exemptions require careful consideration and the advice of the NSS Procurement team must be sought at the earliest opportunity if circumstances may require their use.

No tender may be invited for goods, services or works unless the estimated expenditure is included in the Directorate's Budget or Business Plan or has been previously approved by the Chief Executive.

Tender submissions should be sought by use of the SG supported e-Tendering system or the Public Contracts Scotland web portal or another approved Public Sector web portal.

All Tenders must be appraised against the Scottish Procurement Document (SPD). This is a statutory requirement that ensures all mandatory & discretionary exclusion criteria are appropriately assessed for each bidder. Where existing Framework Agreements are to be used, the procedures set out in that Agreement must be followed. Guidance on the use of the SPD should be sought at all times from the NSS Procurement team.

Where, in exceptional circumstances, three competitive written quotations or tenders cannot be provided by reputable suppliers the tender process and selection must be approved by the Chief Executive or the Director of Finance, Corporate Governance and Legal Services via a sole source justification on Service Now (see link above). The Director of Finance, Corporate Governance and Legal Services will present, on an annual basis, a report to the Finance, Procurement and Performance Committee detailing the nature and justification for any such circumstances.

The Director must:

- be satisfied that all required processes and procedures in compliance with public procurement regulations have been adhered to prior to accepting a tender.

- ensure that all accepted tenders have the appropriate details entered onto the NSS contract register which will be maintained by the NSS Procurement Department.

- ensure that all tender documentation, reports and records must be retained and stored in line with NSS document management and retention policy.

- ensure that every contract contains a clause entitling NSS to cancel the contract and to recover from the contractor the amount of any loss resulting from such cancellation if the contractor or their representative, with or without their knowledge, has colluded in tendering for the contract or any other contract with NSS or has employed any corrupt or illegal practice in obtaining or executing that or any other contract with NSS.

An officer or executive having a pecuniary interest, whether direct or indirect, in any tender with NSS must declare this interest to the Director of Finance, Corporate Governance and Legal Services who must ensure such details are entered in the Register of Pecuniary Interest. Such officers must also disqualify themselves from any involvement in the tender procedures.

Except where otherwise agreed all contracts will be in writing and subject to the Law in Scotland.

9.03 NSS Contract / Framework Agreement

Prior to award on behalf of NSS itself of any contract or Framework Agreement or call off by NSS of any Framework Agreement (or extension of any contract or Framework Agreement or call off same), where the annual amount (or amount relating to the extension period if shorter) which NSS is committing to pay is:

- less than £50,000, three quotes are required, and approval is required from Director.

- £50,000 to £100,000 must follow formal procurement regulations and approval is required from the Director.

- more than £100,000 but less than £500,000 approval is required as above and the Contracts Approvals Board and the Director of Finance, Corporate Governance and Legal Services

- more than £500,000 but less than £1 million approval is required from Contracts Approvals Board and then from the Chief Executive.

- More than £1m are reported to the NSS Board through the Finance, Procurement and Performance Committee, following approval from the Chief Executive as above.

9.04 Contract Extensions

Wherever practicable, approval for contract extensions should be sought on a timely basis so that should extension approval not be granted that there is sufficient time to run the appropriate procurement process set out in these SFIs. For all contract extensions which require authorisation by the Chief Executive or the NSS Board, NSS procurement must seek CLO advice and ensure approval is sought in sufficient time to run an appropriate procurement process or an exemption must be agreed by the Chief Executive and reported to the NSS Board.

9.05 Contracts on behalf of Scottish Ministers, NHSScotland or other public bodies

Prior to the new financial year, the Director of National Procurement will provide the Finance, Procurement and Performance Committee with a procurement strategy detailing all planned contracts/framework agreements awards. Based on an assessment of financial and reputational risk the Committee will identify those contracts/framework agreements which will require approval by the Board.

For contracts/framework agreements awards not identified as requiring Board approval by the Finance, Procurement and Performance Committee the following approval strategy will apply based on the estimated/expected **total annual value** or uptake under the Contract or Framework Agreement:

- less than £2 million, approval is required from the Director of National Procurement, the Strategic Sourcing Director and the Director of DaS for IT-related contracts.

- more than £2 million but less than £5 million, approval is required from the Contracts Approvals Board (Director of Finance, Corporate Governance and Legal Services, Director of National Procurement, Head of Strategic Sourcing and for IT approvals the DaS Director).

- more than £5 million, approval is required from the Chief Executive of NSS following the Contracts Approval Board.

No award or execution of a contract or a Framework Agreement shall be made by or on behalf of NSS without appropriate authority or in advance of an Approval Certificate being issued.

All NSS officers and employees should be aware of the importance of acting within statutory powers and functions and the requirement of written records.

Verbal contracts are not acceptable. Care must be taken to ensure Contracts and/or Framework Agreements are not concluded informally. Correspondence on contractual issues should contain a statement that the letter or e-mail is not intended to form a contract and that NSS will not be bound by any terms unless and until incorporated within a formal award or document entered into by NSS which satisfies Section 3 of the Requirements of Writing (Scotland) Act 1995.

9.06 NHS Scotland Health Board Capital Expenditure Procurements

Where Equipping Projects are performed by NSS, either by direct engagement or under a Service Level Agreement (SLA) with Health Boards and under their own SFIs, with Purchasing Approvals on spend by the Health Board Project Teams under their Capital Expenditure Budget for the Project and with our Procurement Team operating as a proxy Health Board procurement team, the following approval levels will apply.

•   less than £100,000, approval is required from the relevant procurement Category Manager

•   more than £100,000 but less than £500,000, approval is required from the Head of Strategic Sourcing

•   more than £500,000, approval is required from the Director of National Procurement

The above approval levels only apply to contracts where purchase orders are raised by Health Boards and there is no NSS financial commitment.

9.07 Advertising of contracts

In accordance with the Procurement Reform Act (Scotland) 2014, any contract between £50,000 and threshold values set out in SPPN 08/2019 over its lifetime is considered a regulated contract. Guidance in tendering these contracts must be in accordance with the Procurement Reform Act (Scotland) 2014, any contract between £50,000 and threshold value over its lifetime is considered a regulated contract. Guidance in tendering these contracts must be sought from NSS Procurement.

9.08 Signing of contracts

The official signing of any contract or framework agreement that requires Board approval (as per sections 9.02 and 9.04 above) will be sealed with the Common Seal of the Common Services Agency.

The Director of Finance, Corporate Governance and Legal Services must ensure the segregation of duties between negotiating and the signing of contracts. Contracts entered into by NSS for services for NSS or provided on behalf of NHSScotland must be approved by the Director of Finance, Corporate Governance and Legal Services or the Chief Executive.

9.09 Record of contracts

To effect compliance with the Procurement Reform (Scotland) Act 2014, NSS utilises the Public Contracts Scotland (PCS) web portal contract register functionality to maintain a public register of all contracts in excess of £50,000 in value. The Director of Finance, Corporate Governance and Legal Services will receive a copy of the register on an annual basis.

9.10 Variations to contracts

All agreements with suppliers/contractors to vary contracts for supplies/works of a revenue or capital nature must be in-line with procurement regulations and will require approval should additional expenditure meet thresholds detailed in line with Section 9.

Claims from suppliers/contractors which are not clearly within the terms of the contract concerned will be referred to the Procurement Department, who will inform Chief Executive and/or Director of Finance, Corporate Governance and Legal Services, if necessary, before agreement is reached and any payments are made.

Where completion of a contract is delayed the matter will be referred to the Director of Finance, Corporate Governance and Legal Services for further action.

With regard to contracts for works (capital expenditure), the contract will specify the circumstances that will occur before a variation is appropriate. The officer authorised to supervise and control the work must ensure these conditions are observed before authorising any contract variation.

9.11 Interim and final payments

Officers authorised by Directors to supervise and control work under contracts (including both revenue and capital contracts) will certify payments to suppliers/contractors and approve through the PECOs order system as work is completed.

9.12 Communications

All contracts (other than for a simple purchase permitted within the Scheme of Delegation and excluding Service Agreements for national specialist healthcare and screening services), leases, tenancy agreements and other commitments which may result in a liability

must be notified to the Director of Finance, Corporate Governance and Legal Services in advance of any commitment being made.

9.13 Contract and Supplier Management

Each Directorate is responsible for ensuring that key contracts and suppliers are managed effectively to ensure agreements meet performance requirements and provide value for money.

Key suppliers should be identified and managed on a quarterly basis utilising the segmentation tool and balanced scorecard within the Scottish Government Procurement Journey (see link - Planning and Governance | Procurement Journey)

Each Directorate will be required to provide an annual report to the Finance Performance and Procurement Committee on supplier management activity.

Section 10: Tenders, Quotations and Contracting Requirements for Research

10.01 Introduction

This section defines the arrangements for tendering or receipt of quotations and contracting requirements specifically for purchasing research services.

Research and development services, being a Specific Situation of the Public Contracts (Scotland) Regulations 2015, are generally considered an exclusion from the public procurement regulations.

However:
a) if the benefits of the research accrue exclusively to NSS for use in the conduct of NSS' own affairs; **and**
b) NSS wholly fund the research from its own budget,
then the public procurement regulations do apply and section 9 of these SFIs applies rather than this section 10.

If only one or less of the above conditions apply then the research is considered an exclusion to the public procurement regulations as the research is not considered a commercial contract and the arrangements, as set out below, apply.

The Director is responsible for ensuring that all research contracts comply with current legislation and the Standing Financial Instructions (SFIs), as appropriate.

10.02. Thresholds for Purchasing of Research Services

The thresholds for the purchasing all research services are as follows: -

Thresholds	Purchasing Process
Contract value < £10,000	By value for money. Where possible, through receipt of three competitive quotations from reputable providers. (In the absence of such quotes, the purchaser must be prepared to justify the rationale for not seeking three quotations to the Director of Finance, Corporate Governance and Legal Services (if asked to do so).
Contract value > £10,000 and < £50,000	By invitation – seeking three quotations from reputable providers without having to advertise the research contract.
Contract value £50,000 or more over its lifetime (4 years maximum)	By advertisement – advertising the contract on the NSS site. This can be an open or restricted invitation to tender.

The other purchasing process that exists for research services:

- A non-competitive direct award process, used in exceptional circumstances, where three competitive written quotations or tenders cannot be provided. Notable reasons for awarding a research contract directly to a single, identified external research provider are extreme urgency or intellectual property rights.

In order to ensure that value for money is achieved a sufficient number of suitably qualified providers with adequate capacity to undertake the research services are identified.

The estimated value of the contract must include all possible options under the contract. For example, if the contract allows NSS to aggregate requirements, purchase additional supplies or services or extend the contract period beyond its original duration, the financial implications of these must be included in the estimate of the potential contract value even if the likelihood of taking up these options is small. This will assist in ensuring the appropriate purchasing process is chosen.

No tender may be invited for research services unless the estimated expenditure is included in the Directorate's Budget or has been previously approved by the Director of Finance,

Corporate Governance and Legal Services. Estimated expenditure must be approved prior to the purchasing process commencing.

10.03 Research contract award approval

Prior to award on behalf of NSS of any contract, where the **total amount** (or amount relating to the variation if shorter) which NSS is committing to pay is:

- less than £50,000, three quotes are required, and approval is required from Director.

- £50,000 to £100,000, research contract is advertised, and approval is required from the Director.

- more than £100,000 but less than £500,000 approval is required as above and the Director of Finance, Corporate Governance and Legal Services.

- more than £500,000 approval is required from the Director of Finance, Corporate Governance and Legal Services and then from the Chief Executive.

- more than £1 million are reported to NSS Board through the Finance, Procurement and Performance Committee, following approval from the Chief Executive as above.

10.04 Advertising and notification of research contracts

In accordance with the Public Contracts (Scotland) Regulations 2015, research contracts, if they meet the criteria in section 10.01 above are considered excluded contracts. Research contracts above £50,000 over its lifetime are advertised on the NSS site.

All research tenders, above £50,000, are appraised against the Scottish Procurement Document (SPD). This ensures all mandatory & discretionary exclusion criteria are appropriately assessed for each bidder. Where existing Framework Agreements are to be used, the procedures set out in that Agreement must be followed.

A research contract with an estimated expenditure of more than £1 million (in total) will be notified to the Finance, Procurement and Performance Committee, via the Director of Finance, Corporate Governance and Legal Services at the contract advertisement stage.

10.05 Research contract agreement signature

The official signing of any contract or framework agreement must follow the financial thresholds and associated personnel set out in section 9 above.

Except where otherwise agreed all contract agreements will be in writing and subject to the Law in Scotland.

10.06 Record of research contracts

The Directorate must maintain a research contract register for all commissioned research contracts. The Director of Finance, Corporate Governance and Legal Services shall receive a copy of the research contracts register as requested.

10.07 Interim and final payments

Officers authorised by Directors to supervise and control work under contracts (including both revenue and capital contracts) will certify payments to suppliers/contractors and approve through the PECOs order system as work is completed.

10.08 Research contract variations

Where research contract variations including extensions require additional expenditure, approval for the variation must be sought before agreement is made with the external research provider. For contract variations where the original contract was routed through the Research Office, the Research Office must be notified in the first instance. Approval shall be in line with the financial thresholds and associated personnel set out in section 9 above.

Contract variation agreement signature shall be line with section 9 above.

Wherever practicable, approval for contract variations including extensions should be sought on a timely basis so that should approval not be granted there is sufficient time to run a purchasing process as appropriate.

Claims from external research providers which are not clearly within the terms of the contract concerned will be referred to the Head of NSS Procurement, if necessary, before agreement is reached and any payments are made. Where completion of a contract is delayed the matter will be referred to the Director of Finance, Corporate Governance and Legal Services for further action.

10.09 Research collaboration agreements

Where research collaboration agreements require expenditure (including staff time) by NSS, approval for the collaboration must be sought before agreement is made with the other collaborators.

Collaboration agreement signature shall be line with section 3 above.

10.10 Communications

All research contracts which may result in a liability must be notified to the Director of Finance, Corporate Governance and Legal Services in advance of any commitment being made.

Section 11: Appointment of advisers and non-permanent staff

11.01   Introduction

These Standing Financial Instructions define the procedures to be followed in the selection and appointment of Advisers and staff not on open-ended contracts and should be read in conjunction with Sections 8 and 9.

Provider	Process
Legal Advisers	CLO must act as appointed legal advisers on all legal matters unless approval has been granted by Chief Executive
Management Consultants/ Contractors (individuals and companies)	The authority limits in section 9 also apply. See sections 11.02 to 11.08 below
Agency staff	In line with all establishment posts, agency and contractor staff will be recorded on the relevant NSS Business Systems to ensure compliance with the National Directory and NHS Mail access for all members of staff and to allow for effective monitoring of all staff across NSS. Agency staff must be appointed in line with the NSS Agency Workers Process including a requirement to utilise any national procurement framework or contract in place for such staff within NHSS. Completion of an online "check of employment status for tax" must also be carried out prior to the start of any engagement. The authority limits in section 9 also apply The requirements of section 7.02 in respect of the restrictions on the use of agency staff should be clearly noted.
Secondees	Before appointing any Secondees to work in NSS, the relevant Director must be consulted and their approval to proceed should be given prior to proceeding with any appointment

Temporary/Fixed Term Employees	Normal HR recruitment

11.02   Definition

Contractors are used by NSS -

    a) to provide specific expertise which may not be readily available within NSS.
    b) to perform a task within a defined time span; or
    c) to provide an outside objective view on a particular matter.

11.03   Specification of need

In considering the need for Management Consultants/Contractors it is essential that the following processes are adhered to: -

    1) <u>Define assignment to be undertaken</u>: The nature of the task requires to be identified and a specification with the timescale prepared. This will enable the quantity and quality of professional skill required to be assessed.

    2) <u>Consider alternative means of undertaking assignment</u>: Having prepared the specification it should be possible to consider whether the Directorate's own staff can undertake the assignment, within normal working hours, in overtime hours or on a secondment basis. If this is not possible the option of involving other Directorate's staff on a secondment or chargeable basis should be explored <u>before</u> any consideration of an outside source is made. Should outside support be necessary the suitability of temporary staff should be considered before finally deciding to progress to the process leading to the appointment of Management Consultants/Contractors.

    3) <u>Define the basis of the consultancy</u>: It is necessary to decide the appropriate method of appointment, for example if the end date of the assignment and timescale can be clearly identified a block fee would be appropriate. However, it is recognised that it is not always possible to do this and in such circumstances a day rate basis would be appropriate.

11.04   Procedures for appointment

The applicable procurement procedures and limits set out in sections 8, 9 and 10 must always be followed.

11.05   Appointment considerations for the Director

•   For each appointment an online assessment through HMRC must be completed to determine the employment status for tax purposes for the engagement.

- Contract of employment and fee must be aligned to an established job description, any departure from this must be approved by the Director of HR and workforce Development and the Director of Finance, Corporate Governance and Legal Services.

- Appropriate consideration is given to the particular experience and reputation of the individual(s)/organisation.

- The individual(s)/organisation is competent to undertake the assignment and retain documentary evidence of their consideration.

- Professional competence is vetted, and evidence retained.

- Where the appointment is made due to lack of specific expertise being available within NSS, arrangements should be made wherever practical for knowledge or skills transfer into NSS to occur. The anticipated knowledge or skills transfer should be documented and tracked thereafter.

- Conducting a review of the effectiveness and value for money of the assignment prior to the departure of, or as soon as practicably possible thereafter, the appointed Management Consultant/Contractor. Internal Audit, or any other body as may be required, should record the details of such review for the purposes of any subsequent independent scrutiny for ensuring that the work undertaken in the assignment has been carried out satisfactorily, will certify invoices for work done and will ensure that the fee charged is correct.

- Throughout the whole procurement process of developing need, specification, tendering, appointment and payment, the officers involved in the exercise are responsible for ensuring that best value for money is obtained.

11.06   Tendering Arrangements

In all circumstances, the arrangements for tendering set out in Section 9 will be followed.

11.07   Functional continuity

Where for whatever reason it is decided to extend the appointment of a Management Consultant/Contractor, and this will increase the value of the initial or current assignment sufficient to move it into a higher value band (see Section 9) the materiality of any such extension should be measured and appropriate legal advice sought from CLO prior to the approval of the Chief Executive and/or the Director of Finance, Corporate Governance and Legal Services. The approval of the Chief Executive and/or the Director of Finance, Corporate Governance and Legal Services must be obtained before proceeding to extend the appointment.

CLO advice should be sought and the Chief Executive's and/or the Director of Finance, Corporate Governance and Legal Services' approval must be obtained in all cases where the value or timescale of the extension cannot be estimated.

11.08   Audit and Risk Committee Reporting Requirements

NSS's Audit and Risk Committee can, at any time, call for the justification of expenditure on Management Consultants.

The Director of Finance, Corporate Governance and Legal Services will present, on an annual basis, a report to the Audit and Risk Committee detailing the nature of and expenditure incurred by each Directorate on the employment of Management Consultants in the preceding year.

Section 12: Income Generation and Intellectual Property

12.01   Introduction

This Standing Financial Instruction applies to all income generation (excluding SGHSC allocations) entered into by NSS, whether or not contractually binding, for the supply of goods and/or services by it to another party and for which money will be receivable by NSS. It applies to "contracts" with NHSScotland bodies, other public sector bodies and to all arrangements with private sector bodies.

Contracts with SGHSC are not subject to this section of the Standing Financial Instructions.

12.02   Authority Levels

Directorate's may enter into income generating activities with outside parties on their own authority provided that:

1) the limits set out in Appendix III are adhered to.

2) NSS's standard terms and conditions of business/service level agreement apply.

3) if denominated in a foreign currency, approval has been obtained from Director of Finance, Corporate Governance and Legal Services as described below; and

4) section 12.06 on legal entity participation or investment is not relevant.

<u>Any income agreement which does not meet all of the criteria above requires prior approval by the Director of Finance, Corporate Governance and Legal Services and/or Chief Executive.</u>

Income agreements are frequently negotiated over a period of time which may be prolonged and often require to be ratified as soon as terms and conditions are agreed in order to avoid financial loss through further delay. Where authority from a higher level is required, officers should plan for and provide prior warning to all officers whose authority may be required.

12.03   Determination of charges

Each Director will review on at least an annual basis the charges for services provided by the Directorate. Unless such charges are fixed externally or are governed by specific SGHSC regulations and/or legislation, the Directorate income strategy, including charging principles and proposals for the revision of charges, will be submitted to the Chief Executive and Director of Finance, Corporate Governance and Legal Services for consideration and approval in advance of such revised charges being published. This will be formally approved as part of the annual business planning process.

In setting the level of fees and charges, Directors should ensure the full recovery of all costs including capital costs represented by capital charges. For recurring income streams there should be a yearly review as part of the budget process to ensure that full recovery of costs is being achieved.

Where day rates form the basis of any fees and charges the approved NSS day rates should be used. Any variation from the approved day rates must be agreed with the Director of Finance, Corporate Governance and Legal Services.

Planned cross subsidisation is not permitted and marginal costing may only be used when unplanned spare capacity arises during the year.

Charges to the private sector may be set at any level that the market will bear, provided the price covers all direct and indirect costs.

In order to preserve the real value of income, increases recommended should have regard to at least the current rate of inflation.

12.04   Foreign Currency

Business should normally be conducted in sterling. Any Sales which are to be denominated wholly or in part in a foreign currency must be pre-notified to the Director of Finance, Corporate Governance and Legal Services at the earliest opportunity.

Foreign currency transactions will normally only be acceptable in "hard" currencies such as US dollars, the Euro or Swiss Francs. Other major world currencies will be acceptable where business is conducted with the appropriate country.

Foreign currency transactions in excess of £2million require to receive advance authorisation through the Government Banking Service. Such transactions will be referred to the Director of

Finance, Corporate Governance and Legal Services for arrangement. Government accounting regulations require NSS to minimise the cost of its overseas (banking) transactions while protecting public funds against loss and uncertainty due to foreign exchange movements. NSS will therefore take steps to minimise its exposure to foreign exchange risks, for example by entering into forward exchange contracts, but must not speculate on foreign exchange movements.

12.05 Third party contracts and agreements

Under certain circumstances NSS may enter into non-financial contracts and agreements with third parties. All such agreements should be approved by the relevant Director. The Director should ensure that an appropriate approval process is followed prior to "sign off" in line with Scottish National Blood Transfusion Service Business Development Execution of Agreement Checklist.

12.06 Intellectual Property and Other Guidance

Directorate's must comply with MEL(2000)13: "Fund Raising, Income Generation and sponsorship within the NHSiS".

The registration, other forms of protection, management and exploitation of Intellectual Property Rights (e.g. a brand, patent, domain name, etc.) is subject to compliance with current NSS Intellectual Property Policy and Scheme of Delegation.

Consideration should be given to using the services of Scottish National Blood Transfusion Service's Business Development Department which has particular expertise and experience in providing services necessary for the identification, protection and exploitation of IP as this is a frequent occurrence within Scottish National Blood Transfusion Service R&D programmes and third-party collaborations. Any such requests should be made via the office of the Director, Scottish National Blood Transfusion Service. An annual report on all relevant IP activity facilitated by Scottish National Blood Transfusion Service Business Development Department will be provided to the NSS Board/ Chief Executive via the NSS Clinical Governance Committee.

NSS participation or investment in any legal entity (e.g. joint venture) is subject to prevailing legislation and SGHSC guidance and is subject to approval by the Minister. Before proceeding, legal and procedural advice is required, and any activity in this area must be advised to and approved by the Director of Finance, Corporate Governance and Legal Services.

12.07 Notification of income to the Director of Finance, Corporate Governance and Legal Services

All accounts for income due to NSS will be raised under arrangements approved by the Director of Finance, Corporate Governance and Legal Services.

The Director is responsible for the new projects, programmes or services for NSS or delivered by NSS on behalf of NHSScotland. All new income streams from health boards or third parties must be entered through the Business Case process in the ServiceNow Demand portal for approval by the appropriate authority.

12.08 Recovery of outstanding debt

The Director of Finance, Corporate Governance and Legal Services will ensure that appropriate systems are maintained for the recovery of outstanding debts in line with the Debt Management Policy.

The Director of Finance, Corporate Governance and Legal Services is responsible for the recovery of outstanding debts and will ensure agreed credit control procedures are exercised to minimise any loss to NSS.

Outstanding debts that are not recoverable and are to be written off will be dealt with in accordance with the approved procedures for losses (see Section 18 below).

Section 13: Capital Investment, Private Financing, Fixed Asset Registers

13.01 Capital Investment

The Director of Finance, Corporate Governance and Legal Services will ensure that:

a) there is an adequate appraisal and approval process in place for determining capital expenditure priorities and the effect of each proposal upon business plans.

b) adequate arrangements are in place for the effective management of all stages of capital schemes and for ensuring that schemes are delivered on time and to cost.

c) capital investment is not undertaken without confirmation of the availability of resources to finance all revenue consequences, including capital charges; and

d) All capital programme requests are agreed and prioritised by the Property and Asset Management Board.

e) For all capital expenditure a proposal should be produced in line with the NSS Business Case Process.

The Director is responsible for securing capital funds for new projects, programmes or services for NSS or delivered by NSS on behalf of NHSScotland. New projects must be requested through the Business Case process in the ServiceNow Demand portal. Funding will be approved and prioritised on an annual basis through the Resource Allocation Meetings, and any new requirements in year will be approved by the EMT at the monthly meeting. This will ensure the Board have full visibility of all funds they are accountable for.

The Director of Finance, Corporate Governance and Legal Services will issue procedures for the regular reporting of expenditure and commitment against authorised expenditure.

The Chief Executive, Director of Finance, Corporate Governance and Legal Services or the Board, as appropriate, must approve capital expenditure not covered by an approved budget in advance. Further details are contained at Appendix I.

The approval of a capital programme will not, of itself, constitute approval for expenditure on any scheme. The Director of Finance, Corporate Governance and Legal Services will issue to the manager responsible for any scheme:

a) specific authority to commit expenditure.

b) authority to proceed to tender; and

c) approval to accept a successful tender.

The Director of Finance, Corporate Governance and Legal Services will ensure procedures governing the financial management, including variations to contract, of capital investment projects and valuation for accounting purposes are issued. These procedures will fully take into account the delegated limits for capital schemes included in guidance from SGHSC.

13.02   Asset Registers

Director of Finance, Corporate Governance and Legal Services is responsible for the maintenance of registers of assets, including the form of any register and the method of updating, and arranging for a physical check of assets against the asset register to be conducted at least once a year.

The minimum data set to be held within these registers will be as specified in the Scottish Capital Accounting Manual as issued by SGHSC.

Additions to the fixed asset register must be clearly identified to an appropriate budget holder and be validated by reference to:

a) Properly authorised and approved agreements, architect's certificates, supplier's invoices and other documentary evidence in respect of purchases from third parties.

b) Stores, requisitions and wages records for own materials and labour including appropriate overheads; and

c) Lease agreements in respect of assets held under a finance lease and capitalised.

Where capital assets are sold, scrapped, lost or otherwise disposed of, their value must be removed from the accounting records and each disposal must be validated by reference to authorisation documents and invoices (where appropriate).

The Director of Finance, Corporate Governance and Legal Services will approve procedures for reconciling balances on fixed assets accounts in ledgers against balances on fixed asset registers.

The value of each asset will be indexed to current values in accordance with methods specified in the Scottish Capital Accounting Manual issued by SGHSC.

The value of each asset will be depreciated using methods and rates as specified in the Scottish Capital Accounting Manual issued by SGHSC.

The Director of Finance, Corporate Governance and Legal Services will ensure that capital charges are calculated and accounted for as specified in the Scottish Capital Accounting Manual issued by SGHSC.

A small equipment registers as specified by the Director of Finance, Corporate Governance and Legal Services will be maintained within NSS. This register will incorporate high value and portable items of equipment, e.g. IT equipment, that do not fall within the scope of Capital Expenditure. The register will be in a format approved by the Director of Finance, Corporate Governance and Legal Services and a full count of identified items will occur at a time period specified by the Director of Finance, Corporate Governance and Legal Services. Any discrepancies will be noted in writing to the Director of Finance, Corporate Governance and Legal Services who will investigate as appropriate.

13.03   Security of assets

The overall control of fixed assets is the responsibility of the Chief Executive.

The Director of Finance, Corporate Governance and Legal Services must approve asset control procedures (including fixed assets and donated assets). This procedure will make provision for:

   a) Recording managerial responsibility for each asset.
   b) Identification of additions and disposals.
   c) Identification of all repairs and maintenance expenses.
   d) Physical security of assets.
   e) Periodic verification of the existence of condition of, and title to, assets recorded.
   f)   Identification and reporting of all costs associated with the retention of an asset.

All discrepancies revealed by verification of physical assets to fixed asset register will be notified to the Director of Finance, Corporate Governance and Legal Services.

Whilst each employee and officer have a responsibility for the security of the property of NSS, it is the responsibility of the Board and Executive Management Team members and senior employees in all disciplines to apply such appropriate routine security practices in relation to NSS property as may be determined by the Board. Any breach of agreed security practices must be reported in accordance with instructions.

Any damage to NSS's premises, vehicles and equipment, or any loss of equipment, stores or supplies must be reported by Board and Executive Management Team members and employees in accordance with the procedure for reporting losses. (See Section 18)

Where practical, assets will be marked as NSS property.

Upon the closure of premises or transfer of functions a physical check of all items will be conducted. All items held will be detailed on a list certified by the responsible officer, together with their disposition.

Section 14: Banking arrangements

14.01   General

The Director of Finance, Corporate Governance and Legal Services is responsible for the management of NSS's banking arrangements and for advising NSS on the provision of banking services and operation of accounts.

NSS will operate the bank accounts in accordance with all relevant guidance issued by SGHSC.

The Government Banking Service (GBS) will hold NSS's main bank account. Where necessary, subsidiary bank accounts will be held with a commercial bank. All such bank accounts should be authorised by the Director of Finance, Corporate Governance and Legal Services.

14.02   Banking Procedures

The Director of Finance, Corporate Governance and Legal Services must agree in writing with NSS's bankers the conditions under which each account will be operated.

The Director of Finance, Corporate Governance and Legal Services will ensure that detailed instructions on the operation of bank and GBS accounts are prepared which must include:

a) the conditions under which each bank account is to be operated.

b) those authorised to sign cheques or other orders drawn on NSS's accounts; and

c) the arrangements to be made for payments that may be required in other currency denominations.

14.03   Bank balances

All NSS accounts must be kept in positive balance. Any instance of an account being overdrawn, no matter how temporary, should be reported to the Audit and Risk Committee.

14.04   Provision of Imprests

The Director may request the Director of Finance, Corporate Governance and Legal Services to provide imprest accounts for the purposes of defraying minor expenses. The request will be in the form of a statement of case and will be by exception where existing processes cannot meet the requirement.

All imprest accounts will be reviewed annually for appropriateness.

14.05   Corporate Purchasing Cards

The Director may request the Director of Finance, Corporate Governance and Legal Services to provide the use of a corporate purchase card for the purposes of procuring goods and services, where only card payment method is available the request will be in the form of a statement of case and will be by exception where existing processes cannot meet the requirement.

It is the responsibility of the Director to nominate a card holder or card user for their own area.

All corporate purchase card transactions will be reviewed annually for appropriateness by the Associate Director of Finance with the Director.

Daily and single transaction limits will be set by the Director of Finance, Corporate Governance and Legal Services based on the expected use of the card. Increases to those limits must be submitted by the card holder and approved by the Director of Finance, Corporate Governance and Legal Services.

14.06   Treatment of receipts

The Director of Finance, Corporate Governance and Legal Services is responsible for ensuring appropriate arrangements are in place for approving the form of all agreement forms, or other means of officially acknowledging or recording monies received or receivable.

All electronic receipts received on behalf of NSS will be recorded and deposited in accordance with the arrangements authorised by the Director of Finance, Corporate Governance and Legal Services. No deduction may be made from such money to meet expenditure of any kind.

Section 15: Stocks and Stores

15.01   Introduction

Stocks and stores are those goods normally utilised in day-to-day activity but which at any point in time have not yet been consumed (excluding capital assets).

15.02   Custody of stocks

The management, control and safe custody of stocks will be the responsibility of Directors who may delegate responsibility for specific items to appropriate managers.

The Directors will institute a system, approved by the Director of Finance, Corporate Governance and Legal Services, for the management, control and safety of stocks. Any stock loss should be considered for further investigation under Section 4 and any subsequent write off be dealt with in accordance with Section 18.

15.03   Stores records

The Director of Finance, Corporate Governance and Legal Services will specify the form of stores records to be utilised, in conjunction with the control systems in place.

15.04   Movement of stocks

The Director of Finance, Corporate Governance and Legal Services will ensure appropriate arrangements are in place to control the receipt and issue of stocks designed to safeguard the assets of NSS.

15.05   Valuation of stock

Stock will be valued in line with agreed accounting practice. The use of average purchase price is deemed to represent cost where appropriate. Cost includes an appropriate allocation of overheads. Work in Progress will be valued at the cost of direct materials plus other conversion costs.

15.06   Slow moving and / or obsolete stock

Directors will institute a system, approved by the Director of Finance, Corporate Governance and Legal Services, for the identification of slow moving and obsolete stock and for the condemnation, disposal and replacement of all unserviceable items.

Those stocks that have deteriorated or are no longer suitable for their intended purposes or usable for any other reason or may become obsolete or deteriorate before all of the stocks can be used, will be written down to their net realisable value. Where this is considered necessary, a report giving full reasons for the write down will be sent to the Director of Finance, Corporate Governance and Legal Services in such a form to enable a report to be prepared for the Chief Executive and the Board of the National Services Scotland. Details of all write downs will be included in the Annual Accounts of NSS and reported in accordance with the losses procedures (see Section 18 and Appendix II).

Any stocks disposed of must be recorded and advised to the Director of Finance, Corporate Governance and Legal Services for inclusion in such a form to enable a report to be prepared for the Chief Executive and the Board. The report will include details of the method of disposal employed, and the costs and/or income accruing.

15.07   Stock levels

Directors will ensure that excess stocks are not held unnecessarily in any part of the supply chain.

Optimum levels of stock must be established by Directors and subjected to continuous monitoring and review as part of the management process.

Unless operational circumstances dictate otherwise, suppliers should be encouraged to hold goods until they are required by direct delivery.

15.08   Stock taking

In order to monitor the effectiveness of measures taken to control stock, a regular programme of stock taking must be established. All stocks will be counted and recorded at least once during each financial year. Unless a programme for 'perpetual inventory' exists, all stocks will also be counted, valued and reported as at 31 March each year.

15.09   Stock certificates

At each year-end it will be the Directors responsibility to supply the Director of Finance, Corporate Governance and Legal Services with a certificate for each store that details the value of stock held. The Director of Finance, Corporate Governance and Legal Services will agree the precise format of this certificate.

15.10   Stocks held on behalf of SGHSC

NSS holds and manages a significant value of Scottish Government controlled stock including covid anti-viral, emergency planning and flu vaccination stock. The management of

this stock is performed by NSS as governed by the service level agreement dated 1 September 2015 between NSS and SGHSC. Regular reporting on this stock is provided by NSS to SGHSC in line with the requirements as noted in the service level agreement mentioned.

15.11   Delegation of authority

The Scottish Government Health Resilience Unit (SGHRU) team have delegated authority to purchase replenishment stock and issue stock from their Pandemic Stock to National Procurement for the following sectors:

- Healthcare Sector
- Acute Hospital Sector
- Independent Sector GP
- Scottish Ambulance Service
- Social Care Sector

15.12   Reporting

The Director for National Procurement will maintain an accurate and up-to-date record of stock balances, issues and replenishment order status. Weekly status reports and areas of risk will be provided and flagged.

15.13   Escalation

In the event there is a dispute over the management of the stock this will be initially resolved at an operational level and if required escalated to the Director of National Procurement and the lead manager of the SGHRU.

Section 16: Annual Report and Accounts

16.01   Introduction

The statutory Annual Report and Accounts will be completed each year for submission to the Board, prior to onward submission to SGHSC. These will be prepared in accordance with the provisions of the National Health Service (Scotland) Act 1978 and other related regulations in force.

16.02   Basis for preparation

The Annual Report and Accounts will comply with:

- International Financial reporting standards, as applied to the NHS.

- The accounting and disclosure requirements of the Companies Acts.

- The requirements of the Annual Accounts Manual issued by SGHSC.

The Annual Report and Accounts shall give a true and fair view of the income and expenditure, total recognised gains and losses, balance sheet and the cash flow statement.

16.03   Chief Executive Responsibilities

Preparation of the Governance Statement, which he or she shall seek appropriate assurances from the Directors and that of the Head of Internal Audit, with regard to the adequacy and effectiveness of internal control throughout the organisation.

16.04   Director of Finance, Corporate Governance and Legal Services Responsibilities

- Will ensure the maintenance of such detailed financial records as are required under relevant statute and regulations that will form the basis for the preparation of the Annual Accounts of NSS. (see also Section 17 – Information Governance).

- Issue an Annual Report and Accounts completion timetable to Directorate's and Financial Services detailing requirements and associated responsibilities for the provision of information in support of the Annual Accounts process.

- Agree with the External Auditors the timetable for production, audit and approval by the Board of the Annual Report and Accounts by for the Auditor General for Scotland and SGHSC.

16.05   Approval of Annual Report and Accounts

The Annual Report and Accounts will be reviewed by the Audit and Risk Committee, which has responsibility of recommending approval of the Accounts by the Board.

Following the formal approval by the Board, NSS will submit to SGHSC the approved Annual Report and Accounts and such reports prepared in accordance with the requirements of SGHSC and any relevant guidance contained in the Annual Accounts Manual issued by SGHSC.

Section 17: Information Governance

17.01   Financial Information Systems

The Director of Finance, Corporate Governance and Legal Services, who is responsible for the accuracy and security of the financial data of NSS, will:

a) devise and implement any necessary procedures to ensure adequate protection of NSS's financial data, and related computer hardware and software, for which s/he is responsible from accidental or intentional disclosure to unauthorised persons, deletion or modification, theft or damage, having due regard for Data Protection principles.

b) ensure that adequate controls exist over financial data access, entry, processing, storage, transmission, deletion, disposal and output to ensure security, privacy, accuracy, completeness, and timeliness of the data, as well as the efficient and effective operation of the system.

c) ensure that adequate controls exist such that the computer operation used in relation to financial procedures is separated from development, maintenance and amendment.

d) ensure that a secure, adequate, management (audit) trail exists through the computerised system used in relation to financial procedures and that such computer audit reviews as s/he may consider necessary are being carried out. All audit data will be held securely and only accessed by those authorised to access it in line with their business duties.

e) all policies and procedures will be in line with NSS corporate information governance related policies, procedures and guidelines.

The Director of Finance, Corporate Governance and Legal Services will satisfy them self that new financial systems and amendments to current financial systems are developed in a controlled manner and thoroughly tested prior to implementation. Development, test and live

financial systems shall be appropriately segregated to reduce the risk of unauthorised access to and corruption of live data. Where this is undertaken by another organisation, assurances of adequacy must be obtained from them prior to implementation. Any new financial systems or amendments to existing financial systems must be implemented in line with NHS Scotland Information Security Policy and Standards including HDL (2006) 41 and DL(0215)17. Where the new system or amendment involves the processing of personal data then the development will follow appropriate assessment of any data protection risks.

In the case of all computer systems which are to be utilised by the majority of the Directorate's, the Director of DaS will be responsible for maintaining:

a) details of the outline design of the system.
b) in the case of packages acquired either from a commercial organisation, from the NHS Scotland, or from another public sector organisation, the operational requirement.

The Director of Finance, Corporate Governance and Legal Services will ensure that contracts for computer services for financial applications with another health organisation or any other agency will clearly define the responsibility of all parties for the security, data protection, privacy, accuracy, completeness, and timeliness of data during processing, transmission and storage. The contract should also ensure rights of access for audit purposes and that all applications and/or systems are purchased, developed, implemented, operated and decommissioned in line with the NHS Scotland Information Policy and Standards. Where the contract includes the processing of personal information it will be set in compliance with Data Protection principles and NHS CEL 25 (2011).

Where another health organisation or any other agency provides a computer service for financial applications, the Director of Finance, Corporate Governance and Legal Services will periodically seek assurances that adequate controls are in operation, and they conform to the NHS Scotland Information Security Policy and Standards. If this other organisation is processing personal data as part of the financial application, the assurances sought should, as a minimum, include those set out in NHS CEL 25 (2011).

Where computer systems have an impact on corporate financial systems the Director of Finance, Corporate Governance and Legal Services will satisfy them self that:

a) systems acquisition, development and maintenance are in line with corporate policies such as NHS Scotland Information Security Policy and Standards.

b) data produced for use with financial systems is secure, adequate, accurate, complete and timely, and that a management (audit) trail exists.

c) staff authorised by/on behalf of the Director of Finance, Corporate Governance and Legal Services staff have authorised appropriate access to such data in line with their job duties; and

d) such computer audit reviews as are considered necessary are being carried out.

17.02 Data Protection Act

NSS must comply with provisions and principles of data protection law, including, but not restricted to, the EU General Data Protection Regulation, the Data Protection Act 1998 and the Data Protection Act 2018 including any amendments, subsequent orders under the said Acts or revisions thereto.

NSS's nominated Data Protection Officer is responsible in overall terms for promoting and advising on compliance with the Acts. All staff members must act in compliance with the Acts by observing the NSS Data Protection Policy and approved Information Governance policy and guidelines.

17.03 Freedom of Information

The NSS Freedom of Information, EIR & ROPSI Policy provides a framework for ensuring that NSS complies with the relevant legislation in respect of Freedom of information requests.

Further information is available on the Freedom of Information page of geNSS at geNSS (scot.nhs.uk)

The three relevant pieces of legislation are:

- Freedom of Information (Scotland) Act 2002 (referred to in this Policy as "FOISA")
- Environmental Information (Scotland) Regulations 2004 ("EIRs")
- The Re-Use of Public Sector Information Regulations 2015 ("ROPSI")

Any member of staff may receive a Freedom of Information or Environmental Information Regulation request, either via email, hand-written letter or verbally. On receipt of the request this should be sent to the Corporate FOI team via email to nss.foi@nhs.scot.

17.04 Management, Retention and Disposal of Administrative Records

NSS must comply with the Public Records (Scotland) Act 2011 and the records management guidance set out in the Records Management Health and Social Care Code of Practice (Scotland) 2020. This code of practice provides guidance on the retention and disposal of administrative records.

NSS specific policies in relation to the above are available on geNSS.

Section 18: Losses and Special Payments

18.01   General

SGHSC has delegated authority to NSS to write-off losses and make special payments up to certain limits. Details are given in Appendix II. For payments to be made above the levels specified SGHSC prior approval must be obtained.

The Board in turn will delegate its responsibility to the Chief Executive and Director of Finance, Corporate Governance and Legal Services to approve write-off and authorise special payments.

On a regular basis and at least annually, the Director of Finance, Corporate Governance and Legal Services on behalf of the Chief Executive will submit a report to the Audit and Risk Committee detailing all losses written off and special payments made.

The Director of Finance, Corporate Governance and Legal Services is responsible for ensuring the maintenance of a Losses and Special Payments Register for recording: -

- the circumstances
- the amount / value involved
- the action taken
- the date of write-off authority

This Register will form the basis of NSS's Annual Scottish Financial Return (SFR 18) which is included in NSS's Annual Accounts.

The Chief Executive may delegate to nominated officers, authority to make ex-gratia payments below approved thresholds in line with procedures pertaining to such payments, e.g. compensation payments. All such payments must be notified to the Director of Finance, Corporate Governance and Legal Services and reported to the Audit and Risk Committee on at least an annual basis and reported in the Annual Accounts in accordance with the approved procedure for losses.

The Director of Finance, Corporate Governance and Legal Services will be authorised to take any necessary steps to safeguard NSS's interests in bankruptcies and company liquidations.

Section 19: Non Public funds donated

18.01   General

Receipts of non public funds such as donations and funds from charitable activities will be donated to the Territorial Health Board which is associated with the geographic source of the funds. Should there be any subjectivity over the geographic source of the funds, then the Director of Finance, Corporate Governance and Legal Services will determine to which Territorial Board the funds should be passed to.

Appendix I

Protocol for the commitment of resources

Level of Authority   **Delegated Limit**

1.1 Capital Expenditure within NSS's Baseline Allocation

(a)   Director of Finance, Corporate Governance and Legal Services   The commitment of funds in respect of projects having a total gross cost of up to £500,000 in value which accord with the agreed Directorate's strategy approved by the Board.

(b)   Chief Executive   The commitment of funds in respect of projects having a total gross cost of up to £1.0million in value which accord with the agreed Directorate's strategy approved by the Board.

(c)   The Board   The commitment of funds in respect of projects having a gross total cost exceeding £1.0million.

These arrangements are also subject to delegated capital limits as specified by SGHSC in the Scottish Capital Investment Manual, where the delegated limit for all capital projects is £1m. For capital projects greater than £1m approval is also required from the Capital Investment Group of SGHSC.

2.1 Revenue Expenditure within NSS's Baseline Allocation

(a)   Director   All expenditure contained in the Annual Financial Plan, including developments and the specified use of non-recurring funds, subject to the executive approval procedures contained in Standing Financial Instructions and in accordance with agreed policies on, for example, recruitment.

(b)   Director of Finance, Corporate Governance and Legal Services   a) The commitment of pre-planned individual developments where funds become available up to £500,000 in value which accord with the agreed

Directorate's Strategy but are not included in the Annual Financial Plan for that year.

b) The utilisation of non-recurring funds not in the Financial Plan or covered by the delegated arrangements detailed above up to a total of £500,000 per development.

(c) Chief Executive

a) The commitment of pre-planned individual developments where funds become available up to £1million in value which accord with the agreed Directorate's Strategy but are not included in the Annual Financial Plan for that year.

b) The utilisation of non-recurring funds not in the Financial Plan or covered by the delegated arrangements detailed above up to a total of £1million per development.

(d) NSS Board

The bringing forward of pre-planned individual Revenue developments over £1million in value and the commitment of non-recurring resources not in the plan in excess of the limits specified above.

2.2 Revenue Expenditure for specific projects funded through separate SGHSC allocation

Project Director

The commitment of funds up to the total gross cost of the agreed revenue budget as specified in the approved Business Case.

2.3 Revenue Expenditure for Services provided by NSS on behalf of other Health Boards

Director

The commitment of funds up to the total gross cost of the revenue budget set in agreement with the relevant Health Boards.

Appendix II

Losses: delegated limits

		Delegated Authority (per case) £
	Theft / Arson / Wilful Damage	
1	Cash	15,000
2	Stores/procurement	30,000
3	Equipment	15,000
4	Contracts	15,000
5	Payroll	15,000
6	Buildings & Fixtures	30,000
7	Other	15,000
	Fraud, Embezzlement & other irregularities (inc. attempted fraud)	
8	Cash	15,000
9	Stores/procurement	30,000
10	Equipment	15,000
11	Contracts	15,000
12	Payroll	15,000
13	Other	15,000
14	**Nugatory & Fruitless Payments**	15,000
15	**Claims Abandoned**	
	(a) Private Accommodation	15,000
	(b) Road Traffic Acts	30,000
	(c) Other	15,000
	Stores Losses	
	Incidents of the Service –	
16	- Fire	30,000
	- Flood	30,000

	- Accident	30,000
17	Deterioration in Store	30,000
18	Stocktaking Discrepancies	30,000
19	Other Causes	30,000

Losses of Furniture & Equipment

And Bedding & Linen in circulation:

20	Incidents of the Service - Fire	15,000
	- Flood	15,000
	- Accident	15,000
21	Disclosed at physical check	15,000
22	Other Causes	15,000

Compensation Payments - legal obligation

23	Clinical	250,000
24	Non-clinical	100,000

Ex-gratia payments:

25	Extra-contractual Payments	15,000
26	Compensation Payments - Ex-gratia - Clinical	250,000
27	Compensation Payments - Ex-gratia - Non-Clinical	100,000
28	Compensation Payments - Ex-gratia - Financial Loss	25,000
29	Other Payments	2,500

Damage to Buildings and Fixtures:

30	Incidents of the Service	
	– Fire	30,000
	- Flood	30,000
	- Accident	30,000

		Delegated Authority (per case) £
	- Other Causes	30,000
31	**Extra-Statutory & Extra-regulatory Payments**	Nil
32	**Gifts in cash or kind**	15,000
33	**Other Losses**	15,000

Appendix III

Sales contracts and income generation

AUTHORITY LIMITS

All income generation requires the prior approval of the Director of Finance, Corporate Governance and Legal Services or Chief Executive if the total lifetime value of a sales contract or Service Level Agreement (SLA) is or could be in excess of the undernoted limits.

Directorate	SG Funding, Income Generated from NHSScotland and Third Parties (£)	Grant Income (£)
Scottish National Blood Transfusion Services	100,000	500,000
Finance, Corporate Governance and Legal Services	100,000	100,000
National Procurement	100,000	500,000
Specialist and Screening Services	100,000	500,000
NHSScotland Assure	100,000	500,000
Primary & Community Care	100,000	500,000
Digital and Security	100,000	100,000
Clinical	100,000	100,000
Human Resources and Workforce Development	100,000	100,000
Strategy, Performance and Service Transformation	100,000	100,000

Third Party contracts, SLAs, new sources of income generation and grant income whose value is or could exceed £1m requires the approval of the Finance, Procurement and Performance Committee prior to entering into any commitment with the customer. Conditional approval may be intimated in writing by the Director of Finance, Corporate Governance and Legal Services.

Appendix IV

Director of Finance, Corporate Governance and Legal Services Checklist

Reference	Requirement	Frequency	Committee
1.04	Adverse Events to SFIs.	Earliest opportunity	Finance, Procurement and Performance Committee
18.01	Ex Gratia payments to staff.	Annual	Audit and Risk Committee
8.04	Exceptions to procurement guidelines.	Quarterly	Finance, Procurement and Performance Committee
8.04	Advance payment (non-contractual) for goods/services.	Annual	Finance, Procurement and Performance Committee
9.02	Sole Source Justification report.	Annual	Finance, Procurement and Performance Committee
11.08	Spend on Management Consultancy.	Annual	Audit and Risk Committee
14.03	Any instance of being overdrawn with bank.	Earliest opportunity	Audit and Risk Committee
18.01	Report of losses and special payments made.	Annual	Audit and Risk Committee

NHS NATIONAL SERVICES SCOTLAND

SCHEME OF DELEGATION

SCHEME OF DELEGATION

1.   INTRODUCTION

1.1   National Services Scotland (NSS) Board has developed and approved this Scheme of Delegation.

1.2   This Scheme of Delegation should be implemented together with the requirements of the Board's Standing Financial Instructions and all other policies and procedures.

1.3   Any reference to a statutory or other provision shall be interpreted as a reference amended by any subsequent legislation.

1.4   This Scheme of Delegation delegates power to individual officers within the management structure. The holders of those positions can further delegate to other employees. Delegation must be made in writing. Nevertheless, the holders of the positions identified in the Scheme of Delegation remain personally accountable, and the actions of the individuals to whom they delegate.

1.5   If a position identified in the Scheme of Delegation is vacant, or an officer with delegated authority is not available, then the matter should be referred up to the next level of authority as described in the relevant section of this Scheme of Delegation.

1.6   The Board has delegated authority to the Standard's Officer to approve amendments relating to job titles in this Scheme of Delegation (and wider Corporate Governance Framework), so as to keep it up to date with any changes to the organisation's management structure.

2.   MATTERS RESERVED TO THE BOARD

2.1   The Scottish Government retains the authority to approve certain items of business. There are other items of the business which can only be approved at an NHS Board meeting, due to either Scottish Government directions or a Board decision in the interests of good governance practice.

2.2   The following matters shall be reserved for agreement by the Board:

   a) Corporate Governance Framework including the ==Board Assurance Framework, Board Code of Conduct,== Standing Orders, terms of reference of all its Committees and appointment of Committee members, Standing Financial Instructions, and the Scheme of Delegation
   b) Organisational Values
   c) The strategies for all the functions that it has planning responsibility for, subject to any provisions for major service change which require Ministerial approval
   d) Annually, the Delivery Plan for submission to the Scottish Government for its approval
   e) Corporate objectives or corporate plans which have been created to implement its agreed strategies
   f) Risk Management ==Strategy and approach==
   g) Financial plan for the forthcoming year, and the opening revenue and capital budgets
   h) Annual accounts and report
   i) Any business case item that is beyond the scope of its delegated financial authority before it is presented to the Scottish Government for approval. The Board shall comply with the Scottish Capital Investment Manual
   j) The Board shall approve the content, format, and frequency of performance reporting to the Board
   k) The appointment of the Board's chief internal auditor
   l) Arrangements for the approval of all policies
   m) The system for responding to any civil actions raised against the Board
   n) The system for responding to any occasion where the Board is being investigated and / or prosecuted for a criminal or regulatory offence

2.3   The Board itself may resolve that other items of business be presented to it for approval.

3. MATTERS DELEGATED TO OFFICERS

3.1 The Chief Executive

The Chief Executive, as Accountable Officer, can exercise delegated authority across all NSS services and functions.

The Chief Executive is authorised to take such measures as may be required in emergency situations, subject to consulting, where possible, the Chair of the Board, and the relevant Committee Chair. Such measures that might normally be outwith the scope of the authority delegated by the Board or its Committees shall be reported to the Board or appropriate Committee as soon as possible thereafter.

The Chief Executive is authorised to give a direction in special circumstances that any official shall not exercise a delegated function subject to reporting on the terms of the direction to the next meeting of the appropriate Committee.

3.2 The Executive Management Team (EMT)

The Executive Management Team (EMT), led by the Chief Executive is the senior management decision making body for NSS.

The EMT is appointed by the Board and given authority by the Board to act in accordance with its remit.

The EMT has the primary responsibility for the implementation of change and the day-to-day management of operations.

The EMT manages the business of the Board by reviewing and endorsing Board-wide strategies, policies and actions to ensure a corporate position is achieved prior to submission to the NSS Board and, where appropriate, its Standing Committees for consideration and approval.

3.3 Appointed Officers

There are a number of roles that NSS must appoint due to legislative (or other) requirements that are referenced within this Scheme of Delegation. A summary table of these Officers has been included below for reference.

Role	Area of Responsibility	Delegated to
Accountable Officer	To be the principal adviser to the Board. To provide operational leadership to staff working for NSS and to ensure that its aims and objectives are met, its functions are delivered, and its targets are met through effective and properly controlled executive action.	Chief Executive

Standards Officer	To support and promote a high standard of conduct of Board Members.	Associate Director Corporate Governance (Board Secretary)
Senior Information Risk Officer	To monitor and review the organisation's compliance with applicable information security legislation, regulation, and standards	Director, Digital & Security
Data Protection Officer	To monitor and review the organisation's compliance with applicable data protection legislation, regulation, and standards.	Data Protection Officer
Fraud Liaison Officer	To act as the first point of contact between Counter Fraud Services and NSS.	Associate Director of Finance Operations
Caldicott Guardian	To ensure NSS satisfy the highest practical standards for handling patient identifiable information.	NSS Executive Medical Director
Whistleblowing Executive Lead	To ensure Whistleblowing Standards are functioning across the organisation.	Director of Nursing
Healthcare Associated Infections (HAI) Lead	To ensure Healthcare Associate Standards are implemented across the organisation.	Director of Nursing

4. SCHEME OF DELEGATION ARISING FROM BOARD STANDING ORDERS

Reference in Standing Orders	Area of Responsibility	Committee Approval Required	Delegated to
SO 1.11	Maintenance of Register of Board Members interests		Associate Director Corporate Governance (Board Secretary)
SO 1.8 & 9.2	Preparation of Update for the Corporate Governance Framework	Board	Associate Director Corporate Governance (Board Secretary)
SO 7.3	Execution of documents on behalf of Scottish Ministers relating to property transactions	Finance, Procurement and Performance Committee	Chief Executive or Director of Finance, Corporate Governance and Legal Services (All signatures to be in accordance with the Property Transactions Manual)

5. SCHEME OF DELEGATION ARISING FROM THE STANDING FINANCIAL INSTRUCTIONS

A scheme of delegation operates for various Standing Financial Instructions (SFIs), each of which is described in the tables that follow the list below. The list below therefore includes a cross reference to the relevant section of the Standing Financial Instructions. The Scheme of Delegation should be read in conjunction with the SFIs.

Reference in SFIs	Area of Responsibility	Committee Approval Required	Delegated to
Section 1: General	SFIs are in place, up to date and observed	Finance, Procurement and Performance Committee and Board	Director of Finance, Corporate Governance and Legal Services
	Reporting SFI adverse events (breaches)	Finance, Procurement and Performance Committee and then on to relevant Committee.	Director of Finance, Corporate Governance and Legal Services
Section 4: Suspected Theft, Fraud and Other Irregularities	Notification to appropriate agency of discovered fraud/criminal offences	Audit and Risk Committee	Fraud Liaison Officer (Associate Director of Finance Operations) **Approved Alternate Officer(s):** Chief Executive
Section 5: Audit and Financial Performance Arrangements	Provision of Internal Audit Service as detailed in SFI 5.03	Audit and Risk Committee	Director Primary & Community Care / Strategy, Performance & Service Transformation **Approved Alternate Officer(s):**

			Director of Finance, Corporate Governance and Legal Services
	Provision of Service Audit as detailed in SFI 5.08	Audit and Risk Committee	Director of Finance, Corporate Governance and Legal Services **Approved Alternate Officer(s):** Director Primary & Community Care / Strategy, Performance & Service Transformation Director of Digital and Security Associate Director of Finance Operations
	Appointment of External Auditor	Scottish Ministers	Director of Finance, Corporate Governance and Legal Services **Approved Alternate Officer(s):** Associate Director of Finance Operations
Section 6: Financial Planning and Budget Control	Prepare and submit financial plans in accordance with the requirements of Scottish Government (Revenue and Capital)	Finance, Procurement and Performance Committee and Board	Director of Finance, Corporate Governance and Legal Services

			Approved Alternate Officer(s): Deputy Director of Finance Associate Director of Finance Operations
	Preparation and Submission of Budgets		Director of Finance, Corporate Governance and Legal Services **Approved Alternate Officer(s):** Deputy Director of Finance Associate Director of Finance Operations
	Devise, introduce and maintain systems of financial control		Director of Finance, Corporate Governance and Legal Services **Approved Alternate Officer(s):** Deputy Director of Finance Associate Director of Finance Operations
	Delegation of Budgetary Control		Chief Executive **Approved Alternate Officer(s):** Director of Finance,

			Corporate Governance and Legal Services
	Authority to use non-recurring budget to fund recurring expenditure		Chief Executive **Approved Alternate Officer(s):** Director of Finance, Corporate Governance and Legal Services
	Approve expenditure not covered by an approved budget	Board, delegated to Finance, Procurement and Performance Committee, over £1m	Chief Executive up to £1m Director of Finance, Corporate Governance and Legal Services up to £500,000
	NSD Virement - allocation of revenue funds to national services		Director of National Services Directorate
	Family Health Services – payments and performance	Finance, Procurement and Performance Committee	Director Primary & Community Care / Strategy, Performance & Service Transformation **Approved Alternate Officer(s):** Director of Finance, Corporate Governance and Legal Services
	Family Health Services – financial governance and control	Finance, Procurement and Performance Committee	Director of Finance, Corporate

			Governance and Legal Services
Section 7: Staff Appointments, Remuneration and related matters	Staff employment contracts and appointments as set out in SFI 7.02	Remuneration Committee and Board	Director of HR and Organisational Development
	Approval of a termination settlement under £75,000 and submission of annual report	Remuneration Committee over £75,000	Chief Executive up to £75,000
	Ex gratia payments and annual reports.	Board, delegated to Finance, Procurement and Performance Committee, over £1m and Remuneration Committee	Chief Executive up to ==£15k== Director of Finance, Corporate Governance and Legal Services up to £500,000
Section 8: Non-Pay Expenditure	Procurement Strategy and professional advice.	Finance, Procurement and Performance Committee	Director of National Procurement **Approved Alternate Officer(s):** Head of Governance and Sustainable Procurement
Section 9: Tenders, Quotations and Contracting Requirements	Maintenance of systems for the invitation, receipt, safe-keeping and selection of tenders and quotations		Director of National Procurement
	Approval of tenders for goods, services or works outwith the Directorate budget or business plan.	Board, delegated to Finance, Procurement and Performance Committee, over £1m	Chief Executive up to £1m Director of Finance, Corporate Governance and

			Legal Services up to £500,000
	Annual Report – Sole source justification	Finance, Procurement and Performance Committee	Chief Executive or Director of Finance, Corporate Governance and Legal Services **Approved Alternate Officer(s):** Director of National Procurement
	Awarding Contracts as per SFI 9.03 and contract extensions.	Board, delegated to Finance, Procurement and Performance Committee, over £1m	Chief Executive up to £1m Director of Finance, Corporate Governance and Legal Services up to £500,000 Director up to £100,000
	Procurement Strategy and professional advice.	Finance, Procurement and Performance Committee (Board when Committee assess this is required due to reputational risk)	Director of National Procurement **Approved Alternate Officer(s):** Head of Governance and Sustainable Procurement
	Contract/Framework agreements on behalf of Scottish Ministers NHSS or combinations of public bodies	Contracts Approvals Board	Chief Executive more than £5m+ (following the PCF Approval Board) Up to £5m Director of Finance,

			Corporate Governance and Legal Services, Director Primary & Community Care (P&CC) / Strategy, Performance & Service Transformation (SPST), Director of National Procurement and for IT approvals the Director ofDigital and Security (following the PCF Approval Board) Up to £2m Director Primary & Community Care (P&CC) / Strategy, Performance & Service Transformation (SPST), Director of National Procurement and for IT approvals the Director of Digital and Security (following the PCF Approval Board)
	To act as a proxy for NHS Scotland Health Board Capital Expenditure Procurements		Director of National Procurement Above £500,000 Head of Strategic Sourcing Up to £500,000 Relevant Category Manager

			Less than £100,000
	Maintain a public register for all contracts in excess of £50,000		Director of National Procurement
Section 10: Tenders, Quotations and Contracting Requirements for Research	Approval of research services outwith Directorate budget		Director of Finance, Corporate Governance and Legal Services
	Approval and variation of research contract award (including collaborative agreements)	Board, delegated to Finance, Procurement and Performance Committee, over £1m, following approval of CE.	Chief Executive up to £1m Director of Finance, Corporate Governance and Legal Services up to £500,000 Director up to £100,000
	Notification of research contract with an estimated expenditure of more than £1m (in total)	Finance, Procurement and Performance Committee	Director of Finance, Corporate Governance and Legal Services
Section 11: Appointment of advisers and non-permanent staff	Departure from contract of employment and fee aligned to an established job description		Director of HR and Organisational Development and Director of Finance, Corporate Governance and Legal Services
Section 12: Income Generation and Intellectual Property	Entering Income Agreements that does not meet authority criteria set out in SFI 12.02		Director of Finance, Corporate Governance and Legal Services and/or Chief Executive
	Determination of charges outwith directorate income generation strategy (or externally governed)		Director of Finance, Corporate Governance and Legal Services

			and/or Chief Executive
	Approval of proceeding with participation or investment in any legal entity (e.g. joint venture)		Director of Finance, Corporate Governance and Legal Services
Section 13: Capital Investment, Private Financing, Fixed Asset Registers	Approval of Capital of expenditure	Board, delegated to Finance, Procurement and Performance Committee, over £1m	Chief Executive up to £1m Director of Finance, Corporate Governance and Legal Services up to £500,000
	Implementation of Capital Investment Procedures		Director of Finance, Corporate Governance and Legal Services
	Approve Asset Control Procedures		Director of Finance, Corporate Governance and Legal Services
	Approve arrangements of receipts		Director of Finance, Corporate Governance and Legal Services
Section 14: Banking arrangements	Approval of subsidiary bank accounts and banking procedures including corporate purchasing cards		Director of Finance, Corporate Governance and Legal Services
Section 15: Stocks and Stores	Approve the management, control and safety of stocks		Director of Finance, Corporate Governance and Legal Services
	Purchase replenishment stock and issue stock		Director of National Procurement Director of Scottish National

			Blood Transfusion Service Director of Digital and Security
	Purchase replenishment stock and issue stock from the Scottish Government Health Resilience Unit Pandemic Stock for the following sectors: Healthcare Sector, Acute Hospital Sector, Independent Sector, GP, Scottish Ambulance Service, Social Care Sector		Director of National Procurement
Section 16: Annual Report and Accounts	Preparation of Annual Report and Accounts	Audit and Risk Committee Board	Director of Finance, Corporate Governance and Legal Services **Approved Alternate Officer(s):** Associate Director of Finance Operations
	Preparation of the governance statement		Director of Finance, Corporate Governance and Legal Services **Approved Alternate Officer(s):** Standards Officer [Associate Director of Corporate Governance (Board Secretary)

Section 17: Information Governance	Implementation of financial governance systems.		Director of Finance, Corporate Governance and Legal Services **Approved Alternate Officer(s):** Deputy Director of Finance
	Information governance, freedom of information and data protection	Audit and Risk Committee	Director of Digital and Security (SIRO) **Approved Alternate Officer(s):** Head of Information & Cyber Security (Deputy SIRO)
Section 18: Losses and Special Payments	Writing off of losses	Board, delegated to Finance, Procurement and Performance Committee, over £1m	Chief Executive up to £1m Director of Finance, Corporate Governance and Legal Services up to £500,000 Director All expenditure contained in Annual Financial Plan in accordance with SFIs
	Maintenance of the Losses and Special Payments Register and associated reported requirements	Audit and Risk Committee	Director of Finance, Corporate Governance and Legal Services **Approved Alternate Officer(s):**

			Associate Director of Finance Operations

6. SCHEME OF DELEGATION ARISING FROM OTHER AREAS OF CORPORATE GOVERNANCE

Clinical Governance – Table 6.1
Staff Governance – Table 6.2
Risk Management and Emergency Planning – Table 6.3
Performance Management – Table 6.4
Information Governance – Table 6.5

CLINICAL GOVERNANCE – TABLE 6.1

Ref	Area of Responsibility	Committee Approval Required	Delegated to	Approved Alternate Officer(s)
6.1.1	Clinical Governance (includes Strategy/Framework; clinical adverse events; Duty of Candour; clinical risk; clinically related complaints)	NSS Clinical Governance Committee	NSS Executive Medical Director	Director of Nursing
6.1.2	Clinical Quality Improvement	NSS Clinical Governance Committee	Director of Nursing	NSS Executive Medical Director
6.1.3	Compliance with clinical regulatory requirements (includes clinical professional regulations, medical device regulations, IR(ME)R,)	NSS Clinical Governance Committee	NSS Executive Medical Director	Director of Nursing

6.1.4	Research, Development and Innovation (including research governance, Intellectual Property)	NSS Clinical Governance Committee	NSS Executive Medical Director	Director of Healthcare Science
6.1.5	Blood, Cells and Tissue Safety and product regulatory compliance.	NSS Clinical Governance Committee	Director, Scottish National Blood Transfusion Service (SNBTS)	Medical Director, SNBTS
6.1.6	Healthcare Associated Infection	NSS Clinical Governance Committee	Director of Nursing	NSS Executive Medical Director

STAFF GOVERNANCE – TABLE 6.2

Ref	Area of Responsibility	Committee Approval Required	Delegated to	Approved alternate officer
6.2.1	Staff Governance Framework and compliance	Staff Governance Committee	Director of HR and Organisational Development	
6.2.2	Workforce Strategy	Staff Governance Committee	Director of HR and Organisational Development	
6.2.3	Equality and Diversity	Staff Governance Committee	Director Primary & Community Care / Strategy, Performance & Service Transformation	Head of Quality and Engagement
6.2.4	Whistleblowing	NSS Staff Governance Committee	Director of Nursing	Assoc Director Corporate Governance (Board Secretary)

RISK MANAGEMENT AND EMERGENCY PLANNING – TABLE 6.3

Ref	Area of Responsibility	Committee Approval Required	Delegated to	Approved alternate officer
6.3.1	Risk Management – including risk framework, governance, risk appetite and internal controls	Audit and Risk Committee	Director Primary & Community Care/ Strategy, Performance & Service Transformation	Associate Director of Strategy, Performance, Communications
6.3.2	Statutory and Regulatory Compliance	Audit and Risk Committee	Director Primary & Community Care/ Strategy, Performance & Service Transformation	Associate Director Strategy, Performance and Communications
6.3.3	Business Continuity and Emergency Planning	Finance, Procurement and Performance Committee	Director Primary & Community Care / Strategy, Performance & Service Transformation	Associate Director of Strategy, Performance, Communications
6.3.5	Health and Safety	Staff Governance Committee	Director of HR and Organisational Development	Head of Healthy Working Lives
6.3.6	Fire Safety	Staff Governance Committee	Director of NHS Scotland Assure	Head of Estates & Facilities

PERFORMANCE MANAGEMENT – TABLE 6.4

Ref	Area of Responsibility	Committee Approval Required	Delegated to	Approved alternate officer
6.4.1	Approval of Performance Management Framework and oversight of the system.	Finance Planning and Performance Committee	Director Primary & Community Care / Strategy, Performance & Service Transformation	Associate Director of Strategy, Performance and Communications

INFORMATION GOVERNANCE – TABLE 6.5

Ref	Area of Responsibility	Committee Approval Required	Delegated to	Approved alternate officer
6.5.1	Oversight of Information Governance, Strategy and Systems	Audit and Risk Committee	Director Digital and Security (SIRO)	Head of Information & Cyber Security (Deputy SIRO)
6.5.2	ATOS (non eHealth) Services		Director of Digital and Security	Associate Director of Cloud Engineering & Operations
6.5.3	eHealth Services		Director of Digital and Security	Associate Director of Cloud Engineering & Operations
6.5.4	Data Protection Act	Audit and Risk Committee	Director of Digital and Security (SIRO)	Head of Information & Cyber Security (Deputy SIRO)
6.5.5	Freedom of Information Policy	Audit and Risk Committee	Director of Finance, Corporate Governance and Legal Services	Assoc Director Corporate Governance (Board Secretary)
6.5.6	Records Management Plan	Audit and Risk Committee	Director of Finance, Corporate Governance and Legal Services	Assoc Director Corporate Governance (Board Secretary)
6.5.7	Caldicott Guardian	Audit and Risk Committee	NSS Executive Medical Director	NSS Deputy Caldicott Guardian (Associate Director – Research, Development and Innovation)
6.5.8	Oversight of financial data governance	Audit and Risk Committee	Director of Finance, Corporate Governance and Legal Services	Deputy Director of Finance

APPENDIX 1 - DIRECTOR RESPONSIBILITIES

HR Directorate (Human Resources and Workforce Development)
Serena Barnatt – Director of Human Resources and Organisational Development
- o Human Resources
- o Workforce Development
- o Learning & Development
- o Healthy Working Lives
- o Occupational Health

Finance, Corporate Governance and Legal Services Directorate
Carolyn Low – Director of Finance, Corporate Governance and Legal Services
- o Payroll
- o Finance
- o Legal Services
- o Corporate Governance
- o Counter Fraud Services (CFS)
- o Scottish Infected Blood Support Scheme (SIBSS)
- o Mesh Compensation Scheme (Mesh)
- o Clinical Negligence and Other Risks Indemnity Scheme (CNORIS).

Primary & Community Care / Strategy, Performance and Service Transformation Directorate
Lee Neary – Director Primary & Community Care (P&CC) / Strategy, Performance & Service Transformation (SPST)
- o Communications
- o Planning
- o Resilience
- o Programme Management Services
- o National Contact Centre
- o Practitioner Services
- o Scottish Dental Practice Board (SDPB)

NHS Scotland Assure Directorate
Julie Critchley – Director of NHS Assure
- o Engineering
- o Research and Intelligence
- o Property and Capital Planning
- o Decontamination
- o Sustainability
- o ARHAI, Oxygen Therapy
- o Mammography
- o FM Services

National Procurement Directorate
Gordon Beattie – Director of National Procurement
- o NP centre of expertise service for NHS Scotland
- o National Commercial and Logistics Services

- o NHS Scotland National Distribution Service, three warehouses stock over 9,000 product lines
- o National frameworks inc. medicines, medical and general products, IT, workforce, community services, innovation and catering
- o Procurement and Commercial services to NSS

National Specialist and Screening Directorate
Susan Buchanan – Director of National Services Directorate
- o Screening programmes including breast screening etc.
- o Specialist networks

Digital and Security Directorate
Steven Flockhart – Director of Digital and Security
- o National Digital Programmes
- o Service Management & Operations
- o NSS Application Development & Support
- o SWAN
- o Microsoft 365

Scottish National Blood Transfusion Services (SNBTS) Directorate
Marc Turner – Director of Scottish National Blood Transfusion Service
- o Donor & Transport Services
- o Tissues Cells and Advanced Therapeutics – Good Manufacturing Practice
- o Tissues Cells and Advanced Therapeutics Development
- o Manufacturing
- o Quality & Regulatory Compliance
- o Patient Services
- o Planning, Performance & Business Support

Clinical Directorate
Sharon Hilton-Christie – Executive Medical Director
- o Caldicott Guardian
- o Clinical Governance
- o Compliance with clinical regulatory requirements
- o Research, Development and Innovation

Clinical Directorate
Jacqui Reilly – Director of Nursing
Kathryn Brechin – Director of Nursing (commencing 24/02/2025)
- o Quality Improvement
- o Healthcare Associated Infection
- o Whistleblowing

Code of Conduct for Board Members of National Services Scotland

CONTENTS

SECTION 1: INTRODUCTION TO THE NSS CODE OF CONDUCT FOR BOARD MEMBERS

1.1   This Code has been issued by the Scottish Ministers, with the approval of the Scottish Parliament, as required by the Ethical Standards in Public Life etc. (Scotland) Act 2000 (the "Act").

1.2   The purpose of the Code is to set out the conduct expected of those who serve on the boards of public bodies in Scotland.

1.3   The Code has been developed in line with the nine key principles of public life in Scotland. The principles are listed in Section 2 and set out how the provisions of the Code should be interpreted and applied in practice.

My Responsibilities

1.4   I understand that the public has a high expectation of those who serve on the boards of public bodies and the way in which they should conduct themselves in undertaking their duties. I will always seek to meet those expectations by ensuring that I conduct myself in accordance with the Code.

1.5   I will comply with the substantive provisions of this Code, being sections 3 to 6 inclusive, in all situations and at all times where I am acting as a board member of National Services Scotland (NSS), have referred to myself as a board member or could objectively be considered to be acting as a board member.

1.6   I will comply with the substantive provisions of this Code, being sections 3 to 6 inclusive, in all my dealings with the public, employees and fellow board members, whether formal or informal.

1.7   I understand that it is my personal responsibility to be familiar with the provisions of this Code and that I must also comply with the law and NSS rules, standing orders and regulations. I will also ensure that I am familiar with any guidance or advice notes issued by the Standards Commission for Scotland ("Standards Commission") and NSS, and endeavour to take part in any training offered on the Code.

1.8   I will not, at any time, advocate or encourage any action contrary to this Code.

1.9   I understand that no written information, whether in the Code itself or the associated Guidance or Advice Notes issued by the Standards Commission, can provide for all circumstances. If I am uncertain about how the Code applies, I will seek advice from the Standards Officer of NSS, failing whom the Chair or Chief Executive of NSS. I note that I may also choose to seek external legal advice on how to interpret the provisions of the Code.

Enforcement

1.10   Part 2 of the Act sets out the provisions for dealing with alleged breaches of the Code, including the sanctions that can be applied if the Standards Commission finds that there has been a breach of the Code. More information on how complaints are dealt with and the sanctions available can be found at **Annex A**.

SECTION 2: KEY PRINCIPLES OF THE NSS CODE OF CONDUCT FOR BOARD MEMBERS

2.1   The Code has been based on the following key principles of public life. I will behave in accordance with these principles and understand that they should be used for guidance and interpreting the provisions in the Code.

2.2   I note that a breach of one or more of the key principles does not in itself amount to a breach of the Code. I note that, for a breach of the Code to be found, there must also be a contravention of one or more of the provisions in sections 3 to 6 inclusive of the Code.

The key principles are:

Duty
I have a duty to uphold the law and act in accordance with the law and the public trust placed in me. I have a duty to act in the interests of NSS of which I am a member and in accordance with the core functions and duties of that body.

Selflessness
I have a duty to take decisions solely in terms of public interest. I must not act in order to gain financial or other material benefit for myself, family or friends.

Integrity
I must not place myself under any financial, or other, obligation to any individual or organisation that might reasonably be thought to influence me in the performance of my duties.

Objectivity
I must make decisions solely on merit and in a way that is consistent with the functions of NSS when carrying out public business including making appointments, awarding contracts or recommending individuals for rewards and benefits.

Accountability and Stewardship
I am accountable to the public for my decisions and actions. I have a duty to consider issues on their merits, taking account of the views of others and I must ensure that NSS uses its resources prudently and in accordance with the law.

Openness
I have a duty to be as open as possible about my decisions and actions, giving reasons for my decisions and restricting information only when the wider public interest clearly demands.

Honesty
I have a duty to act honestly. I must declare any private interests relating to my public duties and take steps to resolve any conflicts arising in a way that protects the public interest.

Leadership
I have a duty to promote and support these principles by leadership and example, and to maintain and strengthen the public's trust and confidence in the integrity of NSS and its members in conducting public business.

Respect

I must respect all other board members and all employees of NSS and the role they play, treating them with courtesy at all times. Similarly, I must respect members of the public when performing my duties as a board member.

SECTION 3: GENERAL CONDUCT

Respect and Courtesy

3.1   I will treat everyone with courtesy and respect. This includes in person, in writing, at meetings, when I am online and when I am using social media.

3.2   I will not discriminate unlawfully on the basis of race, age, sex, sexual orientation, gender reassignment, disability, religion or belief, marital status or pregnancy/maternity; I will advance equality of opportunity and seek to foster good relations between different people.

3.3   I will not engage in any conduct that could amount to bullying or harassment (which includes sexual harassment). I accept that such conduct is completely unacceptable and will be considered to be a breach of this Code.

3.4   I accept that disrespect, bullying and harassment can be:

    a) a one-off incident,
    b) part of a cumulative course of conduct; or
    c) a pattern of behaviour.

3.5   I understand that how, and in what context, I exhibit certain behaviours can be as important as what I communicate, given that disrespect, bullying and harassment can be physical, verbal and non-verbal conduct.

3.6   I accept that it is my responsibility to understand what constitutes bullying and harassment and I will utilise resources, including the Standards Commission's guidance and advice notes, NSS's policies and training material (where appropriate) to ensure that my knowledge and understanding is up to date.

3.7   Except where it is written into my role as Board member, and / or at the invitation of the Chief Executive, I will not become involved in operational management of NSS. I acknowledge and understand that operational management is the responsibility of the Chief Executive and Executive Team.

3.8   I will not undermine any individual employee or group of employees, or raise concerns about their performance, conduct or capability in public. I will raise any concerns I have on such matters in private with senior management as appropriate.

3.9   I will not take, or seek to take, unfair advantage of my position in my dealings with employees of NSS or bring any undue influence to bear on employees to take a certain action. I will not ask or direct employees to do something which I know, or should reasonably know, could compromise them or prevent them from undertaking their duties properly and appropriately.

3.10   I will respect and comply with rulings from the Chair during meetings of:

    a) the NSS Board, its committees; and
    b) any outside organisations that I have been appointed or nominated to by NSS or on which I represent NSS.

3.11   I will respect the principle of collective decision-making and corporate responsibility. This means that once the Board has decided, I will support that decision, even if I did not agree with it or vote for it.

Remuneration, Allowances and Expenses

3.12   I will comply with the rules, and the policies of NSS, on the payment of remuneration, allowances and expenses.

Gifts and Hospitality

3.13   I understand that I may be offered gifts (including money raised via crowdfunding or sponsorship), hospitality, material benefits or services ("gift or hospitality") that may be reasonably regarded by a member of the public with knowledge of the relevant facts as placing me under an improper obligation or being capable of influencing my judgement.

3.14   I will never **ask for** or **seek** any gift or hospitality.

3.15   I will refuse any gift or hospitality, unless it is:

    a) a minor item or token of modest intrinsic value offered on an infrequent basis;
    b) a gift being offered to NSS;
    c) hospitality which would reasonably be associated with my duties as a board member; or
    d) hospitality which has been approved in advance by NSS.

3.16   I will consider whether there could be a reasonable perception that any gift or hospitality received by a person or body connected to me could or would influence my judgement.

3.17   I will not allow the promise of money or other financial advantage to induce me to act improperly in my role as a board member. I accept that the money or advantage (including any gift or hospitality) does not have to be given to me directly. The offer of monies or advantages to others, including community groups, may amount to bribery, if the intention is to induce me to improperly perform a function.

3.18   I will never accept any gift or hospitality from any individual or applicant who is awaiting a decision from, or seeking to do business with, NSS.

3.19   If I consider that declining an offer of a gift would cause offence, I will accept it and hand it over to NSS at the earliest possible opportunity and ask for it to be registered.

3.20   I will promptly advise NSS's Standards Officer if I am offered (but refuse) any gift or hospitality of any significant value and / or if I am offered any gift or hospitality from the same source on a repeated basis, so that NSS can monitor this.

3.21   I will familiarise myself with the terms of the Bribery Act 2010, which provides for offences of bribing another person and offences relating to being bribed.

Confidentiality

3.22   I will not disclose confidential information or information which should reasonably be regarded as being of a confidential or private nature, without the express consent of a person or body authorised to give such consent, or unless required to do so by law. I note that if I cannot obtain such express consent, I should assume it is not given.

3.23   I accept that confidential information can include discussions, documents, and information which is not yet public or never intended to be public, and information deemed confidential by statute.

3.24   I will only use confidential information to undertake my duties as a board member. I will not use it in any way for personal advantage or to discredit NSS (even if my personal view is that the information should be publicly available).

3.25   I note that these confidentiality requirements do not apply to protected whistleblowing disclosures made to the prescribed persons and bodies as identified in statute.

Use of Public Body Resources

3.26   I will only use NSS's resources, including employee assistance, facilities, stationery and IT equipment, for carrying out duties on behalf of NSS, in accordance with its relevant policies.

3.27   I will not use, or in any way enable others to use, NSS's resources:

    a) imprudently (without thinking about the implications or consequences);
    b) unlawfully;
    c) for any political activities or matters relating to these; or
    d) improperly.

Dealing with NSS and Preferential Treatment

3.28   I will not use, or attempt to use, my position or influence as a board member to:

    a) improperly confer on or secure for myself, or others, an advantage;
    b) avoid a disadvantage for myself, or create a disadvantage for others or
    c) improperly seek preferential treatment or access for myself or others.

3.29   I will avoid any action which could lead members of the public to believe that preferential treatment or access is being sought.

3.30   I will advise employees of any connection, as defined at Section 5, I may have to a matter, when seeking information or advice or responding to a request for information or advice from them.

Appointments to Outside Organisations

3.31   If I am appointed, or nominated by NSS, as a member of another body or organisation, I will abide by the rules of conduct and will act in the best interests of that body or organisation while acting as a member of it. I will also continue to observe the rules of this Code when carrying out the duties of that body or organisation.

3.32   I accept that if I am a director or trustee (or equivalent) of a company or a charity, I will be responsible for identifying, and taking advice on, any conflicts of interest that may arise between the company or charity and NSS.

SECTION 4: REGISTRATION OF INTERESTS

4.1   The following paragraphs set out what I have to register when I am appointed and whenever my circumstances change. The register covers my current term of appointment.

4.2   I understand that regulations made by the Scottish Ministers describe the detail and timescale for registering interests; including a requirement that a board member must register their registrable interests within one month of becoming a board member, and register any changes to those interests within one month of those changes having occurred.

4.3   The interests which I am required to register are those set out in the following paragraphs. Other than as required by paragraph 4.23, I understand it is not necessary to register the interests of my spouse or cohabitee.

Category One: Remuneration

4.4   I will register any work for which I receive, or expect to receive, payment. I have a registrable interest where I receive remuneration by virtue of being:

   a) employed;
   b) self-employed;
   c) the holder of an office;
   d) a director of an undertaking;
   e) a partner in a firm;
   f) appointed or nominated by NSS to another body; or
   g) engaged in a trade, profession or vocation or any other work.

4.5   I understand that in relation to 4.4 above, the amount of remuneration does not require to be registered. I understand that any remuneration received as a board member of this specific public body does not have to be registered.

4.6   I understand that if a position is not remunerated it does not need to be registered under this category. However, unremunerated directorships may need to be registered under Category Two, "Other Roles".

4.7   I must register any allowances I receive in relation to membership of any organisation under Category One.

4.8   When registering employment as an employee, I must give the full name of the employer, the nature of its business, and the nature of the post I hold in the organisation.

4.9   When registering remuneration from the categories listed in paragraph 4.4 (b) to (g) above, I must provide the full name and give details of the nature of the business, organisation, undertaking, partnership or other body, as appropriate. I recognise that some other employments may be incompatible with my role as board member of NSS in terms of paragraph 6.7 of this Code.

4.10   Where I otherwise undertake a trade, profession or vocation, or any other work, the detail to be given is the nature of the work and how often it is undertaken.

4.11   When registering a directorship, it is necessary to provide the registered name and registered number of the undertaking in which the directorship is held and provide information about the nature of its business.

4.12   I understand that registration of a pension is not required as this falls outside the scope of the category.

Category Two: Other Roles

4.13   I will register any unremunerated directorships where the body in question is a subsidiary or parent company of an undertaking in which I hold a remunerated directorship.

4.14   I will register the registered name and registered number of the subsidiary or parent company or other undertaking and the nature of its business, and its relationship to the company or other undertaking in which I am a director and from which I receive remuneration.

Category Three: Contracts

4.15   I have a registerable interest where I (or a firm in which I am a partner, or an undertaking in which I am a director or in which I have shares of a value as described in paragraph 4.19 below) have made a contract with NSS:

   a) under which goods or services are to be provided, or works are to be executed; and
   b) which has not been fully discharged.

4.16   I will register a description of the contract, including its duration, but excluding the value.

Category Four: Election Expenses

4.17   If I have been elected to NSS, then I will register a description of, and statement of, any assistance towards election expenses relating to election to NSS.

Category Five: Houses, Land and Buildings

4.18   I have a registrable interest where I own or have any other right or interest in houses, land and buildings, which may be significant to, of relevance to, or bear upon, the work and operation of NSS.

4.19   I accept that, when deciding whether or not I need to register any interest I have in houses, land or buildings, the test to be applied is whether a member of the public, with knowledge of the relevant facts, would reasonably regard the interest as being so significant that it could potentially affect my responsibilities to NSS and to the public, or could influence my actions, speeches or decision-making.

Category Six: Interest in Shares and Securities

4.20   I have a registerable interest where:

   a) I own or have an interest in more than 1% of the issued share capital of the company or other body; or
   b) Where, at the relevant date, the market value of any shares and securities (in any one specific company or body) that I own or have an interest in is greater than £25,000.

Category Seven: Gifts and Hospitality

4.21   I understand the requirements of paragraphs 3.13 to 3.21 regarding gifts and hospitality. As I will not accept any gifts or hospitality, other than under the limited circumstances allowed, I understand there is no longer the need to register any.

Category Eight: Non–Financial Interests

4.22   I may also have other interests and I understand it is equally important that relevant interests such as membership or holding office in other public bodies, companies, clubs, societies and organisations such as trades unions and voluntary organisations, are registered and described. In this context, I understand non-financial interests are those which members of the public with knowledge of the relevant facts might reasonably think could influence my actions, speeches, votes or decision-making in NSS (this includes its committees and memberships of other organisations to which I have been appointed or nominated by NSS).

Category Nine: Close Family Members

4.23   I will register the interests of any close family member who has transactions with NSS or is likely to have transactions or do business with it.

SECTION 5: DECLARATION OF INTERESTS

Stage 1: Connection

5.1   For each particular matter I am involved in as a board member, I will first consider whether I have a connection to that matter.

5.2   I understand that a connection is any link between the matter being considered and me, or a person or body I am associated with. This could be a family relationship or a social or professional contact.

5.3   A connection includes anything that I have registered as an interest.

5.4   A connection does not include being a member of a body to which I have been appointed or nominated by NSS as a representative of NSS, unless:
- a) The matter being considered by NSS is quasi-judicial or regulatory; or
- b) I have a personal conflict by reason of my actions, my connections or my legal obligations.

Stage 2: Interest

5.5   I understand my connection is an interest that requires to be declared where the objective test is met – that is where a member of the public with knowledge of the relevant facts would reasonably regard my connection to a particular matter as being so significant that it would be considered as being likely to influence the discussion or decision-making.

Stage 3: Participation

5.6   I will declare my interest as early as possible in meetings. I will not remain in the meeting nor participate in any way in those parts of meetings where I have declared an interest.

5.7   I will consider whether it is appropriate for transparency reasons to state publicly where I have a connection, which I do not consider amounts to an interest.

5.8   I note that I can apply to the Standards Commission and ask it to grant a dispensation to allow me to take part in the discussion and decision-making on a matter where I would otherwise have to declare an interest and withdraw (as a result of having a connection to the matter that would fall within the objective test). I note that such an application must be made in advance of any meetings where the dispensation is sought and that I cannot take part in any discussion or decision-making on the matter in question unless, and until, the application is granted.

5.9   I note that public confidence in a public body is damaged by the perception that decisions taken by that body are substantially influenced by factors other than the public interest. I will not accept a role or appointment if doing so means I will have to declare interests frequently at meetings in respect of my role as a board member. Similarly, if any appointment or nomination to another body would give rise to objective concern because of my existing personal involvement or affiliations, I will not accept the appointment or nomination.

SECTION 6: LOBBYING AND ACCESS

6.1   I understand that a wide range of people will seek access to me as a board member and will try to lobby me, including individuals, organisations and companies. I must distinguish between:

   a) any role I have in dealing with enquiries from the public;
   b) any community engagement where I am working with individuals and organisations to encourage their participation and involvement, and;
   c) lobbying, which is where I am approached by any individual or organisation who is seeking to influence me for financial gain or advantage, particularly those who are seeking to do business with NSS (for example contracts/procurement).

6.2   In deciding whether, and if so how, to respond to such lobbying, I will always have regard to the objective test, which is whether a member of the public, with knowledge of the relevant facts, would reasonably regard my conduct as being likely to influence my, or NSS's, decision-making role.

6.3   I will not, in relation to contact with any person or organisation that lobbies, do anything which contravenes this Code or any other relevant rule of NSS or any statutory provision.

6.4   I will not, in relation to contact with any person or organisation that lobbies, act in any way which could bring discredit upon NSS.

6.5   If I have concerns about the approach or methods used by any person or organisation in their contacts with me, I will seek the guidance of the Chair, Chief Executive or Standards Officer of NSS.

6.6   The public must be assured that no person or organisation will gain better access to, or treatment by, me as a result of employing a company or individual to lobby on a fee basis on their behalf. I will not, therefore, offer or accord any preferential access or treatment to those lobbying on a fee basis on behalf of clients compared with that which I accord any other person or organisation who lobbies or approaches me. I will ensure that those lobbying on a fee basis on behalf of clients are not given to understand that preferential access or treatment, compared to that accorded to any other person or organisation, might be forthcoming.

6.7   Before taking any action as a result of being lobbied, I will seek to satisfy myself about the identity of the person or organisation that is lobbying and the motive for lobbying. I understand I may choose to act in response to a person or organisation lobbying on a fee basis on behalf of clients but it is important that I understand the basis on which I am being lobbied in order to ensure that any action taken in connection with the lobbyist complies with the standards set out in this Code and the Lobbying (Scotland) Act 2016.

6.8 I will not accept any paid work:

a) which would involve me lobbying on behalf of any person or organisation or any clients of a person or organisation.

b) to provide services as a strategist, adviser or consultant, for example, advising on how to influence NSS and its members. This does not prohibit me from being remunerated for activity which may arise because of, or relate to, membership of NSS, such as journalism or broadcasting, or involvement in representative or presentational work, such as participation in delegations, conferences or other events.

ANNEX A: BREACHES OF THE CODE

Introduction

1. [The Ethical Standards in Public Life etc. (Scotland) Act 2000](#) ("the Act") provided for a framework to encourage and, where necessary, enforce high ethical standards in public life.

2. The Act provided for the introduction of new codes of conduct for local authority councillors and members of relevant public bodies, imposing on councils and relevant public bodies a duty to help their members comply with the relevant code.

3. The Act and the subsequent Scottish Parliamentary Commissions and Commissioners etc. Act 2010 established the [Standards Commission for Scotland](#) ("Standards Commission") and the post of [Commissioner for Ethical Standards in Public Life in Scotland](#) ("ESC").

4. The Standards Commission and ESC are separate and independent, each with distinct functions. Complaints of breaches of a public body's Code of Conduct are investigated by the ESC and adjudicated upon by the Standards Commission.

5. The first Model Code of Conduct came into force in 2002. The Code has since been reviewed and re-issued in 2014. The 2021 Code has been issued by the Scottish Ministers following consultation, and with the approval of the Scottish Parliament, as required by the Act.

Investigation of Complaints

6. The ESC is responsible for investigating complaints about members of devolved public bodies. It is not, however, mandatory to report a complaint about a potential breach of the Code to the ESC. It may be more appropriate in some circumstances for attempts to be made to resolve the matter informally at a local level.

7. On conclusion of the investigation, the ESC will send a report to the Standards Commission.

Hearings

8. On receipt of a report from the ESC, the Standards Commission can choose to:

   - Do nothing;
   - Direct the ESC to carry out further investigations; or
   - Hold a Hearing.

9. Hearings are held (usually in public) to determine whether the member concerned has breached their public body's Code of Conduct. The Hearing Panel comprises of three members of the Standards Commission. The ESC will present evidence and/or make submissions at the Hearing about the investigation and any conclusions as to whether the member has contravened the Code. The member is entitled to attend or be represented at the Hearing and can also present evidence and make submissions. Both parties can call witnesses. Once it has heard all the evidence and submissions, the Hearing Panel will decide about whether or not it is satisfied, on the balance of probabilities, that there has been a contravention of the Code by the

member. If the Hearing Panel decides that a member has breached their public body's Code, it is obliged to impose a sanction.

Sanctions

10. The sanctions that can be imposed following a finding of a breach of the Code are as follows:

   - **Censure**: A censure is a formal record of the Standards Commission's severe and public disapproval of the member concerned.
   - **Suspension**: This can be a full or partial suspension (for up to one year). A full suspension means that the member is suspended from attending all meetings of NSS. Partial suspension means that the member is suspended from attending some of the meetings of NSS. The Commission can direct that any remuneration or allowance the member receives as a result of their membership of NSS be reduced or not paid during a period of suspension.
   - **Disqualification**: Disqualification means that the member is removed from membership of the body and disqualified (for a period not exceeding five years), from membership of the body. Where a member is also a member of another devolved public body (as defined in the Act), the Commission may also remove or disqualify that person in respect of that membership. Full details of the sanctions are set out in section 19 of the Act.

Interim Suspensions

11. Section 21 of the Act provides the Standards Commission with the power to impose an interim suspension on a member on receipt of an interim report from the ESC about an ongoing investigation. In deciding about whether or not to impose an interim suspension, a Panel comprising of three Members of the Standards Commission will review the interim report and any representations received from the member and will consider whether it is satisfied:

   - That the further conduct of the ESC's investigation is likely to be prejudiced if such an action is not taken (for example if there are concerns that the member may try to interfere with evidence or witnesses); or
   - That it is otherwise in the public interest to take such a measure. A policy outlining how the Standards Commission makes any decision under Section 21 and the procedures it will follow in doing so, should any such a report be received from the ESC can be found here.

12. The decision to impose an interim suspension is not, and should not be seen as, a finding on the merits of any complaint or the validity of any allegations against a member of a devolved public body, nor should it be viewed as a disciplinary measure.

ANNEX B: DEFINITIONS

"Bullying" is inappropriate and unwelcome behaviour which is offensive and intimidating, and which makes an individual or group feel undermined, humiliated or insulted.

"Chair" includes Board Convener or any other individual discharging a similar function to that of a Chair or Convener under alternative decision-making structures.

"Code" is the code of conduct for members of your devolved public body, which is based on the Model Code of Conduct for members of devolved public bodies in Scotland.

"Cohabitee" includes any person who is living with you in a relationship similar to that of a partner, civil partner, or spouse.

"Confidential Information" includes:
• any information passed on to NSS by a Government department (even if it is not clearly marked as confidential) which does not allow the disclosure of that information to the public;
• information of which the law prohibits disclosure (under statute or by the order of a Court);
• any legal advice provided to NSS; or
• any other information which would reasonably be considered a breach of confidence should it be made public.

"Election expenses" means expenses incurred, whether before, during or after the election, on account of, or in respect of, the conduct or management of the election.

"Employee" includes individuals employed:
• directly by NSS;
• as contractors by NSS, or
• by a contractor to work on NSS's premises.

"Gifts" a gift can include any item or service received free of charge, or which may be offered or promised at a discounted rate or on terms not available to the general public. Gifts include benefits such as relief from indebtedness, loan concessions, or provision of property, services or facilities at a cost below that generally charged to members of the public. It can also include gifts received directly or gifts received by any company in which the recipient holds a controlling interest in, or by a partnership of which the recipient is a partner.

"Harassment" is any unwelcome behaviour or conduct which makes someone feel offended, humiliated, intimidated, frightened and / or uncomfortable. Harassment can be experienced directly or indirectly and can occur as an isolated incident or as a course of persistent behaviour.

"Hospitality" includes the offer or promise of food, drink, accommodation, entertainment or the opportunity to attend any cultural or sporting event on terms not available to the general public.

"Relevant Date"   Where a board member had an interest in shares at the date on which the member was appointed as a member, the relevant date is – (a) that date; and (b) the 5th April immediately following that date and in each succeeding year, where the interest is retained on that 5th April.

"Public body" means a devolved public body listed in Schedule 3 of the Ethical Standards in Public Life etc. (Scotland) Act 2000, as amended.

"Remuneration" includes any salary, wage, share of profits, fee, other monetary benefit or benefit in kind.

"Securities" a security is a certificate or other financial instrument that has monetary value and can be traded. Securities includes equity and debt securities, such as stocks bonds and debentures.

"Undertaking" means:
a)   a body corporate or partnership; or
b)   an unincorporated association carrying on a trade or business, with or without a view to a profit.

NSS Policy Development Framework

March 2025

Document control

Name	NSS Policy Development Framework
Summary	Sets out ways of working to develop organisational policies within NSS excluding Once For Scotland National Workforce Policies; SNBTS Clinical Policies; or any other Once for Scotland Policy
Target audience	All NSS staff who are involved in the development or review of organisational policies within their remit. All NSS staff to provide transparency in approach.
Version number	02
Date of this version	March 2025
Review Date	March 2026
Approving committee/group	NSS Board
Document owner	Associate Director Corporate Governance

POLICY DEVELOPMENT FRAMEWORK

1. INTRODUCTION

1.1 [The NHS Scotland Health Boards and Special Health Boards – Blueprint for Good Governance Second Edition](#) requires NHS National Services Scotland (NSS) to establish and maintain a robust framework for the development, approval and management of policies and other associated documents.

1.2 This framework aims to ensure that:

- There is a consistent and clear approach to policy development, consultation, approval, dissemination and communication;
- Policies in use are current, relevant, up to date, have clear ownership, and formal approval and are always easily accessible by staff;
- The impact of policies is fully assessed and understood;
- There is a well-controlled process (see Appendix 4) for the development and governance of policies as it is central to a robust system of internal control;
- NSS complies with relevant legislation, governance, audit and controls assurance requirements;
- NSS adheres to the requirements set out in the Blueprint for Good Governance.

2. PURPOSE AND SCOPE

2.1 This Policy Development Framework sets out the corporate approach to developing and approving corporate policy documents within NSS (see 2.3 for any policy excluded from this process). It applies to the creation and revision of all corporate policies and applies to all staff involved in the writing, reviewing, approving and implementing policies.

2.2 The Framework also extends to procedures and guidelines that act as implementation tools for policies and are contained within their appendices. The Framework does not apply to stand-alone procedures and guidelines.

2.3 In addition to policies developed by NSS, there are also [Once for Scotland National Workforce Policies](#) which are mandated for use across all of NHS Scotland. This Framework does not apply to any NSS Workforce; Health and Safety; or Once for Scotland National policies which will be considered by the Workforce Policy Terms and Conditions (WPTC) or Occupational Health and Safety (OSHAC) Committees.

2.4 The Framework does also not apply to Scottish National Blood Transfusion Service (SNBTS) clinical policies.

2.5 Although the policies noted in 2.3 and 2.4 are excluded from this Framework, all final policies should be submitted to the Associate Director of Corporate Governance (Board Secretary) for inclusion on the Corporate Policy Register and for inclusion in assurance reports to the Executive Management Team (EMT) and the NSS Board.

3. DEFINITIONS

3.1 **Policy –** A policy is a written corporate document which gives direction and approach around a clearly defined subject/area. It enables management and staff to make correct decisions, deal effectively and comply with relevant legislation, Scottish Government circulars, organisational rules and good working practices.

3.2 **Procedure -** A procedure is a standardised series of actions taken to achieve a task so that everyone undertakes it in an agreed and consistent way to achieve a safe, effective outcome.

3.3 **Guidelines -** Guidelines provide standards and principles to assist staff in demonstrating actions and behaviours that are consistent and adhere with a particular policy.

4. POLICY DEVELOPMENT PRINCIPLES

4.1 All Board Policies (with the exception of Once for Scotland Policies) must meet the following principles and standards:

- are aligned to the NSS Values and Strategic Objectives;
- are evidence-based;
- have a clear rationale with reasons for having a specific policy clearly articulated;
- is clear about its scope;
- meets the requirements set out in this Policy Development Framework in relation to consultation and engagement, working in partnership, impact assessment, format and style, approval pathways, communication and dissemination, and review.

4.2 In considering the effectiveness of the policy, Policy Leads should:

- ensure that objectives, outcomes, inputs, processes, impacts and implementation are monitored, and be clear about the purpose and goals.
- establish what will be monitored and why. If the policy structure is clear, and the provisions are focused, monitoring will be more manageable.
- monitor the objectives of the policy within a continuous cycle of review to ensure the highest quality provision for all patients and staff.

5. ROLES AND RESPONSIBILITIES

5.1 Scheme of Delegation

5.1.1 Areas of responsibility are set out in the [Scheme of Delegation](#) which delegates power to individual officers within the management structure.

5.2 Executive Lead

5.2.1 The Executive Lead (policy owner) is responsible for:
- ensuring ownership of the appropriate policies under their area of responsibility;
- initiating and/or approving the development of a new policy and supporting procedure documents and guidelines for NSS;
- ensuring that the policy is developed in a robust way, the requirements of the Policy Development Framework are followed, and Assurance Checklist (Appendix 1) is complete;
- allocating a Policy Lead (see 5.3 for definition) to lead the development of a new policy;
- providing advice to their nominated Policy Lead throughout the policy development process;
- notifying the Associate Director of Corporate Governance (see 5.4 for definition) of the policy to be developed with an indicative timescale for completion;
- ensuring that policies within their area of responsibility are reviewed within the agreed review period, or agreeing an extension if appropriate;
- identifying the need for any required policy amendments e.g., guidance or legislation changes and appoint a Policy Lead to take forward changes.
- present the draft policy to EMT and relevant Standing Committee, as required.

5.3 Policy Lead

5.3.1 The Policy Lead is responsible for:
- meeting the requirements for consultation, review of evidence, impact assessments and document format as set out in the Policy Development Framework;
- ensuring that the policy is approved by the appropriate approval body in line with the NSS Standing Committee Terms of Reference;
- the implementation of the policy, including timescales for roll-out, training, ongoing communication and review;
- providing the Associate Director for Corporate Governance with materials for a policy consultation to be launched via appropriate and effective NSS Communication channels;
- ensuring that the policy is reviewed at the stated date.
- present the draft policy to the Corporate Governance Oversight Group.

5.4 Associate Director of Corporate Governance

5.4.1 The Associate Director is responsible for policy management within NSS. This includes:

- overall responsibility for Policy Development Framework;
- providing advice on the policy framework and processes through the Corporate Governance function;
- ensuring implementation of the framework, including the development and maintenance of a policy management system;
- reviewing the framework and processes to ensure it remains fit for purpose;
- ensuring a system is in place for staff access to all policies;
- alerting Executive Leads (see 5.2 for definition) 6 months before a policy expires (and monthly reminders thereafter);
- Ensuring regular communications go out to staff via appropriate NSS Communication channels on policy consultations and new policies.

5.5 Line Managers

5.5.1 Line managers are responsible for:
- ensuring policies are accessible for all their staff;
- ensuring staff have read and understood the relevant policies;
- ensuring systems exist to identify staff training needs on the implementation of new and updated policies.

5.6 Employees

5.6.1 Employees are responsible for:
- ensuring that they have read and understood the policies;
- ensuring that their working practices cohere with all policies relevant to their area of work. Where an employee feels that this does not happen, they should raise this with their line manager, in the first instance.

5.7 Corporate Governance Oversight Group

5.7.1 The Corporate Governance Oversight Group will review all policies, with the exception of NSS Workforce; Health and Safety; or Once for Scotland National policies, before they are added to the Corporate Policy Register. This group will confirm the governance route for all policy development within its remit.

6. CORPORATE POLICY DEVELOPMENT

6.1 The development of a corporate policy must be authorised by an Executive Lead who will allocate a Policy Lead to lead the policy development.

6.2 The Policy Lead must ensure the development of the corporate policy follows the relevant route map detailed in Appendix 4**.**

6.3 Policy Leads will be expected to examine the existing policy landscape and provide assurance of the absence of duplication. Where there is potential overlap in content, the Policy Lead will be required to liaise with other relevant Policy Leads to ensure coherence. Policy Leads should also pay cognisance to complementary policies in their particular area of business in order to promote a wider suite of policies within their published document, as necessary.

6.4 The Policy Lead should establish a short life working group to progress the corporate policy development. The short life working group should consist of organisational experts who will be able to support the drafting of the policy – ensuring that it is reflective of statutory and regulatory requirements.

6.5 Consultation and Engagement

6.5.1 All new and existing corporate policies must be developed with the involvement of key stakeholders and undergo appropriate consultation on their content prior to seeking approval for the policy. All staff consultations will be available to review and comment on, on the Corporate Governance SharePoint site. All staff communications, via appropriate corporate communications will be issued advising staff of any open policy consultations.

6.5.2 **All consultations should be proportionate to the level of change** (e.g**.** minor changes mid review (e.g. changes to job titles, committee names and dates).

6.5.3 Policies can cover any area within NSS's remit. Policy Leads must identify and appropriately and proportionately involve all relevant stakeholders, both affected by the policy, and responsible for its implementation.

6.5.4 The Policy Lead must consider the target audience of the Policy and consult, as appropriate, with the groups, and staff side, which will be impacted by the policy and/or need to comply with the policy. The target audience should be recorded on the Policy.

6.5.5 The Policy Lead must advise the [Associate Director of Corporate Governance](#) if the policy requires all staff consultation for inclusion on the Corporate Governance SharePoint site and via appropriate corporate communication channels.

6.5.6 Examples of appropriate consultation may include individual(s) with expertise in their fields, working groups which includes staff side representatives, or service user groups.

6.5.7   Executive Leads should also consider if the corporate policy should go to the Executive Management Team for consultation, if so, this should be done through Informal Executive Management Team (EMT). The Chief Executive will approve items which will be considered at Informal EMT.

6.5.8   If an Executive Lead decides to take a draft policy to EMT for consideration, this should be submitted to the [Associate Director of Corporate Governance](). If you are unsure about whether a policy should be presented to the EMT, please contact the [Associate Director of Corporate Governance]().

6.6 Public Consultation

6.6.1   Policy Leads must also ensure that any statutory requirements for public consultation and involvement are complied with where required and should consult [Planning with People: Community Engagement and Participation Guidance.]()

6.6.2   Consideration should be given to the need for formal public consultation where a significant change to services is proposed, with the considerations and process for this set out within the guidance.

6.7 Format

6.7.1   All new corporate policy documents, with the exception of the policies which fall under the remit of the WPTC, must be written in line with the Policy Document Template (Appendix 2).

6.7.2   To ensure that corporate policies can be found easily the title should start with a key word, and not the word policy. Changing the name of a policy should be avoided as this can cause confusion, however, where this is required, the previous policy title should be clearly stated.

6.7.3   All corporate policy documents must be written in a style which is concise and plain English. Consideration should be given to the expected audience for the policy and the level of understanding of technical terms. To ensure clarity, the definitions section of the policy should be used to make these more accessible.

6.7.4   Policies should be in a standard format which meets disability access standards, in accordance with the template at Appendix 2.

6.7.5   A corporate policy must use definite terms such as 'must, will, is' and avoid words such as 'should' and 'may'. A full Proof-Reading Checklist is available at Appendix 3.

6.8 Impact Assessment

6.8.1 Impact assessment is an integral part of the process of developing a corporate policy. As a minimum, all policies must consider the following:

- **Quality and Value –** this should provide details of any positive and negative impact on the quality and value of services. Further guidance is available at this link: Delivering Value Based Health and Care

- **Equality and Diversity, including health inequalities** – confirmation that an Equality Impact Assessment has been undertaken and found no risks or issues or an Equality Impact Assessment has been undertaken and identified x issues/risks. Where the latter is the case, the assessment clearly showing mitigations should be included.

  Equalities Impact Assessment (EQIA) is a legal requirement under the Public Sector Equality Duty for policy development or review. Policy Leads must complete an EQIA to ensure policies:

- eliminate unlawful discrimination, harassment and Victimisation;
- advance equality of opportunity between groups of people with different protected characteristics;
- foster good relations between different protected characteristic groups.

- **Data Protection and Information Governance** – NSS is legally obliged to ensure that NSS and/or your local Data Protection Officer are involved in all matters relating to how we process and protect personal data. Personal data is defined as "information that relates to an identified or identifiable individual." In this section, you should include details of:

  - The consultation with your Directorate Data Protection lead and, where appropriate relevant experts and data processors (those who process data on your behalf), especially where you are introducing new, or substantial changes to existing, systems and processes that handle personal data; training programmes and operational procedures that impact the appropriate handling of personal data.

  - A summary of the actions taken to help you identify and minimise the data protection risks of what you want to do before you start the processing of personal data, including a link to your data protection impact assessment.

- **Finance and Workforce Impacts –** Advice should be sought from the relevant Finance and HR persons, where required, regarding cost and workforce implications.

- **Climate Change and Sustainability –** Policy Leads should ensure that Sustainability and Environmental Social Governance (ESG) considerations are holistically integrated into policy development to support a strong sustainability culture within the organisation:

  - Environment: Negative and positive impacts on a policy and its respective area of operations will have on the natural environment and what controls will be put in place to mitigate the impacts.

  - Social: Consider elements that can affect societal wellbeing for patients, staff and visitors and if this can be improved.

  - Economic: Improve financial performance through economic sustainability. Examples include recycling and/or re-using valuable materials to lower operating costs and reduce the intensity of resource consumption.

- **United Nations Convention on the Rights of the Child (UNCRC) –** Policy leads should ensure that UNCRC considerations are holistically integrated into policy development to support the legislative requirements.

6.9 Assessing Risk

6.9.1 Policy Leads are required to complete the Integrated Risk Management Approach (IRMA) in order to inform their policy development or review.

6.9.2 The (IRMA) is designed to assist the lead in articulating the risk management impacts of any new policy development, including:

- detailing any risks that may emerge as a by-product of this new policy;
- planned actions to mitigate those risks;
- the extent to which the new policy supports the mitigation of existing corporate risks.

and, if relevant:

- the risk to the organisation were this policy to be withdrawn and not replaced.

6.9.3   Guidance on completing the risk assessment is also available via the link above. Completed assessments should be submitted along with the Assurance Checklist in Appendix 1.

6.10 Assurance

6.10.1 An Assurance Checklist, to ensure all of the requirements have been considered, is provided at Appendix 1. The completed checklist should be made available to the relevant CGOG when presenting the policy, along with the separate EQIA/DPIA and Risk Assessment. A Policy cannot be presented to an CGOG without a fully completed Assurance Checklist and associated assessments. The policy owner must ensure that the completed Equality Impact Assessment and the policy approval checklist accompany the policy for approval by the relevant Policy Oversight Group.

7. CORPORATE POLICY APPROVAL AND IMPLEMENTATION

7.1 Scrutiny and Approval

7.1.1 [The Blueprint for Good Governance in NHS Scotland, Second Version](#) is clear that *Boards should ensure that operational policies are subject to approval and regular review by the Board and the standing committees.*

7.1.2 The Corporate Governance Oversight Group will review all policies, (with the exception of any NSS Workforce; Health and Safety Once for Scotland National policies and SNBTS Clinical Policy) before they are added to the Corporate Policy Register. This group will advise of the formal approval route which in most instances will require approval (and recommendation to a Board Standing Committee for final approval) by EMT to ensuring oversight and implementation and then to one of the Board Standing Committees for final approval. At this point the Board Standing Committee will seek assurance that the policy has been developed in line with the Policy Framework.

7.1.3 When the consultation process has taken place (see section 6.1) and policy drafted or reviewed, the draft policy should be submitted to the [Associate Director of Corporate Governance](#). In advance of submission to the Corporate Governance Oversight Group, the Corporate Governance Team will carry out a quality assurance check, which will ensure it is compliant with the defined style and format in this process document.

7.1.4 The Corporate Governance Team will review the completed checklist and liaise with the Policy Lead regarding any queries prior to submission to the Corporate Governance Oversight Group.

7.1.5 The Corporate Governance Oversight Group will advise the Executive Lead and Policy Lead of the outcome of their review.

7.1.6 It is then the Executive Lead's responsibility to submit the final draft policy and completed checklist (see Appendix 1) to EMT and/or appropriate Standing Committee for final approval and onward implementation.

7.1.7 The Executive Lead will notify the Corporate Governance Team of the approval to allow the Team to update the policy register and publish the approved policy.

7.2 Assurance

7.2.1 The Corporate Governance Oversight Group will produces reports for the NSS Executive Management Team (EMT) to provide assurance that policies are being effectively developed within NSS. This report will provide an overview of all new policies before they are submitted to the relevant NSS Standing Committee and those due for review in the following six months.

7.2.2 EMT can request that any policy (new or for review) goes to Informal EMT for a formation discussion or EMT for review before going to the relevant standing committee.

7.2.3 An annual report will be presented to the NSS Board.

7.3 Communication

7.3.1 Following approval, the Executive Lead will ensure the policy is provided to the Corporate Governance Team for publication on the Corporate Governance SharePoint Site and, where appropriate, ensure information is included in the appropriate NSS Communication channel.

7.3.2 The Executive Lead will also have responsibility for highlighting the consultation to any relevant stakeholders.

7.4 Implementation

7.4.1 Although staff will be alerted regularly to new policies through Corporate communication channels, managers are also required to put in place communication and implementation plans for their area of responsibility to ensure that all staff who the policy is relevant to are made aware of it and their individual responsibilities in relation to its implementation.

8. AMENDMENTS TO CORPORATE POLICY

8.1 For amendments, which can either be minor or extensive, the process is detailed in the route map at Appendix 4.

9. REVIEW OF CORPORATE POLICY

9.1 All policies should be reviewed every three years as a minimum, or sooner if there is a specific legislative or service requirement or change in guidance, law or practice. It is the Executive Lead's responsibility to act on any requirements resulting in potential changes to policies they have responsibility for.

9.2 When policies are due for review the Associate Director for Corporate Governance will advise the Executive Lead and Policy Lead six months in

advance of the policy review date. A reminder will be sent out each month following the initial notification. The Policy Lead must follow the route map. The Equality Impact Assessment also must be reviewed as part of this process.

9.3 Reviews should take account of:

- the effectiveness of the current policy;
- changes to organisational and national policy and context;
- the ongoing requirement for the policy.

9.4 A guide to undertaking policy evaluation is available from the Scottish Government: Evaluation for policy makers - A straightforward guide

9.5 Authorised Extensions

9.5.1 If the review of the policy will take longer than the six-month review period, but the policy guidance is still current, the policy owner should seek authorisation from the Corporate Governance Oversight Group. The Associate Director for Corporate Governance will ensure the extension request is considered by the Group.

9.5.2 If the policy has breached its review date without a request for an extension and with no explanation as to the reason, the matter will be brought to the attention of the Corporate Governance Oversight Group for discussion and action.

10. IMPLEMENTATION OF THE CORPORATE POLICY DEVELOPMENT FRAMEWORK

10.1 This framework will be approved annually by the Board as part of the Corporate Governance Framework.

11. KEY CONTACT

Associate Director Corporate Governance
NHS National Services Scotland
Gyle Square, 1 South Gyle Crescent,
Edinburgh
EH12 9EB
Kyle.Clark-Hay@nhs.scot

ASSURANCE CHECKLIST

All draft policy documents, with the exception of NSS workforce; Health and Safety; or Once for Scotland National policies, must be submitted along with a copy of this completed checklist for quality assurance prior to being put forward for approval.

This checklist also extends to procedures and guidelines that act as implementation tools for policies. This checklist does not require to be completed for stand-alone procedures and guidelines.

CHECKLIST	
Title of Policy	
Brief description of document being developed and its purpose:	
Please tick the box that best describes the document being developed	
Policy A corporate document which gives direction and approach around a clearly defined subject/area.	
Procedure A standardised series of actions taken to achieve a task so that everyone undertakes it in an agreed and consistent way to achieve a safe effective outcome.	
Guideline A standard or principle to assist staff in demonstrating actions and behaviours that are consistent and adhere with a particular policy.	
Policy Lead:	
Executive Lead (policy approver):	
Date approved for development:	

DEVELOPMENT OF POLICY (IF RELEVANT)	
Name and duration of working group set up to develop the policy;	
Members of the working group:	
Comments from working group:	

CONSULTATION ON POLICY					
Has the document been developed in partnership?	YES		NO		
If no, please explain why:					
If yes, comments from Staff Side representatives:					
Which groups or committees have been consulted on the draft document?					

Actions and comments received from consultation	Actions adopted				Reason for not adopting
	Yes		No		
	Yes		No		
	Yes		No		
	Yes		No		
	Yes		No		

Impact Assessments		
Have the following been considered:	YES	NO
Quality and Care		
Equality Impact Assessment		
Data Protection Impact Assessment		
Finance and Workforce Impacts		
Risk Assessment		
Climate Change and Sustainability		
If no, please explain why:		

APPROVAL ROUTE (To be completed by the by Corporate Governance Team following consideration by the Corporate Governance Oversight Group)	
Date considered by the Corporate Governance Oversight Group	
Comments from the Corporate Governance Oversight Group	

PUBLICATION SITES OF POLICY	
Where the policy will be published or made available externally, it should include a clear statement on how alternative formats (e.g. alternative languages, large print, audio CD) can be requested, including contact details, in line with the Board's Accessible Information Policy. Electronic versions of policies, including those placed on the intranet, should be in PDF files where possible or read-only. Publication will also be in line with the 2024 NSS Model Publication Scheme V1	
Policy SharePoint site (will be actioned by the Corporate Governance Team)	Yes – all policies to be available here
HRConnect	Yes/No
NSS website *	Yes/No
All staff communications* (will be actioned by the Corporate Governance Team)	Yes/No

POLICY DOCUMENT TEMPLATE (to be completed for all NSS Policies, including NSS Workforce and Health and Safety policies (but with the exception of those under the Once for Scotland Framework)

Printed copies must not be considered the definitive version

DOCUMENT CONTROL			
Policy Name			
Policy Lead			
Executive Lead			
Scope (applicability)		**Version No.**	
Status:		**Implementation date:**	
Last review date:		**Next review date:**	
Approved by:		**Approval date:**	
Equality Impact Assessed:		**Assessment date:**	
Data Protection Impact Assessed:		**Assessment date:**	

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Proof Reading Checklist

Please consider the following when proofreading your document, before submitting them to a peer, manager, or another stakeholder. This helps maintain a consistent approach and reduces work at a later stage in the process.

Area to Review	Consideration to be given	Check
Abbreviations and acronyms	Ensure acronyms are written in full the first time you use them, including what the acronym will be later in the report, such as Executive Management Team (EMT). Thereafter you can just use the initials.	
Accessibility	All policies must be fully accessible to the intended audience. Word has a function that checks this automatically.	
	The general presentation is simple and clear.	
	There are no sentences I need to read more than once to understand.	
	The policy is easy to navigate.	
	Page numbering is consistent.	
	Number pages X of Y.	
	Paragraph numbering is consistent throughout.	
	Minimise the use of technical language or point the reader to a glossary if further information or explanation is required.	
Bullet Points	All bullets use the same characters.	
	All bullets are aligned throughout the policy.	
	Spacing is consistent.	
Formatting	The text must be Arial 12 point.	
	Heading font and spacing are consistent.	
	Margins are consistent throughout.	
	Tables are simple and in the same format throughout.	
Grammar	Refer to NSS's style guide.	
	Sentences are complete with the correct use of subjects (nouns or pronouns) and verbs.	
	Subject and verb agreement e.g. singular subject and singular verb.	
	Correct and consistent tense is used throughout.	
	Sentence length is appropriate – read aloud, which should help identify if the sentence is too long or does not make sense. Ensure you use punctuation as appropriate – use a colon: or a semi-colon; correctly to split a sentence (if this is appropriate) or if more appropriate, to split one sentence into two	

	shorter sentences without stilting how the paragraph flows.	
Numbers	In the text, the numbers one to nine should be typed in full. Numbers 10 and above should be in the figures. A comma should be used after the thousands in numbers with four digits or more. A number at the start of a sentence should always be typed as a word. When numbers are mentioned in more than one place (in a table, in the text, in the introduction, on a graph), are they consistent? Are the correct signs used (+, −)?	
Punctuation	No incorrect apostrophes have been used e.g., grocer's, grocers,' grocers.	
	Every quotation and bracket used opens and closes.	
	Capital letters are used ONLY when required and not spuriously (e.g. for proper names).	
Referencing	All cross-referencing refers to the correct appendix, figure, or page.	
Spelling	Spell check has been run.	
	Check any special terminology.	
	Check for typos not picked up in spell check - from/form etc.	
	Check correct usage – effect/affect; there/their.	
Tables	Is the use of a table the best way to present information?	
Version Number	Update the version number after each time something is edited.	
Vocabulary	Does the file name make sense?	
	Do you know the meaning of all the words used and are they used correctly?	
	Has the same word been used too often – find an alternative.	
	Is the language used appropriate i.e. is it relevant to the document?	

Review of Corporate Policy Process

Review of an NSS Policy document is required due to:

(a) Policy Review date approaching;
(b) Changes to an existing policy are necessary

Appropriate Lead Executive Director to appoint a Policy Lead to review existing document and determine whether required changes are minor, major or the document is no longer required

Minor changes mid review (e.g., changes to job titles, committee names and dates)

Major changes and full review (e.g. changes to practice/staff responsibilities)

Not required (e.g. document no longer needed)

Policy Lead to make minor amendments necessary and seek approval of the updated policy from the Lead Executive Director

Policy Lead to undertake a full review of the existing policy document following the requirements of the Policy Development Framework

Policy Lead to undertake a full review of the existing policy document following the requirements of the Policy Development Framework

Policy Lead to forward updated policy and Executive Lead's approval to Corporate Governance Team who will present to the CGOG for review.

The Executive Lead and Policy Lead will be advised of the outcome of the CPOG review and any further actions required.

Policy Lead to effectively consult and engage with relevant stakeholders as set out in the Policy Development Framework

Policy Lead to seek Lead Executive Director's approval to withdraw the document including clear rationale for this request on the policy checklist

Policy Lead to send draft document to Corporate Governance Team along with the checklist for quality assurance.

Request for the withdrawal of the policy and confirmation of the Lead Executive Director's approval to be forwarded to the Corporate Governance team, who will submit the request to the CGOG for review.

If no further action is required, The Corporate Governance Team will update the policy register with minor changes made

Corporate Governance Team to raise any queries regarding the checklist, the Policy Lead to update the checklist and draft policy document as appropriate

The Corporate Governance Oversight Group will review and advise the Policy Lead (via the Corporate Governance Team) of the approval route – CGOG approved, requires to go to EMT, requires Standing Committee or alternative action is required.

The Corporate Governance Team will submit the final draft policy along with the updated checklist to the Corporate Governance Oversight Group for review

Corporate Governance term will archive the document, remove from the hosting area and note on the Corporate Policy Register

If EMT or Standing Committee approval is required, Executive Lead to progress.

Executive Lead to advise the AD of the EMT/Standing Committee decision.

AD publishes final version as indicated on the checklist and updates policy register

MEMBERSHIP LISTS

2025/26

Headquarters
Executive Office
Gyle Square
1 South Gyle Crescent
EDINBURGH EH12 9EB
Telephone 0131 275 6675
Fax 0131 275 7530
www.nhsnss.org

NHS
National
Services
Scotland

NSS BOARD

CHAIR	Keith Redpath, NSS Chair
VICE-CHAIR	Gordon Greenhill, Non-Executive Director
MEMBERS	Alison Rooney, Non-Executive Director Arturo Langa, Non-Executive Director Lisa Blackett, Non-Executive Director Beth Lawton, Non-Executive Director Maria McGill, Non-Executive Director Paul Buchanan, Non-Executive Director Ian Cant, Employee Director Mary Morgan, Chief Executive Carolyn Low, Director of Finance, Corporate Governance and Legal Services Sharon Hilton-Christie, Executive Medical Director

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CHAIR	Lisa Blackett, Non-Executive Director
VICE -CHAIR	Ian Cant, Employee Director
MEMBERS	Keith Redpath, NSS Chair Arturo Langa, Non-Executive Director Beth Lawton, Non-Executive Director Paul Buchanan - Non-Executive Director Trade Union Representatives (4)

Board Development Sessions and Seminar Programme 2025/26

Date	Type	Topics
21.02.2025	Board Seminar	Budget Summit outcomes
25.04.2025	Board Development Session	NSS Integrated Risk Approach and Appetite review
08.08.2025	Board Seminar	Equality Impact Assessment
20/21.10.2025	Board Development Session	Horizon scanning with Executive Management Team
20.02.2026	Board Seminar	NSS Budget and Annual Business Plan review 2026/27

ARC Development Sessions and Seminar Programme 2025/26

Date	Type	Topics
12.06.2025	ARC & Board Development Session	Review the Annual Accounts and Report - Invitation extended to all Board members

FPPC Development Sessions and Seminar Programme 2025/26

Date	Type	Topics
06.05.2025	FPPC Seminar	TBC
05.08. 2025	FPPC Seminar	Financial Governance – Invitation extended to all Board members
04.11.2025	FPPC Seminar	NSS Environmental and Sustainability Strategy & Networks
27.01. 2026	FPPC Seminar	Budget review - outcomes from budget summit

SGC Development Sessions and Seminar Programme 2025/26

Date	Type	Topics
29.04.2025	SGC Seminar	Health and Safety Improvements and Initiatives across National Procurement and Warehouses
20.06.2025	SGC Seminar	Public Enquires - Invitation extended to all Board members
14.10.2025	SGC Seminar	Staff Networks
03.02.2026	SGC Seminar	TBC – hold for in year development needs

CGC Development Sessions and Seminar Programme 2025/26

Date	Type	Topics
01.05.2025	CGC Seminar	Scan for Safety programme
31.07.2025	CGC Seminar	TBC – hold for in year development needs
30.10.2025	CGC Seminar	TBC – hold for in year development needs
29.01.2026	CGC Seminar	TBC – hold for in year development needs

NHS National Services Scotland

Meeting:	**NSS Board**
Meeting date:	**Friday 28 March 2025**
Title:	**Public Sector Equality Duty Reporting**
Paper Number:	**B/25/08**
Responsible Executive/Non-Executive:	**Lee Neary Director of Primary and Community Care (Interim), Strategy, Performance and Service Transformation**
Report Author:	**Louise MacLennan Head of Equality, Engagement and Experience**
	(Reviewed by Matthew Neilson, Associate Director Strategy, Performance and Communications)

1.   Purpose

1.1   To present the suite of equality reports which are required to be published on the 30 April 2025 in line with the Equality Act 2010 legislative requirements set out in the public sector equality specific duties. (PSED).[1]

1.2   This paper covers the Mainstream Equality Report, Progress Report on Equality Outcome 2021-24 and the new Equality Outcomes for 2025-29.

1.3   The NSS Pay Gap Report and Equal Pay Statement will be provided to the Staff Governance Committee for information by HR Colleagues.

2.   Recommendations

2.1   As accountable Director I am assured that the suite of Equality Reports delivers against the requirements set out in the Equality Act Public Sector Equality Duty. The reports compliment NSS workforce plans and strategies and provides a clear framework to address inequality in the workplace and healthcare service.

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[1] Public Sector Equality Duty: specific duties in Scotland | EHRC

2.2   It is recommended that the Board approve the suite of Equality Reports for publication and accept the assurances provided.

2.3   The Board are asked to note that pending approval of the revised Staff Governance Committee Terms of Reference, future approvals and reporting in relation to the Equality Act 2010 will be delegated to the Committee.

3.   Executive Summary

3.1   This suite of reports provides details on the activities and actions for the reporting period. The Mainstream Report provides information on our activities to promote equality in our service areas and in the workplace. These activities are provided on pages 7 to 21 in the report.

3.2   The Equality Outcomes 2021-24 Progress report provides detail on how much we have achieved against our agreed outcomes for the reporting period.
The equality outcomes 2021-24:

1. To improve the health and wellbeing of staff.
2. To improve the experience of staff going through the case management process.
3. To develop a staff Ethnic minority network.
4. To implement a variety of methods to deliver equality and inclusion training.
5. To develop a resource framework and funding for the NSS staff equality networks.
6. To increase the number of staff who provide equality data.
7. To implement national equality action plans to address race and disability equality.

3.3.   Equality outcomes 2 and 7 will be carried forward into 2025-29 as more improvements are required to achieve these outcomes. The anti-racism plan will be published on 31 March 2025, pending Board approval, and will support the progression of the national equality outcomes to address racialised health inequalities and promote race equality in the workplace. Our reasonable adjustment passport will reflect the Once for Scotland guidance and will progress national equality outcomes for disability equality.

3.4   We have made good progress against equality outcomes 1 and 3. We recognise that we can increase the number of staff who provide their equality data. Work will continue in 2025-26 to improve on this.

3.5   Engagement with our stakeholders including our employees, employee networks and external equality organisations have informed the new equality outcomes. These outcomes focus on building equality in the workplace, key activities in SNBTS, and our approach to addressing health inequalities in screening.

3.6   The Equality Outcomes 2025-29 will be reviewed and monitored on an annual basis with progress reported to the NSS Equality and Diversity steering group.

4.   Impact Analysis

4.1   Quality and Value

4.1.1   The equality reports demonstrate a commitment to quality and value.

4.2   Equality and Diversity, including health inequalities

4.2.1   The Mainstreaming Equality and the Equality Outcome Progress reports demonstrate our commitment to equalities and provides examples of how we have achieved this in the reporting cycle. The new Equality Outcomes 2025-29 report provides the detail of what we will do in the next 4 years to build on our progress. The suite of reports will have a positive impact on the protected characteristics and will create opportunities to ensure equality and equity across our services and in our workplace.

4.3   Data protection and information governance

4.3.1   The data provided in the Mainstream Equality report is published in line with data protection and information governance standards.

5.   Risk Assessment/Management

5.1   There are no risks identified in relation to this suite of reports.

6.   Financial Implications

6.1   The suite of reports are implemented and managed within current resources.

7.   Workforce Implications

7.1   Any workforce implications will be addressed at a project level.

8.   Climate Change and Environmental Sustainability Implications

8.1   There are no climate and environmental sustainability implications identified in these papers.

9.   Route to Meeting

The governance route for these reports is as follows:

9.1   NSS Equality and Diversity Steering group Thursday 16 January 2025
9.2   EMT Meeting 24 February 2025
9.3   PF Meeting 25 February 2025
9.4   SGC 6 March 2025
9.5   NSS Board 28 March 2025

10.   List of Appendices and/or Background Papers

10.1   Mainstream Equality Report 2025
10.2   Equality Outcomes 2021-25 Progress Report
10.3   Equality Outcomes 2025-29

Mainstream Equality Report

Contents

Foreword

The Scotland Act 1998 and the Equality Act 2010, outlined clear definitions and legal requirements around equality and diversity as follows "the prevention, elimination or regulation of discrimination between persons on grounds of sex or marital status, on racial grounds, or on grounds of disability, age, sexual orientation, language or social origin, or of other personal attributes, including beliefs or opinions, such as religious beliefs or political opinions."

The context of these important Acts is further re-enforced through a range of responsibilities including Equality outcomes and mainstreaming reports; an Equality Statement published each year alongside the Scottish Government's Draft Budget; an Equality and Budget Advisory Group; and a legal requirement to undertake and publish Equality Impact Assessments (EQIA's). Much progress has already been achieved which strengthens the NSS vision for equality and diversity, which goes beyond establishing policies and processes to achieve change.

It is for all of us to take ownership and responsibility, and to embrace equality and diversity principles, as part of international human rights values and beliefs. As an organisation and as individuals, we continue to embed human policies and systems to ensure there is 'fair treatment' across areas of recruitment, training, and career development, within an open environment of acceptance.

We continue to support our colleagues to recognise the critical individual and collective responsibilities around equality and diversity practices, which further determines values, respect, and social inclusion in all our daily lives. It is also recognising that where we identify there are weaknesses or issues with equality and diversity practices not being properly embraced, then we acknowledge these and commit to meeting these challenges head on, and therefore ultimately improving outcomes.

Finally, we continue to perform Equality Impact Assessments on our services to ensure that the high standards which we have committed to, are reflected in all our services and are accessible to everyone by removing real and perceived barriers. Through excellent equality and diversity practice, the positive impact always means that everybody is treated with dignity and respect.

Tom McHugh
Chair NSS Equality and Diversity Steering Group

Introduction

NHS National Services Scotland

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 strategic priorities, 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.

Through the NSS Assist strategic priority for example, we are already supporting Health and Social Care Integration Authorities, Public Health Scotland, Local Authorities and Scottish Government Non-departmental Public Bodies and Agencies.[1]

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. [2]

NSS as an Anchor Organisation

Anchor organisations 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.

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[1] NSS Assist Annual Report 2023-24 | National Services Scotland
[2] NSS Assist Annual Report 2023-24 | National Services Scotland

Anchor Institutions generally receive public resources and, often have a responsibility to meet certain standards with their impact or value. These characteristics mean that NSS, like other anchor institutions, is well placed to have a say in where and how resources are spent locally and help have a positive influence the inequalities faced by our local communities. As an Anchor Institution NSS can make a difference through the following ways:

- **Workforce** – widening access to jobs for people furthest from employment to help increase income for families, reduce child poverty and support career pathways.

- **Procurement** – by sourcing more goods and services locally and influencing organisations to work more ethically and sustainably.

- **Land and Assets** – work closely with local communities to ensure that assets are used to benefit local people and groups.

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, Procurement and Performance 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 would 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.

Strategic Networks

NSS has a well-established network of key strategic groups.[3] These span Scottish Government, health, local government, non-departmental public bodies, and

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[3] Strategic networks | National Services Scotland

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.

Mainstreaming Equality

What do we mean by Mainstreaming? Mainstreaming equality simply means integrating the general equality duty into the day-to-day working of an organisation. It is for the organisation themselves to determine how best to mainstream equality in their day-to-day functions. The specific equality duties require a listed public authority to publish a report on the progress it has made to make the equality duty integral to the exercise of its functions to better perform that duty.[4]

In the next section of this report we describe our Mainstreaming Equality activity across our Services.

Scottish National Blood Transfusion Service (SNBTS)

Engagement with Community, Ethnic and Religious Groups

Our Scottish National Blood Transfusion Service (SNBTS) has engaged with the Tamil and Muslim Groups in Glasgow. Twenty blood donation appointments were protected for the group to attend the Glasgow Donor Centre to donate blood. This session was organised to commemorate friends and family who died during the civil war in Sri Lanka. SNBTS plan this to be an annual event to be held in Drumchapel Community Centre.

The Glasgow University Muslim Student Association visited the Glasgow Donor Centre in October 2024 with appointments booked in to allow group attendance at the blood donor sessions.

Hindus, and LGBT+ Groups in Edinburgh receive an annual give blood talk for their students. SNBTS has publicity at the Leith Hindu temple following some group

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[4] Mainstreaming the Equality Duty: A Guide for Public Authorities, Scotland | EHRC

donations at the Edinburgh Donor Centre. We also had a presence again this year at Edinburgh Pride.

A Multi Faith event was held at the Edinburgh Donor Centre in support of the Imam Hussein Blood Donation Campaign – a video and photos can be accessed via this link: [Scotblood | Imam Hussain Blood Donation Campaign 2024](#)

In support to our Faith & Belief Strategy, the Head of Donor Marketing attended and presented to the inaugural Faith and Belief conference in October 2024, highlighting the Scottish Ahlul Bayt Society (SABS) success with the Imam Hussein Blood Donation Campaign. The First Minister and the Equalities Minister attended the event.

Dr Morteza Hashemi created a documentary film in the summer of 2024 about their research into the identity of the Scottish Muslims in what they defined as "an increasingly marginalised world".

The focus was on the role of the blood donation scheme being run through the Scottish Ahlul Bayt Society (SABS). The documentary was screened at the Scottish Parliament on 7 November 2024 at an event hosted by Bill Kidd MSP and was attended by the Director of SNBTS and several SNBTS delegates. The documentary has been published on YouTube by Nottingham University [Blood Under the Skin (research documentary)](#).

The Diversity of our Donor Base

As Scotland's population becomes more diverse, Scotland's donor base needs to reflect these changes to ensure we can provide the blood components needed by different patients.

- 1.7% of our donor base have stated that they are Asian. Scotland's population is now 3.9%.
- 0.37% of our donor base have stated that they are African or Caribbean: Scotland's population is now 1.2%.

If our donor base were to truly represent the national average, at current rates we would need:

- 4,021 Asian donors (we currently have 1,665)

- 1,237 Black/African donors (we currently have 365)

A success in this area, and reflecting recent work undertaken is that in our Asian, Black, and Caribbean donor groups we have a much higher incidence of younger donors than the national average.

Plans are in place to implement the Malarial Antibody Test (MAT) with donation, to support further recruitment of donors from Minority Ethnic Communities. This will remove the current inequality of a donor having to give a sample only, then return at a future date to give a donation. This change recognises the fact many donors from Minority Ethnic Communities may have travelled to a malarial area. The change is to be piloted at Edinburgh Donor Centre.

NHS England (NHSE) is working with NHS Blood and Transplant (NHSBT) on a new programme of work to better identify blood groups for all current patients in England living with inherited anaemias including Sickle Cell Disorder and Thalassemia and other transfusion-dependent rare inherited anaemias. This test is also being made available to those living in Scotland. The programme will use a DNA testing array, developed by the international Blood transfusion Genomics Consortium (www.bgc.io), to provide extended blood group genotyping and Human leukocyte antigen (HLA) typing. Through this programme, together with a programme that is being rolled out in the donor population, it will over time be possible to identify better matched blood for transfusion and so reduce antibody formation.

The SNBTS website www.scotblood.co.uk was assessed for Accessibility standards by Government Digital Services, Cabinet Office, London. The website was randomly selected for audit and was found to require minor adjustments only. The Accessibility Guidelines are here: Understanding accessibility requirements for public sector bodies - GOV.UK A copy of the report for www.scotblood.co.uk is here - Accessibility report for www.scotblood.co.uk.

Central Legal Office (CLO)

Provision of information, training, and seminars

CLO publish newsletters to keep their clients up to date highlighting developments in the law affecting the NHS in Scotland and sharing learning from employment cases.

CLO published 10 newsletters in 2024 with client survey results indicating positive feedback.

Training & seminars courses are presented by specialist solicitors from all CLO Departments including the Employment team. Seminars and courses take two forms:

1. National seminars held at regular intervals, which are open to all clients.

2. Customised local seminars.

Each year the Employment team goes out to all NHS Boards, offering the same session to each Board. Last year this was a "Lessons Learned" sessions looked at 3 cases drawn from the team's experience of recent NHS cases – one of those cases focused on recruitment and avoiding any allegation of discrimination.

In relation to this reporting cycle, the employment team offered all NHS Boards training in person or online on "Competing Rights – a Focus on Trans Issues".

Again, this was provided by the solicitor or solicitors who is/are the main contacts for the Boards. This training is developed and offered free of charge.

Each year the employment team also offers a session open to attendees from any/all Boards. The employment team runs this a number of times – last year the team did it 4 times. The topic was whistleblowing.

This year the team offered 3 sessions and will record one session and make it available online. It was a panel session on disability discrimination issues that the team are frequently asked to advise upon. This training is developed and offered free of charge.

The employment team also responds to requests from clients to deliver training – the topics being generated by them. Looking at the past year, the following E&D relevant subjects were covered:

1. Unconscious bias
2. Flexible working
3. Disability discrimination
4. Social media
5. Sexual harassment

Programme Management Services (PgMS)

Approaches to Mainstreaming

All PgMS staff are required to complete an Equality and Diversity Awareness course within the first 3 months of their employment. This is renewed every 3 years as part of the core training requirements.

Equality & Diversity (E&D) representatives attend and actively participate in the NSS E&D Steering Group meetings; they also meet out with these meetings for regular delivery discussions to progress E&D work for PgMS in order to raise the profile of E&D with PgMS staff. To support this, they also sit on the PgMS Wellbeing Delivery Group and PgMS SharePoint Development Group to ensure E&D is considered as part of the work these groups are progressing.

The E&D Champions presented at a PgMS Show and Tell attended by more than 60 members of staff. This covered E&D broadly and the duty placed on us an organisation, E&D duties and responsibilities for all staff, updates related to EQIAs, and the role of our E&D Champions. Key for this engagement was to highlight available training courses and Turas Learn courses directing staff to further develop their understanding.

Members of PgMS are active in NSS staff networks including the (dis)ability network.

PgMS E&D reps created a landing page in October 2024 that links all information and resources on E&D located on different systems such as HR Connect, TURAS (NHSScotland learning platform) and geNSS (staff intranet) into a single page accessible within 2 to 3 clicks. This is intended to give staff a one-stop shop window for information on E&D and since October 2024 the page has been visited 142 times. As part of the PgMS SharePoint 'Knowledge Management' hub, a set of guidance and links to resources regarding how and when an EQIA should be embedded into the Programme and Project Management processes has been added, helping Project and Programme Managers integrate EQIAs into their work more effectively.

PgMS have now named a member of the Operational Management Group (OMG) as the lead for development and implementation of E&D within PgMS. Monthly update meetings are in place with the OMG Equalities Lead to report on progress made by E&D reps.

E&D PgMS Champions highlight networks at regular 'Show and Tells' for all PgMS staff, including SWAYs. Key E&D events are highlighted on the new PgMS E&D SharePoint page, including national and NHS campaigns. Key NSS Learning and Development courses are sign-posted to, including neurodiversity 101 and courses specifically for Line Managers.

At the November 2023 Away Day, PgMS E&D Champions hosted a stall with information on staff networks, how to become more active in NSS E&D, and we surveyed staff about ways how E&D can be more visible for PgMS staff. There was also discussion and materials available on the Reasonable Adjustment Passport. The aim is to have an E&D stall at all PgMS wide events to continue to raise awareness.

PgMS continue to ensure visitors joining meetings either in person or on MS Teams have the appropriate access they need; and support any adjustments they require. This approach to accessibility also applies to any recruitment undertaken by PgMS, where staff are fully supported with reasonable adjustments that may be identified through the Display Screen Equipment assessments or via occupational health team.

Clinical Directorate

Approaches to Mainstreaming

The Screening Oversight and Assurance Scotland (SOAS) Team contributed to the development of the [Scottish Equity in Screening Strategy 2023-26[5] and oversee its implementation.](#) The Strategy aims to reduce and tackle inequalities across the screening pathway.

An EQIA was undertaken to consider the potential impact of a new Scottish Equity in Screening Strategy 2023-26 Strategy. The Strategy outlines 41 actions which are aimed at providing equitable opportunities for individuals to access and benefit from screening programmes.

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[5] [Health screening: equity in screening strategy 2023 to 2026 - gov.scot](#)

Out of the 41 actions identified, 19 of these were completed by July 2024 across 5 key focus areas of Strategy which include:

a) **Communications, Engagement & Learning:** Actions taken to provide more accessible screening information and enhance professional knowledge on inequalities. SOAS colleagues have established and ran learning opportunities for staff across NHS Scotland and the Third Sector to share evidence and best practices.

b) **Access:** Identified barriers and mitigations, with greater awareness of differences in access to the services between the Territorial Boards. SOAS colleagues have adopted a policy to ensure an EQIA is undertaken when there are any significant changes to programmes, and a template has been produced to use when carrying out equality audits at Programme Board and NHS Board level.

c) **Data Collection and Monitoring:** Enhanced understanding of inequalities data and new processes to monitor data. Work has been undertaken to establish what data is available under each of the protected characteristics within each screening programme.

d) **Research and Evaluation:** Increased awareness and systematic recording of research on screening inequalities to inform future actions. SOAS colleagues continue to deliver an annual screening day, with the first event taking place on 9 November 2023. The screening day took place on 27 November 2024 with 50 attendees confirmed to attend in person.

e) **Overarching Issues:** Improved structures that embed screening inequalities into existing workstreams. SOAS colleagues are continuing to work with all NHS Boards to ensure each Board has a Screening Inequalities Plan in place.

The Equity Strategy Implementation Group, chaired by SOAS, meets twice per 'strategy year' to review the actions and sign-off on any completed. 22 actions remain open, National Services Scotland (NSS) Public Health Scotland (PHS) and NHSScotland colleagues are tasked to deliver these by June 2026.

Actions for NSS to continue working against are:

- The introduction of new digital systems which will include easier access to record patient needs, and scheduling of appointments
- The introduction of national templates for screening and diagnostic test results

- Continue to undertake and review national and equity audits ensuring best practice and any learning is shared between NHS Boards.
- Strengthen access and production of national data for pregnancy and newborn screening ensuring inequalities data is included

An update on Year 2 actions will be available in August 2025. A list of all actions can be found here:

https://www.gov.scot/publications/scottish-equity-screening-strategy-2023-2026/pages/8/

Learning and Development

Twenty-four Clinical Directorate team members attended a virtual 'active bystander training' session. The training has allowed for staff to gain confidence to challenge any bad behaviours within the workplace, which may have become normalised over a period, through different tips and techniques provided by the trainer.

More than 80 medical and dental staff across NSS and PHS were invited to attend a virtual active bystander training session on 18 February 2025. The course allowed NSS and PHS staff to gain confidence to challenge bad behaviours within the workplace which may have become normalised over a period and to encourage staff to not stand back and allow for other staff members or groups of people to be disadvantaged.

A post session evaluation exercise will follow to gain feedback on whether this specific training could be rolled out organisation wide. Clinical Directorate will liaise with NSS Organisation Development colleagues following a review of the evaluation forms.

The Active Bystander Training can be accessed here: Active Bystander Training | Challenging Antisocial Behaviour - The Active Bystander Training Company

NSS Nursing Midwifery And Allied Health Professionals (NMAHP) Strategy 2024-2027

The vision for this strategy is to attract and retain service excellence, inclusivity, digital and sustainability orientated NMAHP professionals who meet their professional needs to enable NSS to deliver its national services, enabling our

NMAHP professionals to visibly deliver value-based person-centred care and improve services and population health.

The leadership journey has a strong focus on:

- Allyship
- Inclusivity
- Civility saves lives
- NSS values

With activities undertaken through annual engagement and development events, mentorship, scholarship, and clinical supervision. To date, 8 NSS Senior Nurses have further developed their own skills and knowledge in Cultural Humility and Allyship.

As part of the NSS Nurse Engagement Event, which will be held on 21st March 2025, Civility Saves Lives and Allyship are incorporated into the agenda which will allow for an estimated 100 NSS nursing staff to further develop their own knowledge and skills in these areas.

The strategy is reviewed on a yearly basis by the NSS Senior NMAHP Forum with the next review to take place by April 2025.

Business Support Team (BST)

Approaches to Mainstreaming

The Development Services BST have a bi-monthly meeting which is a mix of in-person and Teams meetings, each with a different theme/topic of discussion. Development Services engage with the wider NSS network to benefit from their expert knowledge in the chosen field and to allow for both knowledge transfer to the business support team but to also raise awareness. At the June 2024 meeting, the topic of discussion was E&D.

Development Services BST have delegates on both the E&D meetings and also the NSS Ethnic Minority and Friends Staff Network.

Human Resources (HR)

Approaches to Mainstreaming

Recruitment

NSS have worked with Glasgow Centre for Inclusive Living (GCIL) for a number of years, placing a number of disabled candidates who have successfully achieved permanent positions in NSS. Glasgow for Inclusive Living support the recruitment of disabled graduates and NSS work across the organisation to match them to suitable vacancies and opportunities based on the skillsets of the graduates selected.

A GCIL members of staff started in February 2024 in the Communications and Marketing team as a Marketing and Communications Officer, AfC Band 5 for 2 years.

Ex-Armed Forces Recruitment

NSS has joined the armed forces talent pilot programme which will identify and promote relevant vacancies to armed forces staff (service leavers, veterans, spouses, dependants, cadets, and cadet force adult volunteers).

Jobcentre Plus

NSS carried out HR sessions with DWP in Q3 2023 to encourage and support people into NHS jobs (non-clinical). NSS took part Scottish Careers Week in November 2023 in conjunction with NES. This was an online event to promote careers in NSS.

Apprenticeships

NSS hired 4 modern apprenticeships and 4 graduate apprenticeships in 2023.

NSS People Commitments 2024:

We will:

a) Promote NSS career opportunities and pathways throughout Scotland.
b) Attract, train, and retain new people to NSS to ensure the sustainability of our future services.
c) Offer job opportunities through apprenticeship schemes and employability programmes.

d) Promote NSS as an employer of choice.

e) Support ex-Armed Forces personnel to transition to NHS careers.

f) Continue to roll out Values Based recruitment.

Advert Accessibility

Advert accessibility tools are available for all posts. Every advert and accompanying documents are supported by accessibility tools built into the JobTrain website via Recite Me. Recite me is a cloud-based <u>assistive accessibility toolbar</u> which makes our website more inclusive by allowing visitors to customise the content so that they can read and understand it in ways that work best for them. The tools include a screen reader, translation, styling & customisation (colour, font size, style, spacing) and reading aids. There is also an accessibility statement within the website for further information and help with using the website.

Adverts

Disability Confident Logo is displayed on all NSS adverts along with the commitment to interview all disabled applicants who meet the essential criteria on every job advert.

'NHS National Services Scotland is an equal opportunities employer and as committed participant in the disability confident scheme, guarantees to interview all disabled applicants who meet the minimum criteria for our vacancies'.

Job Documentation

All of the language used on our adverts and job documentation are linked to the requirements of the post only and avoids any jargon or phrases which express a limitation, specification, or preference as to a protected characteristic.

Shortlisting Process

Personal information and protected characteristics of applicants are concealed on JobTrain at the shortlisting stage. Removing this information eliminates the likelihood of unconscious biases affecting hiring decisions.

Invite to Interview Letter

As part of the invite to interview letter, candidates with a disability or those requiring special arrangements are asked to contact the Hiring Manager to discuss this and every effort will be made to provide assistance.

An example of reasonable adjustments at interview stage

Candidates were required to take a psychometric test as part of the interview process. The candidates would not receive the example until they arrived at the testing location. One of the candidates made it known that they had a specific learning disability and requested additional time to read the assessment prior to taking it. They were granted 30 minutes extra time to read the requirements of the assessment. The candidate was successful at interview.

Interview Locations

Recruitment managers ensure the interview takes place in an accessible location which will minimise the requests for reasonable adjustments such as holding interviews from home via Teams or in accessible buildings. There is also a digital first approach in NSS which helps to remove any physical barriers to candidates taking part in interviews that were once face to face.

Learning and Development Programme

Workplace Culture - A positive workplace culture is essential for employee satisfaction and overall success. In the session participants learn about the seven dimensions of workplace culture, how to create a positive culture and foster a sense of team spirit that drives productivity and success.

Unconscious Bias – This workshop is designed to help participants reflect on their own unconscious biases with a view to enabling them to make the best possible decisions and build a more diverse workforce.

Civility saves lives – This session is focused on the difference on culture and performance if everyone is civil to each other.

NSS Leadership Programme

As part of the NSS Leadership programme, there has been a focus over the last year on unconscious bias and this training has been delivered to managers and leaders across NSS.

All new members of staff who attends corporate induction are also directed to the mandatory e-learning module on E&D on TURAS Learn.

Mental Health Awareness Sessions

Mental Health Awareness Sessions are planned regularly throughout the year. This training focuses on good practice in promoting positive mental health and wellbeing, as well as offering practical examples of how to support employees experiencing mental health problems.

In 2024, we hosted 12 of these sessions. Of those sessions, we had 63 NSS employees and 51 PHS employees attend.

The programme evaluates very positively indeed. For example, the last question in the evaluation form is 'How do you rate this course overall?' and the average score, from 109 responses is 4.8 out of 5.

Neurodiversity Training

There are two workshops available for staff throughout the year teaching how to effectively talk about neurodiversity, what they should say and how to avoid microaggressions, so their neurodivergent colleagues can feel truly included. The course also looks at neurodiversity in context. This involves looking at the definition of neurodiversity, what the neurodiversity movement is and where this comes from, the key statistics to understand how many people are neurodivergent and introducing the key types and how they fit together. Language and terminology is also looked at in order to facilitate effective conversations surrounding neurodiversity.

Great Place to Work Plan (GPTW)

The NSS Great Place to Work (GPTW) Plan is aligned to the National Health and Social Care Workforce Strategy and the NSS Workforce Plan 2022-25. A key aim of our plan is to put workforce wellbeing at the heart of everything we do, along with equality of opportunity, increased diversity of our workforce and inclusion as being key to our workforce planning process. The NSS GPTW Plan will underpin the aims of our core NSS strategic objective of workforce sustainability which is described as:

"A diverse, knowledgeable and skilled workforce deployed in an environment where the organisation is adaptable to the changing lifecycle of employees and deliver leadership and behaviours reflecting the values of NHSScotland."

The key aims of the NSS Workforce and Great Place to Work Plan are to:

1. Actively encourage engagement and involvement of all employees.
2. Train and support all employees to do their role whilst providing development opportunities.
3. Treat all employees with dignity and respect.
4. Promote a culture of safety, health, and wellbeing for all.
5. Consistently apply workforce policies, treat people fairly.
6. Offer a benefits package which supports retention of a highly skilled workforce.
7. To be a leading organisation for promoting equality, diversity, human rights, and inclusion within our workplace and in wider NHSScotland. NSS has a vision for equality and diversity which goes beyond establishing policy and processes to achieve change.

National Procurement (NP)

Approaches to Mainstreaming

Fair Work

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. In cases where it was deemed disproportionate to include a scored question, the Fair Work First criteria are still incorporated into the tender documents. To emphasise the importance of fair work practices and highlight that suppliers are expected to demonstrate a commitment to progressively adopting Fair Work First criteria in their execution of the contract.

Community Benefits

Community benefits play a crucial role in fulfilling the requirements of the Sustainable Procurement Duty by linking tangible benefits around improvements to the economic, social, and environmental wellbeing of the communities in which we operate our contracts.

To uphold our commitment to promoting community benefits we systematically include a scored question within regulated procurement specifically addressing community benefits. This ensures that suppliers' proposals are evaluated based on their commitment and ability to deliver meaningful community benefits.

In cases where including a scored question is not proportionate, community benefits are still incorporated into the tender documents with suppliers required to collaborate with NSS to identify and implement community benefits throughout the duration of the contract.

Supported Business and Third Sector

According to procurement legislation, supported businesses are defined as businesses that primarily focus on the social and professional integration of disabled or disadvantaged individuals, with at least 30% of their employees falling into these categories. NSS is dedicated to fostering collaboration with supported businesses and third sector organisations whenever possible. We have consistently provided and will continue to offer opportunities for these entities to participate in public procurement processes.

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

Small and Medium Enterprises

We are committed to promoting access to our contracting opportunities for Small and Medium Enterprises (SMEs). We take proactive steps to minimise barriers that could impede their participation in our procurement processes. These measures encompass breaking down larger contracts into smaller lots where feasible, ensuring that financial thresholds and other short-listing criteria are equitable and free from discrimination, while upholding equality principles throughout all stages of our procurement processes. As a result of these initiatives, during 2022/23, approximately 50% of our trade spend was allocated to SMEs.

Local Spend

Procurement plays a vital role in community wealth building by maximising local spend. By prioritising purchases from local businesses, organisations can stimulate economic circulation within the community, retaining wealth and creating job opportunities.

This approach supports the growth and sustainability of local businesses, fosters diversity among suppliers, strengthens community networks, reduces environmental impact, and generates tax revenue for public services.

NSS Procurement Commitments

We will make it easy for medium, small, and micro suppliers to work with NSS, by providing easier access to contracting opportunities, creating local employment, and training opportunities.

We will work with our supply base to encourage the implementation of the Scottish Living Wage and to have plans in place to meet national environmental targets.

We will use supported businesses as much as possible and look to promote opportunities with third sector organisations where possible.

We will implement and actively promote the use of the National Procurements Community Benefits Marketplace to deliver tangible community benefits linked to NSS third party expenditure.

Equality Impact Assessment (EQIA)

Review and Improving Our Approach

The EQIA process is one of the ways in which we ensure that equality is mainstreamed across all of our NSS services. The process is supported by leads across the service areas and the Head of Equality, Engagement and Experience.

Tools and guidance are provided to staff to enable them to assess the impact of their work against the general equality duty. The completed EQIAs are published on the NSS website. A newly launched page dedicated to published EQIAs is now live [Equality Impact Assessments | National Services Scotland](#) This is to ensure that EQIAs are easy to find and as accessible as possible.

Review Process and Outcomes

Learning:

- Enable staff to become more confident when deciding on whether an EQIA should be considered and undertaken as part of their work/project/programme.
- Enable staff to increase their knowledge on how to complete an EQIA and ensure all aspects and groups of people are considered.
- Enable staff to increase their knowledge on how to complete a Screening Assessment prior to undertaking an EQIA.
- Increase staff awareness of E&D in the workplace.

Data collection:

- New processes and standing operating procedures will be introduced to allow NSS to collect accurate data on the number of Screening Assessments and EQIAs undertaken within the organisation.
- New processes will allow for real time reporting by creating a single depository to store individual EQIAs and screening assessments.
- New processes will be introduced to allow staff to easily access all NSS Screening Assessments and EQIAs which have been undertaken by all NSS Directorates.

NSS Staff Equality Networks

Employee Experience and Engagement

There are established equality staff networks in NSS.

- LGBTQ+
- Disability
- Veterans and Armed Forces
- Ethnic, Cultural Diversity and Friends
- Menopause Network

The networks are facilitated by NSS staff who volunteer their time to manage network activity (the menopause network is managed by HR) and are supported by the Head of Equality, Engagement, and Experience.

Each network has an identified senior sponsor who is a member of the NSS Executive Management Team whose role is to champion and promote equality at their level and with their peers.

The next section of the report provides some examples of our work to promote equality and communication activity during the reporting period.

Promoting and Mainstreaming Equality
Disability

This is an article from our employee newsletter Stay Connected published in 2024.

We celebrated International Day of Persons with Disabilities, which takes place in December each year. The theme for 2024, was "Amplifying the Leadership of Persons with Disabilities for an Inclusive and Sustainable Future."

This important day highlighted the crucial role that individuals with disabilities play in creating an inclusive and sustainable world.

We were proud to celebrate our NSS (dis)Ability staff network, which offers support to colleagues with disabilities and long-term health conditions. It provides a platform for leadership, advocating for accessibility and offers a safe space for peer support discussion.

The network plays a key role to amplify the voices and leadership skills of disabled people, ensuring that everyone has an equal opportunity to contribute to a brighter future**.**

To learn more about IDPD Day on the [United Nations website](#).

Mental Health

One of our articles in our employee newsletter Stay Connected October 2024.

World Mental Health Day takes place on Thursday 10 October. The official theme for 2024 is: [Mental Health at Work](#).

With 20% of UK employees taking leave due to stress last year (according to [MentalHealthUK](#)), workplace mental health needs more attention.

For NSS, in September 2024 we had 5,986 hours of absence due to anxiety, stress, depression, and other mental health conditions.

We all play a part in supporting mental health in the workplace and creating a safe working environment for ourselves and our colleagues.

Promoting Dementia Awareness

We highlighted the CoSLA and Scottish Governments Rethink Dementia Campaign in our employee newsletter Stay Connected.

Article and supporting video:

The Scottish Government, in partnership with CoSLA, has launched a new campaign to challenge the stigma surrounding dementia. The 'Rethink Dementia' campaign encourages people to continue doing the things they always did with friends or relatives diagnosed with dementia.

Created in collaboration with a National Dementia Lived Experience Panel, the campaign emphasises the importance of maintaining relationships with those living with dementia. Research has shown that making this effort to stay in contact and include individuals in social activities can help alleviate symptoms of depression, agitation, sleep disturbance, anxiety and apathy that can often come with dementia.

Dementia affects an estimated 90,000 people in Scotland, 3,000 of whom are under the age of 65. Insight informing the campaign highlighted that many people associate dementia with the later stage of the illness and therefore change their behaviour towards a friend or family member who has been diagnosed, some even step away.

For more information around supporting someone with a dementia diagnosis, please visit **NHS inform.** You can also view the campaign video below.

1 - The Scottish Government and COSLA's Rethink Dementia campaign video

Leadership

Our Director of HR and Organisational Development, Serena Barnatt, joined delegates at the Scottish Ethnic Minority Talent Summit and Festival which took place on 31 October 2024 in Edinburgh.

This event – which coincided with Black History Month – brought together thought leaders, industry experts and changemakers to tackle some of the most pressing issues surrounding inclusivity and ethnic equity in Scotland.

Data Science

For the past few years, we've participated in the Health Data Science Black Internship Programme.

Through this programme we have supported placements within our Digital and Security Directorate, providing hands-on experience alongside our health data specialists and partner teams across health and care in Scotland.

Data science is a rapidly growing specialism within our organisation and across NHSScotland. It has significant potential to support and improve health and care outcomes for patients. Through our partnership with the programme, we are helping to address the underrepresentation of ethnic minority people in the sector.
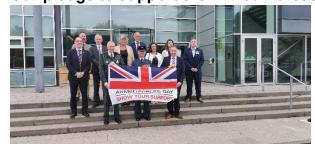
By providing candidates with valuable experience, we support interns to expand their knowledge and gain experience by working on key opportunities and issues within Scotland's health and care.

Learning and Development

[Sexual Harassment Training for line managers](#)**:** recently added to the Equality, Diversity, and Inclusion section. This module equips line managers to identify and address sexual harassment. It covers gender inequalities and practical steps for fostering a safe workplace.

Our pledge to support the Armed Forces community

On Tuesday 25 June 2024, we proudly hosted a flag-raising ceremony at Gyle Square in Edinburgh to honour the bravery, dedication, and sacrifices of Armed Forces service personnel.

The ceremony was part of our activities for Armed Forces Week, leading up to the Armed Forces Day celebrations.

Our Chief Executive, Mary Morgan was joined by Duncan Evans, the Lowland Regional Employer Engagement Director and Wing Commander, Paul Carrier from the Royal Air Force.

Together, they marked this important occasion with the official signing of the Armed Forces Covenant. Signing the Armed Forces Covenant is a significant milestone for us as both an employer and as a community.

It represents our pledge to ensure those who serve, or have served, in the Armed Forces and their families, are treated fairly and with respect. This promise is reinforced by our Armed Forces Employer Recognition Scheme Gold Award.

Pictured: The Armed Forces Covenant signed by our Chief Executive, Mary Morgan sitting alongside the George Cross Medal

Celebrating our diverse workforce this Disability Pride Month

Over time, Disability Pride has evolved from a day of celebration to a month-long event that celebrates the diversity and differences of the disabled community.

Disability Pride is an international event that takes place every July and has been celebrated in the UK since 2015, to shine a light on physical, learning, non-visible disabilities, and mental health conditions. It is a chance for people with disabilities to come together and celebrate being themselves.

It enables people to have open and positive conversations about disability by:

• Sharing their experiences.

• Raising awareness of the barriers and challenges the community faces to be treated equally.

• Celebrating diversity.

Events taking place around the globe every July with an aim to raise awareness and promote disability as an identity, a culture and to share the positive aspects of people's lives and help end stigma.

We are committed to being an accepting and inclusive employer and are proud to be a Disability Confident employer, which is a UK and Scottish Government-backed initiative.

The Disability Pride Flag

Ann Magill created the Disability Pride Flag in 2019. The coloured stripes are placed diagonally across the flag to show how disabled people often have to cut across barriers in society.

Under the Equality Act, a disability is when you have a condition that affects you physically or mentally and has a "substantial" and "long-term" negative effect on daily activities.

There is lots of different types of disability that affect people in different ways and each of the colours on the Disability Pride Flag represent these.

What do the colours represent?

Red – Physical disabilities

Gold – Neurodiverse conditions such as autism and ADHD

White – Invisible and undiagnosed disabilities

Blue – Mental illnesses

Green – Sensory disabilities

A look back on International Women in Engineering Day
International Women in Engineering Day took place on Sunday 23 June 2024. To celebrate, we wanted to shine a spotlight on some of our engineering colleagues to showcase the amazing work they deliver across our organisation, supporting NHSScotland.

On the run-up to #INWED24, we sat down with **Michelle Fascia**, our Senior Change/Service Manager for Microsoft 365 within Digital and Security, to chat about cloud engineering and how to encourage more women and girls into this specialist field.

We also caught up with **Annie Watson** and **Karen Jackson**, engineers in NHSScotland Assure, to find out about the specialist work they deliver, driving innovation across the field and providing expertise across our NHS.

Celebrating Neurodiversity

In March 2024, we joined with **Neurodiversity Celebration week!** This week aims to challenge stereotypes and misconceptions about neurological differences.

Within NSS, we want to ensure that our neurodiverse colleagues are heard, included, and supported.

Throughout the celebration week, there were posts on the NSS Wellbeing Hub to help people find information about neurodiversity, events, support available, resources, and our NSS dis(Ability) network.

Celebrating Ramadhan

Ramadan 2024 was expected to begin on either the evening of Sunday 10 or Monday 11 March, with the first day of fasting on Monday or Tuesday.

Ramadan lasts around 29 to 30 days, concluding with the celebration of Eid Ul-Fitr on 10 April. During this time, many Muslims must balance their religious duties with work responsibilities.

To support colleagues who wish to fast during Ramadan, it is important that we work to support an inclusive environment.

We extended our best wishes to all NSS colleagues who were participating in Ramadan.

Employees were encouraged to show their support to colleagues during Ramadan, with Microsoft Teams backgrounds made available for use during this time.

Spaces for Listening – launch of a safe and confidential space for women

Menopausal women are one of the fastest growing working demographics in the UK. Although experience of the menopause will be unique to all, many are seeking to understand more about what is going on and be able to speak openly about it. There seems to be a yearning for space, a chance to be heard, and to share our experiences. Could it really be as simple as listening to each other more, creating more space to listen and be heard? Well, we think that it would be a very good start. Many women have said that they often find managing their menopause symptoms incredibly challenging. What if we gathered together in a space and shared with each other: how we are feeling, what we are thinking, and what we are hoping for? Such space for listening does not give us the 'answer'. What it does is give us the breathing space to find out and share what is going on for each of us, and to hear where others are too.

Celebrating Pride

We celebrate Pride each year.

In 2024 this is one of the articles in our employee newsletter demonstrating our support and activity to Pride.

We kicked off our Pride month celebrations this year at Dundee Pride alongside colleagues in SNBTS. Thank you to everyone who came along and showed their support.

The next Pride event is Glasgow's MardiGla on 15 July. You'll see us there with our flags and our banner. Join us and march for equality. We're looking forward to it and it's sure to be another great day.

We'll also be attending Livingston Pride on 29 July. Look out for more details about this soon.

If you need to get in touch, you can email Sue Gunn, NSS LGBT+ Staff Network chair at: susan.gunn@nhs.scot.

Conclusion

Equality, inclusion, and diversity are a key consideration for all our services and service improvements. We have embedded the Equality and Fairer Scotland Duty Impact Assessment process across our services. We continue to work collaboratively with our stakeholders and publish our equal pay statement, pay gap report and our mainstreaming equality report demonstrating our commitment to equality.

We are working with the NSS staff equality networks on a number of actions to encourage disclosure of equality protected characteristics. We aim to improve understanding of the importance of disclosing this data and raise awareness of the benefits of doing so. Our people are essential to delivering everything we do. We recognise the scale of their efforts over these past two years, and their wellbeing will inform all stages of our workforce strategic intent and planning. We will continue to support the wellbeing of all our staff in line with our NHS and NSS values. A key focus for NSS is building effective partnerships across sectors to allow us to share best practice to develop long-term sustainable solutions together.

We also recognise our responsibility to citizens, to help them participate in shaping the services that protect their health, their families, and their communities. NSS has a responsibility and opportunity to reduce inequality and drive positive change.

To request an alternative format of this publication contact NSS.Feedback@nhs.scot

Appendix Workforce Data

NSS Current Workforce data for E&D Mainstreaming report

In 2024/25 NSS worked closely with the NSS Ethnic Cultural Diversity & Friends Network and the Anti-Racism Planning Short Life Working Group to explore our corporate data assets to inform our work.

Representatives from these groups, led by the Head of Equality, Engagement and Experience, examined data from eESS (new starts and leavers) and JobTrain (applicants) to understand:

- Patterns in responses to equalities monitoring data questions;
- What we could learn from analysing the common "prefer not to say" response to equalities monitoring questions;
- How we could use the data to inform new strategies to encourage employees and applicants to share equalities data with us.

This short piece of work established that the current data NSS holds is insufficient to provide deeper insights into NSS equalities data. The following tables provide the data we hold. However, in order to improve our insights, we must first improve our data. The Data Group will present their findings and recommendations to the Executive Management Team for improvements in 2025/26.

This information includes data collated from Payroll and Electronic Employee Support System (eESS) as at 31 December 2024. To protect any person identifiable data being shared, an * has been used to protect figures of 5 or less.

Female = 2,105 (61.21%)

Male = 1,334 (38.79%)

Total employees = 3,439

Age Profile

Age group	Females	Males	Total
Under 20	*	*	*
20 - 24	35	16	51
25 - 29	139	74	213
30 - 34	213	104	317
35 - 39	225	142	367
40 - 44	270	177	447
45 - 49	268	203	471
50 – 54	343	208	551
55 - 59	346	247	593
60 - 64	219	130	349
Over 65	47	32	79

Sexual orientation

Sexual Orientation	Females	Males	Total
Bisexual	28	18	46
Gay/Lesbian	32	30	62
Heterosexual	1,297	898	2,195
Other sexual orientation	*	*	11
No response / Prefer not to say	741	384	1,125

Disability disclosure

Disability disclosed	Females	Males	Total
Yes	94	54	148
No	1,687	1,106	2,793
No response / Prefer not to say	324	174	498

Ethnicity of Workforce

Ethnic group	Females	Males	Total
African – African Scottish or African British	19	15	34
African other	6	7	13
Arab	*	*	15
Asian – other	*	*	22
Bangladeshi	*	*	*
Chinese	*	*	15
Indian	23	12	35
Pakistani	12	13	25
Caribbean or Black – Black Scottish or Black British	*	*	*
Caribbean or Black – Caribbean Scottish or Caribbean British	*	*	*
Caribbean or Black – other	*	*	*
Mixed background	15	13	28
Other Ethnic Group	6	8	14
White – Gypsy Traveller	*	*	*
White Irish	14	11	25
White Other	81	49	130
White British	134	106	240
White Polish	26	12	38
White Scottish	1,408	893	2,301
No response / prefer not to say	313	179	492

Religion

Religion	Females	Males	Total
Buddhist	6	8	14
Christian / Christian Other	124	79	203
Church of Scotland	250	174	424
Hindu	14	8	22
Jewish	*	*	*
Muslim	25	12	37
No religion	672	448	1,120
Other	12	15	27
Roman Catholic	180	129	309
Sikh	*	*	*
No response / Prefer not to say	779	430	1,209

Job Family breakdown

Job Family	Females	Males	Total
Administrative Services	1,353	828	2,181
Dental Support	*	*	*
Healthcare Sciences	301	146	447
Nursing and Midwifery	308	56	364
Other Therapeutic	*	*	*
Personal and Social Care	*	*	*
Support Services	93	267	360
Senior Managers	6	11	17
Medical and Dental	38	23	61

Part time / full time breakdown

	Females	Males	Total
Part time	701	115	816
Full time	1,404	1,219	2,623

Pay band / Grade breakdown

Grade	Female	Male	Total
AfC 2	42	29	71
AfC 3	433	357	790
AfC 4	257	91	348
AfC 5	331	130	461
AfC 6	291	144	435
AfC 7	373	250	623
AfC 8a	164	143	307
AfC 8b	68	84	152
AfC 8c	82	54	136
AfC 8d	16	15	31
AfC 9	*	*	7
Senior Managers	6	11	17
Medical and Dental	38	23	61

NSS Recruitment Applicant data for E&D Mainstreaming report

We have noticed an increase in applications from outside the UK and the increase can be attributed to our use of various social media platforms and different attraction strategies which is attracting candidates from out with the UK. We will continue to monitor this.

	Total
Female	5,868
Male	5,056
In another way	103
No response / prefer not to say	4,934
Total employees	15,961

Age Profile of Recruitment Applicants

Age group	Total
Under 20	53
20 - 24	1,181
25 - 29	2,570
30 - 34	2,233
35 - 39	1,905
40 - 44	1,320
45 – 49	748
50 – 54	483
55 - 59	259
60 - 64	103
65+	22
Prefer not to say	5,084

Sexual orientation of Recruitment Applicants

Sexual Orientation	Total
Bisexual	373
Gay / Lesbian	261
Heterosexual	9,756
Other sexual orientation	65
No response / Prefer not to say	5,506

Disability disclosure of Recruitment Applicants

Disability disclosed	Total
Yes	794
No	10,175
No response / Prefer not to say	4,992

Ethnicity of Recruitment Applicants

Ethnic group	Total
African – African Scottish or African British	3,383
African - Other	675
Arab	66
Asian – other	87
Bangladeshi	55
British – Irish	11
Chinese	150
Indian	1,696
Pakistani	377
Caribbean or Black – Black Scottish or Black British	8
Caribbean or Black - Caribbean Scottish or Caribbean British	*
Caribbean or Black - other	64
Mixed or multiple ethnic groups	124
Other Ethnic Group	254
White Irish	78
White Other	539
White British	461
White Polish	158
White Roma	*
White Scottish	2,658
White – Showman / Showwoman	*
No response / prefer not to say	5,108

Religion of Recruitment Applicants

Religion	Total
Buddhist	121
Christian / Christian Other	3,449
Church of Scotland	576
Hindu	1,037
Jewish	24
Muslim	1,008
No religion	2,753
Other	45
Roman Catholic	1,459
Sikh	46
Pagan	8
No response / Prefer not to say	5,435

NSS Workforce Leaver data for Equality Mainstreaming report

Females = 172

Males = 68

Total = 240

Age Profile of Leavers

Age group	Total
20 - 24	*
25 - 29	20
30 - 34	25
35 - 39	19
40 - 44	*
45 – 49	21
50 – 54	26
55 - 59	30
60 - 64	46
65+	41

Sexual orientation of Leavers

Sexual Orientation	Total
Bisexual	6
Gay/Lesbian	*
Heterosexual	149
Other Sexual Orientation	*
No response / Prefer not to say	79

Disability disclosure of Leavers

Disability disclosed	Total
Yes	10
No	189
No response / Prefer not to say	41

Ethnicity of Leavers

Ethnic group	Total
African – African Scottish or African British	*
African other	*
Bangladeshi	*
Indian	*
Mixed or multiple ethnic background	*
Arab	*
Other Ethnic Group	*
White Irish	*
White Other	19
White British	16
White Polish	*
White Scottish	151
No response / prefer not to say	36

Religion of Leavers

Religion	Total
Christian / Christian Other	18
Church of Scotland	28
Hindu	*
Muslim	*
No religion	76
Other	*
Roman Catholic	19
No response / Prefer not to say	94

NSS New Start Employee data for E&D Mainstreaming report

Female = 155

Males = 97

Total = 252

Age Profile of New Start Employees

Age group	Total
Under 20	*
20 - 24	19
25 - 29	40
30 - 34	33
35 - 39	33
40 - 44	27
45 – 49	34
50 – 54	31
55 - 59	17
60 - 64	*
65+	*

Sexual orientation of New Start Employees

Sexual Orientation	Total
Bisexual	9
Heterosexual	185
Gay / Lesbian	*
Other Sexual Orientation	*
No response / Prefer not to say	50

Disability disclosure of New Start Employees

Disability disclosed	Total
Yes	26
No	181
No response / Prefer not to say	45

Ethnicity of New Start Employees

Ethnic group	Total
African – African Scottish or African British	12
African other	*
Chinese	*
Indian	7
Mixed or multiple ethnic background	*
Other Ethnic Group	*
Pakistani	*
White British	12
White Irish	*
White Other	15
White Polish	9
White Scottish	129
No response / prefer not to say	51

Religion of New Start Employees

Religion	Total
Buddhist	*
Christian / Christian Other	26
Church of Scotland	22
Hindu	*
Jewish	*
Muslim	*
No religion	49
Other	*
Roman Catholic	18
Sikh	*
No response / Prefer not to say	124

NSS L&D data for Transgender Equality Inclusion (TEI)

	Total
Female	75
Male	41
Total	116

Age Profile of Participants

Age group	Total
20 - 24	*
25 - 29	*
30 - 34	14
35 - 39	*
40 - 44	16
45 – 49	15
50 – 54	18
55 - 59	24
60 - 64	12
65+	*

Sexual orientation of Participants

Sexual Orientation	Total
Bisexual	*
Gay / Lesbian	7
Heterosexual	58
Other sexual orientation	*
No response / Prefer not to say	47

Disability disclosure of Participants

Disability disclosed	Total
Yes	10
No	88
No response / Prefer not to say	18

Ethnicity of Participants

Ethnic group	Total
African – African Scottish or African British	*
African other	*
Other Ethnic Grouping	*
White Scottish	66
White Other	6
White British	18
White Polish	*
No response / prefer not to say	19

Religion of Participants

Religion	No of participants
No religion	39
Church of Scotland	8
Christian	*
Christian Other	8
Other	*
Roman Catholic	*
No response / Prefer not to say	52

NSS Induction Programme data for Equality Mainstreaming report

(NSS Values now incorporated into Induction programme)

	Total
Female	53
Male	34
Total	87

Age Profile of Participants

Age group	Total
20 - 24	*
25 - 29	16
30 - 34	12
35 - 39	11
40 - 44	11
45 – 49	12
50 – 54	12
55 - 59	9
60 - 64	*

Sexual orientation of Participants

Sexual orientation	Total
Bisexual	*
Heterosexual	66
Other Sexual Orientation	*
No response / Prefer not to say	17

Disability disclosure of Participants

Disability disclosed	Total
Yes	*
No	70
No response / Prefer not to say	*
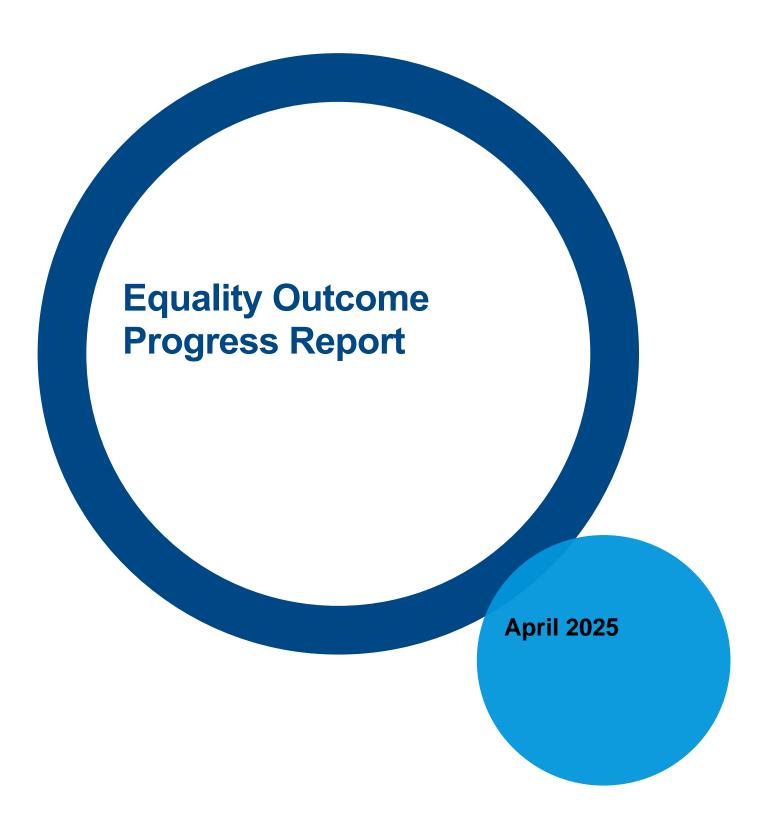
Ethnicity of Participants

Ethnic group	Total
African – African Scottish or African British	*
Indian	*
Pakistani	*
Mixed background	*
Other Ethnic Group	*
White Other	7
White British	8
White Polish	*
White Scottish	48
No response / prefer not to say	11

Religion of Participants

Religion	Total
Christian / Christian Other	8
Church of Scotland	11
Hindu	*
Jewish	*
Muslim	*
No religion	38
Roman Catholic	10
No response / Prefer not to say	15

Equality Outcome Progress Report

April 2025

Contents

1.   Introduction

Equality Outcome

An Equality Outcome is a result which an authority aims to achieve to further one or more of the three needs of the general equality duty (Equality Act 2010), to eliminate discrimination, advance equality of opportunity and foster good relations.[1] We are required to publish a set of Equality Outcomes at least every four years and publish a progress report every two years.

We published the following Equality Outcomes 2021-2025 which focus on our staff delivering our services. These were based on data and evidence available at the time and a reflection of the inequalities emerging as a result of the COVID-19 pandemic.

Equality outcome 7 applies both to workforce and service delivery.

The Equality Outcomes for 2021-25:

1. To improve the health and wellbeing of staff
2. To improve the experience of staff going through the case management process
3. To develop a staff Ethnic minority network
4. To implement a variety of methods to deliver equality and inclusion training
5. To develop a resource framework and funding for the NSS staff equality networks
6. To increase the number of staff who provide equality data
7. To implement national equality action plans to address race and disability equality

The internally facing Equality Outcomes were developed with our staff, the Equality Staff Network groups, the NSS Equality and Diversity steering group and Joint Trade Unions (JTUs) with a focus on all the protected characteristics. We are maintaining a range of activities and actions to address inequality across our service areas with an external focus which is reported in our latest Mainstreaming Equality Report 2025.

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[1] Public Sector Equality Duty: specific duties in Scotland | EHRC

This report provides an update on the progress we have made against these Equality Outcomes. The outcomes are closely aligned to complement our Great Place to Work Plan[2]. The tables detailing the activities, outputs, equality outcomes and the General Duty requirements can be found in appendix 1 on page 14.

2. Equality Outcomes Summary of Progress

2.1 Equality Outcome 1 -

To improve the health and wellbeing of staff

We appointed a senior wellbeing champion who has the responsibility to represent NSS at the national wellbeing group and to ensure all staff in NSS have access to appropriate resources to maintain positive health and wellbeing. We appointed a senior executive lead for health and wellbeing and established a NSS wellbeing group. The wellbeing group is chaired by our associate director of HR and meets on a quarterly basis with representation from all directorates and JTUs. The head of equality, engagement and experience is a member of the group with responsibility to represent the staff equality networks on the group and to provide guidance to the group on equality and diversity matters. The group reports to the NSS Occupational Health and Safety Advisory Committee (OHSAC). The wellbeing group is responsible for the implementation and oversight of the NSS Wellbeing Framework. The priorities from the Wellbeing Framework were agreed as:

1. Social Wellbeing
2. Physical and Mental Wellbeing
3. Digital Wellbeing

These priorities were agreed following a gap analysis carried out by HR and reviewed by the members of the wellbeing group.

The NSS Wellbeing HUB was established providing access to a range of resources, guidance and support for all NSS staff. The HUB has engaged with over 1,100 staff with the financial wellbeing and mental health resources being accessed the most.

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[2] Great Place to Work Plan

The HUB provides direct links for staff to the Mental Health first aiders and the Confidential Contact Service and the HELP Employee Assistance Service. The HUB also provides a direct link to the National Wellbeing HUB[3] and resources.

A range of activities have been implemented across our directorates including Yoga sessions provided online; online and in-person mental health sessions; newsletters; a focus on wellbeing at directorate townhall meetings and local partnership forum meetings. There are examples of staff adapting to different ways of working including maintaining working relationships and team building in a digital working environment.

We have a number of established staff equality networks in place to support all staff with a range of equality and inclusion matters. This is to ensure that staff have the facility and forums to share their experience on a range of areas relating to their workplace. The staff networks available are:

1. LGBTQ+ Staff Network
2. Disability Staff Network
3. Menopause Network
4. Armed Forces Veterans, Champions and Friends Network
5. Ethnic, Cultural Diversity and Friends Network

There is more information about our networks later on in this report.

We have highlighted the digital tools to staff including Viva Insights which can automatically protect time in work calendars to allow staff to focus and prevent too many meetings being scheduled in one day, to support the digital wellbeing of staff.

A wellbeing seminar will be held in August 2025 to include the NSS Staff Governance Committee and members of the wellbeing group.

The wellbeing group continues to meet quarterly and will continue to focus on the three key priorities in 2025.

We offer a range of learning and development opportunities for all our staff which includes mentally healthy workplace training; Neurodiversity; Mental Fitness;

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[3] Home - National Wellbeing Hub

Managing Burnout; a range of modules on the online platform TURAS[4]; and a range of webinars and sessions.

We recognise that our staff work in different environments with a mix working in our offices, laboratories, in our communities, home working and hybrid working so we continue to develop a variety of ways to ensure equity of access to the learning and development opportunities available. We also reflect these different working arrangements into our wellbeing plan.

We have implemented a Reasonable Adjustment Passport (RAP) recognising the importance of working with individuals to agree what mechanisms and strategies we can put in place to ensure they have the appropriate adjustments to ensure equity of access in the workplace. A review of the RAP and a consultation exercise was carried out in 2024 and a revised suite of tools and guidance will be implemented in 2025 to reflect the analysis of the data of the review and consultation.

The revised tools and guidance have been designed with staff, Trade Unions (TUs), the disability staff network and colleagues from HR and Occupational Health Services. We have worked collaboratively with NHSScotland boards to share good practice and learn from wider public body organisations and with the Business Disability Forum and 3rd sector equality organisations.

2.2 Equality Outcome 2 -

To improve the case management experience for staff

This equality outcome was designed from analysis of qualitative data from staff.

We continue to work with the staff equality networks, HR colleagues and JTU colleagues to progress with this outcome and will include this as an outcome to carry forward for 2025-29. We will report on our progress in 2027.

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[4] Home | Turas | Learn

2.3 Equality Outcome 3 -

To develop an ethnic minority staff network

The NSS Ethnic Minority Staff Network was established and launched in 2022. This has been renamed the Ethnic, Cultural Diversity and Friends Network following feedback from members of the group that this better reflected the change in the landscape in relation to this area of equality and was more inclusive to those who wanted to join as allies and friends in support to the work of the network.

There is a steering group which aims to support the wider Ethnic, Cultural Diversity and Friends Network in planning and delivering its business and activities. These plans and activities support the objective of the NSS Ethnic, Cultural Diversity and Friends Network towards eliminating discrimination, improving equality of opportunity, fostering a diverse inclusive working and learning environment that encourages a culture of respect and equality for everyone regardless of their ethnicity and for their voice to be heard.

The network itself has over 45 members from across a range of directorates across our organisation and is chaired by a volunteer who is a senior manager and supported by administrative input, again on a voluntary basis.

The network meets every two months and reviews any available baseline data to inform their workplan and to help design equality outcomes for ethnic minority staff.

The network chair and members of the network have informed the NSS anti-racism action plan.

The network chair and vice chair represent NSS at the National Ethnic Minority Forum (EMF). All outputs from these meetings are shared with the NSS Network members.

The chair of the network is a member of the NSS equality and diversity steering group and the NSS anti-racism short life working group. Their role is to ensure that the network is represented, involved and influences the work of these groups to reflect the experience of both our ethnic minority staff and our ethnic minority service users.

The chair and the network members are provided with one to one meetings with the head of equality, engagement and experience as well as peer meetings with the chairs of the other staff equality networks.

The network chairs presented an overview of their work and priorities to the NSS Partnership Forum in 2024 and will be taking part in an NSS Staff Governance Committee seminar in late 2025. This work promotes the awareness and visibility of the staff networks as well as an opportunity to evoke the wider support of the partnership and committee chairs and members. The staff equality networks are provided with an annual budget of £3,500.

2.4 Equality Outcome 4 -

Implement different ways of delivering equality and inclusion training

The aim of this outcome is to ensure that everyone has an opportunity to learn in a working environment without disadvantage.

We increased the number of sessions accessible to staff on subjects including how to carry out an equality impact assessment; implementing the reasonable adjustment passport; race equality; gender based violence; unconscious bias; neurodiversity.

We have opened our learning centres in recognition that some of our staff do not work with digital equipment or have access to a laptop on a daily basis and the learning centres provide the facility to learn in work time.

Our directorates provide protected time and space for learning and alternative methods are put in place for those who need this.

Our Learning and Development service facilitated 19 events in 2023-24 with 648 staff attending.

Our Central Legal Services provide a range of training to NHS Boards across Scotland which includes client specific training as well as subject areas covering Transgender Equality; the Equality Act and Disability Equality.

Our training and events calendar is fully accessible.

Most training is delivered in a digital first approach. The learning centres provide the protected space for staff to access any training that they need to access in this way.

Materials and resources for sessions are provided in advance and alternative formats are made available.

2.5 Equality Outcome 5 - Develop a framework to build resource, funding and resilience for all NSS staff networks

This equality outcome ensures those participating in the networks have equal, fair and proportionate access to employment and representation at all levels, grades and occupation types in the workforce and experience fewer labour market, workplace and income inequalities. We have established a number of equality staff networks as referenced earlier in the report. [5]

A member of staff chairs each staff network[6] who has agreed to carry out this role on a voluntary basis with one to one support provided by the Head of Equality, Engagement and Experience and monthly peer meetings bringing all chairs together to share good practice and provide a peer support model for resilience.

The networks work with national organisations to share good and promising practice and continue to work with third sector organisations to inform the work of NSS and our Equality Impact Assessment work.

The networks are each at a different stage in their development with the LGBTQ+ network being the most established. The membership across the networks has grown to over 500 utilising MS Teams as one method to keep connected and to communicate their work and planned events and meetings.

Each network has a terms of reference and annual workplans considering other competing priorities and demands on the time of the chairs and members.

The staff networks receive an annual budget of £3,500 to support their activities and workplans. This funding supported the attendance of network members at events

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[5] NSS Staff Networks
[6] The NSS organisational development team and healthy working lives colleagues facilitate the menopause network

celebrating achievements in equality; attendance at equality leadership programme; materials and resources for key equality and diversity events.

The chairs of each network are members of the NSS equality and diversity steering group representing the voices of those participating in the work of the networks to influence policy and processes across NSS.

In 2024 Martin Bell and Craig Murney, the chairs of the armed forces veterans, champions and friends network were both recognised for their achievements at the Scottish Veterans 2024 awards[7]. Martin was awarded gold in the lifetime achievement category and Craig was awarded the silver in the leader of the year category.

Martin Bell receiving his gold award 2024.

Craig Murney receiving his silver award in 2024.

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[7] Welcome to our Winners at this year's Scottish Veterans Awards 2024! - The Veterans Awards

2.6 Equality Outcome 6 -

To increase the number of staff who provide equality data

The Equality Act 2010 public sector specific duties[8] states that we must take steps to gather information about the protected characteristics of our employees. We must also gather annual information on the recruitment, development and retention of staff with relevant protected characteristics.

We must use this information to improve our organisation's performance of the general duty and include an annual breakdown of the information gathered and details of the progress on equality that you have made by gathering and using this information in our mainstreaming report.[9]

Our workforce is integral to implementing Scotland's vision for delivering a whole system approach to improving health and wellbeing outcomes. At every stage of the journey, we need appropriately skilled staff who can provide the national solutions that NHS National Services Scotland (NSS) deliver to help improve the health and wellbeing of the people of Scotland.

The NSS Workforce Plan[10] is aligned to the National Workforce Strategy for Health and Social Care in Scotland (2022), Scottish Government's Care and Wellbeing Portfolio and the NHS Recovery Plan 2021- 2026. It supports our vision of being integral to Scotland's health and care service and incorporates our strategic aims of enabling health and care transformation, underpinning NHSScotland services and assisting more widely in health and care. Importantly, the plan ensures we continue to support NHSScotland as it seeks to stabilise, reform and transform.
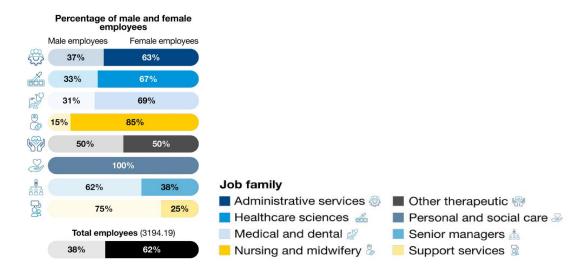
We had a total workforce of 3,194.19 Whole Time Equivalents (WTE) as at 31 March 2024, (this excludes bank and agency employees), with the majority of our employees situated within the administrative services job family. Our employees in most of these job families are largely female, apart from support services, senior managers and "Other categories" who are predominately male, these tend to be associated with our procurement and logistics services. Overall, 62% are female and

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[8] Public Sector Equality Duty: specific duties in Scotland | EHRC
[9] NSS Equality Mainstream Report 2023 Version 1 | National Services Scotland
[10] NSS Workforce Plan 2024-27

38% male. 99% of our employees' home base is in Scotland, with 20.5% of our employees residing in Edinburgh, 11.3% in Glasgow and South Lanarkshire the third most populated with 10.3%. Two thirds of our employees now work remotely or at home which has enabled us further opportunities to expand recruitment beyond Scotland to deliver our services. We now have approximately 0.82% of employees based in England and 0.18% in Northern Ireland. The following diagram provides a snapshot of our workforce in relation to the percentage of male and female employees across the NHS job families.

Percentage of male and female employees

	Male employees	Female employees
Administrative services	37%	63%
Healthcare sciences	33%	67%
Medical and dental	31%	69%
Nursing and midwifery	15%	85%
Other therapeutic	50%	50%
Personal and social care	100%	
Senior managers	62%	38%
Support services	75%	25%
Total employees (3194.19)	38%	62%

Job family

- Administrative services
- Healthcare sciences
- Medical and dental
- Nursing and midwifery
- Other therapeutic
- Personal and social care
- Senior managers
- Support services

Summary of completion rates NSS employees 2021-22 and 2023-24

The Equality and Diversity completion rate for 2021-22 (this includes choosing the option "Prefer Not to Say):

91.04% completed the gender reassignment question

92.32% completed their ethnic group

90.81% provided their sexual orientation

92.72% disclosed if they had a medical condition/disability or not

This meant the average completion rate from staff for this period was 91.72%.

The Equality and Diversity completion rate 1 April 2024 – 31 December 2024 (this includes choosing the option "Prefer Not to Say):

89.88% completed the gender reassignment question

91.84% completed their ethnic group

90.46% provided their sexual orientation

91.6% disclosed if they had a medical condition/disability or not

This meant the average completion rate from staff for this period was 90.95%.

We know that when comparing to other Boards in Scotland NSS is considered average in terms of total data completeness, which is the overall proportion of staff completing data compared to other boards in Scotland.

2.7 Equality Outcome 7 -

To implement the national strategies and plans to address disability and race inequality

We progressed this outcome with a range of national programmes of work which were implemented to address inequalities.

In this section we describe the work of our services which are delivered across Scotland which contributes to the national strategies and plans to address disability and race inequality.

Scottish National Blood Transfusion Service (SNBTS)

We have included information of the work of our SNBTS services in the Mainstream Equality Report in relation to the work to address health inequalities for ethnic minority people in Scotland.

Marc Turner Director of SNBTS explains:

"The current diversity target for Dexamethasone Suppression Test (DST) is 2% of donor base to self-identify as ethnically diverse (African, Arab, Asian, Caribbean, Mixed/multiple). This is in order to best represent the Scottish population, and to help meet the needs of certain patient groups such as those with Sickle Cell Disorder. From the February DST targets, this currently exceeds target at 2.8%. For 25/26, a stationary or very gradual increase in target would be recommended. This is to allow SNBTS to fully implement MAT with donation – a successful pilot has been undertaken in Edinburgh Donor Centre in Autumn 2024, and plans are being developed for National Roll Out in the next financial year. As there is a correlation between ethnicity, and those requiring MAT tests upon first or returning donation, facilitating the donor to give a full donation, whilst simultaneously undergoing MAT test, is important for donor recruitment and retention. DS&T colleagues will focus on

Monocyte Activation Test (MAT) test roll out, then pro-actively recruit to increased Diversity targets in 27/28 and beyond. This will be facilitated by certain faith based blood collection sessions (initial pre-requisite work is underway to facilitate a Mosque session for example). Faith and Community leaders will be engaged with and SNBTS will build on the strong foundations currently in place with organisations such as The Scottish Ahlul Bayt Society."

Assist

Assist helps to make connections and facilitates conversations with public sector and wider third party 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.

[NSS Assist Annual Report 2023-24 | National Services Scotland](#)

Flexible health and wellbeing with Connect Me

The Connect Me programme, delivered in partnership with Scottish Government, focused on helping those with high blood pressure, asthma and diabetes to self-manage their conditions through remote monitoring. This was introduced to 13 health boards and is being expanded to other services including stroke cardiology and neurology. So far, almost 30,000 individuals have accessed these services, with an additional 1,000 patients joining each month.

Supporting screening uptake in Scotland's communities

Data shows people living in disadvantaged communities are less likely to take up bowel and cervical screening services that help detect and treat cancer early. We worked with health and social care partnerships to allow social care professionals to access relevant local screening data. This helped improve the planning and engagement of preventative health programmes in their local communities.

A Memorandum of Understanding (MoU) with Police Scotland

We signed a two-year MoU with Police Scotland to further strengthen our partnership. The MoU enables us to explore opportunities for intelligence and data sharing in areas such as custody healthcare and interventions and mental health.

Anchor institution

We developed our approach as an anchor institution. As a national board supporting NHSScotland, we have the potential to make a positive impact on Scotland's economic recovery, as well as supporting national outcomes that improve health and wellbeing, increase opportunities, and reduce inequalities for the people of Scotland.

National Procurement

In April 2018, the Fairer Scotland Duty, which is Part 1 of the Equality Act 2010, was implemented in Scotland. This legislation places an obligation on public authorities to consider how they can address inequalities arising from socio-economic disadvantages in their strategic decision-making processes. As part of our compliance with this duty, we have actively prioritised equality throughout our tender processes in accordance with the Equality Act 2010 and the Equality Act 2010 (Specific Duties) (Scotland) Regulations 2012. In 2023-24 we demonstrated our commitment to the duty by diligently conducting an Equality Impact Assessment (EQIA) for all regulated procurement activities. This comprehensive approach has significantly contributed to the integration of equality considerations within our contracts.

Further information on the work of National Procurement can be found here:

NHS NSS Annual Procurement Report 2024

Glasgow Centre for Inclusive Living (GCIL) - NHS Graduate Scheme

We have supported the appointment of three disabled graduates by working with the GCIL, into roles in our Strategy Performance and Service Transformation (SPST) directorate.

NSS Workforce Plan - Attracting more candidates to apply to work with us

As part of our application process, we utilised a candidate led portal within the current Job Train system, as a Once for Scotland approach. This has helped to streamline elements of the application process. We have also put in place a lead recruiter with each vacancy that arises, who acts as a dedicated point of contact for both candidates and hiring managers providing advice and guidance as they go through the recruitment journey and making this as accessible as possible.

We continue to work with our armed forces partners to support veterans into our roles and promote equity of opportunity.

We don't have standalone Disability strategies, actions to progress disability equality are integrated into our workforce plans, our Great Place to Work Plan and our work on equality impact assessments ensures that we assess the impact of our services on disability.

The NSS Anti -Racism plan will build on our progress race equality.

3.   Summary

Our staff networks have grown from strength to strength, breaking down barriers in our recruitment process, addressing health inequalities in our blood services to ensuring our equality impact assessment process is embedded across all our services.

In summary we have made good progress against the actions to achieve positive outcomes for our service users, donors and staff.

Appendix 1: Equality Outcomes

Equality Outcome 1

Activities	Outputs	Equality Outcomes	General Duty
Collaborative approach between directorates, staff, JTUs, NSS equality and diversity steering group and NSS staff equality networks Link to the NSS great place to work plan and NSS health and wellbeing plan	Reduced work absenteeism Improved performance at work Reduced staff turnover Remove the stigma of gender-based violence and recognise that survivors of gender-based violence may have attendance and performance issues at work Provide supportive contacts in NSS	Improvements to infrastructure and consistent approach in NSS providing equity of access Improved working environment for staff Staff able to access the right resources at the right time	Eliminate unlawful discrimination and advance equality of opportunity

Equality Outcome 3

Activities	Outputs	Equality Outcomes	General Duty
Staff engagement with minority ethnic staff to scope the appetite for a staff network Work with national race equality lead to share good and promising practice Continue to work with third sector race equality organisations to inform NSS work and EQIA's Continue to work with NSS staff networks to share good practice, resources and approaches	Established minority ethnic staff network with protected funding NSS wide activities to ensure equity of access Shared staff network activity with NHSS boards	Ensure minority ethnic people have equal, fair and proportionate access to employment and representation at all levels, grades and occupation types in the workforce and experience fewer labour market, workplace and income inequalities	Eliminate unlawful discrimination and advance equality of opportunity Foster good relations between different groups

Equality Outcome 4

Activities	Outputs	Equality Outcomes	General Duty
Increase webinar activity with subjects to include: Unconscious Bias How to carry out EQIAs How to implement the reasonable adjustment passport Race Equality Gender Based Violence	Staff will have an improved knowledge and awareness of equality and inclusion and what this means in the workplace	Everyone has an opportunity to learn in an inclusive environment without disadvantage	Eliminate unlawful discrimination and advance equality of opportunity Foster good relations between different groups

Equality Outcome 5

Activities	Outputs	Equality Outcomes	General Duty
Work with national organisations to share good and promising practice Continue to work with third sector organisations to inform NSS work and EQIA's Continue to work collaboratively with all NSS staff networks to share good practice, resources and approaches	NSS wide activities to ensure equity of access Shared staff network activity with NHSS boards	Ensure those participating in the networks have equal, fair and proportionate access to employment and representation at all levels, grades and occupation types in the workforce and experience fewer labour market, workplace and income inequalities	Foster good relations between different groups Eliminate unlawful discrimination and advance equality of opportunity

NSS Equality Outcome Plan 2025-29

April 2025

Produced by: Customer Experience Team

Contents

Foreword

Our Approach

NHS National Services Scotland aims to be a leading organisation for promoting equality, diversity and inclusion within our workplace and in the wider NHSScotland.

The NSS vision for Equality & Diversity goes beyond establishing processes to achieve change.

As part of our interaction with our donors, public, service users, customers and suppliers we will monitor our progress towards meeting objectives to:

- Encourage diversity and eliminate unfair treatment and discrimination through a full range of human resource and contracting policies and procedures.

- This applies not just to areas of internal recruitment, training and development and promotion, but also monitoring the adherence to the equality & diversity legislation and principles by our Directorates and Services including their suppliers and contractors.

- Recognise that staff have rights as employees to work in a supportive, safe and harassment free environment.

- Support staff to understand that they have individual and collective responsibility to value and respect each other's contributions.

- Promote an environment where standards of conduct are of the highest level and to ensure that no one is harassed, bullied or victimised.

- Take decisive action when discrimination occurs.

- Review and monitor the services we deliver and assess the impact on equality and diversity.

We are passionate about making sure that all our services are accessible to everyone by removing real or perceived barriers. It also means that we will deliver services that will meet the needs of donors, patients and service users.

Excellent equality and diversity practice means that everybody is treated with dignity and respect and leads to improved outcomes for all.

Tom McHugh
Chair NSS Equality and Diversity Steering Group

1. Introduction

NSS is a public body, accountable to Scottish Ministers. NSS has a mandate to provide national strategic support services and expert advice to Scotland's health and care sector while maximising health impacts and cost savings. NSS was established as the Common Services Agency in 1974 under The National Health Service (Functions of the Common Services Agency) (Scotland) Order 1974. The Public Bodies (Joint Working) Scotland Act 2014 further extended our remit to enable the provision of services to other public bodies. We work closely with our partner organisations, including NHS boards and local authorities, to ensure that our services align with the evolving needs of the health and social care system in Scotland.

Our NSS Services

Our NSS services

We provide services and advice to the NHS and wider public sector in Scotland.

Since its inception, NSS has provided a wide range of national services that ensure health boards and other health and care partners can deliver their services with confidence.

Digital and security

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

National Contact Centre

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

Primary care support

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

Specialist healthcare commissioning

NSS commissions a range of specialist and rare condition treatments supporting NHSScotland to ensure equitable and affordable access to these services when needed. We also commission a range of screening programmes.

Legal

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

Programme management services

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

National procurement

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

Fraud prevention

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

Blood, tissues and cells

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

Corporate services

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

NHSScotland Assure

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

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Our NSS strategy

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

Enable

1. Enable health and care transformation with new services

Harnessing NSS's wide-ranging skills and expertise to deliver new national infrastructure solutions and services.

Underpin

2. Underpin NHSScotland with excellent services

Providing national infrastructure solutions that are integral to the delivery of health and care services in Scotland.

Assist

3. Assist other organisations involved in health and care

Connecting and collaborating with a range of partners and stakeholders to explore opportunities where our services can help and provide support to the wider health and care system.

Enable

The Enable priority focused on harnessing the wide ranging expertise and skills across NSS to deliver national solutions and services that supported healthcare professionals to deliver high-quality care to the people of Scotland.

Underpin

Our Underpin priority focused on improving our core services which are essential to the functioning of the wider health and social care system. Continually improving these services ensured a strong and stable foundation for the healthcare system to deliver the best possible care and outcomes for the people of Scotland.

Assist

Our Assist pillar linked together organisations involved in health and care and beyond, and accounts for the work we did to help manage national incidents or resilience issues in NHSScotland. Regularly connecting with partners and stakeholders helped ensure that our services supported the wider health and care system and meant that we could respond quickly and appropriately.

2. Public Sector Equality Duty

The General Duty and Specific Duties

The Public Sector Equality Duty (PSED) is set out in the Equality Act 2010.[1]

We are a listed body in the Equality Act 2010 (Specific Duties) (Scotland) Regulations 2012 (as amended) and are also covered by specific duties, which are designed to help us as a listed authority to meet the general equality duty.

The general equality duty requires public authorities, in the exercise of their functions, to have due regard to the need to:

- Eliminate unlawful discrimination, harassment and victimisation, and other conduct that is prohibited by the Equality Act 2010.

- Advance equality of opportunity between people who share a relevant protected characteristic and those who do not, and

- Foster good relations between people who share a protected characteristic and those who do not.

Advancing equality of opportunity includes in particular having due regard to the need to:

- Remove or minimise disadvantages suffered by people who share a relevant protected characteristic that are connected to that characteristic.

- Take steps to meet the needs of people who share a relevant protected characteristic that are different from the needs of people who do not share it,

- Encourage people who share a relevant protected characteristic to participate in public life or in any other activity in which participation is disproportionately low.

The Public Sector Equality Duty covers the following protected characteristics: age, disability, gender, gender reassignment, pregnancy and maternity, race, religion or belief and sexual orientation. It also covers marriage and civil partnership, with regard to eliminating unlawful discrimination in employment.

Age discrimination in services and public functions is prohibited against people aged 18 and over. This means that people under 18 are covered by the duty with regard to advancing equality of opportunity and fostering good relations.

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[1] Public Sector Equality Duty | EHRC

The Scottish specific duties:

- Report on mainstreaming the equality duty.

- Publish equality outcomes and report progress.

- Assess and review the equality impact of policies and practices.

- Gather, use and publish employee information.

- Use information on the characteristics of members or board members gathered by the Scottish Ministers.

- Publish gender pay gap information.

- Publish equal pay statements.

- Consider award criteria and conditions in relation to public procurement.

- Publish in a manner that is accessible.

3. Equality Outcomes

What is an Equality Outcome

An equality outcome is a measurable result that aims to achieve and to further one or more of the needs of the general duty. We must publish a set of equality outcomes at least every four years. We must also publish a report on the progress made to achieve our equality outcomes every two years. We must take reasonable steps to involve people with relevant protected characteristics and the organisations who represent their interests when preparing your equality outcomes. We must also consider relevant equality evidence. If our set of equality outcomes does not further the needs of the general duty for every relevant protected group, we must publish the reasons for this.

What is Equality of Outcome

Equality of outcome is a concept that seeks to address social inequalities by advocating for a fair distribution of resources and opportunities.

Key Principles[2]

The concept of equality of outcome is based on several key principles:

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[2] Understanding the Concept of Equality of Outcome in Sociology

1. **Distribution of Resources:** Equality of outcome emphasizes the fair distribution of resources, such as income, education, healthcare, and housing, among all members of society. The aim is to ensure that everyone has access to the basic necessities required for a decent standard of living.
2. **Reduction of Inequalities:** The concept seeks to reduce social and economic inequalities by narrowing the gap between the rich and the poor. This involves implementing policies and programs that address systemic disadvantages and provide support to marginalized groups.
3. **Equitable Opportunities:** Equality of outcome recognizes that individuals have different starting points and circumstances. It aims to provide equal opportunities for individuals to reach their full potential, regardless of their background or social status.
4. **Quality of Life:** The concept emphasizes the importance of improving the overall quality of life for all members of society. This includes ensuring access to healthcare, education, employment, and a clean environment.

Developing our Equality Outcomes

In preparation we have engaged with a range of stakeholders including our equality and diversity steering group, employees, directorates, employee networks and external organisations to develop our equality outcomes. We analysed the national and local data and evidence available to us, including our equality impact assessments, our strategy and relevant workforce plans.
This has helped us understand the equality issues in NSS.

This has also helped us understand what our priorities are for action over the next 4 years ensuring that our equality outcomes are specific, measurable, achievable and have clear timelines (SMART). We have used both quantitative and qualitative data to ensure that we focus on the quality of experience of our employees and our service users.

Proportionality

We are a national public body in Scotland and our equality outcomes have been developed in context against our objectives for financial and environmental and climate sustainability.

We have set our equality outcomes reflecting our role in NHSScotland and our impact on those who use our services and our employees who deliver our services.

This is reflected in the number of equality outcomes that we have set ourselves for 2025-29.

Scope

The equality outcome plan covers the next 4 financial years this is line with the requirements set out in the specific duties.

The equality outcome plan provides our staff, directorates and services with an overarching framework within which will keep equality as a priority.

Quality Improvement

A logic- modelling approach has again been adapted to develop the NSS equality outcomes. In essence the model is a series of steps. The logic model approach supports the development of:

- Short-term outcomes that we **expect** to see.
- Intermediate outcomes that we **want** to see which will often be dependent on several factors including for example effective partnerships.
- Long-term outcomes that we **hope** to see which are both ambitious and aspirational, their realisation depending on a number of factors some of which NSS may have direct influence over however others maybe beyond our control.

Delivering Our Anti-Racism Plan

The Scottish Government issued a DL 23 (2024) and wrote to Chief Executives, Board Chairs and HR Directors. This DL set out an additional requirement to embed anti-racism within Executive objectives for 2024-25. The letter stated that each set of individual Executive objectives should include a commitment that the Board, if not already in place, deliver against their own anti-racism plan, covering both workforce and racialised health inequalities. Our equality outcome plan reflects this additional requirement by including objectives to achieve this commitment to anti-racism.

4 Meeting our Public Sector Equality Duties

To ensure we meet our general duties and specific duties we will ensure that our staff, donors, customers and service users will be protected from unfair

discrimination due to their protected characteristics.[3] We have listened to feedback provided by our staff and our customers and service users.

During our engagement work we have met with Young Scot, Royal National Institute for the Blind (RNIB), BEMIS[4] and all our employee equality networks who represent each protected characteristic. We will continue to progress our work to maintain the Scottish Ahlul Bayt Society (SABS) blood donation campaign.[5] This campaign work encourages Muslims and people of all communities in Scotland to give blood during the holy month of Muharram - the Islamic New Year. We will continue to work collaboratively with our partners to address health inequalities in screening to ensure equity of access and equal benefit for individuals.

 For further information on our work please visit our website Welcome to National Services Scotland.

5. Equality Outcomes 2025-29

5.1 Equality Outcome 1

As an employer we will promote wellbeing, equality and diversity and implement the framework for improving wellbeing and workplace culture. [6]

The Improving Wellbeing and Working Culture Framework and Action Plan is about supporting workplace cultures through programmes of work at a national level that focus on the shared needs across all three sectors of collaborative and compassionate leadership, wellbeing and equality. It is about a sense of belonging and allowing staff to reach their full potential, free from discrimination. It is about an ethos of equity and inclusion, for under-represented groups of staff, who do not always have a voice. And ensuring that everyone, regardless of their background, understands how they can contribute to a more inclusive workplace culture.

We will implement current programmes for wellbeing, leadership and equality in line with guidance advised via Scottish Government which are currently being taken forward through the Leading to Change team and the National Wellbeing Hub.

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[3] Protected characteristics | EHRC
[4] bemis.org.uk
[5] Scotblood | Imam Hussain Blood Donation Campaign 2024
[6] Health and social care: improving wellbeing and working cultures - gov.scot

5.1.1 Equality Outcome 2

As an employer we will improve the equality data completion rates by our employees.

The public sector equality duty requires us to gather and analyse employee information. In 2021-22 the average completion rate for staff was 92% compared to a completion rate of 91% on the 31 December 2024.

We will implement a communication plan which will demonstrate the benefits of providing equality data in a workplace setting.

5.1.2 Equality Outcome 3

As an employer we will deliver all the commitments set out in our anti-racism plan.

Our anti-racism plan is designed to improve on our work in leadership, accountability and governance for equality, diversity, and ways to improve an inclusive culture.

The NSS Ethnic, Cultural Diversity and Friends network will be supported to celebrate and invest in spaces for ethnic minority colleagues and allies to meet, share their views and be heard.

Cultural safety and cultural diversity will be recognised and celebrated (including activity throughout World Day for Cultural Diversity and Race Equality Week), as will workplace practices which promote inclusion and belonging, such as the Great Place to Work Plan and the Wellbeing Hub.

External and internal representation of race and ethnicity on websites, social media and NSS materials will be reviewed and updated to ensure they are reflective of the diversity of the health and social care workforce and our employees, volunteers and the wider population.

Allyship by staying informed about issues related to our workforce and communities we want to support and speaking up against harmful words or terms. Being honest about our knowledge of the community and participating in events honouring different groups. Ensuring we use inclusive language.

5.1.3 Equality Outcome 4

As a service provider we will ensure that we take reasonable steps to provide information we produce is accessible and available in alternative formats.

We acknowledge that the Equality Act 2010 states that we must take reasonable steps to provide our information in alternative formats and ensure that the information is accessible.

Our work with equality groups and networks has helped us understand that although we have examples of good and promising practice there are still areas where people, both staff and service users experience barriers to accessing information and services.

We ensure that all employees are aware of the guidance provided by our communication service which provides detailed information and support on making written information as accessible as possible.

We have adopted and comply with the Web Content Accessibility guidelines to ensure that our web pages are perceivable, operable, understandable and robust. We will continue to involve and engage with our staff and service users to receive regular feedback and comments to help improve the accessibility of our site.

We will continue to work in line with the Planning with People guidance[7] which promotes consistency, culture change, and true collaboration, while encouraging creativity and innovation, based on best practice. It places people and communities at the centre of care service design and change, to deliver the best results. We will use the findings from our equality impact assessments to improve our approach.

5. Achieving our Equality Outcomes

6.1 As an employer we will promote wellbeing, equality and diversity and implement the framework for improving wellbeing and workplace culture

Situation

Since the Covid-19 pandemic it is clear that our workforce is capable of delivering excellent care despite unparalleled challenges. As individuals responsible for providing and enabling care to others – often under physically and emotionally

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[7] Part 1 – Planning with People - Health and social care - Planning with People: community engagement and participation guidance - gov.scot

challenging circumstances – their resilience is evident. However, the pandemic and the impact of it subsequently also highlight the need for improvements to some of the cultures within many workplaces. As we continue to recover from the pandemic it is vital that we take the lessons learned and come back stronger by delivering improvements that will make staff healthier and, therefore, better able to continue to deliver high quality care. Improving Wellbeing and Working Cultures is built upon the three pillars of Wellbeing, Leadership and Equality. When these areas are prioritised, working cultures can improve.[8]

Activities

We will implement current programmes for wellbeing, leadership and equality in line with guidance advised via Scottish Government which are currently being taken forward through the Leading to Change team and the National Wellbeing Hub.

Equality Outcomes
Staff will have a supporting working environment, be authentic and be treated with dignity and respect and fairly.

General Duty
Advance equality of opportunity, eliminate unlawful discrimination and foster good relations.

6.2 As an employer we will improve the equality data completion rates by our employees

Situation
Our completion rates for staff providing their equality data in relation to the protected characteristics has reduced which has an impact on the analysis for pay gap reporting, employee experience related to their protected characteristics.

Activities
We will implement work collaboratively with the HR Employee Engagement Team, Trade Unions and the Employee Equality Networks to raise awareness of the benefits of completing equality data in the workplace. This will help to manage expectations and perceptions of staff in relation to equality data collation.

Equality Outcomes

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[8] Health and social care: improving wellbeing and working cultures - gov.scot

With better data in place and more opportunities for analysis, staff with protected characteristics will have an improved workplace experience.

General Duty

Advance equality of opportunity, eliminate unlawful discrimination and foster good relations.

6.3 As an employer we will deliver all the commitments set out in our anti-racism plan

Situation

Racism is a significant public health challenge and the NHS has a key role to play in tackling racism, reducing racialised health inequalities and creating a more equitable health and care system for all. Health Boards have been asked to develop and deliver against their own anti-racism plans, covering both workforce and equity-focused service delivery.[9]

Activities

There are a number of actions included in our anti-racism plan including:

- Develop anti-racism objectives for the executive management team.
- Further develop and create opportunities for learning and development for all staff on anti-racism, cultural humility, equality and diversity.
- Build on the range of resources available on the Management Hub, Wellbeing Hub and ensure alternative mechanisms are in place for all staff to participate in learning opportunities.
- Implement further work to raise awareness of the Ethnic, Cultural Diversity and Friends network.
- Continue to communicate and celebrate diversity highlighting a number of events across the year.
- Continue to provide a culture where staff feel free to speak up by using services like the confidential contact service, whistleblowing and the employee equality networks.
- Address barriers to recruitment by implementing national guidance and toolkits.
- Build on our work achieved so far in our Leadership Programme and Allyship Programme.

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[9] Anti-racism plans - guidance

Equality Outcomes

Our staff, customers and service users will have an improved experience in relation to their employee journey; access to our services and working in and with a culturally competent and diverse organisation.

General Duty

Advance equality of opportunity, eliminate unlawful discrimination and foster good relations.

6.4 As a service provider we will ensure that we take reasonable steps to provide information we produce is accessible and available in alternative formats.

Situation

The Public Sector Equality Duty, specific duties[10] requires us to publish in an accessible manner. Our engagement work to inform our equality outcomes has told us that some groups still face barriers when accessing information.

Activities

- We will implement our refreshed Equality Impact Assessment (EQIA) process across all directorates which provides guidance and support to staff completing EQIAs to ensure a Once for NSS approach.
- We will deliver webinars and workshops on the refreshed EQIA process which will include information and examples of accessible information.
- Our Communications team will continue to update and refresh our branding and corporate template toolkits which includes guidance on making written information and content accessible.
- Our Communications team will launch a new improved Corporate NSS website in accordance with the Web Content Accessibility standards.
- All staff responsible for writing information and content will carry out accessibility checks.
- All staff responsible for writing information and content will engage with staff, our networks and service users to carry out user testing of materials before they are published.

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[10] Public Sector Equality Duty: specific duties in Scotland | EHRC

- We will ensure that anyone that needs an alternative format knows how to request this and that their request will be met in a timely manner. Where it is not possible to provide this (if it is not reasonable or proportionate) we will work with the individual to agree a solution.
- Our client facing services will continue to provide an interpretation service.
- Our public facing services will continue to provide an interpretation service and written materials in community languages and British Sign Language (BSL).

Equality Outcomes

Our staff and service users will have an improved experience working in and using our services.

General Duty

Advance equal opportunities between people who have a protected characteristic and those who do not.

7. Measuring and Monitoring our Progress

We will review our progress on an annual basis to help us understand whether more effort and resources are needed to achieve our equality outcomes. This review will also help us make decisions if our equality outcomes need revised or whether we need to change our actions to achieve them.

We will update our Equality and Diversity Steering Group and Executive Management Team (EMT) on a regular basis and highlight any potential risks.

We will report on and publish our progress every 2 years via our board governance process.

To request this document in an alternative format please contact

NSS.EqualityDiversity@nhs.scot

Gus an sgrìobhainn seo iarraidh ann an cruth eile, cuir fios gu NSS.
EqualityDiversity@nhs.scot ...

لطلب هذا المستند بتنسيق بديل، يرجى الاتصال ب NSS. EqualityDiversity@nhs.scot

要以其他格式索取此文件，請聯繫 NSS。EqualityDiversity@nhs.scot

Aby poprosić o ten dokument w alternatywnym formacie, skontaktuj się z NSS.
EqualityDiversity@nhs.scot

NHS National Services Scotland

Meeting: **NSS Board**

Meeting date: **Friday 28 March 2025**

Title: **NSS Anti-Racism Plan**

Paper Number: **B/25/09**

Responsible Executive/Non-Executive: **Serena Barnatt Director HR**

Report Author: **Louise MacLennan Head of Equality, Experience and Engagement and the Anti-Racism short life working group members**

1. Purpose

1.1 The purpose of the paper is to present the NSS Anti-Racism plan.

2. Recommendation

2.1 As accountable Director I am assured that the NSS Anti Racism Plan delivers against the requirements set out in DL 23 (2024) and subsequent guidance provided by Scottish Government. It compliments NSS workforce plans and strategies and provides a clear framework to address racial inequality in the workplace and healthcare service.

2.2 It is recommended that the Board accept the assurances provided and approve the NSS Anti Racism Plan and its progression through the actions and initiatives highlighted within, including the following specific to the Board:

- For the Associate Director of Corporate Governance to work with the NSS Board Chair and the Chief Executive to agree the completion of the Cultural Humility Module on Turas by the end of quarter 2 in 2025 for the NSS Board and Executive Management Team.
- To ensure that forward plans for Staff Governance Committee and the NSS Board include oversight, review, and reporting against the anti-racism plan for 2025 and following years.

3. Executive Summary

3.1 The Board will be aware of the Scottish Government DL 23 (2024) when Fiona Hogg wrote to Chief Executives, Board Chairs and HR Directors.

This DL set out an additional requirement to embed anti-racism within Executive objectives for 2024-25. The letter stated that each set of individual Executive objectives should include a commitment that the Board, if not already in place, deliver against their own anti-racism plan, covering both workforce and racialised health inequalities.

3.2 The Scottish Government provided further guidance and published this to Boards in September 2024 with the aim of achieving a Once for Scotland approach to anti-racism work in Scotland.

3.3 The letter stated that Boards should report on progress against their Anti-Racism plans via the quarterly Annual Delivery Plans (ADP), reporting in Q2 and Q4 of 2024-25.

3.4 An Anti-Racism short life working group (SLWG) was convened with membership from all directorates, employee networks, trade unions and the Head of Equality, Engagement and Experience. The SWLG is chaired by Nelson Kennedy in his capacity as the Chair of the Ethnic, Cultural Diversity and Friends Network. A terms of reference agreed and meetings held every 2 weeks to ensure the work to develop an Anti-Racism plan was progressed and prioritised.

3.5 A programme of engagement work took place in Q2 and Q3 including presentations at SMT meetings, Townhalls and local PF meetings, surveys and focus group meetings to gather data from our workforce, the Ethnic, Cultural Diversity and Friends Network. An analysis of available data and evidence was conducted during this period to inform the Anti-Racism plan.

The key priorities in the plan include objectives for: (pages 16-19)
1. Leadership and Accountability
2. Culture, Learning and Development
3. Data to Improve Employee Experience and Address Racialised Health Inequalities
4. Addressing Concerns and Facilitating Change

This plan details the high-level priorities for NSS.

3.6 The revised anti-racism short life working group will be renamed to reflect its purpose going forward and will develop an action plan to ensure the delivery, monitoring and review of these high-level priorities. The action plan will provide

the details of the inputs, activities, outputs and outcomes including specific , measurable, achievable and timebound objectives to progress with the high level priorities.

3.7 Further engagement with our employees, donors and service users in 2025 and beyond will be necessary to ensure transparency and visibility of our agreed anti-racism actions.

4. Impact Analysis

4.1 Quality and Value
4.1.1 A quality improvement approach will be adopted when implementing the Anti-Racism plan. The plan itself aims to add value and quality through the reduction of inequities in the workplace and healthcare settings.

4.2 Equality and Diversity, including health inequalities
4.2.1 The equality impact assessment is included as an appendix with this front cover paper. The aim of the Anti-Racism plan is to promote equality and address racialised health inequalities.

4.3 Data protection and information governance
4.3.1 There are no implications for data and information governance identified currently within the report. Any implications will be managed on a project level going forward.

5. Risk Assessment/Management

5.1 There are no risks identified in relation to this report.

6. Financial Implications

6.1 The anti-racism plan must be delivered within the existing resources available.

7. Workforce Implications

7.1 The aim of the anti-racism plan is to build on the existing workforce plans and strategies and to address racial inequality in the workplace.

8. Climate Change and Environmental Sustainability Implications

8.1 There are no impacts for climate change and sustainability.

9. Route to Meeting

9.1 The anti-racism plan has been developed by the short life working group with membership from across the directorates, employee networks, trade unions and the head of equality, engagement and experience. Dr Nelson Kennedy has involved and engaged with the Ethnic, Cultural Diversity and Friends network in the development of the plan. The plan has been shared with our external equality organisations as part of our engagement work.

- EMT Meeting Monday 24 February 2025
- PF Meeting 25 February 2025
- SGC Meeting 6 March 2025
- NSS Board Meeting 28 March 2025

10.   List of Appendices and/or Background Papers

10.1 Anti-Racism Plan

10.2 Equality Impact Assessment

10.3 First Performance Report submitted to SG
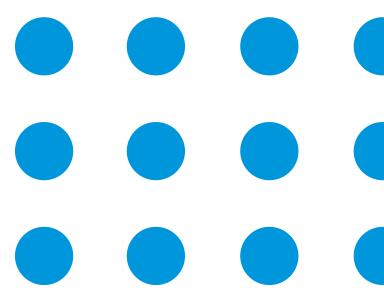
NSS Anti-Racism Plan

March 2025

NHS National Services Scotland

Contents

Introduction

NHS National Services Scotland (NSS) is committed to being a welcoming and inclusive workplace for all our workforce while delivering person-centred services for all our stakeholders in Scotland. Part of this commitment includes the development and implementation of an anti-racism action plan. Our plan is produced in co-production with our workforce which aligns with the objectives set out in our equality outcome plan for 2025-29. The equality outcome plan sets out our ambitions to improve equality, equity and inclusion for all our workforce, customers, service users, donors, patients, stakeholders and the wider public.

Our anti-racism plan sets out our vision and principles to eliminate discrimination and promote race equality. Implementing our plan will complement the framework for Improving Wellbeing and Working Cultures, our Great Place to Work Plan, Anchor Strategy, NSS Strategy and our Local Delivery Plan.

Our plan has been developed in collaboration with our diverse groups of employees and stakeholders. Our plan will be reviewed regularly and sets out what we want to achieve, and we will continue to involve and engage with our key stakeholders throughout the implementation period of the plan. We will continue to address discrimination experienced by minorities and to foster good relations between all our workforce, donors and service users.

Our Vision

We are working to achieve racial equity and eliminate discrimination.

We will continue to:

- Seek to understand any existing racial inequity experienced by employees and service users and gather their views to inform improvements.

- Continuously monitor impact and outcomes to drive further improvements to help us achieve our goals.

- Actively review our policies and services to ensure they are aligned with our aims of racial equality.

- Gather data from our employees and service users to track and trend this data.

Our Principles

Our common guiding principles to achieve racial equity are:

- We will recognise and encourage diversity, inclusion, equality and equity[1].

- We will ensure that relevant national and international legal policy and frameworks. are fully embedded and implemented at a NSS level.

- We will set specific, measurable, achievable and realistic objectives in our plan.

- We will continue to measure tackling discrimination, racism and racialised health inequalities in a holistic way, ensuring anti racism actions are mainstreamed into NSS strategies and policies and our directorate business plans. This approach will foster good relations between different groups and not to the detriment or inequality to business or other existing groups.

- We will identify and tackle the potential existence of structural racism and the impact.

- We will prioritise meaningful involvement of our workforce in the development and evaluation of anti-racism plans, giving them the time and support required to do so.

[1]Equality means each individual or group is given the same resources or opportunities. Equity recognises that to reach equal outcomes, individuals need different levels and kinds of support. Inclusion is about individuals and groups belonging to – and being valued

What is Anti-Racism?

Anti-racism is a process of actively identifying and opposing racism. The goal of anti-racism is to challenge racism and actively change the policies, behaviours, and beliefs that perpetuate racist ideas and actions. Anti-racism is rooted in action.

In NSS we will continue to create environments and opportunities to challenge this safely and effectively and provide employees with time and resources to address racism.

- Witnessing Racism- employees and our service users will better understand and feel confident about what they can do during and after witnessing an incident that is directed at someone else.

- Experiencing Racism - employees and our service users will feel better equipped to manage incidents as they are happening and afterwards.

- Leading Anti-Racism- all our employees at all levels will have the insights and skills to provide anti-racism leadership that creates safe working environments, and tackles and responds effectively to racial discrimination, harassment or abuse.

Implementing the Plan

For Employees

Our plan will adopt the aims and objectives of our Great Place to Work plan. This includes our aim to be a leading organisation for promoting equality, diversity, human rights, and inclusion within our workplace.

NSS Employee Equality Networks

We will work collaboratively with all stakeholders, including the ethnic cultural diversity and friends' network, to ensure that the anti-racism plan is co-designed and informed by them.
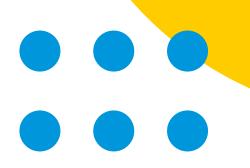
Equality

Meeting our legal obligations under the Equality Act 2010 and Public Sector Equality duties, including equality outcomes, mainstreaming equality reporting and actions to dismantle racism.

Health Inequalities

Effective delivery of NHS Scotland 2024/25 agreed priority to tackle racialised health inequalities.

NHS Recovery

Delivery of Principles for Safe and Effective Recovery as set in the NHS Recovery Plan 2021-2026 and aligning with the NSS annual delivery plan.

Learning and Development

Developing further our learning and development approaches to address discrimination.

Anchor Institution

Our role as an anchor institution will help identify and address the drivers behind health inequalities.

NSS as an employer

We will foster a working environment and culture of respect, civility and safety for everyone, being mindful of our ethnic and cultural diversity. We will review our policies through an anti-racism lens. As an employer we will work with our senior leaders to understand the impact of racism and their role to implement change.

NSS as a service provider

We will ensure that all our suppliers/partners and ways of working follow Equality Diversity and Inclusion (EDI) best practice and reflect our commitment to race equality.

Trade Unions

We will work collaboratively with the Trade Unions (TU) to promote equality and equity in our workplace.

Roles and Responsibilities

The following roles and responsibilities apply to ensure the successful implementation of the anti-racism plan and ownership across NSS.

Executive Management Team
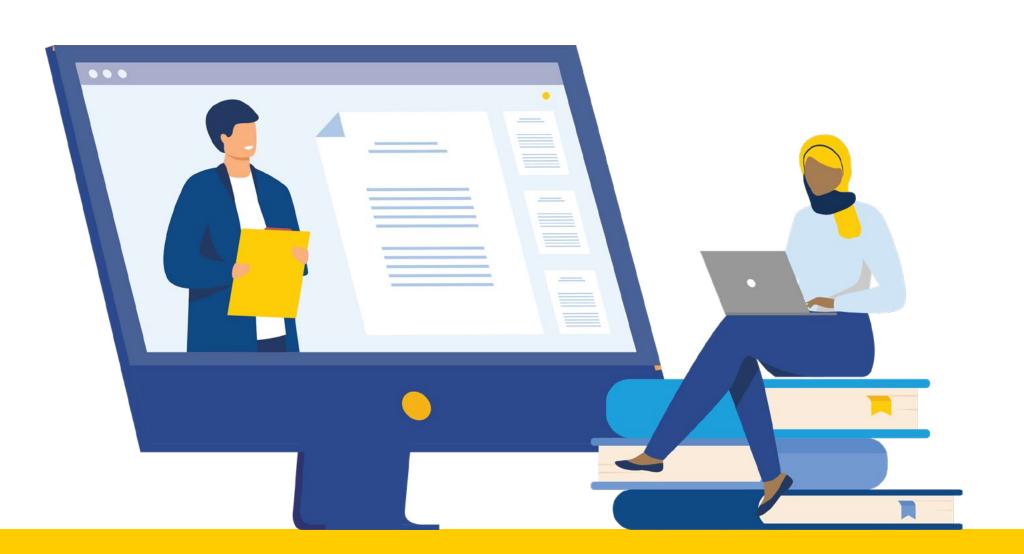
The executive management team will:

- Build a culture of anti-racism and improve race equity.
- Reinforce that anti-racism is a strategic priority for NSS.
- Create and cultivate environments for colleagues to learn and discuss anti-racism.
- Scrutinise the quality of equality impact assessments to ensure race equality is considered and an anti-racism lens has been applied.
- Commit to develop their own learning and development in relation to anti-racism.

Managers

Managers will:

- Ensure all employees have access to anti-racism learning and development resources and protected learning time.
- Create an environment where all employees are clear that racism is unacceptable.
- Commit to their own learning and development in relation to anti-racism.
- Support employees to learn and discuss anti-racism in the workplace and celebrate the diversity of their teams.
- Communicate the aims and objectives of the anti-racism plan to employees.

Employees

Employees will:

- Actively contribute to the implementation of the plan by taking a proactive approach to learning about anti-racism and discussing this with colleagues.

- Contribute to an environment where racism is unacceptable and consider behaviours which are unacceptable.

- Take time to consider whether behaviours they have experienced are unacceptable and know how to raise this with their line manager and/or seek advice from the support mechanisms available.

What we have achieved so far

NSS has worked towards race equality with implementing and committing to several actions to become an anti-racist organisation.

Addressing Health Inequalities

- The Scottish National Blood Transfusion Service (SNBTS) has announced a collaboration with NHS Blood and Transplant (NHSBT) and NHS England (NHSE) to offer patients with rare inherited red cell disorders, who are often from ethnic minority backgrounds, in Scotland access to state of the art blood group testing, as part of the Blood Group Genotyping Programme. This is the first step towards providing better matched blood transfusions for those who need it most. This programme will be open to patients in Scotland from 10 December 2024 to 30 September 2025.
  https://www.nhsbt.nhs.uk/what-we-do/clinical-and-research/blood-group-genotyping/

- SNBTS are continuing activity to encourage ethnic minority blood donation. Now in its 11th year, the Imam Hussain blood campaign encourages Muslims and people of all communities in Scotland to donate blood during the holy month of Muharram, the Islamic New Year. The Scottish Ahlul Bayt Society (SABS) organise annual blood donation, events, and actively recruit blood, platelets and plasma donors throughout the year.
  https://www.scotblood.co.uk/news/imam-hussain-blood-donation-campaign-2024/

- The National Services Directorate (NSD) continue to address health inequalities by reforming screening engagement and collaborating across health and social care.

- We have implemented a revised and updated equality impact assessment (EQIA) process across NSS and continue with a rolling programme of training in 2025/26.

- National Services Scotland, in collaboration with Public Health Scotland, has launched NHS Scotland's Community Benefits Gateway, a new online portal connecting NHS Scotland suppliers with communities in Scotland. Community benefits are tangible, positive outcomes which improve the lives of local people and enable communities to thrive. They help improve the economic, social and environmental wellbeing of local areas and assist in the reduction of health inequalities across Scotland

Improving Employee Experience

- The establishment of an Ethnic Cultural Diversity and Friends network and a commitment to continued support to the work of the network.

- Access to shared learning and development materials in the NSS management HUB.

- Delivery of Valuing Diversity presentation to the NSS Nurse Engagement events and NSS Leadership programme.

- A range of communications published celebrating cultural diversity.

- Contributed to NHS Scotland's Ethnic Minority Forum as a place to influence policy and change for the Minority Ethnic NHS Workforce.

- Appointed an executive lead for Equality and Diversity at Executive Management Team level.

- Appointed an executive sponsor for the Ethnic Cultural Diversity and Friends network.

- Published our workforce ethnicity data in people reports and mainstream equality reports.

Scottish Government Directive

Racism is a significant public health challenge, and the NHS has a key role to play in tackling racism, reducing racialised health inequalities and creating a more equitable health and care system for all. Health Boards have been asked to develop and deliver against their own anti-racism plans, covering both workforce and equity-focused service delivery[2].

Image 1: Background to the SG requirement for an anti-racism plan

Background to the SG requirement for an Anti-Racism Plan

An anti-racism plan covering workforce and racialised health inequalities, for an improved working environment and equity-focused service delivery.

Develop plans in partnership with colleagues, staffside, management, forums and organisations representing minority ethnic colleagues and communities

Nominate an executive lead

Ensure the above groups have a role in development and delivery
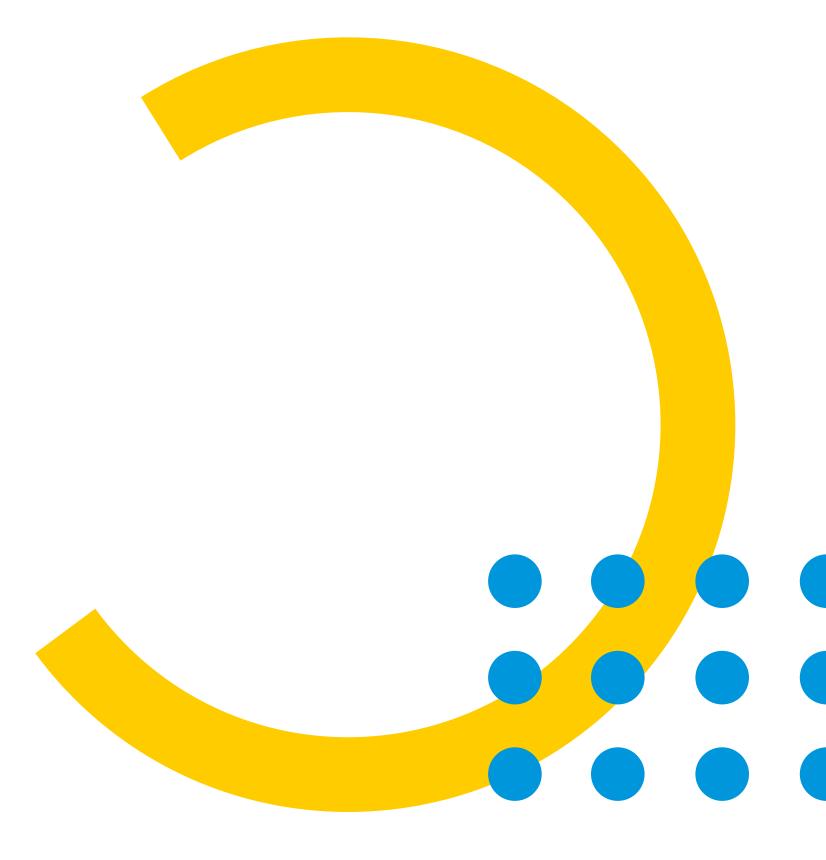
Align with the Scottish Framework for Action (SFA)

Work with and ensure representation on national forums such as the NHS Ethnic Minority Forum (EMF)

Report on progress in the quarterly ADP (Board governance and scrutiny of anti-racism plans, priorities, alignment with the SFA, progress towards milestones and information on the approach of developing the plan in partnership with minority ethnic colleagues, forums and stakeholders.
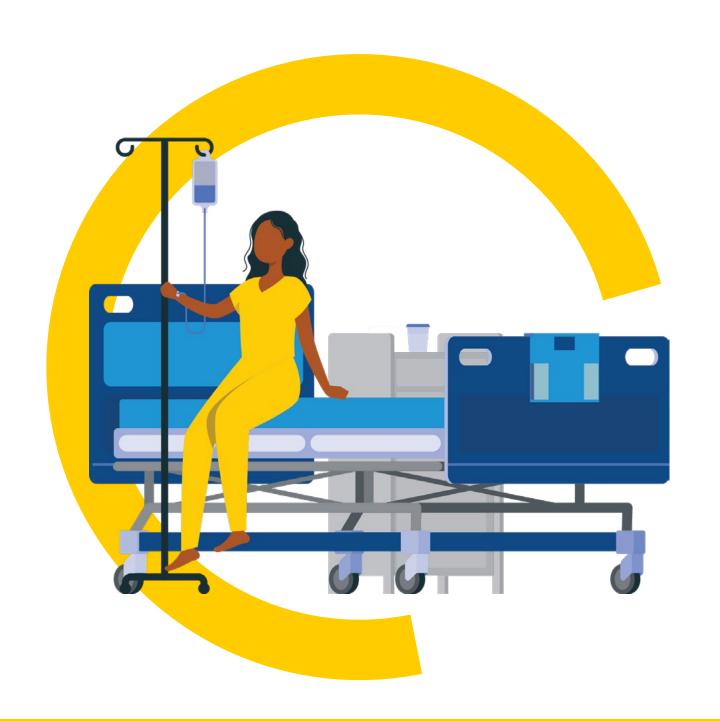
NSS members on the EMF should share our Board's progress in that forum

[2]**DL23 (2024) with NHS Board Anti-racism Plans Guidance - 9 Sept 2024.pdf**

Racialised Health Inequalities and Why They Matter

- **Racial inequalities:** in health are deeply embedded in structural racism, contributing to barriers in healthcare access and outcomes.

- **Disproportionate Impact:** Minority ethnic communities experience worse health outcomes and access to care compared to white populations. For example, during COVID-19, stark health inequalities were revealed.

- **Socio-economic factors:** Structural racism leads to additional barriers in employment, housing, and other social determinants of health.

- **Public Health Challenge:** Racism itself is a public health issue, contributing to chronic stress, mental health problems, and physical ailments like cardiovascular disease.

- **Legal Obligations:** NHS Boards must comply with the Equality Act 2010 and Public Sector Equality Duty, ensuring equality and equity in health outcomes and workforce diversity.

Developing Our Plan

We are informed by the views from those with lived experience through our employee networks and from our wider community through seeking employee feedback, as well as by peer review and relevant research and evidence.

The **Scottish Government's Race Equality Framework (2016-2030)** includes the following public health related goals to which our anti-racism action plan will contribute:

- Goal 26: Minority ethnic communities and individuals experience better health and wellbeing outcomes.

- Goal 27: Minority ethnic communities and individuals experience improved access to health and social care services at a local and national level to support their needs.

- Goal 28: Scotland's health and social care workers are better able to tackle racism and promote equality and community cohesion in delivery of health and social care services.

- Goal 29: Scotland's health and social care workforce better reflects the diversity of its communities.

The Framework for Action in the Scottish Government's guidance to NHS Boards on developing anti-racism plans has guided the development of our plan. The framework reflects the areas of focus from the Expert Reference Group on Covid-19 and Ethnicity[3] and the evidence on race inequalities. We have adopted the[4] Scottish Government's guidance, a Framework for Action to design anti racism plans. The framework and guidance reflect the areas of focus from the Expert Reference Group on Covid-19 and Ethnicity and the evidence on race inequalities.

We have also reviewed the Equally Safe at Work anti-racism guidance[5]
and other anti-racism plans from public bodies.

Our plan is designed around the following areas:

1. Leadership and accountability (and governance)
2. Culture
3. Learning and Development
4. Data to inform our approach
5. Addressing concerns, (facilitating positive change)

[3]**Anti-racism plans - guidance**
[4]**Anti-racism plans - guidance**
[5]**Employer-guidance-anti-racist-gender-equality-at-work.pdf**

Engagement

We have engaged with our workforce and those who receive our services to help inform our anti racism action plan. Feedback identified a need for:

What you told us/asked	What we have done and will do
Greater awareness and / or understanding about what quantitative data NSS has regarding both workforce and service users experiences. Including which systems are used for current data extarctions, if data is analysed to identify areas of concern and if and how these are addressed and monitored.	Develop a communication plan for our workforce on the benefits of equality monitoring encouraging them to complete this data. Learn from similar organisations about their mechanisms and approaches to share good practice.
Broader engagement with the workforce and service users to gather meaningful qualitative data and lived experiences to inform our actions and support monitoring of progress.	Work with the employee equality networks to raise awareness and visibility of equality monitoring (links with action 1 above)
Identifying areas of good or best practice, learning from these and sharing resources where possible.	NSS will contiue to participate in the NHSScotland Equality Lead Network
Raising awareness of prejudice, unconscious bias and disadvantage. Including how these can be experienced by individuals and the impact of these experiences.	NSS will engage with our current provider to agree a programme of training for unconscious bias
Greater awareness for employees of how they can report experiences of discrimination and the support available to individuals throughout this process.	Implement and raise awareness of a communication plan is in place to highlight the range of options available to our workforce including the confidential contact service
The need for a greater understanding of NSS workforce demographics, to determine if this reflects our local population and identify opportunities to improve representation where appropriate.	NSS will publish their workforce equality data as part of their mainstream report on 30 April '25. A deep dive analysis of the data will be carried out
Improved cultural awareness and support for our workforce, for example in observing religious events or festivals.	Develop and disseminate a calendar of events throughout the financial year recognising the diversity of our workforce and wider communties
Embed continuous improvement cycle in our processes to support implementation of actions and best use of tools, such as Equality Impact Assessments (EQIAs)	Launch a refreshed EQIA process with updated tools and guidance
An active senior leadership team who supports the principle of making ethnicity visible and valuable.	An excecutive senior responsible director has been appointed to oversee the anti-racism plan

Leadership and Accountability

Our leaders play a key role in driving cultural and attitudinal change to make progress in equality and create inclusive and diverse workplace cultures. A long-term commitment and action against agreed objectives, measures and outcomes are needed to demonstrate accountability to our workforce, customers, service users, donors and stakeholders. This plan is NSS's organisational commitment to anti-racism and tackling all forms of discrimination and harassment. Our workforce, customers, service users, donors and stakeholders will recognise NSS's commitment to anti-racism, equality, diversity and equity.

- The NSS Board will complete the Cultural Humility module on TURAS as part of their development session programme.
- All line managers and senior leaders to participate in anti-racism introductory training as part of continuous professional development.
- Progress on the anti-racism action plan is reported to the NSS Equality Steering Group, Executive Management Team, NSS Partnership Forum, Employee Networks, Board Sub Committees and the Board. Progress will be included as part of the Board's Annual Delivery Plan to the Scottish Government.
- NSS's commitment to anti-racism is reflected on our corporate website and through our corporate induction, recruitment packs and line manager handbook.
- NSS has appointed an executive sponsor for the NSS Ethnic, Cultural Diversity and Friends network.

Culture and Learning and Development

The NHS Scotland 2024 **Improving Wellbeing and Working Cultures** identifies three interlinked pillars which underpin a positive workplace culture: wellbeing, leadership and equality.

- Anti-racism resources, including those commissioned by the Scottish Government from the Coalition of Racial Equality and Rights (CRER), will be delivered to all of our workforce.
- The NSS Ethnic, Cultural Diversity and Friends network will be supported to celebrate and invest in spaces for ethnic minority colleagues and allies to meet, share their views and be heard.
- Cultural safety and cultural diversity will be recognised and celebrated (including activity throughout World Day for Cultural Diversity and Race Equality Week), as will workplace practices which promote inclusion and belonging, such as the Great Place to Work Plan and the Wellbeing Hub.
- External and internal representation of race and ethnicity on websites, social media and NSS materials will be reviewed and updated to ensure they are reflective of the diversity of the health and social care workforce and our employees, volunteers and the wider population.
- Allyship by staying informed about issues related to our workforce and communities we want to support and speaking up against harmful words or terms. Being honest about our knowledge of the community and participating in events honouring different groups. Ensuring we use inclusive language.

Allyship

Allyship is the work of actively supporting and advocating for marginalised groups. Allies recognise where power is held within a system and work in solidarity and partnership with marginalised groups to amplify, empower and help drive change.[6]

Anyone can be an ally and you can be an ally to all groups. By being an ally, you bring your backing and voice to the movement towards equality for all.[7]

Graphic 1: How Can I Be An Ally

How can I be an ally to those in the community?

Avoid microaggressions
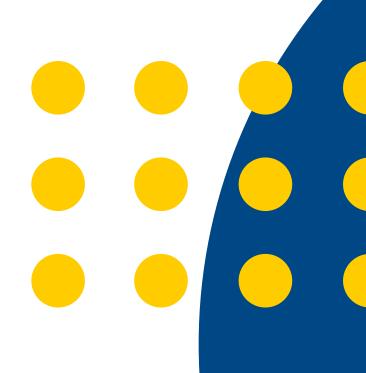
Microaggressions are often less obvious and more unintentional than overt acts of racism but have the cumulative effect of creating an environment that is more challenging and draining.

Talk to others - both allies and those with different views

Talk with other allies about how you can pool your efforts and help, but also be prepared to have difficult conversations with friends or families who have different views and ask them to rethink.

Call out racism
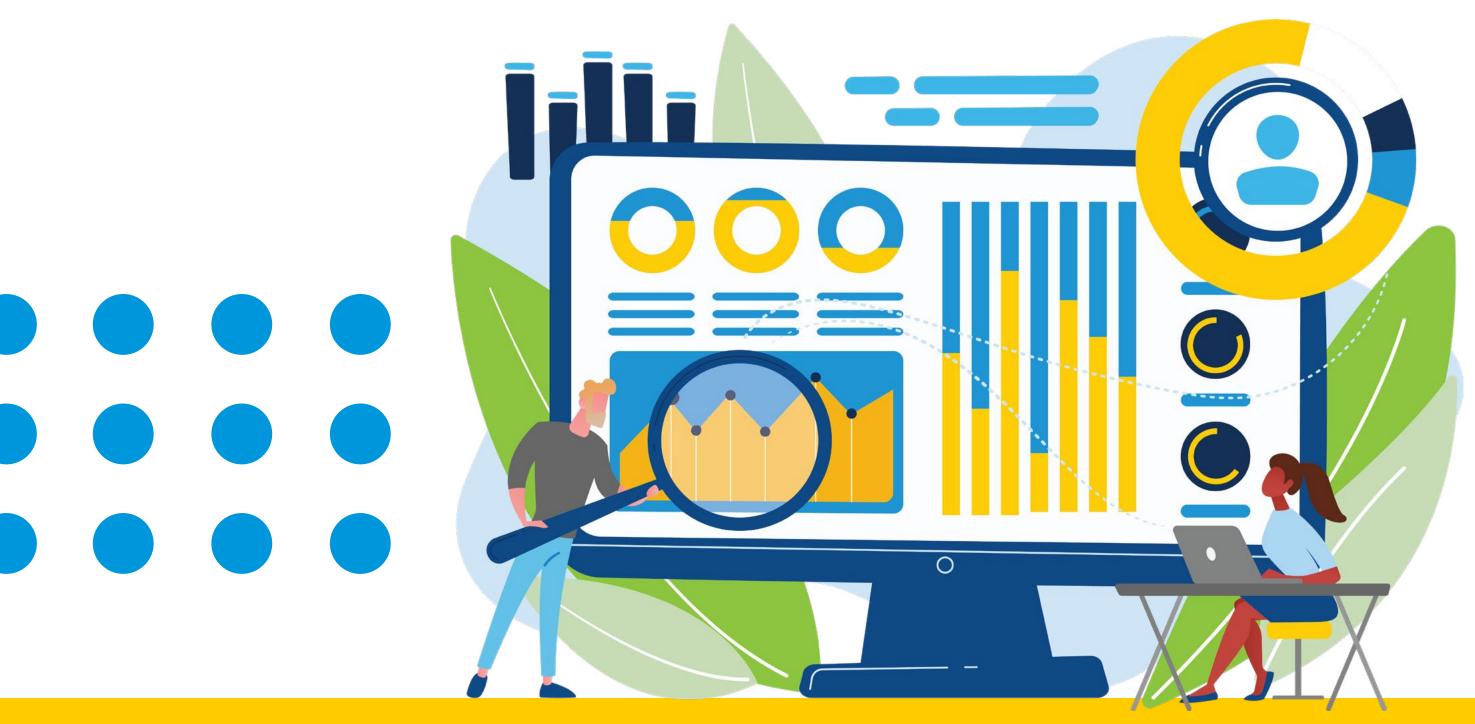
Our colleagues have been disproportionately exposed to acts of racism both small and large, intentional and unintentional. Calling out these acts as an ally will assist in preventing them by building understanding and make intentional acts even less acceptable.

[6]**Toolkit-Being-an-Ally.pdf**
[7]**Toolkit-Being-an-Ally.pdf**

Data

Data will enable us to understand our current baseline against racial equality standards and monitor our progress towards racial equality over time. NSS will be a leading organisation in Scotland in the way information is used and handled. Our information governance framework enables the safe and secure use of information to support the health and wellbeing of the people of Scotland. It ensures that we meet our legal and ethical duties in relation to handling and managing information to a high standard. We will make a commitment to optimise data collection to underpin the 5 areas of our plan.

Using Data To Inform and Improve Our Approach

We gather and analyse employment data as part of our Public Sector Equality Duty (PSED) and publish workforce equality and diversity in our People report. In our Mainstream Equality Report[8] we include data on what our workforce looks like, recruitment and progression, development and who leaves the organisation. We also publish our Pay Gap report which includes data on ethnicity. NSS will gather and analyse workforce data on ethnicity as part of our People report and the Mainstream Equality report.

- We will continue to publish NSS's ethnicity pay gap every 2 years as a Strategic Key Performance Indicator to the Board and it will be included in our People report and our Mainstream Equality report.

- We will encourage our workforce to update their equality and diversity data, to improve the quality of NSS's Workforce Monitoring and to identify priorities for action to progress race equality from the data.

- We will take action to understand the diversity of those who access NSS services.

  For Further Details on Data Refer to the **Appendix on page 23**.

Addressing Concerns and Facilitating Change

An Equality and Human Rights Commission (EHRC) Inquiry[9] gathered substantial evidence of the poor treatment of minority ethnic people minorities in health and social care workplaces. Many workers felt that others were treating them in a negative or unfavourable way because of their race or nationality.

Some staff feel they have been treated unfavourably compared to their colleagues who are not from an ethnic minority, some have experienced racism by colleagues or patients and have felt unsupported by managers and existing processes for highlighting incidents and concerns.

- We have established a trusted, incident reporting mechanism for staff. We will ensure our process reflects the Once For Scotland (OFS) Whistleblowing policy.

- We will share resources produced by the Coalition for Racial Equality and Rights (CRER) to staff to support managers and our Trade Union (TU) colleagues on how to address racist incidents in the workplace and support staff who experience or witness it.

- We will reinforce our commitment to anti-racism and our values as an organisation throughout our documentation and processes

[8]**Equality and Diversity | National Services Scotland**
[9]**https://www.equalityhumanrights.com/our-work/inquiries-and-investigations/inquiry-racial-inequality-health-and-social-care-workplaces**

Monitoring, Review and Governance

We are committed to monitoring, evaluating and reviewing our plan:

- This will ensure that we progress against all the actions.
- That we remain on track.
- Record our progress against the actions.
- Report to the agreed governance groups.
- To ensure that we continuously improve.
- Identify potential gaps and risks.
- To maintain transparency and accountability for the plan.

Monitoring

The anti-racism short life working group (SLWG) will continue with a revised terms of reference to oversee the plan and report on progress against the actions of the anti-racism plan. The SWLG will report to the NSS Executive lead for anti-racism on a quarterly basis.

Review

The anti-racism plan will be reviewed on an annual basis by the SLWG to identify the progress made , potential lack of progress, risks and gaps and to maintain momentum and visibility of the work. They will report their findings to the Executive lead.

Governance

The Executive lead will report on progress to the following groups and committees on a quarterly basis:

- Executive Management Team
- NSS Partnership Forum
- NSS Staff Governance Committee

The Executive lead will publish an anti-racism annual report in March 2026 and each financial year following this.

The Executive lead will provide quarterly performance reports to the Scottish Government.

The Directorates will discuss the anti-racism plan at their Senior Management Team meetings and local Partnership meetings on a quarterly basis.

Achieving Our Vision

We have identified the following key priorities these are informed from the results of the engagement activity and consultation with our various stakeholders.

Implementation

1. Implementing the Anti-Racism Plan

The revised anti-racism short life working group (SLWG) will develop and publish an action plan in Q1 '25 setting out the SMART objectives, inputs, actions, outputs and outcomes against the priorities for progressing the anti-racism priorities.

Leadership and Accountability

1. To provide our senior leaders with specific, measurable, achievable, relevant and timebound objectives.

The Chief Executive will meet with all Directors and agree anti-racism objectives for 2025-26.

The Directors will provide evidence on their progress against this objective at their 1:1 meetings, mid-year and annual reviews with the Chief Executive.

2. The Board and EMT will complete the Cultural Humility module.

The Associate Director of Corporate Governance will work with the Chair and the Chief Executive to agree the completion of the module by the end of quarter 2 in 2025.

[10]**Context - Minority ethnic recruitment toolkit - gov.scot**

3. The Executive Lead will ensure the governance for the anti-racism plan is established and implemented.

The Executive Lead will work with the board services colleagues to agree the forward plan for the EMT, NSS Partnership Forum, Staff Governance Committee and the NSS Board to ensure that the anti-racism plan is on the agendas for 2025 and following years.

4. The Director of HR will seek to improve access to recruitment for ethnic minority people and reduce barriers to recruitment by the recruitment team reviewing the Minority Ethnic Recruitment toolkit[10] for guidance and to seek ideas to improve the diversity of our workforce

Culture, Learning and Development

1. We will provide support and increase the visibility of the work of the NSS Ethnic, Cultural Diversity and Friends network.

The Head of Equality, Engagement and Experience will facilitate monthly peer support meetings with all the NSS Employee Networks to share good practice, provide 1:1 support and build resilience of the networks.

The EMT will commit to providing a budget to the networks on an annual basis.
The Employee Network facilitators will review and monitor the workplans on a regular basis and provide updates on their work to the NSS Equality and Diversity steering group on a quarterly basis.

All staff who are a member, ally and those who wish to become a member or an ally of the Employee Networks will be given protected time to attend meetings.

2. Ensure NSS is an organisation that is culturally safe and demonstrates that cultural diversity is celebrated.

We do this by celebrating a range of cultural events and celebrations across the calendar year communicating these via our various internal and external communication channels.

We ensure that our website is reflective of the people we serve and reflect cultural diversity.

We ensure that our staff restaurants offer a selection of foods that recognise cultural diversity.

We ensure that our facilities and buildings provide space for prayer and quiet reflection.

We will update and refresh the current NSS Spiritual Care policy in consultation with our employees.
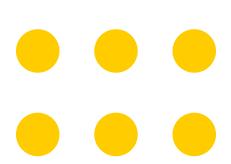
We will implement a programme for Allyship.

We will work with the Scottish Government and the Coalition for Race Equality and Rights (CRER) to implement the CRER resources when these are made available.

All staff will be required to complete the Cultural Humility online module, and provisions will be made for staff who do not have access to digital equipment by providing protected time in our learning centres.

All staff will continue to complete the mandatory Equality and Diversity online module.

We will continue to participate in the NHSScotland Ethnic Minority Forum (EMF) sharing and learning from good practice and lived experience to inform our plan going forward.

Data to Improve Employee Experience and Address Racialised Health Inequalities

1. Increase the number of staff who complete equality workforce monitoring.

We will develop and implement a communication plan to explain the benefits of equality workforce monitoring to reduce the perceived perceptions employees may have on why we ask for this data. The communication plan will provide details and how we record this data, how we store this data and what we do with this data.

Improving the data completion rates will provide a more accurate insight to employee experience of their employment journey in NSS.

2. Increase the number of service users who complete equality monitoring.

We will develop and implement a communication plan to raise awareness of the importance of providing equality data when accessing our services. The communication plan will provide details and how we record this data, how we store this data and what we do with this data.

Improving the data completion rates will provide a more accurate insight to barriers when accessing our services.

3. Collaboration to address racialised health inequalities.

As mentioned earlier in the plan the Scottish National Blood Transfusion Service (SNBTS) has announced a collaboration with NHS Blood and Transplant (NHSBT) and NHS England (NHSE) to offer patients with rare inherited red cell disorders, who are often from ethnic minority backgrounds, in Scotland access to state of the art blood group testing, as part of the Blood Group Genotyping Programme.
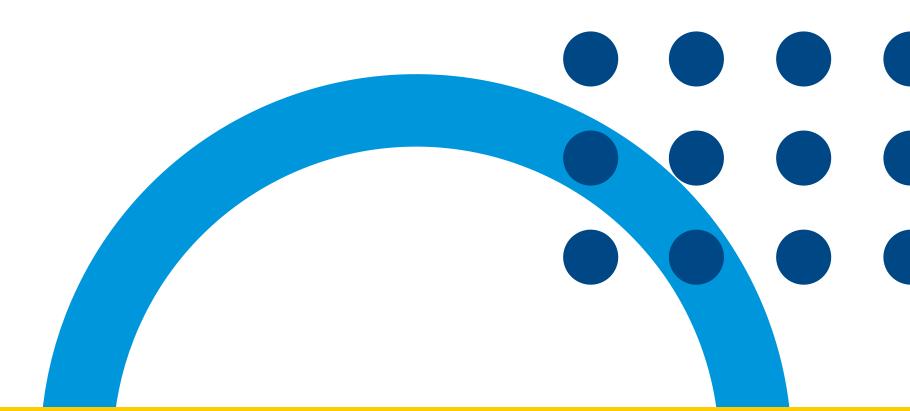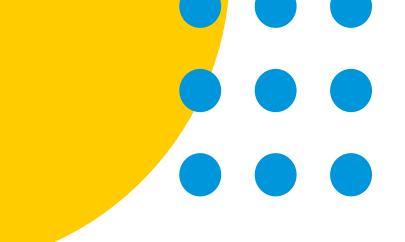
This is the first step towards providing better matched blood transfusions for those who need it most. This programme will be open to patients in Scotland from 10 December 2024 to 30 September 2025. **www.nhsbt.nhs.uk/what-we-do/clinical-and-research/blood-group-genotyping/**

The National Services Directorate (NSD) will continue to address health inequalities by reforming screening engagement and collaborating across health and social care.

We will build and improve on the success of the Community Benefits Gateway.

We will continue to implement the actions within our Anchor Strategy.

Addressing Concerns and Facilitating Change

1. We will reinforce our commitment to anti-racism and improve our mechanisms for staff to speak up about racism.

We have an established Confidential Contact service.

Further training will be provided to the confidential contacts specifically on cultural diversity and anti-racism to ensure the service continues to provide a safe and confidential space for all employees. This will include the completion of the cultural humility module by the confidential contacts.

We have an established Whistleblowing Champion, Executive Lead and clear process.
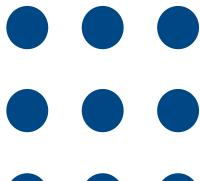
All whistleblowing concerns raised will be monitored for any race related matters to provide an insight to the number and trends.

We have an established wellbeing HUB.

Further anti-racism resources will be included onto the wellbeing HUB.

We will share resources produced by the Coalition for Racial Equality and Rights (CRER) when these are made available to all employees to support managers and our trade union (TU) colleagues on how to address racist incidents in the workplace and support employees who experience or witness it.

The employee networks will continue to provide a safe environment for employees to share their experience and will provide information on routes to receive the appropriate guidance.

Summary
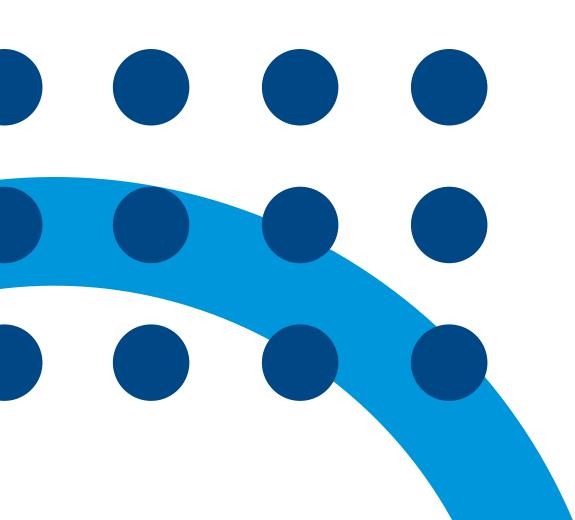
This plan details the high level priorities for NSS.

It has been developed in collaboration with staff, equality networks , trade unions, internal and external stakeholders.

The revised anti-racism short life working group will develop an action plan to ensure the delivery, monitoring and review of these high level priorities. The action plan will provide the details of the inputs, activities, outputs and outcomes including specific, measurable, achievable and timebound objectives to progress with the high level priorities.

We will report on progress on an annual basis.

Further engagement with our employees, donors and service users in 2025 and beyond will be necessary to ensure transparency and visibility of our agreed anti-racism actions.

Appendix 1: National and Local Datasets - What Data is Available

Scotland Census 2022 Data, 2022
Source: **Scotland's Census 2022 - Ethnic group, national identity, language and religion - Chart data | Scotland's Census**

NHS Scotland Workforce Data, 31 March 2024 Data release, Headcount
Source: **03 September 2024 Workforce | Turas Data Intelligence**

NSS Equal Pay Gap Report, April 2023, Headcount
Source: **NHS NSS Equal Pay Gap Report April 2021**
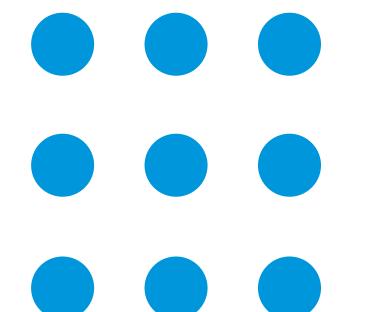
NSS Mainstreaming Equality Report, 2023
Source: **2023-02 Mainstreaming Equality Report Amended 16 May 2024 Final Version**
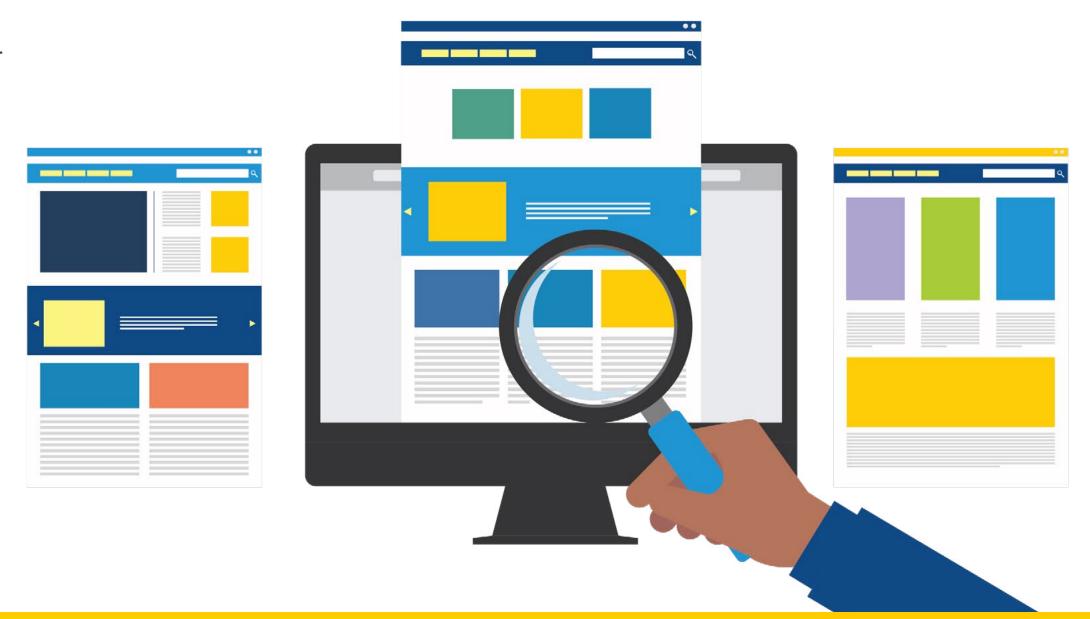
NSS Equality Outcome and Mainstream Report, 2021
Source: **NSS Equality Outcome and Mainstream Report | National Services Scotland**

Service Users Data Sets SNBTS Donor Ethnicity Demographics, Dec 2023 to Dec 2024
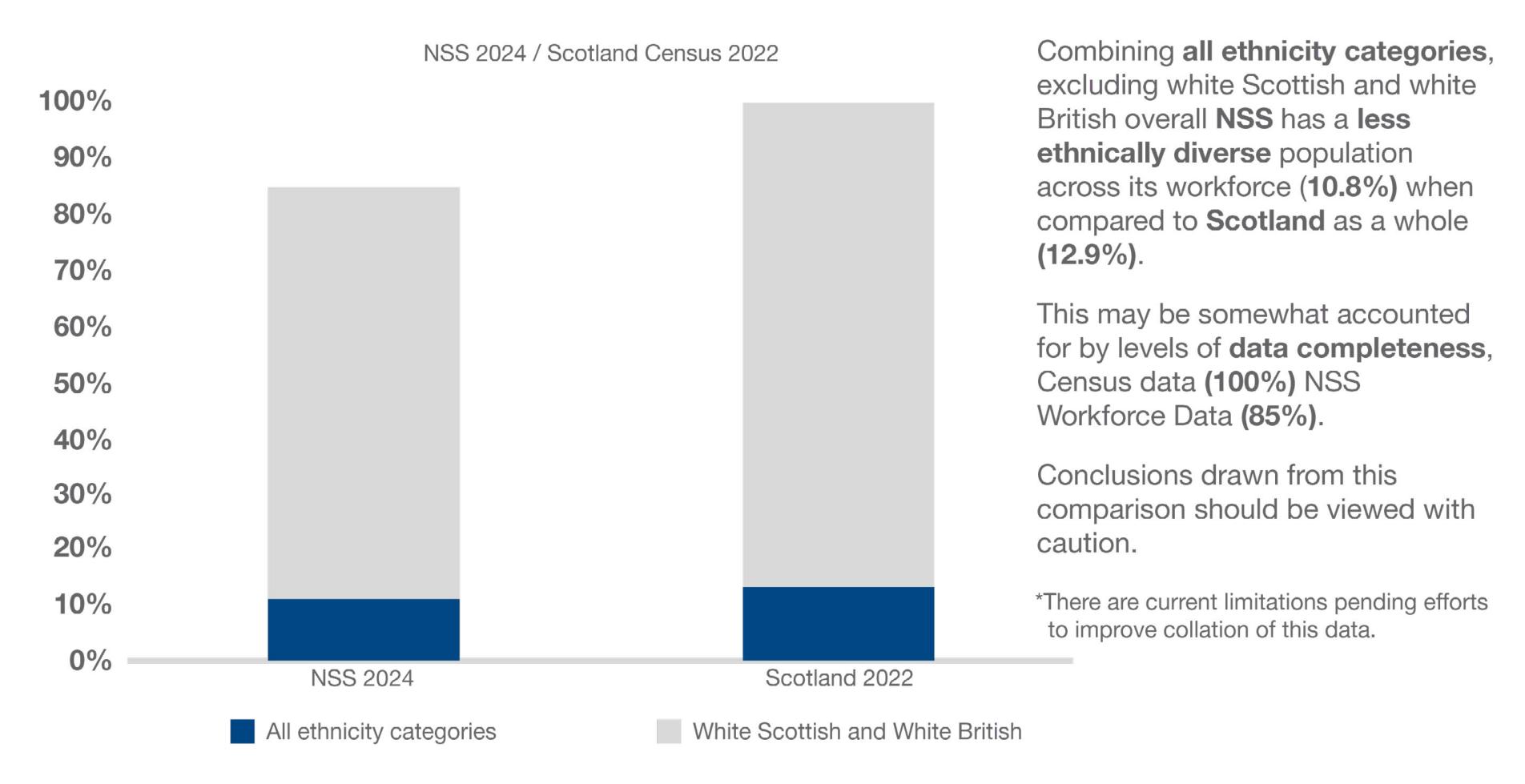
NSS Workforce Data

Graph 1: NSS Workforce data

How does NSS workforce ethnicity demographics compare to Scotland's population demographics?

NSS 2024 / Scotland Census 2022

Combining **all ethnicity categories**, excluding white Scottish and white British overall **NSS** has a **less ethnically diverse** population across its workforce (**10.8%**) when compared to **Scotland** as a whole (**12.9%**).

This may be somewhat accounted for by levels of **data completeness**, Census data (**100%**) NSS Workforce Data (**85%**).

Conclusions drawn from this comparison should be viewed with caution.

*There are current limitations pending efforts to improve collation of this data.

■ All ethnicity categories   ▢ White Scottish and White British

How does NSS workforce ethnicity demographics compare to Scotland's population demographics?

NSS 2024 / Scotland Census 2022

■ NSS 2024   ■ Scotland 2022

0.0%   1.0%   2.0%   3.0%   4.0%

- Other White
- African, Scottish African or British African
- Polish
- Indian, Scottish Indian or British Indian
- Mixed or multiple ethnic group
- Irish
- Pakistani, Scottish Pakistani or British Pakistani
- Other Asian
- Chinese, Scottish Chinese or British Chinese
- Arab, Scottish Arab or British Arab
- Other ethnic group
- Bangladeshi, Scottish Bangladeshi or British Bangladeshi
- Caribbean or Black
- Gypsy / Traveller
- Roma
- Showman / Showwoman

Data completeness may skew results.

NSS has a **larger proportion** of individuals identifying their ethnicity as **'Other White'** (3.9%) and **'Other Asian'** (0.7%) within its workforce than Scotland as a whole (2.92% and 0.59%).

It also has a smaller proportion of individuals identifying as **White Scottish** (67.1%) **or White British** (7.1%) when compared to Scotland as a whole (77.7% and 9.4%).

This may be somewhat accounted for by levels of **data completeness**, Census data **(100%)** NSS Workforce Data **(85%).**

Graph 3: How does NSS compare to other boards in Scotland – data completeness

Data Completeness

Overall NSS can be considered **average** in terms of its total level of **data completeness (85.39%)**, that is, the overall proportion of staff completing ethnicity data compared to other NHS Boards in Scotland.
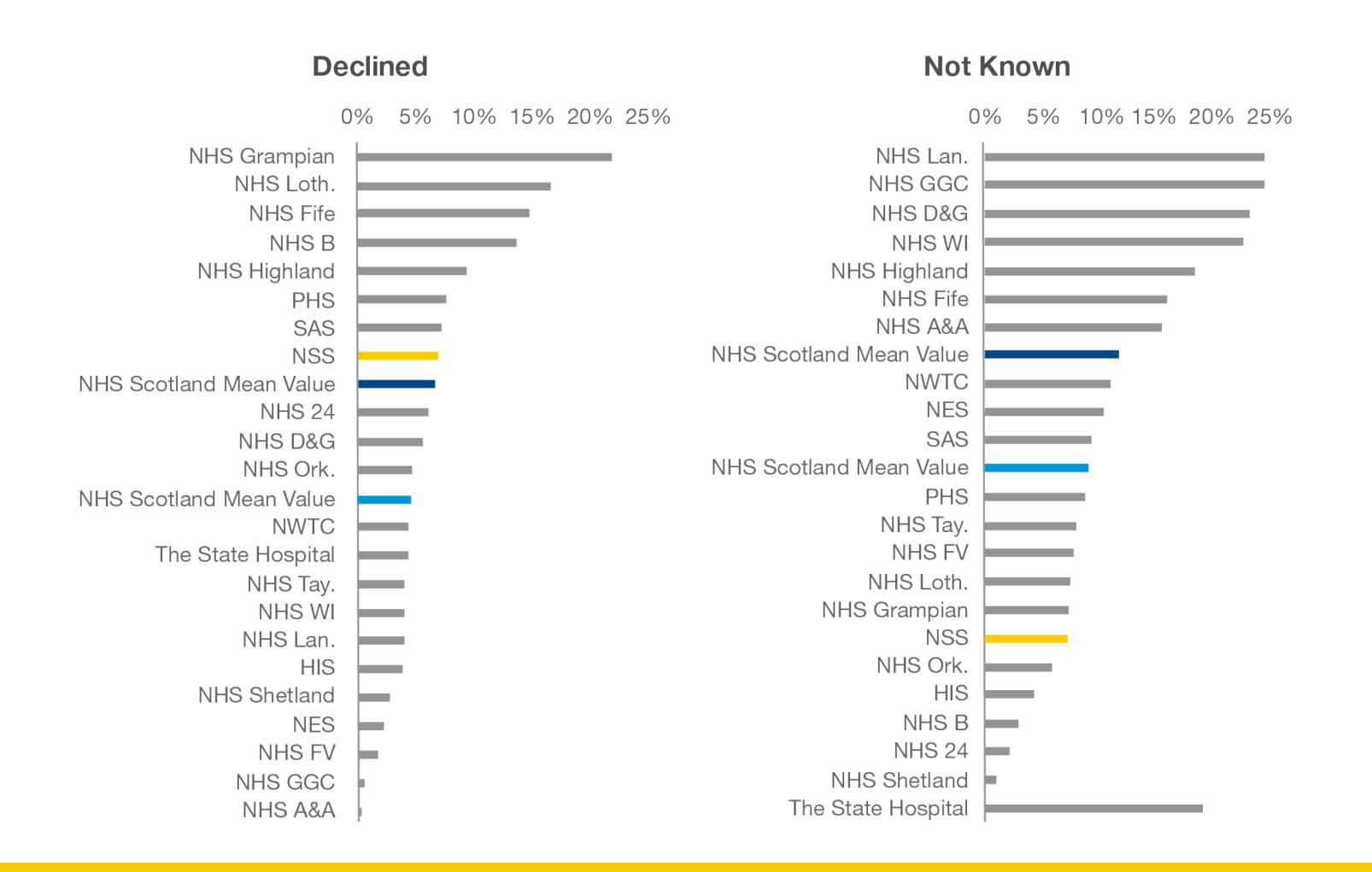
Graph 4: Data completeness comparison

When looking at reasons for data completeness, overall NSS has a higher proportion of staff declining to share data on ethnicity (7.09%) than the majority of other Boards across Scotland.

Data Completeness: How does NSS compare to other boards in Scotland?

NSS Service user data
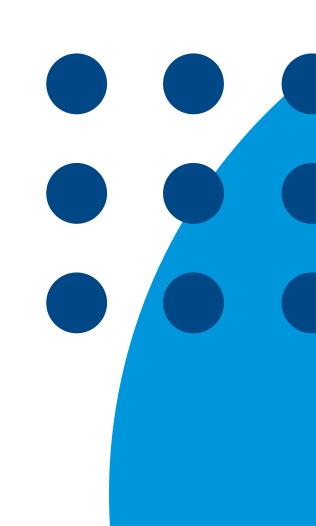
Table 2: Scottish National Blood Transfusion Service (SNBTS) Donors by ethnicity

NSS Service Users: SNBTS Donors by ethnicity 2024 / Scotland Census 2022

SNBTS Category 2024	Census Category 2022	No. SNBTS Donors	SNBTS Donors	No. Scottish Residents	Census Data
African	African, Scottish African or British African	313	0.32%	58,715	1.08%
Arab	Arab, Scottish Arab or British Arab	159	0.16%	22,290	0.41%
Asian	Pakistani, Scottish Pakistani or British Pakistani (1.34%) Bangladeshi, Scottish Bangladeshi or British Bangladeshi (0.13%) Other Asian (0.59%) Indian, Scottish Indian or British Indian (0.97%)	1,776	1.82%	164,729	3.03%
Caribbean	Caribbean or Black	77	0.08%	6,524	0.12%
Not Known or provided / refused		8,250	8.44%		
Other mixed or multiple ethnic groups	Mixed or multiple ethnic group (1.12%) Other ethnic group (0.5%) Chinese, Scottish Chinese or British Chinese (0.87%)	366	0.37%	135,371	2.49%
White	Other White (2.92%) Polish (1.67%) Irish (1.05%) Gypsy / Traveller (0.06%) Roma (0.06%) Showman / Showwoman (0.03%) Scottish (77.7%) Other White British (9.4%)	86,838	88.81%	5,050,058	92.89%
Total		97,779		5,436,600	100%

Approximately ~ 1.8% of Scotland's population donated to SNBTS within the past 12 months, to Dec 2024.

The aim, over time, is for our donor demographics to be similar to the proportion in the general population, but we recognise the need to improve the processes along the way.

This publication can be made available in large print, Braille (English only), audio tape and different languages. Please contact **nss.equalitydiversity@nhs.scot** for further information. For any alternative formats please contact **nss.communications@nhs.scot**

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Contact details:

For any queries or further information please contact
nss.feedback@nhs.scot

NHS National Services Scotland
Gyle Square, 1 South Gyle Crescent, Edinburgh
EH12 9EB

Designed by the NHS National Services Scotland Creative Services team.

APPENDIX 1

Title: Equality Impact Assessment NSS Anti-Racism Plan

Date: 11 February 2025

Background

An anti-racism short life working group has developed the NSS anti-racism plan in 2024 in collaboration with directorates, employees, employee networks and stakeholders.

The Scottish Government issued a DL in 2024 to all NHS boards in Scotland requiring all boards to publish anti-racism plans. [1]

Aim

The aim of the plan is to address racialised health inequalities and to improve employee workplace experience, and the experience of those who use and access our services.

Screening Assessment

The plan will impact on our employees, donors, service users, customers, stakeholders and the wider public.

The anti-racism plan intends to benefit our employees, donors, service users, customers, stakeholders and the wider public.

The anti-racism plan aims to foster good relations and to meet the requirements of the Equality Act 2010 General Duty.[2]

Impact on the Equality Act Protected Characteristics[3]

Age

The anti-racism plan intends to have a positive impact on age.

Disability

The anti-racism plan intends to have a positive impact on disability.

Marriage and Civil Partnerships

The anti-racism plan intends to have a positive impact on marriage and civil partnerships.

Pregnancy and Maternity including Paternity

The anti-racism plan intends to have a positive impact on pregnancy and maternity including paternity.

Race

The aims and objectives of the anti-racism plan set out a number of key priorities for NSS to address racialised health inequalities and to build on the work so far to create environments and opportunities to challenge this safely and effectively and provide employees with time and resources to address racism.

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[1] DL23 (2024) with NHS Board Anti-racism Plans Guidance - 9 Sept 2024.pdf
[2] Equality Act 2010 | EHRC
[3] Protected characteristics | EHRC

The anti-racism plan provides examples of good and promising practice in our directorates to address race inequality and to improve the experience of our service users.

The impacts will be positive.

Religion or Belief

The anti-racism plan sets out to foster good relations between different groups.

The anti-racism plan outlines objectives to build on our work create a diverse and flexible working environment recognising the different needs of our employees, donors and service users.

The impacts will be positive.

Sex

The anti-racism plan intends to have a positive impact on sex.

Sexual Orientation

The anti-racism plan intends to have a positive impact on sexual orientation.

Gender Reassignment

The anti-racism plan intends to have a positive impact on gender reassignment.

Impact

The initial screening assessment has not identified any negative or adverse impacts on the protected characteristics.

The anti-racism plan and the equality impact assessment will be reviewed and monitored on an annual basis by the anti-racism working group.

This group will be responsible to review the impact once the plan has been implemented and update the equality impact assessment as appropriate.

Stakeholder Engagement and Evidence

A range of approaches were implemented to engage with stakeholders. Some directorates held focus group meetings with employees with some sending out surveys.

Meetings were held with the ethnic, cultural diversity and friends network to discuss the plan in detail.

Colleagues in SNBTS have used data and evidence available to them to develop work in genotyping and work to encourage ethnic minority blood donation.

Colleagues in NSD continue to address health inequalities in screening.

This work has informed the anti-racism plan.

Work was completed to analyse nationally available data and evidence to inform the anti-racism plan.

Review of Equality Impact Assessment

This equality impact assessment will be reviewed in February 2026 by the anti-racism working group.

Screening Assessment Lead

Louise MacLennan

Head of equality, engagement and experience

Louise.maclennan3@nhs.scot

Chair of the Anti-Racism Short Life Working Group

Nelson Kennedy

Nelson.kennedy@nhs.scot

11 February 2025.

Appendix 2

Progress Reporting on Board Anti-Racism Plans - Action Required by 31 January 2025 NHS National Services Scotland

Governance

Assurance that leadership and governance arrangements are in place/are being put in place to provide visibility at Board level and strong accountability on the creation and delivery of anti-racism plans across the organisation.

NSS Response:

Following receipt of the DL 23 (2024) from the Scottish Government, NSS convened an anti-racism short life working group (SLWG). Each NSS directorate, Trade Union, and the Ethnic, Cultural Diversity and Friends Network appointed a representative to sit on and contribute to the SLWG. The SLWG has agreed a terms of reference. The SLWG reports progress to the executive director for responsibility for the development of the anti-racism plan. The draft anti-racism plan has been developed and co-designed with the SWLG and wider engagement with key stakeholders, and informed by available key research, evidence and data. NSS has adopted the SG guidance to shape the anti-racism plan. Focus groups have been facilitated with the Ethnic, Cultural Diversity and Friends Network and their feedback captured to inform the plan. Surveys have been carried out in some of our directorates and the data has been captured and reflected into the plan.

The anti-racism plan will be presented to the following committees and groups:

- NSS Executive Management Team 22/02/25
- NSS Partnership Forum 23/02/2025
- NSS Staff Governance Committee 06/03/2025
- NSS Board 28/03/2025

The plan will be published on the NSS website on 31/03/2025.

The SLWG has agreed a 4-year plan, however annual reviews and annual monitoring of progress against the actions reporting to EMT, PF and SGC will be undertaken.

Priorities

Detail on the agreed priorities for your Board, covering both employment and health inequalities and alignment with the national anti-racism framework for action. If priorities have not been agreed as yet, outline your approach and timescales for agreeing them.

NSS Response:

NSS has adopted the SG guidance, and our plan is being designed and developed with a focus and emphasis on engagement with our staff and service users. The plan is designed around the following areas:

1. Leadership and accountability
2. Culture
3. Learning and Development
4. Data to inform our approach.
5. Addressing concerns

The draft plan is being reviewed by the ethnic, cultural diversity and friends' network, directors, NSS equality and diversity steering group, trade unions, and wider directorate staff delivering our services. Our final plan will be published 1 April 2025.

Identified key priorities so far:

- **Addressing Health Inequalities**: The Scottish National Blood Transfusion Service (SNBTS) announced its collaboration with NHS Blood and Transplant (NHSBT) and NHS England (NHSE) to offer patients with rare inherited red cell disorders in Scotland access to state of the art blood group testing, as part of the Blood Group genotyping programme. This is the first step towards providing better matched blood transfusions for those who need it most. This programme will be open to patients in Scotland from 10 December 2024 to 30 September 2025.
- **Addressing Health Inequalities:** Continue to address health inequalities by reforming screening engagement and collaborating across health and social care.
- **Employee Experience:** We will reinforce our commitment to anti-racism and improve our existing mechanisms for staff to speak up about racism and discrimination. Working with the confidential contact service and the whistleblowing lead to ensure that culturally competent staff delivers these services.
- **Employment**: We have made a commitment to provide further learning and development opportunities to all staff on anti-racism, cultural humility and fostering good relations between different groups. We will engage with CRER and implement their resources.
- **Employment:** We will address barriers to recruitment developing a specific objective in 2025-26.
- **Addressing Health Inequalities; and Employment:** We will improve our data completion rates to provide us with an improved understanding of our service users and our employees. A specific objective to improve both the understanding and awareness of our service users and staff why data completion is important to address inequalities. We will do this by implementing a communication and awareness plan in 2026-27.
- **Employment:** we will provide our executive management team with a clear, SMART anti-racism objective and will set this for 2025-26.
- **Addressing Health Inequalities; and Employment:** Implement the revised updated equality impact assessment (EQIA) process across NSS with a rolling programme of training in 2025-26.
- **Addressing Health Inequalities; and Employment:** We will continue to provide support and increase the visibility of the work of the NSS Ethnic, Cultural Diversity and Friends network.

Key Milestones

And progress made on development and/or delivery of anti-racism plans.

NSS Response:

- The convention of the anti-racism short life working group with terms of reference and representation from a wide range of internal and external NSS services, staff, and trade unions. The SLWG has responsibility to ensure that the anti -racism plan is developed and published. The work has included literature reviews, research, survey work and analysis of available data to inform the anti-racism plan.
- A range of wider engagement activity to inform the anti-racism plan and raise awareness and visibility of the work, e.g. Directorate townhalls.
- Regular updates on progress provided to the executive lead for anti-racism.
- Draft plan in place and being reviewed by the ethnic, cultural diversity and friends' network, directors, directorates and staff.

- An anti-racism Communication Plan drafted and agreed with key milestones.
- Confirmed governance process agreed with the executive lead and board services including regular monitoring and reviews of the progress being made against the actions in the anti-racism plan.

Partnership Working

High-level details of your approach to ensure that this work is being done in partnership with minority ethnic communities and staff as well as existing partnership working with colleagues, management and staffside is built into development and delivery of your plan.

NSS Response:

Minority ethnic communities, trade unions and staff are members of the anti-racism short life working group.

The SLWG is Chaired by the Chair of the ethnic, cultural diversity and friends' network who is a senior leader in NSS.

NSS is a member of the national Ethnic Minority Forum where good practice is shared and exchanged in relation to the progress being made in relation to anti-racism plans.

NSS is working collaboratively with the national board equality leads to share good practice and agree a potential shared objective to address racialised health inequalities.

An implementation plan will be launched following publication of our anti-racism plan and will be actioned in partnership.

Regular progress reports against the actions in the anti-racism plan will be presented to the executive management team; partnership forum; staff governance committee and board.

Executive Lead

If not already provided, name and contact details of your executive lead with overarching responsibility for the anti-racism plan, if you have two leads, please provide both.

Serena Barnatt

Director of HR

Email: Serena.Barnatt@nhs.scot

NHS National Services Scotland

Meeting:	**NSS Board**
Meeting date:	**Friday 28th March**
Title:	**Financial Performance: February 2025 (M11 2024/25)**
Paper Number:	**B/25/10**
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 28th February 2025.

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 NHS Scotland and NSS processes, with learning being identified and improvements implemented.

2.2   It is recommended that the Board scrutinise the report, note that NSS is on track to achieve all statutory financial targets, and accept the assurances from the Responsible Executive.

3. Executive Summary

3.1 At M11, NSS remains on track to achieve all statutory financial targets.

3.2 NSS core revenue YTD position continues to improve with a total surplus of £2,338k driven by vacancies across various service areas. A reduced core surplus of £1,575k is forecast with some services forecasting changes / pressures in the final month of the financial year. The main pressure area is Assure with increased utilities costs and Scottish National Blood Transfusion Service (SNBTS) with impact of the Reduction of the Working Week (RWW) and non-pay inflation.

3.3 The overall revenue forecast has improved significantly over recent months including reduced financial risk which has been provided for within NSS Reserves. Although services have considered ways to commit additional expenditure in FY24/25, NSS will not have the time and capacity to commit all additional monies. Any surplus funds at year end will be returned to Scottish Government (SG) to support the overall NHS Scotland financial position.

3.4 NSS is over-achieving against opening Cash Releasing Efficiency Savings (CRES) targets (by £0.3m) due to strong vacancy management controls. However, it must continue to identify opportunities to convert CRES from non-recurring to recurring. All additional non-recurring CRES delivered this financial year, beyond the opening plan, will be fully reflected in the M12 out turn position.

3.5 Overall, the capital budget for NSS is underspent and it is anticipated that funding will be returned this year (£0.8M) due to slippage in programmes such as Forresterhill.

4. Impact Analysis

4.1 Quality and Value

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

4.2 Equality and Diversity, including health inequalities.

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 Underlying risks and opportunities continue to be monitored and managed by NSS through Reserves

5.2 NSS is heavily reliant on additional SG allocations and income from Health Boards.

5.3 Given the current financial pressures across NHS Scotland, there is a risk that NSS will not receive all planned income from SG and Health Boards.

5.4 To date 90% of SG Allocations have been received and SG and NSS Finance are working closely to enable the release of outstanding allocations. There is no significant risk identified to outstanding allocations, rather it is a matter of timing, where SG allocate certain funds to match expenditure / requirements at year end.

5.5 The impact of the reduced working week is being closely monitored. At present, additional resource requirements for SNBTS are estimated at £0.2m, with impact across all services in NSS. This has been a particular focus during financial and workforce planning for FY25/26+.

5.6 NSS is too reliant on non-recurring savings in FY24-25. All opportunities to convert non-recurring savings to recurring must be taken.

6. Financial Implications

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

NSS Targets	YTD £000's	Final Outturn £000's	RAG
Revenue Outturn	2,772	-	G
CRES Delivery	14,548	16,845	G
Capital Outturn	358	-	G

7. Workforce Implications

7.1 There are no direct implications associated with this report.

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 the Executive Management Team (EMT). Actions agreed will be managed collectively by EMT.

9.2 The February financial position was discussed by EMT at its meeting on 23 March 2025.

10.   List of Appendices and/or Background Papers

10.1   The following appendices are included with this report:

- Appendix No 1: 2024/25 Month 11 Finance Report (February 2025)

NSS Financial Performance

February-25

NHS National Services Scotland Board
Financial Performance – February 2025
Executive Summary

Performance Summary

At the end of February 2025, **NSS remains on track to achieve all statutory targets.**

Revenue (YTD £2.7m underspend and FY break-even forecast)

The **YTD underspend** is driven by:

- **NSS Core:** various services have trading surpluses' driven by vacancies (f 4, 5 and 8). A year end surplus is forecast with some services forecasting changes / pressures between now and year end. The main pressure area is Assure with increased utilities costs and SNBTS with impact of RWW and non-pay inflation.

- **Hosted Funds (exc. NSD):** surplus YTD within NP and DaS and no risk in FY forecast (slide 9).

- **NSD**: Continue to report YTD overspend and risk at year end. The FY cost forecast has been reviewed post M11 close (Slide 10 & 11).

Forecast overall has improved since M10. We will continue to review the forecast and work across the business to understand the drivers, **however NSS does not have the time and capacity to spend the (increased) surplus by 31 March. It is therefore likely that funding will be returned to SG.**

CRES is forecast to be overachieved by £0.3M in 24/25 (against the opening plan) driven by vacancy management controls. Some CRES initiatives are carrying a level of risk, and this will be closely monitored. **Directorates must continue to focus on converting non-recurring into recurring CRES (slide 14).**

Capital (£0.4m underspend and FY break-even forecast)

Overall, the capital budget for NSS is underspent with the programme breakdown within Slide 16. It is anticipated that funding will be returned this year (£0.8M) due to slippage in programmes.

NSS Targets	YTD £'000	Year End Forecast £'000	Target
Revenue NSS Total	**2,772**	**-**	**Breakeven**
Revenue NSS Core	2,338	1,575	Breakeven
Revenue Hosted Funds	907	119	Breakeven
Revenue NSD	(387)	(381)	Breakeven
Reserves	(87)	(1,313)	Breakeven
NSS CRES Total	**14,548**	**16,845**	**3% Recurring**
NSS (exc NSD) CRES	13,410	15,409	3% Recurring
NSD CRES	1,138	1,436	3% Recurring
Capital Outturn	**358**	**-**	**Breakeven**

Key Messages

The overall NHS Scotland position has improved in the last month but a significant forecast deficit remains. SG continues to challenge Boards to identify savings to break-even and maximise recurring CRES, whilst only considering essential investment across the system.

Although in deficit, there is a similar trend across all Boards where the year-end out turn is often materially better than forecasts suggest during the year (partially driven by late funding confirmation)

Although **NSS is on track to achieve financial targets**, it must continue to remain vigilant as we approach the end of the fiscal year – monitor costs closely and actively seek opportunities for **recurring savings** which will ensure long term financial sustainability of NSS and NHS Scotland.

As part of year end preparation, Finance have issued a list of open orders so that Directorates can ensure receipts are done in a timely manner.

2

Risks and Issues

The following risks are currently being monitored.

Funding - Revenue

NSS is heavily reliant on additional SG allocations and income from Health Boards. Given the unprecedented financial challenges across NHS Scotland, there is a general funding risk across all funding and income.

SG Allocations - SG Allocations: As of February, 90% **of SG funding** has been received with additional funds being formally allocated month on month.

- The Agenda for Change, Medical & Dental Pay and Senior Manager uplift funding has been received fully.
- SG has asked Assure to identify additional savings in FY24/25 (by means of allocation reduction) this is currently at £1.3m predominantly in-line with vacancies.
- DaS has received funding for £1.3m shortfall on the e-Health SLA.
- SG have confirmed that funding for NSD risk share will be provided as required.

- **Internal Recharges and Income Target** – Whilst the DaS income recovery position has improved YTD, Finance will continue to work closely with the service so that the process is robust and embedded. The PgMS position has improved significantly but still forecasting a deficit of £0.4M. A risk remains around PgMS' ability to fully erode the deficit from Q1 which was driven by a significant under recovery of income.

Pay Costs (RWW)

The impact of the reduced working week is being closely monitored. At present, additional resource requirements for SNBTS are estimated at £0.2m, with impact across all services in NSS. This is a particular focus under on-going financial and workforce planning for FY25/26+.

Non-Pay Costs

There are pressures within NSS Estates property costs (specifically utilities) that are under on-going review by Assure and Finance. Although there has been an increase in usage, **the driver of increase due to price and reconciliation charges.**

CRES

NSS is too reliant on non-recurring savings in FY24-25. **All opportunities to convert non-recurring savings to recurring must be taken.**

NHS National Services Scotland Board
Financial Performance: February 2025
Operational Performance (£'000) – Page 1 of 2

	On Track
(green)	On Track
(amber)	At Risk
(red)	Off Track
(grey)	n/a

A breakdown of the Directorate financial position is summarised 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
NHS Assure	(1,128)	n/a	**(1,128)**	(525)	n/a	**(525)**	-	100	**Revenue:** unable to mitigate pressures within property costs. **Revenue:** unable to mitigate pressures within property costs. **CRES:** on track **Capital:** underspend YTD & FY due to phasing and slippage within Forresterhill and EV charging point.	- Utilities has been reviewed and the driver for cost increase is the balancing charges due to energy supply issues which resulted in more expensive supply. This is a non-recurring cost. - Confirm financial impact of storm damage
NSD	n/a	(477)	**(477)**	n/a	(520)	**(520)**	334	22	Refer to 10 & 11	
SNBTS	(357)	n/a	**(357)**	(334)	n/a	**(334)**	-	**71**	**Revenue:** £60k improvement in YTD position since M10. Non-pay overspends is being offset by publicity and advertising. FY deficit due to RWW, inflation in non-pay and legal fees. **Capital:** despite YTD slippage, forecast to spend budget by year end. **CRES:** on track with £0.4M forecast at medium risk.	- Identify opportunities to deliver CRES on a recurring basis. - Monitor the impact of A4C RWW. - Follow up on SLA historic shortfall and actions to reduce the funding gap.
DaS	(11)	815	**803**	8	98	**106**	-	30	**Revenue:** The current month position for DaS has changed materially since last month due to a Azure pre-payment done in error. **CRES:** on track **Capital:** YTD surplus within network hardware programme and must confirm if will be required.	- Ensure completion of the DaS recharges in March. - Confirm impact to forecast due to Azure issue.
Subtotal	(1,496)	338	(1,159)	(851)	(422)	(1,273)	334	222		

4

| On Track | | At Risk | | Off Track | | n/a |
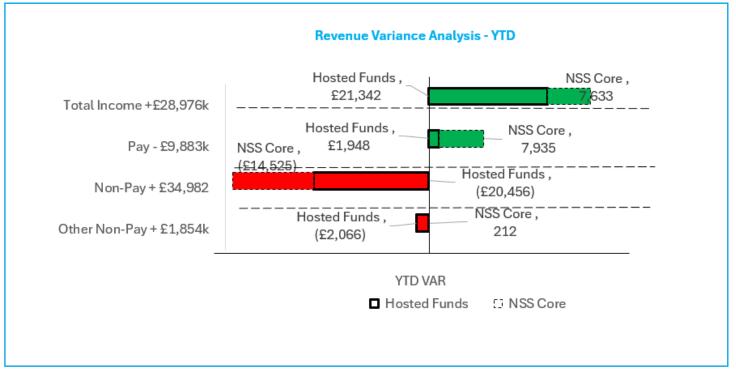
Financial Performance (£k) - Outturn vs Plan									
	Revenue Outturn						Other Financial Targets		
	YTD Revenue			FY Forecast					
Dir	Core	Hosted Funds	Total	Core	Hosted Funds	Total	CRES*	YTD Capital	Summary of Position	Actions Required to deliver the 24-25 plan
FCGLS	28	-	28	54	-	54	-	n/a	**Revenue:** managed its pay costs to offset vacancy targets and shortfall in recharges with a surplus position forecast. **CRES:** on track	- Ensure Payroll SLA are agreed by 31st of March so that POB can be processed.
SPST	265	n/a	265	99	n/a	99	-	n/a	**Revenue:** Directorate continue to manage the risk in PGMS (c£100k improvement since M10). **CRES:** fully achieved	- Continue to monitor PGMS income and identify opportunities to return to a break-even position.
HR	864	n/a	864	859	n/a	859	-	n/a	**Revenue:** Underspend in YTD and FY driven by vacancies due HR review. Recruitment has restarted. Training costs are underspent. **CRES:** on track	- ensure recruitment activity is maintained within 25/26 budget and associated vacancy target.
Clinical	120	n/a	120	99	n/a	99	-	n/a	**Revenue:** Surplus driven by secondment income. FY assumes no surpluses within DPDP and NSOF. **CRES:** on track	- Ensure transfer from NSD and DaS are complete for current year and 25/26 budgets.
NP	409	430	839	227	380	607	-	-	**Revenue:** YTD and FY variances driven by vacancies within Logisticas and phasing of non-pay within Tech. **CRES:** on track with £0.2M of forecast at high risk.	- £0.2M of invoice posted must be investigated so it is coded into the correct area.
PaCC	971	n/a	971	1,050	n/a	1,050	-	13	**Revenue:** u/s continue to be driven by pay underspends in Service Delivery & PPBS, NCC overheads and additional income. **CRES:** on track **Capital:** Surplus within Bain Square	- Monitor risk associated with paused Tech Refresh and ensure that critical updates are prioritised.
Subtotal	2,657	430	3,087	2,390	380	2,771	-	13		
Reserves	94	n/a	94	(1,539)	42	(1,497)	-	n/a	**Revenue:** YTD overspend in apprentiship levy. **CRES :** on track	Continue to monitor reserves balances (slide 13) Monitor CRES achievement
Total	1,255	768	2,023	0	0	0	334	235		

Revenue Variance Analysis - YTD

The FY24/25 Revenue position for NSS as of M11 close is of an underspend of £2M. The graph above summarises variances by category and type.

	M11 YTD Budget	Income	Pay	Non-Pay	Other Non-Pay	M11 YTD Actual
Hosted Funds	£749,926	21,342	1,948	(20,456)	(2,066)	£770,501
NSS Core	£324,152	7,633	7,935	(14,525)	212	£330,531
Total	£1,074,078	28,976	9,883	(34,982)	(1,854)	£1,101,031

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

As part of the FY25/26 Budget Cycle, Business Finance will review budget phasing to ensure any unnecessary, offsetting YTD income and expenditure variances are avoided as much as possible.

The table below details the key variances across NSS Core.

Overall NSS Core has been **underspent by £1.3M**. The graph below gives a further breakdown of the variance.

Revenue Analysis - NSS Core

■ Increase ■ Decrease ■ Total

Increase in income from sales of stock and which is offset by additional costs.

Additional allocations

Recharge shortfall within DaS and PGMS has improved since last month and savings targets being offset by other underspends including within pay

Offset by additional income

Professional fees within CLO offset by income and estate management fees for Delta House and Anderson House

SNBTS underspend

Delay in capitalisation dates reducing spend vs plan

Refer to next slide

Increase in energy, rates, security and contractor costs within NSS estate. Roof repairs TBC

Mostly offset by vaccine income. However small cost pressure in SNBTS.

Reduction in spend for training (£60k) and staffing costs (£169k) and office running costs (vaccines distribution £359k) offset by transport (£79k) and personnel costs (£50K)

IMS Service Contract within NP due to phasing and prepayment in DaS .

324,152 6,866 331 (7,935) 2,874 1,188 1,946 6,866 1,200 (460) (397) 1,381 (284) 330,531

Income Pay Non-Pay Other Non-Pay

YTD Budget · SNBTS Sales & Oxygen · Other Income · Pay · Other · Property Costs · Medical Costs · SNBTS & Oxygen Sales · Professional Fees · Other Costs · Publicity and Advertising · IM&T · Capital Charges · YTD Actual

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NHS National Services Scotland Board
Financial Performance – February 2025
Revenue Analysis – Pay Deep Dive (£'000)

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					
Redeployment	110	368	- 0	(280)	-	88	22	22		20	(68)
FCGLS	22,677	22,111	241	(239)	80	22,504	172	144	29	18,959	(3,545)
Pcf NP	21,894	18,770	1,400	48	1,688	21,658	236	253	(17)	21,753	95
SNBTS	48,897	46,298	1,819	305	20	48,442	455	455		44,481	(3,961)
CD	3,530	3,299	-	(303)	-	3,006	523	523		2,667	(339)
Hr	5,471	4,809	- 0	(213)	-	4,834	637	637		4,368	(465)
PACC	18,531	16,946	225	94	583	17,755	777	777		21,665	3911
NHS Assure	19,178	18,153	143	160	126	18,266	912	912		17,101	(1,165)
NSD	8,797		2	(75)	-	7,881	917		917	8,629	748
SPST	13,844	13,064	38	(615)	48	12,692	1,152	1152		12,350	(342)
DaS	36,312	30,789	58	465	1,262	32,231	4,081	3,061	1020	32,518	287
Total	**199,241**	**174,607**	**3,927**	**(654)**	**3,806**	**189,358**	**9,883**	**7,935**	**1,948**	**184,571**	**(4,787)**
% Total Spend		92%	2%	0%	2%						
PY Spend	**192,152**	171,348	4,837	42	8,285	**184,571**	7,581				

- **Overall NSS pay costs are c£9.9M lower than budgeted due to robust vacancy management controls. Compared to prior year, £4.8M increase but if we adjust for pay consequential, this is £6.1M lower than prior year**. All funding for pay consequential has been received.

  - DaS variances are offset by a reduction in recoveries. This has resulted in a delay in demand requests being fulfilled. To increase capacity, DaS and HR are reviewing posts that have been difficult to fill and options to recruit will be considered.

  - SPST had to manage a reduction in demand and recoveries within PGMS, which resulted tight vacancy controls.

  - NSD has had vacancies within management and networks. This saving has been utilised to offset service pressures

  - The Assure vacancies were driven by SG allocation reduction.

  - PaCC vacancies within Service Delivery.

  - HR have paused recruitment during the year due to service review. This has now restarted.

- **£2M of total budgeted underspend is within hosted funds which may result in funding being returned to SG sponsors.**

- Aligning to the requirements of the '15 Box Grid' overtime, enhanced hours and agency costs are **below** prior year levels (once adjusted for pay inflation). However, this continues to be a significant cost.

FY24/25 and Integrated Planning Focus - Directorates are required to continue to manage workforce budgets robustly, in-line with the "15 box grid" and overseen by VMG. Directorates must also ensure that funding has been formally confirmed before starting recruitment. Services must ensure all vacancies are scrutinised and all opportunities to convert vacancies into recurrent CRES are maximised.

NHS National Services Scotland Board
Financial Performance – February 2025
Services delivered on behalf of NHS Scotland

RAG

FY24/25 Outturn

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

The overall funding requirements for FY24/25 has increased by £3.9M as additional SIBSS funding was received.

Overall national programmes are reporting a **YTD underspend of £0.8M:**

- Various services and programmes within DaS. The variances are being driven by timing and will start to even in the remainder of the year, with any surplus or deficits being managed at a Scottish Government level.

- DaS is managing a FY £1.3M pressure within ATOS committed development resource (CDR) and funding is being received from DHAC. There is now no impact in FY forecast and captured this as a risk.

- NDC surplus of £430k driven by pay underspends within BAU.

- NSD £477K deficit – refer to slide 10 & 11.

Any funding that is not required will be returned to SG/Boards as appropriate.
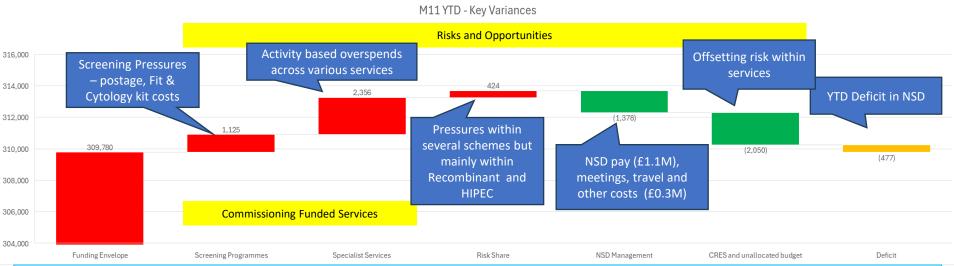
Hosted Funds	FY Bud	YTD Bud	YTD Act	YTD Var	% Budget Spent
O365	54,846	50,467	50,333	133	92%
ATOS	47,020	36,981	36,504	477	78%
eHealth	37,650	30,721	29,960	761	80%
PAC's	8,321	5,356	5,380	(24)	65%
eRostering	5,540	4,838	5,175	(337)	93%
GP IT	4,579	3,791	3,970	(180)	87%
CHI	4,220	3,869	3,885	(16)	92%
DaS Total	**162,176**	**136,022**	**135,207**	**815**	**83%**
NDC	222,891	222,315	221,885	430	100%
NSD	339,049	310,212	310,689	(477)	92%
SIBSS	142,226	124,037	124,037	(0)	87%
NSS Total	**866,342**	**792,586**	**791,818**	**768**	**91%**

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NHS National Services Scotland Board
Financial Performance – February 2025
Services delivered on behalf of NHS Scotland – NSD YTD (£'000)

RAG

M11 YTD - Key Variances

Risks and Opportunities

Screening Pressures – postage, Fit & Cytology kit costs

Activity based overspends across various services

Offsetting risk within services

YTD Deficit in NSD

Pressures within several schemes but mainly within Recombinant and HIPEC

NSD pay (£1.1M), meetings, travel and other costs (£0.3M)

Commissioning Funded Services

309,780		
1,125	2,356	424
(1,378)	(2,050)	(477)

Funding Envelope · Screening Programmes · Specialist Services · Risk Share · NSD Management · CRES and unallocated budget · Deficit

FY24/25 Revenue Position – YTD Position

YTD NSD is £0.5m overspent driven by a series of overspends which in the main are offset by various under spends.

The majority of the pressures lie within the specialist service portfolio. However, many of these were anticipated and are being funded from unallocated budget reserves (approx £2m), CRES initiatives and under spends in NSD running costs (£1.4m).

Pressures across Screening programmes (c£1M YTD and £1.1M FY). We have agreement from SG to utilise surpluses to fund part of this pressure.

Initially NSD highlighted the need for an additional £3m risk share funding in 24/25 to cover activity based cost pressures. And whilst these pressures have materialised, it has also become clear that the Car-T risk share scheme will end up very under spent. It has been agreed with SG that NSD will not draw the additional £3m but rather use the excess Car-T budget to cover portfolio pressures. With the ledger budget reduced by £3m Risk Share is showing a YTD pressure of £0.4m (with increased costs on expensive recombinant products (Veyvondi) and Hipec cancer treatments being the main drivers). However, because the Car-T budget has been backloaded, it is unlikely that P12 costs will add to the current over-spend.

NSD commissioning teams are holding regular meetings with services in order to understand current pressures, and work with HBs to streamline existing patient pathways, adjust staffing skill mixes etc. in order to achieve best value from the limited funds available.
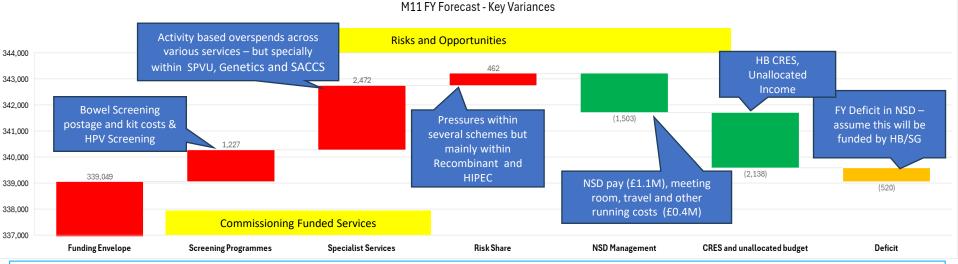
NSD has written to all Boards looking for 3% (£6.78M) efficiency savings in 24/25. NSD will meet with Boards during Q4 to review progress. NSD recently met with Boards colleagues as a sub-group of CFN to scrutinise commissioned services which are under spent. Agreement was reached to re-baseline a number of service budgets, and most of this work is now complete.

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NHS National Services Scotland Board
Financial Performance – February 2025
Services delivered on behalf of NHS Scotland – NSD Forecast (£'000)

RAG

M11 FY Forecast - Key Variances

Activity based overspends across various services – but specially within SPVU, Genetics and SACCS

Risks and Opportunities

HB CRES, Unallocated Income

Bowel Screening postage and kit costs & HPV Screening

Pressures within several schemes but mainly within Recombinant and HIPEC

FY Deficit in NSD – assume this will be funded by HB/SG

NSD pay (£1.1M), meeting room, travel and other running costs (£0.4M)

Commissioning Funded Services

|	Value
Funding Envelope	339,049
Screening Programmes	1,227
Specialist Services	2,472
Risk Share	462
NSD Management	(1,503)
CRES and unallocated budget	(2,138)
Deficit	(520)

Y-axis: 337,000 / 338,000 / 339,000 / 340,000 / 341,000 / 342,000 / 343,000 / 344,000

FY24/25 Revenue Position – FY Forecast

Q3 forecasts suggest that the budget for specialist services will come very close to balancing. If forecasts hold true, specialist services will end up costing £3.1m more than their SLA budgets. However, unallocated budget of around £3m was set aside to cover over-spends, and this should mitigate almost all of these pressures.

NSD is still incurring (historic) screening related overspends. These relate to factors out with the control of NSD – postage costs, cytology & Fit kit costs etc. These pressures are currently unfunded and NSD/NSS are looking at ways to cover these pressures in the short & medium term. Under spends on internal NSD costs will cover most of the pressure in 24/25, but longer-term solutions are required and are currently being discussed.

Risk Share is the main area of concern. NSD initially requested an additional £3m be added to risk share funding for 24/25 to cover activity based pressures, and it is clear that these pressures have materialised. However, it has also become clear that a very significant under spend on Car-T medicines will be delivered, and there has been agreement with SG (as mentioned in the previous slide) that the additional £3m will not be drawn down, and that NSD will use the Car-T under spend to offset the growth in risk share costs. It is anticipated that the Car-T monies will offset the majority of the pressures elsewhere in risk share, but there is still likely to be a small over-spend circa £500k.

Because a handful of new patients have been prescribed expensive medicines Recombinant spend is climbing, and increased access to Hipec cancer therapies is also adding to risk share pressures. And whilst IMD Drug costs have stabilised, registrations for Ultra Orphan Medication are now starting to increase significantly.
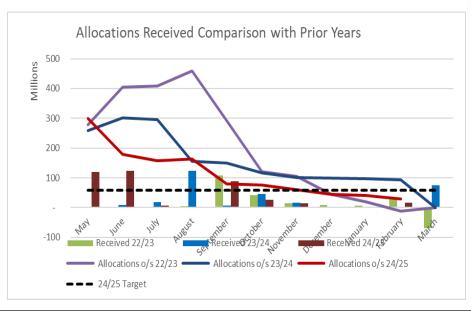
Risk Share 25/26 - It is clear that risk share costs are rising, and for future years, considerably more than the £3m highlighted for the current year, will be required to cover the additional costs. With Car-T under spends likely to diminish significantly, additional risk share investment is desperately needed.

RAG

NHS National Services

Allocations Received Comparison with Prior Years

SG Allocations - Outstanding

At M11 £16M of allocations were received leaving **c£29.4M (10%) of allocations outstanding with none categorised as "red"**

NSS Finance will continue to review outstanding allocations with SG to understand timing and risk.

The main area where funding is outstanding is NSD, NP and Assure. Most of the outstanding allocations are waiting a more accurate forecast before releasing required funding.

Total SG Allocation Funding - changes

Since M11, overall SG allocations have increased by £5.6M. This has been driven by additional funding for SIBBS (£3.9M), NP Testing (£1.3M) and Assure Allocation (£0.8M) and offset but a reduction in Docman (£0.7M) and NSD Mesh (£0.2M).
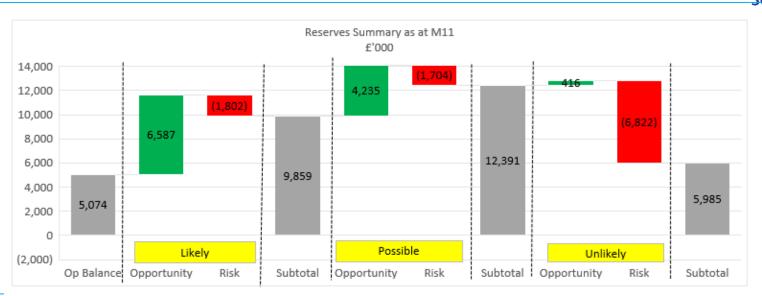
All Directorates must continue to seek formal confirmation of all outstanding allocations prior to committing to spend.

Directorate	Confirmed	Green	Amber	Red	Total	Comment
NSD	12,071	3,018			15,089	
NHS Assure		1,575	400		1,975	**Amber: Shotts £0.4M**
NP	1,593	4,970	4,929		11,492	**Amber: Resilience £1.2m as a reduced amount has been discussed with SG but not agreed. Testing additional funding £3.9m**
DaS		867	133		1,000	**Amber: £0.1M Primary Care Data Extraction, £0.1M Clinical Advisor (eHealth Leadership)**
SPST		-14			-14	
Reserves		250			250	
SNBTS		74			74	
CD						
FCGLS						
HR						
PSD		-431			-431	**Green: £0.3M NCC Contractor Return and £0.2M Revenue to Capital**
Total	**13,664**	**10,310**	**5,462**		**29,435**	

The risk highlighted during the year for DaS has now been resolved and allocation has been received.

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Reserves Summary as at M11 £'000

FY24/25 - NSS Reserves Overview The graph summarises the movement in reserves should opportunities and risks materialise fully.

Actual Reserves Balance - £5,074k: no change since prior month.

Opportunities and Risks: FY Forecast for NSS has improved at £1.5M surplus. To date the greatest risk within NSS were shortfall in funding and taken assurance given by SG regarding NSD funding and additional funding received, position has improved with material surplus at year end. It should be noted that there is still £29.4M of SG allocations as well as commercial income within SNBTS to be received.
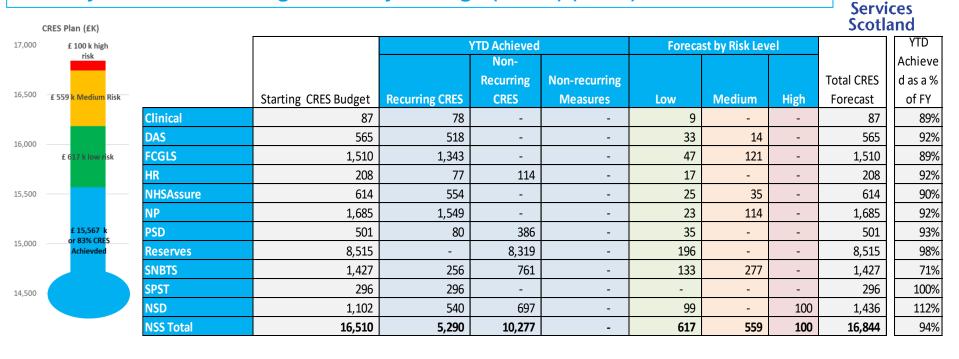
As per previous updates, it is recommended that NSS releases funding from Reserves but only for proposals which (1) will deliver significant ROI (2) are business critical (3) can be brought forward from FY25/26 (priority) proposals or drive productivity to alleviate any impact from RWW.

Given the proximity to the end of the Financial Year, NSS does not have the time and capacity to spend the (increased) surplus. This funding will therefore be returned to SG.

RAG	
	🟩

CRES Plan (£K)

- £ 100 k high risk
- £ 559 k Medium Risk
- £ 617 k low risk
- £ 15,567 k or 83% CRES Achievded

	Starting CRES Budget	YTD Achieved			Forecast by Risk Level			Total CRES Forecast	YTD Achieved as a % of FY
		Recurring CRES	Non-Recurring CRES	Non-recurring Measures	Low	Medium	High		
Clinical	87	78	-	-	9	-	-	87	89%
DAS	565	518	-	-	33	14	-	565	92%
FCGLS	1,510	1,343	-	-	47	121	-	1,510	89%
HR	208	77	114	-	17	-	-	208	92%
NHSAssure	614	554	-	-	25	35	-	614	90%
NP	1,685	1,549	-	-	23	114	-	1,685	92%
PSD	501	80	386	-	35	-	-	501	93%
Reserves	8,515	-	8,319	-	196	-	-	8,515	98%
SNBTS	1,427	256	761	-	133	277	-	1,427	71%
SPST	296	296	-	-	-	-	-	296	100%
NSD	1,102	540	697	-	99	-	100	1,436	112%
NSS Total	**16,510**	**5,290**	**10,277**	**-**	**617**	**559**	**100**	**16,844**	**94%**

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

At end of M11, NSS has achieved its YTD CRES target and it is forecast that NSS will deliver £16.8M of savings against a target of £16.5M at year.

Some schemes are carrying a level of risk and this is being managed. Only scheme as high risk is Genetics. **The total savings achieved to date equates to £15.6M.**

Despite **majority of CRES in 2425 being achieved on a non-recurring basis**, NSS has developed a plan to achieve a 3% recurring CRES in 25/26. NSS must continue to focus on maximise recurring CRES opportunities, including the conversion of vacancies into the dis-establishment of posts which are not required to deliver services.

NSD CRES Performance Summary

In addition to table above, NSD have made progress with HB to identify 3% CRES savings which will be reinvested in service pressures and developments. NSD have also carried out a re-baselining exercise which will save £1.2M and a virement exercise which reallocated budgeted £7.6M of budget on a non-recurring basis. The £1.1M of CRES per table above has been identified at the start of the financial year reinvested into NSD services, reducing the additional funding ask of Boards & SG. £0.5M CRES plan for genomics will be underachieved by £0.4M and this has been replaced by vacancy savings.

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NHS National Services Scotland Board
Financial Performance – February 2025
Capital Programme Delivery – Plan (£'000)

RAG

NHS
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Description	YTD			FY			Actual as % of FY
	Budget	Actual	Variance	Budget	Forecast	Variance	
Forecast	5,031	4,796	235	10,321	9,432	889	51%
Funding Return				- 757		(757)	
Net position	5,031	4,796	235	9,564	9,432	132	

FY24/25

At the close of **M11, the capital budget is £0.2M underspent.** The year end forecast is £0.9M lower than available funding.

This is due to a delay in work being carried out within Forresterhill Steam Upgrade and access issues within JCC for the electric charging points (refer to next slide for a breakdown by Programme).

If the forecast position materialises, it is recommended that NSS returns grant funding for Electric Charging Point (£492k) and Ellen's Glen funding that will not be required for Forresterhill Steam Upgrade (£265k). This assumed the revenue to capital transfer will sum up to £1.2M.

In addition to the forecast, NSS have agreed in principle to fund new scanner for PaCC which will be funded from reserves. NSS has requested revenue to capital transfer as part of the M10 SG return.

It should be noted that to date 51% of spend is expected to materialise in the last month of the fiscal year. Although assurance has been given that work will be complete,.

24/25 Phased Capital Plan (£K)

Budget — Actual – – Forecast

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NHS National Services Scotland Board
Financial Performance – February 2025
Capital Programme Delivery – Plan (£'000)

RAG	

Funding	Project	Directorate	YTD			FY			Actual as % of FY
			Budget	Actual	Variance	Budget	Forecast	Variance	
SG	CHI & Child Health	DaS	2,355	2,355	0	3,224	3,224	0	73%
NSS	Core Infras - Network Hardware	DaS	352	322	30	352	352	0	92%
SG	Cylera	DaS	-	-	0	18	18	0	0%
SG	LIMS	DaS	-	-	0	1,241	1,110	131	0%
SG EG	Foresterhill Steam Upgrades	Assure	395	360	35	675	410	265	88%
NSS	HVO Fuel Tank & EV Charging	Assure	434	370	65	572	835	(263)	44%
NSS	Breast Screening Units	NSD	487	465	22	487	465	22	100%
SG	Breast Screening Units	NSD	135	135	0	135	135	0	100%
SG	Electric Charging Points	Assure	155	155	(0)	552	158	394	98%
NSS	Electric Charging Points	Assure	-	-	0	130	32	98	0%
SG	Acoustic Cameras	Assure	-	-	0	27	27	0	0%
NSS	Donor Services & Transport	SNBTS	500	441	59	1,100	1,100	0	40%
NSS	Manufacturing	SNBTS	15	14	1	15	15	0	95%
NSS	Capital Tcat	SNBTS	70	68	1	512	512	0	13%
NSS	Patient Services	SNBTS	84	75	10	81	81	0	92%
SG	JCC LED light project	Assure	-	-	0	340	340	0	0%
NSS	Bain Square Move	PSD	49	36	13	49	36	13	100%
NSS	nDCVP	PSD	-	-	0	146	146	0	0%
NSS	IBML SCANNERS	PSD	-	-	0	437	437	0	0%
NSS	To be allocated	Reserves	-	-	0	229	-	229	
	Total		5,031	4,796	235	10,321	9,433	888	51%

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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-M11	Planned Deliverables M12+
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. EMT formally remitted CCSG to review and develop guidance and controls across all areas of discretionary spend. An extended CCSG meeting on 29th October took place to discuss this. As agreed at the EMT Budget Summit, there will be revamp of CCSG to ensure that NSS has a prioritised, focussed plan to reduce discretionary non-pay spend. Support was asked from the SLF on 17th Feb to deliver priorities and enhanced controls.	CCSG will work closely with the overall One NSS programme to source existing guidance, review and refine this along with existing controls, to ensure they are proportionate to the risks and opportunities in question.
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. There is lots of related on-going activity and information **(including DaS & PgMS)** which this project can and is aligning to – reducing workload and expediting outputs. Position statement on Service Costing for each Directorate captured within the ISPs. 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)	Targeted detailed roll-out (subject to readiness) for specific services based on opportunity / risk and readiness Continue to highlight need for this work to be part of Directorate Improvement Plans. This has been reinforced during the Integrated Planning Process.

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NHS National Services Scotland Board
Financial Performance – February 2025
Financial Sustainability – Page 2 of 3

NHS
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Project	Benefits	Status	Delivered M1-M11	Planned Deliverables M12+
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 consistency and completeness around CRES tracking and reporting. Agreement at COG to cease CDSI Project but **concern that BAU processes and requirements are not fully embedded.** **Supported "Managing Internal Data" Internal Audit**	**Support colleagues across NSS / action owners re "Managing Internal Data" audit recommendations** Continue to drive corporate data work and **encourage pace and join up across NSS, supporting and driving work under One NSS Programme Corporate KPIs measuring Data Accuracy is fundamental** We will continue to develop and enhance single sources of information and insight (eg non-pay; CRES) to improve efficiency in Business Finance and effectiveness of our service for our customers (NSS and PHS)
Finance Dashboard	Enhanced content to support Budget Holder decision making and action	🟩	There have been various improvements in-year (e.g. revised landing page; PO information) in-line with Budget Holder feedback as well as our professional view of what Budget Holders need to discharge their responsibilities. **Results continue to be published early for all Budget Holders – this marks significant improvement of over 33% (time)** BI&A recently launched **non-pay transactional detail** within the Finance Dashboard (PHS pliot) so that Budget Holders can self-service and have the necessary detail to interpret summary balances to inform decisions and actions.	As above, the **consolidated pay information will be the source data to flow to all Budget Holders via the Dashboard.** It is recognised that forecasting could be improved so Business Finance is considering how scenarios (forecasting) could be part of service offering and reporting FY25/26 onwards. **A budget holder training session is being scoped out with OD and planned to be delivered in April 25.**

Project	Benefits	Status	Delivered M1-M11	Planned Deliverables M12+
Corporate Reporting	Enhanced content and insight to support decision making		Various enhancements in year (visuals and £) NSS' total resources; risk levels and influence / control introduced to EMT & SLT reports. **Positive meeting with Non-Executive Director (MM) on 10th October to help explain Board Report content**	Continue to ensure it is more relevant for audiences (Board; FPPC; EMT; SMTs) based on requirements and feedback Ensure FPPC feedback in terms of Reserves scenarios is considered so that visualisation is clear and effective. **Ensure required actions (Finance and Budget Holders) are more explicit (and tracked) moving forward**
Budget Holder Engagement / Education	Greater clarity on roles and responsibilities between Finance and delegated Budget Holder		FY24/25 Finance Charter issued to Directorates, with lots of Directorate SLT engagement sessions undertaken **Specific engagement and support taken place in terms of Financial Planning Q3**	Using feedback, we will introduce regular training and support sessions for Budget Holders across NSS on specific financial topics. **"Ask the Expert" Sessions are arranged for Q1** We aim to join this up with other services in FCGLS where appropriate, as different sub-services aim to speak to the same people (ie budget holders) around related matters.
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 and benefit from this crucial work **Important that all corporate services are fully aligned to this inlcuding Business Finance under the One NSS programme**

NHS National Services Scotland

Meeting:	**NSS Board**
Meeting date:	**Friday, 28 March 2027**
Title:	**Integrated Performance Report: Quarter 3 2024/25**
Paper Number:	**B/25/11**
Responsible Executive/Non-Executive:	**Lee Neary, Director of Primary & Community Care (interim), Strategy, Performance and Service Transformation**
	(Reviewed by Matthew Neilson, Associate Director, 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 3, 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 3, 2024/25.

3. Executive Summary

3.1 The report assesses performance during quarter 3 2024/25, October 2024 (M7) to December 2024 (M9).

3.2 NSS has had a successful period to date:
- 77% 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 4.39%, slightly above the NHSScotland 4% standard.
- We are seeing continued reductions in our electricity, gas, and water usage across NSS sites, which is linked to the rationalisation of our property.

3.3 The aim of the report is to give a more complete picture of performance. It incorporates:
- Performance covers the same period.
- All assurance indicators use the 4-question approach for improvement.
- A forward look to the next quarter.
- Mapping of strategic and corporate risks, which relate to the information provided within this report.

4. Impact Analysis

4.1 Quality and Value

4.1.1 The Clinical Governance Committee provides oversight for all quality and patient care performance. The Integrated Performance Report provides an assessment of the effectiveness of our performance against our strategic objectives.

4.2 Equality and Diversity, including health inequalities

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

4.3 Data protection and information governance

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

5. Risk Assessment/Management

5.1 Risks are managed in line with the Integrated Risk Management Approach 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
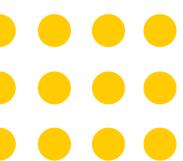
8.1 As noted above.

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 3 2024/25

Integrated Performance Report
Quarter 3 2024/25

Strategy, Performance & Communications

Contents

Executive summary
Quarterly performance

NHS National Services Scotland

Overview	
	• We have made progress against our 2024/25 Delivery Plan At the end of Quarter 3 (Q3), 77% 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 with £33.8m secured at the end of December 2024, along with counter fraud recoveries and avoidance savings of £3.14m year to date. There are several examples of service achievements, including the implementation of the Community Glaucoma Service Lite Phase 1, ongoing support and advice to Boards on healthcare-built environment projects and a successful winter vaccine programme. Information on deliverables that are not likely to be achieved are included on page 8. **• We remain in a financially sustainable position** At the close of month 9, we remain on track to achieve all statutory financial targets. NSS total revenue has a year-to-date underspend of £1,820k and we are forecasting a break-even position by year end. The NSS core position is forecasting an end of year surplus, however a close watch will continue to be maintained here. There are currently no concerns in terms of delivering our cash releasing efficiency savings (CRES) target. The capital outturn is expected to break even with an underspend of £243k at month 9 driven by budget phasing. **• There is an increasing trend in blood donations** Following a dip in blood donor levels earlier this year, we extended our campaign strategy to encourage people to donate. This has resulted in an increase in donors for whole blood from a low of 94,200 in June, to 96,700 in December (see Appendix 1 for further detail). Importantly, this enables us to maintain our target of at least a three-day blood supply for each blood group. We are also seeing an increase in plasma donors, which helps ensure we meet our contractual obligations under the "Plasma for Medicine" programme. **• Pharmacy payment position** We achieved above the average 99.5% payment accuracy target for all contractor groups in each month of this quarter (Dental, Medical, Ophthalmic and Pharmacy). However, retrospective payments in January for prescriptions dispensed in November reduced pharmacy achievement to 98.7% (see Appendix 2 for further details). **• Our services remained resilient through Storm Éowyn** Severe weather was experienced on 24 January 2025 following a red weather alert. The Resilience Management Team (RMT) met five times over 23, 24 and 27 January to assess and plan our response to the incident. The Scottish National Blood Transfusion Service cancelled donor sessions in red weather areas. Collections elsewhere in Scotland ensured there were no blood supply issues. There were delays to our National Procurement operations as suppliers were unable to bring goods into our warehouse during the red weather period. Services resumed the following day, and a recovery plan was put in place. There was damage to roof cladding panels at Gyle Square and the Canderside second floor office area and they are being repaired. Traffic and pedestrian management actions have been put in place at these sites to ensure staff safety.

Executive summary
Performance highlights

Completed key activities	Upcoming key activities
The NSS Annual Review was held at the Jack Copland Centre on 4 November 2024 with Ms Minto, Minister for Public Health and Women's Health, who wrote to us after the event to formally record her gratitude to NSS for our ongoing efforts ensuring resilience to the NHS in Scotland. NSS Annual Review 2023/24 Letter	In January 2025, we will receive a grant of £335k from Scottish Government to replace fluorescent light fixtures and bulbs with light emitting diodes (LEDs) at the Jack Copland Centre by the end of this financial year. It is expected to save 61 tonnes of carbon dioxide (CO_2) emissions and £58k of electricity costs per annum.
NSS has now been accredited with Disability Confident Leader (level 3) until 20 September 2027. Level Three is the highest accreditation that can be awarded to an employer. This aids recruitment and retention and shows people the value that they can bring to the organisation. Level 3 Disability Confident Leader	The draft NSS delivery plan, financial plan and workforce plan will be submitted to Scottish Government in March 2025. This follows an extensive integrated service planning process that commenced in September 2024 and has been supported by detailed planning activity in all directorates.
All primary care contractors' payments were made early, prior to Christmas 2024, demonstrating our commitment to customers through a flexible and collective effort from teams in Practitioner Services, Contractor Finance, Treasury, Digital and Security, and Public Health Scotland.	There will be a Cyber Centre of Excellence Open Day on 27 February 2025. This will give our partners and stakeholders across NHSScotland the opportunity to see our Security Operations Centre in action. Cyber Centre of Excellence Open Day
The Antimicrobial Resistance and Healthcare Associated Infection (ARHAI) Scotland Annual Report 2023 was published. ARHAI Scotland Annual Report 2023	The National Distribution Service 'top slice' service charge for 2025/26 is to be finalised and shared with Scottish Government for approval as stock demand continues to increase and stock price inflation mirrors operation cost inflation.
The public consultation on Scotland's Vision for Public Sector Data closed on 30 November 2024. The activity was led jointly by Scottish Government and NSS. A Vision for Public Sector Data in Scotland	National Services Directorate will conclude work on a National Planning Prioritisation Framework for NHSScotland. The report and recommendations will be presented to the NHSScotland Planning & Delivery Board.

Executive summary
Assurance indicators performance

Service Excellence	**Performance is mixed.** This objective is scrutinised by the Finance, Procurement and Performance Committee. 77% (33) of our Delivery Plan deliverables are on track or achieved (green). Of the remaining 14% (6) are behind schedule (amber) and 9% (4) are unlikely to be delivered (red). Further details are included in slide 8. Freedom of Information performance remains at 99% for acknowledgement and 100% for response with 1 breaches of the 3-day acknowledgement in the last quarter.
Financial Sustainability	**Performance is positive.** This objective is scrutinised by the Finance, Procurement and Performance Committee. NSS total revenue has a year-to-date underspend of £1,820k and is forecasting a break-even position for 2024/25. NSS core revenue has an underspend of £2,030k. Hosted funds, excluding the National Services Directorate (NSD), are underspent by £530k. There is an overspend of £704k in NSD including a pressure in the bowel screening programme. There are currently no concerns in terms of delivering our cash releasing efficiency savings (CRES) target. The capital outturn is expected to break even with an underspend of £243k at month 9 driven by budget phasing.
Workforce Sustainability	**Performance is improving.** This objective is scrutinised by the Staff Governance Committee. The total sickness absence rate for Q2 remains marginally above the 4% national standard at 4.39%. As a result of improvements to trigger reporting and more managed approach, we are seeing an increase in attendance cases reported this quarter. Our turnover rate for 2024/25 to date is 5.78%, with the year-end position expected to be lower than the 12% target we have set ourselves, based on previous years' figures. Compliance areas continue to improve following organisational wide communications and oversight from senior management teams (Q2 figures in brackets): appraisal 87% (87%), objective setting 85% (84%), and personal development planning 83% (83%).
Climate Sustainability	**Performance is mixed.** This objective is scrutinised by the Finance, Procurement and Performance Committee. We are seeing continued reductions in our electricity, gas and water usage across NSS sites. This is largely due to the rationalisation of our estate and in particular the disposal of 10 South Gyle, Bain Square and Livingston Donor Centre. The rationalisation programme has also led to a general increase in waste as we clear out unwanted materials, and waste indicators are being monitored carefully. The benefits of driver training, new eco vehicles, and double decker trailers continues to drive reductions in our fuel-related carbon dioxide emissions.

Executive summary
Assurance indicators performance

NHS National Services Scotland

Service Excellence

Performance Indicator	Standard	This quarter	Last quarter
Annual delivery plan completion	90%	**77%**	86%
Freedom of Information requests responded to within 20 days	100%	**100%**	99%
Freedom of Information requests acknowledged within 3 days	100%	**99%**	99%

Climate Sustainability

Performance Indicator	Standard	Q3 2024/25	Q3 2023/24
General waste total (tonnes)	Reduce	**69**	67.5
Clinical waste total (tonnes)	TBD	**25.6**	24.4
General waste recycled or composted (tonnes)	>70%	**38.75**	59.3
Food waste (tonnes)	TBD	**2.7**	2.8
Fuel National Procurement fleet (CO_2)	Reduce	**288**	288
Fuel Scottish National Blood Transfusion Service fleet (CO_2)	Reduce	**78**	81
Gas CO_2 metered sites (tonnes)	Reduce	**549**	269
Electricity CO_2 metered sites (tonnes)	Reduce	**370**	342
Water M^3 metered sites (volume)	Reduce	**4181**	6,704

Financial Sustainability

Performance Indicator	Forecast	This quarter	Last quarter
Revenue NSS total	-	**£1,820k**	£1,707k
Revenue (NSS core)	-	**£2,030k**	£951k
Revenue (hosted funds)	-	**£530k**	£1,340
Revenue (NSD)	-	**(36k)**	(£601)
Cash Releasing Efficiency Savings total (NSS)	£16,510k	**£13,716**	£11,323k
NSS excluding NSD	£15,408k	**£12,677**	£11,021k
Cash Releasing Efficiency Savings total (NSD)	£ 1,102k	**£1,039**	£302k
Capital outturn	-	**£243k**	£621k

Workforce Sustainability

Performance Indicator	Standard	This quarter	Last quarter
Sickness absence (year to date)	4%	**4.39%**	4.18%
Staff turnover (year to date)	12%	**5.78%**	4.39%
Appraisal compliance	90%	**87%**	87%
Objective setting compliance	90%	**85%**	84%
Personal development plan compliance	90%	**83%**	83%
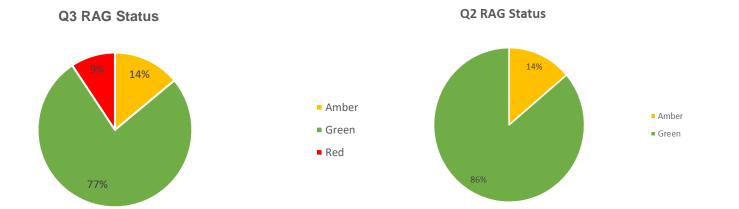
Assurance Indicators
Quarter 3 2024/25

Service Excellence: One Year Plan 2024/25

Q3 RAG Status

- Amber
- Green
- Red

Q2 RAG Status

- Amber
- Green

Common Variation

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

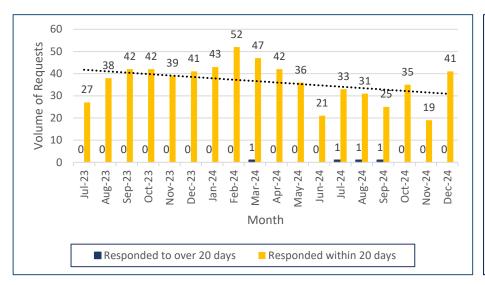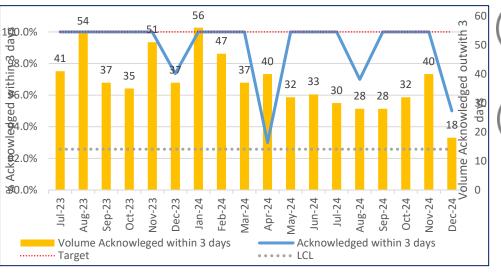| Summary position	Performance highlights	Unlikely to be achieved	Risks
77% (34) of our One-year Plan deliverables are on track or achieved (green). 14% (6) are behind schedule (amber). 9% (4) are unlikely to be delivered (red).	• The reporting position of the Delivery Plan has changed due to the addition of 16 Deliverables from Digital and Security, one from National Services on a target operating model for diagnostics and the removal of the race equality deliverable, which is now being reported directly to Scottish Government. • Secured savings for national procurement contracts are ahead of forecast with secured saving of £33.8m to end December. Counter Fraud recoveries and avoidance savings achieving £3.14m year to date. • The National Contact Centre winter vaccination programme is complete. • The Central Legal Office (CLO) continue to be actively engaged with hearings in the Scottish and UK COVID-19 Inquiries with demand from all parts of the NHS. • Clinical Negligence claims are now 100% achieved. CLO can issue reports from the Management System. This was previously reported amber due to issues with the system. • There is ongoing support and advice to Boards on healthcare-built environment projects through NHSScotland Design Assessment Process and Key Stage Assurance Reviews. • The Community Glaucoma Lite (digital solution) Phase 1, which was launched in July continues to perform well with Scottish Government leading the roll out and more Health Boards expected to join in Q4.	The deliverables unlikely to be achieved are: • **GPIT system** INPS UK (supplier) entered voluntary administration in December 2024 and this programme is currently on hold with no further migrations planned. • **IT provision for clinical services in prisons including prescribing**. The Clinical portal project is progressing, however the main element of the programme – the prototype and design phase – has delays of 2-3 years. Further analysis will be undertaken to see if parts of the programme can be undertaken by other suppliers, given the administration of INPS. • **Phase 3 of the Picture Archiving Communications System** (PACS) This is a reprovisioning Programme covering transition and implementation. This will deliver a sustainable picture archiving system for radiology. There have been delays due to resourcing challenges earlier in the year (now in place) and the requirement to undertake further testing of lower-than-expected data migration rates to acute sites. • **Digital Prescribing and Dispensing Pathway** Unable to progress recruitment and procurement activity to enable build work to commence until funding position is confirmed. The team continue to engage with Scottish Government to seek a multi-year commitment. Meanwhile, the draft Target Operating Model has been completed.	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

Left chart — Volume of Requests by Month (Jul-23 to Dec-24), "Responded to over 20 days" and "Responded within 20 days":
Jul-23: 27 (0), Aug-23: 38 (0), Sep-23: 42 (0), Oct-23: 42 (0), Nov-23: 39 (0), Dec-23: 41 (0), Jan-24: 43 (0), Feb-24: 52 (0), Mar-24: 47 (1), Apr-24: 42 (0), May-24: 36 (0), Jun-24: 21 (0), Jul-24: 33 (1), Aug-24: 31 (1), Sep-24: 25 (1), Oct-24: 35 (0), Nov-24: 19 (0), Dec-24: 41 (0)

Right chart — % Acknowledged within 3 days / Volume Acknowledged within 3 days:
Jul-23: 41, Aug-23: 54, Sep-23: 37, Oct-23: 35, Nov-23: 51, Dec-23: 37, Jan-24: 56, Feb-24: 47, Mar-24: 37, Apr-24: 40, May-24: 32, Jun-24: 33, Jul-24: 30, Aug-24: 28, Sep-24: 28, Oct-24: 32, Nov-24: 40, Dec-24: 18

Legend: Volume Acknowleged within 3 days; Acknowledged within 3 days; Target; LCL

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 4 requests (out of 427) in the last 12 months when the 20-day standard was not met and none in the last quarter. This equates to a rolling 12-month compliance level of above 99%. Our overall performance position for three-day acknowledgements in the last 12 months was 98%.	There has been a reduction in the last calendar year in relation to FOI requests, with 484 received in 2023 against a high of 523 in 2021. It is unclear what causes the peaks and troughs in trends. The 3-day acknowledgement target was breached once in Q3 2024/25 due to a failure to follow process. The process has been reclarified with staff. The top categories of requests are NHSScotland Data (18%), GP prescribing data (15%), and Human Albumin & Coagulation Factor Supply & Administration (15%).	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, Practitioner Services and Finance, Corporate Governance and Legal Services.	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

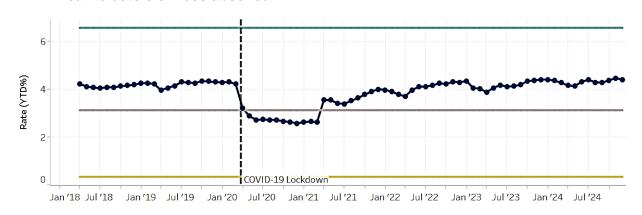| NSS Targets	Year to date (£'000)	Year-end forecast (£'000)	Target
Revenue NSS Total	**1,820**	**-**	**Breakeven**
Revenue NSS Core	2,030	1,063	Breakeven
Revenue Hosted Funds	530	321	Breakeven
Revenue NSD	(704)	-	Breakeven
Reserves	(36)	(1,383)	Breakeven

NSS Targets	Year to date (£'000)	Year-end forecast (£'000)	Target
NSS CRES Total	**13,716**	**16,845**	**3% Recurring**
NSS (excl. NSD) CRES	12,677	15,409	3% Recurring
NSD CRES	1,039	1,436	3% Recurring
Capital Outturn	**243**	**-**	**Breakeven**
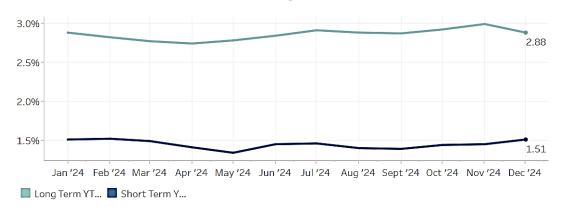
Summary position	Analysis	Actions being taken	Improvement opportunities	Risks
NSS is on track to achieve all statutory financial targets. NSS has 3 statutory targets to achieve a breakeven within resource limit for: 1. Revenue 2. Capital 3. Cash Scottish Government also requires all health boards to 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.	• The underspend is driven by various services having trading surpluses driven by vacancies and additional pay funding. A year end surplus is forecast with some services forecasting changes/pressures between now and year end. The main pressure area is Assure with reductions in Scottish Government funding and increased utility costs. Any surplus funding will be returned to Scottish Government. • National Services Directorate continue to report a year-to-date overspend and risk at year end. The full year cost forecast will be reviewed in January following Health Board returns so that funding discussions can take place with Scottish Government. • CRES is forecast to be overachieved by £0.3M in 2024/25 driven by vacancy management controls. • The capital outturn is underspent.	• Although NSS is on track to achieve financial targets, we will continue to remain vigilant as we approach the end of the fiscal year by monitoring costs closely and actively seeking opportunities for recurring savings, which will ensure long term financial sustainability of NSS and NHSScotland. • Budget holders have been asked to continue to robustly manage their delegated resources during 2024/25, as well as over the longer financial planning period. Further guidance will be published in February to support budget holders with their responsibilities at year end. • NSS is undertaking its three-year integrated service planning process for 2025-2028. (The Financial Plan is a separate paper on the Board agenda). • At the end of December, 85% of funding allocations had been received compared to a target of 80% by the end of June. We work closely with Scottish Government Finance to confirm when NSS will receive its funding and to assess any underlying financial risk with outstanding allocations.	• NSS has several areas of focus to deliver its Financial Sustainability strategic objective. The work is detailed within the Financial Sustainability Action 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

Workforce Sustainability: Sickness absence

Year to date sickness absence

Year to date short and long term sickness absence

Summary position	Analysis	Actions being taken	Improvement opportunities	Risks
The total sickness absence rate for the financial year is 4.39% and remains marginally above the NHSScotland standard of 4%.	• The total year to date sickness absence rate for December 2024 was 4.39%,marginally up from 4.38% in November, following slight increases in short term absences and a decrease in long term absences. With the current headcount sitting at 3,135 (Whole Time Equivalent), approximately 150 employees were off due to sickness in December (153 in November). • The main driver for sickness absence is anxiety, stress and depression, with coughs, colds, influenza 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 4.17%.	• Absence Awareness sessions are being delivered across NSS by the Case Management team. These sessions give managers the basic tools and information to manage absence, support staff, and reduce absence rates. • A report showing all employees who have reached a trigger in the month and are still absent is encouraging active management and increased attendance cases. • Weekly meetings take place between HR and Occupational Health to review complex cases and ensure delays are kept to a minimum and supportive interventions are being considered by managers.	• 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 senior management are working with their line managers, HR case management, and HR Business Partners to address absence issues across their respective areas.	Strategic: 7312 7305 7320

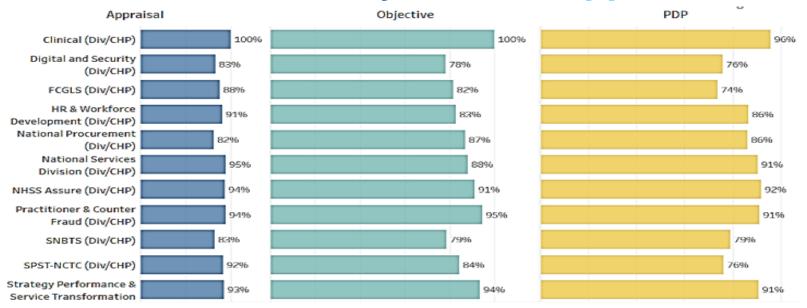# Workforce Sustainability: Staff turnover

Turnover by Directorate

Directorate	Turnover Last Month	Turnover This Month
Clinical	0%	0%
DaS	0%	0.64%
FCGLS	0.80%	0.27%
HR	0%	0%
NP	0.25%	0.98%
NSD	1.27%	0%
Assure	0.34%	2.02%
PSD	0.26%	0.77%
SNBTS	0.41%	0.93%
SPST-NCC	0%	0%
SP&ST	0%	0.42%

Top 3 Reasons for Leaving (FY)

Reason	Leavers
Retirement - Age	42
Other	39
Vol. Resignation - Other	36
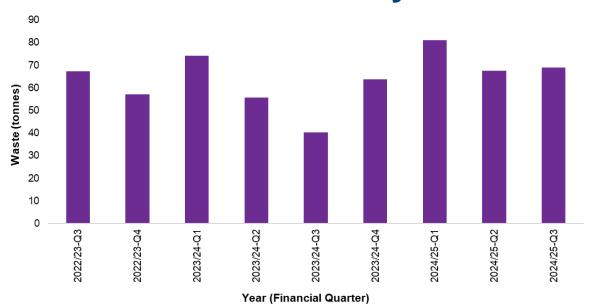
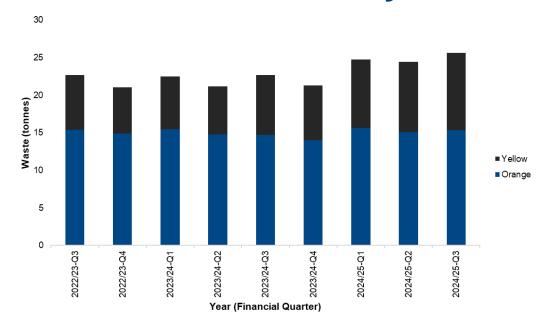| Summary position	Analysis	Actions being taken	Improvement opportunities	Risks
NSS has recorded 181 new starts, 188 leavers and a turnover rate of 5.78% this financial year. Of the 188 employees who left, 18% were on a fixed term contract and 82% were on a permanent contract. Turnover rates include bank staff. Therefore, the National Contact Centre rate includes bank staff, as does the overall turnover percentage for NSS.	• The main reason for staff leaving the organisation is due to age retirement, closely followed by the "other" category. • It should be noted that 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 8.17%, which is lower 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, accounting for changes to fixed term contracts.	Strategic: 7312 7305 7320 Corporate: 7237

Workforce Sustainability: TURAS appraisal

	Appraisal	Objective	PDP
Clinical (Div/CHP)	100%	100%	96%
Digital and Security (Div/CHP)	83%	78%	76%
FCGLS (Div/CHP)	88%	82%	74%
HR & Workforce Development (Div/CHP)	91%	83%	86%
National Procurement (Div/CHP)	82%	87%	86%
National Services Division (Div/CHP)	95%	88%	91%
NHSS Assure (Div/CHP)	94%	91%	92%
Practitioner & Counter Fraud (Div/CHP)	94%	95%	91%
SNBTS (Div/CHP)	83%	79%	79%
SPST-NCTC (Div/CHP)	92%	84%	76%
Strategy Performance & Service Transformation	93%	94%	91%

Summary position	Analysis	Actions being taken	Improvement opportunities	Risks
Compliance across all three measures was below the 90% standard we set ourselves, however is showing an improving position: • **87% for appraisals** • **85% for objectives** • **83% for personal development plans** **Please note:** The compliance rates are calculated by excluding 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 and can be attributed to increased focus by staff and managers.	• 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 planning setting meetings.	Strategic: 7312 7333 Corporate: 7237

Climate Sustainability: General Waste

| Summary position	Analysis	Actions being taken	Improvement opportunities	Risks
There has been an increase in general waste in Q3 2024/25, which can be attributed to a low collection tonnage for previous quarter. Q3 2022/23 is more aligned to Q3 2024/25 with a tonnage of 67.3. General waste is waste that does not contain recyclable content and does not fit into another waste stream. Please note: When the new waste contract is implemented and reporting data is available, general waste will be known as residual waste.	• Recent increases at Gyle Square have been attributed to increased waste production from the Gyle Rationalisation project as office areas look to clear out any unwanted materials.	• We continue to monitor waste data and information from the Gyle Rationalisation project. We expect this to follow similar trends to Meridian Court. • The NSS Waste Delivery Group is in place to identify improvement opportunities. • Work to identify waste segregation improvements has now been completed across all three 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
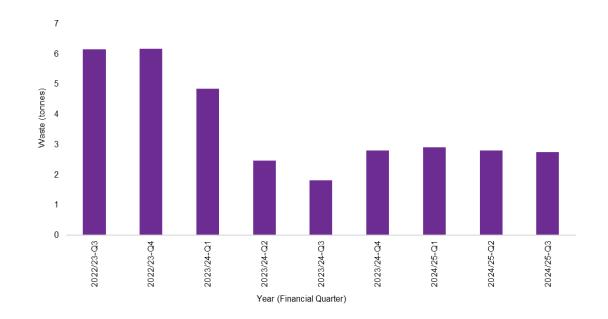
	Analysis	Actions being taken	Improvement opportunities	Risks
There has been an increase in clinical waste. Yellow waste consists of anatomical and gypsum waste, which is incinerated. Orange waste consists of orange bags and orange lidded sharps which is shredded, heat treated and sent to energy from 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.	• 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. Additionally, apheresis waste from Beatson has transitioned from orange bag waste to the yellow waste stream due to the level of remaining blood contamination. • Clinical waste trends remain consistent with waste production trends. • Please note: Clinical waste data comes from five NSS sites – Gartnavel/Beatson, Gyle Square, Lauriston, Jack Copland Centre (JCC) and Possilpark – and community donor sessions.	• Business as usual pre-acceptance audits are carried out annually at all sites. • Exploration of copper wafer metal recovery is underway, being led by the Waste Delivery Group.	• 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 Scottish National Blood Transfusion Service 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

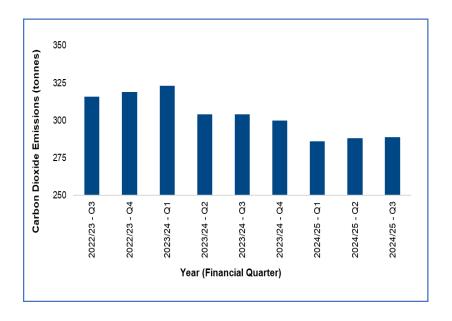# Climate Sustainability: General Waste Recycled or Composted

| Summary position	Analysis	Actions being taken	Improvement opportunities	Risks
There has been an increase on the same period from last year, from 48 tonnes to 69 tonnes. This is in line with the increase in general waste. The graph above shows total recyclable waste across all NSS sites broken down by material between Q3 2022/23 and Q3 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. • 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.	• 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
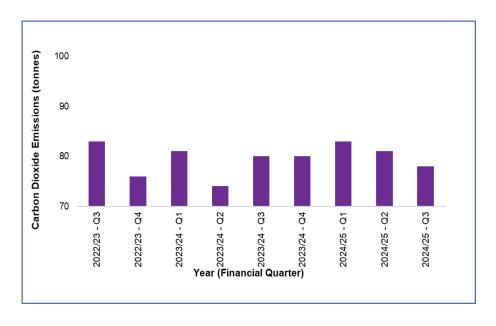
Climate Sustainability: Food Waste

| Summary position	Analysis	Actions being taken	Improvement opportunities	Risks
There has been an increase within the recent quarter from 1.8 tonnes in Q3 2023/24 to 2.7 tonnes in Q3 2024/25. This is due to lower-than-average collection weight in the previous quarter The graph shows total food waste across all NSS sites between Q3 2022/23 and Q3 2024/25.	• Food waste levels have reduced compared to 2022/23 due to the closure of Meridian Court in Glasgow and less uptake of cafeterias by staff at the Jack Copland Centre and Gyle Square sites in Edinburgh.	• Facilities Management is improving stock management. • Ongoing waste auditing continues to identify poor segregation and sites/areas where improvements need to be made. • NSS have started a catering review to better understand current needs and minimise waste where possible.	• 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
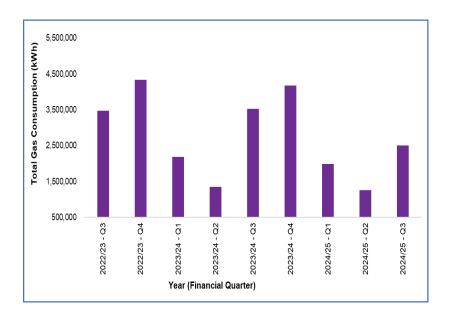
Climate Sustainability:
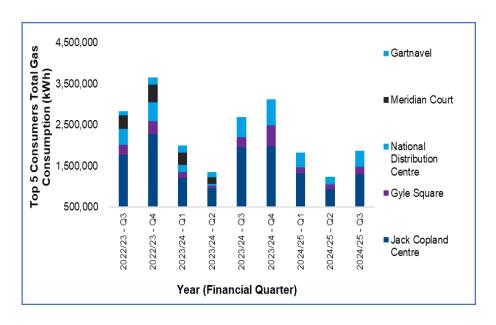## Fuel National Procurement (Left) & SNBTS Fleet (Right)

| Summary position	Analysis	Actions being taken	Improvement opportunities	Risks
At Q3 2024/25 National Distribution Centre had reduced carbon dioxide emissions by 15 tonnes when compared to Q3 2023/24. SNBTS also shows a decrease of 2 tonnes and is 5 tonnes below Q3 2022/23. The graphs above highlight the carbon dioxide (CO_2) emissions produced across the National Distribution Sites (NDS) on the left and on the right-hand side the Scottish National Blood and Transfusion Service (SNBTS).	• The NDS CO_2 reduction was achieved through driver 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 Scottish Government 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
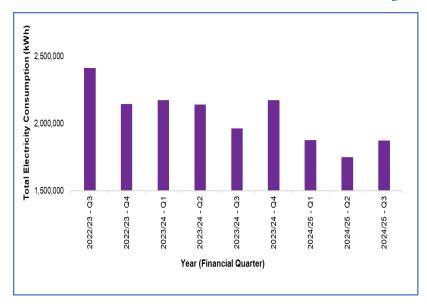
Climate Sustainability: Gas Metered Sites
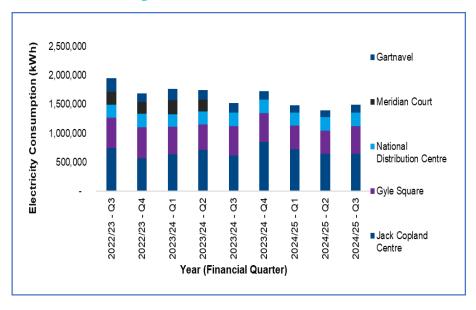
Summary position	Analysis	Actions being taken	Improvement opportunities	Risks
Gas carbon dioxide (CO2) emissions at metered sites has reduced by 202 tonnes when comparing Q3 2023/24 to Q3 2024/25. The total number of sites included in our current analysis is 6. We do not include sites which we share with other NHS Boards and where another Board is the site host.	• Consumption has decreased by 100,000 kWh compared to the previous Q3. This is due to a decrease in usage of 600,000 kWh at Jack Copland Centre and the closures of 10 South Gyle and Bain Square. • Gas consumption varies depending on the time of year, with higher levels of consumption in Q3 and Q4.	• We are working with external stakeholders to better understand methods to improve our gas consumption and improve efficiency of use. • Recent building closures, including 10 South Gyle and Bain Square, will help reduce our CO_2 emissions further.	• 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. • Please note: The summary table reports carbon emissions in line with Scottish Government requirements. However, NSS assesses consumption, which determines our carbon emissions, to help understand what can be done to achieve net zero.	Strategic: 7321 7330 Corporate: 6679

Climate Sustainability: Electricity Metered Sites

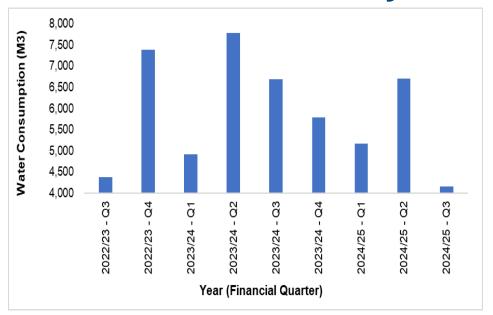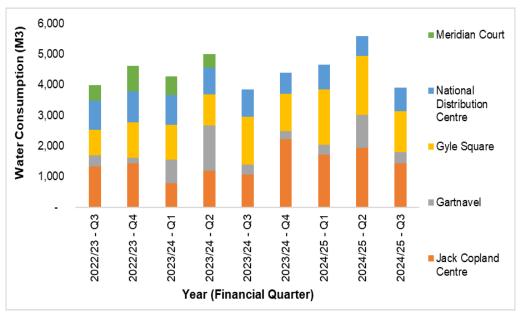| Summary position	Analysis	Actions being taken	Improvement opportunities	Risks
NSS has delivered year on year reductions in electricity consumption resulting in an overall reduction of just over 600,000 kWh. The graphs show quarterly electricity consumption for the top five electricity consuming buildings, total and by site. We do not include sites which we share with other NHS Boards and where another Board is the site host.	• The reduction between current and last Q3 has been achieved due to the closure of 10 South Gyle, Bain Square and Livingston Donor Centre alongside a general reduction in energy usage at various sites due to warmer winters. • Jack Copland Centre (JCC) electricity consumption includes any electricity generated on site by solar.	• We are working with external stakeholders to better understand methods to improve our electricity consumption and efficiency of use. • Recent building closures, including 10 South Gyle, Livingston Donor Centre and Bain Square, are assisting reduction in our energy consumption. • The Gyle Square rationalisation project will also reduce our energy use within the building. • JCC will also have fully installed LED lighting across the estate by the end of April 2025.	• 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. • Please note: The summary table reports carbon emissions in line with Scottish Government requirements. However, NSS assesses consumption, which determines our carbon emissions, to help understand what can be done to achieve net zero.	Strategic: 7321 7330 Corporate: 6679

Climate Sustainability: Water Metered Sites

Summary position	Analysis	Actions being taken	Improvement opportunities	Risks
Water consumption has decreased by 2,549 cubic metres (M3) when compared to the same period last year. The graph above (left) shows total water consumption across NSS metered sites between Q3 2022/23 and Q2 2024/25. The graph on the right show's consumption for the top five water consuming buildings. Two of these buildings, Gyle Square and Jack Copland Centre (JCC) had increased use by approximately 500m^3 between them. Historically, water has been poorly reported. As bills appear at different times reporting can be inconsistent.	• The reduction was mainly due to an over estimated usage report for Hassockrigg, this has now been resolved and credits received. • JCC is the highest water consuming building within NSS. Factors that may be causing this include the heating, ventilation and air conditioning system, and specialist laboratory practices.	• We continue to monitor and make improvements using reporting tools.	• The 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

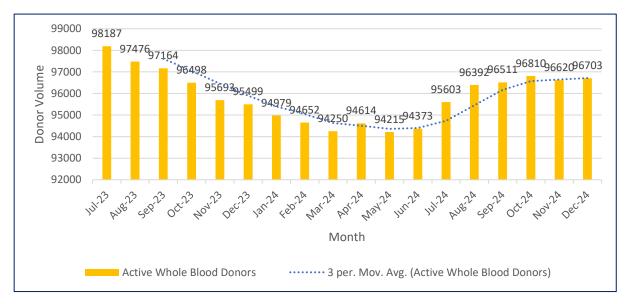# Risk details

Risks featured in this report

| Risk No./ RAG	Title	Summary	Owner	Strategic/ Corporate
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
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
7222	nDCVP – Adverse Publicity	SG and NSS receive adverse media interest as a result of the historical challenges experienced in the delivery of our new pharmacy processing system, new Data Capture and Validation Process (nDCVP) e.g.; performance, volumetrics, transitioning to DM&D pricing, capacity.	Director of Primary & Community Care (interim), SPST	Corporate
7237	Recruitment & Retention	There is a risk that it is becoming increasingly difficult to recruit and retain staff in some roles.	HR Director	Corporate
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
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
7320	Service Excellence	There is a risk that NSS is unable to deliver effective services for its users.	Director of Primary & Community Care (interim), SPST	Strategic
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
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
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
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
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
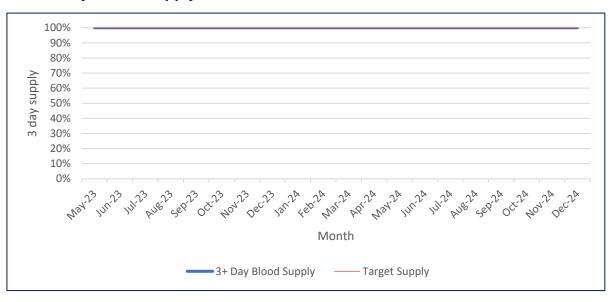
Appendices

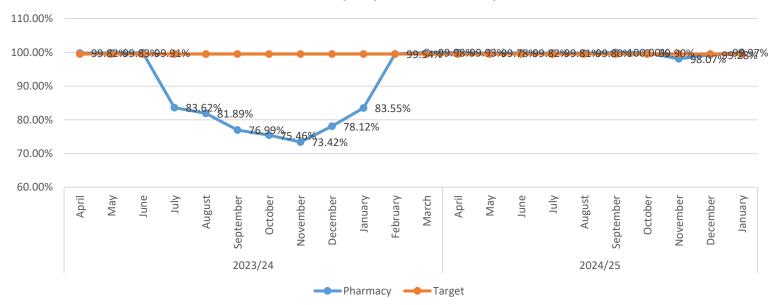# Appendix 1: Blood Donation and Supply

Active Blood Donors

Legend: Active Whole Blood Donors — 3 per. Mov. Avg. (Active Whole Blood Donors)

Data labels (Donor Volume by month):
- Jul-23: 98187
- Aug-23: 97476
- Sep-23: 97164
- Oct-23: 96498
- Nov-23: 95693
- Dec-23: 95499
- Jan-24: 94979
- Feb-24: 94652
- Mar-24: 94250
- Apr-24: 94614
- May-24: 94215
- Jun-24: 94373
- Jul-24: 95603
- Aug-24: 96392
- Sep-24: 96511
- Oct-24: 96810
- Nov-24: 96620
- Dec-24: 96703

Three Day Blood Supply

Legend: 3+ Day Blood Supply — Target Supply

Summary position	Analysis	Actions being taken	Improvement opportunities	Risks
There has been a continued increase in blood donation rates following a decline over the spring and summer period. The Scottish National Blood Transfusion Service (SNBTS) provide all blood and blood products to patients in Scotland.	• SNBTS have extended their campaign to increase whole blood donors following the decrease in numbers through to spring 2024. • A three-month moving average trend line is included to aid clarity to the trend. Over the summer, trends have shown an increase in donors. The target of three-day blood supply has been maintained throughout.	• We manage the active donor base to maintain blood supply to meet clinical demand. We also track the global stock position of blood to ensure we have sufficient levels for over 3 days of supply. • We have been running a donor recruitment campaign to increase donor pool for Blood, Platelets and Plasma.	• Trends are now heading in the right direction and will continue to be closely monitored and managed.	Corporate: 6473 Closed and replaced by a relevant operational risk.

Appendix 2: Pharmacy Payments

Pharmacy Payments Accuracy

Summary position	Analysis	Actions being taken	Improvement opportunities	Risks
We achieved above the average 99.5% payment accuracy target for all contractor groups in each month of this quarter (Dental, Medical, Ophthalmic and Pharmacy). However, retrospective payments in January for prescriptions dispensed in November reduced pharmacy achievement to 98.7%.	• Pharmacy payments have been affected by delays in processing dispensed item data and other system/reference data issues following the implementation of the nDCVP in July 2023 (new Data Capture, Validation and Pricing system). • Payments in January were for prescriptions dispensed in November 2024. Some corrections for historic payment errors in pharmacy were actioned in January which resulted in a small dip in payment accuracy (errors are accounted for in the performance indicator when they are corrected).	• Short term additional resources have been deployed to prescription batch preparation/scanning to improve workflow to processing teams. • Resource profile and productivity for pharmacy processing continues to be monitored closely throughout January and February 2025 and reported through the process update meetings and Stabilisation Board.	• The main improvement opportunities are via investment in nDCVP and/or pricing data reference files to mitigate pricing errors. • Workforce needs continue to be aligned to increases in dispensed item volumes, while taking account of Agenda for Change reduced working week/protected learning time requirements and any efficiencies gained from digital investment in automation.	Corporate: 7222

NHS National Services Scotland

Meeting	**NSS Board**
Meeting date	**Friday 28 March 2025**
Title	**NSS Risk and Issues Report (as at end M10, 31 January 2025**
Paper Number	**B/25/12**
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 10, 31 January 2025.

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 January 2025, to assure themselves that corporate red risks, corporate issues, and all strategic risks are being managed appropriately and to suggest improvements where they are not assured.

2.3 It is recommended that the Board approve the suggestions to amend the following strategic risks:

7312 Workforce Sustainability – proposed to reduce the impact from 4 to 2.

7305 Clinical and Patient Safety – amendments made to the wording.

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 31 January there were 7 corporate risks, consisting of 4 amber and 3 green risks. There were no red risks. A new corporate red risk has been opened following the reporting period:

- 7564 – NSS Payroll Service Sustainability (Finance, Corporate Governance and Legal Services).

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 September with 5 red and 5 amber risks and no change in risk scores. Proposed amendments are detailed within this paper.

3.5 **New Digital Risk System:** An NSS Project Team has been established to work with the supplier of a new digital risk system to implement the new system. Whilst it was initially planned to implement the new system by the end of FY25, following a recent project review a new project timeline is being developed and we expect full implementation by end of Quarter 2 FY2025/2026.

3.6 A Board workshop has been organised for 23 April to discuss risk management and risk appetite.

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 red 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 2 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, Corporate Governance and Legal Services)

- 7330 – Rationalisation of Office Accommodation (Finance, Corporate Governance and Legal Services)

6.2   1 red corporate risk, which was added after the reporting period, has a financial impact of over £1,000K

- 7564 – NSS Payroll Service Sustainability (Finance, Corporate Governance and Legal Services).

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 1 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   1 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 24 March 2025. Detailed review of corporate and strategic risks takes place at relevant Committees.

10.   List of Appendices and/or Background Papers

- Appendix 1, Risks and Issues Report as at Month 10, 31 January 2025.

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 10, 31 January 2025)

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 10, 7 corporate risks and 0 issues were identified. This included 4 amber risks and 3 green risks.

Figure 1: Overall Corporate Risk Position at M10 FY25

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

Corporate Red Risks

There were no corporate red risks at 31 January. However, a new corporate red risk was opened on 4 February.

7564 NSS Payroll Service Sustainability

Current RAG	Initial RAG	Residual RAG
16	16	12

Review Date	Opened Date	Proximity Date
31/03/25	04/02/25	31/03/25

Primary Category	Mitigation Strategy	Risk Owner
Business	Prevention	Associate Director of Payroll Services

Summary: There is a risk that NSS is unable to deliver timely and effective payroll services for health boards and staff. Due to the increased demands placed on payroll staff to maintain the delivery of weekly and monthly payments to 80,000 staff using legacy technologies, while progressing organisational change, managing new demands and implementing service improvements.

Impact: Potential staff payment delays, financial concerns and impacting NSS credibility for delivering a payroll shared service.

Update: As this is a new risk, controls and action plan has been put in place. These relate to service transformation within payroll services, with detailed service, workforce, and financial planning alongside ongoing engagement with staff and stakeholders. Governance and reporting mechanisms are being put in place with the NSS Change Oversight Group maintaining an overview of progress. Monitoring and reporting is being put in place to monitor progress against the Transformation Action Plan.

Corporate Issues

There are no corporate Issues at 31 January.

Strategic Risks

There are 10 strategic risks on the NSS Risk Register. These risks 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 risks were initially identified and agreed in December 2023.

The following amendments are proposed for approval:

7312 Workforce Sustainability – proposed to reduce the impact from 4 to 2 – see below.

7305 Clinical and Patient Safety – amendments made to the wording – see below.

7333 Governance and Regulatory Compliance

Current RAG	Initial RAG	Residual RAG
12	12	6

Review Date	Opened Date	Proximity Date
31/03/25	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: Monthly Senior Leadership Team meetings are held to monitor and allocate resources, and Corporate Oversight Governance Group meet bimonthly to review proposed policy updates. Workforce requirements were assessed as part of the 2025/26 budget planning process, which is nearing completion. A skill matrix for the Financial, Corporate Governance and Legal Services directorate was updated in January 2025 to ensure appropriate training is in place for staff. The talent management and succession planning process has replaced the enhancing leadership capability process, with reviews carried out and updated as required.

7331 Financial Sustainability

Current RAG	Initial RAG	Residual RAG
15	15	10

Review Date	Opened Date	Proximity Date
31/03/25	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 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 outlined the importance of the Financial Sustainability strategic objective in the context of the unprecedented financial challenge affecting NHSScotland and engagement with directorates regarding these responsibilities continues.

Regular update calls continue to be 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.

Annual budget planning exercises for 2025/26 is nearing completion and workforce planning is built into this process.

7330 Rationalisation of Office Accommodation

Current RAG	Initial RAG	Residual RAG
15	15	10

Review Date	Opened Date	Proximity Date
31/03/25	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: As part of the smarter use of space project at Gyle Square, NSS, Public Health Scotland, Scottish Ambulance Service and Health Improvement Scotland have consolidated their footprint in 2024. Anderson House was vacated in November 2024 with Central Legal Office staff relocating to Gyle Square. Work on long term capital planning is progressing.

7329 Delivery of National Programmes

Current RAG	Initial RAG	Residual RAG
16	16	8

Review Date	Opened Date	Proximity Date
31/03/25	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: Monthly engagement with Scottish Government and ongoing interactions with other NHSScotland Boards continues through various groups. This helps to raise awareness of current projects and increases confidence in NSS' expertise and capabilities as lead the Board in estate, infrastructure, and national digital programmes. We ensure that all business cases clearly articulate the cost to deliver and their value from a Once for Scotland approach. We continue to work with stakeholders to ensure clarity of roles and responsibilities in respect of national programmes, including when programmes transfer to business as usual.

7322 Public Scrutiny and Inquiries

Current RAG	Initial RAG	Residual RAG
12	12	9

Review Date	Opened Date	Proximity Date
30/05/25	16/01/24	31/03/26

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: The One NSS Programme has been approved and is in initial stages of set-up. This will standardise the approach and increase assurance around information requests. Reporting for all public inquiries to which NSS is responding is now coordinated centrally and reported at individual programme level, EMT and NSS Board. There are established processes in place to provide support to staff involved in responding to inquiries.

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: Following a successful funding bid, the internal sustainability team have attended workshops in relation to EMS (Environmental Management System), with further training being delivered to key stakeholders. This is an enabler to assessing requirements against new and current legislation. We are also working with HR on the final stages of developing an eLearning module which will be mandatory for all staff to improve understanding on environmental management and sustainability.

The NSS internal sustainability team have been working with capital projects team to progress with procurement for direct award under the Lead Advisors Framework which will better enable a review of flood risk assessments across the organisation. The awarded supplier is now progressing with site surveys in relation to flood risk assessments. Engagement has commenced with a supplier on design of plaques to educate staff and visitors on aspects of greenspace and biodiversity for implementation across NSS greenspace. The general waste and recyclets mini competition concluded and the new contract started in February. This will bring improvements in resource segregation and data quality and help identify areas for improvements.

Switched on fleets funding was withdrawn by Scottish Government and future funding opportunities are still to be identified. A paper is being prepared for the Sustainability and

Infrastructure Board to address and capture gaps in the NSS estate Electric Vehicle charging infrastructure. Scottish Government funding has been agreed to support the transition to LED lighting at the Jack Copland Centre, with works expected to be completed by end of FY 2024/2025.

An update will be provided to the Sustainability and Infrastructure Board in April, in relation to the NSS Route Map to Net Zero by 2040, with targets to 2030 and beyond being reviewed and updated.

7320 Service Excellence

Current RAG	Initial RAG	Residual RAG
16	16	6

Review Date	Opened Date	Proximity Date
31/03/25	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 new digital incident, risk management and patient safety system has been procured on behalf of NHSScotland. NSS is in the process of implementing the risk management application, and further work is in progress to understand capabilities of the system across other areas of assurance. This will aid us in improved assessment, management, and reporting in line with best practice for risk initially, with further modules

being developed through an Assurance Information System Programme to maximise the benefits of the system.

Finance have completed a review of the forecast in conjunction with budget holders and despite some emerging pressures being identified and confirmed, NSS is still on track to achieve all statutory financial targets.

A Quality Management Senior Management Team has been created to progress quality management plans.

The NSS Delivery Plan for 2024/25 continues to be reported quarterly and the 2025/26 draft plan is being developed. There is ongoing engagement with Scottish Government and our stakeholders around the development of these plans.

A governance framework for the Change Oversight Group (COG) was approved at February EMT. The framework clearly defines pre-implementation phases of projects, agreed prioritisation processes, oversight of the COG committee during programmes implementation phase and a monitored transition to business as usual in the organisation.

7312 Workforce Sustainability

Current RAG	Initial RAG	Residual RAG
12	12	4

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

Primary Category	Mitigation Strategy	Risk Owner
Staff	Prevention	Director of HR

It is proposed to amend the risk from an impact and likelihood score of 4 x 3 to 2 x 3. It is felt that within NSS we do have a diverse workforce currently in place. Currently there is not a high amount of capability issues. Sickness absence levels are generally low in comparison to other Boards. Whilst we note we have pockets of hard to fill posts which has recently been reported back to Scottish Government, in the wider scheme we do not have any major recruitment challenges and have a strategy in

place for hard to fill posts. There is no evidence to suggest any major skills gaps at this point.

Most actions that were assigned to this risk have been mitigated however further actions are currently being scoped to add to this risk which are aligned to the NSS ADP (including sickness absence, agency, and reduction in working week).

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 re-skill 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: The Change Oversight Group continue to provide oversight of all NSS organisational change programmes. The new planning cycle for the NSS Workforce Plan has commenced, with directorate levels workforce plans submitted as part of the integrated service planning process.

7305 Clinical and Patient Safety

Current RAG	Initial RAG	Residual RAG
12	12	8

Review Date	Opened Date	Proximity Date
27/03/25	20/12/23	31/03/26

Primary Category	Mitigation Strategy	Risk Owner
Clinical	Prevention	Clinical Director

Please note that the summary and impact of this risk has been amended to reflect risk of harm or low quality care with the impact being made more specific in relation to our services. No change to the impact and likelihood is proposed.

Summary: There is a risk that harm or low-quality care may occur for patients or service users resulting in poor outcomes. 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: Failure to deliver high quality national services, such as population screening programmes, infection prevention and control, blood transfusion services and specialist services, will have a negative impact on population health. Due to the nature of NSS as a national board, failure to deliver high quality services may attract adverse publicity and/or enforcement action by external regulators. Adequate resources for delivery of high quality services could be at risk due to financial pressures across NHSScotland. Ability to recruit and retain staff in a challenging and competitive environment across NHSScotland could have a negative impact on the ability to deliver services.

Update: A Q3 report in relation to the Health and Care (Staffing) (Scotland) Act will be submitted to Health Improvement Scotland by the end of April. A draft interim report in relation to the recommendations from the Infected Blood Inquiry will be reviewed at the Clinical Governance Committee. The Medical Device Policy was approved by EMT in January and will be submitted to the Clinical Governance Committee and Board in March, with implementation scheduled for June.

The Quality Improvement Action plan is in progress for 2024/25, with no overall areas of concern. QI activity continues across NSS. A QI networking event took place at Gyle Square, with positive initial feedback. in March and training options for 2025/26 are under development.

A Clinical Governance delivery plan for 2024/25 was approved at the Clinical Governance Committee and the 2025/26 plan will be developed after commencement of the new Associate Director for Nursing, Clinical Governance and Quality Improvement.

7300 Cyber Security

Current RAG	Initial RAG	Residual RAG
20	20	12

Review Date	Opened Date	Proximity Date
31/12/24	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: End to end assurance and monitoring for third party contracts has been procured and is being delivered for major contracts. DaS Contract and Vendor Management Service are working with Procurement to produce a list of suppliers that will be monitored by the tool and the Cyber Security Team will develop a process, including escalation processes when a supplier moves outside of acceptable parameters. Two workshops took place to develop cyber Key Risk Indicators (KRIs). 4 KRIs are being drafted and tested. This will allow cyber risks to be articulated and measured consistently.

Agreement was obtained from the EMT and Audit and Risk Committee to increase the frequency of on-line cyber training (Stay Safe Online module) from every three years to annually.

Cyber Centre of Excellence strategy until 2027 has been signed off by the Governance Board and the programme is now reporting as Green.

NHS National Services Scotland

Meeting:	**NSS Board Meeting**
Meeting date:	**Friday 28th March 2025**
Title:	**Public Inquiries Report**
Paper Number:	**B/25/13**
Responsible Executive/Non-Executive:	**Lee Neary, Director of Primary and Community Care (Interim), Strategy, Performance and Service Transformation**
Report Author:	**Marie Brown, Head of Public Inquiries and Scrutiny**

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 24 March 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   Quality and value is a matter being considered through the public inquiries. There is no impact on quality/patient care to consider in this report, which provides an update on the NSS response to public inquiries.

4.2   Equality and Diversity, including health inequalities

4.2.1   Equality, diversity and health inequalities are being considered throughout the public inquiries' investigations. There is no impact on equality, diversity, and health inequalities to consider in this report, which provides an update on the NSS response to public inquiries.

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 in line with the Integrated Risk Management Approach and Public Scrutiny and Inquiries Strategic Risk (7322).

6.   Financial Implications

6.1   Financial implications of responding to the COVID-19 Inquiries remains a corporate pressure. The cost of NSS responding to the UK COVID-19 Public Inquiry in 2023/24 was £823,167. For 2024/25 the agreed forecast was £1,000,000, we are currently tracking for an underspend of £301,000.

7.   Workforce Implications

7.1   Workforce implications continue to be managed locally through Directorates and the Programme Risk Register, with escalated risks or issues directed to the NSS Executive Management Team.

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	Board March 2025		
Reporting On	➢ UK and Scottish COVID-19 Public Inquiries ➢ Scottish Hospitals Public Inquiry ➢ Consultations	**Period Covered**	8 January – 12 February 2025

Upcoming Hearings (in order re substantive hearings, including Scottish Hospitals Inquiry)

Public Inquiry	Dates
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 – Governance)	28 April - 30 May 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 over a 3-week period in London	12 - 30 May 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 18 July 2024 and Scottish Government published its response on 16 January 2025. There is no direct impact for NSS.

UK Covid-19 Inquiry Module 1 Report: Scottish Government Response.

- ➤ **Module 2** (Key decision making) – The Inquiry intends to publish its report and recommendations in autumn 2025.

- ➤ **Module 3** (Healthcare systems) – NSS is a Core Participant along with territorial health boards and Public Health Scotland. NSS provided the Inquiry with four witness statements, over 600 supporting documents and reviewed over 740 documents. One member of staff from NSS, Laura Imrie, gave evidence at the Module 3 hearings on 5 November 2024 in London. NSS submitted a written Closing Statement on 19 December 2024.

- ➤ **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 submitted a substantial draft Rule 9 response in the form of a witness statement from Gordon Beattie on 5 September 2024 with the final signed version being submitted on 21 October 2024. Approximately 5,000 documents have been submitted to date and the process of reviewing the Inquiry's redactions on those documents and tranches of documents, submitted by other core participants, will continue until the public hearings commence.

  Two expert reports, released by the Inquiry, have been reviewed by National Procurement colleagues with comments submitted in December 2024.

  Gordon Beattie will be giving evidence at the public hearing on 24 March 2025. The Inquiry has released the final list of witnesses and confirmed that Jeanne Freeman, Caroline Lamb and Paul Cackette will also be giving evidence from Scotland. Gordon and National Procurement have started to review Evidence Proposals for witnesses as well as developing a witness preparation brief which includes compiling information on key contracts, responses to anticipated questions and review of media in relation to procurement in Scotland during the pandemic.

- **Module 7** (Test, trace and isolate) – NSS has been granted Core Participant status and joint legal representation (NSS, HIS, PHS) for this module. A witness statement from Mary Morgan was submitted to the Inquiry on 20 December 2024 in response to a draft Rule 9 request. Additional questions on the witness statement have been received and the witness statement will be updated and a signed copy issued to the Inquiry in late February.

  The Inquiry has commissioned two expert reports; Financial Support and the Impact on Adherence of the Test, Trace and Isolate system by Dr Richard Machin and Behavioural Science by Professor Arden. NSS reviewed and provided feedback on a draft version of these reports on 29 January 2024.

Scottish COVID-19 Public Inquiry (SCI)
- The Inquiry will first look at the impact of the COVID-19 pandemic across all themes (health and social care; education and young people; and finance, business and welfare) before moving to examining the implementation of measures, and finally, key-decision making.

- The Inquiry continues with its impact hearings and has advised they intend to review all information submitted by NSS to the UK COVID-19 Inquiry before issuing requests for information to avoid duplication.

- The Scottish COVID-19 Inquiry has provided an update on the website advising that it intends to publish any health and social care statements which were not heard in oral evidence. They advise this will coincide with the publishing of the Portfolio 3 (health and social care) narrative record.
  Inquiry to publish all remaining health and social care impact witness statements | Scottish COVID-19 Inquiry

- Although no date for publication is stated, the Chief Executive for the SCI advised in his October 2024 update that the Publication of Portfolio 3 would be in Spring 2025.
  [Chief Executive's Update - October 2024 | Scottish COVID-19 Inquiry.](#)

Finance

- The cost of NSS responding to the UK COVID-19 Public Inquiry in 2023/24 was £823,167. The estimated cost for 2024/25 was £1,000,000 and was based on NSS needing to respond to both the UK and Scottish COVID-19 Inquiries simultaneously. This has not materialised, and we now estimate the total cost to NSS for the COVID-19 inquiries in 2024/25 will be approx. £699,000. This releases an estimated budget of £301,000 for use elsewhere by NSS.

Public Inquiries Freedom of Information (FOI) Requests

- There have been no FOI requests in relation to the COVID-19 public inquiries in the last period.

Scottish Hospitals Public Inquiry – Executive Highlights

Glasgow 3 Hearing

- NSS successfully submitted its Glasgow 3 hearing closing statement to the Inquiry on 31 January 2025.
- NSS counsel will deliver an oral closing statement to the Inquiry in mid-March.

Glasgow 4 Hearing

- The Glasgow 4 hearing is due to run from 28 April to 30 May 2025.
- Julie Critchley is the only NSS witness for Glasgow 4 at this stage. Julie's contribution will include developing and submitting a witness statement by 28 February 2025.
- The Public Inquiry Team is providing project management support to the NSS response to Glasgow 4.
- Whilst the response to this Public Inquiry is from NSS, NHSScotland Assure colleagues from Engineering and Assurance, Property, Sustainability and Capital Planning, and Antimicrobial Resistance & Healthcare Associated Infection (ARHAI) Scotland continue to be the main teams supporting this work.

Consultations

➤ NSS submitted a response to the consultation on the updated Scottish Public Service Ombudsman (SPSO) Statement of Complaints Handing Principles on 17 January 2025.

Police Scotland / COPFS Investigations

➤ Colleagues from NHSScotland Assure continue to assist Police Scotland with their investigations into the Queen Elizabeth University Hospital.

Minutes
(Approved)

NHS
National Services Scotland

NHS NATIONAL SERVICES SCOTLAND AUDIT AND RISK COMMITTEE (ARC)

MINUTES OF MEETING HELD ON THURSDAY, 14 NOVEMBER 2024 VIA TEAMs DIGITAL PLATFORM AT 0930 HRS

Members Present:
Beth Lawton – Non-Executive Director and Committee Chair
Paul Buchanan – Non-Executive Director
Gordon Greenhill – Non-Executive Director
Arturo Langa – Non-Executive Director
Maria McGill – Non-Executive Director
Alison Rooney – Non-Executive Director

In Attendance:
Steven Flockhart – Director of DaS [Item 11]
Sharon Hilton-Christie – Executive Medical Director (as Caldicott Guardian)
Rachel Kavish Wheatley – Executive and Governance Manager
Albert King – Chief Data Officer [Item 7]
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
Angela Moodie - Director of Finance, Planning & Governance for Health Care Improvement Scotland [Observing]
Mary Morgan – Chief Executive
Matthew Neilson – Associate Director of Strategy, Performance and Communications
Dan Pearson – Service Audit, PricewaterhouseCoopers (PwC)
Carys Ross – Internal Audit, KPMG
Grace Symes – External Audit, Audit Scotland
Gordon Young – Head of Counter Fraud Services [Items 13 & 15]
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)

1.   WELCOME AND INTRODUCTIONS

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

2.   DECLARATIONS OF INTEREST

2.1   There were no declarations of interest or transparency statements made in respect of any item on the agenda.

Chair   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. MINUTES AND MATTERS ARISING [AR/24/65 and AR/24/66]

3.1 Members considered the draft minutes from the previous meeting on Thursday 19 September 2024 and agreed they were an accurate record of the meeting.

3.2 Members were advised that all actions were recommended for closure.

Decision: To approve the minutes of the meeting held on 19 September 2024 as a true reflection of the meeting.

Decision: To agree the closure of all actions recommended for closure.

4. FORWARD PROGRAMME [AR/24/67]

4.1 Members discussed the forward programme and had nothing further to add as it currently stood.

Decision: To note and agree the forward programme.

5. ANNUAL REPORT AND ACCOUNTS 24/25 - EARLY OUTLINE PLAN [AR/24/68]

5.1 The Associate Director of Finance Operations took Members through the paper, which outlined an indicative timetable for the preparation, review, audit and approval of the 2024/25 Annual Report and Accounts. Members acknowledged the caveat that this was subject to Scottish Government confirmation of the final submission deadline. Members felt timescales were tight but were assured the plan was in line with the previous year and, subject to further discussions with Audit Scotland, was achievable. Members agreed that the review slots introduced during the production of the 2023/24 report had been helpful and welcomed this being replicated for 2024/25. Members also sought and received assurance regarding how the feedback provided on the 2023/24 annual report would be addressed.

Decision: To note and endorse the indicative timetable for the 2024/25 Annual Report and Accounts.

6. ARC TERMS OF REFERENCE (ToR) REVIEW [AR/24/69]

6.1 Members considered the current version of the ToR. They queried the quorum requirements and asked for this to be confirmed. They also felt that paragraph 6.1.4 ("Drawing attention to weaknesses in systems of risk management, governance, and internal control, and making suggestions as to how those weaknesses can be addressed.") could potentially be interpreted as an operational function rather than strategic. Members agreed there was no need to change it for now, but the Committee Chair advised she would review the guidance to ensure this point was compatible.

[**Secretary's Note:** The Executive and Governance Manager later confirmed to Members that the quorum requirements were in line with the other Committees]

Decision: To approve for submission to Board as part of the Corporate Governance Framework.

Action: To ensure that paragraph 6.1.4 was compatible with the guidance, as set out in the Scottish Government Audit Committee Handbook, ahead of the Corporate Governance Framework final review in March 2025 – Board Services

7.   INTERNAL AUDIT PROGRESS [AR/24/70]

7.1   J Lucas, KPMG, spoke to the paper which summarised progress against the internal audit plan. Members were advised that the plan was on track and actions were being progressed as expected. They were given an overview of the deeper dive on Pharmacy Payments and sought and received assurance regarding re-running the data to gather evidence. Members were also given clarification about the work on audit 2025.09 (Pharmacy Remuneration and Data Assurance – follow up) and how any assurance provided by that would be recorded and aligned in response to the initial report on this area (2025.08 – Pharmacy Remuneration and Data Assurance).

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

8.   INTERNAL AUDIT: RISK MANAGEMENT [AR/24/71]

8.1   Members were presented with the Risk Management internal audit report, which had an overall audit opinion of "significant assurance with minor improvement opportunities". Members commended the report, noting the opportunities for improvement around consistency, cultural awareness, and risk appetite. Members discussed having more clarification of the strategic risk definition. They also discussed DaS's risk resolution rate, acknowledging the complexity and multiple stakeholders often involved, but sought further detail on how less complex risks could be resolved more quickly. Members asked for the Director of DaS to provide an update on this at the next ARC meeting. Members were given an overview of the national programme risks and the oversight of these programmes through the Service Excellence Report and the Portfolio Management Group, which were presented quarterly to the NSS Finance, Procurement and Performance Committee.

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

Action: To provide a progress update on improvement of DaS risk resolution – Director of DaS

9.   SERVICE AUDIT PROGRESS [AR/24/72]

9.1   Members considered the paper and D Pearson, PwC, verbally updated on the walkthroughs and interim testing that had taken place since the paper was written. Members were advised that, as it currently stood, everything was on track to report within expected timescales. Members asked for an update ahead of the next ARC meeting, if required, should any significant findings arise during completion of the testing.

Decision: To note the progress made to date with the 2024/25 service audit work and accept the assurances provided by the Executive Lead

Action: To update ARC ahead of the next meeting, if required, should any significant findings arise from the audit fieldwork – PwC

10.   EXTERNAL AUDIT RECOMMENDATIONS [AR/24/73]

10.1   Members discussed the paper, which updated on the progress made by NSS management on the recommendations raised in the Audit Scotland Annual Audit Report for 2023/24. Members were content with the update provided.

Decision: To note the actions taken to address the audit recommendations raised in the Audit Scotland Annual Audit Report for 2023/24 and accept the assurances provided by the Executive Director

11. EXTERNAL AUDIT UPDATE

11.1 L Maconachie, Audit Scotland, gave the Committee a brief verbal update highlighting that the planning meeting for the external audit work was scheduled for 3 December 2024. Members were also advised that Carole Grant, Audit Scotland's engagement lead for NSS, had been assigned to a new portfolio and a new engagement lead would be appointed soon. The Committee officially noted their gratitude to Carole Grant for her support in the audit services provided to NSS.

Decision: To note the verbal update provided

12. INFORMATION SECURITY AND GOVERNANCE REPORT [AR/24/74]

12.1 Members considered the report, which updated the Committee on key aspects of Information Security and Governance and Information Risk activity since the last report in September 2024. Members discussed risk 7300 regarding Cyber Security, seeking and receiving assurance around the investment required. They asked about the incidents of mis-association of patients and patient data on the Community Health Index database and risk of associated harm. They were reassured it was a process issue as opposed to a data integrity issue so any clinical risk to patients was minimal. Members were also updated on the transfer of ownership for the Information Asset Register from DaS into Finance, Corporate Governance and Legal Services, along with any associated risks.

12.2 Members felt it would be useful to have more detailed information on uptake with the Cyber Centre of Excellence (CCoE). They were advised that all NHS Boards had signed up to some level of service through the CCoE with 17 implemented, and the remainder on track for implementation by the end of the 2024/25 financial year. The impact in terms of information governance (IG) was more difficult to measure and monitor as all Boards were individually responsible for their own data and reporting however CCoE had made suggestions and offered solutions on how this could be progressed at a National level, which was still being explored.

12.3 Members acknowledged that the IG risk appetite would also need to be reviewed as part of a wider discussion, and that the new risk system would also require some changes to the approach, which could be covered within a possible seminar. Going back to investment, Members received an overview of the move towards shared services within NHSScotland, the positive view of the CCoE, and wider acknowledgement of the need for investment in cyber security to keep up with the latest developments.

Decision: To:-

- **note the updates regarding the National Information Systems Directive Audit, including the outcome, remediation activities underway and those planned;**

- **note the update regarding the CCoE and strategy reset as set out;**

- **note the full report as presented; and,**

- **accept the assurances provided by the responsible officer.**

13. RISKS AND ISSUES REPORT [AR/24/75]

13.1 Members scrutinised the paper, which updated on corporate red risks and issues, along with all corporate red and new amber reputational risks and issues, as at the end of September 2024. The Associate Director of Strategy, Performance and Communications highlighted the coverage of scrutiny as well (e.g. public inquiries) and provided an overview of the risk refresh programme in line with the adoption of our new risk management system. It was highlighted to members the benefits the recent risk audit recommendations would bring to this process, and the opportunities it will provide for improvement from a governance and Board oversite perspective. In response to a query about why a red risk reported in the Information Security and Governance Report did not appear here, a table was shared to clarify which risks were reported to each committee and which reports they should appear in. Members were reassured by the progress made to resolve and reduce risks by the risk leads across NSS to ensure only relevant and live risks are taken forward and escalated through into the system.

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

14. FRAUD REPORT [AR/24/76]

14.1 Members welcomed the report which provided an update on the fraud prevention activity undertaken since the last report in September 2024. They discussed how the success of the activity during Fraud Awareness Week would be measured and were given an overview of the possible outcomes for this. Members asked about the ongoing case regarding private use of a business leased vehicle and were provided with a brief update. They also sought and received clarification of how Counter Fraud Services helped to support anti-fraud work across NHSScotland. Finally, Members wished to commend the recent Stay Connected live event during Fraud Awareness Week and thanked those who had been involved in its preparation.

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

15. LOSSES AND SPECIAL PAYMENTS [AR/24/77]

15.1 Members discussed the report, which detailed the losses and special payments arising up to Q2 2024/25. Members sought and received clarification regarding the financial treatment and write off of COVID-19 anti-viral stocks not currently in use held on behalf of SG. . Members acknowledged the overall figures were good relative to the same period in 2023/24 although were mindful that costs fluctuate throughout the year. Members briefly discussed the SG mandated requirements for stock levels and strategies for managing their expiry.

Decision: To

- **scrutinise the losses noted in the paper;**
- **note the losses which are above NSS delegated authority. The delegation limits are set by Scottish Government (SG) in their annual accounts manual and are presented in appendix 2;**
- **authorise the Director of Finance Corporate Governance & Legal Services to seek formal approval from Scottish Government as part of the final accounts process;**
- **accept the assurances provided by the Executive Director.**

16. INVESTIGATORY POWERS COMMISSIONER'S OFFICE (IPCO) INSPECTION REPORT [AR/24/78]

16.1 Members were provided with an overview of the Investigatory Powers Act (IPA) 2016 and Regulation of Investigatory Powers Scotland Act (RIPSA). Members sought and received clarification around the recommendation made regarding mobile phone surveillance and the need to better articulate any collateral harm more clearly in documentation. They also discussed the definition of a sensitive occupation, and the approach required going forward for identifying someone in a sensitive occupation and any exceptions being made.

Decision: To note the content of the Inspection Report and Covering Letter from Sir Brian Leveson, The Investigatory Powers Commissioner.

17. ANY OTHER BUSINESS

17.1 Members had no further business to raise.

There being no further business, the meeting closed at 1132hrs.

Minutes (Approved)

NHS NATIONAL SERVICES SCOTLAND CLINICAL GOVERNANCE COMMITTEE (CGC)

MINUTES OF MEETING HELD ON THURSDAY 21 NOVEMBER 2024 VIA TEAMs DIGITAL PLATFORM AT 0930HRS

Present:
Alison Rooney – Non-Executive Director [Chair]
Beth Lawton – Non-Executive Director
Maria McGill – Non-Executive Director

In Attendance:
Kyle Clark-Hay – Associate Director of Corporate Governance
Sharon Hilton-Christie – Executive Medical Director
Rachel Kavish Wheatley – Executive and Governance Manager
Andrew Longmate – Clinical Lead for Clinical Governance and Quality Improvement [deputising for Calum Thomson]
Lorna McLintock – Medical Director, Scottish National Blood Transfusion Service (SNBTS)
Debbie McNaughton – Associate Director of Donor & Transport Services [Shadowing Jacqui Reilly]
Mary Morgan – Chief Executive
Jacqui Reilly – Director of Nursing
Moira Straiton – Associate Director of Specialist Services & National Planning [Observing]
Lynsey Bailey – Committee Secretary [Minutes]

Apologies:
Lisa Blackett – Non-Executive Director
Arturo Langa – Non-Executive Director
Keith Redpath – NSS Chair
Calum Thomson – Associate Director for Nursing, Clinical Governance and Quality Improvement

1. WELCOME AND INTRODUCTIONS

1.1 The Committee Chair welcomed all to the meeting. Apologies were noted as above.

2. DECLARATIONS OF INTEREST

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

3.   MINUTES AND MATTERS ARISING [CG/24/41 and CG/24/42]

3.1   Members considered the draft minutes from the previous meeting on 22 August 2024 and were content to approve these as an accurate record subject to a correction to the attendance list.

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

Decision: To approve the minutes of 22 August 2024, as a true reflection of the meeting, subject to correction of the attendance list.

Decision: To agree the closure of all actions which had been recommended for closure.

4.   FORWARD PROGRAMME [CG/24/43]

4.1   Members discussed the forward programme and had no updates at this time. The Chair reminded Members that suggestions for future seminar topics were welcome at any time and should be directed through Board Services.

Decision: To approve the Forward Programme

5.   REVIEW OF COMMITTEE TERMS OF REFERENCE [CG/24/44]

5.1   Members considered the Terms of Reference and were content that they were appropriate as they currently stood.

Decision: To approve for submission to Board as part of the Corporate Governance Framework.

6.   MEDICAL DIRECTOR'S REPORT [CG/24/45]

6.1   Members were taken through the highlights of the report, which provided an update on clinically-related areas of NSS strategic enabling activity and on relevant aspects of business as usual areas. Members sought clarity around the update from Screening Oversight and Assurance Scotland update regarding exclusions for cervical screening and were reassured that responsibility sat with the Territorial Boards.

6.2   Members also discussed milestones for the Digital Prescribing and Dispensing Pathways and received an overview of how this was being monitored through the programme board. They asked about the possibility of having a phased approach to going live and were advised that due to the work required and costs involved this was not feasible. Members sought assurance regarding the prescribing adverse events mentioned and were advised that responsibility sat with the clinicians and prescribers involved. However, Members were also given an overview of the support NSS had been able to provide in addressing these adverse events and further updates on any implications would be included in future report.

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

7.   NSS CLINICAL GOVERNANCE FRAMEWORK (CGF) DELIVERY PLAN REPORT [paper CG/24/46 refers]

7.1   Members were taken through the report, which summarised the progress so far on the CGF delivery plan against the reporting timelines and milestones. Members sought and received clarification regarding the areas which were indicating as not on track and the timeline extensions required. Following the discussion, Members were content to approve the plan and timeline extensions, and to note the report.

Decision: To approve the delivery plan and extension to workstream timelines, note the progress of the CGF delivery plan against the reporting timelines.

8.   BLOOD AND TISSUE QUALITY, SAFETY AND SUFFICIENCY REPORT [CG/24/47]

8.1   Members scrutinised the report, which confirmed that NSS continued to meet all requirements in respect of quality, safety and sufficiency. In particular, the SNBTS Medical Director highlighted changes to Hepatitis B core testing, implementation of Hepatitis A testing and the outcomes of the recent regulatory inspections. Members sought and received clarification that responses to the findings had been submitted with the required 28-day timeline. Members were also given assurance regarding the recommendation that Health Protection Teams should work together with Blood Services and that this had happened.

8.2   Members discussed the workforce challenges and how these were being addressed, acknowledging the need to modernise. The SNBTS Medical Director sought feedback on the reformatting of the report and inclusion of the specific SNBTS risks and Members confirmed they were content.

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.

9.   INITIAL ACTION PLAN IN RESPONSE TO THE INFECTED BLOOD INQUIRY (IBI): PROGRESS UPDATE [CG/24/48]

9.1   Members welcomed the report which updated the Committee on the progress made in response to the IBI recommendations. Members were keen to understand the distinction of those recommendations which were directly within SNBTS's responsibility and were given an overview of the complexities involved. They were reassured that the engagement with all the relevant parties involved was being undertaken in order to respond to the recommendations.

9.2   Members discussed the challenges faced in collaborative working, establishing areas of responsibility, and using the resources available to the best effect. They recognised that this was the beginning of this process so living with some ambiguity and taking things a step at time would be necessary, at least in the short-term. Members were content for future reports to clearly highlight anything within SNBTS/NSS's remit. They briefly discussed having patient representation in the working groups and were advised this was being considered but also acknowledged the challenges in introducing that at this stage.

Decision: To note that:

- **SNBTS were progressing the IBI recommendations relating directly and indirectly to SNBTS.**
- **An action plan was in place to track identified actions which was monitored by the SNBTS IBI Recommendations Steering Group and reported to SNBTS Clinical Governance and Safety Group.**
- **Due to capacity issues, and dependencies from external organisations, not all actions had been fully scoped. As a result, an anticipated completion date was not assigned to all actions.**
- **Reasonable progress had been made to date.**
- **A copy of the action plan was available on request.**

Action: To consider the presentation of the report to better highlight and focus on the recommendations and activity directly within NSS/SNBTS's scope – Medical Director, SNBTS

10.   CLINICAL ADVERSE EVENTS AND COMPLAINTS REPORT: QUARTER 2 2024-2025 [CG/24/49]

10.1   Members considered the report, which provided details of Clinical Adverse Events and Complaints during quarter 2 of 2024/25. Members were content and had no issues or queries to raise.

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.

11.   CLINICAL RISK REPORT: 1 AUGUST TO 31 OCTOBER 2024 [CG/24/50]

11.1   Members reviewed the report, which provided details of corporate clinical risks on the NSS Risk Register. Members were content and had no issues or queries to raise.

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 provided assurance that corporate clinical risks are being appropriately managed in accordance with NSS processes and best professional practice.

12.   SNBTS QUARTERLY REPORT ON INFECTION PREVENTION AND CONTROL (IPC): JULY-SEPTEMBER 2024 [CG/24/51]

12.1   Members considered the report which updated on SNBTS IPC activity during Quarter 1 2024/25 (April – June 2024), including the Scottish Government Healthcare Associated Infection Task Force (HAIRT) reporting components. The Director of

Nursing highlighted that M McGill had participated in recent walkthroughs which had been welcomed by staff. Members commended the positive position reported and the efforts of staff to achieve this.

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

13.   ANY OTHER BUSINESS

13.1   Members had no further business to raise.

14.   DATE OF NEXT MEETING:

14.1   The next meeting was scheduled for Thursday, 27 February 2025 at 09:30

The meeting finished at 1031hrs

Minutes
(Approved)

NHS
National
Services
Scotland

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

MINUTES OF MEETING HELD ON TUESDAY 10 DECEMBER 2024 VIA TEAMs DIGITAL PLATFORM AT 0930 HRS

Present:

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

In Attendance:

Kyle Clark-Hay – Associate Director of Corporate Governance (Board Secretary)
Julie Critchley – Director NHS Assure [Items 6 - 8]
Sharon Hilton Christie – Executive Medical Director [Item 13]
Rachel Kavish Wheatley – Executive and Governance Manager
Kris Lindsay – Head of Strategic Sourcing & Commercial
Kathryn Logan – Sustainability Manager [Items 6 & 7]
Carolyn Low – Director of Finance, Corporate Governance and Legal Services (FCGLS)
Andy McLean – Deputy Director of Finance
Mary Morgan – Chief Executive
Matthew Neilson – Associate Director of Strategy, Performance and Communications [deputising for L Neary]
Robert Seamark – Sustainability Manager [Items 6 & 7]
Lynsey Bailey – Committee Secretary [Minutes]

Apologies:

Gordon Beattie – Director of National Procurement
Lee Neary - Director of Primary Care [Interim], Strategy, Performance and Service Transformation (SPST)

1.   WELCOME AND INTRODUCTIONS

1.1   The Committee Chair welcomed all to the meeting, which was being held virtually via the TEAMs platform. Apologies were noted as listed above.

disability
confident
EMPLOYER

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 TUESDAY 10 SEPTEMBER 2024, AND MATTERS ARISING [FPP/24/50, FPP-IP/24/06 and FPP/24/51]

3.1   Members were content that the minutes were an accurate record of the meeting.

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 10 September 2024.

Decision: To approve the closure of all actions which had been recommended for closure.

4.   FORWARD PROGRAMME [FPP/24/52]

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.   NSS FPPC TERMS OF REFERENCE [FPP/24/53]

5.1   Members considered the Terms of Reference. They suggested adding the Annual Climate Emergency and Sustainability Report to the list at 6.1.2 and removing the reference to the National Sustainability Assessment Tool at 6.1.4g.

Decision: To approve the Terms of Reference for submission with the amendments identified.

Action: To add the Climate Emergency and Sustainability Report to the list at 6.1.2 and remove the reference to National Sustainability Assessment Tool at 6.1.4g – Board Services

6.   CAPITAL PLAN 2025/26 AND DRAFT BUSINESS CONTINUITY PLAN [FPP/24/54]

6.1   Members discussed the report, which gave an overview of the proposed financial planning based on the recommended pessimistic funding scenario for the NSS capital plan. The Director of FCGLS gave a verbal update on the recent anticipated budget position, which looks to be more positive than originally predicted, and what this meant for NSS. Members were advised that this would alleviate some of the pressures presented as all red risks could be funded, with the £4m unfunded investment figure reduced to £2m. Members were assured that the final draft (which would be updated to reflect the current budget position and incorporate the budget summit outcomes) would meet the submission deadline and that the conversion of capital to revenue was permitted. They were also given an overview of how the budget summit would be prioritising service delivery and acknowledged the subsequent governance route for approval.

6.2   Members sought and received assurance around the mention of potential failure or insufficiency of NSS infrastructure mentioned within the report, and management of the associated risks. They were updated on the planning for end-of-life equipment and vehicles, meetings with Scottish Government, and how business continuity plans were being utilised to highlight risks. They were also given an overview of impact of the Monklands Replacement Project for NHSScotland Assure.

6.3   Members were advised that the planning scenarios would need to be replayed for anynew proposals, but it was anticipated that anything newly identified at this point would come in below the red risk line. Members discussed the use of grants to progress the sustainability agenda, recognising that some forms of funding had been more difficult to secure, and were assured that all avenues would be pursued.

6.4   Members acknowledged this paper as an initial draft and an iterative process, asking that the revised draft be shared with the Committee   prior to submission. Following discussion, Members agreed to note the proposed plan, endorsing the amendments and changes as discussed, and agreed that the revised draft would be shared with the Committee outwith the normal meeting cycle to align with submission timelines

Decision: To note the initial draft 2025/26 Capital Plan (based on a pessimistic funding scenario) and resulting draft BCP, supporting the updates required following the recent budget announcement.

Decision   To share the updated draft 2025/26 Capital Plan with the Committee for comment ahead of submission to Scottish Government and to provide any further updates as required to the Committee.

Action: To update the draft Capital Plan and Business Continuity Plan as per the feedback provided and share with the Committee ahead of submission – Director of FCGLS

Action: To arrange for the final draft to be brought back to FPPC ahead of submission to Scottish Government – Board Services

7.   PUBLIC BODIES CLIMATE CHANGE DUTIES REPORT [FPP/24/55]

7.1   Members were taken through the report, which reviewed NSS's activities, governance, and carbon emissions in 2023/24. The Sustainability Managers highlighted each of the decreases and increases along with their explanations. Members commended the report. They acknowledged that while there had been a decrease in emissions due to double counting, there had also been an increase in travel and sought some way of seeing a like-for-like comparison. They were assured that this was being worked on for future reporting with the team first establishing and ensuring the data was robust.

Decision: To approve the report on behalf of NSS for submission to the Sustainable Scotland Network website.

8.   ANNUAL CLIMATE EMERGENCY AND SUSTAINABILITY REPORT [FPP/24/56]

8.1   Members discussed the report, which summarised the work done against the aims of DL (2021) 38 (A Policy for NHS Scotland on the Climate Emergency and Sustainable Development). Members were given an overview of the challenges in waste reporting, specifically in relation to NSS having a smaller estate footprint and poorer data quality in the comparative year (2015). However, it was hoped that NSS would be in a better position for future years to identify higher waste-producing areas and other trends.

Members asked about finding a way to get a like-for-like comparison and received an overview of the ongoing discussions and potential targets for review. Members sought and received more context on the increases in energy use at JCC and were provided with an overview of the efforts being made to offset it.

Decision: To approve the report on behalf of NSS.

9.   SUSTAINABILITY UPDATE [FPP/24/57]

9.1   Members noted the report, which provided an update on sustainability activity across NSS. Members commended the team on their flexibility in responding to the withdrawal of funding for solar panels. They queried whether there was a need to record an overall risk about Scottish Government withdrawing funding and were advised that it was currently an unknown factor and too early to tell if it would be a wider concern. The team were awaiting responses to other grant applications which may give a fuller picture.

9.2   Members also asked about the likelihood of not meeting targets and were given an overview of the work being done to meet existing targets and review some of them to make them more measurable and realistic. Members noted that the Ricardo route map was still being used, questioning its suitability. They were advised that while the Ricardo Route map was currently the only measurement tool available, the team were looking at how to move away from it. They also discussed the mention of gas used to generate electricity, noting that this was through combined heat and power units. Members were advised that these had been found to be not as efficient as they could be but were due to be replaced during 2025.

Decision: To note the Sustainability performance report, accepting the assurance provided.

10.   FINANCIAL PERFORMANCE [FPP/24/58]

10.1   Members considered the report, which provided an update on financial performance against plan as at the end of October 2024. Members were advised that NSS was still on track to achieve its statutory financial targets. They received a brief update on how the risk profile was changing and more certainty was emerging around the funding position. Members were also provided with a brief overview of the formal Quarter 2 review with Scottish Government Finance.

10.2   Members sought and received clarity around the ask for savings and how any surplus and underspend would be treated. Regarding the income under recovery in Programme Management Services, Members sought assurance that the statement about use of reserves was a temporary measure until the recovery was complete. They were advised that progress made since the time of writing the report meant that the under-recovery amount has been greatly reduced and was anticipated to be fully resolved in the near future.

10.3   Members were given an update on discussions with Scottish Government to address issues with NSD funding position. Members sought and received clarification regarding the risk share and the impact/exposure in terms of NSS's budget. Members also sought and received clarification regarding the energy costs and what was being done to refine the targets etc.

Decision: To note the Financial Performance Report and accept the assurances provided.

11.   STANDING FINANCIAL INSTRUCTIONS (SFI) ADVERSE EVENTS

11.1   The Director of FCGLS confirmed there had been no new financial adverse events reported since the previous FPPC meeting on 10 September 2024.

Decision: To note that there have been no SFI Adverse Events reported since the previous update on 10 September 2024 and accept the assurances provided.

12.   NATIONAL PROCUREMENT CONTRACT SCHEDULE [FPP/24/59]

12.1   Members were taken through the paper which provided an update on the national workplan for 2024-25. L Blackett sought clarification about the Power Purchase Agreement figures and the Head of Strategic Sourcing and Commercial agreed to provide this following the meeting. Members were pleased to note National Procurement was on track to exceed the savings target set for 2024/25.

Decision: To:

- **Note the list of awards at Appendix 1 requiring CEO approval and advise if the Committee would like to review at strategy stage**
- **Note the secured savings and cost avoidance achieved to date in the current financial year, 2024-25 in section 3**
- **Note there are no NSS Contracts Awarded for more than £1m in this reporting period;**
- **Note the reporting period for this report as August to October 2024 unless otherwise stated; and**
- **Accept the assurances provided.**

Action: To clarify Power Purchase Agreement figures with L Blackett - Head of Strategic Sourcing and Commercial

13.   PORTFOLIO MANAGEMENT GROUP REPORT [FPF/24/60]

13.1   Members were provided with an overview of the delivery status of key national programmes being delivered by NSS on behalf of NHS Scotland, based on the position reported to the NSS Portfolio Management Group at their most recent meeting on 27 November 2024. Members were taken through the highlights for each of the programmes, particularly the Digital Prescribing and Dispensing Programme (DPDP).

13.2   Members were disappointed to hear about the delay regarding DPDP. They were assured that the business case had full support and that the debate was around exactly how it was to be funded. Members discussed the Cyber Security services funding and were pleased to note that all NHS Boards had signed up to use the services. B Lawton sought assurance about the post which had not progressed to recruitment and the impact this may have on the programme involved. The Director of FCGLS agreed to look into detail and provide an update following the meeting.

Decision: To note the improving position of key national programmes being delivered by NSS on behalf of NHS Scotland and accept the assurances provided.

Action: **To feed back to B Lawton regarding the post that had been unable to progress to recruitment – Director of FCGLS**

14.   CHANGE OVERSIGHT GROUP REPORT [FPP/24/61]

14.1   Members were taken through the highlights of the report, which updated on the delivery status of NSS approved internal change and investment programme funded through the NSS Development and Change Fund. Members were assured that currently, all was being managed within the Fund's budget. Members gave some feedback on some of the presentational aspects of the report and advised that it should include a broader view of the project's statuses rather than have a primary focus on the financial aspects. Members sought and received clarification about the intention of the Group, and its role as an escalation/support point.

Decision: **To note the financial status as at end of October 2024, and accept the assurance provided within the Change Oversight Group Report.**

Action   **To modify the report for future meetings based on the feedback provided – Executive Medical Director**

15.   SERVICE EXCELLENCE REPORT: QUARTER 2 2024/25 [FPP/24/62]

15.1   Members considered the report, which gave an overview of the delivery status of key programmes and performance metrics in the second quarter of 2024/24. Members were content with the report and the assurance it provided.

Decision: To note the Service Excellence Performance Report and accept the assurances provided.

16.   RESILIENCE REPORT [FPP/24/63]

16.1   Members discussed the report, which updated on resilience activities that had taken place since the previous FPPC meeting on 10 September 2024. In particular, the report highlighted the support being provided to Scottish Government's Emergency Preparedness, Resilience and Response (EPRR) Department in assessing NHSScotland's Critical National Infrastructure (CNI), as part of a wider UK Government project. Members also acknowledged NSS's involvement in a review of the Major Incident with Mass Casualties (MIMC) Plan following recommendations arising from Exercise Safe Hands 3.

Decision: To note the Resilience Report and accept the assurances provided.

17.   CORPORATE BUSINESS RISK & ISSUES REPORT 1 MAY - 31 JULY 2024 [FPP/24/64]

17.1   Members were taken through the paper which updated on corporate red and new amber business risks and issues from 1 August until 31 October 2024. Members were advised that there were no new red corporate risks. Members also noted that the strategic risk position would be updated in response to the outcomes from the Budget Summit later in the month.

Decision: To note the Corporate Business Risk and Issues Report and accept the assurances provided.

18.   NHSSCOTLAND PROCUREMENT STRATEGY [FPP/24/65]

18.1   Members noted the NHSScotland Procurement Strategy presented for information only.

Decision: To note the publication of the NHSScotland Procurement Strategy, its content and its rollout.

19.   ANY OTHER BUSINESS

19.1   The Committee Chair thanked all involved in these meetings for their work over the year. The Chief Executive advised she wished to raise a confidential issue for the Committee's awareness and Members agreed, in accordance with paragraph 5.22, of NSS's Standing Orders to discuss this item in private.

There being no further business, the meeting closed at 1115hrs.

Minutes
(Approved)

NHS National Services Scotland

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

MINUTES OF MEETING HELD ON TUESDAY 28 JANUARY VIA TEAMs DIGITAL PLATFORM AT 11:15 HRS

Present:

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

In Attendance:

Gordon Beattie – Director of National Procurement
Kyle Clark-Hay – Associate Director of Corporate Governance (Board Secretary)
Julie Critchley – Director NHS Assure
Sharon Hilton Christie – Executive Medical Director
Rachel Kavish Wheatley – Executive and Governance Manager
Carolyn Low – Director of Finance, Corporate Governance and Legal Services
Andy McLean – Deputy Director of Finance
Mary Morgan – Chief Executive
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. CAPITAL PLAN 2025/26 AND DRAFT BUSINESS CONTINUITY PLAN [FPP/25/02]

3.1 Members discussed the plan which had been presented for approval for submission to Scottish Government. Members noted that they had reviewed the draft document at a previous meeting and asked for clarity on any changes that had been made. The Director

Chair   Keith Redpath
Chief Executive   Mary Morgan

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Common Services Agency for the Scottish Health Service.

of Finance, Corporate Governance, and Legal Services advised that the areas highlighted in yellow in Appendix 1 indicated the changes made since the last meeting.

3.2   Members noted the prioritisation model and its dynamic nature, understanding that project movement and reprioritisation was to be expected. For example, the recent storm damage to multiple NSS Estate buildings may require re-prioritisations as an urgent programme of work.

3.3   In line with the recommendations in the report Members approved the submission of the plan to Scottish Government.

Decision: To approve the Draft NSS Capital Plan 2025/26 and the resulting final NSS Business Continuity Plan for submission to Scottish Government.

Decision: To delegate authority to the Director of Finance, Corporate Governance, and Legal Services to make amendments as required to allocations within the Financial Plan.

Action: To review the progress in relation to completed projects and provide an update to the next meeting of the Committee – Director of Finance, Corporate Governance, and Legal Services.

4.   ANY OTHER BUSINESS

4.1   The Committee Chair advised that with guidance from Executives he had signed the Novo Nordisk contract on behalf of the organisation, which would bring additional funding into NSS in the next Financial Year.

There being no further business, the meeting closed at 11:27hrs.

Minutes
(Approved)

NHS
National
Services
Scotland

NHS NATIONAL SERVICES SCOTLAND STAFF GOVERNANCE COMMITTEE

MINUTES OF MEETING HELD ON THURSDAY 5 DECEMBER 2024, COMMENCING 0930HRS 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 and Employee Director
Arturo Langa – Non-Executive Director
Beth Lawton – Non-Executive Director
Gerry McAteer – Trade Union Representative
Alex Morrison - Trade Union Representative
Keith Redpath – NSS Chair

In Attendance:

Serena Barnatt, Director of HR and Organisational Development
Kyle Clark-Hay, Associate Director of Corporate Governance (Board Secretary)
Lynn Cowan, Interim Organisational Development and Learning Manager [Item 11]
Laura Fraser, SNBTS Senior Nurse [Item 14]
Elaine Hughes, Senior HR Advisor [Item 13]
Aileen Stewart, Associate Director of HR
Lynsey Bailey - Committee Secretary [Minutes]

Apologies:

Tam Hiddleston – Trade Union Representative
Mary Morgan – Chief Executive

1.   WELCOME AND INTRODUCTIONS

1.1   The Committee Chair welcomed all to the meeting, which was being held virtually via the Teams platform, noting the apologies as recorded above.

Chair   Keith Redpath
Chief Executive   Mary Morgan

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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 OF THE PREVIOUS MEETING HELD ON THURSDAY 5 SEPTEMBER 2024 AND MATTERS ARISING [SG/24/47 and SG/24/48]

3.1   Members considered the draft minutes from the previous meeting held on 5 September 2024 and agreed they were an accurate record of the meeting.

3.2   Members considered the action updates provided and had nothing further to add.

Decision: **To approve the minutes of 5 September 2024 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/24/49]

4.1   Members considered the forward programme. They agreed to change the reference to Joint Local Negotiating Committee (JLNC) minutes to a briefing instead.

Decision: **To approve the Staff Governance Committee Forward Programme with the update of JLNC minutes to a briefing.**

Action: **To update JLNC minutes to a briefing in the forward programme – Board Services.**

5.   SGC TERMS OF REFERENCE FOR REVIEW [SG/24/50]

5.1   Members considered the SGC Terms of Reference as presented. They discussed the position of the Remuneration Committee in relation to the SGC, noting the governance structure review was still to take place and the outcome of that may have an impact on the SGC Terms of Reference. Members expressed that their preferred position was to have the Remuneration Committee as a stand-alone committee of the Board with appropriate reporting and assurances provided to SGC. They also suggested adding "and advise the Board accordingly" to 6.1.10.

Decision: **To approve the Terms of Reference for submission, subject to any updates that may be required following the review of the Remuneration Committee governance arrangements.**

Action: **To add "and advise the Board accordingly" to 6.1.10 – Board Services**

6.   NSS STAFF GOVERNANCE MONITORING RETURN 2023/24 [SG/24/51]

6.1   Members considered the Monitoring Return, as requested by the Scottish Workforce and Staff Governance Committee (SWAG), to provide assurance around the commitment to upholding the Staff Governance Standard to support the workforce and effective partnership working. Members were advised that the usual monitoring had been paused

pending discussions at SWAG but updates had still been requested in respect of specific areas and this formed the return for 2023/24.

6.2   Members sought and received clarity that the recent referral to the Independent National Whistleblowing Officer had not occurred within the timescale for 2023/24 reporting. Members also discussed the overlap between bullying and harassment cases and whistleblowing concerns raised but were assured the figures were as expected.

   Decision: To approve the NSS Staff Governance Monitoring Return for submission to Scottish Government.

7.   NSS PARTNERSHIP FORUM [SG/24/52]

7.1   Members noted the Partnership Forum minutes presented and were provided with a verbal update on the recent discussions that had taken place. Members were pleased to hear that the Partnership Forum continued to be a positive experience and welcomed its achievements. The Employee Director also provided an overview of the plans for future in-person meetings. Members welcomed the minutes and the additional context they provided, finding it useful to see the progress being made. Members were also updated on the positive feedback received from the Minster regarding the Partnership Forum element of the recent Annual Review.

   Decision: To note the updates provided on the work of the Partnership Forum.

8.   PEOPLE REPORT [SG/24/53]

8.1   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. Sickness absence had increased in line with expected seasonal trends and mental health continued to be carefully monitored. Use of agency staff had reduced slightly but some fluctuation over time was to be expected. Members received an overview of the work being done around fixed-term contracts and were also assured that annual leave was being managed. Statutory and mandatory training compliance was generally in a good position, but specific areas were being monitored. Members were also taken through the highlights in respect of incidents reportable under the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR) and health and safety.

8.2   Members felt it would be useful to have more detail on directorate figures alongside the percentages to give more context to any increases or decreases reported. They also welcomed the work done on redeployment. Members discussed the appraisal figures and received clarification around the definition of "new start" and the number of staff considered to be in scope. Members asked about the previously reported issues with Occupational Health self-referrals and were advised that there would be a lag in the reporting due to the change to the new Occupational Health system.

8.3   Members welcomed the work that had been done on this report and commended the data being provided. Members suggested reflecting on areas where there were particular issues or inconsistencies. They also recognised that the level of detail they required on this was merely to assure that policies and processes for addressing these issues were in place and being applied in line with the Staff Governance Standards.

Decision: **To note the updates provided in the People Report and accept the assurances provided.**

9.   GREAT PLACE TO WORK PLAN 2024/25 QUARTER 2 REPORT [SG/24/54]

9.1   Members were taken through the report, which updated on the progress against the priority areas for improvement contained in NSS Great Place to Work Plan 2024/2025. Members received an overview of regular communications with staff, continuation of townhall meetings, the focus on skills assessment and training needs. Members also welcomed the recent achievement of the Gold award in the Defence Employer Recognition Scheme. No areas were currently reporting as red against the targets and Members were assured that those areas reporting amber were on track towards green. Following some minor points of clarification, Members confirmed they were content with the report.

Decision: **To note the Great Place to Work Plan Quarter 2 update, focusing particularly on key achievements to date, and accept the assurances provided.**

10.   WHISTLEBLOWING QUARTERLY REPORT [SG/24/55]

10.1   Members welcomed the report which updated on NSS's performance for the second quarter of 2024-25 (1 July to 30 September 2024), demonstrating performance against the key performance indicators as required by the Independent National Whistleblowing Officer (INWO). The Associate Director of Corporate Governance highlighted the management of the unnamed concern raised and the responses to the anonymous survey. Members welcomed the survey but sought and received assurance that this would be repeated annually. Members were keen that the Committee was included as appropriate in any communications about the outcomes from the unnamed concern. They also sought and received clarification on where some of the wording used in the survey responses had come from. Members discussed and were provided with an overview of how this would be shared and addressed at Directorate level

Decision: **To note and endorse the Whistleblowing Quarter 2 Report, accepting the assurance provided.**

11.   STAFF RISKS [SG/24/56]

11.1   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 September 2024. Members discussed the reduction in the working week, acknowledging that the focus so far had been on implementation rather than benefits realisation. However, they were assured that there was an associated risk profile being managed and anything that requiring escalation would be addressed as appropriate.

Decision: **To note the Staff Risks Quarterly Report, accepting the assurance provided.**

12.   TALENT MANAGEMENT AND SUCCESSION PLANNING [SG/24/57]

12.1   Members were taken through the paper, which gave an overview of outcomes of the Talent Management and Succession Planning Process for 2024/25. Members commended this as very well structured and thought through. They discussed keeping staff who were identified for succession engaged and how that could best be done.

Decision: To note the report, in particular the implications for NSS, and accept the proposed recommendations along with the assurance provided.

13.   NSS iMATTER FOCUS GROUPS [SG/24/58]

13.1   Members noted the report, which summarised the outcomes from the iMatter Focus Groups. Members felt the feedback highlighted the difficulties in rebuilding social elements of the workplace in a hybrid working environment but recognised that this was potentially something that could never completely be addressed. They were advised that the Local Partnership Forums had been asked to look at the feedback and consider what could be done at local level to address it rather than looking for a "one size fits all" approach.

13.2   Members welcomed the additional context provided to the iMatter survey responses and were keen to capture an action plan to report progress against. They were given an overview of how this was intended to be incorporated within the Great Place To Work plan, with outcomes to be measured against both that and the iMatter results next year. Members were also advised that HR were also approaching Boards with similar results who had shown improvement to look at good practice and lessons learned there.

Decision: To note the high-level overview of the iMatter focus group findings with recommendations, accepting the assurance provided.

14.   ONCE FOR SCOTLAND WORKFORCE POLICIES PHASE 2.2 [SG/24/459]

14.1   Members considered the report and had nothing further to raise.

Decision: To notes the information provided this paper and accept the assurance provided.

15.   HEALTH AND CARE (STAFFING) (SCOTLAND) ACT 2019 (HCSSA) – IMPLEMENTATION IN NSS: PROGRESS REPORT [SG/24/60]

15.1   Members noted the report which provided an update on progress in implementation of the HCSSA. Members asked for clarification about the overall status being reported as amber despite the narrative indicating everything was on track to achieve green. They noted that this was possibly down to the timing of the written report however the SNBTS Senior Nurse agreed to seek clarity from the SNBTS Medical Director.

Decision: To;

- **Accept the professional assurances given that NSS is on track to meet the requirements of the Act before publication of the first formal report (required in April 2025);**

- **Note that the NSS internal reporting processes on the implementation of the Act, as requested by Scottish Government, are in place.**

Action: **To ask the SNBTS Medical Director for clarification of the Amber RAG status – SNBTS Senior Nurse.**

16.   iMATTER NATIONAL HEALTH AND SOCIAL CARE STAFF EXPERIENCE SURVEY RESULTS 2024 [SG/24/61]

16.1   Members noted the report which provided a summary of the iMatter survey results at a national level.

Decision: **To note the paper as provided for information only.**

17.   ANY OTHER BUSINESS

17.1   Members were asked to consider seminar topics. Members were keen to have a session on National Procurement's work on Health and Safety and hold that as an in-person session at Canderside. Staff Networks was another topic Members were interested in, and it was suggested that this could potentially be covered at the session scheduled in February 2025 to fit in with the mainstreaming reports due in March 2025.

17.2   Finally, Members were given a brief overview of plans for the Excellence Awards.

Action: **To look at timing for seminars on Health and Safety and Staff Networks – Board Services/HR.**

Meeting closed 1144hrs.