Board Assurance Framework

NHS National Services Scotland

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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
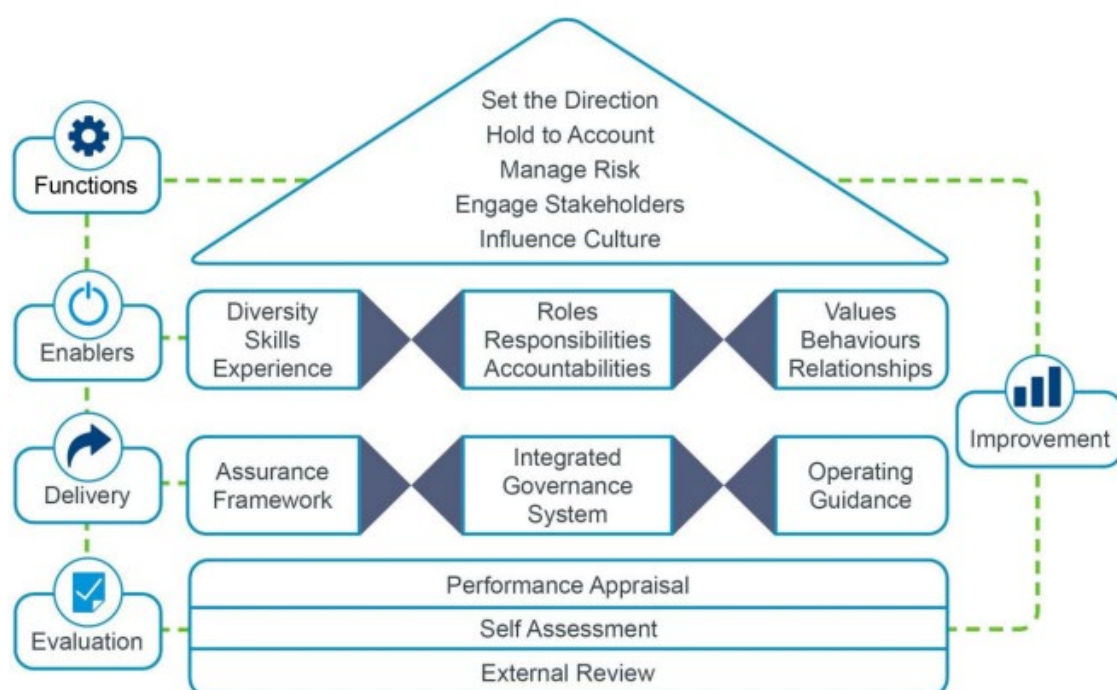
2. The Assurance Framework within NSS

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.
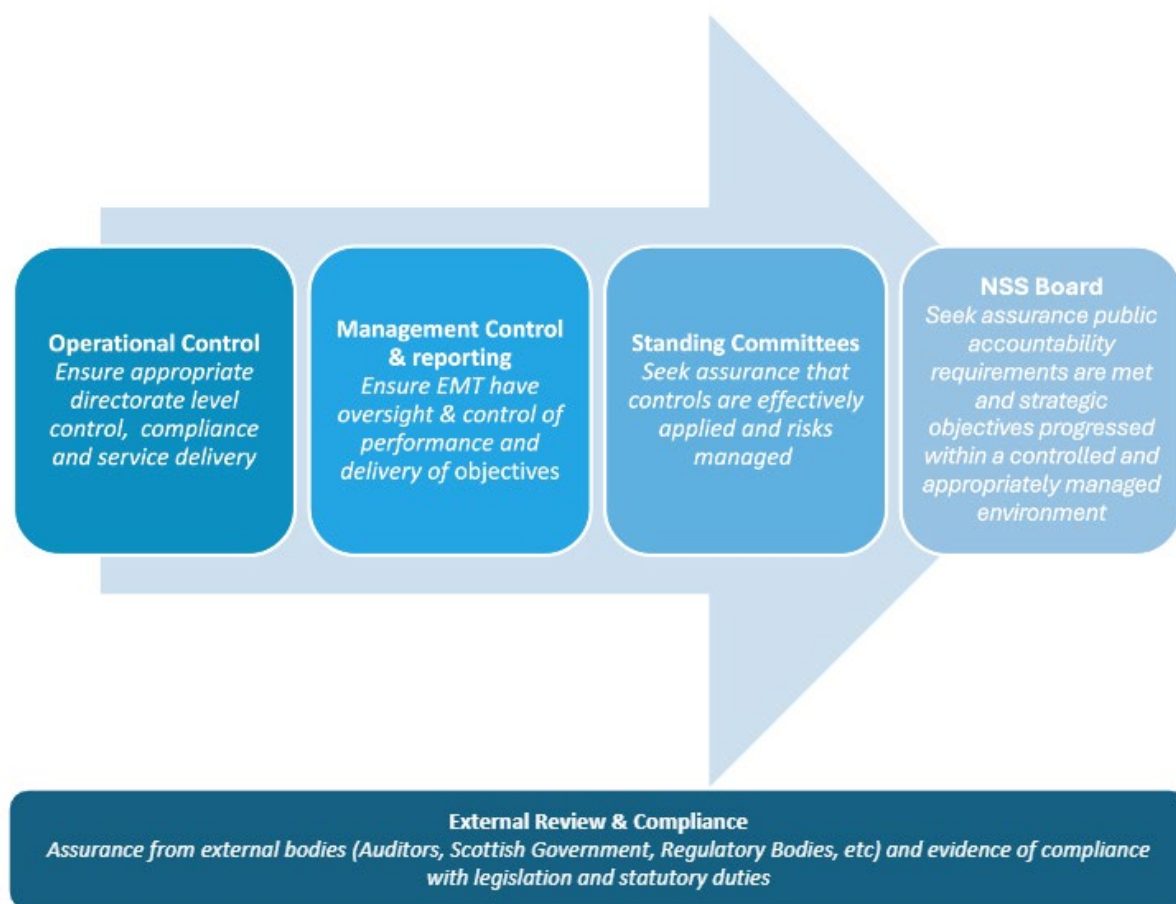
3. Assurance Routes

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-assess ment 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.

[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