

Agenda

B/25/15

NSS BOARD FORMAL

FRIDAY, 27th JUNE 2025 COMMENCING 0930HRS IN PERSON GYLE SQUARE, BOARDROOMS 1&2 AND VIA TEAMS

NSS Chair: Keith Redpath

Apologies:

0930 – 1200 hrs

1. Welcome and Introductions – Keith Redpath, NSS Chair

2. Items for Consideration

- 2.1 Board Quarterly Highlight Presentation – Reducing Plasma Wastage at Ninewells Hospital Blood Bank – Scottish National Blood Transfusion Service

3. Items for Approval

- 3.1 Minutes of the previous meeting held on 28th March 2025 and Matters Arising **[B/25/16 and B/25/17]** – Keith Redpath, NSS Chair
- 3.2 NSS Board Forward Programme **[B/25/18]** – Keith Redpath, NSS Chair
- 3.3 NSS Annual Delivery Plan 2025/2026 **[B/25/19]** – Lee Neary, Director, Primary & Community Care (P&CC) (Interim)/Strategy, Performance & Service Transformation (SPST)
- 3.4 NSS Annual Whistleblowing Report 2024-25 **[B/25/20]** – Carolyn Low, Director Finance, Corporate Governance and Legal Services
- 3.5 Appointment of Coopted Member to the Finance, Procurement and Performance Committee **[B/25/21]** – Kyle Clark-Hay, Associate Director Corporate Governance (Board Secretary)

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



Chair
Chief Executive

Keith Redpath
Mary Morgan

- 4.3 Finance Report [B/25/22] – Carolyn Low, Director Finance, Corporate Governance and Legal Services
 - 4.3.1 Hassockrigg Proposal [B/25/22a] – Carolyn Low, Director Finance, Corporate Governance and Legal Services
- 4.4 Integrated Performance Report (Quarter 4) [B/25/23] – Lee Neary, Director Primary & Community Care (P&CC) / Strategy, Performance & Service Transformation (SPST)
- 4.5 NSS Committee Annual Reports [B/25/24] – Carolyn Low, Director Finance, Corporate Governance and Legal Services
 - 4.5.1 NSS Audit and Risk Committee Annual Report [B/25/25]
 - 4.5.2 NSS Clinical Governance Committee Annual Report [B/25/26]
 - 4.5.3 NSS Finance, Procurement and Performance Committee Annual Report [B/25/27]
 - 4.5.4 NSS Remuneration Committee Annual Report (draft) [B/25/28]
 - 4.5.5 NSS Staff Governance Committee Annual Report [B/25/29]

5. Items for Information

- 5.1 Public Inquiries Report [B/25/30] – Lee Neary, Director Primary & Community Care (P&CC) / Strategy, Performance & Service Transformation (SPST)
- 5.2 NSS Committees Approved Minutes and opportunity for Committee Chair's to highlight material items [B/25/31]
 - NSS Audit and Risk Committee (Approved)
 - NSS Clinical Governance Committee (Approved)
 - NSS Finance, Procurement and Performance Committee (Approved)
 - NSS Staff Governance Committee (Approved)

6. Any other business

In Private Session – under NSS Standing Orders paragraph 5.22.1 and 5.22.4

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.

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

7. Audit Scotland NSS Annual Audit Report 2024-2025 [IPB/25/01] - Carolyn Low, Director Finance, Corporate Governance and Legal Services (Audit Scotland) *to follow*
8. Annual Report and Accounts 2024-2025 [IPB/25/02] - Carolyn Low, Director Finance, Corporate Governance and Legal Services *to follow*

9. Steering Group – NSS Finance, Procurement and Performance Committee Action
[IPB/25/03]

Date of next meeting: Friday, 26th September 2025 at 10.30am, Gyle Square, Edinburgh (and via Teams)

**Post the Board meeting – Chief Executive and Director of Finance will sign the Annual Accounts – either in person or via DocuSign*

Minutes

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NHS NATIONAL SERVICES SCOTLAND (NSS) BOARD

MINUTES OF MEETING HELD ON FRIDAY 28 MARCH 2025 IN BOARDROOMS 1&2, GYLE SQUARE, EDINBURGH, AND VIA TEAMs DIGITAL PLATFORM AT 1030 HRS

Present:

B/25/16

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
Kathryn Brechin, Director of Nursing
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
Nelson Kenedy, Associate Director Digital Services and Quality Improvement
Matthew Neilson, Associate Director of Strategy, Performance and Communications
Sam Williamson, Quality and Governance Manager [Item 1.1]
Jacqueline Reilly, Director of Nursing
Karen Summers, Committee Services Manager [Minutes]
Marc Turner, Director of Scottish National Blood Transfusion Service

Apologies:

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

Observers:

Lisa Duthie, Audit Scotland



Chair
Chief Executive

Keith Redpath
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 and apologies noted as set out above. The Quality and Governance Manager then provided a highlight presentation to the Board on the National Contact Centre and a recent Call Quality Review. Members welcomed the update and thanked the Quality and Governance Manager for his informative presentation and the work being done in the National Contact Centre.

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 20th DECEMBER 2024 AND MATTERS ARISING [B/25/02 and B/25/03]

- 3.1 Members reviewed the draft minutes and approved them as an accurate record of the meeting.
- 3.2 Members discussed the action list and were content for all actions to be closed, as per the updates and recommendations.

Decision: To approve the minutes of the Board meeting held on 20 December 2024

Decision: To close all actions from the 20 December 2024 Board meeting

4. BOARD FORWARD PROGRAMME [B/25/04]

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

Decision: To approve the Board Forward Programme

5. NHS REFORM AND RENEWAL REPORT [B/25/05]

- 5.1 Members noted the report in full and the recommendations within. Members agreed that the majority of the suggestions, including the requirement to embrace collaborative working, were already in place within NSS as a Nationally focused organisation.
- 5.2 The Chief Executive advised that this focus was now required to be reflected in Director's objectives for the coming year. Members discussed the report in full and were content to adopt the recommendations and approve the approach set out within.

Decisions:

5.2.1 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.

5.2.2 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.

5.2.3 To note the anticipated increased pace of change and requirement for regional and national collaboration in the coming weeks and months.

5.2.4 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.

5.2.5 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](#).

5.2.6 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.

6. BOARD ASSURANCE FRAMEWORK [B/25/06]

- 6.1 Taking the paper as read, Members approved the Board Assurance Framework and welcomed this governance approach, noting the comprehensive nature of the framework and assurance it provides. It was agreed that in future this would be incorporated into the NSS Corporate Governance Framework and would support the Board to deliver their functions.

Decision: To approve the Board Assurance Framework

Decision: To approve that the Board Assurance Framework be incorporated into the Corporate Governance Framework for NSS and delegate authority to the Associate Director Corporate Governance (Board Secretary) to make administrative changes to the document throughout the year to ensure accuracy.

7. ANNUAL GOVERNANCE REPORT AND NSS CORPORATE GOVERNANCE FRAMEWORK [B/25/07]

- 7.1 Taking the paper as read, Members welcomed the detailed and comprehensive report and noted the changes detailed.
- 7.2 Members asked for further clarity around several areas including the following:

- 7.3 Page 3 – Item 4.5.1 to review the Staff Governance Committee (SGC) ToR in relation to the transfer of the Health and Care Safe Staffing reporting confirming this was reflected in both the SGC ToR and the Clinical Governance Committee (CGC) ToR.
- 7.4 Page 38 – NSS Finance, Procurement and Performance Committee (FPPC) Terms of Reference to be updated to reflect changes in relation to Sustainability Reporting.
- 7.5 Membership details to include end of terms of office, as applicable, for Non-Executive Directors.

Decision: To Approve the Annual Governance and NSS Corporate Governance Framework.

Action: To review and update per comments received. (Board Services)

8. PUBLIC SECTOR EQUALITY DUTY REPORTING [B/25/08]

- 8.1 Taking the paper as read Members reviewed the recommendations.
- 8.2 The Associate Director of Strategy, Performance and Communications provided an additional verbal update highlighting the following:
- The reporting was based on a four-year cycle and the outcomes for the period 2021-2025 were reflected in the report;
 - The recommended action plan for the 2026-2030 period was included in the documentation;
- 8.3 Members noted the excellent work being done in the organisation and the background stories that underpinned the data provided. Members discussed the data presented and asked for clarity around disclosure of protected characteristics and noted that the organisation was working to encourage staff to complete the equalities information in a safe and protected environment.
- 8.4 Members asked for further clarity on the collection of data and were advised that the data sets are standard for all Boards and relate to the reporting requirements as set by the Public Sector Equality Duty. Scotland.

Decision: To approve the suite of Equality Reports for publication and accept the assurances provided.

Decision: 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.

9. NSS ANTI-RACISM PLAN [B/25/09]

- 9.1 Members welcomed the Associate Director Digital Services and Quality Improvement who presented the NSS Anti-Racism Plan for approval.
- 9.2 Taking the paper as read, Members discussed the plan in detail and noted the excellent work already carried out and the comprehensive plans for improvement

across the organisation. They noted the need for collaborative working across to deliver the required actions to ensure NSS was fully compliant with DL (23) 2024. Members noted that the four main areas would focus on the following:

- Leadership and Accountability
- Culture, Learning and Development
- Data to Improve Employee Experience and Address Racialised Health Inequalities
- Addressing Concerns and Facilitating Change

9.3 Members thanked all those involved in the development of the plan and looked forward to future reporting. Members requested a change in the narrative in relation to adopting the plan. It was noted that all Non-Executive Directors and the NSS Executive Management Team (EMT) would be required to complete the relevant training module by the end of September 2025.

Decision: To approve the NSS Anti-Racism Plan for publication.

Action: To review the language used within the plan to take a more active approach to implementations (i.e. Adopt the plan rather than will adopt the plan) (Associate Director of Strategy, Performance and Communications)

10. CHAIR'S REPORT

10.1 The Chair provided a verbal update for Members and highlighted the following:

10.2 First Minister launch of the NHS Reform at the Robotarium and visit to Jack Copland Centre.

10.3 An invitation had been made to the Cabinet Secretary to visit the Cyber Centre of Excellence later in the year.

- Attended the Forces Champion event with the Chief Executive and Director of HR and Organisational Development.

10.4 NSS Excellence Awards had taken place and showcased the excellent work being done in the organisation.

10.5 Reform and Renewal Programme – Board Chairs were actively engaged in discussions with Chief Executives and Scottish Government.

10.6 Two Non-Executive Directors, P Buchanan and M McGill had been accepted on to the Aspiring Chairs programme next year.

10.7 Attended final Executive and Senior Management Team meetings across the organisation. It was noted that whilst the role of a Non-Executive Director was not operational, these visits had encouraged staff all levels to ask questions and provided opportunities to listen to staff. This formed part of the iMatter Action Plan to increase the visibility of Board Members.

- 10.8 Members noted that this was the final Board meeting for Alison Rooney, Non-Executive Director and thanked her for her support and contribution to the NSS Board during her term of office.
- 10.9 Members also noted that this was the final meeting for J Reilly, Director of Nursing, who was retiring and showed appreciation for the impact she has had both in and outwith the organisation. K Brechin was then welcomed to her first formal Board meeting as the new Director of Nursing.

Decision: To note the verbal update provided.

11. CHIEF EXECUTIVE'S UPDATE

- 11.1 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:
- 11.2 Recruitment/Personnel changes
- K Brechin joined NSS as Director of Nursing at the beginning of February 2025. Members has previously noted that this was the final meeting for J Reilly, Director of Nursing who was retiring on 31 March 2025.
- 11.3 Events/meetings attended:
- 13th – 15th January – visited all sites in Dundee, Aberdeen, and Inverness
 - 27th January – First Minister and Cabinet Secretary visited the Jack Copland Centre before attending FM speech on NHS Reform at the Robotarium, Heriot Watt campus
 - 29th January – Attended Business Systems Programme Accelerated Improvement Event at Murrayfield, led by Das Programme Team and facilitated by CapGemini.
 - 20th February - Hosted a workshop on the Future of Pharmacy Payments – focussed on gaining a shared understanding of all stakeholders on current payment mechanisms and pain points. A second workshop was to be confirmed.
 - 26th February – attended the Ex-Forces Business Awards – Craig Murney (Programme Director, DaS) of NSS was a finalist for Advocate of the Year. Whilst he did not win, it was a tremendous achievement to be nominated.
 - 27th February – Deloitte Event – The State of the State 2025
 - 5th March – NSS Recognising Excellence awards
 - 24th March – G Beattie, Director National Procurement gave evidence to UK Covid Inquiry in respect of Module 5 focussing on procurement.
- 11.4 Additional matters
- Scottish Veteran's awards: Shortlisted for Employer of the Year, Role Model of the Year (C Murney, Programme Director, DaS), Reservist of the Year (Graham

McEwan, Logistics Programme Manager, NP) and Martin Bell (ex NSS) finalist for Lifetime Achievement Award (ceremony 11 April)

Decision: To note the verbal updated provided.

Action: To send link to the Deloitte Statement: State of the State to Members. (Board Services)

12. NSS FINANCE REPORT (MONTH 11) [B/25/10]

- 12.1 Members discussed the report in full and noted that the organisation was on track to meet financial targets at year end. A small surplus would be returned to Scottish Government which would help with the overall NHS Scotland budget pressures.
- 12.2 Members noted the pressures remaining in certain areas but were advised that these would continue to be closely monitored.

Decision: To note the financial position as at month 11.

13. INTEGRATED PERFORMANCE REPORT [B/25/11]

- 13.1 Members discussed the Integrated Performance report in full and welcomed the updates provided, noting the highlights, and agreed that the report now provided an excellent update on NSS activities. It was noted that performance at year end would show clearly where NSS had met its programme targets/deliverables and any delays that were not within the organisation's prevue to complete.
- 13.2 Further clarity was requested on the following:
- Members noted that in relation to sustainability targets and performance, this included targets relating to waste, which had not yet been completed. These figures also included additional impact of changes to NSS estate and subsequent building moves etc.
 - Members asked for additional information in relation to the Prisons Portal work being undertaken by DaS and the change process currently underway in relation to deadlines etc.
- 13.3 Members noted that P Buchanan, Non-Executive Director, had recently attended the Cyber Centre of Excellence and encouraged all Board Members to visit the facility.

Decision: To note NSS performance at the end of quarter 3 2024/25.

Action: To arrange an opportunity for all Board Members to attend the Cyber Centre for Excellence. (Board Services)

Action: To provide an update in relation to the IT provision for clinical services in prisons, including prescribing.

Action: To review assurance indicators for performance within the executive summary to ensure they provide clearer information on the analysis taken to reach the performance level stated.

14. NSS RISK AND ISSUES REPORT [B/25/12]

- 14.1 Taking the report as read Members noted that there had been no red corporate risks identified during the period of reporting. However, there would be one additional corporate risk in relation to payroll which had been added at the start of quarter four. This was being managed via the NSS Change Oversight Group and the NSS Executive Management Team.
- 14.2 Members discussed the report and noted the information provided. All noted that the planned joint Board and Executive Management Team development session in April 2025 would focus on strategic risks.

Decision: To note the NSS Risks and Issues Report.

Decision: To review all strategic risks at the Board and EMT development session April 23, 2025.

15. ITEMS FOR INFORMATION

- 15.1 Members were content to note, in full, the contents of the following papers which had been presented for information:

15.1.1 Public Inquiries and External Scrutiny Report [B/25/13]

15.1.2 NSS Committees Approved Minutes [B/25/14]

- 15.1.2.1 NSS Audit and Risk Committee – B Lawton advised that there had been a follow-up audit in relation to pharmacy payments and the outcome had been excellent with a note of ‘significant assurance’ received from the auditors and highlighted the excellent work done to achieve this.

Decision: To note the items provided for information.

16. ANY OTHER BUSINESS

- 16.1 There was no other competent business to discuss.

The public session of the Board meeting concluded at 1200

NSS BOARD FORMAL MEETINGS ACTIONS

B/25/17

Meeting type: Formal

No	Date	REPORT TITLE	ACTION	ACTION OWNER	DEADLINE	CURRENT STATUS
28	28.3.25	Annual Governance Statement and NSS Corporate Governance Framework [B/25/07]	<p>To review and update per comments received:</p> <ul style="list-style-type: none"> Page 3 – Item 4.5.2 – the final bullet in relation to the Staff Governance Committee and transfer of the Health and Care Safe Staffing reporting should be reviewed for consistency with the CGC ToR and transfer of oversight of this report; Page 38 – NSS Finance, Procurement and Performance Committee Terms of Reference to be updated to reflect changes in relation to Sustainability Reporting. Membership details to include terms of office for Non-Executive Directors. 	Associate Director Corporate Governance (Board Secretary)	Immediately	<p>Complete. All updates incorporated.</p> <p>Recommend for closure.</p>
29	28.3.25	NSS Anti-Racism Plan [B/25/09]	To review the language used within the plan to take a more active approach to implementations (i.e. Adopt the plan rather than will adopt the plan).		Future Reporting	<p>Updates made based on feedback received.</p> <p>Recommend for closure.</p>
30	28.3.25	Chief Executive Update (verbal)	To send link to the Deloitte Statement: State of the State 2025.	Board Services	Immediately	<p>Complete. Link circulated.</p> <p>Recommend for closure.</p>
31	28.3.25	NSS Integrated Performance Report [B/25/11]	To provide an update in relation to the IT provision for clinical services in prisons, including prescribing.	Associate Director Strategy, Performance and Communications	Future reporting	<p>Update: Meeting with DaS to take place 25.6.25 – verbal</p>

						update to be provided. In progress.
32	28.3.25	NSS Integrated Performance Report [B/25/11]	To arrange an opportunity for all Board Members to attend the Cyber Centre for Excellence.	Board Services	As soon as possible depending on availability	Visits to be arranged individually via Board Services. In progress.
33	28.3.25	NSS Integrated Performance Report [B/25/11]	To review assurance indicators for performance within the executive summary to ensure they provide clearer information on the analysis taken to reach the performance level stated.	Associate Director Strategy, Performance and Communications	Future reporting	02.06.25 MN has taken account of the feedback. Action complete. Complete. Recommend for closure.
34	28.3.25 In Private Session	NSS Financial Plan 2025-26 [IPB/25/01]–	To provide an estimate percentage of impact of new national insurance and pension increases on workforce costs.	Director Finance, Corporate Governance and Legal Services	Immediately	SPPA increase was 1.6% from 1st April 24 and NI increase is 1.2% from 1 st April 25 – so 2.8% overall. FY22/23 Pay Bill was c£196m so the 2.6% increase from this point accounts to c£5.5m. Recommend for closure.
35	28.3.25 In Private Session	NSS Financial Plan 2025-26 [IPB/25/01]–	To review narrative in relation to SNBTS baseline changes.	Director Finance, Corporate Governance and Legal Services	Immediately	Narrative reviewed and updated as requested. Complete. Recommend for closure.

NSS BOARD

B/25/18

For Consideration	26.9.25			19.12.25					27.3.26				
	Paper	Exec Lead	Author		Paper	Exec Lead	Author	Notes		Paper	Exec Lead	Author	Notes
	Board Quarterly Highlight Presentation - topic tbc				Board Quarterly Highlight Presentation - topic tbc					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			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			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			Board Forward Programme	Director of Finance, Corporate Governance & Legal Services	Board Services	
	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		Risk Strategy, Integrated Risk Management Approach, and Risk Appetite	Director, Primary & Community Care (P&CC) (Interim)/Strategy, Performance & Service Transformation (SPST)	Head of Planning	Post ARC Scrutiny		Board Assurance Framework	Director of Finance, Corporate Governance & Legal Services	Assoc Director Corporate Governance (Board Secretary)	
	Calendar of meeting dates 2026-27	Director of Finance, Corporate Governance & Legal Services	Associate Director Governance and Board Services (Board Secretary)							Annual Governance Report & Governance Framework	Director of Finance, Corporate Governance & Legal Services	Assoc Director Corporate Governance (Board Secretary)	
	SNBTS Strategy	Director of SNBTS	Director of SNBTS							Annual Finance Plan 26/27	Director of Finance, Corporate Governance & Legal Services		
	NSS Annual Report Complaints Report 2024-25	Director, Primary & Community Care (P&CC) (Interim)/Strategy, Performance & Service Transformation (SPST)	Louise MacLennan Head of Equality, Engagement and Experience										
Items for Scrutiny	Chairs Report (verbal)	NSS Chair	Verbal update		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	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				NSS Finance Report	Director of Finance, Corporate Governance & Legal Services		
	Integrated Performance Report Q1	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			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							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
Items for Information	Public Inquiries Update	Director, Primary & Community Care (P&CC) (Interim)/Strategy, Performance & Service Transformation (SPST)	Public Inquiries Team		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)			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 June 2025
Title:	One Year Delivery Plan
Paper Number:	B/25/19
Responsible Executive/Non-Executive:	Lee Neary, Director of Primary and Community Care, Strategy Performance and Service Transformation
Report Author:	Colin Kelly, Planning and Performance Manager, Matthew Neilson, Associate Director of Strategy, Performance and Communications, Caroline McDermott, Head of Planning [Reviewed by Matthew Neilson, Associate Director of Strategy, Performance and Communications]

1. Purpose

- 1.1 To present to the Board for approval the One Delivery Year Plan, which has been developed in line with Scottish Government (SG) guidance.
- 1.2 The formal approval letter was received from Scottish Government on 20 June and attached at appendix B. Feedback and comments were received from SG colleagues and addressed.

2. Recommendation

- 2.1 The Board is recommended to approve the One Year Delivery Plan.

3. Executive Summary

- 3.1 Scottish Government issued guidance in December 2024 outlining how health boards should undertake the development of their Annual Delivery Plans. The NSS Annual Delivery Plan has been drafted in the context of this guidance, the Scottish Government's Operational Improvement Plan, and the the Population Health Plan and Service Renewal Framework issued on 17 June.
- 3.2 In preparing the new plan, the Strategy Performance and Service Transformation Planning team worked with planning leads and Directorate teams to produce deliverables for 2025/26. All deliverables contained within this Delivery Plan have funding approved. Where new deliverables and funding are agreed at a later stage, or changes need to be made to an existing deliverable, NSS can either use the new commissioning process with SG (new items) or use the Scottish Government Change Control Process (existing items).
- 3.3 As in previous years, progress against the Delivery Plan will be reported quarterly through the Integrated Performance Report.

4. Impact Analysis

4.1 Quality and Value

- 4.1.1 Further detail on deliverables are included within the Delivery Plan (Appendix A). We anticipate they will deliver a positive impact on healthcare quality and value, as the plan seeks to improve/support the delivery of health services and is aligned to the guidance set out by Scottish Government.

4.2 Equality and Diversity, including health inequalities

- 4.2.1 Equality impact assessments will be conducted by Directorates for the projects and services associated with the measures covered by this paper.

4.3 Data protection and information governance

- 4.3.1 Projects and programmes of work covered by this paper will be reviewed by Directorates for any data protection or information governance risks.

5. Risk Assessment/Management

- 5.1 Risks associated with the One Year Plan are captured separately in a more detailed Reporting Template and will be managed in line with our Integrated Risk Management Approach (IRMA).

6. Financial Implications

- 6.1 All deliverables developed for the submission to Scottish Government require to have funding plans agreed and confirmed.

7. Workforce Implications

- 7.1 We have a three-year workforce plan in place which is aligned to the NHSScotland Workforce Strategy. The workforce plan incorporates our strategic aims of enabling health and care transformation, underpinning NHSScotland services and assisting other organisations involved in health and care. The plan is supported by a 3-year action plan which sets out key deliverables against the 5 pillars of the workforce journey that support recovery, growth and transformation of services and the workforce.

8. Climate Change and Environmental Sustainability Implications

- 8.1 Specific deliverables within the plan relate to environmental sustainability.

9. Route to Meeting

- 9.1 The delivery plans have been reviewed by all Directorates and by the Executive Management Team at their January, February, March, and June meetings.

10. List of Appendices and/or Background Papers

- 10.1 Appendix A NSS One Year Delivery Plan
10.2 Appendix B – Scottish Government Letter

A large, thick, dark blue circular graphic that is partially open on the right side, framing the main title text.

NHS National Services Scotland One Year Delivery Plan

A solid light blue circular graphic located in the bottom right corner of the page, containing the date range.

**April 2025 –
March 2026**

NSS One Year Delivery Plan

April 2025 to March 2026

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INTRODUCTION

The NSS One Year Delivery Plan for 2025/26 is aligned to the NSS Strategic Framework, NSS Three Year Financial Plan, NSS Workforce Plan and the planning reform agenda set out in Scottish Government Health Department DL (2024) 31 'A Renewed Approach to Population Based Planning Across NHS Scotland' which is an enabler to reform and sets out the actions for NHS Boards associated with the renewed approach to population planning across NHS Scotland, as set out in the National Clinical Strategy (NCS).

The First Minister set out the Scottish Government's ambition for renewing the NHS in Scotland in January 2025 and The Cabinet Secretary for Health and Social Care set out a vision for health and social care also in January. [Vision for health and social care: Health Secretary speech - gov.scot](#). The NHS in Scotland Operational Improvement Plan, [Supporting documents - NHS Scotland operational improvement plan - gov.scot](#) is a short term plan and is focused on how the commitments explained in the First Minister's speech will be delivered, aligned to Health Board Delivery Plans. This will be followed by a Population Health Plan and a longer-term Service Renewal Framework.

This Delivery Plan is drafted within the context of this emerging planning environment and sets out the agreement between NHS National Services Scotland (NSS) and the Scottish Government on the activities NSS will deliver in support of the NHSScotland 2025/26 planning objectives and is in response to the Scottish Government NHS Board Delivery Planning Guidance 2025/26.

Our aim is to support the longer-term redesign, renewal and transformation of services and show how NSS is integral to NHSScotland and its goal of sustainable healthcare delivery that also improves population health and reduces health inequalities.

DELIVERY PRIORITIES

We have taken our direction for this plan from the *NHS National Service Scotland Scotland Delivery Plan Guidance*, received from Scottish Government in December 2024, and have worked with Scottish Government and health board partners to ensure our plan aligns with the requirements it sets out to aid a more integrated and coherent approach to planning across health and care services.

NSS DELIVERY

This plan incorporates these priorities and accounts for new activities being delivered by NSS, whether funded directly by Scottish Government or through other sources. Specific milestones and risks are incorporated within a separate spreadsheet, which provides the detail of deliverables for 2025/26.

It is important to note that the plan does not account fully for activity that is managed through existing business as usual arrangements and governed through the NSS Board and Scottish Government Sponsorship team. Sitting within our sponsorship arrangement, specific arrangements are also in place for specialist commissioned services and screening within National Services Directorate.

Through the National Directors of Planning Group, we are supporting and participating in an integrated approach to recovery and delivery planning across NHSScotland. We will be sharing the content and focus of our One Year Plan as a collective group of national boards with the intention of identifying any key activities or projects that would benefit from wider collaboration.

This plan will be monitored quarterly with reports provided to the NSS Finance, Procurement and Performance Committee and to the NSS Board, as well as our Scottish Government sponsor.

OUR 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.

We provide the following core services:

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.

Blood, Tissues and Cells

Our 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.

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.

Specialist Healthcare Commissioning

We commission a range of specialist and rare condition treatments supporting NHSScotland to ensure equitable and affordable access to these services when needed. Our work also includes commissioning a range of screening programmes.

Primary Care Support

We support 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.

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.

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

We act 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.

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.

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.

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.

NSS STRATEGIC PRIORITIES, OBJECTIVES AND RISKS

We want to make sure our users get the maximum possible value from our services and the wide-ranging skills and experience of our staff. Our priorities describe how we will support health and care organisations to achieve their goals and ensure we are focused on looking forward and identifying where we can help today, tomorrow and in the future.

Strategic Priorities

- **Enable**

This is our transformation priority. It recognises how we can support programmes to implement new or improved national, regional, or local health and care solutions. By harnessing the wide-ranging skills and expertise available in NSS, health and care partners can be assured of the delivery of services that provide high quality care to patients and the public.

- **Underpin**

This is our improvement priority. It challenges us to continually improve the quality of the services we provide that are essential to the functioning of the wider health and social care system. By continually improving our services we can also continue to offer a safe, strong, and stable foundation for the healthcare system to deliver the best possible care and outcomes for the people of Scotland.

- **Assist**

This is our collaboration priority. It encourages us to look beyond our existing areas and to start considering where we can help and provide support in the future. By actively engaging and building relationships with stakeholders across all areas of health and care, we can respond quickly and appropriately to the needs of new policy requirements and health and care emergencies.

Strategic Objectives

We have four strategic objectives to ensure delivery against our strategic priorities. Objectives ensure staff and stakeholders understand how we will implement our strategy and where we want to be in the future. They also ensure that all initiatives are aligned to the strategy.

- **Service Excellence**

To continuously improve the quality and value of our services, so they are safe, efficient, and effective and meet the needs of our service users and stakeholders. We have established a quality management framework to enable us to meet this objective more effectively. All services have quality improvement plans in place and performance is assessed against a range of measures.

- **Financial Sustainability**

To ensure we have a culture of financial stewardship that creates value for money by driving the effective use of resources, assets, and infrastructure. NSS aim to

achieve a breakeven position and agree a three-year financial plan each year to ensure achievement. NSS have a financial sustainability action plan in place to ensure financial control and tight budgetary management.

- **Workforce Sustainability**

To enable a diverse, knowledgeable, and skilled workforce that can respond to the changing service needs of NHSScotland. We want NSS to be a great place to work and agree a plan each year to achieve this goal. We also ensure our workforce plan is continually reviewed, therefore supporting and developing staff in line with service needs.

- **Climate sustainability**

To embed climate sustainability in everything we do and ensure that NHSScotland achieves net zero greenhouse gas emissions by 2045. We understand NSS will play a pivotal role in supporting NHSScotland to achieve its climate targets and have developed the NHSScotland Climate Emergency and Sustainability Strategy and implemented our own strategy.

All deliverables within our One Year Plan fall within one of the four strategic objectives, ensuring there is multiple levels of governance and assurance to support and scrutinise their achievement.

Overall performance of 2025/26 deliverables will be reported through our service excellence objective.

Strategic Risks

We have identified ten strategic risks, developed by the Executive Management Team and NSS Board.

The risks have been mapped against our strategic objectives.

- Five are linked to service excellence and cover service excellence, cyber security, clinical and patient safety, governance & regulatory compliance and public inquiries and scrutiny.
- Three relate to financial sustainability, covering financial sustainability, delivery of national programmes and rationalisation of office accommodation.
- There is one for workforce sustainability, recognising the need for our workforce to be diverse, knowledgeable, and skilled to meet service needs.
- One covers climate sustainability and the risk of climate change, recognising the challenges we may face in achieving government targets.

SUPPORTING NHSSCOTLAND BY DELIVERING OUR STRATEGIC OBJECTIVES

We have identified a set of deliverables which will support the NHS in Scotland through delivery of our Strategic Objectives. These are captured below.

1. Service Excellence

- **Scan for Safety (SfS)** Finalise the Target Operating Model for implementation of Scan For Safety across 11 health boards by March 26 and Greater Glasgow and Clyde by March 27, with full implementation of point of care scanning for medical devices and national reporting within the Medical Equipment Management System (NMEMS).
- **Genetics Point of Care Testing** Throughout an 18-month implementation, create a clinical governance process to support health board implementation of point of care tests to prevent neonatal deafness, maximising the safety of patient care with a trained competent workforce. The identification of gene MT-RNR1 will direct antibiotic use, preventing gentamicin induced ototoxicity.
- **Nursing, Midwifery and Allied Health Professionals (NMAHP) Development Framework - NSS Implementation** To deliver the agreed priorities for year 2 of the NMAHP strategy by 31st March 2026.
- **National Networks** Planning and Implementation of new national network model. Transition 100% of NSD hosted national networks to agreed new model by December 2025.
- **Community Glaucoma Service** The CGS is a new eyecare service for patients with lower risk glaucoma or Ocular Hypertension (OHT) on prescribed treatment who will be discharged from the Hospital Eye Service (HES) to accredited optometrists working within the community. If eligible, patients can register with the optometrist for ongoing monitoring and treatment under the CGS. NSS were commissioned to develop and implement a registration and assessment claims process, and arrange payment for these claims. National roll-out to health boards continues during 2025-26, as well as clinical governance design and leadership, and the review/update of community eyecare guidelines. By the end of 2025/26 CGS will be rolled out to 13 health boards.
- **UK Manufacture of Plasma** Ensure the supply of plasma from the whole blood and plasmapheresis donor programmes to secure the provision of UK Plasma Derived Medicinal Products meeting 20% self-sufficiency in IgG (and 75% in albumin) by end 2025/26.

- **Blood Donation Levels** We will rebuild the blood donor base, increasing active donors by 8% (from 97,000 to 105,000) by end 2025/26 with a particular focus on recruitment and retention of younger donors and those of minority ethnic communities to ensure sufficiency of supply.
- **Young Children Target Operating Model** Deliver an agreed Target Operating Model for Children & Young People's gender services by July 2025.
- **Practitioner Services Payment Accuracy** Achieve payment accuracy of 99.5% and ensure 100% of payments meet timeliness targets for all primary care contractor streams every month in 2025/26.
- **NSS Public Sector Equality Duty (PSED)** 100% of equality impact assessments are completed to suitable quality and published and publicly available through the NSS website.
- **NHSScotland Procurement Strategy** National Procurement will promote and support adoption of the new NHS Scotland Procurement Strategy (NHSSPS). An improvement plan will be created by March 2026 via the Best Practice Group which will embed NHSSPS strategic priorities as part of the Procurement & Commercial Improvement Programme (PCIP).
- **National Contact Centre (NCC) Productivity** Increase utilisation and productivity of NCC services. To identify three opportunities where NCC could make a difference to citizens in contacting Health & Social Care Services - by March 2026.
- **Reinforced Autoclaved Aerated Concrete (RAAC) – Phase 2 Point Cloud Survey Programme** By 31st March 2026 we will have concluded 100% Reinforced Autoclaved Aerated Concrete (RAAC) – Phase 2 Point Cloud surveys, and 2/3 of subsequent detailed surveys as part of Year 1 of a 3 year programme. Year 1 will likely conclude in Q1 of 2026 with Years 2 and 3 following thereafter. Also, by 31st March 2026, we will complete all board training sessions.
- **Implement eRostering in NSS** We will fully implement the eRostering system across NSS by March 2026.
- **Payroll Services** Implement the new Payroll Services Operating Model and standardised service offering to all our customers.

2. Financial Sustainability

- **NSS Financial Sustainability Action Plan** Continue to drive the implementation of the NSS Financial Sustainability Action Plan to enhance Financial Management culture in NSS and manage NSS financial resources effectively.
 - Achieve statutory financial targets in immediate/longer term.

- Focus on activity based costing for all services.
 - Improved accuracy of forecasts and initial project costs.
 - Longer term horizon scanning reflected in plans.
- **NHSScotland National Procurement Savings** National Procurement Contract Savings: National Procurement's goal for the FY2025-26 contract Workplan is to secure £15m savings. We will achieve this by developing and communicating a resourced workplan for Green RAG status projects and execute the plan from 1 April 2025 to 21 March 2026. Secured savings will be reported quarterly against the plan. Heads of Strategic Sourcing will monitor and report monthly via the NP Governance Meeting performance indicators, sitreps and quarterly to the NHSS's Corporate Finance Network.
 - **NSS Anchor Institution Actions** To deliver the actions agreed in the NSS Anchor Institution Strategic Plan on time and to budget to demonstrate where NSS can make a positive impact on the economy and supporting national outcome, including health and wellbeing.
 - **NSS Estates Rationalisation** Possil Garage disposal and acquisition of new site approved through NSS / Scottish Government Property Governance. Marischal Square lease assignation and North property options agreed. Develop a clear plan of how NSS utilises Hassockrigg office accommodation, land and garage.
 - **Fraud Prevention** Deliver the plan to achieve the fiscal impact on fraud that will contribute to the three-year target. This will be a combination of initiative and activities resulting from fraud prevention, fraud detection and fraud recovered.

3. Workforce Sustainability

- **Sickness Absence** Achieve 4% sickness absence standard by end of 2025/2026 across NSS.
- **Reduction in Working Week** We will implement the Reduced Working Week for Agenda for Change staff by 1st April 2026.

4. Climate Sustainability

- **NHSScotland Climate Sustainability** We will achieve 65% of the deliverables in the six workstream charters across the Climate Emergency and Sustainability programme by 31st March 2026. The workstream charters are set by Scottish Government to reach the goals of the Climate Emergency Strategy 2022-2026.

- **NSS Climate Sustainability** Reduce NSS waste by 15% aligned with the 2014/15 baseline.
 - Domestic waste to landfill will not exceed 5% of NSS total domestic waste.
 - 70% domestic waste recycled or composted.
 - Reduce food waste by 33%, against 2015/16 baseline.
- **NSS Climate Sustainability – Energy** Reduce electricity consumption in NSS property portfolio by 5% against 2022/23 usage.
- **NSS Climate Sustainability – Adaptation** Complete Climate Change Flood Risk Assessment. Carry out thermal surveys of 3 key properties.
- **NSS Climate Sustainability – Water** Reduce water consumption NSS property portfolio by 5% against 2022/23 usage.
- **NSS Climate Sustainability – Fuel** 0% petrol or diesel cars purchased or leased. 0% petrol or diesel light commercial vehicles purchased or leased. Reduce fossil fuel consumed by NSS fleet by 50%.

Meeting:	NSS Board
Meeting date:	27 June 2025
Title:	2024-25 Whistleblowing Annual Report
Paper Number:	B/25/20
Responsible Executive/Non-Executive:	Kathryn Brechin, Nurse Director and NSS Whistleblowing Executive Lead
Report Author:	Lynn Morrow, Corporate Affairs and Compliance Manager/Whistleblowing Liaison Officer (Reviewed by: Kyle Clark-Hay, Associate Director of Governance/Whistleblowing Ambassador (Board Secretary))

1. Purpose

- 1.1 The Whistleblowing Annual Report for 2024-25 presented to the NSS Board for approval. The Annual Report was scrutinised by the Staff Governance Committee at its meeting on 3 June 2025.

2. Recommendation

- 2.1 It is recommended that the NSS Board approve the Whistleblowing Annual Report for 2024-25 for publication.

3. Executive Summary

- 3.1 In line with the National Whistleblowing Standards launched on 1 April 2021, NHS National Services Scotland is required to publish an Annual Report by 30 June 2025.
- 3.2 Between 1 April 2024 and 31 March 2025, NSS has been contacted, either through the Whistleblowing helpline or the Confidential Contacts Service on 17 occasions, only three of which were raised under the auspices of whistleblowing. Of those three concerns two were raised as unnamed and one as anonymous and therefore not reportable under the Standards. No named concerns were received during the reportable year.

- 3.3 The number of concerns received by NSS since 1 April 2021 remains low and is comparable to the number of concerns received by other National Boards across Scotland.

4. Impact Analysis

4.1 Quality and Value

- 4.1.1 Lessons learned from managing cases will continue to be used to ensure the whistleblowing process within NSS is improved and the outcomes from cases are used for organisational learning.
- 4.1.2 INWO issue bulletins that highlights best practice, new guidance and lessons learned. The bulletins are reviewed by the whistleblowing team and any learning is implemented e.g., updating of Standard Operating procedures (SOPs) to ensure the whistleblowing process within NSS is improved.

4.2 Equality and Diversity, including health inequalities

- 4.2.1 In November 2023, a follow-up review of the Equalities Impact Assessment, first undertaken in 2020, was undertaken and assessed the impact of the whistleblowing standards on staff and those who provide services on behalf of the NHS. As we continue to develop our processes, further assessments will be carried out to ensure that our procedures remain fit for purpose.

4.3 Data protection and information governance

- 4.3.1 A review of the Data Protection Information Assessment (DPIA) was undertaken in November 2023 and signed off by the NSS Data Protection Officer. As with the Equalities Impact Assessment, as our processes develop, further assessments will be carried out to ensure procedures remain fit for purpose.

5. Risk Assessment/Management

- 5.1 Risks can relate to wrongdoing, patient safety or malpractice which the organisation oversees or is responsible or accountable for
- 5.2 There is one corporate risk relating to whistleblowing. This relates to the development of a tool equivalent to Datix for reporting of Whistleblowing concerns, wherein any member of staff can access the system and raise a concern, and all managers can record these. An electronic solution that ensures confidentiality of whistleblowers is currently being considered. The interim solution of an excel spreadsheet which is populated via the confidential contact and Whistleblowing Service, with the Information Governance provision in the DPIA as specified above, remains in place.

6. Financial Implications

- 6.1 There are no financial implications directly associated with this paper. The whistleblowing team are engaging with the Fraud Liaison Officer (FLO) on a regular basis to ensure connectivity in reporting.

7. Workforce Implications

- 7.1 There are no workforce implications directly associated with this paper.

8. Climate Change and Environmental Sustainability Implications

- 8.1 There are no climate change and environmental sustainability implications directly associated with this paper.

9. Route to Meeting

- 9.1 This annual report is also considered by the Executive Management Team, Staff Governance Committee, prior to submission to the NSS Board meeting for approval. Scrutiny of this paper, by the Staff Governance Committee, prior to submission to the NSS Board for final approval, is the agreed governance route for this annual report.

10. List of Appendices and/or Background Papers

- 10.1 Appendix 1 – 2024-25 Annual Report



Whistleblowing Annual Report



**1 April 2024 to
31 March 2025**

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1. Introduction

This is our fourth annual whistleblowing report since the launch of the National Whistleblowing Standards came into force on 1 April 2021.

We support and encourage an environment where employees, both current and former, bank and agency workers, contractors (including third sector providers), trainees and students, volunteers, and anyone working alongside our staff can raise concerns.

Our aim in this report is to be transparent about how we handle whistleblowing concerns, highlight actions taken and improvements to our services as a result of whistleblowing concerns raised and lessons learned. The report will demonstrate our performance against the national key indicators as required by the Independent National Whistleblowing Office (INWO).

In line with the national standards requirements, details are shared at a level which ensures we protect the whistleblower's identity and to make sure the report does not identify anyone who has contributed to an investigation.

The reporting period includes activity between 1 April 2024 and 31 March 2025.

2. Background

Whistleblowing is an important process to enable a person to speak up about any whistleblowing concerns they may have in the organisation with respect to quality and safety in patient care and our service delivery. The way we respond to whistleblowing concerns raised is important, so that individuals feel that their concerns will be valued and handled appropriately, and that the organisation will take on board what they have to say.

In line with the organisation's values, whistleblowing is a key part of a transparent, accountable, and safe work culture and we encourage concerns to be dealt with at the earliest opportunity and, where possible, in real time within the management structures that our staff work in. Alternate routes for raising concerns include with more senior managers, trade unions and other staff.

In support of providing alternate routes to raise concerns we have in place Confidential Contacts who provide an additional source of support for colleagues to talk about any workplace concerns or issues. We also have a dedicated whistleblowing telephone and email line. The whistleblowing telephone line is supported by the Whistleblowing Support Team and monitored daily during office hours.

Our Staff Governance Committee (SGC), which includes membership of our Whistleblowing Champion (WBC), have scrutinised this report, including performance against the requirements of the National Whistleblowing Standards, key performance indicators (KPIs) as part of the Board's ongoing work to promote a 'Speak Up' culture. The WBC has been proactive in engaging with the organisation and raising awareness of Speaking Up and in providing oversight of governance mechanisms for reporting, including production of quarterly and annual reports, to complement the oversight provided by the Board.

3. Whistleblowing 2024-25 – At a Glance



Whilst anonymous/unnamed concerns cannot be investigated under the Standards, nor can they be considered by the INWO, we have adopted good practice and the investigation of anonymous/unnamed concerns follows the Whistleblowing Standard process and principles as far as is practicable.

4. Concerns Received

Since 1 April 2024, our Whistleblowing Helpline and Confidential Contact service have been contacted on 17 occasions, only three of these concerns were raised under the auspices of whistleblowing. Of those three concerns two were raised as unnamed and one as anonymous and therefore not reportable under the Standards.

The remaining fourteen received through our Confidential Contact Service were related to Workforce Policies.

Feedback on unnamed and anonymous whistleblowing concerns raised that were investigated by not reportable under the Standards

The first unnamed concern received during quarter 2 was investigated as a Stage 2 concern from the outset due to its complexity and related to the management of vacancies; misuse of policies, including lone working; and training opportunities within the Service. If taken in isolation, each concern raised may have been considered as a grievance rather than whistleblowing, but collectively and considering the potential risk to patient safety it was agreed that investigation was appropriate.

Whilst the Investigating Manager found no evidence to support the unnamed concern, they did make a number of operational observations, which management considered and have implemented actions to respond to these in the following areas:

- Rota management including the development of operating principles and contingency arrangements;
- Communication strategies in relation to off-duty calls and clinical leadership presence;
- Reviewing current sickness absence levels including those staff being managed under attendance policies; and
- Lessons learned from post implementation reviews of changes made to services.

Management have actively managed the unnamed concern and will continue to work and communicate with staff. The actions taken to address the observations have formed part of the ongoing service improvement work which all staff have visibility.

The second unnamed concern received during quarter 3 was handled as a Stage 1 concern, resolved by a local manager, and related to staff training.

The anonymous concern was received during the latter stages of quarter 4 of 2024-25. The investigation is ongoing with the final reported will be delivered in quarter 1 of 2025-26.



There were no reports received from students, trainees, or volunteers.

Contractors (both NSS specific and those with national contracts) were all contacted on a quarterly basis to obtain information on any whistleblowing concerns received during the reporting period in question. No such concerns were received.

Over the relevant reporting period in the year to 31 March 2025, no named whistleblowing concerns were investigated; this compares to one in 2023-24; two in the 2022-23 year and three in the 2021-22 year. This is comparable with the whistleblowing activity in other National Boards across Scotland (Source National Boards 2022-23 Annual Reports).

Feedback from our Confidential Contact service and our analysis of the range of concerns raised in the organisation, continues to indicate that our staff feel able to speak up in using the Confidential Contact service.

The details of the Key Performance Indicators (KPIs) associated with the concerns reported in their totality, those which were raised under the auspices as whistleblowing and those which were investigated as whistleblowing concerns are given in **section 6**.

We also supported INWO in quarter 3 with a concern that was raised with them. The concern, although not related to the work of NSS, related to a contractor with possible links to other NHS organisations across the United Kingdom. Other UK agencies were also involved, and it was agreed that the matter would be progressed under an alternative process to whistleblowing.

5. Referrals to INWO

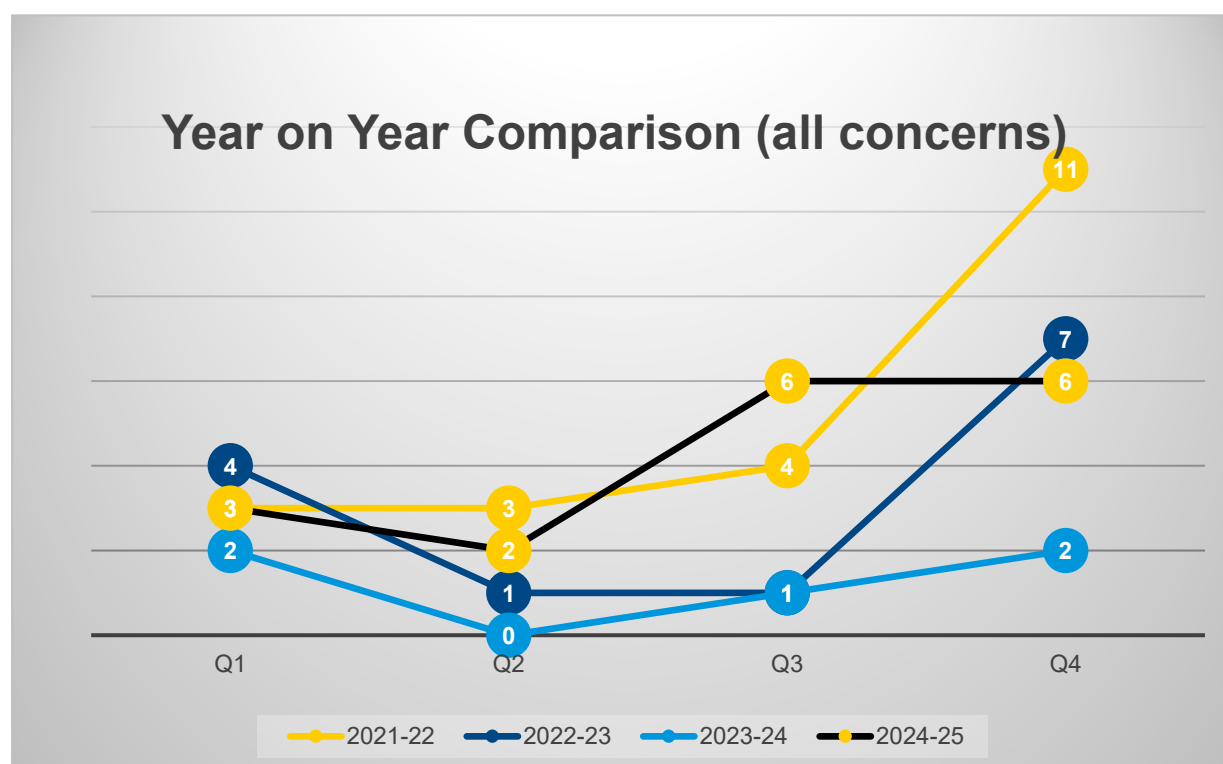
In September 2024, INWO released their Final Decision Notice of a concern raised in NSS during 2023-24. INWO did not uphold the complaint and found that we had conducted a thorough investigation in line with the Standards and that we exhibited areas of good practice in our handling of the concern. INWO did find that there was potential for improvement in the level of detail provided in the response to the whistleblower, which we have taken on board in considering responses to any subsequent whistleblowing concerns.

6. Key Performance Indicators (KPIs)

These following Key Performance Indicators (KPIs) are reviewed by the NSS Partnership Forum and Staff Governance Committee quarterly, at each meeting.

6a Concerns Received

	Q1	Q2	Q3	Q4	Total
Total number of concerns received	3	2	6	6	17
Number of whistleblowing concerns	0	0	0	0	0
No. reviewed at Stage 1 (5 days)	0	0	0	0	0
No. reviewed at Stage 2 (20 days)	0	0	0	0	0
No. classed as anonymous/unnamed	0	1	1	1	3
Number not classed as Whistleblowing	3	1	5	5	14

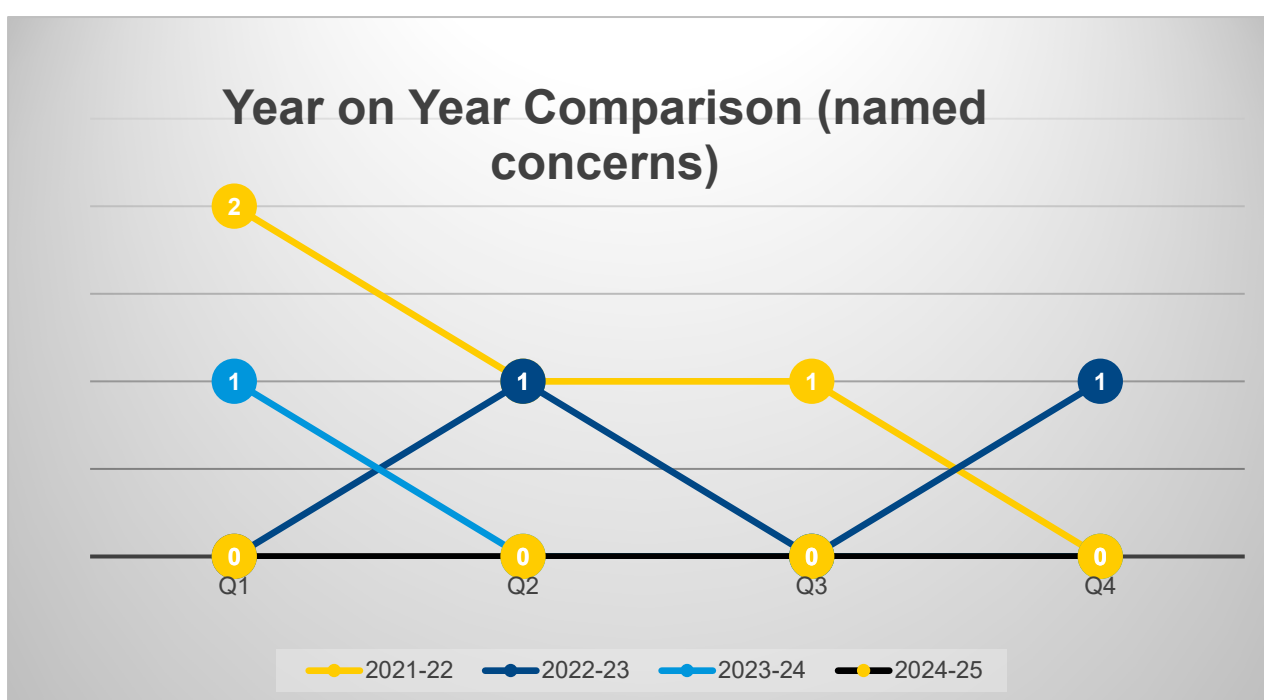


The remainder of this report is based on the concern relating to whistleblowing and referred to the whistleblowing service via the Confidential Contacts or raised with the whistleblowing service directly by the individual raising the concern.

6b Whistleblowing Internal/External/Contracted Services

	Q1	Q2	Q3	Q4	Total
No. of concerns – Internal	0	0	0	0	0
No. of concerns – External	0	0	0	0	0
No. of concerns – Contracted Services	0	0	0	0	0

Internal refers to NSS staff in NSS services, and external refers to Non-NSS staff in NSS services (e.g. Volunteers/students).



6c Whistleblowing Concerns Closed

	Q1	Q2	Q3	Q4	Total
No. and % closed at Stage 1	0(0%)	0(0%)	0(0%)	0(0%)	0
No. and % closed at Stage 2	0(0%)	0(0%)	0(0%)	0(0%)	0

6d Status of outcome of Investigation

	Q1	Q2	Q3	Q4	Total
Stage 1					
Upheld	0	0	0	0	0
Partially Upheld	0	0	0	0	0
Not Upheld	0	0	0	0	0
Stage 2					
Upheld	0	0	0	0	0
Partially Upheld	0	0	0	0	0
Not Upheld	0	0	0	0	0
TOTAL	0	0	0	0	0

6e Response Times

	Q1	Q2	Q3	Q4
Stage 1 (5 days)	0	0	0	0
Average time in working days for responses	0	0	0	0
No. of cases closed at Stage 1 within timescale (%)	0(0%)	0(0%)	0(0%)	0(0%)
No. of Stage 1 cases extended	0	0	0	0
Stage 2 (20 days)	0	0	0	0
Average time in working days for responses	0	0	0	0
No. of cases closed at Stage 2 within timescale (%)	0(0%)	0(0%)	0(0%)	0(0%)
No. of Stage 2 Cases extended (%)	0(0%)*	0(0%)	0(0%)	0(0%)

6f Cases under consideration by INWO

	Q1	Q2	Q3	Q4	Total
Internally raised cases	0	0	0	0	0
Externally raised Cases	0	0	0	0	0
Contracted Services Raised Cases	0	0	0	0	0

6g INWO Referred Case

	Q1	Q2	Q3	Q4	Total
Stage 1	0	0	0	0	0
Stage 2	0	0	0	0	0

7. Key Themes arising from whistleblowing concerns

As detailed in Section 4, the concerns, received during 2024-25 were unnamed/anonymous and related to the management of vacancies; misuse of policies, including lone working; and training opportunities.

8. Learning, Changes or Improvements

We undertake continuous improvements of our processes, and the support provided to individuals raising concerns at all levels. Improvements have been made following receipt of additional guidance from INWO as well as learning from other boards via networks for confidential contacts and those involved in whistleblowing management. This general learning has included:

- Specific lessons learned exercises are undertaken to ensure we examine anything more that needs to be done in support of communications and organisational implementation of the policy, and to support the improvement of services. Feedback is sought from everyone involved in whistleblowing cases, including commissioning managers, investigators, witnesses, and individuals raising concerns.
- Following feedback from INWO, Stage 2 responses will be more detailed in nature, linking specifically, where necessary to supporting evidence provided as part of a concern raised.
- We take confidentiality extremely seriously to ensure there is no risk of whistleblowers suffering from detriment. As part of investigations, where there has been a risk of deductive disclosure, we have taken steps to ensure that questions posed to witnesses are generic in nature for the interview to proceed but will seek to interview one witness sufficiently removed from a whistleblower to provide specific evidence.
- When an individual identifies as a whistleblower as part of separate process, e.g. a workforce policy, we have reviewed our internal processes to ensure we are checking for informed consent to share information to prevent a whistleblower's identity being shared.
- The Whistleblowing Ambassador is leading a programme of work to provide tailored learning sessions for staff involved in both workforce policy and whistleblowing cases which will take the form for bulletins and in-person case studies.
- We are looking to include case studies in our Information Governance training module. This will strengthen the importance for staff to seek explicit consent to share any information, avoiding assumed consent. This addition of these case studies will continue to raise awareness of our commitment to protecting the identity of anyone raising concerns.

- The Central Legal Office (CLO) has promoted through its Employment Newsletter to NHS Boards, the requirement for consent from self-declared whistleblowers, prior to the sharing of their identity with named individuals as part of any process. CLO will include periodic reminders in future bulletins.
- The NSS Whistleblowing Liaison Officer met with colleagues from the Independent National Whistleblowing Office (INWO) to discuss potential changes to the National Whistleblowing Standard and the 'HR Function – a Guide for HR Practitioners.' INWO undertook to highlight the requirement of HR professionals seeking informed consent when a whistleblower self-identifies as part of another workforce policy process. This article formed part of the [INWO January bulletin](#).
- To further strengthen this approach, the Whistleblowing Executive Lead also wrote to Scottish Government to formally request amendments to the Once for Scotland Policy guidance in respect of informed consent. As a result, the Scottish Workforce and Staff Governance Committee (SWAG) has asked colleagues in the Scottish Government Health Directorate to explore this through the NHSScotland "Once for Scotland" Workforce Policy Development Group, in the first instance. INWO will also input into this wider piece of work.
- We will continue to support learning and understanding in respect of the relationship between whistleblowing and workforce policies to ensure a robust approach to maintaining confidence of staff in these processes.

9. Staff Perceptions, Awareness and Training

9a Staff Perception/Awareness

As part of our Speak Up Week activities we conducted an anonymous survey, asking staff to give us their views. Although the number of responses were small (less than 100 responses were received), the information was very insightful. The results revealed that **57%** of those who responded were aware of our Confidential Contacts, understood the services they provide, and knew how to contact them.

Additionally, **85%** of staff had heard of the National Whistleblowing Standards. However, while **63%** of staff felt comfortable raising concerns if needed, **37%** felt uncomfortable doing so. This indicated that while awareness was relatively high, improvement is required in making all staff feel safe and supported when raising concerns.

Key themes from the anonymous survey included:

- Fear of speaking up and retribution
- Lack of a safe environment
- Perceived linkage to HR
- Risk to job security in speaking up
- Lack of trust in senior management
- Fear of nothing being done/changing

The results of the 2024 iMatter Survey also told us that 70% of 2,662 respondents strongly agreed/agreed with the statement that they felt confident to safely raise concerns about issues in their workplace. However, only 57% (strongly agreed/agreed) were confident that their concerns would be followed up and responded to. These figures compare with 2023 as follows:

Year	No. of Respondents	I am confident that I can safely raise concerns about issues in my workplace	I am confident that my concerns will be followed up and responded to
2024	2,662	1,863 (70%)	1,517 (57%)
2023	2,575	1,854 (72%)	1,545 (60%)

To address the feedback received, we are going to:

- Hold sessions across NSS providing information on the Confidential Contacts, speaking up processes and what happens during an investigation;
- Provide additional Signposting to Confidential Contacts/Whistleblowing;
- Create an anonymous form to protect and alleviate fears
- Roadshows and drop-in sessions (Town Hall, Live Connected Event) with representatives (confidential contacts and others)
- Targeted communications for senior managers - supportive materials to help them in building staff confidence around speaking up
- Changes to staff training to include case studies demonstrating how concerns are taken seriously, the support to whistleblowers and organisational learning and change as a consequence
- Continue to measure and assess the impact of these activities through staff feedback, for example iMatter.

9b Whistleblowing Training Figures

We actively encourage staff to undertake the NHS Education for Scotland (NES) developed whistleblowing training, for all employees and senior managers, in TURAS which provides learning on both the Standards and the role of INWO.

The Whistleblowing training figures, provided by Human Resources, as of 31st March 2025 were:

	Q1	Q2	Q3	Q4
Employees				
Headcount	2353	2348	2348	2357
Complete	1559	1567	1702	1797
Compliance %	66%	66.7%	72.5%	76.2%
Line Managers				
Headcount	578	565	565	558
Complete	279	311	364	376
Compliance %	48%	55%	64.4%	67.4%
Senior Managers (AfC 8B and above)				
Headcount	314	335	335	325
Complete	104	120	117	117
Compliance %	33%	35.8%	52.8%	54.5%

Following the launch of the Standards in 2021, 2024-25 saw the completion of the first three-year cycle for the mandatory whistleblowing training. It was therefore expected that there would be some fluctuation in compliance rates during the year.

There will be a continued focus in 2025-26 on ensuring compliance with training requirements this year, targeting line and senior managers to ensure the appropriate level of training is undertaken.



10. Working with Contractors

We work with current in scope contracted suppliers to ensure compliance with the policy requirements. We undertake this work for NSS contracted services and for national contracts on behalf of NHS Scotland.

We collate reports of any concerns reported by the contractors and on an annual basis send all in-scope suppliers of contracted services an electronic form, requiring detail of any whistleblowing concerns raised during the financial year, or confirmation of a nil response.

For the 2024-25 reporting year, there were no whistleblowing concerns raised by the identified NSS in-scope suppliers, as detailed above.

11. Communications

A Speak Up Communications strategy is delivered on annually in NSS. The aim of this strategy is to:

- To promote and encourage speaking up in the workplace;
- To highlight the difference speaking up can make;
- To provide a way for individuals to have their voices heard;
- To highlight the different routes available to staff to speak up and how to access them (depending on the nature of the concern).

Throughout 2024-25 there was proactive staff messaging (via all staff emails and Stay Connected Staff Newsletter) including:

- Publicising the Standards and where to find them
- Reminding staff about our eLearning programme and how to access
- The promotion of Confidential Contacts and updates of the service.
- Independent National Whistleblowing Officer (INWO) monthly updates shared with option to sign up
- Activities around Speak Up Week 2024 (X and LinkedIn activities).
- geNSS homepage updated with direct links to HR Connect pages on Whistleblowing and Confidential Contacts – [geNSS \(scot.nhs.uk\)](https://geNSS.scot.nhs.uk)
- A Joint Board/Staff Governance Committee Seminar was held on 5 November. We were delighted to welcome Rosemary Agnew, Independent National Whistleblowing Officer and Elaine Cameron, Head of Investigations, INWO to the seminar who spoke to us about creating a safe culture to speak up in. We also heard from our Confidential Contacts; Communications Colleagues on future activities and National Procurement provided details on our work with contractors to ensure they are fully reporting any relevant whistleblowing concerns. Our Whistleblowing Champion also provided us with detailed analysis that showed that NSS whistleblowing figures are on a par with other NHS organisations across Scotland.

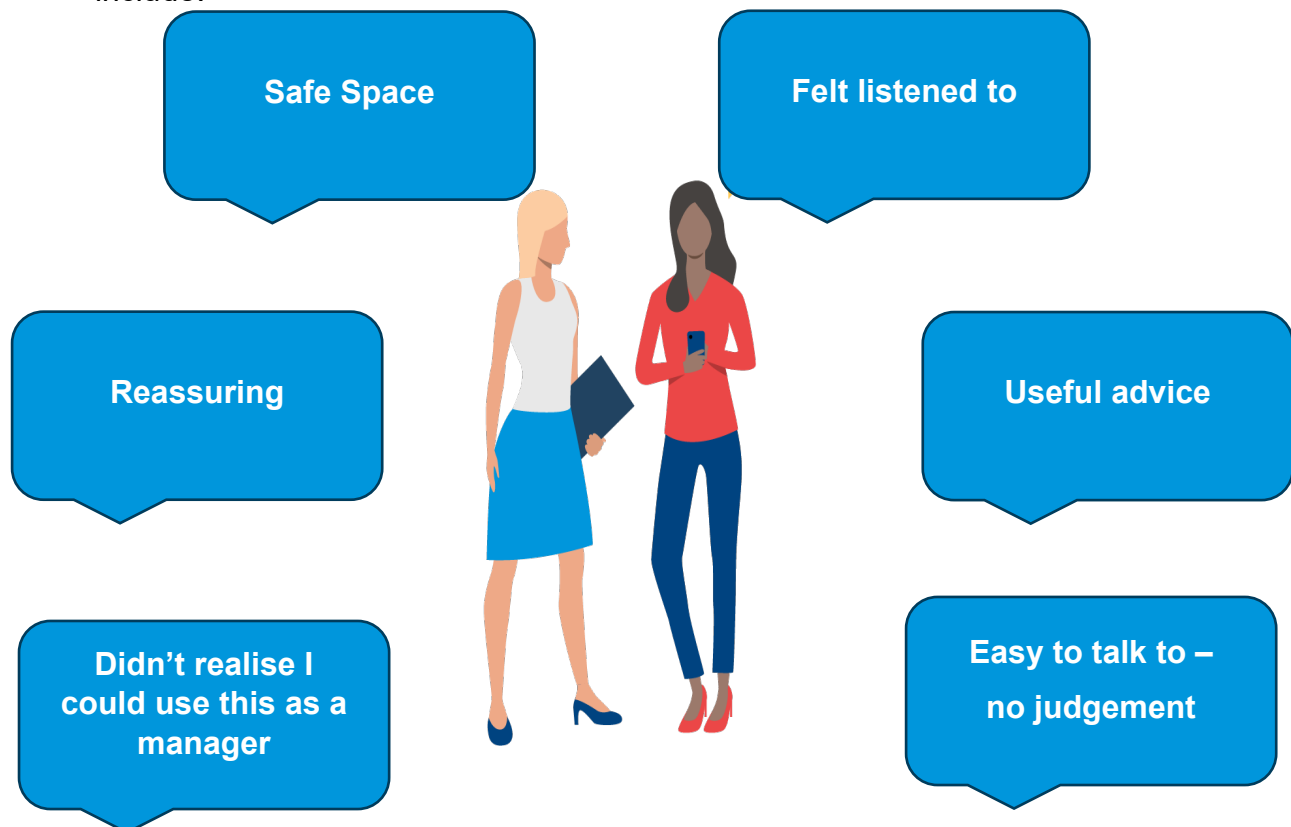
12. Confidential Contacts

Our Confidential Contacts listen, support and signpost options under the relevant policies to staff who wish to raise concerns. They undertake this role on a voluntary basis, in addition to their substantive role in NSS.

The Confidential Contacts received training on the role of the confidential contact, HR policies, whistleblowing and listening skills. Our Confidential Contacts utilise an electronic recording form to enable anonymous recording of contacts being made.

The Chief Executive; Executive Lead for Whistleblowing and WBC meet with the Confidential Contacts, at least annually, to discuss the support and service they provide to staff. This has been especially valuable as it has further enhanced a deeper understanding of the experiences of the Confidential Contacts as well as considering the key topic themes emerging from the service. This has enabled the organisation to consider requirements for annual planning related to this service and wider NSS needs.

Some comments from colleagues who have used the confidential contact service include:



13. Our 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 in digital services includes end-to-end business solutions, technology and data for clinical settings, and digital security options. Our innovative and person-centred scalable technology is delivered through local and national digital solutions, providing clinical informatics, cyber security, and information 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

We support 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

We commission a range of specialist and rare condition treatments supporting NHS Scotland to ensure equitable and affordable access to these services when needed. We also co-ordinate a range of screening programmes.

Legal


We provide specialist legal advice and assistance in every area of law relevant to the public sector. With many years of experience, we advise clients on all aspects of the law, and with close links to the Scottish Government, we also counsel on wider policy issues.

Programme Management Services

We act 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 a single procurement service across NHS Scotland. We work collaboratively to provide best quality, fit for purpose, and best value commercial solutions – weighing up cost and added value. Our expert logistics services include



distribution, supply chain and warehouse operations, fleet management and ward product management.

Fraud Prevention

We work in partnership with NHS Scotland and across the Scottish public sector to provide a comprehensive service to reduce the risk of fraud and corruption. We are responsible for checking patient exemptions in respect of NHS Scotland patient charges and collecting payments for incorrectly claimed exemptions.

Blood, Tissues, and Cells

The Scottish National Blood Transfusion Service provides blood, tissues, and cells to NHS Scotland, ensuring they are available, 24 hours a day, every day of the year throughout Scotland. We also provide specialist treatment and therapeutic solutions, and specialist testing and diagnostic services appropriate for all 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.

The Board Services team provides essential support for the effective functioning of NHS Scotland Committees and the NSS Board and Committees. They work closely with the Corporate Governance Directorate to uphold high corporate governance standards.

NHS Scotland 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.

Antimicrobial Resistance and Healthcare Associated Infection (ARHAI) Scotland

ARHAI Scotland is responsible for coordinating national surveillance, reporting of healthcare associated infections and monitoring antimicrobial resistance and prescribing. As part of NHS Scotland Assure, we also provide evidence-based guidance and expert advice on infection prevention and control to reduce healthcare-associated infection (HAI).

APPENDIX – KPI Checklist

KPI	Requirement	See Section
1.	A statement outlining learning, changes or improvements to services or procedures as a result of consideration of whistleblowing concerns.	Section 8, Page 11
2.	A statement to report the experiences of all those involved in the whistleblowing procedure (where this can be provided without compromising confidentiality).	Section 8, Page 11
3.	A statement to report on levels of staff perceptions, awareness and training.	Section 9, Page 12
4.	The total number of concerns received	Section 6a, Page 7
5.	Concerns closed at stage 1 and stage 2 of the whistleblowing procedure as a percentage of all concerns closed.	Section 6c, Page 9
6.	Concerns upheld, partially upheld, and not upheld at each stage of the whistleblowing procedure as a percentage of all concerns closed in full at each stage.	Section 6d, Page 9
7.	The average time in working days for a full response to concerns at each stage of the whistleblowing procedure.	Section 6e, Page 10
8.	The number and percentage of concerns at each stage which were closed in full within the set timescales of 5 and 20 working days.	Section 6e, Page 10
9.	The number of concerns at Stage 1 where an extension was authorised as a percentage of all concerns at Stage 1.	Section 6e, Page 10
10.	The number of concerns at stage 2 where an extension was authorised as a percentage of all concerns at Stage 2.	Section 6e, Page 10

This annual report will be published on the NSS website.

For alternative formats please contact NSS.EqualityDiversity@nhs.scot

NHS National Services Scotland

Meeting:	NSS Board
Meeting date:	27 June 2025
Title:	Co-opted Member appointment for Finance, Procurement and Performance Committee
Paper Number:	B/25/21
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 In order to support the work of the Finance, Procurement and Performance Committee (FPPC) – a Standing Committee of the NSS Board – it is proposed that the Board approve the recommendation to Co-opt a member to the Committee as per the terms set out in this paper.

2. Recommendation

- 2.1 As Executive Director, I am assured that the recommendation to Co-Opt a member to the FPPC, presented for approval, meets the requirements of the governance of NSS and will support the work of the FPPC.
- 2.2 It is recommended that the Board:
 - 2.2.1 Approve Professor John Innes to join the NSS Finance, Procurement, Performance Committee as a Co-opted Member under the terms set out in this paper and for up to a period of 12 months.
 - 2.2.2 Delegate authority to the Associate Director Corporate Governance (Board Secretary) to make the necessary arrangements to progress the appointment.

3. Executive Summary

- 3.1 Within the NSS Standing Orders – approved by the Board in March 2025 – there is provision which permits the Board to co-opt a member onto any of its Standing Committees under paragraph 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.

- 3.2 Following recent discussions the NSS Board Chair and the NSS Chief Executive agree that the recommendation to co-opt Professor John Innes (currently a Non-Executive Director of NHS Lothian) to the FPPC. This was discussed informally with the Board during its Development Session on 23 April 2025. It was agreed that this will bring the necessary skills and knowledge – specifically in support of the Scottish National Blood Transfusion Service (SNBTS) strategy and its implementation. The development of the SNBTS strategy is within the remit of the FPPC and there is significant knowledge and expertise Professor John Innes can provide to the Committee to support successful delivery of the strategy.
- 3.3 It is proposed that Professor John Innes will be appointed as a Co-opted Member of FPPC for a period of up to twelve months from the date of the decision of the Board (27 June 2025). They will perform approximately one day per month in relation to the work they deliver for NSS, and this will be paid at the standard day rate for a Non-Executive Director.
- 3.4 The Board is asked to note that as a Co-opted Member, Professor Innes will not have voting rights within FPPC nor will they be counted when determining the Committee's quorum. The appointment of Professor Innes is as a Co-opted member and not as a Non-Executive Director.
- 3.5 The Co-Opted Member will be expected to conduct themselves in accordance with the Principles of Public Life and the Board Members Code of Conduct.
- 3.6 The Co-opted Member will be privy to confidential information relating to the FPPC's work. This includes discussions, proposals and decisions taking during meeting coupled with an documents or reports shared in that context. As such the Co-opted Member will be expected to maintain confidentiality of this information at all times, both during their tenure and afterwards. This means not disclosing such information to any unauthorised individuals or entities without the explicit consent of NHS National Services Scotland.
- 3.7 The Co-Opted Member has received an in-principle letter of appointment from the Board Chair and the recommendation in this paper seeks the formalisation

of this a decision of the Board as per the Standing Orders and further formalises the terms of the Co-Opted Membership of FPPC.

4. Impact Analysis

4.1 Quality and Value

- 4.1.1 The purpose of Co-opting a Member to a Board Standing Committee is to provide expertise, knowledge and challenge which will enable NSS to progress in its ambition.

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 The Co-opted member will be expected to adhere to all NSS Data and Information Governance policies and guidance. There are no data protection or information governance risks or considerations to be addressed at this stage.

5. Risk Assessment/Management

- 5.1 There are no risks associated with the recommendations in this report. The Co-Opted Member will receive a letter of appointment confirming the terms of their appointment.
- 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 The Co-Opted Member will be remunerated for their services at the current day rate for Non-Executive Directors for one day per month. This will include attendance at FPPC meetings, preparatory work and any other work set out by the Board Chair or Chief Executive. Based on the current day rate for 2025/26 of £276.00 this will equate to a full year amount of £3,312.

7. Workforce Implications

- 7.1 There are no direct workforce implications as a result of the recommendations in this paper.

8. Climate Change and Environmental Sustainability Implications

- 8.1 There are no Climate Change or Environmental Sustainability implications as a result of the recommendations in this paper.

9. Route to Meeting

9.1 Board Level decision.

10. List of Appendices and/or Background Papers

10.1 None

NHS National Services Scotland

Meeting:	NSS Board
Meeting date:	Friday 27th June 2025
Title:	Financial Performance: March 2025 (M12 2024/25)
Paper Number:	B/25/22
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 NSS Board with a report on the full year financial performance for FY24/25 and an update on FY25/26.

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 has achieved all statutory financial targets for FY24/25, and accept the assurances from the Responsible Executive.

3. Executive Summary

- 3.1 NSS has fully achieved its statutory financial targets for FY24/25 (subject to external audit review). A financial performance report for FY24/25 can be found in Appendix 1 “FY24/25 Financial Report”.
- 3.2 Our financial performance for the year was formally recognised in the letter received from Alan Gray, Director of Health and Social Care Finance on 9th May following our quarterly review. The letter is contained in Appendix 2.

Financial Performance at Month 2 (May) 2025/26

- 3.3 The first reporting cycle of FY25/26 was completed at the end of May 2025, and EMT considered that report at their meeting on 16 June 2025. At this early stage in the year, NSS is on track to meet all its statutory targets and is reporting an underspend on revenue of £1.6M driven primarily by vacancies.

Funding Considerations

- 3.4 The Agenda For Change pay award for FY25/26 and FY26/27 was agreed on 16th May 2025, with a 4.25% increase in FY25/26 then a further 3.75% increase the following year. Although this is above the original planning assumption (3%) SG has confirmed that the additional impact will be funded centrally.
- 3.5 On 13 June 2025, SG confirmed funding allocations for employers National Insurance contributions (£3.409M) and Sustainability (£3.182m). These funding commitments made by SG as part of the budget process are recurring and collectively are higher than originally planned. The balance will be retained in reserves.
- 3.6 NHS Scotland Directors of Finance agreed to the £101m NSD Risk Share top slice for FY25/26 on 15th May 2025, protecting NSS’ overall financial position.
- 3.7 On-going discussions with the Payroll Quality Board progress in a positive manner with a view to Boards transferring baseline funds to NSS to cover the cost-of-service provision and mitigate NSS’ financial risk, replacing current annual recharging arrangements.

Capital Plan

- 3.8 NSS has been notified of additional funding of £2.2m from the Business Continuity Planning (BCP) process since Board approved the Capital Plan in March. This could increase further should there be wider NHS Scotland

slippage. The additional funding will enable NSS to re-prioritise revenue funding currently directed towards capital.

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 The Financial Plan for FY25/26 reflected NSS' overall Risk Appetite and had a specific section on Financial Risk Mitigation (see Appendix 3).
- 5.2 There have been a number of positive actions since the Financial Plan was approved (outlined in section 3 above) where existing and additional funding assumptions have been confirmed, across both revenue and capital budgets.
- 5.3 In terms of NSS' Financial Sustainability, the formal Corporate Risk that was previously "Red" has been downgraded to "Amber" to reflect the mitigations that are in place.
- 5.4 The detailed Finance Report (Appendix 1) summarises the Financial Sustainability Action Plan deliverables during FY24/25.
- 5.5 The Cost-Conscious culture and Financial Management maturity of Budget Holders across NSS continues to strengthen and develop. The focus for FY25/26 is on pro-active work with Key Decision Makers in Directorates, as well as maintaining established arrangements with NSS Board; FPPC; EMT; and Partnership Forum.
- 5.6 The establishment of the NSS Data Board enables Business Finance to channel corporate requirements around data and management information through a more formal route.

6. Financial Implications

- 6.1 NSS has achieved all statutory financial targets in FY24/25 and has a balanced financial plan for FY25/26 onwards.

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 EMT. Actions agreed will be managed collectively by EMT.

9.2 The March financial position was discussed by EMT at its meeting on 22nd April, and the full year report presented here, plus the year to date position at May 2025 was reviewed by EMT on 16th June. This report was also scrutinised by FPPC at its meeting on 17th June.

10. List of Appendices and/or Background Papers

10.1 The following appendices are included with this report:

- Appendix No 1: 2024/25 Month 12 Finance Report (March 2025)
- Appendix No 2: 2024/25 NHS National Services Scotland Q4 Review
- Appendix No 3: 2025/26 Financial Risk Mitigation (extract from agreed Financial Plan)



NSS Financial Performance

March-25

NSS Finance, Procurement and Performance Committee

Financial Performance – March 2025

Executive Summary

Performance Summary

NSS has fully achieved its statutory financial targets for FY24/25 - subject to external audit review (see adjacent)

Revenue (£0.5M underspend)

The underspend position consists:

- **NSS Core:** various services have trading surpluses' driven by vacancies. There has also been underspends across investment funds as well as publicity and advertising within SNBTS. The operational performance slides later in this report provide further detail for each Directorate.
- **Hosted Funds (exc. NSD):** overall overspend is across DaS programmes.
- **NSD:** Risk share overspend has been partially offset by reduction in pay and specialist services costs. Through CFN and DOFs, Boards agreed to fund the Risk Share shortfall of £1.4M to ensure this budget has achieved break-even.

All expected allocations have been received in M13 letter.

Since M11, the NSS position has improved but is largely in line with the Reserves and underlying position that has been reported for several months to the EMT.

CRES has been overachieved by £1.8M in 24/25 (against the opening plan) including additional vacancies in NSD. This has not been retained by NSS and has offset the funding required from Boards. Business Controllers have reviewed all other underspends that have been achieved and will be discussing any 25/26 implications with Directors / SLTs.

Capital (£0.1m underspend)

Overall, the capital budget for NSS is underspent due to delays within SNBTS programmes (smart blood fridges and MAK systems interfaces). Of the buildings vacated, dilapidation payments of £0.2M were made against a provision of £0.7M which is a positive outcome for NSS.

NSS Targets	FY Budget £'000	FY Outturn £'000	Variance £'000	Target
Revenue Total	0	(498)	498	Breakeven
Revenue Income	(1,181,512)	(1,220,255)	38,743	
Revenue Costs	1,181,512	1,219,757	(38,245)	
CRES Total	16,510	18,270	(1,760)	3% Recurring
NSS (exc NSD) CRES	15,408	15,408	0	
NSD CRES	1,102	2,862	(1,760)	
Direct Capital Total	0	(105)	105	Breakeven
Capital Income	(9,364)	(9,364)	0	
Capital Costs	9,364	9,259	105	

Key Messages

NSS has achieved its statutory financial targets (subject to audit review) in FY24/25 and has a balanced budget for FY25/26. However, given the financial climate across NSS Scotland and restricted budgets, it must continue to remain vigilant – monitor costs closely and actively seek opportunities for **recurring savings** which will ensure long term financial sustainability of NSS and NHS Scotland.

NSS had planned with SG Finance for a return of surplus revenue funding depending on how financial risks and opportunities materialised (or not) at year end as per Reserves scenario planning. **£4.8m was ring-fenced for M365 VAT risk – this was initially returned to SG but has been re-allocated to NSS in-line with the HMRC ruling on 28th May where VAT has deemed to be irrecoverable.**

In terms of general trading surpluses and central, unutilised operating contingency, **NSS has been unable to commit this in full, principally due to a lack of internal capacity and readiness. The funding return to SG helps offset pressures at NHS Scotland level.**

NSS Finance, Procurement and Performance Committee

Financial Performance – March 2025

Operational Performance: Directorate Summary

Financial Performance (£k) - Outturn vs Plan					
Directorate	Variance to Budget			Other Financial Targets	
	Core	Hosted Funds	Total	CRES*	Capital
NHS Assure	5	n/a	5	-	(130)
NSD	0	3	3	(1,760)	22
SNBTS	5	n/a	5	-	227
DaS	515	(486)	29	-	(25)
FCGLS	210	0	210	-	n/a
SPST	367	n/a	367	-	n/a
HR	915	n/a	915	-	n/a
Clinical	203	n/a	203	-	n/a
NP	398	260	658	-	n/a
PaCC	1,050	n/a	1,050	-	12
Subtotal	3,668	(222)	3,446	(1,760)	105
Reserves	(2,948)	0	(2,948)	-	n/a
Total	720	(222)	498	(1,760)	105

Performance Summary by Directorate

The table on the left summarises the Directorate positions for Revenue, Capital and CRES.

The following slides provide additional breakdown of the financial performance and analysis of the positions with considerations to be taken in 25/26 by each directorate.

NSS Finance, Procurement and Performance Committee

Financial Performance: March 2025

Operational Performance (£'000) by Directorate: DaS

■ On Track
■ At Risk
■ Off Track
■ n/a

Directorate	Revenue			Capital			CRES		
	FY Budget	FY Outturn	Var	FY Budget	FY Outturn	Var	FY Budget	FY Outturn	Var
	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000
DaS Total	0	(30)	29	-	25	(25)	565	565	-
Core	0	(515)	515	-	25	(25)			
Income	(54,143)	(55,339)	1,196	(5,066)	(5,066)				
Costs	54,143	54,823	(681)	5,066	5,092				
Hosted Funds	0	486	(486)						
Income	(133,036)	(136,992)	3,957						
Costs	133,036	137,478	(4,443)						

24/25 Summary of Position	25/26 Considerations
<p>Revenue: Hosted funds overspend due to additional costs incurred in SWAN and PACS. This has been offset by surplus in GPIT (supplier issues), COVID/Flu vaccinations and Prisons programme. Within Core, vacancies continue to be the main driver of the underspends with gap being managed with additional contractors.</p> <p>CRES: fully achieved.</p> <p>Capital: overspend in delivery of the Diabetic Eye Screening Digital Portal.</p>	<p>DaS had high levels of vacancies during 24/25 as reflected in core underspend. The service has been working closely with HR to increase capacity. Although the resource gap has been partly filled with additional agency and contractors, it has resulted in delay in demand requests being fulfilled and associated recoveries. Given the (internal) demand for DaS services will continue / increase, focus on recruitment must be maintained to ensure a successful delivery within NSS and realisation of benefits. DaS is largely funded by HB and SG allocations and to ensure financial targets will be achieved, DaS must focus on improving its recharge process and continue to engage with customers to ensure delivery costs are affordable and sustainable in the long term. This is an area which will be subject to Internal Audit in 2025/26.</p>

NSS Finance, Procurement and Performance Committee

Financial Performance: March 2025

Operational Performance (£'000) by Directorate: NP

■ On Track
■ At Risk
■ Off Track
■ n/a

Directorate	Revenue			Capital			CRES		
	FY Budget	FY Outturn	Var	FY Budget	FY Outturn	Var	FY Budget	FY Outturn	Var
	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000
NP Total	-	(658)	658				1,685	1,685	-
Core	-	(398)	398						
Income	(81,238)	(90,711)	9,473						
Costs	81,238	90,313	(9,075)						
Hosted Funds	-	(260)	260						
Income	(219,054)	(239,006)	19,951						
Costs	219,054	238,745	(19,691)						

24/25 Summary of Position	25/26 Considerations
<p>Revenue: Additional stock issues to HB and SNBTS has been the main driver of income and costs increases. At year end, £1.6M of stock provision has been released due to a reduction in stock at risk of obsolescence and the gain has been returned to SG. Despite the increase in stock issues, Logistics did not require additional funding from Boards but had to recruit additional agency staff due to vacancies in core.</p> <p>CRES: fully achieved despite risk associated with the £1.3M of Logistics CRES.</p>	<p>The 25/26 Service Charge has not yet been agreed by Corporate Finance Network and during initial reviews Boards were not receptive of cost increases associated with pay inflation.</p> <p>NSS Finance is working with SG Finance to confirm funding assumptions for Logistics (including pay uplift; RWW; National Insurance) and once this is confirmed, the final position will be taken to Boards (via CFN and DOFs) to review and approve.</p> <p>NSS has also recommended that DoF Logistics subgroup is reinstated taken the anticipated reviews of existing infrastructure.</p> <p>Procurement must also ensure that when funding is being negotiated with SG and HB the VAT implications have been fully considered and included in the funding request.</p>

NSS Finance, Procurement and Performance Committee

Financial Performance: March 2025

Operational Performance (£'000) by Directorate: FCGLS

■ On Track
■ At Risk
■ Off Track
■ n/a

Directorate	Revenue			Capital			CRES		
	FY Budget	FY Outturn	Var	FY Budget	FY Outturn	Var	FY Budget	FY Outturn	Var
	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000
FCGLS Total	-	(210)	210				1,510	1,510	-
Core	-	(210)	210						
Income	(36,132)	(37,883)	1,751						
Costs	36,132	37,673	(1,541)						
Hosted Funds	-	(0)	0						
Income	(128,744)	(128,744)	-						
Costs	128,744	128,744	0						

24/25 Summary of Position	25/26 Considerations
<p>Revenue: underspend driven by vacancies, which has offset long term agency use in Contractor Finance (now resolved) and high levels of overtime in Payroll Services. The financial pressure from the delay in vacating Anderson House has been mitigated by additional fee income.</p> <p>CRES: target has been achieved and shortfall in property savings has been offset by additional vacancies and recoveries.</p>	<p>Financial plans highlight two service areas where funding and financial arrangements are changing in-line with Service Design work and Activity Based Costing.</p> <p>CLO fees for FY25-26 have reduced by 12% reflecting reductions in overheads for business support and property, and a continued focus on skill mix and productivity. The achievement of full cost recovery will be monitored closely in year.</p> <p>Activity based costing has highlighted financial impact of variation in process across individual Payroll teams, with existing recovery rates not reflective of resource required to address demand. Work underway with Payroll Quality Board to agree funding contributions through budget transfer to allow a focus on reducing variation and increasing productivity going forward. Staff across the Directorate are focussed on the Business Services Transformation Programme during FY25/26 to ensure board level actions are completed on time and future benefits are optimised and realised.</p>

NSS Finance, Procurement and Performance Committee

Financial Performance: March 2025

Operational Performance (£'000) by Directorate: PaCC



Directorate	Revenue			Capital			CRES		
	FY Budget	FY Outturn	Var	FY Budget	FY Outturn	Var	FY Budget	FY Outturn	Var
	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000
PACC Total	-	(1,050)	1,050	-	(12)	12	501	501	-
Core	-	(1,050)	1,050	-	(12)	12			
Income	(36,110)	(36,273)	163	587	(587)				
Costs	36,110	35,223	887	(587)	575				

24/25 Summary of Position	25/26 Considerations
<p>Revenue: surplus driven by pay underspends in Service Delivery & PPBS, NCC vacancies overhead contribution and additional income partially due to services provided to NECU and NHSD&G. PaCC non-pay budget has been tightly controlled.</p> <p>CRES: fully achieved</p> <p>Capital: Surplus within Bain Square</p>	<p>Though the planning process, NSS has agreed to fund the NITC project (£1.5m). The underspend in FY24/25 is noted and a 'missed opportunity' to commit essential development work from available funding.</p>

NSS Finance, Procurement and Performance Committee

Financial Performance: March 2025

Operational Performance (£'000) by Directorate: NSD



Directorate	Revenue			Capital			CRES		
	FY Budget	FY Outturn	Var	FY Budget	FY Outturn	Var	FY Budget	FY Outturn	Var
	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000
NSD Total	(0)	(3)	3	-	(22)	22	1,102	2,862	(1,760)
Hosted Funds	(0)	(3)	3	-	(22)	22			
Income	(340,132)	(340,656)	524	622	(622)				
Costs	340,132	340,653	(521)	(622)	600				

24/25 Summary of Position	25/26 Considerations
<p>Revenue: underspend driven by vacancies within Networks and NSD Management Teams. This surplus and an additional top-slice of £1.4M from Health Boards were required to address the pressures in screening and risk share totalling c£3.9M. Refer to slide 12 for breakdown by service.</p> <p>CRES: Additional CRES achieved due to vacancies in NSD</p>	<p>The NSD Budget for FY25/26 has been progressed with SG Finance to agree key funding principles and also with the CFN Sub-Group. Risk Share Top Slice has been agreed by CFN and DOFs.. The requirement in FY25/26 is significantly higher than FY24/25 due to the financial impact of SMC decisions and (new) developments, combined with limited CRES plans from Boards and drugs price savings which were frequent in the past. A 'reset' is required to ensure the NHS Scotland system is addressing the challenges here with a focus on controls, earlier financial planning and a multi-year view. Beyond Risk Share, work continues with SG Finance around baseline funding and specifically, pressures in screening will remain and must be addressed with SG Policy Team.</p>

NSS Finance, Procurement and Performance Committee

Financial Performance: March 2025

Operational Performance (£'000) by Directorate: Clinical



Directorate	Revenue			Capital			CRES		
	FY Budget	FY Outturn	Var	FY Budget	FY Outturn	Var	FY Budget	FY Outturn	Var
	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000
Clinical Total	-	(203)	203				87	87	-
Core	-	(203)	203						
Income	(9,299)	(9,419)	120						
Costs	9,299	9,216	83						

24/25 Summary of Position	25/26 Considerations
<p>Revenue: Surplus in Screening Oversight and Assurance in addition to additional income for secondment being achieved.</p> <p>CRES: fully achieved.</p>	<p>Clinical has a balanced budget for 25/26.</p> <p>Since 24/25 a number of budget transfers have been made from NSD and DaS and Clinical must ensure that these are fully updated within the corporate systems.</p>

NSS Finance, Procurement and Performance Committee

Financial Performance: March 2025

Operational Performance (£'000) by Directorate: HR



Directorate	Revenue			Capital			CRES		
	FY Budget	FY Outturn	Variance	FY Budget	FY Outturn	Variance	FY Budget	FY Outturn	Variance
	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000
HR Total	-	(915)	915				208	208	-
Core	-	(915)	915						
Income	(6,917)	(7,158)	241						
Costs	6,917	6,243	674						

24/25 Summary of Position	25/26 Considerations
<p>Revenue: surplus driven by vacancies pending HR review and a small underspend was achieved within corporate budgets (PDP and Training). The vacancies have put the service under-pressure and recruitment has restarted later in the year with the aim to have all planned posts filled.</p> <p>CRES: fully achieved.</p>	<p>HR must ensure recruitment into vacancies continues at pace to ensure services are resourced to the agreed establishment. A timeline would be helpful for financial forecasting but more importantly to inform impact on service capacity / delivery .</p> <p>HR have received additional funding for eRostering and managing the work required to deliver the reduction in the working week.</p> <p>As per FCGLS, Business Services Transformation must be an important focus during FY25/26 and expert resource / capacity must be available to support this work, within HR, across NSS and wider NHSS</p>

NSS Finance, Procurement and Performance Committee

Financial Performance: March 2025

Operational Performance (£'000) by Directorate: SPST



Directorate	Revenue			Capital			CRES		
	FY Budget	FY Outturn	Var	FY Budget	FY Outturn	Var	FY Budget	FY Outturn	Var
	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000
SPST Total	-	(367)	367				296	296	-
Core	-	(367)	367						
Income	(11,853)	(12,045)	192						
Costs	11,853	11,678	175						

24/25 Summary of Position	25/26 Considerations
<p>Revenue: surplus driven by vacancies in SPC and delay in new risk system implementation. This has been offset by PGMS overspend of £0.2M.</p> <p>CRES: fully achieved.</p>	<p>At the start of 24/25 PGMS was forecasting a gap of £0.8M and this has reduced to £0.2M at year end. Given the financial climate across NSS Scotland and restricted budgets, SPST should remain vigilant containing costs within their funding envelope.</p> <p>During the Financial Planning process PGMS agreed a Day Rate to allow them to achieve financial balance and the drop in demand that causes the issues in 24/25 has not arisen in 25/26.</p>

NSS Finance, Procurement and Performance Committee

Financial Performance: March 2025

Operational Performance (£'000) by Directorate: NHS Assure

■ On Track
■ At Risk
■ Off Track
■ n/a

Directorate	Revenue			Capital			CRES		
	FY Budget	FY Outturn	Var	FY Budget	FY Outturn	Var	FY Budget	FY Outturn	Var
	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000
NHS Assure Total	-	(5)	5	-	130	(130)	614	614	-
Core	-	(5)	5	-	130	(130)			
Income	(58,276)	(58,511)	235	1,170	(1,170)				
Costs	58,276	58,506	(230)	(1,170)	1,300				

24/25 Summary of Position	25/26 Considerations
<p>Revenue: balanced position achieved despite significant inflationary pressures in property. Assure also managed a reduction in SG Allocation of £1.3M by robust vacancy management controls.</p> <p>CRES: fully achieved.</p> <p>Capital: overspend in HVO fuel tank project funded by slippage.</p>	<p>In 24/25 there was significant pressure within property costs including utilities, but prices are expected to decrease in 25/26. Usage should continue to be monitored closely. Assure must also continue to control repair and maintenance costs tightly.</p> <p>In 25/26, there will be significant spend within capital with an opening budget of £5.4M. There has been volatility in this area in 24/25 due to delays in work being completed and funding was returned as a consequence. Project Leads in Assure must continue to have tight controls and ensure Finance / SIB are aware of all risks.</p>

NSS Finance, Procurement and Performance Committee

Financial Performance: March 2025

Operational Performance (£'000) by Directorate: SNBTS



Directorate	Revenue			Capital			CRES		
	FY Budget	FY Outturn	Var	FY Budget	FY Outturn	Var	FY Budget	FY Outturn	Var
	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000
SNBTS Total	-	(5)	5	-	(227)	227	1,427	1,427	-
Core	-	(5)	5	-	(227)	227			
Income	(69,927)	(70,862)	935	1,708	(1,708)				
Costs	69,927	70,857	(930)	(1,708)	1,482				

24/25 Summary of Position	25/26 Considerations
<p>Revenue: Higher Health Board and third-party income achieved. Underspends in pay and publicity & advertising have offset pressures in pay due to RWW, property and transport costs.</p> <p>Capital: surplus due to delay in several programmes, including smart blood fridges and MAK systems interfaces.</p> <p>CRES: fully achieved.</p>	<p>'Publicity & Advertising was a significant underspend in FY24-25 in-line with spending controls. SNBTS should consider impact has this had on donor supply and whether this reduction could be made recurring. Significant additional investment was made in SNBTS to cover known service pressures in 25/26 and budget should be de-risked as a result.</p> <p>The further reduction in the working week planned for April 2026 will require roster changes, requiring organisational change to implement. The financial implications will be closely managed.</p>

NSS Finance, Procurement and Performance Committee

Financial Performance – March 2025

Revenue Variance Analysis: Summary (£'000)

RAG

The overall FY24/25 Revenue position for NSS as of M12 close is of **an underspend of £0.5M**. The table below summarises variances by category and type.

	Hosted Funds	NSS Core	Total
Income Budget	(£820,966)	(£360,546)	(£1,181,512)
Movement	(£24,429)	(£14,315)	(£38,743)
Income Received	(£845,394)	(£374,861)	(£1,220,255)
Cost Budget	£820,966	£360,546	£1,181,512
Pay Savings	(£1,672)	(£9,264)	(£10,936)
Non-Pay	£24,430	£22,499	£46,928
Other Non-Pay	£1,893	£360	£2,253
Costs Incurred	£845,616	£374,141	£1,219,757
Surplus	£222	£720	£496

Slide 15 summarises the £0.7M surplus in core

Slide 16 has additional breakdown of the pay variances.

Slide 17 has a breakdown of hosted funds by programme.

NSS Finance, Procurement and Performance Committee

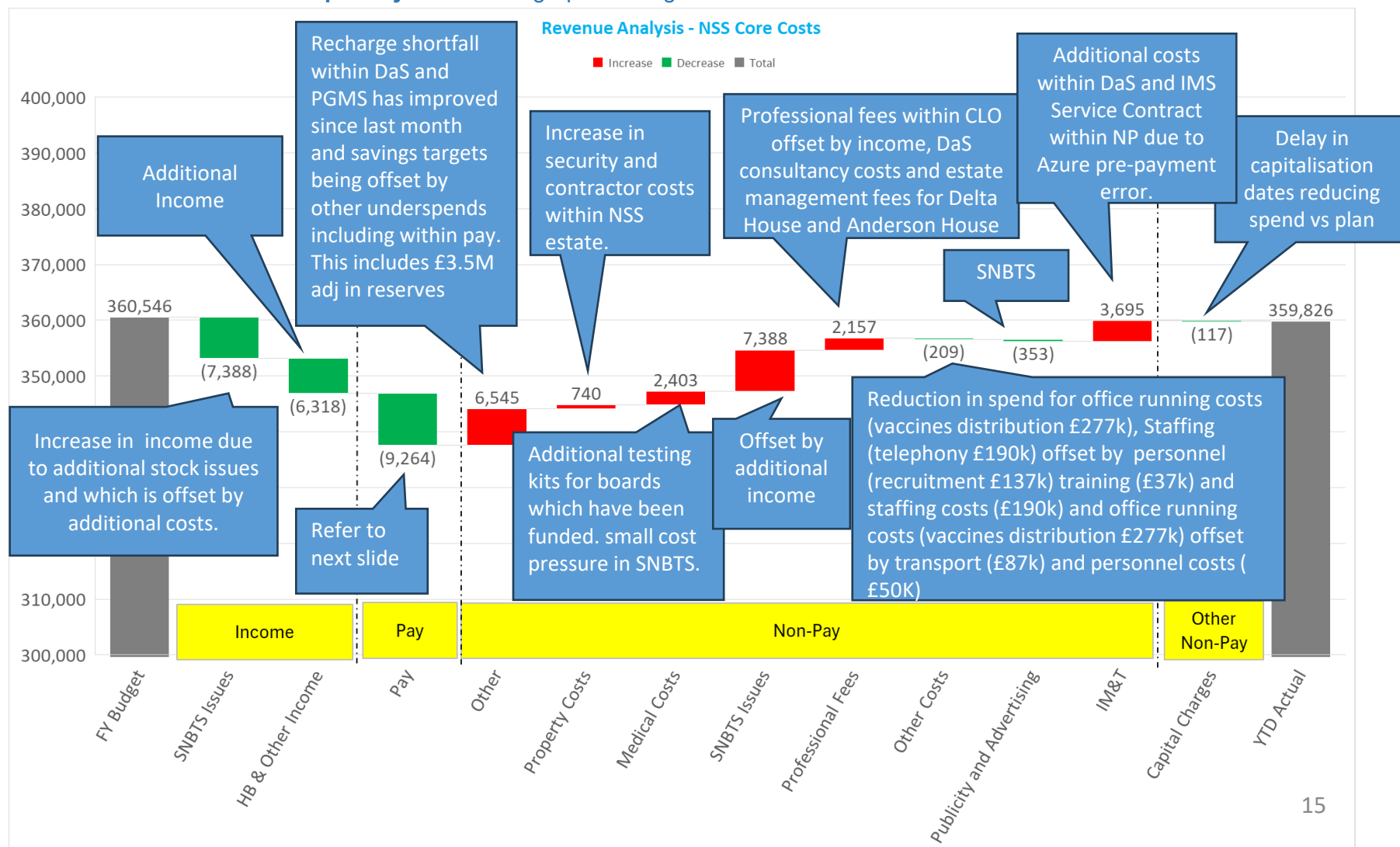
Financial Performance – March 2025

Revenue Analysis – NSS Core (£'000)

RAG

The table below details the key variances across NSS Core.

Overall NSS Core has underspent by £0.7M. The graph below gives a further breakdown of the variance.



NSS Finance, Procurement and Performance Committee

Financial Performance – March 2025

Revenue Analysis – Pay Deep Dive (£'000)

RAG

The table below details the pay spend per Directorate and by category.

Directorate	YTD Budget	24-25 Actuals					Budget vs Actual
		Pay	Overtime & Enhanced Pay	Secondee Costs, Income and recharges	Agency	YTD Actual	
SNBTS	53,328	50,500	1,949	342	27	52,818	510
DaS	39,613	34,237	64	451	1,329	35,702	3,911
FCGLS	24,738	24,103	258	(278)	80	24,530	208
NP	23,453	20,431	1,509	61	1,886	23,614	(161)
NHS Assure	20,917	19,797	149	117	135	19,878	1,039
PACC	20,399	18,545	277	(1)	581	19,403	997
SPST	15,092	14,177	38	(631)	48	13,768	1,325
NSD	9,482		1	(80)	-	8,489	993
HR	5,900	5,260	0	(284)	-	5,234	666
Clinical	4,202	3,817	-	(211)	-	3,501	701
Redeployment	1,054	675	0	(302)	-	307	747
Total	218,180	191,541	4,245	816	4,084	207,243	10,936
% Total Spend		92%	2%	0%	2%		
PY Spend	209,383	187,818	5,222	148	8,978	201,928	7,454

Budget vs Actual (NSS Core)	Budget vs Actual (Hosted Funds)	PY YTD Spend	24/25 vs 23/24
510		48,553	(4,265)
2,927	985	36,278	576
182	27	20,678	(3,852)
171	(332)	23,495	(119)
1,039		18,643	(1,235)
997		23,765	4362
1325		13,441	(327)
	993	9,281	792
666		4,759	(476)
701		2,885	(616)
747		93	(214)
9,264	1,672	201,928	(5,315)

Overall NSS pay costs are c£10.9M lower than budgeted due to robust vacancy management controls. Compared to prior year pay costs have increased by £5.3M but if adjusting for pay inflation, costs have decreased by £6.8M.

- 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 tighter vacancy controls. This has reduced the deficit in PGMS to £0.2M.
- NSD has had vacancies within management and networks. This saving has been utilised to offset service pressures and reduce funding required for risk share.
- The Assure vacancies were driven by SG allocation reduction.
- PaCC vacancies within Service Delivery resulting in service pressures.
- HR have paused recruitment during the year due to service review. Vacancies are now being filled.
- Actual redeployment costs have reduced by £0.5M compared to prior year. Table above has other central costs such as year end accruals.

FY25/26 Focus - Directorates must continue to manage workforce budgets robustly, in-line with the "15 box grid" and overseen by VMG. Funding should be confirmed prior to recruitment and opportunities to convert vacancies to CRES should be actively pursued. Use of Agency, overtime and enhanced hours should be minimised to reduce costs.

NSS Finance, Procurement and Performance Committee

Financial Performance – March 2025

Services delivered on behalf of NHS Scotland

RAG



FY24/25 Actual

The adjacent table outlines the financial performance of services which NSS manage on behalf of NHS Scotland.

The overall funding requirements for FY24/25 has increased by £2.9M mainly due to additional stock issues of £16M from NDC, and £1.6M within NSD.

Overall national services are reporting an **overspend of £0.2M**:

- Overall funding envelope for DaS has increased since M11 by £1.3M due to additional funding being received for M365, eHealth programmes and GPIT. DaS managed the £1.3M pressure within ATOS committed development resource (CDR) with agreement from DHAC.
- NDC surplus of £260k driven by non-pay underspends. NDC achieved challenging CRES targets this year and despite increase in stock issues did not require additional funding from HB.
- NSD small surplus achieved – refer to slide 20

Any funding that was not required has been returned to SG/Boards as appropriate.

*The budget includes the recharges of £23.9M which is within non-pay.

Hosted Funds	FY Bud	FY Act	YTD Var	% Budget Spent
O365	55,716	55,880	(165)	100%
ATOS	42,097	41,703	394	99%
eHealth	38,784	39,717	(933)	102%
PAC's	8,282	9,484	(1,202)	115%
eRostrering	5,515	5,674	(159)	103%
GP IT	6,274	4,777	1,497	76%
CHI	4,220	4,139	82	98%
DaS Total	160,890	161,376	(486)	100%
NDC	239,006	238,745	260	100%
NSD	340,656	340,653	3	100%
SIBSS	128,731	128,731	0	100%
NSS Total	869,283	869,504	(222)	100%

NSS Finance, Procurement and Performance Committee

Financial Performance – March 2025

Scottish Government Funding Allocation Tracker (£'000)

RAG



SG Allocations - Outstanding

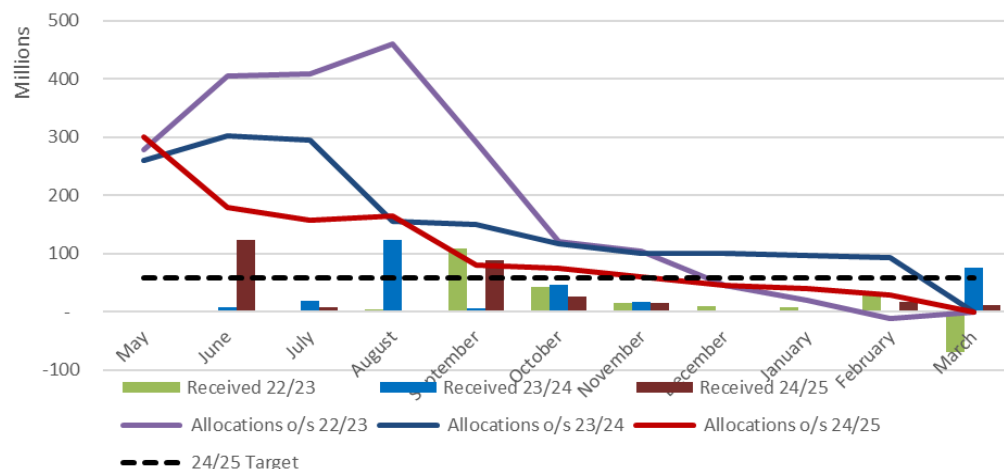
At M13, £290M revenue funding had been received in addition to baseline of £393M. **Some specific allocations (see table below) were offset centrally by SG Finance against the funding return.**

As previously stated, a significant level of funding has been returned. This was reported in Reserves Scenarios in previous reports.

The £4.8m risk for M365 VAT was initially provided for through AME funding but core revenue funding has been re-allocated from SG to cover the liability that has crystallised in-line with the HMRC assessment that M365 VAT is irrecoverable.

A planned £1.6m PPE stock provision release was transacted at year end, and forms part of the overall return.

Allocations Received Comparison with Prior Years



Directorate	Total	Comment
NHS Assure	400	Shotts £0.4M
NP	1,473	Medical Equipment £357k and £32k for Stock Management Supervisor
DaS	83	SLA - Clinical Advisor (eHealth Leadership)
Total	1,956	

NSS Finance, Procurement and Performance Committee

Financial Performance – March 2025

Delivery of Cash Releasing Efficiency Savings (CRES) (£'000)

RAG 

	Starting CRES Budget	YTD Achieved		Total CRES Achieved	Achieved as a % of FY Budget
		Recurring CRES	Non-Recurring CRES		
Clinical	87	87	-	87	100%
DAS	565	565	-	565	100%
FCGLS	1,510	1,510	-	1,510	100%
HR	208	84	124	208	100%
NHSAssure	614	614	-	614	100%
NP	1,685	1,685	-	1,685	100%
PSD	501	80	421	501	100%
Reserves	8,515	-	8,515	8,515	100%
SNBTS	1,427	316	1,111	1,427	100%
SPST	296	296	-	296	100%
NSD	1,102	589	2,273	2,862	260%
NSS Total	16,510	5,826	12,443	18,269	111%

NSS CRES Performance Summary

The table shows **reported achievement** of CRES for 24/25. **At year end NSS has delivered £18.3M of savings against a target of £16.5M.**

Business Controllers have reviewed wider financial surpluses generated by Directorates during FY24/25 (planned and unplanned) and are actively discussing with Directors / SLTs, including any impact into FY25/26 beyond opening, agreed plans

NSD Element

Within NSD, CRES has been overachieved by £1.6M and these additional non-recurring savings have reduced the funding required from Boards to offset risk-share pressures.

The additional CRES has been achieved within Pay costs (£2.2M of non-recurring CRES). Within the plan, £0.5M savings for Genomics has not been achieved this year and has been included in the CRES plan for 25/26.

Financial Performance – March 2025

Services delivered on behalf of NHS Scotland – NSD Outturn (£M)

Service Type	FY Budget	FY Outturn	Variance	Comments
Risk Share	74.45	75.71	● (1.26)	Additional top slice from Boards of £1.4M confirmed by SG. Overspend due to 2 patients being put on IMD drugs plus injection for muscular dystrophy
Specialist Services	226.23	225.20	● 1.03	Several services over and and underspent
Screening Services	29.10	30.36	● (1.26)	Mainly driven by bowel screening
Capital Charges	0.54	0.54	● 0.00	
NSD Costs	10.34	8.85	● 1.49	£1.5M underspends within Networks and NSD staff
Subtotal Total	340.7	340.7	● 0.00	

FY24/25 Revenue - Summary Outturn Position

NSD has delivered a balanced position despite material pressures within risk share and screening services. Additional top-slice from Boards of £1.4M has been confirmed by SG within the final funding letter.

FY25/26 Budget

NSD with support of Business Finance is taking a detailed Risk Share paper to CFN (14th May) which details increases to Board Top Slice requirements. Crucially, it recommends various actions improve the financial grip and control across NHS Scotland with respect to NSD developments including SMC. Both Director of NSD and Director of Finance has inputted to this as well as SG Finance.

NSS Finance, Procurement and Performance Committee

Financial Performance – March 2025

Reserves Overview - £'000

RAG

	£'000	
M12 Reserves Balance	2,975	Comment
Contingency	1,000	Funding not required
WRP Surplus	947	Surplus in WRP due to reduction in levels of staff in redeployment
Stock Provision release	1,249	Improved stock management resulting in lower provision required
Other Accrual releases	5,598	Several releases including M365 and redundancy provision
Directorate Surplus	3,446	Surpluses within Directorates which were returned to SG
Funding Return	(12,267)	Total funding return
M12 Closing Balance	(2,948)	

FY24/25 - NSS Reserves Overview the table summarises the main movements within reserves in the final month of the year and resulting funding return.

As per earlier in the paper, most of this position / funding return was planned and reflects (1) the likely scenario which was modelled during the latter half of FY24/25 (2) risk averse position of EMT / Board and (3) lack of capacity to take forward any priority developments before 31/3/25

NSS has an agreed, balanced financial plan for FY25/26 as approved by the Board in March. Within this plan, there are a number of key assumptions and provisions within Reserves. A prudent, risk averse position has already been taken which balances the need for prioritised investment (and ROI) against the macro-economic conditions and underlying financial risk across NHSS and for NSS. The financial position will continue to be closely monitored and reported during FY25/26 through scenarios covering financial risk and opportunity. It is critical that demands are prioritised and a backlog is maintained so that any additional funds can be committed in-year and NSS derives the direct benefit from such funding where there is a clear, justified need.

NSS Finance, Procurement and Performance Committee

Financial Performance – March 2025

Capital Programme Delivery – Plan (£'000)

RAG

Funding	Project	Directorate	FY			Actual as % of
			Budget	Outturn	Variance	
SG	CHI & Child Health	DaS	3,224	3,224	0	100%
NSS	Core Infrs - Network Hardware	DaS	352	356	(4)	101%
SG	Cylera	DaS	327	327	0	100%
SG	LIMS	DaS	1,110	1,110	0	100%
NSS	Diabetic Eye Screening Digital Pd	DaS	53	75	(22)	141%
SG EG	Foresterhill Steam Upgrades	Assure	410	420	(10)	103%
NSS	HVO Fuel Tank & EV Charging	Assure	572	694	(122)	121%
SG	Electric Charging Points	Assure	31	129	(98)	419%
NSS	Electric Charging Points	Assure	130	32	98	25%
SG	Acoustic Cameras	Assure	27	24	3	89%
NSS	Breast Screening Units	NSD	487	465	22	96%
SG	Breast Screening Units	NSD	135	135	0	100%
NSS	Donor Services & Transport	SNBTS	1,084	1,047	37	97%
NSS	Manufacturing	SNBTS	32	14	18	45%
NSS	Capital Tcat	SNBTS	512	484	28	94%
NSS	Patient Services	SNBTS	80	80	(0)	100%
NSS	All Other Projects	SNBTS	-	-	144	
NSS	Bain Square Move	PSD	49	37	12	75%
NSS	nDCVP	PSD	146	146	0	100%
NSS	IBML SCANNERS	PSD	392	392	0	100%
SG	Delapidations	Assure	210	210	0	100%
	Total		9,364	9,259	105	99%

FY24/25 Summary

At the close of the year, **Capital costs incurred by NSS were £9.3M and £0.1M lower than budget.** £5M of costs were capitalised in M12 which was in line with forecast.

Funding of £9.4M has been fully received and this is made up of:

- £2.9M formula allocation
- £2.2M of SG allocations
- £0.2M of revenue funding to capital
- £0.4M of Ellen's Glen sales proceeds. Remaining proceeds sums up to £6.3M.

NSS Finance, Procurement and Performance Committee

Financial Performance – March 2025

Financial Sustainability – Page 1 of 3

Overview NSS has several areas of focus to deliver its Financial Sustainability strategic objective. The work plan 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 FY24-25	FY25/26 Focus
Financial Grip & Control	Stronger Controls to pro-actively reduce / stop unplanned / discretionary expenditure		<p>A detailed list of Financial Grip & Control opportunities (including those which have been or are being implemented) was produced and is maintained within Business Finance.</p> <p>EMT formally remitted CCSG to review and develop guidance and controls across all areas of discretionary spend.</p> <p>As agreed at the EMT Budget Summit, there will be revamp of CCSG to ensure that NSS has a prioritised, focused plan to reduce discretionary non-pay spend. Support was asked from the SLF on 17th Feb to deliver priorities and enhanced controls.</p>	CCSG ToR is currently being re-drafted and delivery plan will align to the direction and decisions made during FY24/25 and through the Financial Planning Process.
Service Costing	<p>Prepare and maintain accurate Service Costings (in-line with activity drivers) to support decision making, planning and cost recovery</p> <p>Support the transformation of Financial Management Culture across NSS services</p>		<p>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; SNBTS SLAs; CLO Fees; Payroll SLAs) which this project can and is aligning to – reducing workload and expediting outputs / benefits.</p> <p>Position statement on Service Costing for each Directorate captured within the ISPs.</p> <p>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)</p>	<p>Detailed, realistic roll out plan is being refreshed. Suggested revamped CCSG oversees the delivery of this plan given nature and emphasis of project</p> <p>Targeted detailed roll-out (subject to readiness) for specific services based on opportunity / risk and readiness</p>

NSS Finance, Procurement and Performance Committee

Financial Performance – March 2025

Financial Sustainability – Page 2 of 3

Project	Benefits	Status	Delivered FY24-25	FY25/26 Focus
Data / MI	Consolidated, joined up single source of the truth which provides insight to support decision making and planning		<p>A revised process within Finance has been introduced to consolidate and join up pay information</p> <p>Finance PMO continues to drive consistency and completeness around CRES tracking and reporting.</p> <p>Agreement at COG to cease CDSI Project but concern that BAU processes and requirements are not fully embedded.</p> <p>Supported "Managing Internal Data" Internal Audit</p>	<p>Support and influence NSS Data Board and Data Planning via Integrated Service Plans</p> <p>Supporting and driving related work under One NSS Programme.</p> <p>Corporate KPIs measuring Data Accuracy is fundamental particularly given Business Systems</p> <p>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)</p>
Finance Dashboard	Enhanced content to support Budget Holder decision making and action		<p>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.</p> <p>Results continue to be published early for all Budget Holders – this marks significant improvement of over 33% (time)</p> <p>BI&A recently launched non-pay transactional detail within the Finance Dashboard (PHS pilot) so that Budget Holders can self-service and have the necessary detail to interpret summary balances to inform decisions and actions.</p>	<p>Consolidated pay information will be the source data to flow to all Budget Holders via the Dashboard.</p> <p>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.</p> <p>A budget holder training session "Ask the Expert" was delivered in April with another event planned in May</p>

NSS Finance, Procurement and Performance Committee

Financial Performance – March 2025

Financial Sustainability – Page 3 of 3

Project	Benefits	Status	Delivered FY24/25	FY25/26 Focus
Corporate Reporting	Enhanced content and insight to support decision making		<p>Various enhancements in year (visuals and £) NSS' total resources; risk levels and influence / control introduced to EMT & SLT reports.</p> <p>Positive meeting with Non-Executive Director (MM) on 10th October to help explain Board Report content</p>	<p>Continue to ensure it is more relevant for audiences (Board; FPPC; EMT; SMTs) based on requirements and feedback</p> <p>Ensure required actions (Finance and Budget Holders) are more explicit (and tracked) moving forward</p>
Budget Holder Engagement / Education	Greater clarity on roles and responsibilities between Finance and delegated Budget Holder		<p>FY24/25 Finance Charter issued to Directorates, with lots of Directorate SLT engagement sessions undertaken</p> <p>Specific engagement and support taken place in terms of Financial Planning Q3</p>	<p>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</p> <p>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.</p>
Corporate Foundations	Alignment to related corporate work to ensure One NSS approach		<p>Driving the introduction and work of the Change PMO, within wider CF portfolio.</p> <p>Consolidated COG Finance Report prepared and now embedded into BAU.</p>	<p>Continue to drive this agenda and ensure NSS maximises return and benefit from this crucial work</p> <p>Important that all corporate services are fully aligned to this including Business Finance under the One NSS programme</p>



E: alan.gray2@gov.scot

09/05/2025

Mary Morgan
Chief Executive Officer
NHS National Services Scotland

Cc:
Chair NHS National Services Scotland
Carolyn Low, Director of Finance & Business
Services

Dear Mary

NHS National Services Scotland – 2024-25 Quarter Four Review and 2025-26 Update

Following the recent Quarter Four review meeting held on 22 April 2025, I have set out below a summary of our assessment of the finance position for NHS National Services Scotland (NSS) for 2024-25 and an overview of the 2025-26 finance plan.

2024-25 year end position

The Board are reporting an underspend of £0.7 million at year end. This is a positive position to be ending 2024-25 and would wish to place on record my thanks to you and your teams for the hard work and commitment to meeting the statutory financial targets.

I also understand the Board's Quarter 4 financial return shows that £18.3 million of recurring and non-recurring savings have been delivered this year. This represents an increase on prior years savings, and when funds returned in year to support the wider portfolio position are taken into account, this takes the Board out-turn position beyond the 3% recurring savings target.

2025-26 position

Your financial plan for 2025-26, after taking account of non-recurring sustainability funding, is committing to delivering a break even position and was approved by Scottish Government on 31 March 2025.

We will continue to work with you towards achieving an outturn in line with your submitted plan and delivering the ambitious savings forecast that has been set, including aiming for 3% recurring savings in 2025-26.

Next Steps

I hope the above summarises the year end position and how we propose to continue to work with you and the Board in 2025-26.



I would also like to note my appreciation for the wider support your senior finance team provides at Corporate Finance Network, Financial Improvement Network and National Directors of Finance and am confident that this support will continue to be provided to my successor.

We look forward to continuing to work with the team in NSS and shall be happy to respond to any queries you may have in respect of this letter.

Yours sincerely,

Alan Gray

Alan Gray
Director of Health and Social Care Finance

Financial Risk Mitigation

The Financial Plan represents a **balanced and prudent “Risk Averse” position** – based on a **“Possible” rather than “Likely” scenario, with various provisions and controls** as summarised below. This approach ensures that the Financial Plan reflects the Board’s overall Risk Appetite.

Risk Category	Current Assumptions / Mitigations	Further Mitigations / Controls
Reduced NSS Funding / Income (being driven by the wider NHS Scotland Financial Position – this could include an ask from SG for additional savings, given removal of brokerage facility)	<p>The current Financial Plan reflects an income risk assessment flowing from Directorate ISPs – with provision for reduced funding with NSS Reserves.</p> <p>Indeed, a “Risk Averse” position has been prepared using the “Possible” scenario. If NSS were to be more “Risk Seeking” it could use the “Likely” scenario.</p> <p>The Financial Plan also include a general operating contingency of £1m.</p> <p>Any funding for “agreed” investments will not be released until COG is assured of readiness.</p> <p>Boards will fully fund NDC running costs based on Service Charge (8.7%) of total sales and this will be sufficient to cover the actual overhead cost.</p>	<p>NSS could take a more “Risk Averse” view and increase central provision, thereby reducing monies for priority investments.</p> <p>During FY25/26, NSS could increase / tighten financial controls as required in-line with the financial position:</p> <ul style="list-style-type: none"> • Stop discretionary spend • Stop projects / investments • Stop all non-essential recruitment
Capital Programme Slippage (for instance, Forresterhill)	<p>FY24/25 Financial Position is being managed robustly including consideration of essential expenditure which could be brought forward.</p> <p>Financial Plan has been updated to include a £3.5m funding envelope for “Red Risks” and prioritisation is required within this total.</p>	<p>SG has confirmed that NSS could draw down remaining proceeds from the sale of Ellen’s Glen Road if required (c£6m remaining).</p> <p>Subject to affordability, NSS could also vire more revenue to capital via SG.</p>
Incomplete Plans	<p>It is assumed that plans reflect NSS’ key priorities and deliverables – with general cover built-into the plan in terms of provisions and reserves.</p>	<p>Reprioritise deliverables based on emerging ask and available resources</p>
NI Funding	<p>As advised by SG Finance, NSS (like all Boards) assumes this impact will be fully funded.</p>	<p>Discussion at DOFs on 20th Feb confirmed this assumption is still valid for FY25/26.</p>
NSD Cost Pressures	<p>NSS continues to work closely with SG (and Boards) around this budget and assumptions.</p> <p>Clear understanding by SG that 3% CRES requirement is largely out with NSS’ control.</p> <p>NSD budget is “ring-fenced” in NSS with baseline uplift funding flowing to NSD in full.</p>	<p>Confirm NSD funding principles with SG Finance.</p> <p>Maximise Baseline funding / reduce SG allocations.</p>

NHS National Services Scotland

Meeting:	NSS Board
Meeting date:	27 June 2025
Title:	Hassockrigg Funding
Paper Number:	B/25/22a
Responsible Executive/Non-Executive:	Julie Critchley, Director of NHS Assure
Report Author:	Neil Redhead, Assistant Director of Facilities Kathryn Brady, Finance Business Partner Assets & Infrastructure
	[Reviewed by Carolyn Low, Director of Finance

1. Purpose

- 1.1 To request NSS provide a revenue investment of £1.1m in FY25/26 to allow the Hassockrigg project team to progress to the delivery phase of the project.
- 1.2 This funding will ensure NSS has fulfilled the Scottish Government (SG) request to deliver a clinical waste resilience site capable of stand-up on 7 days' notice. In addition, the site will be available for NSS to use aligned with the 25/26 Property Strategy.

2. Recommendation

- 2.1 It is recommended that the NSS Board approve a £1.1m revenue funding request in FY25/26 to the Hassockrigg project, noting that NSS will continue to seek funding from Health Boards and SG as appropriate.
- 2.2 This will secure the long-term future of the site and enable NSS to further develop the land and building in-line with the NSS 25/26 Property Strategy, failure to secure this investment could result in a recommendation to sell the land and building.

3. Executive Summary

- 3.1 NHS Scotland has experienced service disruptions associated with healthcare waste services in 2018 from the loss of contractor and again in 2021 with the current contractor's Scottish facility going on fire. Both disruptions cost NHS Scotland circa £24m from 2018 to 2020 during contingency and circa £5m from the 2021 to 2022 from Tradebe Bellshill fire.
- 3.2 The Covid pandemic highlighted the limitations of capacity within the waste industry, demonstrating the importance to manage most and if possible, all NHS Scotland's healthcare waste within Scotland to maintain industry stability.
- 3.3 Currently NHS Scotland waste is serviced by Tradebe Waste Services. The new main site which processes orange bag waste is based at Queenslie in Glasgow and processes approx. 16000 tonnes of orange bag clinical waste per annum. As it stands, Tradebe are the only waste operator with a site in Scotland that can deal with this volume and complexity of clinical waste. The site is operational 24/7 with 90 staff employed.
- 3.4 Waste for incineration (approx. 3000 tonnes) travels mainly to Wrexham in Wales and Fawley in Southampton.
- 3.5 In terms of NHS Scotland Boards, most will receive a daily collection as minimum. Storage for waste is limited across Scotland's primary and secondary care sites, and if not collected will leave many with minimal capacity and at risk of breaching Waste Management Licencing & Legislation and high potential to service disruption or pause. It also resulted in increased interest on Board sites from the regulator SEPA, which would be expected during such a time, but placed additional pressure on Board Waste Management Officers.
- 3.6 Derogation had to be put in place on the last occasions of contingency to allow for extra storage and the way in which waste was being stored. This put the Boards under pressure and required additional staff (many of them agency) to handle waste on site and ensure safe moving and storage.
- 3.7 During late 2021 SG's Health Infrastructure Division (SGHID) initiated a review of the ownership status of the former HES clinical waste site to safeguard capacity against the current high risks posed by a sudden service failure of existing facilities in Scotland (as the facility at Shotts at that time was in the hands of Administrators BDO).
- 3.8 SGHID commissioned NSS to lead the acquisition of the Shotts site, now known as Hassockrigg. NSS concluded the acquisition of the site, and associated plant and Machinery between December 2022 and March 2023.
- 3.9 The site and equipment were purchased at a cost of £6.9m. This original agreement made between the SG, Health Board Chief Executives and NSS also provided NSS with recurring revenue funding of £700k from Health Boards along with £200k recurring capital from the SG to operate the site as a warm stand-by facility. To date the SG have also been providing top-up revenue of

£400k. The SG have advised that going forward Health Boards should fund all recurring revenue costs.

- 3.10 Since April 2023 revenue costs of £2.2m have been incurred bringing the site up to SEPA compliance standard and testing and validating the equipment purchased.
- 3.11 Having recently appointed a Waste Subject Matter Expert (SME) NSS are now preparing to move into the delivery phase of the project and require confirmation of the additional revenue funding.
- 3.12 Information gathered so far from specialist advisers to deliver a clinical waste site capable of providing a warm start within 7 days NSS requires additional funding of £1.1m revenue and £5m capital.
- 3.13 It is well established by both the SG and the Health Board Chief Executives that Hassockrigg is a critical resilience asset. As a result, the project has secured up to circa £5m capital from the SG this financial year to enable the delivery phase of the project to commence.
- 3.14 The SG require Health Boards to fund the revenue costs related to delivery of the site and the recurring revenue costs once the site is operational.
- 3.15 In the preceding two years NSS Hassockrigg project team has sought confirmation of one-off revenue funding from both the SG and Health Boards on multiple occasions, however, NSS has been unable to secure a revenue funding guarantee.
- 3.16 At the latest Directors of Finance meeting, May 2025, the SG confirmed that discussions were on-going with Directors of Finance (DOFs). Without securing revenue funding it is likely that the site will require to be sold. It is estimated that costs to sell the site will exceed £1m.
- 3.17 There are several benefits to the Hassockrigg Site. NHS Scotland territorial boards have as little as one day before the impact of failure in the clinical waste service starts eroding services. Carbon savings of c700tonnes as the 16000 tons of waste will not be trailered to sites across England.
- 3.18 As set out in the NSS 25/26 Property Strategy, Hassockrigg Site provides an alternative location for the Broxburn lab, opportunities for the Breast screening vehicles to be stored in the yard, office accommodation, commercial let opportunities for the garage and the use of the site for a Solar Panel Farm as part of the Heat and Power Purchase Agreement. There are many more land and building opportunities which would meet the NSS Sustainability and Environmental Strategy but also meet the objectives of the DL (2021) 38 and the NHS Scotland Climate Emergency and Sustainability Strategy.

4. Impact Analysis

4.1 Quality and Value

- 4.1.1 Delivery of the Hassockrigg site as a warm standby clinical waste site will achieve the aims of the original business case. NHS Scotland will have a clinical waste resilience site which mitigates against the risk of failure in the clinical waste sector. This along with the predicted carbon savings when in use ensures value for money will be achieved and protects the quality of service that can be provided by NHS Scotland.

4.2 Equality and Diversity, including health inequalities

- 4.2.1 This paper will take recognition of the Equality Act (2012) and will apply NSS's Equality Impact Assessment where appropriate.

4.3 Data protection and information governance

- 4.3.1 This project adheres to NSS's Data Protection and Governance policies.

5. Risk Assessment/Management

5.1 Project Status

- 5.1.1 Currently the Hassockrigg Eco Park Project is running at a status of **Red**. This is due to the lack of additional funding agreed to allow the project to progress onto the delivery phase, and as such, the impact to programme.

Risks (R) and Issues (I)				
R / I	Escalated Risk / Issue Recorded in register	Controls in Place	Risk Status	RAG last report
I	<ul style="list-style-type: none">Overall Financial Risk of project cost exceeding initial budget.	<ul style="list-style-type: none">Unable to purchase plant & machinery with the £5million capital within this FY if funding for revenue is not confirmed.Actual spend is being monitored weekly.	High	High
I	<ul style="list-style-type: none">Issue regarding resourcing for delivery of project is limited due to other priorities.	<ul style="list-style-type: none">Project plan to help coordinate and allocate resource as best as possible.Secure appropriate resource to deliver workstreams (resource impact if project goes beyond this FY).	High	High
R	<ul style="list-style-type: none">There is a risk due to the lack of funding commitment, the project will not complete in FY25/26 as per the current project plan.	<ul style="list-style-type: none">The project team are considering the impact of a multi-year delivery programme which may be more affordable for HB's.	High	High
R	<ul style="list-style-type: none">Risk that failure to deliver the project forcing the sale of the	<ul style="list-style-type: none">Seeking revenue funding confirmation from NSS.	High	High

	site will mean there is no waste processing resilience plant in Scotland, also impact on NSS future CRES saving opportunities linked to the site.			
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6. Financial Implications

- 6.1 The table below illustrates the expected cost of the work required to deliver a functioning clinical waste site. The SG are committed to funding the capital elements of this project and NSS have secured up to £5m to replace, repair and renew critical equipment and building works. In addition, £200k has been secured as part of the initial funding agreement for lifecycle replacements when the site is operational.

Table 1 – Cost to deliver clinical waste site

Proposed Costs to Deliver Warm Spare	Forecast Spend				Total
	25/26 Revenue	25/26 Capital	26/27 Revenue	26/27 Capital	
	£,000	£,000	£,000	£,000	
Building and Equipment Purchase					
Agreed Funding in 22/23*	700	200	700	200	
Agreed Funding in 25/26		4,779	0	0	
Equipment replacements / refurbishment	0	2,932	0	0	2932
Critical Maintenance & Statutory compliance	580	947	0	200	1727
Additional Professional Fees and Services	180	0	0	0	180
Estimated BAU Site Running Costs	700	0	1100	0	1800
Additional Autoclave Validation Testing	300	1100	0	0	1,400
Total Additional Funding Required	1060	0	400	0	

*Existing funding agreement – SG Capital £200k, HB Revenue £700k.

- 6.2 As illustrated above in FY25/26 there is an estimated funding gap of circa £1.1m revenue. This funding is required to allow NSS to deliver a safe and complaint building as well as professional fees associated with those works and the establishment of the O&M contract necessary to operate the site upon completion. The cost of the critical maintenance and statutory compliance is based on detailed survey work and includes an up-lift for preliminaries, VAT and an optimism bias percentage of 50%. The detail is contained within (**Appendix 1**). A cost for the final testing of the existing equipment has also been included. The requirement for this cost will be determined by the output of the SME report where options for the autoclaves will be considered.
- 6.3 The NSS board approved financial plan for FY25/26 presented a balanced and prudent “risk averse” position. This included a revenue to capital transfer of £3.5m to mitigate against critical unfunded red risk capital investments. The NSS BCP submission, however, has successfully resulted in NSS receiving £3.1m which has released this money for re-investment. At the recommendation of the Director of Finance, Corporate Governance & Legal Services, EMT supported the use of £1.1m of available revenue funding for this purpose.

- 6.4 To enable NSS to achieve a return on the proposed investment there are several opportunities currently being assessed. These are at the initial stages of development, however, annual savings of circa £1.5m have been estimated. Progress reports will be shared via SIB. Most of the savings, £1.4m, relate to the solar panel farm, with NSS Estates teams carrying out land development surveys this financial year as part of the due-diligence work. These savings are based on the proposal that the solar farm can produce enough electricity to power the NSS estate with cheaper electricity bringing substantial savings.
- 6.5 Since the inception of the Hassockrigg project the SG have been supporting NSS with an additional £400k revenue per annum. At the latest meeting between NSS and the SG (April 2025), NSS have been advised that Health boards should fund the totality of the operational costs. These are currently estimated at £1.1m of which HB's currently contribute £700k. NSS will require to secure an additional £400K revenue per annum from Health Boards from FY26/27 onwards. Any slippage in the delivery plan will impact on the requirement for these funds.

7. Workforce Implications

- 7.1 A significant level of NSS resource is committed to the delivery of the Hassockrigg clinical waste site which costs circa £150k per annum. This cost is recovered through project funding. It is expected that this level of commitment will be required up to the point of delivery. Where there is slippage in the timeframe of delivery this will impact on the capacity of colleagues to commence or deliver other planned work.

8. Climate Change and Environmental Sustainability Implications

- 8.1 Not having a clinical waste processing resilience site in Scotland in the event of a loss of NHS Scotland current waste contractors' site will result in all NHS Scotland's waste being transported to Wales and England, resulting in an increase of c700 tons of Carbon.

9. Route to Meeting

9.1 This paper has been previously considered by the following groups/committees.

Group/Committee and Date Discussed	Outcome
NSS Executive Management Team meeting, 16 June 2025	Approval for use of available revenue funds to support Hassockrigg project to be sought from NSS Board.
Director of Finance meeting, 30 April 2025	Response from SG that NSS should return to CFN and continue to seek revenue funding emphasising the risks and benefits associated with the site.
Strategic Oversight Board meeting, 30 April 2025	Supportive of the work being done.
National Waste Management Group meeting, 04 April 2025	Supportive of the work and the group sent a letter to SG stating this.
Scottish Government response, 01 April 2025	Confirmed response by email that Scottish Government believe Hassockrigg is a critical asset and will provide necessary capital funding. Confirmed SG position that they have distributed all baseline to boards and are unable to provide revenue funding
Director of Finance meeting, 28 March 2025	Confirmation that funding paper was taken and discussed at regional DoFs on Friday 28 March 2025 so waiting to hear back on NHS Boards consideration from this as we need them to be bought into the expenditure plans as all money has an opportunity costs.
Scottish Government response, 21 March 2025	Scottish Government agreed at meeting that Hassockrigg is a critical asset and will provide necessary capital funding. Health Boards are expected to fund the revenue ask.
Corporate Finance Network meeting, 12 March 2025	Given the current financial crisis Health Boards were unable to support the request for an additional £1.1m. This request was escalated to DOF's and NSS continue to await a response.

Group/Committee and Date Discussed	Outcome
Director of Finance meeting, 17 March 2024	The revenue funding was not approved.
Corporate Finance Network meeting, 13 March 2024	The revenue funding was not recommended for approval on the basis that the SG should provide the additional revenue. Paper was shared at Director of Finance meeting.
Scottish Government response, January 2024	Scottish Government in agreement that Hassockrigg is a critical asset and will provide necessary capital funding. Health Boards are expected to fund the revenue ask.

10. List of Appendices and/or Background Papers

10.1 Appendix 1 – Summary of £2.2m revenue cost spent to date.

	FY23/24	FY25/26
Description	£,000	£,000
Permit	-	13
Site Clearance	-	358
Electricity	27	49
Rates	66	70
Auto-clave Testing	42	211
Water	1	1
Security	227	72
Tradebe	160	0
Other Contractors	151	192
Building Repairs	134	0
Equipment Survey Costs	100	0
NSS Staff Costs	185	155
Total Spend	1,093	1,121

NHS National Services Scotland

Meeting:	NSS Board
Meeting date:	Friday, 27 June 2027
Title:	Integrated Performance Report: Quarter 4 2024/25
Paper Number:	B/25/23
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 4, 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 4, 2024/25.

3. Executive Summary

- 3.1 The report assesses performance during quarter 4 2024/25, January 2025 (M10) to March 2025 (M12).
- 3.2 NSS has had a successful period to date:
- 90% completion of Annual Delivery Plan (ADP) deliverables.
 - Met all statutory financial targets and exceeded cash releasing efficiency savings targets.
 - Sickness absence is at 4.37%, slightly above the NHSScotland 4% standard.
 - We are seeing continued reductions in our residual waste, general waste recycled or composted, food waste, CO2 emissions from fuel, electricity, gas, and water usage across NSS sites, which is linked to the rationalisation of our property. There has been an increase in clinical waste.
- 3.3 The aim of the report is to give a more complete picture of performance.
- All performance information covers the same period.
 - All assurance indicators use the 4-question approach for improvement.
 - All indicators are mapped to strategic and corporate risks.
 - It provides a forward look to the next quarter.

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.

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 4 2024/25

Integrated Performance Report

Quarter 4 2024/25



Strategy, Performance & Communications

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Executive summary

Quarterly performance

Overview

- **We delivered 90% of our 2024/25 Delivery Plan**

At the end of Quarter 4 (Q4), 90% of deliverables were on track or achieved against an end of year target of 90%. Savings to support NHSScotland are being delivered through efficiencies in national contracts with £46.3m secured savings at the end of March 2024, along with counter fraud recoveries and avoidance savings of £4.32m 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 fully achieved our statutory financial targets for 2024/25**

At the close of month 12, we have achieved all statutory financial targets. The NSS core position is an end of year surplus of £500k largely due to trading surpluses' driven by vacancies. Cash releasing efficiency savings (CRES) has been overachieved by £1.8M and has not been retained by NSS and used to offset funding required from Boards. The capital budget is underspent by £100k due to programme delays. The funding return to Scottish Government helps offset pressures at the NHSScotland level.

- **We celebrated the outstanding contributions of colleagues and teams across our organisation.**

Our Recognising Excellence Awards ceremony was held on Wednesday 5 March. Shortlisted colleagues came together at Gyle Square, Edinburgh while hundreds more joined us online to watch the awards being announced. This year's winners were Alexandra Robertson (Finance, Corporate Governance and Legal Services) – Leader of the Year; Tina Robertson (Primary and Community Care) – Sustainability; Eurocentral Planning team (National Procurement) – Service Excellence; John Rundell (NHSScotland Assure) – Unsung Hero; RSV Digital Discovery and Delivery team (Digital and Security) – Team of the Year; Rachel Wood (Scottish National Blood Transfusion Service) – Great Place to Work.

- **We experienced a small dip in active whole blood donors**

Following a positive increase in donors from May through to December 2024, there was a slight dip in quarter 4 of just under 1,000 donors. This can largely be accounted for by an increase in COVID-19 and flu infections and the reassignment of a small number of whole blood donors to plasma donors. A media campaign in June for Blood Donor Week will focus on recruiting a more diverse group of donors (see Appendix 1).

- **We saw pharmacy payments get back on track**

Pharmacy payments to community pharmacy contractors were made on actual data and on time for February 2025 following impacts to scanning and data processing in January 2025 caused by the temporary closure of Gyle Square during Storm Eowyn. Payments included Pharmacy First Scotland previously rejected items valued at £1.6M, which are subject to a new agreement between Scottish Government and Community Pharmacy Scotland (see Appendix 2).

Executive summary

Performance highlights

Completed key activities	Upcoming key activities
The draft NSS Delivery Plan 2025/26 and Financial Plan were submitted to Scottish Government following Board scrutiny. Both documents were developed from outputs captured through the new integrated service planning approach used to support the NSS Budget Summit.	We will be hosting the Procurement for Health (P4H) conference on 2 April 2025 at Murrayfield stadium. The event theme is centred around the new NHSScotland Procurement Strategy aim of “Putting Procurement at the Heart of a Sustainable Health Service”.
The new NSS Induction package went live on 3 March 2025. This fully comprehensive package aims to provide the knowledge and support for all new starts to ensure engagement with NSS and productivity in their role.	We will be receiving 2 high volume scanners to improve payment processing. They will be placed into a temporary build location in Gyle Square where we will plan for commissioning, testing and implementation into production use.
We led a successful bid for European Union Horizon funding in response to a call for Green Health Systems focusing on ‘Reverse Healthcare Supply Chains for Circular Economy’. Subject to negotiation of grant agreements, up to 1.4M euros will be available to collaborate with five other European partners on addressing the challenge of transitioning healthcare supply chains from linear to circular models.	Colleagues have been shortlisted for Scottish Veterans Awards and will be attending the awards ceremony on 30 April 2025 where the winners will be announced. They are Craig Murney (Armed Forces Champion) as Role Model of the Year and Graham McEwan (National Procurement) for Reservist of the Year. NSS has also been nominated for Employer of the Year.
The NSS Contract Approval Board agreed a one and half year extension to the Napier partnership to manage ongoing research to conclusion and develop Scottish Healthcare Environments Network. The fund administered by Edinburgh Napier University on behalf of NHSScotland Assure aims to develop a coordinated research portfolio that supports evidence-based guidance for creating safe healthcare environments free from avoidable risks.	The Quality and Value Improvement Skills Course delivered by the Clinical Directorate to support the implementation of Value Based Health and Care will feature in the forthcoming NHSScotland Realistic Medicine Casebook that showcases some of the finest examples of Realistic Medicine. The Casebook also features a case study from the Scottish National Blood Transfusion Service on reducing fresh frozen plasma wastage at Ninewells Hospital.
We developed and delivered a new NHSScotland Prioritisation Framework to ensure a consistent way to prioritise, based on health outcomes, across the health system. The framework was tested both locally and nationally.	In June, we will be celebrating blood donor week with a full range of marketing activity covering TV and radio interviews, and social media features with testimonials from patients, clinicians as well as stem cell patients.

Executive summary

Assurance indicators performance

Service Excellence	<p>Performance: 1 of 3 indicators met. This objective is scrutinised by the Finance, Procurement and Performance Committee.</p> <p>90% (38) of our Delivery Plan deliverables are on track or achieved (green). Of the remaining 10% (4) are behind schedule (amber). Freedom of Information performance for 2024/25 was 98% for 3-day acknowledgements and 99% for 20-day responses, marginally below the 100% standard required of us. We are continually reviewing all open requests, engaging with directorates on deadlines, and reviewing closed requests to monitor compliance.</p>
Financial Sustainability	<p>Performance: 3 of 3 indicators met. This objective is scrutinised by the Finance, Procurement and Performance Committee.</p> <p>NSS has successfully achieved all financial targets, subject to audit review and has a balanced budget for 2025/26. The Revenue underspend is mainly due to unfilled vacancies, which are being addressed through recruitment campaigns and temporary staffing solutions. NSS cash releasing efficiency savings (CRES) have exceeded the 3% recurring target. Overall, NSS is in a strong financial position with effective measures in place to maintain stability and address any challenges.</p>
Workforce Sustainability	<p>Performance: 1 of 4 indicators met. This objective is scrutinised by the Staff Governance Committee.</p> <p>The sickness absence rate of 4.37% for the financial year is slightly above the NHSScotland standard of 4%, and is mainly driven by anxiety, stress, and depression. Staff turnover at 7.93% is lower than expected, with age retirement being the primary reason for leaving. All TURAS compliance rates are below the 90% standard but expected to improve post-year-end. Various actions are being taken to manage these issues, including awareness sessions, exit interviews, and improved reporting accuracy.</p>
Climate Sustainability	<p>Performance: 7 of 8 indicators met. This objective is scrutinised by the Finance, Procurement and Performance Committee.</p> <p>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 remove unwanted materials, and waste indicators are being monitored carefully. The benefits of driver training, new zero emission vehicles, and double decker trailers continues to drive reductions in our fuel-related carbon dioxide emissions.</p>

Executive summary

Assurance indicators performance



Performance Indicator	Standard	This quarter	Last quarter
Annual delivery plan completion	90%	90%	77%
Freedom of Information requests responded to within 20 days	100%	99%	100%
Freedom of Information requests acknowledged within 3 days	100%	98%	99%



Performance Indicator	Standard	Q4 2024/25	Q4 2023/24
Residual waste total (tonnes)	Reduce	40.9	63.8
Clinical waste total (tonnes)	TBD	26.0	21.3
Food waste (tonnes)	TBD	1.2	2.8
Fuel National Procurement fleet (CO ₂)	Reduce	291.0	300.0
Fuel Scottish National Blood Transfusion Service fleet (CO ₂)	Reduce	79.0	80.0
Gas CO ₂ metered sites (tonnes)	Reduce	588.0	889.0
Electricity CO ₂ metered sites (tonnes)	Reduce	401.0	437.0
Water M ³ metered sites (volume)	Reduce	4,409.0	5,784.0



Performance Indicator	Forecast	Variance This quarter	Variance Last quarter
Revenue NSS total	Breakeven	£498k	£1,820k
Cash Releasing Efficiency Savings total (NSS)	3%	£(1,760)k	breakeven
Capital outturn	£6.364k	£105k	£243k



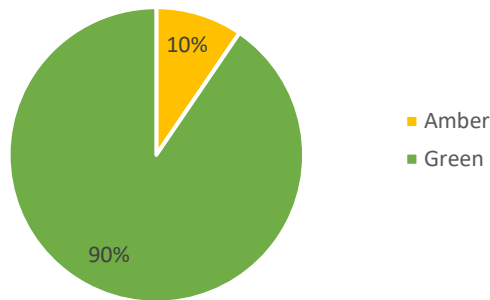
Performance Indicator	Standard	This quarter	Last quarter
Sickness absence (year to date)	4%	4.37	4.39%
Staff turnover (year to date)	12%	7.93%	5.78%
Appraisal compliance	90%	79%	87%
Objective setting compliance	90%	84%	85%
Personal development plan compliance	90%	83%	83%

Assurance Indicators

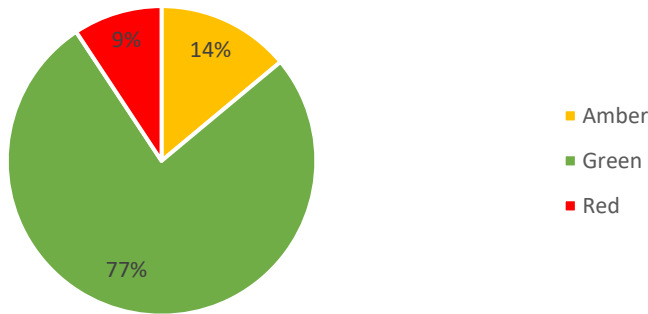
Quarter 4 2024/25

Service Excellence: One Year Plan 2024/25

Q4 RAG Status

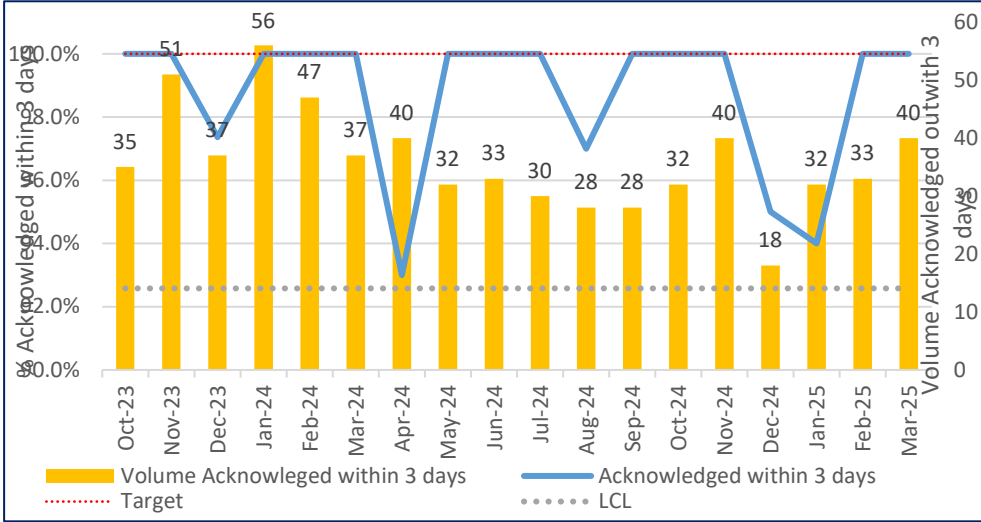
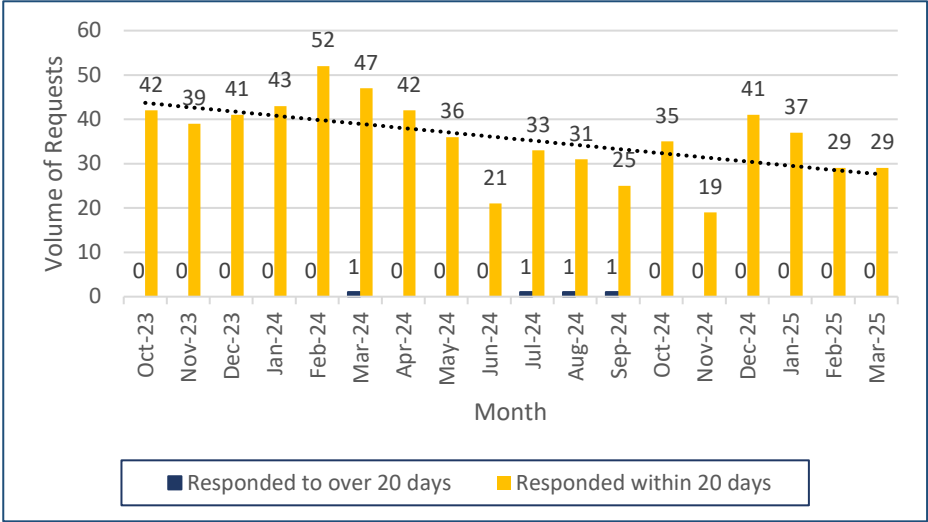


Q3 RAG Status



Summary position	Performance highlights	Unlikely to be achieved	Risks
<p>90% (38) of our One-year Plan deliverables are on track or achieved (green).</p> <p>10% (4) are behind schedule (amber).</p> <p>There were no red deliverables.</p>	<ul style="list-style-type: none">National Procurement secured £46.3m of secured savings, while Counter Fraud recoveries and avoidance savings achieved £4.32m.Primary and Community Care delivered the dental element of the National Primary Care Clinicians Database, a national list of all primary care practitioners in Scotland available to all health boards.NHSScotland Assure provided assurance and technical support to health boards on the healthcare-built environment, including design assessments and key stage reviews. This work supported the opening of the NHS Golden Jubilee National Treatment Centre and the NHS Greater Glasgow and Clyde Parkhead Health and Social Care Hub.The NHSScotland Scan for Safety programme began the roll out of Point of Care Scanning and four Health Boards are now live across five specialties. Implementation activity is also underway in a further three Health Boards. When implemented, this work will improve patient safety by linking patients and the devices used in their care, allowing traceability of implanted medical devices.The National Contact Centre (NCC) continued to manage calls for the flu and COVID-19 vaccination programmes on behalf of health boards. The NCC accepted over 360,000 calls and made over 30,000 outbound calls with 235,218 appointments booked over the year. The standards for call waiting times were met and had a quality score of 95%.	<ul style="list-style-type: none">The build of the Digital Prescribing and Dispensing Pathway (DPDP), a digital solution to replace the paper prescription from general practice to community pharmacy, has not been started as planned. Although preparatory work has been carried out, there were no guarantees of future funding. A limited tranche of funding has been agreed for 2025/26, however there is currently no guarantee of further funding.The SEER Programme Board has changed priorities about the use of SEER as a primary care data and intelligence platform and is now focused on data relating to SPIRE, vaccinations, and respiratory data from general practice systems. Discussions are taking place around the move to SEER.The Picture Archiving Communications System (PACS) is working slower than expected to transfer electronic scans following the latest upgrade. We have engaged with boards and the PACS supplier, and a new tool is being tested to help to improve the speed of data transfer.The Scottish Cancer Network completed a discovery exercise to inform the case and model for two additional Managed Clinical Networks. Plans to publish additional clinical management pathways for prostate and head and neck cancer, and establish governance processes for these pathways, are behind schedule due to resource issues. The plans are now likely to be finalised in early 2025/26.	<p>Strategic: 7320 7321 7329 7331</p> <p>*Risk relating to individual deliverables are recorded in the One Year Plan and NSS Risk Register</p>

Service Excellence: FOIs responded to within 3- and 20-day targets



Summary position	Analysis	Actions being taken	Improvement opportunities	Risks
<p>Our overall performance position for three-day acknowledgements for Freedom of Information (FOI) requests in the last 12 months was 98%.</p> <p>There were 3 requests (out of 381) 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%.</p>	<p>There continues to be a reduction in FOI requests, with 381 responded to in 2024/25 against a high of 481 in 2022/23. It is unclear what causes the peaks and troughs in trends.</p> <p>The 3-day acknowledgement target was breached twice in Quarter 4 2024/25.</p> <p>There were no 20-day response breaches.</p> <p>The top categories of requests are NHSScotland data (14%), NHSScotland Board data (14%), and specialist networks (14%).</p>	<p>There has been communications with all Directorate FOI Leads to ensure they are aware of the process and guidelines.</p> <p>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.</p> <p>Internal process reviews have taken place within specific Directorates.</p>	<p>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.</p> <p>Additionally, we continue to communicate with all staff about their responsibilities in relation to Freedom of Information requests.</p>	<p>Strategic 7320 7333</p> <p>Corporate: 4577</p>

Financial Sustainability

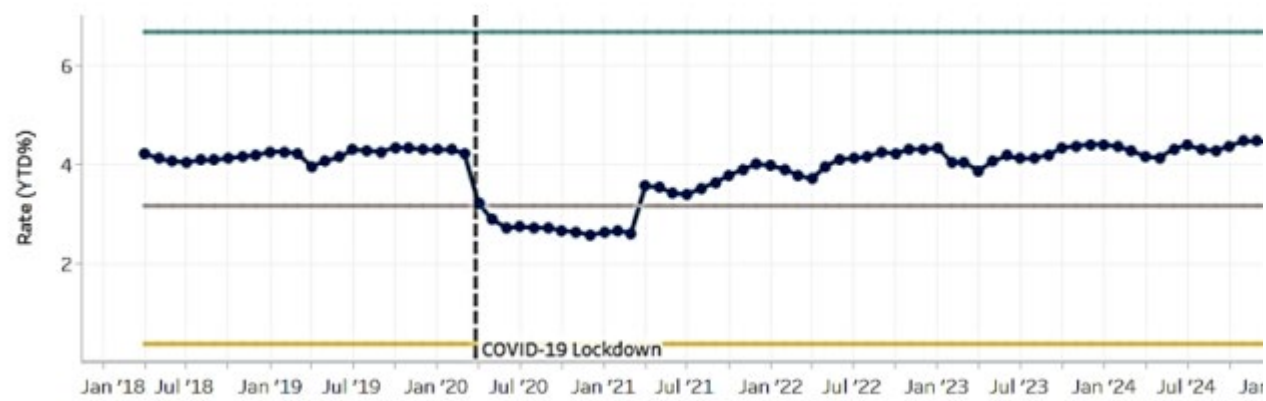
Finance will continue to focus on driving the financial sustainability agenda and work with directorates to identify and review CRES savings and opportunities.

NSS Targets	FY Budget £'000	FY Outturn £'000	Variance £'000	Target
Revenue Total	0	(498)	498	Breakeven
Revenue Income	(1,181,512)	(1,220,255)	38,743	
Revenue Costs	1,181,512	1,219,757	(38,245)	
CRES Total	16,510	18,270	(1,760)	3% Recurring
NSS (exc NSD) CRES	15,408	15,408	0	
NSD CRES	1,102	2,862	(1,760)	
Direct Capital Total	0	(105)	105	Breakeven
Capital Income	(9,364)	(9,364)	0	
Capital Costs	9,364	9,259	105	

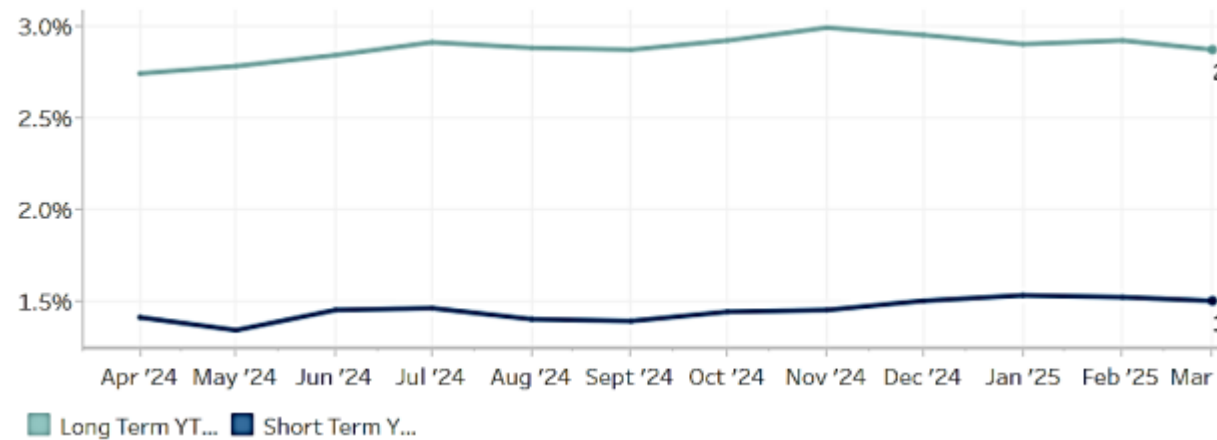
Summary position	Analysis	Actions being taken	Improvement opportunities	Risks
<p>NSS achieved its statutory financial targets (subject to audit review) in 2024/25 and has a balanced budget for 2025/26.</p> <p>NSS has 3 statutory targets, to achieve breakeven within resource limit for:</p> <ol style="list-style-type: none">RevenueCapitalCash <p>Scottish Government also requires all health boards to deliver at least 3% cash releasing efficiency savings (CRES) on a recurring basis.</p>	<ul style="list-style-type: none">NSS Core: various services have trading surpluses' driven by vacancies, and there has been underspends in investment funds and SNBTS publicity and advertising. Hosted Funds (exc. NSD): overall overspend is across DaS programmes. NSD: Risk share overspend has been partially offset by reduction in pay and specialist services costs. Boards agreed to fund the Risk Share shortfall of £1.4M to ensure the budget breaks even.CRES has been overachieved by £1.8M in 2024/25. This has not been retained by NSS and has offset the funding required from Boards. Business Controllers have reviewed all other underspends that have been achieved and will be discussing any 2025/26 implications with Directorates.Overall, the capital budget for NSS is underspent due to delays within SNBTS programmes (smart blood fridges and MAK systems interfaces).	<ul style="list-style-type: none">Given the financial climate across NHSScotland and restricted budgets, NSS must continue to remain vigilant – monitor costs closely and actively seek opportunities for recurring savings which will ensure the long-term financial sustainability of NSS and NHSScotland.Budget holders have been asked to continue to robustly manage their delegated resources.All expected Scottish Government allocations have been received in the M13 letter.NSS planned with Scottish Government for a return of surplus revenue funding, depending on how financial risks and opportunities materialised (or not) at year end. £4.8M was ring-fenced for a M365 VAT risk. This was initially returned to Scottish Government but has been re-allocated to NSS in-line with the HMRC ruling on 28 May where VAT was deemed irrecoverable.NSS has been unable to commit to general trading surpluses and central, unutilised operating contingency in full, principally due to a lack of internal capacity and readiness, and funds have been returned to Scottish Government.	<ul style="list-style-type: none">NSS is delivering its Financial Sustainability strategic objective through the achievement of the Financial Sustainability Action Plan (FSAP).Finance drives and co-ordinates the overall delivery of the FSAP, with staff and services responsible for the delivery of specific actions.Finance are working with directorates to identify and review CRES savings and opportunities.The cost-conscious culture and financial management maturity of NSS budget holders continues to strengthen. Improvements in 2025/26 will focus on key decision makers in directorates and maintaining arrangements with the NSS Board, Finance, Procurement and Performance Committee, Executive Management Team, and Partnership Forum.	<p>Strategic: 7331 7330</p> <p>Please note: The financial strategic risk has been changed from red to amber, following the completion of actions and review of ongoing mitigating actions.</p>

Workforce Sustainability: Sickiness absence

Year to date sickness absence



Rolling short and long term sickness absence



Summary position	Analysis	Actions being taken	Improvement opportunities	Risks
<p>The total sickness absence rate for the financial year is 4.37%.</p> <p>This is marginally above the NHSScotland standard of 4%.</p>	<ul style="list-style-type: none">The total year to date sickness absence rate for March 2024 was 4.04%, down from 4.73% in February.With 3,130 whole time equivalent (WTE) staff, this equates to approximately 126 employees being off due to sickness in March (as compared to a high of 137 in November).The main driver for sickness absence is anxiety, stress and depression, with coughs, colds, influenza recorded as the second highest reason.	<ul style="list-style-type: none">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.	<ul style="list-style-type: none">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.	<p>Strategic:</p> <p>7312</p> <p>7305</p> <p>7320</p>

Workforce Sustainability: Staff turnover

Turnover by Directorate

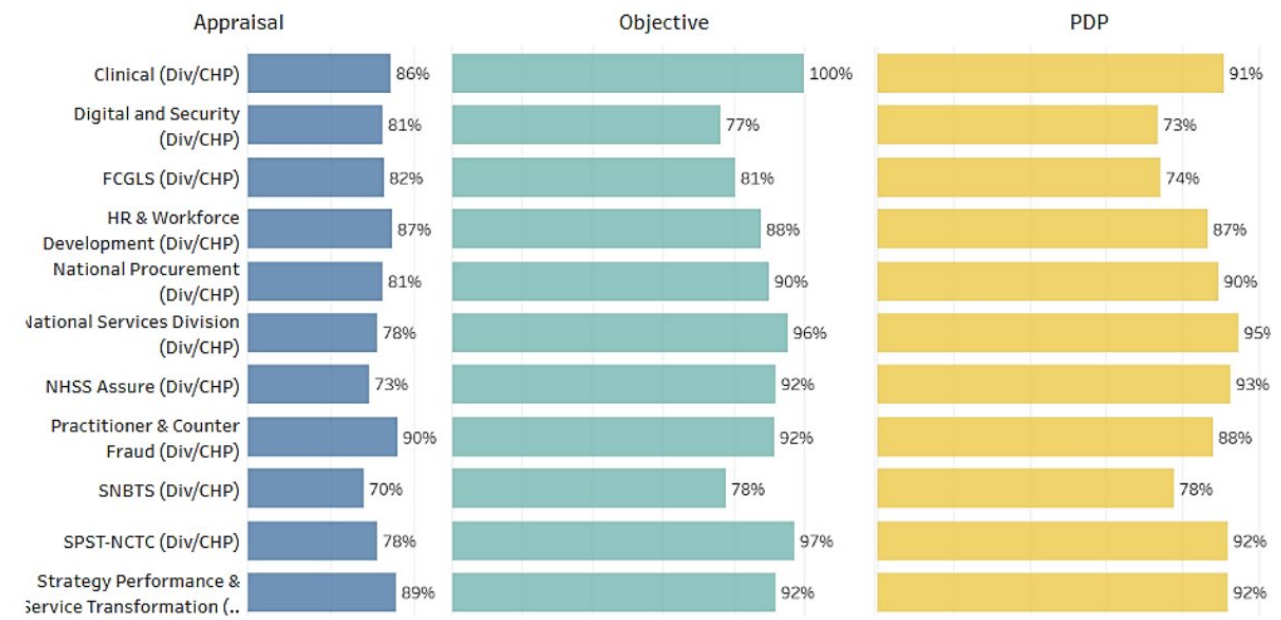
Directorate	Previous Month	Current Month
Clinical	2.74%	0%
DaS	0.21%	0.63%
FCGLS	0.26%	1.32%
HR	0%	1.01%
NP	0.5%	0.50%
NSD	1.95%	1.32%
Assure	0%	0.69%
P&CF	1.03%	1.79%
SNBTS	0.21%	1.23%
SPST-NCTC	0%	2.41%
SP&ST	0%	1.32%

Top 3 Reasons for Leaving (FY)

Reason	Leavers
Retirement - Age	60
Other	53
Vol. Resignation - Other	49

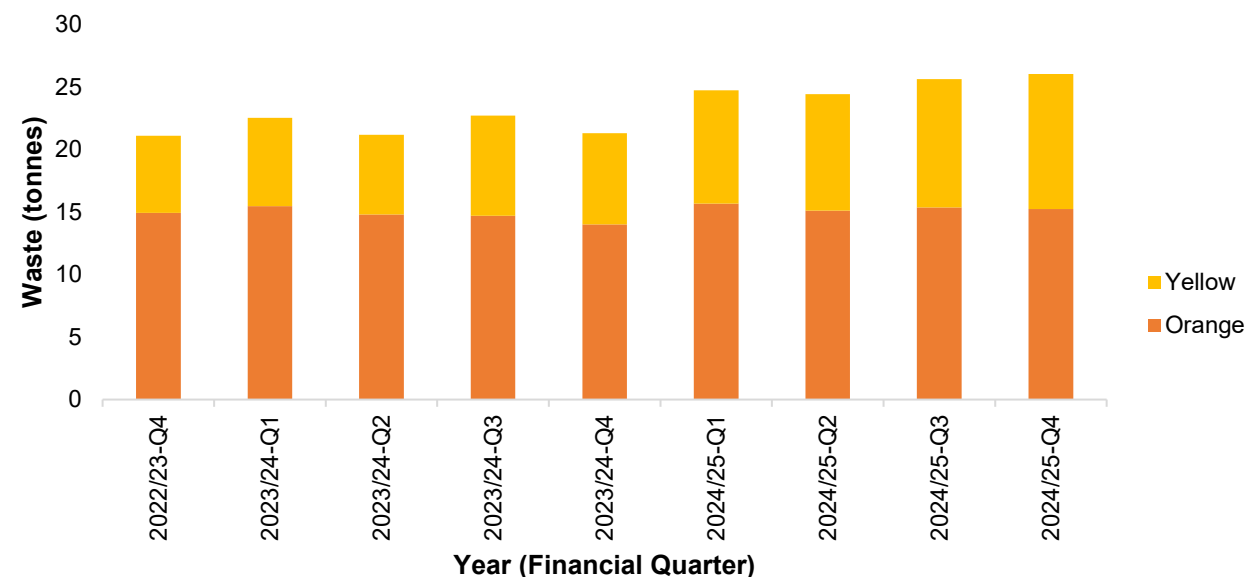
Summary position	Analysis	Actions being taken	Improvement opportunities	Risks
<p>NSS has recorded 236 new starts, 259 leavers and a turnover rate of 7.93% this financial year, which is lower than the agreed target of 12%.</p> <p>Of the 259 employees who left, 17% were on a fixed term contract and 83% were on a permanent contract.</p> <p>Turnover rates include bank staff. Therefore, the National Contact Centre rate includes bank staff, as does the overall turnover percentage for NSS.</p>	<ul style="list-style-type: none">• 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.	<ul style="list-style-type: none">• 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.	<ul style="list-style-type: none">• 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.	<p>Strategic: 7312 7305 7320</p> <p>Corporate: 7237</p>

Workforce Sustainability: TURAS appraisal



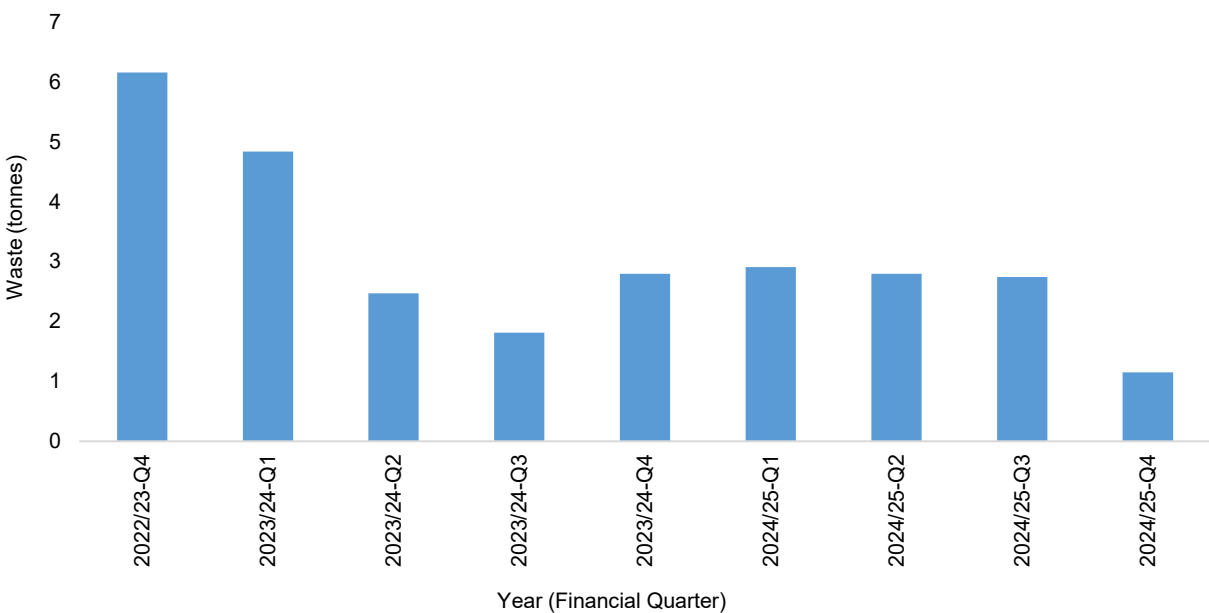
Summary position	Analysis	Actions being taken	Improvement opportunities	Risks
<p>Compliance across all three measures was below the 90% standard we set ourselves,</p> <ul style="list-style-type: none">• 79% for appraisals• 84% for objectives• 83% for personal development plans <p>Please note: Compliance 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.</p>	<ul style="list-style-type: none">• Objectives and personal development plans are showing a similar position to last quarter, with a fall from 87% for appraisals.• It is anticipated that the compliance rate for appraisals will increase as appraisals are signed off following year end reviews.	<ul style="list-style-type: none">• The need for compliance and considerations for how it can be achieved by directorates has been raised with senior management teams. They will be responsible for ensuring actions are in place to meet agreed standards.	<ul style="list-style-type: none">• Staff are responsible for ensuring they have had an appraisal and that objectives and a personal development plan is in place.• Staff have been reminded of the importance of planning in end of year reviews, and objective and personal development planning setting meetings.	<p>Strategic: 7312 7333</p> <p>Corporate: 7237</p>

Climate Sustainability: Clinical Waste



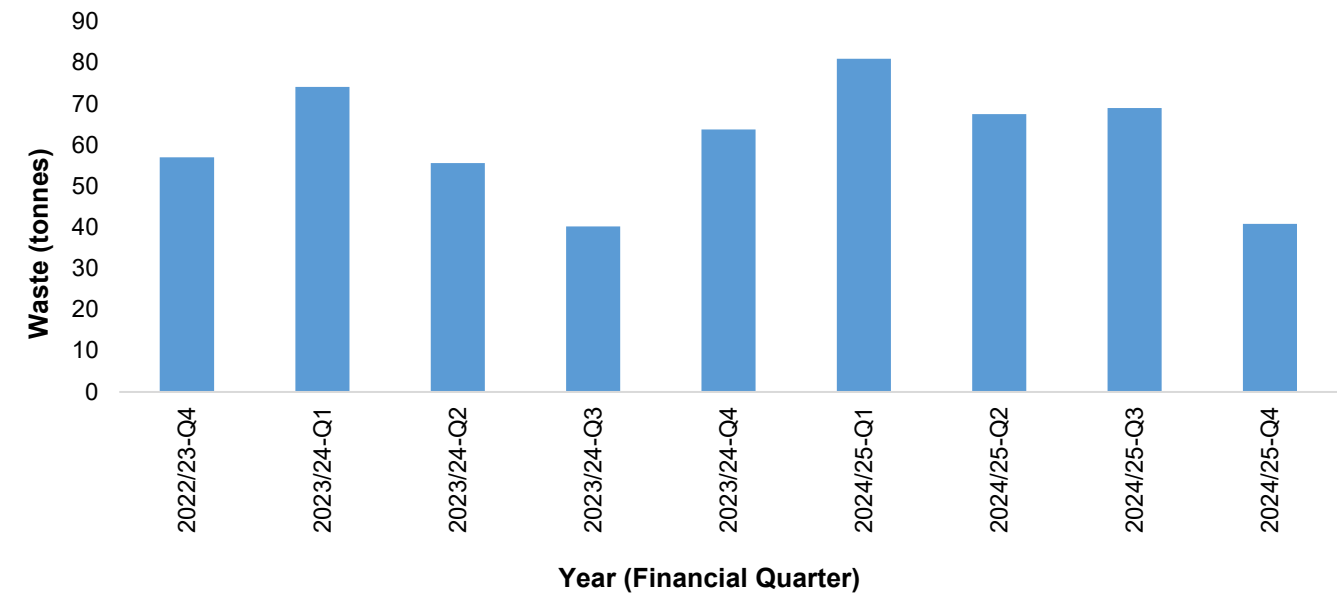
Summary position	Analysis	Actions being taken	Improvement opportunities	Risks
<p>Scottish Government have set a new target for a 15% reduction in clinical waste from all health boards. Work is ongoing with the Waste Delivery Group to create an action plan to support this target.</p> <p>There has been an increase in clinical waste.</p> <p>Yellow waste consists of anatomical and gypsum waste, which is incinerated.</p> <p>Orange waste consists of orange bags and orange lidded sharps which is shredded, heat treated and sent to energy from waste.</p> <p>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.</p>	<ul style="list-style-type: none">There has been an increase in yellow waste each quarter throughout 2024/25 – from 9 tonnes in quarter 1 to 10.8 tonnes in quarter 4.The increase is partly due 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.	<ul style="list-style-type: none">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.	<ul style="list-style-type: none">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.	<p>Strategic: 7321</p>

Climate Sustainability: Food Waste



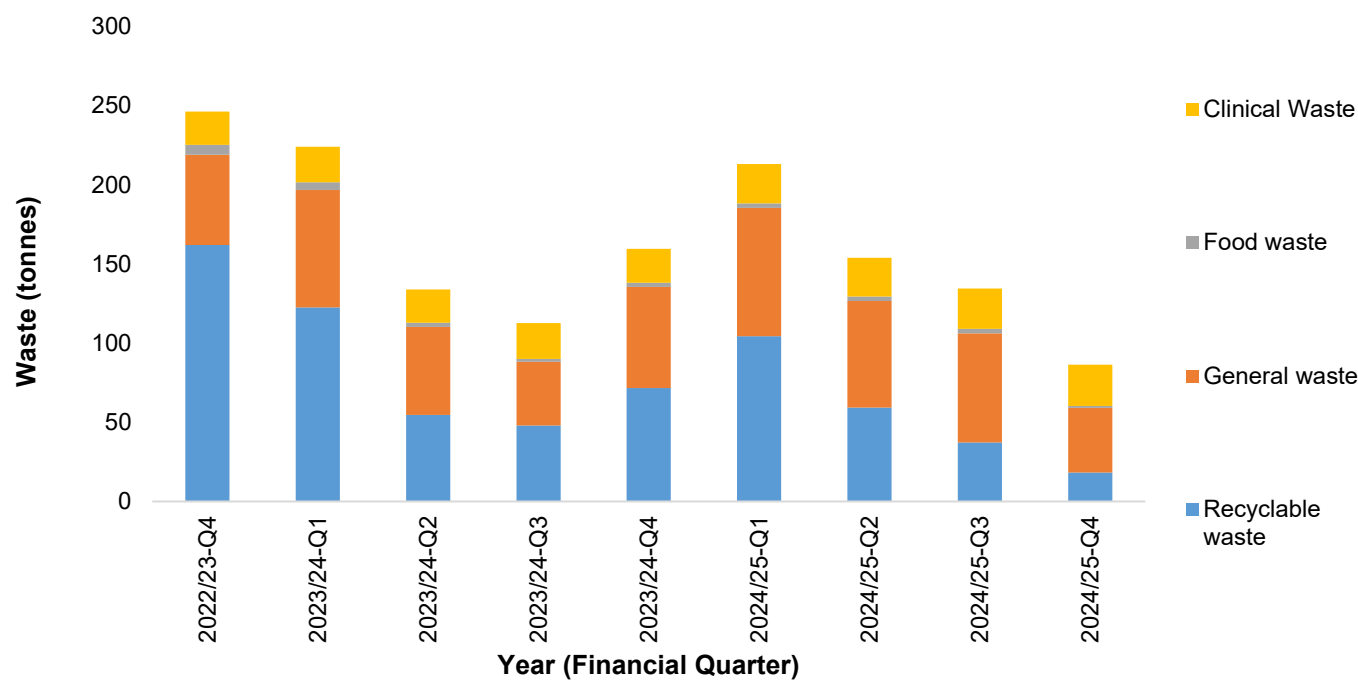
Summary position	Analysis	Actions being taken	Improvement opportunities	Risks
<p>There has been a decrease in the recorded weights for the latest quarter. This in part is due to factual weight data being used as opposed to previously reported industry standard weights being applied.</p>	<ul style="list-style-type: none">Food waste dropped from 2.43 tonnes in quarter 3 to 1.15 tonnes in quarter 4.Food waste levels have reduced compared to 2022/23 – from 6.16 tonnes at the end of 2022/23 to 1.15 tonnes at the end of 2024/25.This is mostly 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.	<ul style="list-style-type: none">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.	<ul style="list-style-type: none">Factual waste weight is required to help identify further improvements to site waste segregation.	<p>Strategic: 7321 7330</p>

Climate Sustainability: Residual Waste (Previously known as General Waste)



Summary position	Analysis	Actions being taken	Improvement opportunities	Risks
<p>There has been a decrease in residual waste, this in part is due to a contract change that now reports on factual weight as opposed to industry standard weights that were previously reported on.</p> <p>The 2024/25 Q4 figures contain data from previous contractor and a new contractor.</p>	<ul style="list-style-type: none">Residual waste dropped by 28 tonnes from 69 tonnes in Q3 2024/25 to 41 tonnes.This in part is due to a contract change that now reports on factual weight as opposed to industry standard weights that were previously reported on.Data from the next quarter onwards will be factual weighted data provided from the new contractor.	<ul style="list-style-type: none">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.	<ul style="list-style-type: none">Business as usual waste auditing continues to identify poor segregation and sites/areas where improvements need to be made.Factual waste weight will help identify further improvements to site waste segregation.	<p>Strategic: 7321 7330</p>

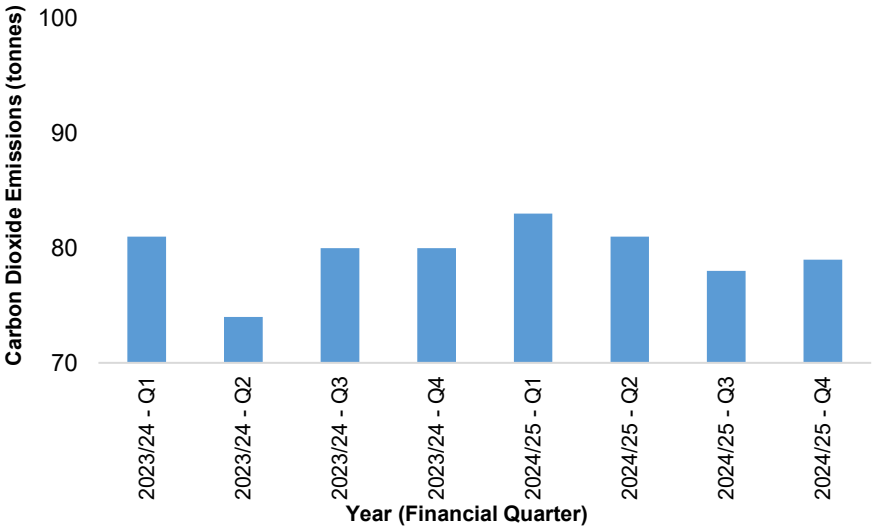
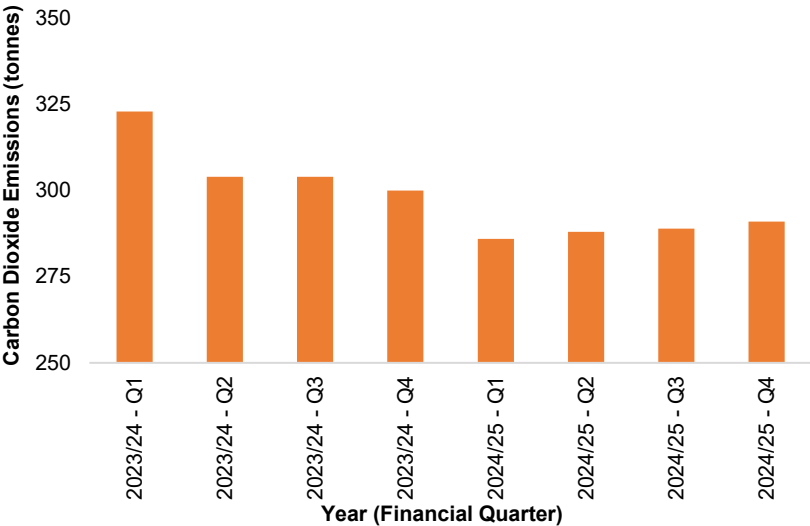
Climate Sustainability: General Waste Recycled or Composted



Summary position	Analysis	Actions being taken	Improvement opportunities	Risks
<p>There has been a decrease in waste weights for the latest quarter. This is partly due to more factual weight data because of a recent contract change.</p>	<ul style="list-style-type: none">There has been a reduction in all waste streams except for clinical waste which is accounted for on slide 14.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.	<ul style="list-style-type: none">Business as usual waste auditing continues to identify poor segregation and sites/areas where improvements need to be made.	<ul style="list-style-type: none">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.	<p>Strategic: 7321 7330</p>

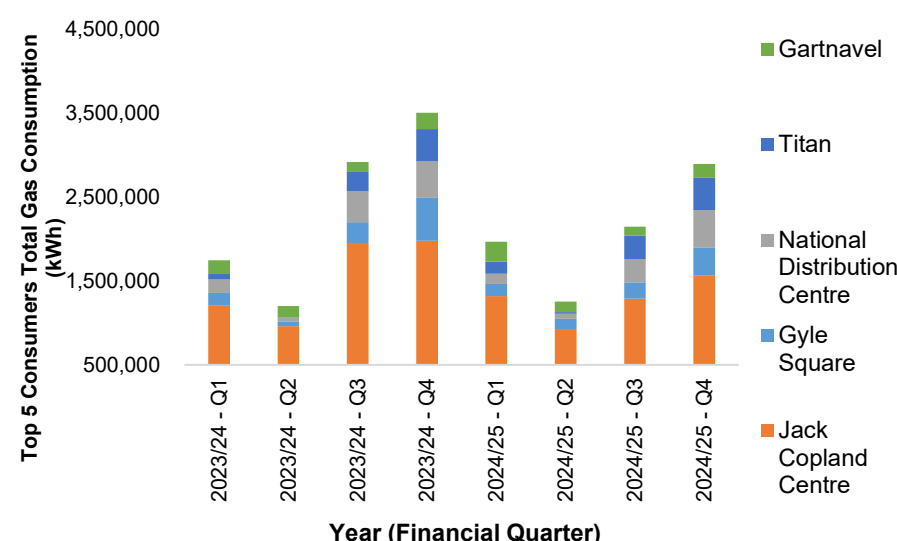
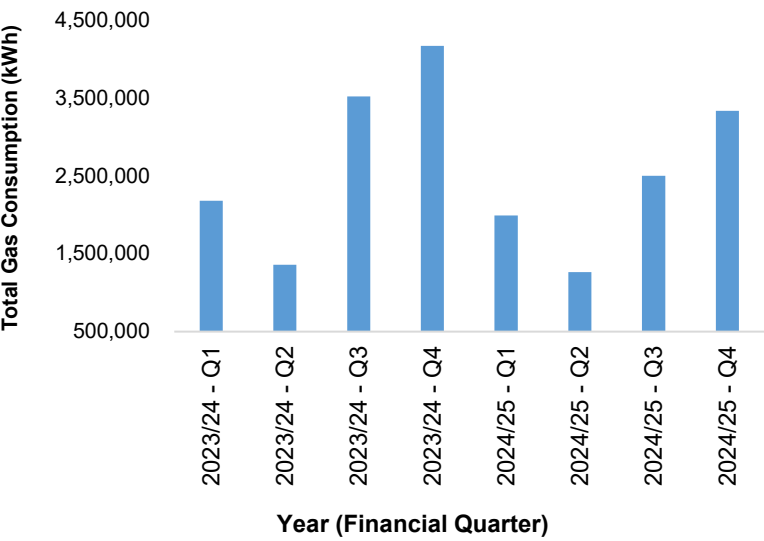
Climate Sustainability:

Fuel National Procurement (Left) & SNBTS Fleet (Right)



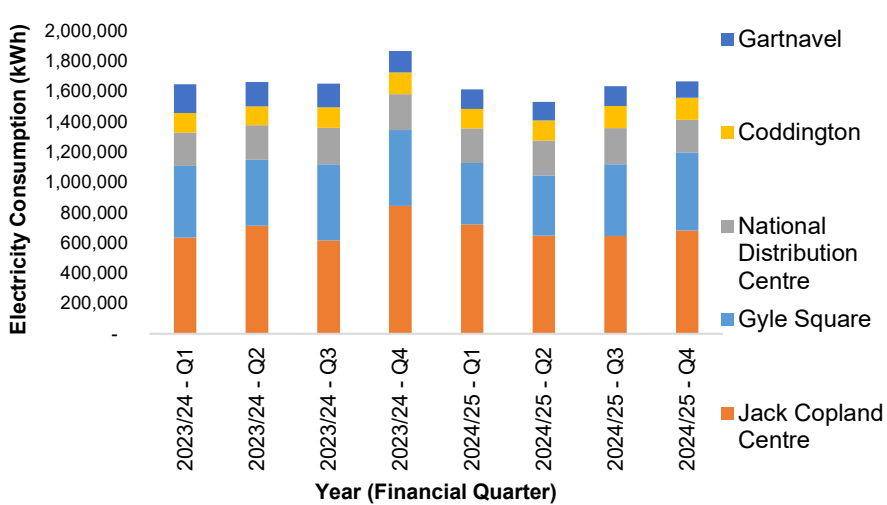
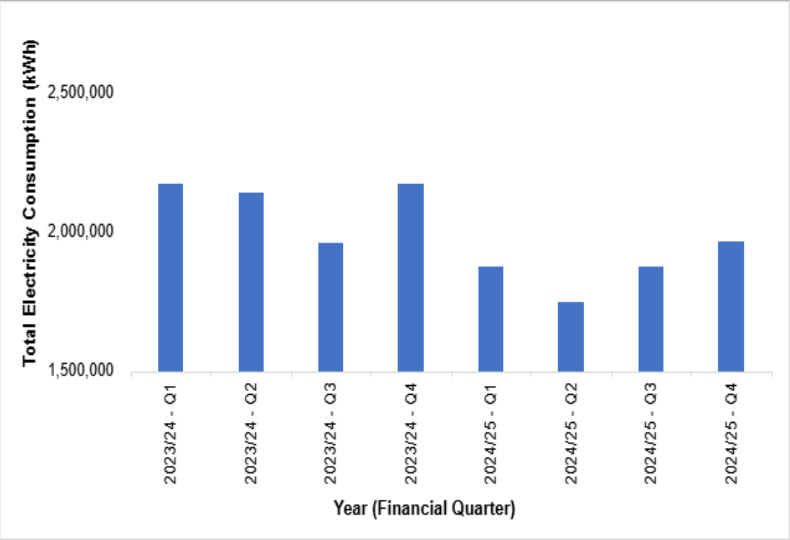
Summary position	Analysis	Actions being taken	Improvement opportunities	Risks
<p>At year end both the National Distribution Centre and Scottish National Blood Transfusion Service (SNBTS) had reduced carbon dioxide (CO₂) emissions when compared to the same point in 2023/24.</p> <p>The graphs above highlight the carbon dioxide (CO₂) 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).</p>	<ul style="list-style-type: none">At quarter 4 2024/25 the National Distribution Centre had reduced CO₂ emissions by 9 tonnes when compared to quarter 4 in 2023/24.SNBTS also had a decrease of one tonne over the same period.The NDS CO₂ 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.	<ul style="list-style-type: none">A funding bid has been submitted to Scottish Government for additional electric charging infrastructure to support the transition to a zero-carbon fleet.	<ul style="list-style-type: none">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 2025/26.	<p>Strategic: 7321</p>

Climate Sustainability: Gas Metered Sites



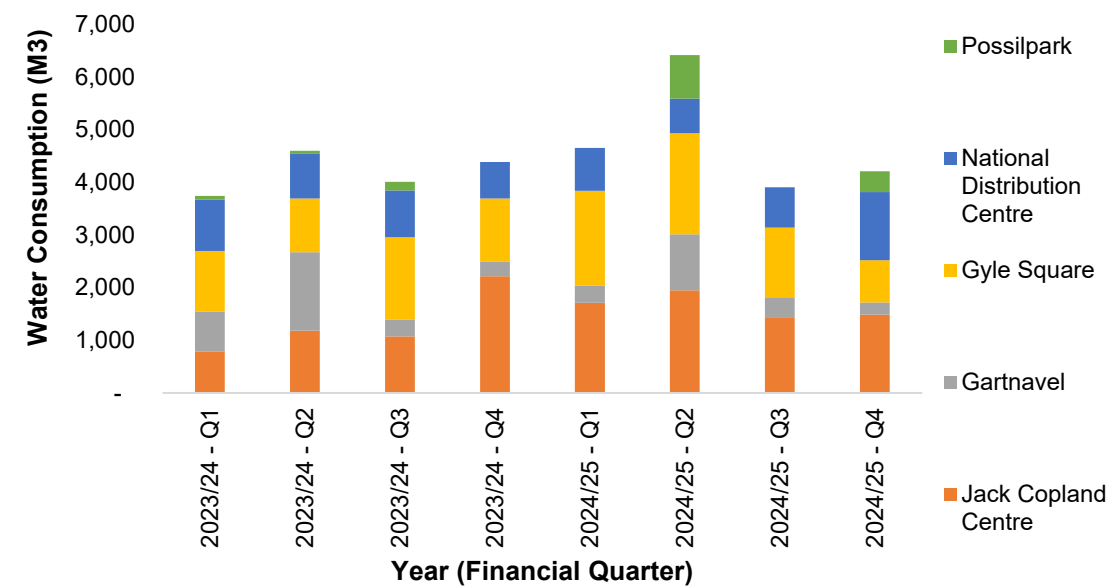
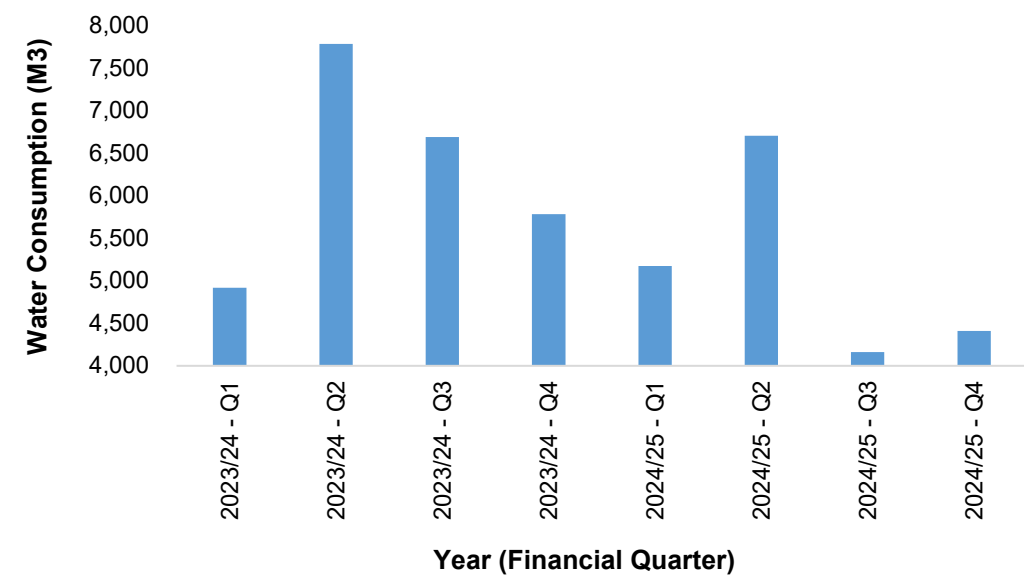
Summary position	Analysis	Actions being taken	Improvement opportunities	Risks
<p>Gas consumption at metered sites has reduced by 838,146 kWh's when comparing Quarter 4 2023/24 to Quarter 4 2024/25.</p> <p>The total number of sites included in our current analysis is six. We do not include sites which we share with other NHS Boards and where another Board is the site host.</p>	<ul style="list-style-type: none">Consumption has decreased by 838,146 kWh compared to the previous Q4. This is due to a decrease in usage of 400,000 kWh at Jack Copland Centre, a reduction of 280,000 kWh at Gyle Square 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 Quarter 3 and Quarter 4.	<ul style="list-style-type: none">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 CO₂ emissions further.	<ul style="list-style-type: none">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.	<p>Strategic: 7321 7330</p>

Climate Sustainability: Electricity Metered Sites



Summary position	Analysis	Actions being taken	Improvement opportunities	Risks
<p>NSS continues to decrease its electricity use across the estate, with Quarter 4 2024/25 200,000 kWh below Quarter 4 in 2023/24.</p> <p>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.</p>	<ul style="list-style-type: none">The reduction between the current quarter 4 and last quarter 4 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.	<ul style="list-style-type: none">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 have fully installed LED lighting across the estate by the end of April 2025. We anticipate seeing consumption decreasing within our next quarterly report.	<ul style="list-style-type: none">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.NSS now have access to data loggers to track solar electricity generation at JCC and ensure any errors within generation are captured early.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.	<p>Strategic: 7321 7330</p>

Climate Sustainability: Water Metered Sites



Summary position	Analysis	Actions being taken	Improvement opportunities	Risks
<p>Water consumption has decreased by 1,295 cubic metres (M3) when compared to the same period last year.</p> <p>The graph above (left) shows total water consumption across all NSS metered sites.</p> <p>The graph on the right show's consumption for the top five water consuming buildings.</p> <p>Historically, water has been poorly reported. As bills appear at different times reporting can be inconsistent.</p>	<ul style="list-style-type: none">Two buildings, Gyle Square and Jack Copland Centre (JCC) have decreased use by approximately 1,100 M3 between them.JCC is the highest water consuming building in NSS. Factors that may be causing this include the heating, ventilation and air conditioning system, and specialist laboratory practices.Overall reduction was mainly due to an over estimated usage report for Hassockrigg, this has now been resolved and credits received.	<ul style="list-style-type: none">We continue to monitor and make improvements using reporting tools.	<ul style="list-style-type: none">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.	<p>Strategic: 7321 7330</p>

Risk details

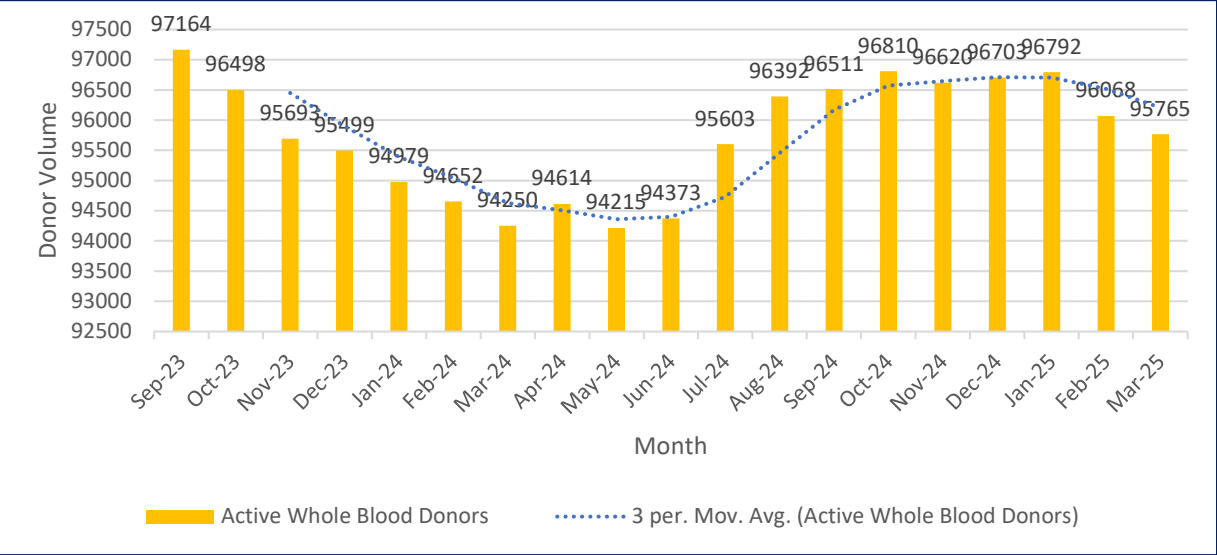
Risks featured in this report

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
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. (Subsequently changed to Amber.)	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

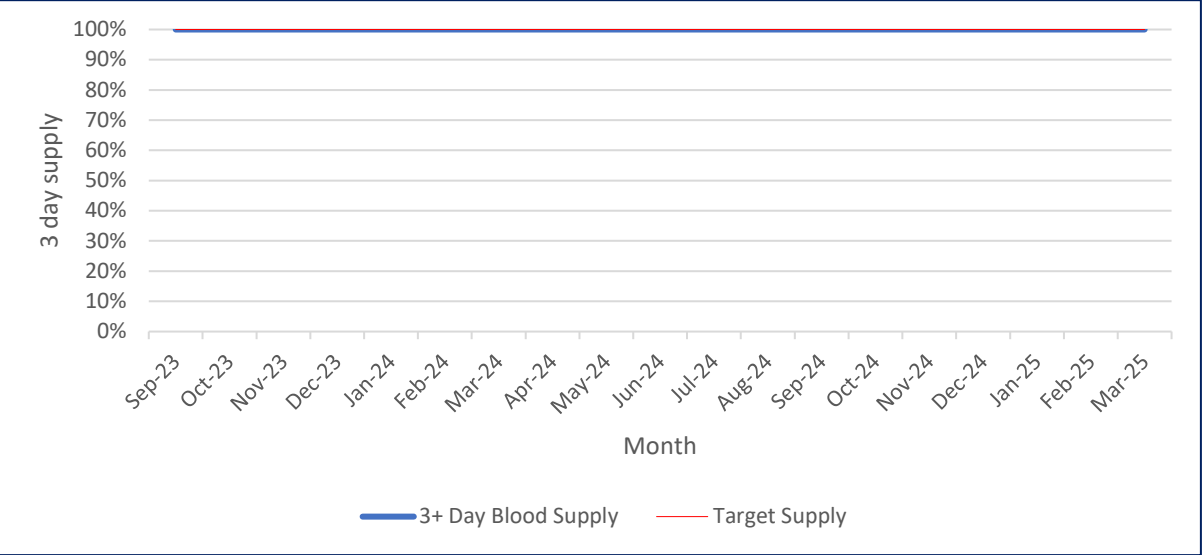
Appendices

Appendix 1: Blood Donation and Supply

Active Blood Donors

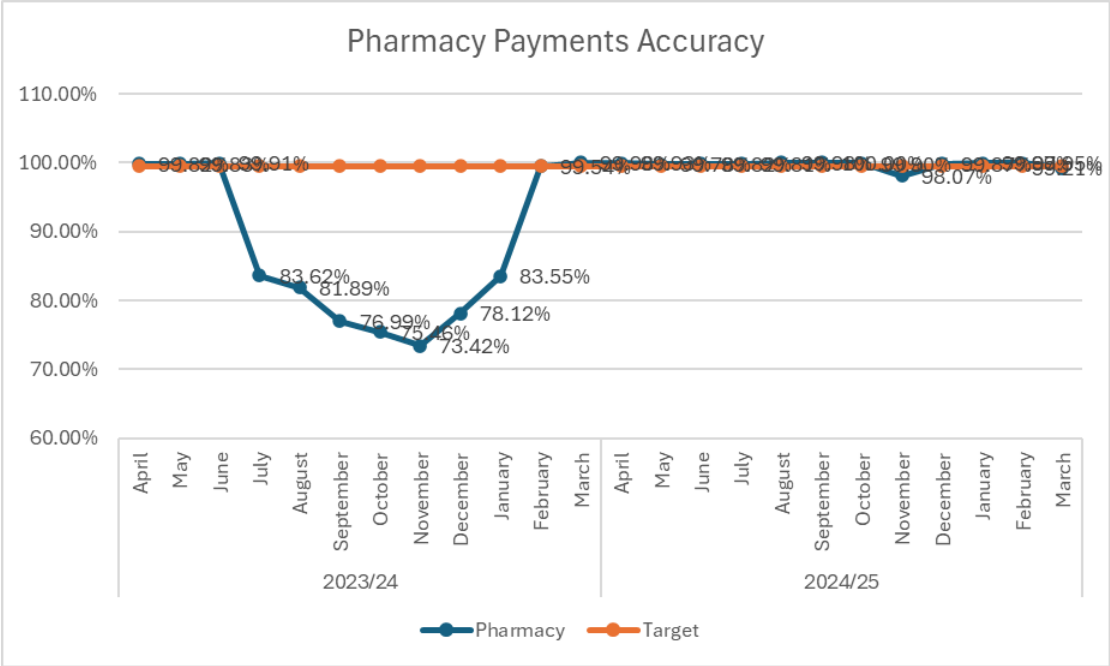


Three Day Blood Supply



Summary position	Analysis	Actions being taken	Improvement opportunities	Risks
<p>There has been a slight dip in blood donation rates following a period of positive increase, however the number of active donors is higher than the same period last year.</p> <p>The Scottish National Blood Transfusion Service (SNBTS) provide all blood and blood products to patients in Scotland.</p>	<ul style="list-style-type: none">There is always seasonal fluctuation in donor levels, with decline in the winter quarter the results of increase COVID-19 and flu infections.There has been a reassignment of a small number of whole blood donors to plasma donors.	<ul style="list-style-type: none">Focus on blood donor week planned activity, TV and radio interviews, social media features with testimonials from patients, clinicians as well as stem cell patients.Targeting younger donors – schools, universities.Focus on ethnic minorities to increase donors base for specific patient blood products.	<ul style="list-style-type: none">Increasing social media engagement to help grow base of younger donors.	<p>Corporate: 6473</p> <p>Closed and replaced by a relevant operational risk.</p>

Appendix 2: Pharmacy Payments



We continue to target quality checking on addressing stakeholder concern issues whilst maintaining our ability and progress towards the objective of checking every NHS Scotland community pharmacy, dispensing doctor and appliance supplier annually.

Summary position	Analysis	Actions being taken	Improvement opportunities	Risks
<p>Primary and Community Care achieved the 99.5% target for accuracy of payments and payments made on time to all primary care contractors (GP practices, community optometrists, community pharmacies and dentists) for March 2025.</p> <p>Over 10 million pharmacy payment items were processed in March.</p> <p>All primary care contractors were paid on due dates using actual data and the accuracy level was 99.8%.</p>	<ul style="list-style-type: none">• In the payments made in March 2025, historic corrections were processed to pharmacy contractors for two issues: underpayments of part 7 discounts in January 2024, and overpayments of dispensing doctor partner arrangements over multiple months.• The impact on payment accuracy is reported in the month in which any corrective action is taken, resulting in a decrease in pharmacy accuracy to 99.2%.	<ul style="list-style-type: none">• We continue to make improvements to the accuracy of pharmacy payments by quantifying and remedying historic under or over payments.• We are undertaking quality checks to address stakeholder concerns or issues, while progressing our objective of checking every NHSScotland community pharmacy, dispensing doctor and appliance supplier annually.• Progress against actions are reported to the Pharmacy Stabilisation Programme Board and the Community Pharmacy Governance Group.	<ul style="list-style-type: none">• Internal and service audits of all payments continue to identify areas of improvement, as well as giving assurance that overall performance is meeting targets.• Contractor engagement provides insight into how they experience our services, and we are working with contractor organisations, such as Community Pharmacy Scotland, to agree improvement plans.	<p>Corporate: 7222</p>

NHS National Services Scotland

Meeting:	Board
Meeting date:	27 June 2025
Title:	Annual Reports from Committees 2024-25
Paper Number:	B/25/24
Responsible Executive/Non-Executive:	Keith Redpath, NSS Chair
Report Author:	Karen Summers, Committee Services Manager

1. Purpose

- 1.1 This paper is presented to the Board to provide assurance that all Committees of the Board are managed in accordance with the NSS Corporate Governance Framework.

2. Recommendation

- 2.1 The Board is recommended to scrutinise the Annual Reports from all NSS Committees for 2024-2025.

3. Executive Summary

- 3.1 This report provides a compilation of the following reports;
- NSS Audit and Risk Committee Annual Report 2024-2025 **[B/25/25]**
 - NSS Clinical Governance Committee Annual Report 2024-2025 **[B/25/26]**
 - NSS Finance, Procurement and Performance Committee Annual Report 2024-2025 **[B/25/27]**
 - NSS Remuneration Committee Annual Report 2024-2025 (draft) **[B/25/28]**
 - NSS Staff Governance Committee Annual Report 2024-2025 **[B/25/29]**
- 3.2 The reports are prepared by the Committee Chairs to provide assurance to the NSS Board that they are fully meeting their obligations. The information collated into the annual report highlights the work done during the year and provides evidence of adherence to the Terms of Reference (NSS Corporate Governance Framework Appendices 3.1, 3.2, 3.3, 3.4 and 3.5).

4. Impact Analysis

4.1 Quality and Value

- 4.1.1 There is no direct impact on quality or value resulting from this report. However, this paper's purpose is to provide assurance to the NSS Board that the Committees have fulfilled their remit which includes elements of quality and value.

4.2 Equality and Diversity, including health inequalities

- 4.2.1 An impact assessment has not been completed as this was not relevant to an Annual Report.

4.3 Data protection and information governance

- 4.3.1 There are no specific data protection or information implications directly associated with this paper.

4. Risk Assessment/Management

- 5.1 All NSS Board Committees review risks, relevant to their individual remits, at every meeting and escalate to the Board where required. Risks are managed in line with the requirements of the NSS Integrated Risk Management Approach.

6. Financial Implications

- 6.1 There are no specific financial implications directly associated with this report.

7. Workforce Implications

- 7.1 There are no specific workforce implications directly associated with this report.

8. Climate Change and Environmental Sustainability Implications

- 8.1 There are no specific climate change and environmental sustainability implications directly associated with this report.

9. Route to Meeting

- 9.1 Committees reviewed and approved the reports on the following dates:
- NSS Audit and Risk Committee held on 19 June 2025
 - NSS Clinical Governance Committee held on 5 June 2025
 - NSS Finance, Procurement and Performance Committee held on 17 June 2025
 - NSS Remuneration Committee held on 25 June 2025 (draft as at 20.6.25)
 - NSS Staff Governance Committee held on 3 June 2025

10. List of Appendices and/or Background Papers

- 10.1 NSS Audit & Risk Committee **[B/25/25]**
- NSS Clinical Governance Committee [**B/25/26**]
- NSS Finance, Procurement and Performance Committee **[B/25/27]**
- NSS Remuneration Committee (Draft) **[B/25/28]**
- NSS Staff Governance Committee **[B/25/29]**

B/25/25

NSS Audit & Risk Committee
Annual Report to Board Members
2024/25

1. Purpose

In accordance with the Blueprint for Good Governance 2nd Edition, the Committee has a duty to ensure a regular evaluation of governance arrangements is carried out and that these arrangements are proportionate, flexible and subject to continuous improvement. As such, this report fulfils this duty by undertaking an assessment of the Committee's activities and providing both itself and the NHS National Services Scotland (NSS) Board assurance that the principles of good governance are being met.

2. Membership and Attendance

As per the Committee's Terms of Reference, membership comprised of six Non-Executive Directors of the Board. The Director of Finance, Corporate Governance and Legal Services attended as the lead Executive Officer to the Committee, along with the Chief Executive and the auditors. Other senior staff also attended as required - most commonly the Director of Strategy, Performance and Transformation, Director of Digital and Security (as Senior Information Risk Owner), Associate Director of Corporate Governance (Board Secretary), Associate Director of Finance Operations, Associate Director of Information Security and Governance, and the Executive Medical Director (as Caldicott Guardian).

The Committee met on 19 September 2024, 14 November 2024, 20 March 2025, 29 May 2025 and 19 June 2025 (this is a different period from other Committee annual reports, reflecting the reporting of audit activity).

Table 1 below lists the Committee members (as per the Corporate Governance Framework approved by the NSS Board in March 2024) and the lead Executive Officers, along with their attendance rate, for the 2024-25 period.

Table 1 – Attendance

	Sept 2024	Dec 2024	March 2025	May 2025	June 2025	Actual	Possible	%
Beth Lawton, Non-Executive Director (Committee Chair)	Y	Y	Y	Y	Y	5	5	100
Paul Buchanan, Non-Executive Director (Committee Vice-Chair)	Y	Y	Y	Y	Y	5	5	100
Gordon Greenhill, Non-Executive Director	Y	Y	Y	Y	N	4	5	80
Arturo Langa, Non-Executive Director	Y	Y	Y	Y	Y	5	5	100
Maria McGill, Non-Executive Director	Y	Y	Y	Y	Y	5	5	100
Alison Rooney, Non-Executive Director	Y	Y	Y	Y	Y	5	5	100
Carolyn Low, Director of Finance, Corporate Governance and Legal Services	Y	Y	Y	Y	Y	5	5	100
Mary Morgan, Chief Executive	Y	Y	N	N	Y	3	5	60

3. Appointment of Auditors

The Auditors of NSS during the year 2023/24 were as follows:

Audit Service	Auditor	Current Contract Ends
Internal Audit	KPMG	March 2027
Service Audit: Payroll Services	PwC	March 2027
Service Audit: Practitioner Services	PwC	March 2027
Service Audit: National IT Contract	PwC	March 2027
External Audit	Audit Scotland	March 2027

4. Reports Reviewed

4.1 Internal Audits

The Internal Audit Plan for 2024/25 had previously been approved by the Committee at their meeting on 14 March 2024. During the year, the Committee was provided with updates on the progress made against the Internal Audit Plan, the key findings identified, and progress made by management with implementation of audit recommendations to address them.

A summary of the Internal Audit reports reviewed by the Committee during the year is provided in Table 2 of this report. Originally nine audits were planned for the year. However, due to one of the audits receiving a “No Assurance” classification, an additional audit was commissioned to follow up on this. Therefore, 10 audits in total were completed within the year and 28 findings were raised. Of the 28 findings requiring management action, four were categorised as ‘high’, 11 were categorised as ‘medium’ and 13 categorised as ‘low’ in terms of risk.

Management actions were agreed to address all recommendations during the 2024/25 audit cycle. As at 30 April 2025, only one action due for completion had not been fully addressed on time. 19 actions from the 2024/25 audit are due to be completed during 2025/26.

Progress with completion of all actions due in 2024/25 was reported to the Committee on a quarterly basis.

The Board were kept apprised, through provision of the Committee minutes, of progress against the audit plan and any concerns would be raised via this route. However, no concerns were raised in 2024/25.

Table 2 – Overview of Audit Reports in 2024/25

Review	Report classification	Number of findings			Total
		High	Medium	Low	
Core Financial Controls: Accounts Payable	Significant assurance with minor improvements	-	1	3	4
Property and Estates Management	Significant assurance	-	-	3	3
Internal Change Programmes	Significant assurance with minor improvements	-	2	2	4
Risk Management Review	Significant assurance with minor improvements	-	3	1	4
Managing Internal Data – Data Strategy	Partial assurance with improvement required	-	4	1	5
Central Legal Office: Follow Up	Significant assurance	-	-	1	1
Property Transaction Monitoring – Hassockrigg	Significant assurance	-	-	2	2
Pharmacy remuneration and data assurance	No assurance	4	1	-	5
Pharmacy remuneration and data assurance – follow up	Significant assurance	-	-	-	-
Property Transaction Monitoring – Meridian Court	Significant assurance	-	-	-	-
TOTAL		4	11	13	28

Table 3 – Report Classifications

Report classifications	Number of Reports with this classification
Significant Assurance	5
Significant Assurance with Improvements	3
Partial Assurance with Improvements Required	1
No Assurance	1

Table 4 – Internal Audit Actions

Risk Level	To be completed during FY2025/26 but audit report presented in FY2024/25	Implementation date(s)	Report Title
Low	1	30/06/2025	Risk Management
Medium	2		
	1	30/09/2025	
Medium	1	31/05/2025	Core Financial Controls – Accounts Payable
Low	4		
Low	3	31/03/2026	Property and Estates Management
Low	1	01/07/2025	Managing Internal Data
Medium	1	01/10/2025	
	1	30/03/2026	
	2	31/03/2026	
Low	1	31/05/2025	Central Legal Office: Follow Up
Low	1	31/03/2026	Property Transaction Monitoring

Table 5 – Trends in Findings Raised

Finding rating	Trend between current and prior year	2024/25	2023/24	2022/23	2021/22
High	↑	4	-	4	1
Medium	↓	11	18	22	20
Low	↓	13	16	6	9
Total	↓	28	34	32	30

4.2 Internal Audit Annual Report 2024/25

The Internal Audit Annual Report for 2024/25 from KPMG summarises the work carried out in the year. This was presented to the Committee in May 2025. In this report, the Head of Internal Audit reports an overall opinion for the period 1 April 2024 to 31 March 2025 of ‘Significant assurance with minor improvements’ can be given on the overall adequacy and effectiveness of the organisation’s framework of governance, risk management and control.’

4.3 Service Audits

The Service Audit reports for 2024/25 were reviewed and approved by the Committee at their meeting on 29 May 2025. The service areas audited were:

4.3.1 Payroll

The Type 2 Payroll Report, confirmed the suitability of the description and design of the payroll controls in place and concludes that they are operating effectively. Six exceptions were identified and responded to resulting in a minor qualification, not an adverse opinion.

4.3.2 Practitioner Services

The Practitioner Services Type 2 report confirmed the suitability of the description and design of the controls in place and concludes that, with one exception, they are operating effectively.

4.3.3 IT Services

The IT Services Type 2 report considers controls carried out by NSS Digital and Security (DaS) and Atos. The report confirmed the suitability of the description and design of the controls in place and concludes that they are operating effectively with the exception of the controls relating to logical access to applications. Management accepted most of the exceptions and action has already taken place to mitigate impact including training for relevant staff and review of procedures.

In summary, the Service Auditors have provided Practitioner Services with an unqualified opinion but IT Services and Payroll Services had minor qualifications in specific areas. Service Audits will continue in 2025/26 for the service areas noted above.

5. External Audit – Audit Scotland

The Committee received all reports from the External Auditors (Audit Scotland). These included an annual assessment of the adequacy of the internal audit, the external audit annual audit plan, internal controls report and the annual audit report. The annual audit report included a report to those charged with governance on matters arising from the audit of the annual financial statements, as well as comment on financial sustainability, governance, and best value.

The Annual Report and Accounts for 2023/24 were laid before Parliament on 3 October 2024.

Where appropriate, issues raised by the External Auditor as part of the Annual Accounts process are included in the Governance Statement in the Annual Accounts for the year to 31 March 2025.

The Draft Annual Report and Accounts 2024/25 were considered by the Committee on 12 June 2025 at a specially convened ARC Seminar to which all NSS Board members were invited.

The Director of Finance, Corporate Governance and Legal Services attended the clearance meeting for the Annual Accounts with the External Auditors on 6 June 2025. The final Annual Report and Accounts will be presented to the Committee on 19 June 2025 to scrutinise and

recommend for approval at the Board meeting on 27 June 2025. Once signed, the Annual Report and Accounts would be submitted to the Scottish Government Health & Social Care Directorate (SGHSC) by 30 June 2025 before being laid before Parliament at a later date to be confirmed.

6. Risk

The Blueprint for Good Governance notes that NHS Bodies are subject to the principles and concepts that support effective risk management as outlined in [HM Government's Orange Book](#) and the [Scottish Public Finance Manual](#) (SPFM) and must operate a risk management strategy in accordance with these.

NSS governance and management structures support risk management by embedding risk identification and assessment into their strategic reviews and day to day activities as follows:

- The NSS Integrated Risk Management Approach (IRMA) sets out the importance of risk management to the delivery of our objectives, our risk appetite statement, the responsibilities of staff across NSS, the supporting organisational arrangements for the identification, assessment and reporting of risks and the steps to be taken to develop and implement mitigating actions.
- Directorates identify and assess risks through their planning and performance processes, reviews of significant changes in NSS service or the environment in which it operates in, following a resilience incident, adverse event or near miss, data protection impact assessments, information security risk assessments, testing controls in place around NSS day to day activities, horizon scanning future events, stakeholder engagement, programme and project risk assessments, and through the internal controls assurance checklists. Monthly risk reviews are undertaken by Directorates.
- The Executive Management Team reviews the risk profile for corporate risks across the organisation, across all categories of risk and challenges key organisational risks and issues monthly.
- Risks are assessed for the likelihood of an event occurring and the impact of the event. They are categorised under four headings: Business, Staff, Clinical and Reputational. Management Groups review these risks by category for their areas of responsibility and challenge the actions being taken to address them. Information Governance risks across all the categories were also reviewed by the Information Security and Governance Group.
- The NSS Board Committees: Finance Procurement and Performance, Staff Governance, Clinical Governance, and Audit and Risk met at least four times during the year and reviewed and challenged Business, Staff, Clinical, Information and Reputational risks respectively across NSS. This provided a comprehensive review of risks by risk category across the organisation. The Committees also reviewed respective strategic risks at least four times each year.
- The NSS Audit and Risk Committee received quarterly reports on risk management across NSS, detailing the improvements being made to processes and procedures and key risks for the organisation. This provided the Committee with the assurance that risk management was operating effectively and that there was integration between organisational risks and audit activity. The Committee also reviewed the NSS risk appetite statement on an annual basis. This year, the NSS Audit and Risk Committee scrutinized the Risk Strategy, which was subsequently approved by the Board

- Risks associated with information that NSS holds and are responsible for are subject to regular review and independent audit as part of overall governance and risk management arrangements. An audit took place in 2024/25 and provided significant assurance with minor improvement opportunities. The audit provided four recommendations in relation to our risk Approach, which are being worked through, with a revised Approach due to be presented to ARC for scrutiny in September.
- The Board received risk update reports every six months. The reports include details of risk management improvements; the risk profile for the organisation and the key risks being addressed. This gives the Board the opportunity to review and challenge risk management processes and the key risks NSS face. The Board reviews and approves NSS's appetite to risk annually. NSS has a flexible approach to its risk appetite in pursuit of its four principal objectives:
 - Service Excellence
 - Financial Sustainability
 - Workforce Sustainability
 - Environmental Sustainability
- The Board Strategic Risks, which were agreed in 2023, demonstrate the key risks to NSS delivering its strategic priorities and objectives. These risks continue to be mitigated and, depending on the primary category identified, each risk has been reported quarterly to the relevant committee for scrutiny. These risks are presented to the Board twice yearly. In addition to formal review at Board meetings, the Board met informally to conduct an in-depth review of emerging risks and issues via horizon scanning exercises in October of 2024 and assessed the current position of strategic risks in April 2025.

Where risks to new and on-going activities were identified, NSS will always attempt to mitigate the likelihood or impact of the risk to a level judged to be acceptable in the prevailing conditions. This is in line with the NSS Integrated Risk Management Approach (IRMA).

All staff are required to complete the Risk and Resilience e-Learning as mandatory training. The achievement rate as at 30 April 2025 was 89%.

7. Fraud Prevention

The Committee received quarterly fraud update reports during the year. These reports provided the Committee with updates on NSS fraud cases, counter fraud training delivered to staff, initiatives undertaken to identify and address fraud, and the work carried out by Practitioner and Counter Fraud Services in relation to detecting, deterring, disabling, and dealing with fraud in the NHS.

NSS has adopted the NHS Scotland Counter Fraud Standards and has agreed a Fraud Action Plan for 2025/26. Fraud risks have been reviewed in partnership with Counter Fraud Services and included in the Corporate Risk Register.

The NSS Fraud Champion and the Fraud Liaison Officer attended the annual meeting with Counter Fraud Services and were given an overview of their work during 2024/25 and plans for the coming year.

In October 2024, CFS were inspected by Investigatory Powers Commissioner's Office (IPCO). CFS were found to be fully compliant in their comms data applications. This was a stand alone inspection and is not anticipated to be repeated regularly in following years.

These reports, sessions. and investigation by IPCO have provided the Committee with the assurance that the risk of fraud was being managed and addressed across NSS.

8. Information Governance

The Committee received updates and sought assurance on NSS's compliance with relevant legislation, duties, and standards with regards to information governance. This covered Caldicott Guardianship and Confidentiality; Data Protection; Information Security; Freedom of Information and Records Management. Reports were provided at each meeting to allow the Committee to satisfy itself that appropriate progress was being made to improve the quality of information governance across NSS, and that any information incidents, risks, and complaints were being managed appropriately.

Members were also updated on the outcome of NSS's Network and Systems Directive (NISD) audit and the Information Commissioner's Office audit in 2025.

9. Committee Governance in 2024-2025

Detailed and comprehensive minutes are prepared after each meeting to provide a clear audit trail and as evidence if required by the Scottish Government.

An action register is prepared to manage actions agreed from each Committee meeting and is reviewed at each meeting.

The Committee has a forward programme of business which provides a rolling year plan of decisions and activity. This ensures compliance with the Terms of Reference and ensures the Committee meets its statutory and regulatory commitments.

The Committee discharged its key duties under its Terms of Reference as per the table below:

Key Duty	Evidence
Advise the Board and Chief Executive on 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	Standing Items: Internal Audit Plan Approval – 13 March 2025
Advise the Board and Chief Executive on the accounting policies, the 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.	Standing Item: June 2025 meeting.

Key Duty	Evidence
Advise the Board and Chief Executive on the planned activity and results of both internal and external audit.	<u>Standing Item:</u> Each meeting – internal and external audit report.
Advise the Board and Chief Executive on the performance of the internal audit function.	<u>Standing Item:</u> Each meeting – internal and external audit report.
Advise the Board and Chief Executive on the adequacy of management response to issues identified by audit activity, including external audit's management letter or report.	<u>Standing Item:</u> Each meeting – internal audit actions report and external audit recommendations report.
Advise the Board and Chief Executive on the effectiveness of the internal control environment.	<u>Standing Item:</u> Each meeting – internal and service audit reports/updates.
Provide assurances relating to the corporate governance requirements for the Board.	<u>Standing Item:</u> Each meeting – internal, external, and service audit reports/updates.
Advise the Board and Chief Executive on the appointment of the Chief Internal Auditor, the Internal Audit Charter and Internal Audit Opinion.	Current contract with KPMG is in place until end of 2026/27 Internal Audit Charter and Internal Audit Opinion agreed at June 2025 meeting
Advise the Board and Chief Executive on the purchase of non-audit services from contractors who provide audit services.	Not required in 2024/25
Advise the Board and Chief Executive on the Board's policies, procedures, and processes where they relate to risk management, governance, and internal control. Examples are the Board's Standing Orders, Standing Financial Instructions, Scheme of Delegation, risk management policy, ethical conduct, prevention of bribery and corruption, anti-fraud, and Whistleblowing.	Brought as required
Advise the Board and Chief Executive on the skills required for committee effectiveness, to inform the selection of members of the committee.	Considered though the Self-Assessment discussed at the September 2024 ARC meeting
Review annually the nature of and expenditure incurred by each Directorate on the employment of Management Consultants in the preceding year.	Considered at the ARC meeting in June 2025
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.	Considered at the ARC meeting in June 2025
Review annually NSS's Fraud and Other Illegal Acts Register.	<u>Standing Item</u>
Review reports presented on instances of banking accounts being overdrawn.	Not required in 2024/25

Key Duty	Evidence
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.	<u>Standing Item:</u> Each meeting – Information Security and Governance Report
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.	<u>Standing Item:</u> Each meeting – Information Security and Governance Report.
Satisfy itself that NSS has processes in place to monitor and report information governance incidents, risks, and complaints.	<u>Standing Item:</u> Each meeting – Information Security and Governance Report.
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.	<u>Standing Item:</u> Each meeting – Information Security and Governance Report.

10. Conclusion

The NSS Audit and Risk Committee concludes that: significant attention is given by the organisation to its audit, risk, and information governance arrangements; that this is proportionate to the nature of each Directorate's role; and that the Committee's monitoring responsibilities are being met.

The Committee can provide assurance to the NSS Board that, over the course of 2024/25, substantial attention was given by the organisation to its clinical governance arrangements, that has been proportionate to the nature of each Directorate's role. Therefore, the Audit NS Risk Committee has fulfilled its monitoring responsibilities and will continue to do so through the governance arrangements in place.

Beth Lawton
Chair of the NSS Audit and Risk Committee
June 2025

NSS Clinical Governance Committee 2024/25 Annual Report to the NSS Board

B/25/26

1. INTRODUCTION

- 1.1 Clinical governance is the framework through which NHS organisations are accountable for continuously improving the quality of services and safeguarding high standards of care, defined as "corporate accountability for clinical performance". It is not intended to replace professional self-regulation and individual clinical judgement but adds an extra dimension to assure the public that relevant, safe, and effective systems and processes are in place. Within NSS this serves to support delivery of effective national and specialist services which enable and support improvements in the health and wellbeing of all the people of Scotland.
- 1.2 NSS has a duty to have appropriate arrangements in place to meet its clinical governance responsibilities. Clinical governance within NSS is overseen by the Clinical Governance Committee, a Standing Committee of the NSS Board. The Committee, chaired by a non-executive member of the Board, does this through scrutiny of reports focussing on the quality assurance of services likely to have a direct or indirect impact on health and wellbeing. Through its minutes, the Committee then reports to the NSS Board on all relevant issues.
- 1.3 In accordance with the Blueprint for Good governance 2nd Edition, the Committee has a duty to ensure regular evaluation of governance arrangements are carried out and that they are proportionate, flexible and subject to continuous improvement. As such, this report fulfils this duty by undertaking an assessment of the Committees activities and providing both itself and the NSS Board assurance that the principles of good governance are being met.
- 1.4 The Committee met formally on four occasions during 2024-25: 23 May 2024, 22 August 2024, 21 November 2024, and 27 February 2025. Seminar sessions were also held on: 25 April 2024, 25 July 2024, 24 October 2024, and 23 January 2025.

2. MEMBERSHIP AND ATTENDANCE

- 2.1 As per the Committee's Standing Orders, membership comprised of six Non-Executive Directors of the Board, including the Board Chair. The Medical Director and Director of Nursing attended as the lead Executive Officers to the Committee, along with the Chief Executive. Other senior staff also attended as required - most commonly the Deputy Medical Director, the Scottish National Blood Transfusion Service (SNBTS) Medical Director, and the Associate Director for Nursing, Clinical Governance and Quality Improvement.
- 2.2 The table overleaf lists the Committee members (as per the Corporate Governance Framework approved by the NSS Board in March 2024) and the Executive Officers, along with their attendance rate, for the 2024-25 period.

	Q1	Q2	Q3	Q4	Actual	Possible	%
Alison Rooney, Non-Executive Director (Committee Chair)	Y	Y	Y	Y	4	4	100%
Arturo Langa, Non-Executive Director (Committee Vice-Chair)	Y	Y	N	Y	3	4	75%
Lisa Blackett, Non-Executive Director	N	Y	N	Y	2	4	50%
Beth Lawton, Non-Executive Director	Y	Y	Y	Y	4	4	100%
Maria McGill, Non-Executive Director	Y	Y	Y	Y	4	4	100%
Keith Redpath, NSS Chair	Y	Y	N	Y	3	4	75%
Sharon Hilton-Christie, Executive Medical Director	Y	Y	Y	Y	4	4	100%
Jacqui Reilly, Director of Nursing	Y	Y	Y	Y	4	4	100%
Mary Morgan, Chief Executive	N	Y	Y	Y	3	4	75%

3. COMMITTEE ACTIVITIES IN 2024-2025

- 3.1 Detailed and comprehensive minutes are prepared after each meeting to provide a clear audit trail and as evidence if required by the Scottish Government.
- 3.2 An action register is prepared to manage actions agreed from each Committee meeting and is reviewed at each meeting.
- 3.3 The Committee has a forward programme of business which provides a rolling year plan of decisions and activity. This ensures compliance with the Terms of Reference and ensures the Committee meets its statutory and regulatory commitments.
- 3.4 The Committee discharged its key duties under its Terms of Reference as per the table below:

Item	Description	Evidence
ToRs (6.1.1)	Assure that 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.	<p><u>Standing Items - every meeting:</u> Medical Director's Report; Clinical Governance Framework Delivery Plan Report; Clinical Adverse Events Report; Clinical Risks Report; Healthcare Associated Infection (HAI) Quarterly Report; Blood and Tissue Quality, Safety and Sufficiency Report; Infected Blood Inquiry Action Plan Update (from 22 August 2024 meeting onwards).</p> <p><u>Standing Items - annual:</u> Duty of Candour Annual Report (at 22 August 2024 meeting).</p> <p>Also see Section 2.2 of this report – Additional Highlights.</p>
ToRs (6.1.2)	Assure 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.	<u>Standing Items - every meeting:</u> Medical Director's Report; Clinical Governance Framework Delivery Plan Report.

ToRs (6.1.3)	Assure that clinical activity is challenged from the perspectives of equity, inequality/equality, diversity, and value (expressed as triple value).	<u>Standing Items - every meeting:</u> Medical Director's Report; Clinical Governance Framework Delivery Plan Report.
ToRs (6.1.4)	Assure that services' compliance with clinical regulatory requirements is in place.	<u>Standing Items - every meeting:</u> Blood and Tissue Quality, Safety and Sufficiency Report; Medical Director Report. <u>Standing Items – annual:</u> <i>(at 23 May 2024 meeting)</i> Research Governance Annual Report; Patient Group Directions Audit; Infection Prevention and Control Annual Report; Ionising Radiation (Medical Exposure) Regulations 2017 [IR(ME)R] Annual Report. <i>(at 22 August 2024 meeting)</i> Clinical Staff Revalidation Report; Medical and Dental Staff Revalidation Report; Duty of Candour Annual Report. Also see Section 2.2 of this report – Additional Highlights.
ToRs (6.1.5)	Assure that 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.	<u>Standing Items - every meeting:</u> Medical Director's Report; Clinical Risks Report.
ToRs (6.2)	Provide advice, as required, to the Board on the clinical impacts of any new service developments proposed for adoption by NSS.	<u>Standing Items - every meeting:</u> Medical Director's Report.
ToRs (6.3.1)	The Committee will review and scrutinise reports on 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.	<u>Standing Items - every meeting:</u> Clinical Adverse Events Report; Clinical Risks Report. <u>Standing Items - annual:</u> Duty of Candour Annual Report (at 22 August 2024 meeting).

ToRs (6.3.2)	The Committee will review and scrutinise reports on blood and tissue safety to satisfy itself that appropriate action is being taken to provide an adequate and safe supply.	<u>Standing Items - every meeting:</u> Blood and Tissue Quality, Safety and Sufficiency Report; Infected Blood Inquiry Action Plan Update (from 22 August 2024 meeting onwards).
ToRs (6.3.3)	The Committee will review and scrutinise reports on HAI in NSS as per required national policy on HAI, using the HAI reporting template.	<u>Standing Items - every meeting:</u> HAI Quarterly Report. <u>Standing Items - annual:</u> Infection Prevention and Control Annual Report (at 23 May 2024 meeting).
ToRs (6.3.4)	The Committee will review and scrutinise reports on major NSS programmes in support of clinical services.	<u>Standing Items - every meeting:</u> Medical Director's Report.
ToRs (6.3.5)	The Committee will review and scrutinise reports on activity relating to national clinical governance functions delivered by NSS, e.g., screening, and dental.	<u>Standing Items - every meeting:</u> Medical Director's Report.
ToRs (6.3.6)	The Committee will review and scrutinise annual reports on: <ul style="list-style-type: none"> - 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 SNBTS. 	<u>Standing Items – annual:</u> <i><u>(at 23 May 2024 meeting)</u></i> Research, Governance Annual Report; Patient Group Directions Audit; Infection Prevention and Control Annual Report; Ionising Radiation (Medical Exposure) Regulations 2017 [IR(ME)R] Annual Report. <i><u>(at 22 August 2024 meeting)</u></i> Clinical Staff Revalidation Report; Medical and Dental Staff Revalidation Report; Duty of Candour Annual Report.

Additional Highlights

- 3.5 Over the course of the year, the seminar sessions covered the following topics:
- 3.5.1 National Services Division - Update on networks and commissioning in the current climate;
 - 3.5.2 Blood Bank Staffing;
 - 3.5.3 Screening Oversight and Assurance Scotland (SOAS);
 - 3.5.4 NSS Research, Development & Innovation (RD&I).

Relationships with other Board Committees

- 3.6 The Committee continues to recognise the overlap in its responsibilities in respect of certain matters with the other NSS committees. Through NSS's robust Corporate Governance Framework, any matters of mutual interest in relation to other committees of the Board (particularly Staff Governance or Audit and Risk) are addressed as necessary, facilitated by the Corporate Governance team.

4. CONCLUSIONS AND ASSURANCE TO BOARD

- 4.1 The Clinical Governance Committee concludes that clinical governance structures and processes continue to be reviewed and monitored across NSS by clinical leaders, executive directors, and the Clinical Governance Committee. The Committee continues to scrutinise clinical risks within the corporate risk register, taking a proactive approach in the deeper understanding of said risks and improvements to ways of reporting.
- 4.2 The Committee can provide assurance to the NSS Board that, over the course of 2024/25, substantial attention was given by the organisation to its clinical governance arrangements, that has been proportionate to the nature of each Directorate's role. Therefore, the Clinical Governance Committee has fulfilled its monitoring responsibilities and will continue to do so through the governance arrangements in place.

Alison Rooney

NSS Clinical Governance Committee Chair 2024-25

June 2025

Annual Report to NSS Board by NSS Finance, Procurement, and Performance Committee (FPPC): 1 April 2024 – 31 March 2025

1. INTRODUCTION

- 1.1 The purpose of the annual report is to provide a summary of matters considered and to provide assurance to the NSS Board that the Committee has fulfilled its remit.
- 1.2 In accordance with the Blueprint for Good governance 2nd Edition, the Committee has a duty to ensure regular evaluation of governance arrangements are carried out and that they are proportionate, flexible and subject to continuous improvement. As such, this report fulfils this duty by undertaking an assessment of the Committees activities and providing both itself and the NSS Board assurance that the principles of good governance are being met.
- 1.3 The Committee met formally on four occasions during 2024-25: 11 June 2024, 10 September 2024, 10 December 2024, 28 January 2025 (ad-hoc single item) and 11 March 2025. Seminar sessions were also held on: 30 April 2024, 29 October 2024, and 28 January 2025.

2. MEMBERSHIP AND ATTENDANCE

- 2.1 As per the Committee's Standing Orders, membership comprised of six Non-Executive Directors of the Board, including the Board Chair. The Director of Finance, Corporate Governance and Legal Services attended as the lead executive officer to the Committee. The Chief Executive, Executive Medical Director and Directors of National Procurement (NP), Strategy, Performance, and Service Transformation (SPST) and NHSScotland Assure were regularly in attendance. Other senior staff were invited to attend as necessary.
- 2.2 The table below lists the Committee members (as per the Corporate Governance Framework approved by the NSS Board in March 2024) and the Executive Board Members in attendance along with their attendance rate, for the 2024-25 period.

	Q1	Q2	Q3	Ad-Hoc	Q4	Actual	Possible	%
Gordon Greenhill, Non-Executive Director (Committee Chair)	Y	Y	Y	Y	Y	5	5	100%
Beth Lawton, Non-Executive Director (Committee Vice-Chair)	N	Y	Y	N	Y	3	5	60%
Lisa Blackett, Non-Executive Director	Y	Y	Y	Y	Y	5	5	100%
Maria McGill, Non-Executive Director	Y	Y	Y	Y	Y	5	5	100%
Ian Cant, Employee Director	Y	Y	Y	Y	Y	5	5	100%
Keith Redpath, NSS Chair	Y	Y	Y	Y	Y	5	5	100%

	Q1	Q2	Q3	Ad-Hoc	Q4	Actual	Possible	%
Carolyn Low, Director of Finance, Corporate Governance and Legal Services	Y	Y	Y	Y	Y	5	5	100%
Mary Morgan, Chief Executive	Y	N	Y	Y	Y	4	5	80%
Sharon Hilton-Christie, Executive Medical Director	Y	Y	Y	Y	Y	5	5	100%

3. COMMITTEE ACTIVITIES

- 3.1 Detailed and comprehensive minutes are prepared after each meeting to provide a clear audit trail and as evidence if required by the Scottish Government.
- 3.2 An action register is prepared to manage actions agreed from each Committee meeting and is reviewed at each meeting.
- 3.3 The Committee has a forward programme of business which provides a rolling year plan of decisions and activity. This ensures compliance with the Terms of Reference and ensures the Committee meets its statutory and regulatory commitments.
- 3.4 The Committee discharged its key duties under its Terms of Reference as per the table below:

Item	Description	Evidence
ToRs 6.1.1a	To scrutinise and recommend to the Board for approval the Annual, 3-year or 5-year (as required) Delivery Plans and Financial Plans, prepared consistent with statutory financial responsibilities.	<u>Standing Items – Annual:</u> Capital Plan 25-26 and Draft BCP (at 10 December 2024 and 28 January 2025 meetings)
ToRs 6.1.1b	To scrutinise and recommend to the Board for approval the Draft NSS Annual Delivery Plan for submission to the Scottish Government.	<u>Agenda Item:</u> 31 May 2023 In Private meeting
ToRs 6.1.1c	To scrutinise and recommend to the Board for approval the NSS Property and Asset Management Strategy and action plan.	<u>Individual Items:</u> Capital Plan 2025/26 and Whole System Infrastructure Business Continuity Plan (WSIP/BCP) at 10 December 2024 and 28 January 2025
ToRs 6.1.1d	To scrutinise and recommend to the Board for approval the NSS Climate Sustainability Strategy and action plan	<u>Standing Items – Annual:</u> Sustainability Strategy – at 31 May 2023 meeting
ToRs 6.1.1e	To scrutinise and recommend to the Board for approval NSS Standing Financial Instructions.	<u>Standing Items – Annual:</u> Revised Standing Orders for Presentation to the Board – at 8 November 2023 meeting SFI Revisions – at 28 February 2024 meeting

Item	Description	Evidence
ToRs 6.1.2a	To approve, at Outline Business Case or Full Business Case stage, property transactions undertaken in accordance with the NHS Scotland Property Transactions Handbook	There were no property transactions in 2024/25 that required FPPC input.
ToRs 6.1.2b	To approve the NHS Scotland Procurement Strategy, Workplan and Annual Report	<u>Standing Items – Annual:</u> National Procurement Annual Report (at 10 September 2024 meeting)
ToRs 6.1.2c	To approve the NSS Procurement Strategy, Workplan and Annual Report	<u>Standing Items – Annual:</u> NSS Procurement Annual Report (at 10 September 2024 meeting)
ToRs 6.1.2d	To approve any procurements which require the authority of the Board under NSS Standing Financial Instructions.	There were no procurements in 2024/25 that required FPPC input.
ToRs 6.1.2e	To approve Budget limits and set business performance targets for all Directorates except in respect of earmarked funds allocated for specific purposes by Scottish Government.	<u>Individual Items:</u> 2024/25 Service Development and Investment Bids (at 11 June 2024 meeting)
ToRs 6.1.2f	To approve the NSS Public Bodies Climate Change Duties Report.	<u>Standing Items – Annual:</u> at 10 December 2024 meeting
ToRs 6.1.2g	To approve New Income contracts above £500,000	<u>Individual Items:</u> Novo Nordisk Contract Approval (at 10 September 2024 meeting); Horizon Green Health Systems Bid (at 11 March 2025 meeting)
ToRs 6.1.3a	To regularly review and scrutinise reports on financial and operational performance against plans and delivery against Annual Delivery Plan (ADP) targets, and to consider the appropriateness and effectiveness of current and planned management actions	<u>Standing Items – every regular meeting:</u> Service Excellence Report; Finance Report; Sustainability Update; Resilience Report <u>Individual Items:</u> Best Value Duty – NSS Mapping Exercise (at 11 June 2024 meeting)
ToRs 6.1.3b	To regularly review and scrutinise reports on any occurrences where the Standing Financial Instructions have not been followed and reports specifically required by the SFIs	<u>Standing Items – every regular meeting:</u> SFI Breaches/Adverse Events
ToRs 6.1.3c	To regularly review and scrutinise reports on the performance of programmes delivered by NSS on behalf of NHS Scotland	<u>Standing Items – every regular meeting:</u> Portfolio Management Group Report; Corporate Oversight Group Report (from 10 December 2024 meeting) <u>Individual Items:</u> 2024/25 Service Development and Investment Bids (at 11 June 2024 meeting)

Item	Description	Evidence
ToRs 6.1.3d	To regularly review and scrutinise reports on delivery against the NSS Financial Sustainability Plan	<u>Standing Items – every regular meeting:</u> Finance Report
ToRs 6.1.3e	To regularly review and scrutinise reports on 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	<u>Standing Items – every regular meeting:</u> Review of Business Risks
ToRs 6.1.3f	To regularly review and scrutinise the content of financial reporting and information presented to the Board	<u>Standing Items – every regular meeting:</u> Finance Report; <u>Individual Items:</u> Pharmacy Payments Report (at 10 September 2024 meeting)
ToRs 6.1.3f	To regularly review and scrutinise the performance against delivery of the NSS climate sustainability objective including the National Sustainability Assessment Tool (NSAT) and the Sustainability Performance Report	<u>Standing Items – every regular meeting:</u> Sustainability Report; <u>Standing Items – Annual:</u> Public Bodies Climate Change Duty Report (at 10 December 2024 meeting); Annual Climate Change Report (at 10 December 2024 meeting);

4. ADDITIONAL HIGHLIGHTS

4.1 Seminar topics were as follows:

- Scottish National Blood Transfusion Service (SNBTS) Development and Manufacture of Advanced Therapy Medicinal Products
- Procurement Key Supplier Management Approach
- 2025/26 Budget Summit Outcomes (with Draft Financial Planning Position) and Draft Annual Delivery Plan

5. CONCLUSIONS AND ASSURANCE TO NSS BOARD

- 5.1 The Committee concludes that, over the course of 2024/25, it has given substantial attention to NSS's financial position, sustainability activity and procurement activity to ensure that suitable arrangements are in place to secure economy, efficiency, and effectiveness in the use of all resources. Therefore, the Committee can provide assurance to the Board that it has fulfilled its monitoring responsibilities and will continue to do so through the governance arrangements in place.

Gordon Greenhill

Chair of the Finance, Procurement, and Performance Committee

June 2025

Annual Report to NSS Board and NSS Staff Governance Committee by the NSS Remuneration Committee, April 2024 - March 2025

1. INTRODUCTION

- 1.1 In accordance with the Blueprint for Good governance 2nd Edition, the Committee has a duty to ensure regular evaluation of governance arrangements are carried out and that they are proportionate, flexible and subject to continuous improvement. As such, this report fulfils this duty by undertaking an assessment of the Committees activities and providing both itself and the NSS Board assurance that the principles of good governance are being met.
- 1.2 The purpose of the annual report is to provide a summary of matters considered by the NSS Remuneration Committee and to provide assurance to the NSS Board and NSS Staff Governance Committee that the Committee has discharged its duties and fulfilled its remit as per its Terms of Reference. It should be noted that the remit of the Committee was updated in March 2025 to reinstate this as a full Committee of the Board and would therefore be reporting directly rather than via the NSS Staff Governance Committee. *See section 4 of the Corporate Governance Framework.*
- 1.3 This report summarises those matters which are considered and discussed by the NSS Remuneration Committee. The format for this report reflects the 'Key Duties' section from the Committee Terms of Reference. (Please note that the section details are based on the original Terms of Reference prior to the changes approved at the March 2025 Board meeting held on 28 March 2025).

1.4 **Members:**

Ian Cant	Employee Director and Chair of the Committee
Lisa Blackett	Non-Executive Director and Chair of the NSS Staff Governance Committee and Vice Chair of the Committee
Gordon Greenhill	Non-Executive Director
Keith Redpath	NSS Chair
Alison Rooney	Non-Executive Director

In attendance:

Serena Barnatt	Director of HR and Organisational Development
Mary Morgan	Chief Executive

- 1.5 The Director of Human Resources and Organisational Development was the lead Executive Officer and professional advisor to the Committee and arranged for other officers to attend as required by the business of the committee. The NSS Chief Executive was also in attendance.

- 1.6 The Remuneration Committee met on the following dates:

26 June 2024

20 November 2024

- 1.7 Attendance: The table below lists the Committee members (as per the Corporate Governance Framework approved by the NSS Board in March 2024) and the Executive Officers, along with their attendance rate, for the 2024/25 period.

Member and In Attendance	26.6.24	20.11.24	50%
Ian Cant, Employee Director (Chair)	Yes	No	50%
Gordon Greenhill, Non-Executive Director	Yes	Yes	100%
Lisa Blackett, Non-Executive Director (Vice Chair)	Yes	Yes	100%
Keith Redpath, NSS Chair	No	No	0%
Alison Rooney, Non-Executive Director	Yes	Yes	100%
Serena Barnatt, Director of HR and Organisational Development	Yes	Yes	100%
Mary Morgan, Chief Executive	Yes	Yes	100%

2. COMMITTEE ACTIVITIES

- 2.1 Detailed and comprehensive minutes are prepared after each meeting to provide a clear audit trail and as evidence if required by the Scottish Government.
- 2.2 An action register is prepared to manage actions agreed from each Committee meeting and is reviewed at each meeting.
- 2.3 The Committee has a forward programme of business which provides a rolling year plan of decisions and activity. This ensures compliance with the Terms of Reference and ensures the Committee meets its statutory and regulatory commitments.
- 2.4 The Committee discharged its key duties under its Terms of Reference as per the table below:

Item	Description	Evidence
ToRs 4.3	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>Standing Items - every meeting:</u> Draft minutes of previous meeting for approval.
TORs (5.1 and 5.2)	A report on the proceedings of the Committee shall be drawn up by or on behalf of the Standards Officer and submitted for information to the first ordinary meeting of the Staff Governance Committee held after the meeting of the Committee and to the NSS Board.	<u>Standing Items – annual:</u> Annual Report to the NSS Board and Staff Governance Committee. Discussed at meeting held on: 26 June 2024.

Item	Description	Evidence
TORs 5.3	The Committee must submit the approved Consultants' Discretionary Points to the NSS Board annually.	<u>Standing Item – annual</u> Discussed at meeting held on 20 November 2024
TORs 5.4	The Committee must submit the remuneration arrangements for members of the Executive and Senior Management Cohorts to the External Auditor for scrutiny, in accordance with normal audit requirements.	<u>Standing Item – annual</u> Discussed at meetings held 26 June 2024 and 20 November 2024.
TORs 6.1.1	Conduct a regular review of the NSS Board's policy for the remuneration and performance management of members of the Executive and Senior Management Cohorts in the light of any guidance issued by the Scottish Government and the National Performance Management Committee remaining in force. A direction order or specific Scottish Government instruction will be required for any payments which fall out with the terms of the guidance.	<u>Standing Items:</u> Agenda item for all meetings via update from the Director of HR and Organisational Development. Meetings held: 26 June 2024 and 20 November 2024
TORs 6.1.2	Agree all the terms and conditions of employment of members of the Executive Cohort, including job description, basic pay, performance pay and bonuses (individual and team) and benefits (including pension, removal arrangements & cars), with reference to Scottish Government guidance, Ministerial directions, and protocols.	<u>Standing Items:</u> Standing agenda item. The Committee Chair liaises with HR outwith the meeting to approve all appropriate posts per the NSS Standing Financial Instructions. This includes permission to advertise, permission to place on banding etc. Discussed at meeting held on: 26 June 2024 and 20 November 2024
TORs 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.	<u>Standing Items:</u> Agenda item for November and June meetings on an annual basis. Discussed at meetings held on: 26 June 2024 and 20 November 2024
TORs 6.1.4	Consider and approve the assessment of performance at the year-end and any changes made 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	<u>Standing Items Annual:</u> Agenda item for June meetings of the Committee. Discussed at meeting held on: 26 June 2024

Item	Description	Evidence
	Workforce Performance Management Committee in the required timescales	
TORs 6.1.5	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 points.	Standing Items: A report is provided to the November meeting of the Committee. Discussed at meeting held on: 20 November 2024
TORs 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.	Standing Items: standing agenda item. The Committee Chair liaises with HR outwith the meeting to approve all appropriate input per the NSS Standing Financial Instructions. Discussed at meetings held on: There were no termination settlements discussed during the period.

3. COMMUNICATION TO BOARD AND STAFF GOVERNANCE COMMITTEE

- 3.1 Through NSS's robust Corporate Governance Framework, any matters of mutual interest in relation to other committees of the Board (particularly Staff Governance) are addressed as necessary, facilitated by the Corporate Governance team.
- 3.2 The minutes of the Committee must be kept confidential because they contain details of named individuals. However, the Remuneration Committee will provide an annual report to the Staff Governance Committee and Board 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.

4. COMMITTEE'S TERMS OF REFERENCE AND PROCEDURES UPDATED MARCH 2025

- 4.1 The Committees Terms of Reference were reviewed as part of the NSS Corporate Governance Framework requirements and approved by the NSS Board in March of 2024. As part of the annual review of the Corporate Governance Framework approve by the Board on 28 March 2025, the following amendments were made: This review advised that the Remuneration Committee be a Standing Committee of the Board rather than a sub-Committee of the NSS Staff Governance Committee.
- 4.2 The responsibility to report activities and progress annually to the NSS Staff Governance Committee and to the NSS Board.
- 4.3 These changes will be reflected in the work of the Committee throughout 2025/26.

NSS Remuneration Committee Terms of Reference can be viewed at this link: [NSS Remuneration Committee](#)

5. CONCLUSIONS AND ASSURANCE TO BOARD AND STAFF GOVERNANCE COMMITTEE

- 5.1 The Members of the NSS Remuneration Committee conclude that they have given due consideration to the effectiveness of the systems of control concerning remuneration, performance appraisal and succession planning within NSS and can give assurance to the NSS Board and NSS Staff Governance Committee that they have discharged their responsibilities on behalf of the Board and in line with their remit under the terms of the Standing Orders for NSS.

Ian Cant
Chair of the NSS Remuneration Committee
June 2025

NSS STAFF GOVERNANCE COMMITTEE ANNUAL REPORT 2024/25

1. INTRODUCTION

- 1.1 The purpose of this report is to provide assurance to the Board that NSS complies with the Staff Governance Standard. In addition, this report summarises those matters which were considered and discussed by the Staff Governance Committee. The format for the report reflects the ‘Delegated Functions’ section from the Committee Terms of Reference.
- 1.2 In accordance with the Blueprint for Good governance 2nd Edition, the Committee has a duty to ensure regular evaluation of governance arrangements are carried out and that they are proportionate, flexible and subject to continuous improvement. As such, this report fulfils this duty by undertaking an assessment of the Committees activities and providing both itself and the NSS Board assurance that the principles of good governance are being met.
- 1.3 The Staff Governance Committee, on behalf of the NSS Board, is charged with satisfying itself of NSS’s processes to manage staff effectively and comply with the NHS Scotland Staff Governance Standards. As such, the Committee reviews NSS’s performance in meeting the Standards, which require that staff are:
- Well informed;
 - Appropriately trained and developed;
 - Involved in decisions;
 - Treated fairly and consistently, with dignity and respect, in an environment where diversity is valued;
 - Provided with a continuously improving and safe working environment, promoting the health and well-being of staff, patients and the wider community.
- 1.2 Meetings during 2024/25 were held on the following dates: 6 June 2024, 5 September 2024, 5 December 2024 and 6 March 2025. Seminar sessions were also held on 2 May 2024, 1 August 2024 and 5 November 2024.

2. MEMBERSHIP AND ATTENDANCE

- 2.1 Per the Committee’s Standing Orders, membership comprised six Non-Executive Directors of the Board (including the Board Chair and Employee Director) and four trade union representatives (nominated by the Joint Trade Unions). The Director of HR and Organisational Development (OD) attended as the lead Executive Officer to the Committee, along with the Chief Executive. Other senior staff also attended as required.
- 2.2 Table 1 lists the Committee members (as per the Corporate Governance Framework approved by the NSS Board in March 2024) and the Executive Officers, along with their attendance rate, for the 2024/25 period.

Table 1

	Q1	Q2	Q3	Q4	Actual	Possible	%
Lisa Blackett, Non-Executive Director (Committee Chair)	Y	Y	Y	N	3	4	75%
Ian Cant, Employee Director (Committee Vice-Chair)	Y	Y	Y	Y	4	4	100%
Arturo Langa, Non-Executive Director	Y	Y	Y	Y	4	4	100%
Beth Lawton, Non-Executive Director	N	Y	Y	Y	3	4	75%
Paul Buchanan, Non-Executive Director	Y	Y	Y	Y	4	4	100%
Keith Redpath, NSS Chair	Y	Y	Y	Y	4	4	100%
David Allan, Trade Union Representative	Y	Y	Y	N	3	4	75%
Tam Hiddleston, Trade Union Representative	N	N	Y	Y	2	4	50%
Gerry McAteer, Trade Union Representative	Y	Y	Y	Y	4	4	100%
Alex Morrison, Trade Union Representative	Y	Y	Y	Y	4	4	100%
Serena Barnatt, Director of HR and OD	Y	Y	Y	Y	4	4	100%
Mary Morgan, Chief Executive	Y	N	N	Y	2	4	50%

3. COMMITTEE ACTIVITIES

- 3.1 Detailed and comprehensive minutes are prepared after each meeting to provide a clear audit trail and as evidence if required by the Scottish Government.
- 3.2 An action register is prepared to manage actions agreed from each Committee meeting and is reviewed at each meeting.
- 3.3 The Committee discharged its key duties under its Terms of Reference as per Table 2.

Table 2

Item	Description	Evidence
ToRs (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.	<p><u>Standing Items - every meeting:</u> People Report; Partnership Forum Update; Great Place To Work Plan Quarterly Report; Health and Care (Staffing) (Scotland) Act 2019 Implementation in NSS – Progress Report</p> <p><u>Standing Items – annual:</u> Great Place to Work Plan 2024-25 (at 6 June 2024 meeting); Draft Great Place To Work Plan 2025/26 (at 6 March 2025 meeting)</p>
ToRs (6.1.2)	Oversee the development of frameworks which ensure delivery of the Staff Governance Standard.	<p><u>Standing Items - every meeting:</u> People Report; Partnership Forum Update; Great Place To Work Plan Quarterly Report</p> <p><u>Standing Items - annual:</u> Great Place to Work Plan 2024-25 (at 6 June 2024 meeting); Staff Governance Monitoring Return [Scottish Government Response] (at 6 June 2024 meeting); Staff Governance Monitoring Return 2023-24 (at 5 December 2024 meeting);</p> <p><u>Individual Items:</u> Anti-Racism Plan (at 6 March 2025 meeting)</p>

Item	Description	Evidence
ToRs (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.	<p><u>Standing Items - every meeting:</u> People Report; Partnership Forum Update; Great Place To Work Plan Quarterly Report; Health and Care (Staffing) (Scotland) Act 2019 Implementation in NSS – Progress Report; JLNC Brief (from 6 March 2025 meeting)</p> <p><u>Standing Items - annual:</u> Great Place to Work Plan 2023-24 year-end (at 6 June 2024 meeting); Staff Governance Monitoring Return [Scottish Government Response]; (at 6 June 2024 meeting) : NSS iMatter Results 2023/24 (at 5 September 2024 meeting); Staff Governance Monitoring Return 2023-24 (at 5 December 2024 meeting); Draft Great Place To Work Plan 2025/26 (at 6 March 2025 meeting)</p>
ToRs (6.1.4)	Oversee the development and monitoring of all organisational policy related to workforce ensuring compliance with National Workforce Policies.	<p><u>Standing Items - every meeting:</u> People Report; Partnership Forum Update; Health and Care (Staffing) (Scotland) Act 2019 Implementation in NSS – Progress Report</p> <p><u>Individual Items:</u> NHS National Services Scotland: Revision of the NSS Health and Care Staffing Escalation Guiding Principles to include Real Time Staffing Assessment (RTS) and Escalation (at 5 September 2024 meeting); Once For Scotland Workforce Policies Phase 2.2 (at 5 December 2024 meeting)</p>
ToRs (6.1.5)	Approve any policy amendment, funding, or resource submission to achieve the Staff Governance Standard, providing support as required to drive forward.	<p><u>Individual Items:</u> NHS National Services Scotland: Revision of the NSS Health and Care Staffing Escalation Guiding Principles to include Real Time Staffing Assessment (RTS) and Escalation (at 5 September 2024 meeting); Talent Management and Succession Planning (at 5 December 2024 meeting); NSS iMatter Focus Groups (at 5 December 2024 meeting); Once For Scotland Workforce Policies Phase 2.2 (at 5 December 2024 meeting)</p>

Item	Description	Evidence
ToRs (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	<u>Standing Items - every meeting:</u> People Report <u>Standing Items - annual:</u> Equal Pay Gap Report and Statement (at 6 June 2024 meeting); Great Place to Work Plan 2022-23 year-end (at 6 June 2024 meeting); Staff Governance Monitoring Return [Scottish Government Response] (at 6 June 2024 meeting); NSS iMatter Results 2023/24 (at 5 September 2024 meeting); NSS Workforce Plan (at 5 September 2024 meeting); Staff Governance Monitoring Return 2023-24 (at 5 December 2024 meeting); Great Place To Work Plan 2025/26 (at 6 March 2025 meeting); Public Sector Equality Duty Reporting (at 6 March 2025 meeting); National Health and Social Care Workforce Strategy: Workforce Planning - Annex A Submission (at 6 March 2025 meeting)
ToRs (6.1.7)	Provide staff governance information for the Statement of Internal Control.	Information provided outwith meetings as part of preparing the NSS Annual Report and Accounts
ToRs (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	<u>Standing Items - every meeting:</u> Staff Risks Report
ToRs (6.1.9)	Review quarterly the NSS complaints report in the context of staff risk.	<u>Standing Items - every meeting:</u> People Report
ToRs (6.1.10)	Oversee the NSS values programme, ensuring that the values are embedded within NSS structures and processes.	<u>Standing Items - every meeting:</u> People Report; Partnership Forum Update <u>Standing Items - annual:</u> Equal Pay Gap Report and Statement (at 6 June 2024 meeting); Great Place to Work Plan 2022-23 year-end (at 6 June 2024 meeting); Staff Governance Monitoring Return [Scottish Government Response] (at 6 June 2024 meeting); NSS iMatter Results 2023/24 (at 5 September 2024 meeting); Staff Governance Monitoring Return 2023-24 (at 5 December 2024 meeting); Great Place To Work Plan 2024/25 (at 6 March 2025 meeting)

Item	Description	Evidence
ToRs (6.1.11)	Review Quarterly and Annual Whistleblowing Reports.	<u>Standing Items - every meeting:</u> Whistleblowing Quarterly Report <u>Standing Items – annual (at 6 June 2024 meeting):</u> Whistleblowing Annual Report
ToRs (6.1.12)	Provide assurance that systems and procedures are in place to manage the issues set out in MEL (1993) 114 (amended).	<u>Standing Items - every meeting:</u> People Report; Partnership Forum Update <u>Standing Items - annual:</u> Staff Governance Monitoring Return (at 6 June 2024 meeting); Great Place to Work Plan 2024-25 (at 6 June 2024 meeting); Great Place to Work Plan 2023-24 year-end (at 6 June 2024 meeting); Equal Pay Gap Report and Statement (at 6 June 2024 meeting); NSS iMatter Results 2023/24 (at 5 September 2024 meeting); Great Place To Work Plan 2024/25 (at 6 March 2025 meeting)

Additional Highlights

- 3.2 Over the course of the year, the seminar sessions covered the following topics:
- Staff Retention;
 - Wellbeing; and
 - Whistleblowing

Relationships with other Board Committees

- 3.3 The Committee continues to recognise the overlap in its responsibilities in respect of certain matters with those of the other NSS Standing Committees. Through NSS's robust Corporate Governance Framework, any matters of mutual interest in relation to other committees of the Board (particularly Clinical Governance or Audit and Risk) are addressed as necessary, facilitated by the Corporate Governance team.

4. CONCLUSIONS AND ASSURANCE TO BOARD

- 4.1 The NSS Staff Governance Committee concludes that NSS has effective processes in place to manage staff efficiently and to comply with the Staff Governance Standards. Therefore, the Committee can provide assurance to the Board that it has fulfilled its monitoring responsibilities and will continue to do so through the governance arrangements in place.

Lisa Blackett
NSS Staff Governance Committee Chair
June 2025

Appendix 1

The NSS Staff Governance Action Plan forms part of the NSS Great Place to Work Plan (GPTW) and is based on the results of the NSS iMatter staff experience survey.

NSS has adopted a different approach to Staff Governance reporting and no longer reports against the five strands of the Staff Governance Standard.

However, for the purposes of providing assurance to the NSS Board, the Staff Governance Committee have aligned the actions taken during the year with the five strands of the Standard and the outcomes will be measured on evidence submitted by Directorates.

Staff Governance Standard	Task	Action	Year End Update	Expected Status
Well Informed/ Involved in Decisions	Overall iMatter Score Response Rate	2024/25 80% 2023/24 78% 2022/23 75% 2021/22 74% 2020/21 65%	Exceeded the target set of 78% to achieve 80% response rate.	Response rate target for 2025/26 - 80%
	Implement iMatter Staff Survey	iMatter survey ran in June/July 2024.	iMatter survey completed.	NSS iMatter survey to be launched in June 2025.
	Team Action Plans	2024/25 92% 2023/24 90% 2022/23 90% 2021/22 90% 2020/21 N/A	Team Action Plans to have 92% completed for NSS. Target exceeded with 99% completion rate.	Action Plan target for 2025/26 – 90%

Staff Governance Standard	Task	Action	Year End Update	Expected Status
	Employee Engagement Index (EEI)	2024/25 77 2023/24 78 2022/23 78 2021/22 78 2020/21 76	Did not meet set target of 78 – achieved 77.	EEI 2025/26 target - 77
	Overall iMatter Score Well Informed	2024/25 79 2023/24 80 2022/23 80 2021/22 80 2020/21 79	Did not meet set target of 80 – achieved 79.	Well Informed target for 2025/26 - 79
	Overall iMatter score Involved in Decisions	2024/25 72 2023/24 73 2022/23 73 2021/22 73 2020/21 71	Did not meet set target of 74 – achieved 72.	Involved in Decisions target for 2025/26 - 72
	Provide a summary of NSS Partnership Forum key areas of discussion and agreements to all staff on a regular basis	Board Services to collate key information from Partnership Forum to be shared with all NSS staff via the SharePoint site. Notify staff of this through communication in Stay Connected on a regular basis.	Partnership Forum reports and approved minutes are available on the Board Services Sharepoint site.	Complete
	Deliver Chief Executive and Employee Director Stay Connected Sessions.	Marcomms to organise bi-annual Stay Connected sessions.	Recognising Excellence event 5 March 2025.	Complete

Staff Governance Standard	Task	Action	Year End Update	Expected Status
	Provide regular communications on key areas of delivery	Ensure that Stay Connected and all staff communications are used appropriately to disseminate key information which impacts NSS.	<p>Stay Connected issued every two weeks with key information and updates.</p> <p>Over the year all staff emails have been issued in relation to the NSS Strategic Framework, iMatter Survey, NSS Connected event, Gyle Square rationalisation, Agenda for Change pay updates; reminders to complete statutory and mandatory training; promotion of health events and cyber security awareness.</p> <p>In the latter quarter all staff emails have included updates on the Once for Scotland Phase 3 policies consultation, reminders of using remaining annual leave and renewing reduced working year/annualised hour applications, various digital system updates, promotion of events such as Recognising Excellence, the NHSScotland 2025 event and other awards achieved by NSS.</p>	This will continue in the GPTW Plan 2025/26

Staff Governance Standard	Task	Action	Year End Update	Expected Status
	Directorate Town Hall meetings via digital first approach and where appropriate face to face	All Directors to be responsible for the continuation of Town Hall meetings to ensure key information is shared and staff have the opportunity to raise questions.	Regular Townhall meetings conducted in Directorates For example:- In Quarter 1 – 12 events In Quarter 2 – 8 events In Quarter 3 – 10 events In Quarter 4 – 7 events Scottish National Blood Transfusion Service staff have the opportunity to meet their Director during site visits.	Complete
	Develop digital approach to Partnership Working Training	Finalise content of the module Develop Comms and support the roll out across NSS of eLearning module.	The module will be finalised and issued for testing by end of March 2025. Full roll out to the business is scheduled in 2025/26 Quarter 1. A communication plan is being developed to support the roll out.	Complete
	Promote and encourage all employees to complete the digital approach to Partnership Working Training	Work with Learning and Development to promote the digital Partnership Working Training module for all managers across NSS.	Promotion activities will form part of the communications plan.	Complete

Staff Governance Standard	Task	Action	Year End Update	Expected Status
	Implement revised TUPE Toolkit	Continue with work on review of the TUPE Toolkit in Partnership, updating guidance and process maps as appropriate.	Directorate names updated and uploaded to HR Connect.	Complete
	Implement revised organisational change and TUPE toolkits	Ensure communications are developed and shared to highlight key changes to the toolkits	Directorate names updated and uploaded to HR Connect.	Complete
		Organise Ask the Expert session via the Management Hub to promote the toolkits and increase knowledge and understanding of organisational change and TUPE.	Original planned session conflicted with another event, the Ask the Expert session was delivered on 16 April 2025.	Complete
	Consult with all staff on any changes to NSS Workforce Policies	Work in partnership to review the Once for Scotland (OfS) Phase 2.2 policies to communicate key changes on these for all NSS employees.	Soft Launch for OfS policies phase 2.2 commenced in October 2024 – January 2025. Short Life Working Group (SLWG) established, and papers presented to Workforce Policy Terms and Conditions Group (WPTC) and Partnership Forum. Feedback given to Scottish Government (SG) OfS group to clarify key points. Still awaiting go live date – this has been paused to allow for further	This will continue in the GPTW Plan 2025/26

Staff Governance Standard	Task	Action	Year End Update	Expected Status
			assurance to be sought on the policies included in this phase of the programme. Consultation on Phase 3 – Managing Health at Work Policies, including Adverse Weather and Menopause and Menstrual Health Policy has been completed – communications sent to all staff, Occupational Health and Safety Advisory Committee (OHSAC) members and Health and Safety leads for review and comment. Single organisation response collated and sent to SG on 21 March 2025.	
		Organise Ask the Expert session via the Management Hub to promote the revised policies to increase understanding.	Ask the Expert sessions conducted on 18 and 26 February 2025 via the Management Hub. Sessions for HR held on 5 February and 20 February 2025. Engagement with Staff Side via the Joint Shop Stewards Committee on 24 March 2025.	Complete
Appropriately Trained and Developed	Overall iMatter score Appropriately Trained and Developed	2024/25 77 2023/24 80 2022/23 77 2021/22 76 2020/21 76	Did not meet set target of 78 – achieved 77	Appropriately Trained and Developed Target for 2025/26 – 77

Staff Governance Standard	Task	Action	Year End Update	Expected Status
	All staff to have objectives and PDPs set via TURAS appraisal	Ensure communications are developed and shared to highlight key dates for completion of objective and PDP meetings and reviews.	<p>Stay Connected reminder communications published to ensure staff have a mid-year and year-end review scheduled with line manager.</p> <p>Further Stay Connected communications will be issued in Quarter 1 as a timely reminder for preparation of year end objectives.</p>	This will continue in the GPTW Plan for 2025/26
		Ensure all employees have objectives and PDP's complete in a timely manner.	A series of communications published within Stay Connected to highlight key dates to all staff. Completed percentages reported monthly via People Report.	For 2025/26 completion targets are 90% Appraisal; 90% PDP; 90% Objective setting
		Provide data on completion rates over the course of the year for each Directorate via the People Report.	HR continue to report completion updates monthly for each Directorate through the People Report. Training sessions to support line managers promoted within the Management Hub.	Complete

Staff Governance Standard	Task	Action	Year End Update	Expected Status
	Staff comply with requirements for all Statutory and Mandatory training	Ensure all employees have completed their training in a timely manner.	Completion rates are reported monthly through the People Report.	For 2025/26 completion targets are 90% for Mandatory Compliance and 90% Statutory Compliance
		Provide data on completion rates over the course of the year for each Directorate via the People Report.	HR continue to report completion monthly updates for each Directorate through People Report.	Complete
	Skills Assessment, Gap Analysis and Training Needs Assessment shared for staff and managers to access	Provide manual Skills Assessment, Gap analysis and Training Needs Assessment to managers and staff via HR Connect.	Session delivered in the Management Hub. Guidance and templates have been uploaded to Turas Learn.	Complete
		Look to review timescales for digitalisation.	Timescales for digitalisation were considered, and best outcome was to promote via HR Connect and TURAS Learn where a Digital Skills Matrix is available for review. Management Hub information sessions were delivered throughout 2024/25.	Complete

Staff Governance Standard	Task	Action	Year End Update	Expected Status
	Focussed approach to Employability programmes	Identify posts suitable for graduate and modern apprenticeships in line with workforce plans.	Some engagement has been undertaken with Directorates to understand their workforce plans to identify posts that may be suitable for employability programmes and apprenticeships. Engagement sessions with Directorates are being arranged to promote these opportunities as well as support them with their employability agenda in their workforce plans for 2025/26.	Complete
		Build relationships with education providers to support opportunities for staff.	Engagement with Heriot Watt University to explore graduate apprenticeship opportunities, in particular engineering. Meetings taken place with Robert Gordon University, also around promoting graduate opportunities in the North region. NSS regularly engages with education providers and Skills Development Scotland as well as participating in NHS Employability Leads meetings to understand the employability landscape across NHS and impact of education reforms and Scottish Government commitments.	Complete

Staff Governance Standard	Task	Action	Year End Update	Expected Status
		Work with NES to establish NSS as a key partner to support the Armed Forces Talent Programme.	Links with NHS Education for Scotland (NES) established and participate as part of the Armed Forces National Boards group. Armed Forces flag raising and covenant signed in June as part of Armed Forces Week. Meetings held with Career Transition Partnership to discuss advertising roles, providing some career coaching as well as info sessions. Working as a key partner with NES to support the Armed Forces Talent Programme. This has included webinars, interview support, hosting an intern, participating in Armed Forces Day and signing of the Armed Forces Covenant. NSS has also been shortlisted for Employer of the Year at the Scottish Veterans Awards.	Complete
	Develop career pathways and training programmes aimed at supporting staff on redeployment into new roles/careers	Identify and prioritise job families and sub job families to develop career pathways.	A range of job families and sub families has been identified.	Complete

Staff Governance Standard	Task	Action	Year End Update	Expected Status
		Develop and implement career pathways.	Meetings held between Redeployment, Organisational Development (OD) and Learning and Development (L&D) to scope next steps to be taken forward in 2025/26 and aligned to the NSS 5 Pillars Action Plan.	To be taken forward in 2025/26 and aligned to the NSS 5 Pillars Action Plan
		Develop and implement training programmes associated with reskilling staff to new career pathways.	L&D have compiled a summary of resources which the Redeployment team will circulate to those on the Redeployment register.	Complete
	Design and implement a Talent Management and Succession Planning Framework to support the NSS Workforce Strategy	Proposal paper on Talent Management and Succession Planning approach for approval.	Paper on Talent Management and Succession Planning approach was approved at the Staff Governance Committee and the NSS Partnership Forum in February 2024. Revised process guidance was issued to the Executive Management Team in June 2024 and was approved in September 2024.	Complete
		Develop process maps, guidance and support for talent management and succession planning approach.	Guidance issued to Directors in June 2024. Points were raised regarding the interpretation of the guidance. All meetings with Directors have taken place and the guidance updated following feedback.	Complete

Staff Governance Standard	Task	Action	Year End Update	Expected Status
		Develop digital approach to support administration of Talent Management and Succession Planning programme.	Guidance and templates have been uploaded on to TURAS. A digitalised form was developed to support the programme approach in 2024/25. This will be built on further as part of the next programme of work in 2025/26.	Complete
		Implement Talent Management and Succession Planning Framework.	Talent Management and Succession Planning Report presented at EMT on 18 November 2024 and at Staff Governance Committee on 5 December 2024. Positive feedback received and all recommendations were approved for actioning.	Complete
	Evaluate outcomes and impact of the Senior Leadership Forum Development Programme	Develop an evaluation strategy for implementation and produce an evaluation report to inform and shape future senior leadership development.	Evaluation Strategy was agreed by the Senior Leadership Evaluation Group in Quarter 4 of 2023/24. All outputs from evaluation forms, feedback and focus groups were analysed to develop an evaluation report. The results were presented to the governance committees in Quarter 3.	Complete

Staff Governance Standard	Task	Action	Year End Update	Expected Status
		Produce an evaluation report to inform and shape future senior leadership development.	The evaluation report has been completed and the outcome shared with the Senior Leadership Forum in February 2025.	Complete
Treated Fairly and Consistently	Overall iMatter Score Treated Fairly and Consistently; with dignity and respect, in an environment where diversity is valued	2024/25 79 2023/24 79 2022/23 80 2021/22 79 2020/21 78	Maintained target set of 79	Treated Fairly and Consistently target for 2025/26 – 79
	Deliver Equal Pay Gap (EPG) Report	Collate, analyse and prepare data for inclusion in EPG.	The EPG data was collated and analysed.	Complete
		Produce Equal Pay Gap Report.	The EPG report was produced and delivered.	Complete
		Following approval through governance, publish EPG Report on time.	The EPG report has been approved through the governance committees. Publication date is 30 April 2025.	Complete
	Deliver Equality Mainstreaming Report	Collate, analyse and prepare data for inclusion in Equality Mainstream Report (EMR).	The EMR data was collated and analysed.	Complete
	.	Produce EMR	The EMR was prepared and delivered. Publication date is 30 April 2025 in line with the PSED (Equality Act Public Sector Equality Duty).	Complete

Staff Governance Standard	Task	Action	Year End Update	Expected Status
		Following approval through governance, publish EMR on time.	The EMR has been approved through the governance committees and received final approval at NSS Board meeting on 28 March 2025.	Complete
	Influence and Implement OfS Policies	Review the OfS Policies as part of the soft launch to highlight key changes and areas to note for all employees – providing communication and information as appropriate.	Soft Launch for OfS policies phase 2.2 commenced in October 2024 – January 2025. SLWG established and papers presented to WPTC and Partnership Forum. Feedback given to SG OfS group to clarify key points. Still awaiting go live date – this has been paused to allow for further assurance to be sought on the policies included in this phase of the programme. Consultation on Phase 3 – Managing Health at Work Policies, including Adverse Weather and Menopause and Menstrual Health Policy has been completed – communications sent to all staff, OHSAC members and Health and Safety leads for review and comment. Single organisation response collated and sent to SG on 21 March 2025.	This will continue in the GPTW Plan 2025/26.

Staff Governance Standard	Task	Action	Year End Update	Expected Status
	Launch revised reasonable adjustment passport designed and developed in partnership with the NSS disability staff network led by HR	Establish communication and education plan and launch updated passport out across NSS.	Scottish Government have released a Reasonable Adjustments Guide as part of Phase 2.2 of the OfS policies. This guide was reviewed as part of the soft launch. Consideration was given to how this compliments the work already undertaken within NSS on the Reasonable Adjustment Passport. The Reasonable Adjustment Passport for NSS has been updated and will be launched with the revised guide as part of the OfS 2.2 launch.	This will continue in the GPTW Plan for 2025/26.
		Evaluate the users of the passport and monitor the awareness of it.	Following the launch of the updated passport which has been delayed due to the delay of Phase 2.2 OfS – this will be carried out in the next financial year.	This will continue in the GPTW Plan for 2025/26
	Review and implement the NSS Attraction Plan to support our commitment to increasing the diversity of our workforce and being an inclusive employer	Update and implement the NSS Attraction Plan to support NSS Workforce Plans and Strategy	The NSS Attraction Plan was reviewed in line with the current GPTW plan and 5 Pillars Action Plan. However, due to the creation of the NSS Anchors Plan in 2024/25, the Attraction Plan implementation was paused to	Complete

Staff Governance Standard	Task	Action	Year End Update	Expected Status
			reflect how this would align to the NSS Anchors Plan. In light of the Anchor Plan objectives now being agreed and shared with Scottish Government, a further update to the Attraction Plan will commence and be shared with HR SMT for consideration prior to implementation.	
		Increase number of appointments for candidates with disability by working with the Glasgow Centre for Inclusive Living (GCIL) and other disability partners	Next intake will be in 2026, and we will engage with GCIL at this time to consider if we are able to take on a further appointment. Our ambition is still to increase the numbers and once the placements come out will look to see if we can increase the numbers at this time.	Complete
		Identify further gaps in the diversity of NSS workforce and establish solutions to support planned attraction support	The Defence Employers Recognition Scheme Gold Award logo is now included in all NSS adverts to help attract armed forces leavers. HR are engaging with MarComms around how to advertise NSS posts to target Armed Forces leavers. NSS have hosted an Armed Forces Talent (AFT) Programme	Complete

Staff Governance Standard	Task	Action	Year End Update	Expected Status
			internship within Digital and Security (DaS). HR are currently exploring how we can support future internships and hosting webinars to help service leavers understand more about careers in NHS Scotland.	
		Promote the NSS Career Website	The NSS 'Work with Us' website page has been updated to highlight the accreditations which NSS have obtained. An inclusion statement has been drafted and to be agreed for future adverts which will signpost to the NSS Website and the 'Work with Us' page.	Complete
	Align with the Armed Forces Talent Programme to attract and support ex service personnel and their families	Work with NES to establish NSS as a key partner to support the Armed Forces Talent Programme	Links with NES established and participate as part of the Armed Forces National Boards group. Armed Forces flag raising and covenant signed in June as part of Armed Forces Week. Meetings held with Career Transition Partnership to discuss advertising roles, providing some career coaching and information sessions. Working as a key partner with NES to support the Armed Forces Talent Programme. This has included	Complete

Staff Governance Standard	Task	Action	Year End Update	Expected Status
			webinars, interview support, hosting an intern, participating in Armed Forces Day and signing of the Armed Forces Covenant. NSS has also been shortlisted for Employer of the Year at the Scottish Veterans.	
Provided with a Safe Working Environment	Overall iMatter score Provided with a continuously improving and safe working environment, promoting health and wellbeing of staff	2024/25 78 2023/24 79 2022/23 80 2021/22 79 2020/21 78	Did not meet set target of 80 – achieved 78	Provided with a Safe Working Environment Target for 2025/26 – 78
	Identify gaps and solutions to assist with the delivery of the NSS Wellbeing Framework utilising where possible continued use of the Wellbeing Hub	Wellbeing Group to agree key area to focus on from the gap analysis report	The NSS Wellbeing Group agreed the three areas of focus in 2024 would be Social, Digital and Physical Wellbeing. Work is underway to consider this for NSS and proposals shared at NSS Wellbeing meeting in Quarter 2.	Complete
		HR and Directorate Wellbeing Leads to consider appropriate solutions to support staff linked to the gap areas	Social, Digital and Physical Wellbeing has been discussed at NSS Wellbeing Group with best practice shared from across the Directorates around Digital Wellbeing in particular. Each Directorate to consider further	Complete

Staff Governance Standard	Task	Action	Year End Update	Expected Status
			ways to implement these ideas and monitor how they are working with feedback to the NSS Wellbeing Group in the coming months.	
	Analysis of workforce data covering anxiety, stress and depression and implement solutions to support staff to remain at/or return to work	Analysis to be provided to the Occupational Health and Safety Advisory Committee for further consideration and discussion around solutions in addition to the current NSS offering to support staff	Presentation provided to the NSS Wellbeing Group on the analysis of workforce data covering stress, anxiety and depression. Recommendations noted at the end of the plan and further consideration on how the Wellbeing Group will proceed discussed by HR SMT.	Complete
	Implement the Health and Care (Staffing) (Scotland) Act 2019 and monitor impact across NSS workforce and agree reporting mechanisms		Act live from 1 April 2024, reporting to Scottish Government moved to annual basis with quarterly reporting to Healthcare Improvement Scotland (HIS). Quarterly progress reports are provided to both the Staff Governance and Clinical Governance Committees.	Complete
	Ensure staff utilise their annual leave provisions across NSS	Report all leave by Directorate via the People Report.	Monthly People Reports have been produced by the HR Insights Team detailing the planned/taken/remaining annual leave for each Directorate.	Complete

Staff Governance Standard	Task	Action	Year End Update	Expected Status
		Managers to ensure staff take annual leave.	Figures are reported on monthly People Report. From the March report: 97% annual leave taken/planned (target is 95% utilisation).	This will continue in the GPTW Plan for 2025/26 Utilisation target for 2025/26 is 95%
		Remind all staff of their responsibility to take annual leave	Highlighted through the People Report - key information on annual leave which has been taken and planned. Annual Leave is reported each month to EMT and also raised at Directorate level SMTs with a view to 25% of staff leaving being taken each quarter.	Complete
Provides a total benefits package that is attractive and supports retention of highly skilled workforce	Review corporate accreditations	Develop a central location on HR Connect which promotes the accreditations achieved by NSS to support and attract diversity and inclusion within the organisation.	This has been completed, and an HR Connect page developed to highlight the accreditations which NSS are currently aligned to - these include e.g. Living Wage employer, the Pregnancy and Miscarriage Loss Pledge and the Defence Employer Recognition Scheme. This information is also included on the NSS website 'Work with Us' page.	Complete

Staff Governance Standard	Task	Action	Year End Update	Expected Status
	Recognition of Long Service Award	Review current scheme and provide recommendations for consideration.	<p>A review of the current recognition scheme was undertaken by HR and recommendations on amending the current scheme noted.</p> <p>However, this work was subsequently paused to review the budgetary requirements in more detail due to the NSS Excellence Awards. This will be considered further in 2025/26 therefore the current scheme will continue in the meantime.</p>	Complete
	Implement outputs from the review of NSS Long Service Scheme	Implement any recommendations.	This work was paused so no recommendations were put forward for consideration and potential implementation.	This will continue in the GPTW Plan for 2025/26
		Communications and implementation plans implemented.	This work was paused so no recommendations were put forward for consideration and potential implementation.	This will continue in the GPTW Plan for 2025/26
	As part of the Induction process, highlight the total rewards available to all staff	Provide a general reward statement that will be provided to NSS staff and made available as part of the Corporate Induction and included in HR Connect.	A general reward statement has been drafted and will be signposted in Corporate Induction and available on HR Connect in Quarter 3.	Complete

Staff Governance Standard	Task	Action	Year End Update	Expected Status
	Review and improve retirement and pension support	Undertake full review of current retirement training identifying gaps.	In house retirement training/awareness sessions delivered by Affinity Connect, financial wellbeing and retirement specialist in the public sector. Scottish Public Pensions Agency (SPPA) run regular 'Ready for Retirement' webinars for NHS members with a link to a recorded webinar for members who are unable to attend.	Complete
		Develop solutions to address gaps.	Post course evaluation on the sessions is positive - no gaps identified. Retirement information refreshed on HR Connect to reflect SPPA updates.	Complete
		Implement changes required utilising digital first approach where appropriate.	Content on HR Connect regularly updated to reflect changes.	Complete

NHS National Services Scotland

Meeting:	NSS Board Meeting
Meeting date:	27 June 2025
Title:	Public Inquiries Update
Paper Number:	B/25/30
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 The purpose of this paper is to inform the NSS Board of the current situation regarding the NSS response to the ongoing public inquiries and investigation.
- 1.2 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. In addition, there are two ongoing Crown Office investigations (COVID-19 Deaths and the Queen Elizabeth University Hospital) which NSS staff are assisting with.

2. Recommendation

- 2.1 It is recommended that the Board note the content of the report.

3. Executive Summary

- 3.1 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. The key highlights report provided to the NSS Executive Management Team on 16 June 2025 is attached as an appendix.

4. Impact Analysis

4.1 Quality and value

- 4.1.1 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 Although there is limited impact on data protection and information governance, there is ongoing engagement with investigatory bodies seeking information, the Central Legal Office and NSS Information Governance colleagues to ensure requests for information and responses to those requests are managed appropriately.

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. The cost for 2024/25 totalled £746,000. Budget provision of £738,000 has been allocated for 2025/26.

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

Appendix 1

Meeting	Board June 2025		
Reporting On	<ul style="list-style-type: none"> ➤ UK and Scottish COVID-19 Public Inquiries ➤ Scottish Hospitals Public Inquiry ➤ Consultations ➤ Criminal Investigations 	Period Covered	12 May – 2 June 2025

Upcoming Hearings (in order re substantive hearings, including Scottish Hospitals Inquiry)	
Public Inquiry	Dates
Scottish Hospitals Inquiry (This hearing has been split into 3 parts – Glasgow 4.1, 4.2 & 4.3)	Glasgow 4.1: 13 May – 30 May 2025 Glasgow 4.2: 19 Aug – 29 Sep 2025 Glasgow 4.3: 16 Sep – 10 Oct 2025
Scottish COVID-19 Inquiry worship and life events	29 April – 2 May 2025
Scottish COVID-19 Inquiry equalities and human rights	June 2025
Scottish COVID-19 Inquiry lockdown and infection prevention control measures	Autumn 2025
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
UK COVID-19 Inquiry Module 6 (Care Sector)	Scheduled for Summer 2025 (after the hearings for Module 7)

COVID-19 Public Inquiries - Executive Highlights

UK COVID-19 Public Inquiry

- **Module 7** (Test, trace and isolate) – Mary Morgan gave evidence at the Module 7 public hearings on 29 May 2025 [UK Covid 19 Inquiry - Module 7 Hearings - 29 May 2025 AM](#). Mary gave evidence on a wide range of matters that NSS were involved in and delivered under the Inquiry's remit of test, trace and isolate. Work on the closing statement is underway and due to be submitted to the Inquiry by 20 June.

Appendix 1

- Since 2022, the UK COVID-19 Inquiry has been the primary focus of the NSS Public Inquiries and External Scrutiny Team. The team has supported this work by responding to Rule 9 requests, preparing witness statements, submitting extensive documentation, and assisting in the preparation of NSS witnesses. Module 7, which concluded public hearings on 30 May, is expected to be the final module requiring NSS input.
- Although active participation in the UK Inquiry is concluding, NSS may still be required to respond to warning letters, reports, and recommendations from Modules 2A to 7 over the next 12–18 months.
- Key Timeline for report publications:
- Autumn 2025 – Module 2A (Decision Making in Scotland)
- TBC 2026 – Module 3 (Healthcare)
- TBC 2026 – Module 5 (Procurement)
- TBC 2026 – Module 7 (Test, Trace and Isolate)

Scottish COVID-19 Public Inquiry

- As activity from the UK COVID-19 Inquiry declines, engagement with the Scottish COVID-19 Inquiry (SCI) is expected to increase in the coming months, although specific timelines and scope remain uncertain.
- SCI is initially focusing on the overall impact of the COVID-19 pandemic across various themes, before progressing to an examination of the implementation of measures and key decision-making processes. SCI has split public hearings into three categories 1) Impact; 2) Implementation; and 3) Decision making. The expectation is that Implementation will generate the most activity for NSS.
- NSS is currently engaged in responding to a Section 21 Order, which requires the transfer of all documents previously submitted to the UK COVID-19 Inquiry.

Appendix 1

- In the autumn, the Inquiry will scrutinise the use of lockdown and other measures to prevent and control infection. In 2026, the Inquiry will then move into its final phase of hearings, looking at the implementation of policies and political decision-making during the pandemic.
- During the final set of hearings in 2026, the Inquiry would expect to gather evidence from senior politicians and public sector leaders who led the response to the pandemic in Scotland, the expectation is that NSS will be involved.

Best Practice Online Tool

- NSS aims to develop an online best practice tool and accompanying playbook to support future responses to public inquiries. This initiative will consolidate lessons learned and effective practices from NSS's involvement in the Infected Blood Inquiry, Scottish Hospitals Inquiry, UK COVID-19 Inquiry, and Scottish COVID-19 Inquiry.
- Next steps include:
 - Finalising the scope and design of the tool and playbook
 - Engaging stakeholders to gather and incorporate best practice insights
 - Overseeing development and testing of the tool
 - Ensuring alignment with user needs
 - Delivering a fully functional and accessible product by the end of 2025.

Other Support

- It has been agreed that the NSS Head of Public Inquiries and Scrutiny and two PgMS Project Managers will provide support to NHS Tayside with assisting the Eljamel Inquiry [Home | The Eljamel 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 the cost in 2024/25 totalled £746k. Budget provision of £738k has been allocated for 2025/26.

Appendix 1

Freedom Of Information (FOI) Requests (public inquiries)

- 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 IV Hearings

Glasgow 4.1 Hearing

- Glasgow 4.1 is underway.
- There are no NSS witnesses – the hearing is focused on NHS Greater Glasgow & Clyde senior management, project staff and external contractors.
- NSS has core participant status for Hearing 4.1 and is supporting the Inquiry by reviewing each evidence hearing, providing feedback, asking any relevant questions and reviewing documents released by the Inquiry.

Glasgow 4.2 Hearing

- The Glasgow 4.2 hearing is due to run from 19 August until 29 September 2025.
- Shona Cairns and Laura Imrie, both Antimicrobial Resistance and Healthcare Associated Infection (ARHAI) Scotland, are proposed witnesses and submitted witness statements to the Inquiry on 20 May 2025.
- NSS (Shona Cairns) has authored a review of the epidemiology within 'Prof Peter Hawkey, Dr Lydia Drumright & Dr Samir Agrawal Report' expert report which was submitted on 28 May 2025.
- A further NSS witness has been asked to prepare a witness statement. Further details are to follow from the Inquiry.

Glasgow 4.3 Hearing

- The Glasgow 4.3 hearing is due to run from 16 September until 10 October 2025.
- Thomas Rodger, Engineering, NHSScotland Assure is a proposed witness and submitted a witness statement to the Inquiry on 27 May.
- Julie Critchley submitted her witness statement to the Scottish Hospitals Inquiry (SHI) on Monday 31 March.
- The Inquiry returned several follow-up clarification questions which Julie is currently responding to. A submission deadline is in the process of being agreed.

Appendix 1

The Public Inquiry Team continue to support and facilitate NSS SHI business including review of bundle documents and any other responsive work that comes to NSS.

Consultations

NSS has responded to:

- Finance and Public Administration Committee Call for Views on cost-effectiveness of Scottish public inquiries
 - Mary Morgan will give evidence, on behalf of NSS, at the Finance and Public Administration Committee in relation to the cost-effectiveness of Scottish public inquiries on 3 June. Responses to the call for views can be found in this link: [Finance and Public Administration Committee | Scottish Parliament TV](#)
- Economy and Fair work Committee Consultation on the Community Wealth Building (Scotland Bill).

Police Scotland / COPFS Investigations

- Colleagues from NHSScotland Assure continue to assist Police Scotland with their investigations into the Queen Elizabeth University Hospital and the Crown Office in relation to COVID-19 deaths.

Minutes

(Approved)

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NHS NATIONAL SERVICES SCOTLAND AUDIT AND RISK COMMITTEE (ARC)

MINUTES OF MEETING HELD ON THURSDAY, 20 MARCH 2025 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

B/25/31

In Attendance:

Scott Barnett - Chief Information Security Officer
Kyle Clark-Hay – Associate Director of Corporate Governance
Lisa Duthie – External Audit, Audit Scotland
Steven Flockhart – Director of DaS
Sharon Hilton-Christie – Executive Medical Director (as Caldicott Guardian)
Rachel Kavish Wheatley – Executive and Governance Manager
Albert King – Chief Data Officer [Items 8.1 and 8.4]
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
Lynn Morrow – Corporate Affairs and Compliance Manager
Lee Neary - Director of Primary & Community Care (P&CC) (Interim)/Strategy, Performance & Service Transformation (SPST)
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 [Item 16]
Lynsey Bailey – Committee Secretary (Minutes)

Apologies:

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.



Chair
Chief Executive

Keith Redpath
Mary Morgan

NHS National Services Scotland is the common name of the 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 AND MATTERS ARISING [AR/25/02 and AR/25/03]

- 3.1 Members considered the draft minutes from the previous meeting on 14 November 2024 and agreed they were an accurate record of the meeting.
- 3.2 Members noted the updates provided, agreeing those recommended for closure.

Decision: To approve the minutes of the meeting held on 14 November 2024 as a true reflection of the meeting.

Decision: To agree the closure of all actions recommended for closure.

4. FORWARD PROGRAMME [AR/25/04]

- 4.1 Members discussed the forward programme and had nothing further to add at this point.

Decision: To note and agree the forward programme.

5. INTERNAL AUDIT PLAN 2025-26 [AR/25/05]

- 5.1 J Lucas spoke to the Internal Audit Plan for 2025/26, providing background to its development. Members were advised that both the charter and audit universe were in the process of being updated so these would be presented to the next meeting. Members sought and received assurance that the income recovery audit would focus on timeliness and improvement of NSS's processes rather than create undue additional strain on stakeholders. Members also received clarification about the rationale for the audit on fixed term and agency staff. Members discussed the timescales for the Equality and Diversity audit, noting that this factored in time to measure the impact of recent initiatives such as the Anti-Racism Plan. Members discussed the forecast assurance and were advised that this was KPMG's own view and not linked to NSS's strategic risks. Members confirmed that they were content to approve.

Decision: To approve the Draft Internal Audit Plan for 2025/26.

Action: To update the forward programme to reflect the charter and audit universe being brought back to the next meeting – Board Services

6. DATA CLASSIFICATION POLICY [AR/25/06]

- 6.1 Members considered the Data Classification Policy, noting the necessary assessments and consultations that had taken place. They commented that paragraph 1.4 of the policy itself seemed to contradict paragraph 4.5.1 regarding the escalation process and asked to make that more explicit. Members also observed that under section 1 of the policy, some paragraphs were more contextual or introductory points rather than stated aims and requested that this be cleared up. Members asked for assurance regarding compliance from contractors etc and were advised that this policy would be applied and monitored across all staff groups regardless of how they were engaged.

Decision: To approve the Policy and its contents (subject to minor updates per the feedback received) for publication and adoption, noting the governance and assurance routes of the Policy as set out in the paper

Action: To update the policy per feedback received – Chief Information Security Officer

7. PASSWORD POLICY [AR/25/07]

- 7.1 Members discussed the Password Policy, noting the necessary assessments and consultations that had taken place. They were given an overview of the changes made to the policy in response to recently updated guidance. Members observed that, again, under section 1 of the policy, some paragraphs were more contextual or introductory points rather than stated aims and requested that this be cleared up.

Decision: To approve the Policy and its contents (subject to updates per the feedback received) for publication and adoption, noting the governance and assurance routes of the Policy as set out in the paper

Action: To update the policy per feedback received – Chief Information Security Officer

8. INTERNAL AUDIT PROGRESS [AR/25/08]

- 8.1 J Lucas spoke to the paper, which summarised progress against the internal audit plan which was on track to complete within the financial year. Members sought and received assurance regarding the completion of the outstanding actions by end of the financial year.

Decision: To note progress made against the Internal Audit Plan, internal audit actions and updates on any significant findings, and accept the assurances provided by the Executive Lead.

9. INTERNAL AUDIT: MANAGING INTERNAL DATA [AR/25/09]

- 9.1 Members were taken through the Managing Internal Data audit report which had an overall audit opinion of “partial assurance with improvement required”. Members asked about the strategy and whether it needed to be more outcomes orientated, clearer on the roles and responsibilities, and measurable for reporting against with a clear governance route. Members were given an overview of how the actions identified were the basis for a plan to ensure that resource was allocated and focussed as appropriate. They were also advised that this plan would be brought to the next EMT meeting for discussion.

Decision: To note the report and improvement actions proposed in response to the report’s findings, and accept the assurances provided by the Executive Director

10. INTERNAL AUDIT: CORE FINANCIAL CONTROLS - ACCOUNTS PAYABLE [AR/25/10]

- 10.1 Members were presented with the Core Financial Controls: Accounts Payable audit report which had an overall audit opinion of “significant assurance”. Members sought and received clarification about how corporate travel management operated, as well as

assurance that any increases in purchase order value were still subject to the approval limits. Members were also given an overview of what would happen should an increase in an order impact on a tendered contract to ensure that tendering regulations would not be breached.

Decision: To note the report and improvement actions proposed in response to the report's findings, and accept the assurances provided by the Executive Director

11. INTERNAL AUDIT: PROPERTY AND ESTATES MANAGEMENT [AR/25/11]

- 11.1 Members were presented with the Property and Estates Management audit report which had an overall audit opinion of "significant assurance". Members welcomed the report and were content with the assurance provided.

Decision: To note the report and improvement actions proposed in response to the report's findings, and accept the assurances provided by the Executive Director.

12. INTERNAL AUDIT: PHARMACY REMUNERATION AND DATA ASSURANCE - FOLLOW-UP [AR/25/12]

- 12.1 Members were presented with the Pharmacy Remuneration and Data Assurance follow-up audit report which had an overall audit opinion of "significant assurance". Members welcomed the report and commended the work which had been done by staff. Members asked about the benefits being seen from the improvements and were given an overview of this. Members also wished to record their thanks to the KPMG team for their work and support.

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 Lead.

13. SERVICE AUDIT PROGRESS REPORT [AR/25/13]

- 13.1 Members considered the paper, which provided a summary of progress made against each of the service audit areas since the last meeting in November 2024 and the update provided in January 2025. Members discussion the qualification around one area in IT and were given an overview of how this would be looked at. Members expressed disappointment at this and asked whether there was anything that could be done differently to minimise this in future. The Director of FCGLS and D Pearson gave assurance that the qualification was in a very focussed area of complexity and provided a foundation to make progress in the coming new financial year. Members noted it may be beneficial for ARC to reflect on the Service Audit process and governance around it.

Decision: To note progress made against each of the service audit areas and accept the assurances provided by the Executive Lead.

14. EXTERNAL AUDIT RECOMMENDATIONS [AR/25/14]

- 14.1 Members discussed the paper, which updated on the progress on the External Audit recommendations by management and were content to note the report.

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 Lead

15. ANNUAL AUDIT PLAN (EXTERNAL AUDIT) [AR/25/15]

- 15.1 Members were taken through the plan. Members sought and received assurance that NSS had a plan in place to respond within the timeframe required but had nothing further to add.

Decision: To note the Audit Plan provided by Audit Scotland and accept the assurance provided by the Executive Lead.

16. INFORMATION SECURITY AND GOVERNANCE REPORT [AR/25/16]

- 16.1 Members were taken through the report, which updated the Committee on the key aspects of Information Security and Governance and Information Risk activity during Quarter 3 of 2024/25 (October-December 2024). Members were content and had nothing further to add.

Decision: To:

- **note the update regarding the 2025/26 Network Information Systems Directive (NISD) Audit Review**
- **note the engagement of NSS in the planning for a new approach to the Audits by the Competent Authority and NSS remediation activities planned and underway, as set out in paragraphs 3.3 - 3.7**
- **note the update regarding the Information Commissioners Office (ICO) audit in paragraphs 3.8 - 3.10 outlining the latest evidence submission and finalisation of timescales for closure of the audit.**
- **note the update regarding the Cyber Centre of Excellence programme and service improvements as set out in paragraph 3.11 - 3.13**
- **scrutinise the full report as presented at Appendix 1**

17. RISKS AND ISSUES REPORT [AR/25/17]

- 17.1 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 January 2025. Risk 7564 had been added even though it fell outside the reporting period and Members noted that the related actions were still being developed. Otherwise, there were no new red or amber reputational risks, but the report highlighted the existing strategic reputation risk around public inquiries etc.

- 17.2 Members asked about the probability of risk 7564 being realised. They were given an overview of the challenges faced in the Payroll team which had increased the likelihood and impact of the risk. Members also sought assurance about taking forward any lessons to be learned and were supportive of additional resource being made available to allow NSS to provide the service without creating undue pressure.

Decision: To note the risks and issues update and accept the assurances provided by the responsible Director.

18. FRAUD REPORT [AR/25/18]

- 18.1 Members were briefly taken through the report, which provided an update on the fraud prevention activity undertaken since the last report in November 2024. They were also content to approve the National Counter Fraud Standard self-assessment for 2024/25.

Decision: To note the report, which forms part of the Board assurance process, approve the National Counter Fraud Standard self-assessment for 2024/25 and accept the assurances provided by the Executive Lead.

19. LOSSES AND SPECIAL PAYMENTS [AR/25/19]

- 19.1 Members discussed the paper, which presented the losses and special payments arising up to the end of December 2024 and had nothing further to raise.

Decision: To:

- **Note the losses as reported;**
- **Note the losses which are above NSS delegated authority as set by Scottish Government (SG) in their annual accounts manual;**
- **Authorise the Director of Finance Corporate Governance and Legal Services to seek formal approval from Scottish Government as part of the final accounts process;**
- **Accept the assurances provided by the Executive Lead.**

20. INVESTIGATORY POWERS COMMISSIONER'S OFFICE (IPCO) INSPECTION FEEDBACK LETTER – SURVEILLANCE AND COVERT HUMIAN INTELLIGENCE SOURCES (CHIS) 25/02/25 [AR/25/20]

- 20.1 Members considered the feedback letter and were briefly taken through the highlights by the Head of Counter Fraud Services, noting there were no compliance issues. Members welcomed the letter and felt reassured that NSS had good processes, policies, and procedures in place.

Decision: To note the content of the Feedback Letter from the Investigatory Powers Commissioner, Sir Brian Leveson.

21. ANY OTHER BUSINESS

- 21.1 Members had no further business to raise at this time.

There being no further business, the meeting closed at 1133hrs.

Minutes

(Approved)

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NHS NATIONAL SERVICES SCOTLAND AUDIT AND RISK COMMITTEE (ARC)

MINUTES OF MEETING HELD ON THURSDAY, 29 MAY 2025 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:

Scott Barnett - Chief Information Security Officer
Kyle Clark-Hay – Associate Director of Corporate Governance
Lisa Duthie – External Audit, Audit Scotland
Steven Flockhart – Director of Digital and Security (DaS)
Rachel Kavish Wheatley – Executive and Governance Manager
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
Roddy Mitchell – Corporate Records and Freedom of Information Organisational Lead
Lee Neary - Director of Primary & Community Care (P&CC) (Interim)/Strategy, Performance & Service Transformation (SPST)
Dan Pearson – Service Audit, PricewaterhouseCoopers (PwC)
Carys Ross – Internal Audit, KPMG
Grace Symes – External Audit, Audit Scotland
Jennifer Thomson – Legal Advisor [Item 10.1]
Lynsey Bailey – Committee Secretary [Minutes]

Apologies:

Sharon Hilton-Christie – Executive Medical Director (as Caldicott Guardian)
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.



Chair
Chief Executive

Keith Redpath
Mary Morgan

NHS National Services Scotland is the common name of the 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 AND MATTERS ARISING [AR/25/22 and AR/25/23]

- 3.1 Members considered the draft minutes from the previous meeting on Thursday 20 March 2025 and agreed they were an accurate record of the meeting.
- 3.2 Members noted all actions recommended for closure and agreed.

Decision: To approve the minutes of the meeting held on 20 March 2025 as a true reflection of the meeting.

Decision: To agree closure of all actions recommended for closure.

4. FORWARD PROGRAMME [AR/25/24]

- 4.1 Members discussed the forward programme and had nothing further to add at this time.

Decision: To note and agree the forward programme.

5. SERVICE AUDIT 2024/25 FINAL REPORTS [AR/25/25a-e]

- 5.1 D Pearson gave an overview of the paper which detailed PwC's opinion on the design of the relevant controls throughout the period 1 April 2024 to 31 March 2025, and the operating effectiveness of those controls in relation to Payroll, Practitioner Services (PS) and IT. Members asked about areas where there was third party involvement and how these were covered. They were advised that this would either be through a separate report from that organisation, or through controls in place as part of the agreement with the third party. Members discussed the staffing issue mentioned in respect of Payroll and were given an overview of the recent expansion in this area, the challenges this had created, and how they were being addressed. Members welcomed this context and agreed it was helpful. Members were also given an overview of the manual nature of the processes in Payroll and the approach needed to move towards more automation. Members sought and received updates on communication with the stakeholder Boards, the assurances they might need, and how this would be managed. Members discussed the nature of the findings and received clarification on their impact on the overall opinion.

Decision: To: -

- **note the Service Audit reports and Service Audit Executive Summary document;**
- **approve the Service Audit reports;**
- **approve the Service Audit reports to be issued to relevant NHS Scotland Boards and their External Auditors; and**
- **accept the assurances provided by the Executive Director.**

6. ANNUAL ACCOUNTS PART B (ACCOUNTING POLICIES) [AR/25/26]

- 6.1 Members considered the paper, which set out the proposed accounting policies to be applied by NSS in preparing NSS Annual Report and Accounts 2024-25. Members were

given a high-level overview of the updates made this year and noted there were no significant changes. Members confirmed they were content to approve.

Decision: To approve the accounting policies as set out in appendix 1

[Secretary's Note: The following item was brought forward on the agenda to provide context to the Annual Internal Audit Report]

7. INTERNAL AUDIT: PROGRESS REPORT [AR/25/30]

- 7.1 J Lucas spoke to the paper, which summarised progress against the internal audit plan, highlighting one extension request for an action completion date. Members were assured that the action being extended would be followed up in June 2025 and closure was anticipated at that point. Members were given an overview of the changes to global auditing standard and how this was being reflected in the reports but noted that any changes required were minimal. Members welcomed the report.

Decision: To note progress made against the Internal Audit Plan and accept the assurances provided by the Executive Lead

8. NSS ANNUAL INTERNAL AUDIT REPORT 2024-25S [AR/25/27]

- 8.1 J Lucas spoke to the paper, which summarised the internal audit work in 2024-25 and gave an overall opinion of “significant assurance with minor improvement opportunities”. The report highlighted the strength and diligence in terms of the follow-up and completion of actions. Members discussed the illustrative conclusions provided and suggested that this could be a subject for a seminar. Members welcomed the report and, as this was approved with no changes, it would not require to be brought back to the June 2025 meeting so could be removed from that agenda.

Decision: To approve the Internal Audit Report 2024-25 including the Head of Internal Audit opinion of “significant assurance with minor improvement opportunities” and accept the assurances provided by the Executive Lead.

Action: To consider a seminar session on the illustrative conclusions from the Internal Audit Report – Committee Chair/Board Services

9. INTERNAL AUDIT UNIVERSE [AR/25/28]

- 9.1 Members considered the updated internal audit universe and were given an overview of its development and plans for ongoing engagement and review with Directors. Members had no further comment and were content with the Audit Universe as presented.

Decision: To note the content of the Audit Universe.

10. INTERNAL AUDIT CHARTER [AR/25/29]

- 10.1 Members were taken through the updates to the internal audit charter following publication of the new global internal audit standards. Members had no further queries and noted the content of the Audit Charter.

Decision: To note the content of the Audit Charter.

11. COMPLETED INTERNAL AUDIT: CLO FOLLOW-UP [AR/25/31]

- 11.1 Members were taken through the CLO follow-up audit report, which had an overall audit opinion of “significant assurance”. The Legal Advisor provided some additional context to the work that had been done since the original audit. Members sought and received assurance that a cost recovery model was still in place. Members acknowledged and commended CLO staff’s response to changes so far, recognising that more changes were still needed. Members wished to convey their thanks to all involved for the work done to achieve the current position.

Decision: To note the report, which provided “significant assurance”, accepting the assurances provided by the Director.

12. INTERNAL AUDIT: PROPERTY TRANSACTION MONITORING [AR/25/32]

- 12.1 Members were presented with the Property Transaction audit report, which had an overall audit opinion of “significant assurance”. Members welcomed the report and were content to accept the assurances provided.

Decision: To note the report, which provided “significant assurance”, accepting the assurances provided by the Director.

13. SERVICE AUDIT: NATIONAL SINGLE INSTANCE (NSI) FINANCIAL SYSTEM [AR/25/33]

- 13.1 Members noted the report on the Service Audit on the national finance system operated by NHS Ayrshire and Arran. The result was a clean audit with no exceptions. Members confirmed they were sufficiently assured by the paper.

Decision: To note the report and its use by our External Auditors in assessing control risks relating to the use of core financial systems.

14. EXTERNAL AUDIT RECOMMENDATIONS [AR/25/34]

- 14.1 Members discussed the paper, which updated on the progress on the External Audit recommendations by management. Members discussed the recommendation in relation to strengthening the overall control environment and whether the issue was primarily with the control design or how the controls were being used. They acknowledged that in some cases there was an element of both, so the audit trail and evidence was key.

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 Lead

15. INTERIM AUDIT MANAGEMENT LETTER [AR/25/35]

- 15.1 Members considered the Interim Audit Management Letter which shared Audit Scotland’s findings from the interim work undertaken as part of the audit of the NHS NSS Annual Report and Accounts 2024/25. There had been no significant findings but some opportunities for improvement were identified.

Decision: To note the Interim Audit Management Letter provided by Audit Scotland, and the management actions proposed to address the points raised.

16. INFORMATION SECURITY AND GOVERNANCE REPORT [AR/25/36]

- 16.1 Members were taken through the report, which updated the Committee on the key aspects of Information Security and Governance and Information Risk activity during Quarter 4 of 2023/24 (January - March 2024). Members commended the work that had been done. They discussed the cyber security risk, acknowledging the progress made but that it was also an evolving risk that would continue to be a high priority. Members felt that there may be a more nuanced way to report on it than a RAG rating and were given an overview of how this could be done.

Decision: To: -

- **note the update regarding the 2025/26 Network Information Systems Directive (NISD) Audit Review set out in paragraphs 3.3 - 3.6;**
- **note the update regarding the Information Commissioners Office (ICO) audit in paragraphs 3.7 - 3.9 outlining the final audit review by the Commissioner.**
- **note the update regarding the Cyber Centre of Excellence programme and service improvements as set out in paragraph 3.11 - 3.14.**
- **scrutinise the full report as presented at Appendix 1**

17. ICO AUDIT [AR/25/37]

- 17.1 Members scrutinised the paper, which covered the full follow-up data protection audit report from the ICO and an update on their associated recommendations. In particular, the Director of DaS highlighted the good working relationship NSS has established with ICO. Members expressed disappointment at the delay in training but were advised that the modules needed to be agreed at a national level and were given an overview of the challenges faced in driving that forward. Members asked whether there was potential for a follow-up audit and were advised that this was not anticipated and given an update on the new governance tool being implemented. Members discussed the staff training figures, welcoming the high level of compliance, but recognised addressing any non-compliance would fall outside of the ARC remit. However, they received assurance that the Director of DaS would pick this up through the appropriate channels in his role as SIRO. Members asked how assurance would be provided about completion of the remaining actions and were advised this would come through the regular Information Security and Governance report.

Decision: To: -

- **note the full report as presented at Appendix 2;**
- **note the update regarding NSS progress against ICO's recommendations as per the February 2025 report as set out in Section 3;**
- **note the ICO action plan as presented at Appendix 1.**

18. RISKS AND ISSUES REPORT [AR/25/38]

- 18.1 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 March 2025. They briefly discussed the review of the risk appetite, noting an update on this would come in full to the next meeting, and looked forward to receiving that.

Decision: To note the risks and issues update and accept the assurances provided by the responsible Director.

19. FRAUD REPORT [AR/25/39]

- 19.1 Members were briefly taken through the report, which provided an update on the fraud prevention activity undertaken since the last report in March 2025. Members welcomed the report and had no further comment.

Decision: To note the report, which forms part of the Board assurance process, and accept the assurances provided by the Executive Director.

20. NSS AND SCOTTISH ADVISORY COMMITTEE ON DISTINCTION AWARDS (SACDA) RECORDS MANAGEMENT PLAN (RMP) [AR/25/40]

- 20.1 Members noted the final report from the Keeper of the Records of Scotland (the Keeper) published on the NSS website, and the agreed annual progress report to the Keeper via the NRS Progress Update Review reporting mechanism. This approach had been approved by the Corporate Governance Oversight Group.

Decision: To note the final report from the Keep and agreed annual progress report.

21. ANY OTHER BUSINESS

- 21.1 Members had no further business to raise.

There being no further business, the meeting closed at 1144hrs.

Minutes (Approved)

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NHS NATIONAL SERVICES SCOTLAND CLINICAL GOVERNANCE COMMITTEE (CGC)

MINUTES OF MEETING HELD ON THURSDAY 27 FEBRUARY 2025 VIA TEAMS DIGITAL PLATFORM AT 0930HRS

Present:

Alison Rooney – Non-Executive Director [Chair]
Beth Lawton – Non-Executive Director
Maria McGill – Non-Executive Director
Lisa Blackett – Non-Executive Director
Arturo Langa – Non-Executive Director
Keith Redpath – NSS Chair

In Attendance:

Kathryn Brechin, Incoming Director of Nursing
Kyle Clark-Hay – Associate Director of Corporate Governance
Sharon Hilton-Christie – Executive Medical Director
Rachel Kavish Wheatley – Executive and Governance Manager
Lorna McLintock – Medical Director, Scottish National Blood Transfusion Service (SNBTS)
Mary Morgan – Chief Executive
Jacqui Reilly – Director of Nursing
Calum Thomson – Associate Director for Nursing, Clinical Governance and Quality Improvement
Lynsey Bailey – Committee Secretary [Minutes]

Apologies:

None

1. WELCOME AND INTRODUCTIONS

- 1.1 A Rooney welcomed all to the meeting, especially to K Brechin as the incoming Director of Nursing following J Reily's retirement.

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/25/02 and CG/24/03]

- 3.1 Members considered the draft minutes from the previous meeting on 21 November 2024 and were content to approve as an accurate record.
- 3.2 Members considered all actions, which were either recommended for closure or not due for completion until a later date.



Chair
Chief Executive

Keith Redpath
Mary Morgan

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Common Services Agency for the Scottish Health Service.

Decision: To approve the minutes of 21 November 2024, as a true reflection of the meeting.

Decision: To note the action list and agree the closure of all actions recommended for closure.

4. FORWARD PROGRAMME [paper CG/25/04 refers]

4.1 Members discussed the forward programme and had no further comments.

Decision: To approve the Forward Programme as presented.

5. NSS CLINICAL GOVERNANCE COMMITTEE SEMINAR PROGRAMME 2025/26 [CG/25/13]

5.1 Members discussed the proposed seminar programme for 2025/26. Members noted that the next seminar topic proposed was Scan for Safety. The remaining dates had been left open pending M McGill's input as the incoming Committee Chair, but Members were also invited to make suggestions at any time.

Decision: To agree the programme of Clinical Governance Committee seminars for 2025/26.

6. NSS MEDICAL DEVICE POLICY [CG/25/05]

6.1 Members were given a summary of the background to the policy and the governance route it had followed. Members discussed whether paragraph 7 should refer to job titles rather than named individuals and if CGC's role should be clarified. It was agreed that the policy would be updated to address these points. Members asked who determined which devices would come under the remit of the policy and were advised that the Medical Devices Committee would be the escalation point for any queries. Members sought clarity on the review date, and were assured the policy would be reviewed every 2 years but would also be updated whenever changes came from the Chief Medical Officer.

6.2 Members questioned if NSS holds a master register of all devices and were advised that this was an area for development in recognition of the overview and oversight required by accountable Directors. Members acknowledged different directorates would have differing needs in this respect with the policy leading as the first step to this work in progress. Members sought and received clarification about the final bullet point in the definition of a medical device ("Does not achieve its principal intended action in or on the human body by pharmacological, immunological or metabolic means...").

6.3 Finally, the CGC Chair offered to provide proof-reading feedback on the policy. Members were assured that NSS was well-placed in terms of compliance with the policy and legislation. Members agreed they were content to approve.

Decision: To approve the NSS Medical Device Policy.

Action: To update the policy to refer to job titles rather than individuals and clarify the role and responsibilities of the NSS Clinical Governance Committee – Executive Medical Director/Director of Scottish National Blood Transfusion Service (SNBTS)

Action: To liaise with the NSS Clinical Governance Committee Chair for proofreading feedback – Executive Medical Director/Director of Scottish National Blood Transfusion Service (SNBTS)

7. MEDICAL DIRECTOR REPORT [CG/25/06]

- 7.1 Members noted the report, which provided an update on clinically related areas of NSS strategic/enabling activity and on relevant aspects of business-as-usual areas from a clinical perspective. The Executive Medical Director highlighted the change of date for two of the annual reports from the Associate Director for Nursing, Clinical Governance, and Quality Improvement to allow time for the transition to the new post holder. Members sought and received confirmation regarding the Nursing, Midwifery and Allied Health Professional strategy timescales. They were also assured regarding patient safety risk being managed around GPIT.

Decision: To note the Medical Director's Report and accept the assurances provided.

8. NSS CLINICAL GOVERNANCE FRAMEWORK (CGF) DELIVERY PLAN REPORT [CG/25/07]

- 8.1 Members were briefly taken through the report, which summarised the progress so far of the CGF delivery plan against the reporting timelines and milestones. Members sought and received clarification regarding the dates reporting in red but were assured that these remained on track for delivery in agreed timescales. Members were also advised that revised NSS approaches and policy for adverse events were expected in the near future in line with the recent updated framework published by Health Improvement Scotland (HIS). Members discussed the incident closure rate and noted that in delayed cases it was generally due to the complexity of the incident. Members discussed the two key phases in incident closure (initial action to make safe/remedy and then the follow on to address in the longer term) and suggested finding a way to distinguish between the two.

Decision: To note the progress of the CGF delivery plan against the reporting timelines and milestones, and accept the assurance provided.

9. BLOOD AND TISSUE QUALITY, SAFETY AND SUFFICIENCY REPORT [CG/25/08]

- 9.1 Members scrutinised the report, which confirmed that NSS continued to meet all requirements in respect of quality, safety, and sufficiency. Members were given a brief update on the Hepatitis B testing being introduced as an additional safety precaution and were assured this was on track for May 2025. They also received an additional update on the Health and Care (Staffing) (Scotland) Act 2019 risks and workforce implications. Members sought and received assurance around the tender for the Hepatitis B testing contract and the risk of further legal challenge but noted it was too early to say for certain. They also asked for further information around the islet isolation equipment and the SNBTS Medical Director agreed to circulate an update following the meeting.
- 9.2 Members discussed the Red risks around unsupported digital systems, what the process would be to address them, and how any emerging learning would be applied in future. In particular, Members asked about Risk 6794, where funding had been

approved in March 2024 to replace the software for an environmental monitoring system, but completion was not due until end of 2025. They were advised of the challenges faced in this instance and how they were being managed. Members were keen to consider how the Committee could have assurance/oversight of any system renewal across NSS that may have clinical implications. Members also discussed the apheresis unit in Glasgow and were provided with a brief overview of discussions with NHS Greater Glasgow and Clyde about the capacity issues and potential solutions. They were pleased to note that this was also progressing through the Sustainability Infrastructure Board.

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.

Action: To circulate the additional information requested on islet isolation equipment for bone donation to the Committee following the meeting – SNBTS Medical Director

10. INITIAL ACTION PLAN IN RESPONSE TO THE INFECTED BLOOD INQUIRY (IBI): PROGRESS UPDATE [CG/25/09]

- 10.1 Members were briefly taken through the report which updated the Committee on the progress made in response to the IBI recommendations. Members were given an overview of the updates made to the format of the report since the last meeting to better focus on SNBTS involvement. Members noted the highlights regarding the latest ongoing work. Members welcomed the new format and were pleased to see the inclusion of initiatives which gave patients a voice. They also wished to record their thanks to all involved for their work on this.

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.

11. CLINICAL ADVERSE EVENTS AND COMPLAINTS REPORT: QUARTER 3 2024-2025 (OCTOBER TO DECEMBER 2024) [CG/25/10]

- 11.1 Members considered the report, which provided details of Clinical Adverse Events and Complaints. Members discussed the rescheduled Hepatitis B clinic for staff and were assured that any associated risk was low.

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 agree 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.

12. CLINICAL RISK REPORT: 1 NOVEMBER 2024 TO 31 JANUARY 2025 – [CG/25/11]

- 12.1 Members acknowledged the report, which provided details of corporate clinical risks on the NSS Risk Register. Members acknowledged the upcoming move to the new In Phase system and associated changes to the national approach.

Decision: To note the most recent information on clinical risks set out in the Clinical Risks Report.

13. SNBTS QUARTER 3 (Q3) REPORT ON INFECTION PREVENTION AND CONTROL (OCTOBER-DECEMBER 2024) [CG/24/11]

- 13.1 Members were taken through the report which updated on SNBTS IPC activity during Quarter 3 2023/24 (October – December 2024), including the Scottish Government Healthcare Associated Infection Task Force (HAIRT) reporting components. Members welcomed the improvements reported by the estates team. They also discussed the specific estates issues in Aberdeen and were assured regarding the mitigations in place.

Decision: To note the report setting out the most recent information on HAI and accept the professional assurances given that the service continued to meet all the requirements placed upon it.

14. ANY OTHER BUSINESS

- 14.1 Members expressed their thanks to both the Director of Nursing and the Associate Director for Nursing, Clinical Governance, and Quality Improvement for their work and wished them well in their retirement.
- 14.2 Members acknowledged that this would be A Rooney's last meeting as Committee Chair and thanked her for all her work.

15. DATE OF NEXT MEETING:

- 15.1 The next meeting was scheduled for Thursday, 5 June 2025 at 09:30

The meeting finished at 1055hrs

Minutes

(Approved)

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NHS NATIONAL SERVICES SCOTLAND FINANCE, PROCUREMENT AND PERFORMANCE COMMITTEE (FPPC)

MINUTES OF MEETING HELD ON TUESDAY 11 MARCH 2025 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:

Gordon Beattie – Director of National Procurement (NP)
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 (FCGLS)
Mary Morgan – Chief Executive
Matthew Neilson – Associate Director of Strategy, Performance and Communications
[deputising for L Neary]
Lynsey Bailey – Committee Secretary (Minutes)

Apologies:

Brian McCabe – Associate Director of Finance Operations
Andy McLean – Deputy Director of Finance
Lee Neary – Director of Primary and Community Care (P&CC) (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.

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
Chief Executive

Keith Redpath
Mary Morgan

NHS National Services Scotland is the common name of the
Common Services Agency for the Scottish Health Service.

3. MINUTES OF THE PREVIOUS MEETINGS HELD ON TUESDAY 10 DECEMBER 2024 AND TUESDAY 28 JANUARY 2025, AND MATTERS ARISING [FPP/25/02, FPP/25/03, FPP-IP/25/01 and FPP/25/04]

3.1 Members were content that each set of minutes presented was an accurate record of their respective 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 meetings on 10 December 2025 and 28 January 2025.

Decision: To approve the closure of all actions which had been recommended for closure.

4. FORWARD PROGRAMME [FPP/25/05]

4.1 Members noted the forward programme as presented and were content to approve it.

Decision: To approve the forward programme.

5. NSS FPPC SEMINAR PROGRAMME [FPP/25/06]

5.1 Members briefly discussed the seminar programme. It was confirmed that an update on Sustainability Champions network should be part of the November 2025 seminar. Members also discussed the plans for the topic for the August Seminar noting the intended focus on the relationship between financial processes and committees.

Decision: To approve the Terms of Reference for submission with the amendments identified.

Action: To ensure that the November Seminar agenda had a 15-minute item for a presentation on the Sustainability Champions Network – Board Services

6. NSS DELIVERY PLAN 2025/26 - DRAFT [FPP/25/07]

6.1 Members were given an overview of the background to the plan and the process for developing the final version which would be presented to the Board in June. Members were invited to provide any feedback they had on it by the end of the day on Thursday 13 March 2025.

Decision: To approve the draft NSS Delivery Plan for submission to Scottish Government on 17 March 2025 subject to any feedback received.

Action: To provide feedback on the NSS Delivery Plan 2025/26 by Thursday 13 March 2025 - All

Action: To compare points 11 and 28 to ensure this was not duplication - Associate Director of Strategy, Performance and Communications

7. NSS FINANCIAL PLAN 2025/26 [FPP/25/08]

7.1 Members were taken through the plan and given an overview of the financial landscape that had informed its development. Members sought and received assurance around the risks associated with the planning assumptions, specifically in respect of the pay uplift,

National Insurance costs and impact of the reduced working week. Members briefly discussed the potential expansion of shared services but acknowledged this was not the right time to actively pursue that. Members also sought and received assurance around capital projects, how the proposals had been selected and how their outcomes would be monitored. Members wished to record their thanks for the work done on developing this plan.

Decision: To note the Financial Plan, the supporting Cash-Releasing Efficiency Savings (CRES) Plan, and Investment recommendations to allow the Budget to be formally recommended to the Board.

Decision: To approve the submission of the Financial Plan for 2025/26 to Scottish Government (SG), subject to NSS Board approval.

Decision: To delegate authority to the Director of Finance, Corporate Governance and Legal Services to further revise and update the plan as required ahead of formal Board approval.

8. STANDING FINANCIAL INSTRUCTIONS (SFIs) 2025/26 [FPP/25/09]

- 8.1 Members discussed NSS's SFIs for 2025/26, noting the highlighted changes proposed. Following confirmation that these had been discussed and reviewed by the Executive Management Team (EMT), Members were content to recommend the updated SFIs for approval and adoption by the NSS Board.

Decision: To recommend the 2025/26 SFIs for approval and adoption by the Board.

9. FINANCIAL PERFORMANCE [FPP/25/10]

- 9.1 Members considered the report, which provided an update on financial performance against the current plan as at the end of January 2025. Members were advised that NSS remained on track to achieve its statutory financial targets for 2024/25. They noted that NSS was also looking to see what work could reasonably be accelerated to help with next year's financial targets. Members welcomed the positive position but recognised that there were still pressures to manage. They were also advised that although a small amount of funding was still to be confirmed, there were no red risks associated with that.

Decision: To note the Financial Performance Report and accept the assurances provided.

10. SFI ADVERSE EVENTS

- 10.1 The Director of FCGLS confirmed there had been no new SFI adverse events reported since the previous FPPC meeting on 10 December 2024.

Decision: To note that there have been no SFI Adverse Events reported since the previous update on 10 December 2024 and accept the assurances provided.

11. NATIONAL PROCUREMENT CONTRACT SCHEDULE [FPP/25/11]

- 11.1 Members were taken through the paper which provided an update on the national workplan for 2024-25. NSS was currently in a positive position, but the impact of recent global events was still to be seen. Members discussed how the impact of procurement

savings was being seen in other Boards and were given an overview of how and when the secured savings would be reflected in budgets etc. Members welcomed the contribution of Procurement teams in terms of both financial and environmental sustainability.

Decision: To:

- **Note the secured savings and cost avoidance achieved to date in the current financial year, 2024-25 in section 3.**
- **note the list of awards at Appendix 1 requiring CEO approval and advise if the Committee would like to review at strategy stage**
- **Note there are no NSS Contracts Awarded for more than £1m for the period.**
- **Note the reporting period for this report as Nov 2024 to Jan 2025 unless otherwise stated.**
- **Accept the assurance provided.**

12. PORTFOLIO MANAGEMENT GROUP (PMG) REPORT [FPP/25/12]

- 12.1 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 PMG at their last meeting on 25 February 2025. Members were taken through the highlights for each of the programmes, with particular focus on Digital Prescribing and Dispensing Pathways (DPDP), GP IT and the Picture Archiving and Communications System (PACS) Reprovisioning. Members discussed the potential savings available through DPDP as well as the environmental sustainability impact, and the need to highlight those as best as possible to promote uptake. Members expressed concerns regarding the Child Health Index reporting an amber status and were given an overview of how that was being managed.

Decision: To note the improving position of key national programmes being delivered by NSS on behalf of NHS Scotland and accept the assurances provided.

13. CHANGE OVERSIGHT GROUP (COG) UPDATE [FPP/25/13]

- 13.1 Members were taken through the highlights of the report, which updated on the delivery status of the approved programmes funded through the NSS development and change fund as reported to COG at their last meeting on 5 February 2025. Members were also updated on the COG governance arrangements approved by EMT on 24 February 2025. Members welcomed the update provided.

Decision: To note the COG report and agreed governance arrangements in place for April 2025 onwards.

14. SERVICE EXCELLENCE REPORT: QUARTER 3 2024/25 [FPP/25/14 refers]

- 14.1 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. There had been a slight drop reported against some key deliverables and Members received an overview of the background to that and how it was being addressed. Members discussed the processes for Freedom of Information requests and the work ongoing to bring all Directorates into a One NSS approach. They acknowledged the overlap this had with

work around public inquiries, parliamentary questions etc. and how this could be joined up. Finally, Members sought and received assurance about the year-end position and were content.

Decision: To note the Service Excellence Performance Report and accept the assurances provided.

15. RESILIENCE REPORT [paper FPP/25/15 refers]

- 15.1 Members discussed the report, which updated on resilience activities that had taken place since the previous FPPC meeting on 10 December 2024. Members received an update regarding clinical waste management and the plans to improve the contingencies available. Members accepted the assurance provided.

Decision: To note the Resilience Report and accept the assurances provided.

16. CORPORATE BUSINESS RISK & ISSUES REPORT (1 NOVEMBER 2024 – 31 JANUARY 2025) [FPP/25/16]

- 16.1 Members were taken through the paper which updated on corporate red and new amber business risks and issues from 1 November 2024 until 31 January 2025. Members sought and received assurance in respect of how strategic risks would be reviewed and monitored. They also asked about cyber risks and reflecting the business continuity requirements associated with that but were assured that this was being addressed through the EMT.

Decision: To note the Corporate Business Risk and Issues Report and accept the assurances provided.

17. SUSTAINABILITY UPDATE [FPP/25/17]

- 17.1 Members noted the report, which provided an update on sustainability activity across NSS. Members were provided with an update and clarification regarding the route and trajectory to net zero. They also discussed the planning for replacement of the electric vehicle charging points, noting the challenges involved.

Decision: To note the Sustainability performance report, accepting the assurance provided.

18. ANY OTHER BUSINESS

- 18.1 Members had no further regular business to raise and agreed to move on to the In Private item.

19. NOVO NORDISK CONTRACT APPROVAL [FPP-IP/24/05]

- 19.1 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 moved to an In Private Session at 1131hrs.

Minutes

(Approved)

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NHS NATIONAL SERVICES SCOTLAND STAFF GOVERNANCE COMMITTEE

MINUTES OF MEETING HELD ON THURSDAY 6 MARCH 2025, COMMENCING 0930 HOURS VIA TEAMS

Present:

Ian Cant – Non-Executive Director and Employee Director (in the Chair)
Paul Buchanan – Non-Executive Director
Tam Hiddleston – Trade Union Representative
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
Jane Fewsdale – Head of People Insights, Performance & Systems [Item 16]
Elaine Hughes – Senior HR Specialist
Rachel Kavish-Wheatley – Executive and Governance Manager
Nelson Kennedy – Head of Digital Services (Quality Improvement) and Chair of Anti-Racism Group [Items 1 - 11]
Louise MacLennan – Head of Equality, Engagement and Experience
Lorna McLintock – SNBTS Medical Director
Mary Morgan – Chief Executive
Lynn Morrow – Corporate Affairs and Compliance Manager
Matthew Neilson – Associate Director of Strategy, Performance and Communications [Items 1 - 11]
Lynsey Bailey – Committee Secretary [Minutes]

Apologies:

David Allan – Trade Union Representative
Lisa Blackett – Non-Executive Director and Committee Chair
Kyle Clark-Hay – Associate Director of Corporate Governance (Board Secretary)
Aileen Stewart – Associate Director of HR

1. WELCOME AND INTRODUCTIONS

- 1.1 I Cant welcomed all to the meeting, which was being held virtually via the TEAMS platform, noting the apologies as recorded above.



Chair
Chief Executive

Keith Redpath
Mary Morgan

NHS National Services Scotland is the common name of the 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 DECEMBER 2024, AND MATTERS ARISING [SG/25/02 and SG/25/03]

- 3.1 Members considered the draft minutes from the previous meeting held on 5 December 2024 and agreed they were an accurate record of the meeting.
- 3.2 Members considered the action updates provided and were content to agree with the recommendations for closure.

Decision: To approve the minutes 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/25/04]

- 4.1 Members considered the forward programme and had nothing further to add at this time.

Decision: To approve the Staff Governance Committee Forward Programme.

5. NSS STAFF GOVERNANCE COMMITTEE SEMINAR PROGRAMME 2025/26 [SG/25/05]

- 5.1 Members discussed the proposed seminar programme for 2025/26 and had nothing further to add at this time. They welcomed the inclusion of Board members beyond the immediate committee membership in some cases.

Decision: To agree the programme of Staff Governance Committee seminars for 2025/26.

6. PUBLIC SECTOR EQUALITY DUTY REPORTING [SG/25/06]

- 6.1 Members were taken through the paper covering the Mainstream Equality Report; Progress Report on Equality Outcomes 2021-24; and the new Equality Outcomes for 2025-29, which required to be published on 30 April 2025 in line with the Equality Act 2010. Members were given a brief overview of the updates requested following presentation at the recent Executive Management Team meeting on 24 February 2025 and were advised that these would be added prior to publication, along with the feedback from this meeting. They were also updated on the other forms of engagement which had taken place in compiling the reports. Members welcomed the achievements reported and noted the plans to deliver the proposed outcomes for the coming year. Members wished to record their appreciation for the work done in developing this.
- 6.2 Members asked about the Non-Executive Board Member demographics and whether it should only be Members entirely appointed by the Scottish Government's Public Appointments Unit as this would not include the Employee Director. They also asked about the governance route for these reports and if/where they should appear on the

NSS Board agenda. The Executive and Governance Manager agreed to investigate this outside of the meeting.

- 6.3 In terms of feedback on the reports, Members suggested the presentation of outcomes should be more measurable and accessible. They also asked if there could be more detail regarding the work to address disability equality and if any evaluation information for the No Bystander training could be included. Members sought and received assurance that NSS was in line with recent legislation around sexual harassment. They also sought and received clarification about the learning and development figures quoted for transgender inclusion. Members welcomed the positive feedback about SNBTS's equalities initiatives around ethnic minority and religion equalities. They asked about donor demographics in recruitment and were provided with an update on the achievements to date, as well as an overview of future plans. On the topic of Mental Health, Members were keen that more details be sought and included.

Decision: To approve the reports subject to the updates as discussed.

Action: To clarify the position regarding inclusion of the Employee Director in the Board demographics information – Board Services

Action: To update the reports based on the feedback received – Head of Equality, Engagement and Experience

Action: To liaise with the NSS Chair regarding the governance route for the reports following this meeting – Board Services

7. NATIONAL HEALTH AND SOCIAL CARE WORKFORCE STRATEGY: WORKFORCE PLANNING - ANNEX A SUBMISSION [SG/25/07]

- 7.1 Members discussed the paper, which highlighted key information and key messages around current workforce planning activity for review by Scottish Government. Members had nothing further to add and agreed they were content to approve for submission.

Decision: To approve Annex A for submission to Scottish Government

8. HEALTH AND CARE (STAFFING) (SCOTLAND) ACT 2019, NSS FINANCIAL YEAR 2024/25 Q3 PROGRESS REPORT AND ANNUAL TEMPLATE REPORT [SG/25/08a&b]

- 8.1 Members considered the paper, which provided assurance that the NSS was on track to meet the requirements of the Health and Care (Staffing) (Scotland) Act 2019. Members were assured that the annual template report was coming at this stage due to the timescales for publication and that this was not out of kilter with other Boards. They also received an overview of the escalation procedures. They discussed the overlap in this report with the remit of the NSS Clinical Governance Committee (CGC) and which Committee would be best placed to review this in future. They acknowledged that this report would move to CGC as of their next meeting in June 2025.

Decision: To Note that:

- Section 12IM of the Act requires relevant organisations to publish and submit an annual report to the Scottish Ministers detailing how it has carried out its duties under the specific sections of the Act: [12. Reporting in Health - Health and Care](#)

(Staffing) (Scotland) Act 2019: statutory guidance - gov.scot.

There is also a requirement to include details of challenges or risk that relevant organisations have faced in carrying out certain duties under the Act and the steps they are taking / will take in addressing these

Approve the annual template report to be submitted to the Scottish Government and to be published by NSS by 30 April 2025 covering the period 1 April to 31 December 2024. Due to reporting timelines this will form the basis of the annual return. We will review any amendments/significant changes at the end of Q4 and if required update our annual return.

- **Note that the NSS internal reporting processes on the implementation of the Act, as requested by Scottish Government (SG) are in place and are laid out in NHS National Services Scotland: Revision of the NSS Health and Care Staffing Escalation Guiding Principles to include Real Time Staffing Assessment (RTS) and Escalation approved at NSS Staff Governance Committee on 5 September 2024 (paper SG/24/37).**
- **Accept the professional assurances given that NSS is on track to meet the reporting requirements of the Act.**

Decision: To refer future reporting on this to the NSS Clinical Governance Committee

9. NSS PARTNERSHIP FORUM [SG/25/09]

- 9.1 Members were pleased to note that the Partnership Forum continued to work well. The Chief Executive provided an overview of the in-person meeting held in January 2025 (and the positive feedback it had generated) as well as an update on the discussions from the most recent meeting on 25 February 2025. A final highlight was the Recognising Excellence Awards held earlier in the week which had been well received.

Decision: To note the updates provided on the work of the Partnership Forum.

10. PEOPLE REPORT [SG/25/10]

- 10.1 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. Members welcomed the reduction in sickness absence and acknowledged that the seasonal trends had been as expected. However, mental health continued to be a focus for improvement. Training and appraisals compliance figures had dipped but work was ongoing to address this which should see improvement. There had been a slight increase in agency staff, but this had been agreed through the Vacancy Management Group and a lot of work was being done on redeployment.
- 10.2 Members discussed turnover and whether a rolling annual figure might be more helpful. The Director of HR and Organisational Development agreed to look at that following presentation of the annual report at the next SGC. Members noted that the retirement age seemed to be increasing and briefly discussed the impact of that on the turnover rate.

- 10.3 Members asked about the average time to fill a vacancy and the impact on productivity etc, as it was about 100 days. They were advised that this was due to a number of factors and reflected a number of grades with differing notice periods. Members briefly discussed whether also providing an overview of time from advert to job offer would be useful as this reflected more of what was within NSS's control. Members also sought and received assurance in respect of medical staff appraisals, recognising that this was reported through the Clinical Governance and Remuneration Committees.

Decision: To note the updates provided in the People Report and accept the assurances provided.

Action: To report turnover using a rolling annual figure - Director of HR and Organisational Development

11. NSS ANTI-RACISM PLAN [SG/25/11]

- 11.1 Members were given an overview of the context to the development of this plan and taken through the highlights around its implementation and aims. Members welcomed the plan and suggested that it could form a topic for a future seminar or potentially feed into the planned seminar on the staff networks. They acknowledged that this was a starting point and that NSS was keen to consider what more could be done to be on the leading edge in this area.

- 11.2 Members asked whether NSS reported on its staff demographics in comparison with Scotland's population and considered the impact this has in terms of recruitment. They were advised that NSS was not required to report this. However, consideration was being given to how the data collection could be improved in this respect as the value in reporting this was recognised. The Associate Director of Strategy, Performance and Communications suggested that the current demographic data could be reported with a caveat added to explain the limitations in the data pending efforts to improve it.

Decision: To recommend for approval to the NSS Board.

Action: To add caveat to NSS workforce demographics data explaining the current limitations pending efforts to improve collation of this data - Associate Director of Strategy, Performance and Communications

12. IMATTER - COMPARISON OF HEALTH AND SOCIAL CARE RESULTS TO NSS RESULTS [SG/25/12]

- 12.1 Members were briefly taken through the presentation which provided a comparison of NSS's results against the average of the overall Health and Social Care results. Members were pleased to see that NSS generally compared well. They were pleased to note the ways in which NSS ensured that less digitally connected staff still had the opportunity to respond.

Decision: To note the data provided and the information contained within the presentation (Appendix 1) which provides a high-level overview of the 2024 Health and Social Care (H&SC) iMatter survey results in comparison with NSS's 2024 iMatter survey results.

13. DRAFT NSS GREAT PLACE TO WORK (GPTW) PLAN 2024/25 [SG/25/13]

- 13.1 Members considered the draft GPTW plan and were given an overview of how the iMatter results and focus groups had informed the plan. Members were content to endorse the plan.

Decision: To endorse the draft Great Place to Work Plan 2025/26 (Appendix 1).

14. NSS GREAT PLACE TO WORK PLAN 2024/25 QUARTER 3 REPORT [SG/25/14]

- 14.1 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 sought and received assurance regarding the three actions hosing an amber status and were content.

Decision: To note the Great Place to Work Q3 Report and accept the assurances provided.

15. NSS WHISTLEBLOWING QUARTERLY REPORT [SG/25/15]

- 15.1 Members welcomed the report which updated on NSS's performance for the third quarter of 2024/25 (October to December 2024), demonstrating performance against the key performance indicators as required by the Independent National Whistleblowing Officer (INWO). The Corporate Affairs and Compliance Manager highlighted the support provided by NSS to INWO regarding a concern raised with them, which demonstrated that NSS was seen as a trusted partner. Members were also given an overview of an unnamed concern raised regarding staffing issues in SNBTS. This had been investigated under the whistleblowing standards and a number of recommendations had been made with significant progress being seen so far.
- 15.2 All present expressed their thanks to the Nurse Director for all her work and support as Executive Lead for Whistleblowing and wished her well in her retirement. A Langa also wished to add his thanks to all those involved in the work reported, especially for how the unnamed concerns had been responded to and was proud that NSS was seen as a trusted partner and example of best practice. Members were given an overview of discussions that had already taken place with the incoming new Nurse Director and the high-level plans for the coming year.

Decision: To note and endorse the Whistleblowing Quarterly Report, accepting the assurance provided.

16. NSS STAFF RISKS [SG/25/16]

- 16.1 Members were taken through the highlights of the Staff Risk report, which provided details of the current position for corporate red and amber staff risks recorded on the NSS Risk Register as of 31 January 2025. They were content to accept the assurance provided.

Decision: To note the Staff Risks Quarterly Report, accepting the assurance provided.

17. JOINT LOCAL NEGOTIATION COMMITTEE (JLNC) BRIEFING [SG/25/17]

- 17.1 Members noted the JLNC briefing, summarising the discussions at their most recent meeting, and had no further comments.

Decision: To note the JLNC Briefing.

18. ANY OTHER BUSINESS

- 18.1 Members agreed there was no other competent business to discuss.

Meeting closed 1118hrs.