

Agenda

B/25/36

NSS BOARD FORMAL

**FRIDAY, 19th DECEMBER 2025 COMMENCING 0930HRS, BOADROOMS
1&2, GYLE SQUARE, EDINBURGH AND VIA TEAMS**

NSS Chair: Keith Redpath

Apologies:

0930 – 1130 hrs

1. Welcome and Introductions – Keith Redpath, NSS Chair

2. Items for Consideration

- 2.1 Board Quarterly Highlight Presentation – Reduction of Transfusion Sampling in Maternity

3. Items for Approval

- 3.1 Minutes of the previous meeting held on 26th September 2025 and Matters Arising **[B/25/37 and B/25/38] – Keith Redpath, NSS Chair**
- 3.2 NSS Board Forward Programme **[B/25/39] – Keith Redpath, NSS Chair**
- 3.3 NSS Risk Management Strategy, Integrated Risk Management Approach and Risk Appetite **[B/25/40] – Lee Neary, Director Primary & Community Care (P&CC) / Strategy, Performance & Service Transformation (SPST)**

4. Items for Scrutiny

- 4.1 Chairs Report (verbal) – **Keith Redpath, NSS Chair**
- 4.2 Chief Executive's Report (verbal) – **Mary Morgan, NSS Chief Executive**
- 4.3 Finance Report **[B/25/41] – Carolyn Low, Director Finance, Corporate Governance and Legal Services** *to follow*



Chair
Chief Executive

Keith Redpath
Mary Morgan

- 4.4 Integrated Performance Report [B/25/42] – Lee Neary, Director Primary & Community Care (P&CC) / Strategy, Performance & Service Transformation (SPST)

5. Items for Information

- 5.1 NHS Delivery Programme Board Update [B/25/43] - Kathryn Brechin, Director of Nursing
- 5.2 Public Inquiries Report [B/25/44] – Lee Neary, Director Primary & Community Care (P&CC) / Strategy, Performance & Service Transformation (SPST)
- 5.3 NSS Committees Approved Minutes and opportunity for Committee Chair's to highlight material items [B/25/45]
- 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

Date of next meeting: Friday, 20th March 2026 at 10.00am, Gyle Square, Edinburgh (and via Teams)

Note: In Private Session will take place after the formal meeting under a separate agenda.

Minutes

(DRAFT)

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B/25/37

NHS NATIONAL SERVICES SCOTLAND BOARD

MINUTES OF MEETING HELD ON FRIDAY 26 SEPTEMBER 2025 THE JACK COPLAND CENTRE, EDINBURGH, AND VIA TEAMs DIGITAL PLATFORM AT 1000 HRS

Present:

Keith Redpath, NSS Chair
Gordon Beattie, Director National Procurement
Lisa Blackett, Non-Executive Director
Paul Buchanan, Non-Executive Director
Ian Cant, Employee Director
Julie Critchley, Director NHS Assure
Gordon Greenhill, Non-Executive Director and Vice-Chair
Sharon Hilton-Christie, Medical Director
Arturo Langa, Non-Executive Director
Beth Lawton, Non-Executive Director
Carolyn Low, Director of Finance Governance and Legal Services (FCGLS)
Maria McGill, Non-Executive Director
Mary Morgan, Chief Executive (CE)

In Attendance:

Serena Barnatt, Director of HR and Organisational Development
Kathryn Brechin, Director of Nursing
Susi Buchanan, Director of National Specialist Services & Screening Division
Kyle Clark Hey, Associate Director of Corporate Governance (Board Secretary)
Steven Flockhart, Director Digital and Security (DaS)
Rachel Kavish Wheatley, Executive and Governance Manager
Lee Neary, Director of Strategy, Performance and Service Transformation (SPST)
Tina Robertson, Service Delivery Manager
Marc Turner, Director of the Scottish National Blood Transfusion Service (SNBTS)
Karen Summers, Committee Services Manager [Minutes]

Apologies:

Julie Critchley, Director of NHS Assure

Observers:

Lisa Duthie (Audit Scotland) (TEAMs)
Steven Edmondson, Scottish Government
NSS Staff (TEAMs)
Drew McGovan, Board Secretary & Principal Lead for Corporate Governance, NHS Education for Scotland
Christine Bichan, Director of Planning, Performance & Transformation, NHS Education for 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 as set out above. All reports presented during the meeting were to be taken as read.

2. BOARD QUARTERLY HIGHLIGHT PRESENTATION – NHS CP4/3 PRESCRIPTION FORM TRANSITION PROJECT

- 2.1 Members welcomed the Service Delivery Manager to the meeting.
- 2.2 The Service Delivery Manager took Members through a presentation on NHS CP4/3 Prescription Form Transition Project.
- 2.3 Members thanked the Service Delivery Manager for her informative presentation and welcomed the work undertaken in relation to the project and the savings already realised as a direct result of it.

Decision: To note the presentation provided in relation to the NHS CP4/3 Prescription Form Transition Project.

Action: To circulate presentation after the meeting (Board Services).

3. DECLARATIONS OF INTEREST

- 3.1 There were no declarations of interest or transparency statements made in respect of any item on the agenda.

4. MINUTES OF THE PREVIOUS MEETING HELD 27 JUNE 2025 AND MATTERS ARISING [B/25/33 and B/25/34]

- 4.1 Members reviewed the draft minutes and approved them as an accurate record of the meeting.
- 4.2 Members discussed the action list and noted those that were marked for closure and the updates and recommendations in relation to items still in progress

Decision: To approve the minutes of the Board meeting held on 27 June 2025.

Decision: To note the actions from the 27 June 2025 Board meeting and updates provided.

5. BOARD FORWARD PROGRAMME [B/25/35]

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

Decision: To approve the Board Forward Programme.

6. AMENDMENT TO REMUNERATION COMMITTEE TERMS OF REFERENCE [B/25/36]

- 6.1 Members noted the paper in full and the recommendations and were content to approve the changes to the NSS Remuneration Committee Terms of Reference.

Decision: To approve the changes to the NSS Remuneration Committee Terms of Reference.

Action: To clarify that it is the Chair of the Committee responsible for approvals. Associate Director of Corporate Governance (Board Secretary)

7. NSS ANNUAL FEEDBACK AND COMPLAINTS REPORT 2024-25 [B/25/37]

- 7.1 Members reviewed the NSS Annual Feedback and Complaints Report for 2024-25 and noted the excellent work being done. Following a brief discussion Members were content to approve the report for publication and thanked all those involved.

Decision: To approve the NSS Annual Feedback and Complaints Report for 2024-25.

8. SCOTTISH NATIONAL BLOOD TRANSFUSION STRATEGY [B/25/38]

- 8.1 Taking the strategy as read, Members noted the governance route and recent seminar that had taken place to allow a fuller discussion (31 July 2025, NSS Clinical Governance Committee Seminar).
- 8.2 Members noted that any digital requirements would be managed as part of the strategy and updates would be made via the NSS Clinical Governance Committee. Members asked for clarity around general reporting on outcomes etc once the strategy was live.
- 8.2 Members discussed the strategy in full and were content to approve the strategy as presented.

Decision: To approve the SNBTS Strategy.

Action: To review reporting arrangements going forwards. NSS CGC Chair/Director SNBTS

9. CHAIR'S REPORT

- 9.1 The Chair provided a verbal update for Members noting that the main focus of the quarter had been in relation to the NHS Delivery preparations and discussions. A further update on NSS work in this area had been provided as part of the 'For Information' to follow.
- 9.2 The Chair Attended the Blood Donor Award Ceremony at the City Chambers in Edinburgh. This was an excellent opportunity to see the impact of NSS work, specifically giving thanks to blood and tissue donors and provided 'real life' stories of the difference that these had made. Members asked that their thanks to all SNBTS donors and staff be recorded in these minutes.

Decision: To note the verbal update provided.

10. CHIEF EXECUTIVE'S UPDATE

10.1 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 updates.

10.2 Recruitment/Personnel changes

- The Director of Procurement had returned from his career break. Thank you to all colleagues who provided support and enabled him to have this. However, he has decided to retire permanently on 26 June 2026. Arrangements were being progressed for the recruitment of his replacement.

10.3 Events attended

- 7 August 2025 – NHSS Chief Operating officer and Cabinet Secretary visit to Cyber Centre.
- 25 August 2025 – Joint development session with NHS Education for Scotland Executive Management Team colleagues/
- 18 September 2025 – Hosted by British Telecom to attend Holyrood Garden Party and Political Awards at Edinburgh Botanical Gardens along with the Director of DaS.
- 25 September 2025 – Hosted Royal College of Nursing senior officers visit to Candeside.

10.4 Additional matters

- NSS Occupational Health & Safety Team were finalists in the Health and Wellbeing award within the HR Network with the awards ceremony being held in November 2025.
- Carolyn Low, NSS Director of Finance, Corporate Governance and Legal Services was a Leader of the Year Finalist in Public Finance Awards 2025 with ceremony being held in Manchester on 28 November 2025.

Decision: To note the verbal update provided.

11. NSS FINANCE REPORT (2025-26: MONTH 5 – AUGUST 2025) [B/25/39]

11.1 Members discussed the report in full, which indicated that NSS was on track to achieve all statutory financial targets by year end. Any risks that had been identified were being closely watched and mitigation measures were in place.

11.2 Members noted that as of the date of the meeting only 60% of allocations had been received despite a commitment of 80% from Scottish Government and this was being closely monitored.

Decision: To note that NSS was on track to achieve all statutory financial targets.

12. INTEGRATED PERFORMANCE REPORT [B/25/40]

12.1 Members discussed the report in full and noted the recommendations and highlights provided;

- 83% completion of Annual Delivery Plan (ADP) deliverables.
- On track to meet all statutory financial targets and exceeded cash releasing efficiency savings targets.
- Sickness absence is at 4.39%, slightly above the NHSScotland 4% standard.
- All environmental sustainability indicators have reduced between first quarter of 2024/25 and 2025/26.

Decision: To note the performance at the end of Quarter 1.

13. NSS RISK REPORT (AS AT 31 JULY 2025) [B/25/41]

13.1 Members reviewed the NSS Risk Report and noted the movement of risk during the previous quarter as detailed.

13.2 Members asked for a specific update in relation to the wording of Risk 654 – Cyber Security in relation to ‘ransomware’. The Director of DaS, agreed to provide further information in relation to this outwith the meeting. It was also noted that an update on the national approach to mandatory training was expected and a full review of all modules would take place after this was published.

13.3 Members were content to note the report and assurances received.

Decision: To note report.

14. ITEMS FOR INFORMATION

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

14.1.1 Public Inquiries [B/25/42]

14.1.2 NSS Committees Minutes [B/25/43]

Decision: To note the items provided for information.

15. NSS NHS DELIVERY IMPLEMENTATION BOARD UPDATE [B/25/44]

15.1 Members noted the update provided for information.

Decision: To note the update on the NSS NHS Delivery Implementation Board.

16. AOB

16.1 There was no other competent business to discuss.

The public session of the Board meeting concluded at 1142.

In Private Session –

Members agreed, in accordance with paragraph 5.22.4 of NSS's Standing Orders, to discuss the next two items in private.

(Standing Order 5.22.4 The Board is otherwise legally obliged to respect the confidentiality of the information being discussed)

17. MINUTES OF IN PRIVATE BOARD MEETING HELD 27 JUNE 2025 [IPB/25/04]

- 17.1 Members discussed the item and noted that an In Private session minute would be completed for Members only.
- 17.2 Members reviewed the draft minutes and approved them as an accurate record of the meeting.

Decision: To approve the minutes of the In Private Board meeting held on 27 June 2025.

Meeting closed at 1153 hours.

NSS BOARD FORMAL MEETINGS ACTIONS

B/25/38

Meeting type: Formal

No	Date	REPORT TITLE	ACTION	ACTION OWNER	DEADLINE	CURRENT STATUS
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.
38	26.9.25	Board Quarterly Highlight Presentation – NHS CP4/3 Prescription Form Transition Project	To circulate presentation to members.	Board Services	Immediately	Complete. Recommend for closure.
39	26.9.25	Amendment to Remuneration Committee Terms of Reference [B/25/36]	To clarify that it is the Chair of the Committee responsible for approvals.	Associate Director of Corporate Governance (Board Secretary)	Immediately	Complete. Recommend for closure.
40	26.9.25	Scottish National Blood Transfusion Strategy [B/25/38]	To review reporting arrangements going forwards.	Chair of NSS Clinical Governance Committee/Director SNBTS	Outwith meeting	On-going. In Progress

NSS BOARD
B/25/39

27.3.26			
For Consideration	Paper	Exec Lead	Author
	Notes		
	Board Quarterly Highlight Presentation - topic tbc		
Standing Items	Minutes	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 Assurance Framework	Director of Finance, Corporate Governance & Legal Services	Assoc Director Corporate Governance (Board Secretary)
	Annual governance report & Governance Framework	Director of Finance, Corporate Governance & Legal Services	Assoc Director Corporate Governance (Board Secretary)
	NSS Board Governance Report and closure of Board Action Plan	Director of Finance, Corporate Governance & Legal Services	Assoc Director Corporate Governance (Board Secretary)
	Annual Finance Plan 26/27	Director of Finance, Corporate Governance & Legal Services	
	Redress Scheme	tbc	Discussion in relation to MOU
	Sustainability Strategy	Director of NHS Assure	Director of NHS Assure
Items for Scrutiny	Chairs Report (verbal)	NSS Chair	
	Chief Executive's Report (verbal)	NSS Chief Executive	
	NSS Finance Report	Director of Finance, Corporate Governance & Legal Services	
	Integrated Performance Report	Director, Primary & Community Care (P&CC) /Strategy, Performance & Service Transformation (SPST)	Associate Director Strategy, Performance & Communications
	Risk and Issues Report	Director, Primary & Community Care (P&CC) /Strategy, Performance & Service Transformation (SPST)	Associate Director Strategy, Performance & Communications
	Annual delivery plan 25/26 (timelines TBC)	Director, Primary & Community Care (P&CC) /Strategy, Performance & Service Transformation (SPST)	Associate Director Strategy, Performance & Communications
Items for Information	Public Inquiries Update	Director, Primary & Community Care (P&CC) /Strategy, Performance & Service Transformation (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)

Quarter 1 2026/27			
Paper	Exec Lead	Author	Notes
Board Quarterly Highlight Presentation -Reducing Plasma Wastage at Ninewells Hospital Bloodbank	Director of NTBS	Associate Medical Director/Consultant Hematologist	
Minutes	Director of Finance, Corporate Governance & Legal Services	Board Services	
Actions	Director of Finance, Corporate Governance & Legal Services	Board Services	
Board Forward Programme	Director of Finance, Corporate Governance & Legal Services	Board Services	
NSS 26/27 Annual Delivery Plan	Director, Primary & Community Care (P&CC) (Interim)/Strategy, Performance & Service Transformation (SPST)	Associate Director Strategy, Performance & Communications	
Audit Scotland Annual Audit Report (In Private)	Director of Finance, Corporate Governance & Legal Services		In Private Session
NSS Annual Report and Accounts (In Private)	Director of Finance, Corporate Governance & Legal Services		In Private Session
Chairs Report (verbal)	NSS Chair	Verbal update	
Chief Executive's Report (verbal)	NSS Chief Executive	Verbal Update	
Integrated Performance Report Q4	Director, Primary & Community Care (P&CC) (Interim)/Strategy, Performance & Service Transformation (SPST)	Associate Director Strategy, Performance & Communications	
NSS Committee Annual Reports	Director of Finance, Corporate Governance & Legal Services	Board Services	
Annual Whistleblowing Report 2025-2026	Director of Finance, Corporate Governance & Legal Services	Associate Director Governance and Board Services (Board Secretary)	
Public Inquiries Report	Director, Primary & Community Care (P&CC) (Interim)/Strategy, Performance & Service Transformation (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)	

Quarter 2 2026/27			
Paper	Exec Lead	Author	Notes
Board Quarterly Highlight Presentation - topic tbc			
Minutes	Director of Finance, Corporate Governance & Legal Services	Board Services	
Actions	Director of Finance, Corporate Governance & Legal Services	Board Services	
Board Forward Programme	Director of Finance, Corporate Governance & Legal Services	Board Services	
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	
Calendar of meeting dates 2027-28	Director of Finance, Corporate Governance & Legal Services	Associate Director Governance and Board Services (Board Secretary)	
Chairs Report (verbal)	NSS Chair	Verbal update	
Chief Executive's Report (verbal)	NSS Chief Executive	Verbal Update	
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	
Risk and Issues Report	Director, Primary & Community Care (P&CC) (Interim)/Strategy, Performance & Service Transformation (SPST)	Associate Director Strategy, Performance & Communications	
Public Inquiries Update	Director, Primary & Community Care (P&CC) (Interim)/Strategy, Performance & Service Transformation (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)	

Quarter 3 2026/27			
Paper	Exec Lead	Author	Notes
Board Quarterly Highlight Presentation - topic tbc			
Minutes	Director of Finance, Corporate Governance & Legal Services	Board Services	
Actions	Director of Finance, Corporate Governance & Legal Services	Board Services	
Board Forward Programme	Director of Finance, Corporate Governance & Legal Services	Board Services	
Risk Strategy, Integrated Risk Management Approach, and Risk Appetite	Director, Primary & Community Care (P&CC) /Strategy, Performance & Service Transformation (SPST)	Head of Planning	Post ARC Scrutiny
Chairs Report (verbal)	NSS Chair	Verbal update	
Chief Executive's Report (verbal)	NSS Chief Executive	Verbal Update	
NSS Finance Report	Director of Finance, Corporate Governance & Legal Services		
Integrated Performance Report	Director, Primary & Community Care (P&CC) /Strategy, Performance & Service Transformation (SPST)	Associate Director Strategy, Performance & Communications	
Commercialisation Steering Group Business Case (In Private Session)	Director, SNBTS		In Private Session of the Board
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)	

Quarter 4 2026/27

Paper	Exec Lead	Author	Notes
Board Quarterly Highlight Presentation - topic tbc			

Minutes	Director of Finance, Corporate Governance & Legal Services	Board Services	
Actions	Director of Finance, Corporate Governance & Legal Services	Board Services	

Board Forward Programme	Director of Finance, Corporate Governance & Legal Services	Board Services	
Board Assurance Framework	Director of Finance, Corporate Governance & Legal Services	Assoc Director Corporate Governance (Board Secretary)	
Annual governance report & Governance Framework	Director of Finance, Corporate Governance & Legal Services	Assoc Director Corporate Governance (Board Secretary)	
Annual Finance Plan 27/28	Director of Finance, Corporate Governance & Legal Services		

Chairs Report (verbal)	NSS Chair		
Chief Executive's Report (verbal)	NSS Chief Executive		
NSS Finance Report	Director of Finance, Corporate Governance & Legal Services		
Integrated Performance Report	Director, Primary & Community Care (P&CC) /Strategy, Performance & Service Transformation (SPST)	Associate Director Strategy, Performance & Communications	
Risk and Issues Report	Director, Primary & Community Care (P&CC) /Strategy, Performance & Service Transformation (SPST)	Associate Director Strategy, Performance & Communications	
Annual delivery plan 27/28 (timelines TBC)	Director, Primary & Community Care (P&CC) /Strategy, Performance & Service Transformation (SPST)	Associate Director Strategy, Performance & Communications	In private

Public Inquiries Update	Director, Primary & Community Care (P&CC) /Strategy, Performance & Service Transformation (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)	

NHS National Services Scotland

Meeting:	NSS Board
Meeting date:	Friday, 19 December 2025
Title:	NSS Risk Management Strategy, Integrated Risk Management Approach and Risk Appetite Statement
Paper Number:	B/25/40
Responsible Executive/Non-Executive:	Lee Neary, Director of Primary & Community Care, Strategy, Performance and Service Transformation
Report Author:	Caroline McDermott, Head of Planning

1. Purpose

- 1.1 The Board is asked to approve the NSS Risk Management Strategy, Integrated Risk Management Approach (IRMA), and Risk Appetite Statement.
- 1.2 These documents follow an extensive review of the Integrated Risk Management Approach (IRMA) along with subsequent revision of our Risk Appetite, along with the implementation of a new risk management module within the InPhase system across the organisation.

2. Recommendation

- 2.1 The Board is asked to approve the NSS Risk Management Strategy, Integrated Risk Management Approach (IRMA), and Risk Appetite Statement.

3. Executive Summary

- 3.1 The purpose of the Strategy is to set out the benefits and objectives for risk management and to provide overall direction for all elements of a risk management system to be in place. It also defines roles and responsibilities. The Strategy is supplemented by an Integrated Risk Management Approach (IRMA). The IRMA details the operational process and principles of how we deal with risks within NHS National Services Scotland. The Risk Appetite Statement is a series of statements that describes the organisation's attitude towards risk taking and defines the amount of risk the organisation is willing to accept or retain in order to achieve its objectives.
- 3.2 The Strategy was approved by the Board in December 2024. It has now been revised to ensure consistency of language and remove any duplication with IRMA. This Strategy also suggests reporting of risks to specific Committees depending on the risk category.
- 3.3 The IRMA was last approved in 2021. A substantial amount of work has been undertaken since with partner organisations to understand their risk approaches; to review the IRMA against best practice; to work with other Board risk managers to agree a set of risk categories across the NHS in Scotland; to work with NSS risk leads to ensure practicality of implementation within NSS; and to implement the Risk module from the InPhase Integrated Risk Management and Patient Safety System, following a call off contract agreement with NHS Scotland in 2024. Engagement has taken place with the Board, Executive Management Team (EMT) and Audit and Risk Committee (ARC) through development sessions. There has been increased engagement to raise awareness internally on the system and Approach to ensure it is understood and that all risks to NSS are recorded on the system.
- 3.4 The NSS Risk Appetite Statement was approved by the Board in December 2024. The levels of Appetite were described as low, medium, and high for each category. Following engagement with other Boards, a review of best practice and the [Risk Appetite Guidance Note](#), it was suggested that NSS Appetite statements are revised to be more descriptive for each category against a new set of appetite levels. As a result of engagement with the EMT and NSS Board at a development session in November, and engagement with the relevant NSS Standing Committees thereafter, a revised NSS Risk Appetite Statement is presented for approval. The Statement provides an overarching approach to how NSS views the level of risk that is acceptable and tolerable within each category of risk. Behind this statement is a process of comprehensive risk assessment which takes place against each risk. There is therefore a wide range of assessments, each of which is based on its own merit.

4. Impact Analysis

4.1 Quality and Value

- 4.1.1 Risk management allows us to direct activities effectively towards realising potential opportunities whilst minimising adverse effects in the achievement of our strategic objectives.

4.2 Equality and Diversity, including health inequalities

- 4.2.1 An Equality and Diversity Impact Assessment has been completed with no impacts identified. The assessment was completed with the refresh of the Integrated Risk Management Approach and will apply to all documents.

4.3 Data protection and information governance

- 4.3.1 There are no specific person identifiable references within these documents.

5. Risk Assessment/Management

- 5.1 These documents provide a process and guidance around the development, assessment and management of risks is ongoing as part of business as usual.

6. Financial Implications

- 6.1 There are no direct financial implications of these documents.

7. Workforce Implications

- 7.1 Awareness raising has taken place through Directorate risk leads on the new system and Approach. This will continue. The mandatory Risk and Resilience training module has been reviewed in line with the revised Approach and has been uploaded to Turas.

8. Climate Change and Environmental Sustainability Implications

- 8.1 There are no climate change/environmental implications of these documents.

9. Route to Meeting

- 9.1 The Board and EMT held a development session in April, followed by an Audit and Risk Committee development session in July and an EMT Informal session in November. The Board and EMT held another development session in November, specifically in relation to the Risk Appetite Statement. These papers

have been scrutinised by the Audit and Risk Committee at their meeting in December.

10. List of Appendices and/or Background Papers

- 1: Risk Management Strategy
- 2: Integrated Risk Management Approach
- 3: Risk Appetite Statement



NSS Risk Management Strategy



**December
2025**

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1. Introduction

This strategy will be implemented through our Integrated Risk Management Approach (IRMA) which will detail the process outlining how we deal with risks within NSS. Aligned to this, we will promote awareness of the approach through our network of Risk Leads' and via mandatory Risk and Resilience training, which all staff must complete and which outlines the collective responsibility we all hold in managing risks. Our aim is to continuously improve our risk management approach and the quality of risk information we hold.

2. Scope and Purpose of the Risk Management Strategy

The purpose of the strategy is to set out the benefits and objectives for risk management with a supporting framework (our Integrated Risk Management Approach) that will ensure all elements of a risk management system are in place. The strategy will also define roles and responsibilities.

This strategy applies to all risk management within NHS National Services Scotland. It applies to all staff within NHS National Services Scotland and includes where we work in partnership with other bodies and with Trade Unions.

The elements of a risk management system are¹;

- Risk management is an essential part of governance and leadership and fundamental to how the organisation is directed, managed and controlled at all levels;
- Risk management is integral to the decision making and achievement of objectives, with the sense that risk taking can bring both rewards and challenges;
- Risk management should be collaborative and informed by the best available information and expertise.

The process will be structured to include:

- Risk identification and assessment to determine priorities and how the risks should be managed;
- The selection, design and implementation of risk treatment options that support achievement of intended outcomes and manage risks to an acceptable level of impact and likelihood;
- The design and operation of integrated, insightful and informative risk monitoring;
- Timely, accurate and factual risk reporting to enhance the quality of decision making and to support management and oversight bodies in meeting their responsibilities.

3. Risk Management Objectives

The objectives set out below will be core to the effectiveness of integrated risk management across the organisation:

- There is an approved risk management strategy (this document).
- There is an approved risk appetite and tolerance statement, which is separately scrutinized by the Audit and Risk Committee and approved by the Board. This forms part of our Integrated Risk Management Approach.
- There is an approved risk approach (Integrated Risk Management Approach), which is separately scrutinized by the Audit and Risk Committee and approved by the Board.
- There is available mandatory training for staff on risk and resilience. This is currently in place and all staff require to undertake this training every three years;
- The Executive Management Team, in conjunction with the Audit and Risk Committee and Board, regularly reviews the effectiveness of its risk management strategy, systems and processes across the organisation; This is referenced within the Board and Committee workplans.
- Management of risk is owned by, and / or devolved to the responsible areas, using a consistent approach to risk management and assessment that informs prioritised decision-making. This is supported by a risk management electronic system where practical and the Integrated Risk Management Approach;
- Risks are managed by targeting, in line with NSS values, underlying system weaknesses rather than blame for error (providing errors are not wilful, criminal or evident professional misconduct); This is reinforced through training and engagement.
- There is a process for 'learning lessons' and sharing internally and externally of 'lessons learned.' This forms part of the 'four questions' approach to improving performance.

4. Benefits of Effective Risk Management

Risk management allows us to direct activities towards realising potential opportunities whilst minimising adverse effects. It provides us with a systematic process for evaluating and addressing the impact of risks in a cost-effective way. An effective risk management system should include adequate staff training in order that staff have the appropriate skills to identify, assess and deal with the potential for risks to arise.

Effective risk management has the following benefits to aid delivery of our strategic objectives:

Service Excellence

- Quality improvements in service delivery;
- Promotion of innovation;
- Assurance that information is accurate and that controls and systems are robust and defensible;
- Compliance with relevant legislation and regulatory requirements;
- Improved organisational resilience through risk based business continuity planning;
- Improved safety of NHS in Scotland patients, our staff and our visitors;
- Continued positive reputation for NHS National Services Scotland and assurance for stakeholders of our ability to consistently deliver on our commitments;
- Provide assurance to our Board that risk is being managed appropriately.

Financial Sustainability

- Most efficient and effective use of resources where availability of funding is challenging;
- Protection of assets, including capital infrastructure;
- Getting best value for money out of limited financial resource.

Workforce Sustainability

- Addressing challenges of attracting and retaining staff;
- Ensuring we have appropriately skilled staff, particularly where specialist skills are required to deliver our programmes of work;
- Ensuring we continue to promote positive leadership and values.

Climate Sustainability

- Adaptation to climate change;
- Implementation of our Climate Sustainability Strategy and our advisory role to NHS in Scotland.

5. Risk Appetite and Tolerance

Where new risks, or further risks to ongoing activities are identified, NSS will always attempt to mitigate such risks to a level judged to be acceptable within the prevailing conditions and in the context of being a risk aware organisation.

NSS's risk appetite is described as the amount of risk that NSS is prepared to accept or be exposed to at any one time, in the pursuit of its strategic objectives. It is the Board's responsibility to define risk appetite and to ensure that the exercise of risk management throughout the organisation is consistent with the appetite. We will

review the risk appetite annually through the Audit and Risk Committee and approved by the Board.

An individual risk may have the tolerance set outside of the risk appetite and this will be highlighted in order that the owner, management group or oversight body is fully aware.

6. Delivering Good Corporate Governance

In terms of applying good active corporate governance, NHS in Scotland Health Boards are directed by The Blueprint for Good Governance in NHS Scotlandⁱⁱ. This document defines active corporate governance and sets out a series of principles as to what makes good governance:

- Good governance requires the Board to set strategic direction, hold executives to account for delivery, manage risk, engage stakeholders and influence organisational culture;
- Good governance requires an integrated governance system that co-ordinates and links the delivery of strategic planning and commissioning, risk management, assurance information flows, audit and sponsor oversight;
- Good governance requires an active approach that anticipates and responds to risks and opportunities which could have a significant impact on the delivery of corporate objectives, the Board's relationship with stakeholders and the management of the organisation's reputation.

The document further goes on to highlight the Board's role to:

- Agree the organisation's risk appetite;
- Approve risk management strategies and ensure they are communicated to the organisation's workforce;
- Consider current and emerging risks for all categories of healthcare governance;
- Oversee an effective risk management system that assesses the level of risk, identifies the mitigation required and provides assurance that risk is being effectively treated, tolerated or eliminated.

These allow the Board to make timely, well-informed strategic decisions that affect the long-term future of the organisation and will ensure the Board can rapidly identify, escalate and manage issues which otherwise might not be identified and understood.

7. Roles and Responsibilities

There needs to be appropriate operational and strategic infrastructure to support the risk management agenda. This responsibility rises through the organisation structure, ultimately to the Board.

7.1 The Board

The Board should determine and continuously assess the nature and extent of the principal risks that it is exposed to and is willing to take to achieve its objectives (risk appetite) and ensure that planning and decision making accurately reflect this assessment. It should also ensure that there are clear processes in place for bringing significant issues to its attention more rapidly where required, with agreed triggers for doing so.

The Board must assure itself that appropriate levels of control are in place to manage strategic risks. Also, the Board should ensure that there is an appropriate system of Internal Control in place to meet the Board's aims and objectives. This is designed to manage rather than eliminate risks to achieving objectives. This will be co-ordinated by the Directorate Risk Leads.

The Board receives a Risk Management Update Report twice a year for review. This will include strategic risks and High and Very High corporate risks. The Board approves the NSS Risk Strategy, Integrated Risk Management Approach (IRMA) and the Risk Appetite Statement annually.

The Board has agreed a set of NSS strategic risks. Action to mitigate these risks will be reported to the Committees and Board.

7.2 Responsibilities of Committees

Audit & Risk Committee

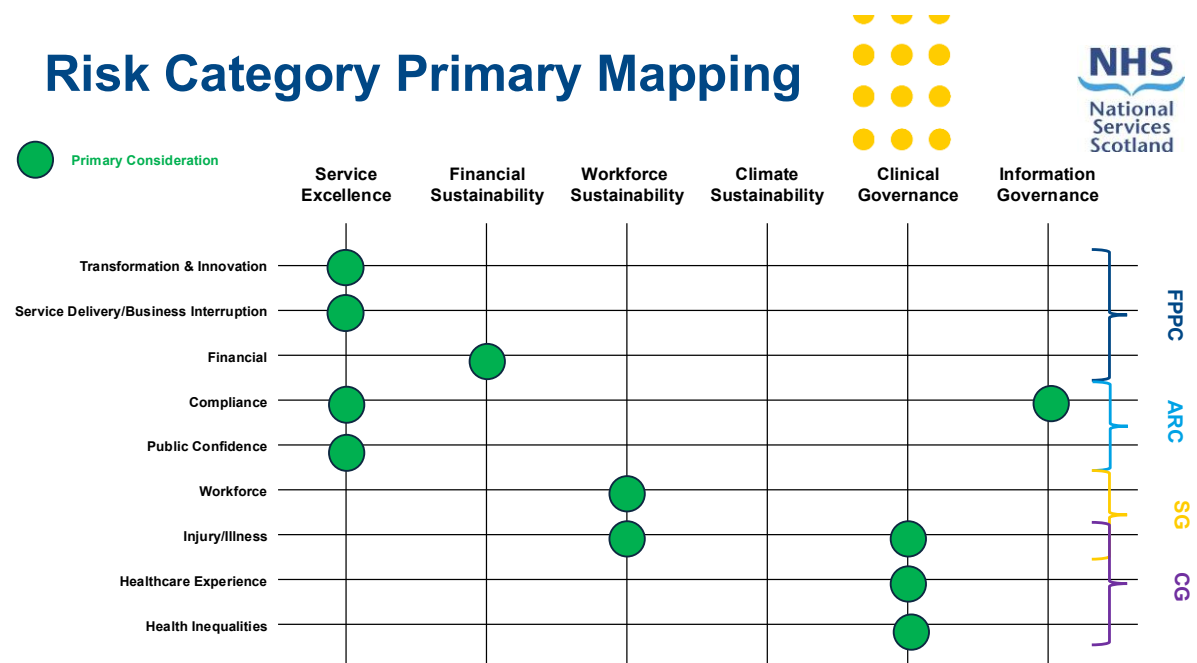
The Audit and Risk Committee's key role is assisting the Board in delivering its responsibilities by providing assurance that an appropriate system of internal control has been implemented and is operating effectively. This includes:

- Overseeing the risk management strategy and approach for NSS;
- Approving internal, external and service audits;
- Reviewing the NSS Risk Appetite Statement;
- Reviewing the NSS Risk Management report on strategic risks quarterly to scrutinise and challenge the management of key risks;
- Challenging the NSS corporate level Compliance and Public Confidence risks quarterly.
- Specific risk areas can be called out for more detail as necessary.

Other Committees

The Finance Procurement & Performance Committee, Staff Governance Committee, and Clinical Governance Committee all comprise of Non-Executive Directors. These committees meet at least quarterly and challenge the following types of risks respectively.

The graphic below shows the primary mapping against each category on the left hand side with the respective Committees which would be tasked with reviewing specific category risks on the right hand side. The risks are also mapped to our Strategic risks and clinical and information governance. It is recognised that there is a secondary level of mapping, where risks could be relevant to other objectives as well.



Whilst any Committee has the ability to ask to see specific risks, this would mean that Committees have responsibility for reviewing the following categories of risk as follows:

Finance, Procurement and Performance

- Transformation and innovation
- Service delivery / business interruption
- Finance

Staff Governance

- Workforce
- Injury illness for staff

Clinical Governance

- Injury / illness for patients / visitors
- Healthcare experience
- Health inequalities

All Committees will as a minimum review all corporate very high and high risks, corporate issues, and strategic risks with respect to the agreed categories.

7.3 Chief Executive

- The Chief Executive is the Accountable Officer with responsibility for ensuring there is an agreed and fully implemented risk management framework.

7.4 Directors of Finance, Human Resources, Medical and Nursing, and Digital and Security:

- Provide leadership and co-ordination of the corporate governance, staff governance, financial governance, information governance and clinical governance agendas as part of the wider management of risk.

7.5 The Director of Strategic Planning, Performance and Service Transformation:

- Oversight of the risk management approach and its application.

7.6 All Executive Management Team Directors:

- Oversight, identification and management of their component parts of the NSS Strategic, NSS corporate risk register, Directorate, programme and operational risks.

7.7 NSS Planning and Performance Team

- The Head of Planning, supported by the Planning Team is responsible for the development, implementation, evaluation, and monitoring of the Risk Management Strategy, Integrated Risk Management Approach and digital risk system, leading and co-ordinating the strategic risks, with engagement with Board, ARC and EMT and providing expert advice on risk management.

7.8 Risk Leads

Each Directorate will have a Risk Lead and potentially others at a sub Directorate level where appropriate. They support the Strategy and Integrated Risk Management Approach by being a key reference point for staff for advice and

support and working towards continuous improvement of the risk management process. They will also:

- Support Directors and senior teams with their risk reporting requirements;
- Assist with the Internal Controls Assurance assessment and follow up;
- Work with other Risk Leads to ensure consistency across NSS and
- Support staff risk management training.

7.9 Executive Management Team

- Review the Strategic risks quarterly and discusses the more operational corporate risks at each meeting to ensure the risks are appropriate and being adequately mitigated.

7.10 Operational Responsibility – Management

- Management is specifically responsible for the creation, regular review and potential escalation of directorate/locality risks. They must ensure integration of risk management into the planning process, and maintain an overview of local risk management action, performance and improvement.
- In undertaking this role, management will provide leadership, driving the agenda and setting the tone for the necessity of risk management;
- These activities will be supported by risk leads in each Directorate.

7.11 Operational Responsibility - Staff

- Staff at the operational level closest to the risk and with the appropriate competencies and capacities are responsible for recognising and managing a particular risk.

7.12 Engaging with Stakeholders

Where Directorates are jointly working with other partners, the risks within those programmes of work should be clearly identified and ownership agreed. This is especially important where NSS works as a national provider, lead or co-ordinator and in some cases NSS may own national level risks. Each risk should be assessed on a case-by-case basis.

8. Integrated Risk Management Approach

Our Integrated Risk Management Approach (IRMA) will:

- Provide an approach which can be implemented across NSS and give assurance to the Board and stakeholders of our ability to deliver the commitments in our corporate plans and manage the associated risks;
- Describe how the risk management approach works, making it consistent, accessible and understandable to all staff;
- Identify and describe our risk appetite.

The Approach will assist in:

- Ensuring that before business decisions are made full consideration is taken of the risks and benefits involved;
- Embedding risk management in the organisation and in the decisions, we make;
- Continuously improving our risk management approach and the quality of risk information we hold.

9. NHS in Scotland Guidance

We will aim to be consistent in our approach with the rest of the NHS in Scotland, where practical.

ⁱ The Orange Book – Management of Risk – Principles and Concepts, HM Government 2020

ⁱⁱ The Blueprint for Good Governance in NHS Scotland, Second Edition, November 2022, Scottish Government



NSS Integrated Risk Management Approach



**December
2025**

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1. Introduction

A risk can be defined as an event or set of events which, if they were to occur, could have an impact on the achievement of our objectives. Although the word 'risk' often has negative implications, it is important to recognise that activities involving risk can have positive as well as negative outcomes. As an organisation central to supporting the strategic objectives of the NHS in Scotland, we cannot be entirely risk averse, however we must clearly demonstrate where we intend to accept or tolerate risk or mitigate against it.

This Integrated Risk Management Approach (IRMA) details the process of how we deal with risks within NHS National Services Scotland. Our aim is to continuously improve our risk management approach and the quality of information that we hold, whilst ensuring that it is essential to the decision making processes of the organisation and the achievement of our objectives.

The processes described in this document can be used both to reduce negative impacts for the organisation and identify opportunities for improving outcomes.

Risk management processes should be structured to include¹:

- **Risk identification and assessment**, to determine and prioritise how the risk should be managed;
- The selection, design and implementation of **risk treatment** options that support the achievement of intended outcomes and manage risks to an acceptable level;
- The design and operation of integrated, insightful, and informative **risk monitoring** and
- Timely, accurate and meaningful **risk reporting** to enhance the quality of decision making and to support management and oversight bodies in fulfilling their responsibilities.

A range of resources and online materials exist with regard to risk management are available and should be read in conjunction with this document.

Resource	Purpose
NSS Risk Management Strategy	(link to be updated) Sets out the benefits and objectives for risk management with a supporting framework (our Integrated Risk Management Approach) that will ensure all elements of a risk management system are in place. The strategy will also define roles and responsibilities. Link to be added
NSS Risk Appetite Statement	(link to be updated) Describes NSS's attitude towards risk taking, making reference to optimal and tolerable risk positions, which define the level of risk where the organisation aims to operate and where it is willing to operate, respectively.

¹ The Orange Book – Management of Risk – Principles and Concepts, HM Government, 2020

InPhase risk module	InPhase
Risk and Resilience training	Mandatory staff training modules on Turas, which are required to be undertaken every three years by all staff. Risk and Resilience Turas Learn
Risk Management pages on SharePoint	Risk Provides documentation, such as the Strategy, Approach and Appetite, guidance, training materials, and a list of risk leads in each Directorate
Risk Register System Guidance	Risk Register System Guidance
Risk Leads	(ALL LEADS) Strategy & Performance Leads.docx Risk leads are appointed by Directors to support risk management within their directorate area which includes ensuring that the NSS Integrated Risk Management Approach (IRMA) is implemented and embedded consistently to enable and support decision making.

2. Purpose

The purpose of an Integrated Risk Management Approach is to ensure that risk is identified and assessed in a consistent manner at all levels throughout the organisation, from strategic through to operational levels.

This integrated Approach along with the Risk Strategy are based on best practice and a once for Scotland approach in order to:

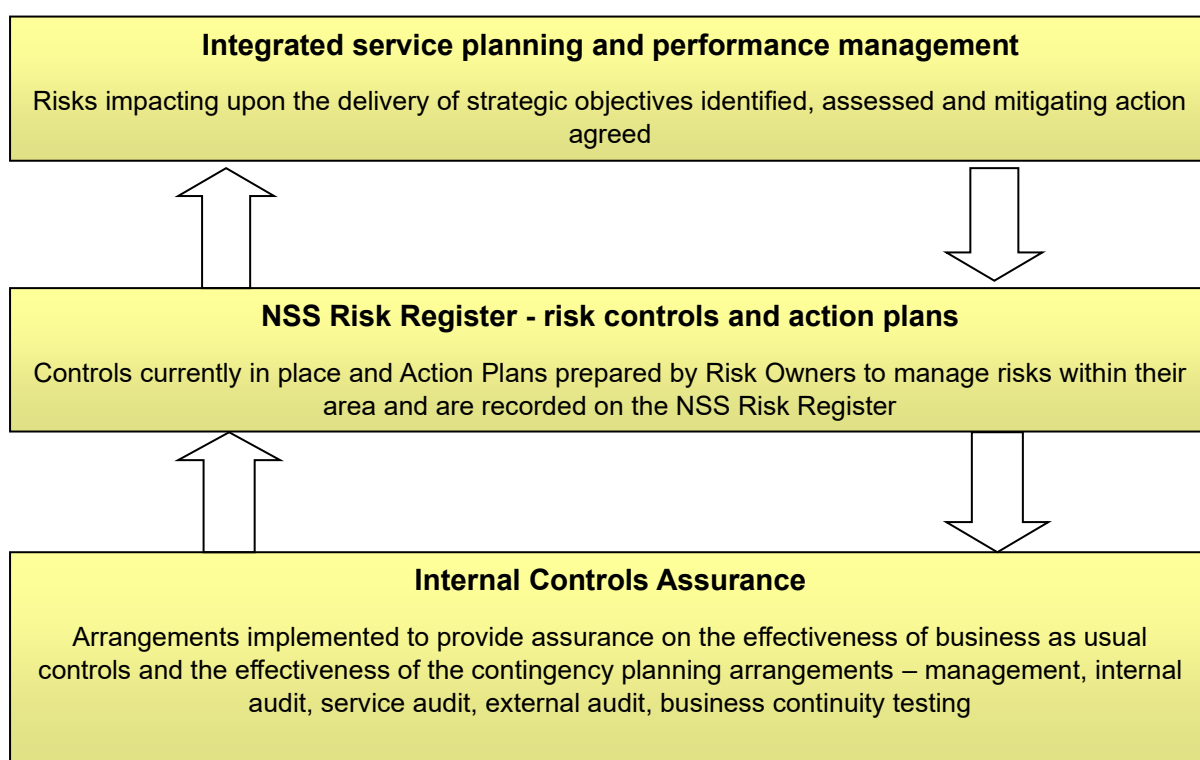
- Provide an Integrated Risk Management Approach which can be consistently implemented across NSS and promotes a proactive culture, which facilitates an approach that anticipates and responds to risk;
- Demonstrate how risk management is integrated into our strategic planning, operational and day to day activities;
- Ensure that potential risks and benefits are fully considered before business decisions are made;
- Simplify risk management, making it accessible and understandable to all staff;
- Clarify roles and responsibilities in the risk management process;
- Continuously improve our risk management approach and the quality of risk information we hold; and
- Provide a framework which will give assurance to the Board and stakeholders of our ability to consistently deliver the commitments in our corporate plans and manage the associated risks.

The Integrated Risk Management Approach will be reviewed every year, alongside our Risk Strategy and Risk Appetite Statement, to ensure that it is effective in supporting the needs of the organisation and complies with best practice.

3. Integrated Approach

For NSS, an Integrated Risk Management Approach means integrating the processes for:

- **Integrated service planning and performance management** which identifies plans to meet our objectives and priorities and monitors progress against corporate objectives, service plans, and performance targets;
- **Risk controls and action plans** which ensure that for all key risks identified, appropriate mitigating action plans are in place and their effects are assessed and monitored; and
- **Internal Controls Assurance** which is the process for ensuring that key controls are regularly reviewed and assessed both by NSS management and independently by audit.



To be effective, each of the above component processes should interact with the management and reporting framework to ensure there is accountability against objectives, clear identification of risk and continuous review and improvement of the control environment.

The following sections identify the assessment, management and reporting processes and procedures. Roles and responsibilities in relation to risk management are identified within the Risk Strategy and these include the roles and support required to embed the Integrated Risk Management Approach.

An overview of the processes in place for 'Risk Ownership & Review' and 'Risk Governance & Challenge' is included.

4. NSS Risk Register

All risks and issues (for issues, see section 10) within NSS should be recorded on the risk module of the InPhase tool and not on separate spreadsheets or databases. This applies where risks/issues are being managed and mitigated.

Where there is a risk/issue to NSS from its involvement in an external programme or project then this should be included on the risk register. This is important as it provides an accurate risk exposure position for NSS. The only exceptions to this are where staff within NSS are working on programmes or projects led by external organisations such as other health boards and Scottish Government, where the risk/issue is related to the external programme or project and the register will be held by the project board or hosted by the lead organisation. In these cases, where risks or issues relate to NSS within the external project or programme, these should be recorded on the risk register.

The benefits of maintaining all NSS risks/issues on one risk register are:

- risks are more visible across the organisation;
- risks can easily be escalated and de-escalated as necessary;
- the same process is applied, promoting consistency across the organisation and the tool directs users to the key information required to record and manage risk.
- risk management will be more efficient and effective.

5. Risk Identification

All members of staff have a role to play in identifying risks. Risks can be identified from a number of sources including:

- through the integrated planning and performance process [Planning & Performance](#);
- horizon scanning when we look at events which could happen in the future to identify sources of uncertainty, threats, and trends;
- reviews of significant changes in our services or changes to the environment we operate in;
- programme and project risk assessments;
- following an [adverse event or near miss](#);
- as a result of Information Security and Governance impact assessments, including [Data Protection](#); [NSS Information Security & Governance - Home](#)
- following a [Resilience](#) incident;
- risks or issues identified through audit reports and assessments;
- health and safety risk assessments;
- the Staff Governance Standard;
- stakeholder engagement;
- cyber and Information security risk assessments
- testing the controls we have in place around our day to day activities as outlined within regular Internal Controls Assurance review.

Identifying risks, as outlined above, promotes a continuous flow of information between the components of the Integrated Risk Management Approach.

All directors are also responsible for ensuring that risks/issues are identified, recorded on the risk register, and managed appropriately within their directorates and for Board strategic, NSS corporate, directorate, programmes, projects, and team (business as usual) risks within the areas for which they are responsible. All risks/issues should be recorded on the risk register where it is possible to take action to mitigate or control risks. Where no further action or mitigation can take place, the risk should be closed by the risk owner. Risks at all levels should be regularly reviewed to ensure that the appropriate risks are identified.

In situations where more than one directorate has a similar risk or issue in relation to a piece of work, directorates are encouraged to discuss risks/issues. Conversations should include whether it is necessary to have separate detailed operational risks as well as a NSS corporate risk, for example, although noting that similar risks may have varying impacts on directorates.

6. Risk Assessment

6.1 Risk Categories

NSS participated in a NHSScotland group looking at risk categories aligned with the review of the HIS Adverse Event Framework². This provides a national approach to support standardised processes for managing risk.

To allow us to provide a consistent approach across the organisation and aligned to the NHS in Scotland, the risks/issues should be assessed under the following categories:

- Injury/illness;
- Healthcare experience;
- Transformation and innovation;
- Service delivery/business interruption;
- Workforce;
- Financial;
- Compliance;
- Public confidence;
- Health inequalities

Risks can be assessed as the combination of the **likelihood** of an event occurring and the **impact** of the event. Establishing how we assess likelihood and impact is key to determining the risk rating and subsequent actions to be taken. See Appendix A

² [A National Framework for Reviewing and Learning from Adverse Events in NHS Scotland](#),

6.2 Risk and Issue Description

It is important to give a clear description of the risk or issue. For example, 'there is a risk that something may happen, due to...' or 'this (issue) has materialised due to....' 'Due to' would summarise the cause of the risk/issue. When considering the impact of the risk or issue to add to the impact description, it is necessary to consider all the categories of risk before discounting any that may not apply. This ensures a comprehensive evaluation of the potential effects. Along with scoring to this will determine what is the main risk category.

6.3 Likelihood and Impact

Impact

The impact on the organisation of a risk or event happening should be assessed using the criteria in the table in Appendix A. The impact score (1-5) can then be determined for **each category**. The assessment of the current impact of a risk occurring should take into account the controls currently in place to minimise the impact.

Likelihood

The likelihood of a risk or event occurring once can be assessed either quantitatively (% occurrence) or qualitatively (chance of occurrence). The most appropriate method should be selected in each case. The assessment of the current likelihood of a risk occurring should consider the controls currently in place to prevent it.

Having assessed the likelihood of the event happening, the table in Appendix A should be used to determine the likelihood score (1 – 5) for the event. For example, if the chance of an event happening was 38-64% the score would be 3.

The risk impact and likelihood 5 x 5 table is shown in Appendix B.

6.4 Risk Owner

The risk owner is the named individual responsible for the effective management of the risk. This is not necessarily the individual who first identified the risk.

For NSS corporate risks recorded on the NSS risk register the risk owner should be a director or a direct report to a director. For NSS Board strategic risks, the owner should be a director.

For other risks being managed on the NSS Risk Register the risk owner should be identified by the directorate.

6.5 Levels of Risk

Risks may be:

- strategic
- corporate
- directorate
- programme
- project
- team

Strategic Risks

NSS strategic risks are assessed and agreed by the NSS Board in conjunction with the Executive Management Team (EMT). They reflect the group of long-term risks which the Board has identified as being of most concern to them and which require to be mitigated. All NSS strategic risks must be owned by an EMT Director. The risk level 'strategic' risk should not be selected until agreement on the risk is confirmed by the Board.

The Board will undertake a regular review of these risks, at least once per year. Outside of this cycle, any proposed new strategic risks, or significant changes, such as amendment of the RAG score or closure, should be advised to the Associate Director of Strategy, Performance and Communication via nss.planning@nhs.scot, who will raise this at the EMT initially. Following EMT discussion, the change will be reported to the appropriate Board Committee for scrutiny then approval by the Board.

Corporate Risks

NSS corporate risks are agreed by the Executive Management Team. Examples may include a risk which:

- is relevant to multiple areas of NSS or could disrupt large parts of our service;
- has an impact on the organisation as a whole;
- may relate to a substantive risk within one directorate or programme, which if realised, could have a substantive impact on delivery of any of the NSS strategic objectives or damage to the reputation of the organisation.

NSS corporate risks must be owned either by an EMT director or a senior manager who reports directly to a director. The director must be notified and their advice should be sought prior to escalating or recording the risk as a NSS corporate risk. These will be discussed at the Executive Management Team monthly and reported to the relevant Board Committee, depending on their category. Proposals to escalate, open or change NSS corporate risks can come through any member of EMT. These are recorded as 'corporate' level risks on the risk system.

Directorate Risk

Impacts on one directorate. These risks should be owned, managed, and reported at directorate level or by the directorate senior team.

Programme Risk

Impacts on delivery of a programme of work or across multiple projects. These risks affect the viability of the overall programme, in terms of realising benefits or achieving required outcomes. These risks should be owned, managed, and reported at Programme Board or Programme Steering Group.

Project Risks

Impact on the delivery of a project. These risks should be owned, managed, and reported at a project team level.

Team Risks

Team risks are operational risks impact on business as usual activities at team level or business area and are owned, managed, and reported within operational service areas.

6.6 Using Controls to assess the appropriate level of risk

The guidance for assessing the impact and likelihood of a risk and the risk matrix is shown in Appendix A along with the associated matrix in Appendix B. The assessment should also consider the current controls that are in place to manage the risk.

The table below includes the minimum time for action, review and update of each level of risk. The Requirements column reflects the need to plan the actions to be taken. Review and Update is the minimum required to update the risk register, however in practice reviews should be at least monthly and the risk register should be updated with significant changes as quickly as possible.

Level of Risk	Adequacy of Controls	Requirements to agree action plans	Review and update within Risk Register as a minimum
Very High 20 - 25	No controls in place or controls have notable weakness.	Within 2 weeks	Within 1 month
High 10 - 16	Controls are developing but have weakness.	Within 3 weeks	Within 1 month

Medium 4 - 9	Controls are adequate but require improvement.	Within 6 weeks	Within 2 months
Low 1 - 3	Controls are robust and well managed.	Within 9 weeks	Within 3 months

7. Recording and Approving a Risk/Issue

All identified risks/issues should be recorded on the NSS risk register in order that they are visible and existing controls and future actions are clear.

Initially risks can be recorded as 'draft' on the register before they are formally opened. Recording risks as a draft allows time for those involved to discuss the risk e.g. agreeing specific wording, scoring, actions, and controls. More information on these fields is available within the separate risk register guidance. The Microsoft Word risk jotter [NSS Risk Jotter v15 \(June 2025\).docx](#) is available for use if this is preferred before inputting data into the system, for example, to take the draft risk to a meeting for discussion and agreement. Risks should be agreed at the draft stage before being opened on the register as the owner needs to approve the risk being opened. Draft risks need to be regularly reviewed in order that they do not stay as draft for an excessive time. The risk jotter should not be considered as the risk record. The risk record is the entry on the risk system and any appropriate amendments to the risk must be done on the risk system.

8. Directorate Processes for Agreeing Risks

Each directorate may have its own process and forums for discussing and agreeing risks/issues, for example at regular meetings and each directorate should specify what these forums are within their internal process, for example, if this is done monthly through a specific directorate management group and how the directorate Risk Lead will support this process. Otherwise, all processes should align with this IRMA. The directorate Risk Lead supports management at risk meetings in relation to the IRMA process, assessing risks and issues and quality control of the risks.

Each directorate/project/programme should identify the process for risk/issue review and how often that will take place. Review of risks should take place on a regular basis, as mentioned in 6.6. above. For further guidance see the table on section 6.6.

9. Escalation

All staff throughout NSS have a responsibility for identifying risk. To ensure that risks are managed effectively, they must be escalated to the appropriate levels in the organisation and to external stakeholders where necessary. Within the risk register, there is the opportunity to escalate or de-escalate a risk. It is essential that this should be discussed with the appropriate person at the escalation point if this is to be considered.

10. Issues

If a risk occurs/materialises it can become an issue, resilience incident or adverse event depending on the definition criteria and would then be managed and recorded through that route. Where risks recorded become issues, and they are not being recorded through another means, they can continue to be monitored on the risk register. An Issue in this context is therefore defined as a risk that has become an issue – i.e. that the risk has materialised and is impacting on objectives or delivery or performance. Other types of issues can be recorded, for example where there is a non-conformance as defined by an audit.

11. Tags

Risk tags are a way to help identify that a risk is relevant to a particular area, e.g. risks which have a clinical or information governance impact. They should be used to group risks together for reporting or review purposes. This is not mandatory but may be useful for reporting. Particular attention may be needed for risks with certain tags e.g. clinical, as conversations may need to take place with specific groups e.g. Directorate clinical group.

12. Mitigating a Risk

Risks/issues can be mitigated either by having controls in place or by developing action plans.

Controls are things that currently exist which will aid in mitigating a risk, such as the following:

Level 1 – a local control	Examples include a procedure; project team or group with given responsibility meeting regularly; a system which does specific things; barriers in place; sign offs in place.
Level 2 – organisational controls	Examples include oversight by a governance or other management group, an organisation wide policy.
Level 3 – external controls	Examples include internal and service audit, regulatory compliance review, service standards and compliance, formal reviews with stakeholders.

Action plans will contain actions that need to be put in place to further mitigate the risk. The actions to be taken will depend on the type of mitigation strategy required (prevention, reduction, acceptance, transference, contingency).

Mitigation Strategy	Definition
Acceptance	acceptance of the burden of loss, or benefit of gain, from a particular risk e.g. risk rating is acceptable or mitigation is not possible/cost prohibitive
Contingency	Actions planned to come into force if the risk occurs e.g. business continuity plans
Prevention	actions taken to reduce the likelihood and impact of a risk occurring
Reduction	actions taken to lessen the impact associated with a risk
Transference	a specialist form of risk reduction where the management of the risk is passed to a third party via, for instance, an insurance policy or penalty clause, such that the impact of the risk is no longer an issue

An action plan should include responsibility and date for completion and be SMART (specific, measurable, achievable, relevant and time bound). Updates on the progress of actions are expected to be provided on a regular basis to show that risks are being mitigated.

The Impact and Likelihood scores should be reviewed regularly and should reflect the current risk, considering the controls that are in place and the mitigating actions which have been undertaken.

On initial assessment, risks will have a residual impact and likelihood, which is the expected position when all possible mitigation actions have been taken and controls in place. Where risks have met that residual position, they should be reviewed to ascertain whether anything further can be done and if not, the risk should be closed on the risk register. The risk register is not intended to capture every risk that exists but rather those risks which we can and are mitigating against through appropriate controls and actions.

13. Closing A Risk

Where an owner reviews a risk or issue and considers that it has been mitigated as far as possible then the risk owner can close it. A risk/issue can also be closed if it no longer exists. A record should be kept detailing why the risk has been closed.

14. Reporting and Oversight

Both NSS strategic and NSS corporate risks will be reported to the Executive Management Team and reported to the respective Board Committees for scrutiny in line with the category of the risk.

Appendix A Impact & Likelihood Assessment Matrix

Category	Negligible (1)	Minor (2)	Moderate (3)	Major (4)	Extreme (5)
Injury/Illness <i>(Physical and psychological) to patient/visitor/staff</i>	Adverse event leading to minor injury not requiring first aid.	Minor injury or illness, first aid treatment required.	Injury requiring medical treatment. Injury (RIDDOR reportable) that results in >7 days incapacitation for routine work. Consideration of Organisational Duty of Candour.	Long term incapacity/disability requiring medical treatment. Specified RIDDOR injury; occupational disease or dangerous occurrences with/without a ≥ 7-day incapacitation for routine work. E.g. – Fractures, amputation, crush, serious burns. Consideration of Organisational Duty of Candour.	Any adverse event leading to death(s). Major permanent physical incapacity. RIDDOR reportable work-related fatality. Consideration of Organisational Duty of Candour.
	Psychological impact with no wellbeing support required.	Psychological impact with signposting to wellbeing support.	Psychological impact requiring short term wellbeing support.	Psychological impact requiring medium-term wellbeing support.	Long-term psychological impact. Critical impact on wellbeing, co-ordinated response, and referral to support services.
Healthcare Experience <i>(Impact on how our stakeholders experience our organisation)</i>	Reduced quality experience.	Unsatisfactory experience – readily resolvable.	Unsatisfactory experience/clinical outcome with potential for short term effects.	Unsatisfactory experience /clinical outcome with potential for long-term effects.	Unsatisfactory experience/clinical outcome continued permanent effects.
	Locally resolved verbal complaint or observations.	Justified written complaint.	Multiple justified written complaints.	Multiple justified complaints with problem themes emerging, informed from more than one source.	Complex justified complaints with serious problem themes from more than one source.
Transformation & Innovation <i>(Impact on our ability to deliver change & innovation across our organisation)</i>	Barely noticeable reduction in scope, quality or schedule of change programme or project.	Minor reduction in scope, quality or schedule of change programme or project.	Moderate reduction in scope, quality or schedule of change programme or project.	Significant change to scope, quality or schedule of change programme or project, resulting in significant changes to projected outcomes.	Inability to meet scope, quality or schedule of change programme or project.
Service Delivery / Business Interruption <i>(Impact on our ability to deliver efficient & effective services)</i>	Interruption to service/process that does not impact on delivery of services.	Short term disruption to service/process with minor impact on services.	Medium term disruption to service/process with unacceptable impact services, impacting on departmental business continuity plans being enacted.	Long-term/sustained loss of service/process which has serious impact on delivery of services, resulting in major service wide continuity plans being enacted.	Permanent loss of core service/facility/process resulting in a significant knock-on effect to other services. Major organisation wide contingency planning enacted.
Workforce <i>(Impact on our staff wellbeing, competency & levels)</i>	Temporary reduction in staffing levels/skills mix or any escalations fully mitigated with no impact on service delivery or care quality.	Short-term reduction in staffing levels/skills mix (1 week) or escalations mitigated with no impact on service delivery or care quality due to work prioritisation/delay.	Medium term reduction in staffing levels/skills mix (1 month), or escalations unable to mitigate resulting in missed care.	Long term reduction in staffing levels/skills mix (>1month) or, multiple escalations unable to mitigate resulting in missed care and patient harm.	Loss of key/high volumes of staff or, system wide escalations unable to mitigate resulting in patient harm and impacting care standards.
	Staff unable to network with other professionals.	Staff unable to carry out complementary/non-essential training.	Staff unable to carry out training required by the organisation (including training that improves function of the organisation).	Staff unable to carry out statutory/mandatory/role specific training or maintain competency levels.	Staff are unable to carry out any training / maintain competency levels which impact on the function of the organisation.

Category	Negligible (1)	Minor (2)	Moderate (3)	Major (4)	Extreme (5)
	No use of supplementary staffing.	Increased usage of supplementary staff.	Reliance of supplementary staff in a few areas.	Reliance on supplementary staff in multiple areas.	Unsustainable reliance on supplementary staff across the organisation.
	Negligible impact on staff wellbeing.	Minor impact on staff wellbeing, requiring peer support.	Moderate impact on staff wellbeing, requiring line manager support in a few areas.	Major impact on staff wellbeing, requiring referral to support services in multiple areas.	Extreme impact on staff wellbeing, requiring co-ordinated response and referral to support service across the organisation.
Financial <i>(Impact through unplanned cost/reduction of available finances)</i> <i>*%s used may vary depending on size of Board and are to act as a guide.</i>	Some adverse financial impact but not sufficient to affect the ability of the service/department to operate within its annual budget. Scale of impact experienced is ≤1% of Directorate Impact OR 0.1% of Board Annual Budget.	Adverse financial impact affecting the ability of one or more services/ departments to achieve their annual financial balance. Scale of impact experienced is 2-5% of Directorate Impact and or multiple Directorates OR 0.2 – 0.5% of Board Annual Budget.	Significant adverse financial impact affecting the ability of one or more directorates to achieve financial balance. Scale of impact experienced is 6-10% of Directorate impact and or multiple Directorates OR 0.6 - 1% of Board Annual Budget.	Unable to achieve annual financial balance given scale of funding gap and savings requirements across the full Board. Scale of impact experienced is 11 - 20% of Directorate Impact and or multiple Directorates OR 1.1 to 2% of Board Annual Budget across Full Board Impact in year. Potential for Scottish Government involvement/escalation.	Significant aggregated financial impact affecting the long-term financial sustainability of the organisation. Scale of impact experienced is >2% of Board Annual Budget Potential for Scottish Government escalation.
Compliance <i>(Impact on business controls to comply with industry rules, regulations, and sustainability)</i>	Report/Audit that identifies minor compliance/quality issues. No change to level of Board Assurance.	Report/Audit that identifies a small number of compliance/quality issues. No change to level of Board Assurance.	Report/Audit that identifies a challenging number of compliance/quality issues. Minimal reduction on Board Assurance.	Report/Audit that identifies a significant number of compliance/quality issues stating a low compliance rating/critical rating. Reduced level of Board Assurance.	Report/Audit that identifies a Zero/ Severely critical rating in relation to Compliance/Quality. Significant reduction in level of Board Assurance.
	No compliance/permit impact. No Regulatory involvement.	Minor non-compliance/permit impact (Regulatory advisory letter).	Moderate non-compliance/ permit impact that results in Regulator Involvement. (Notice of Contravention issued)	Major non-compliance/permit impact that results in Regulator Enforcement action and/or Fines (Improvement Notice)	Extreme non-compliance/permit impact that results in Regulator Enforcement action and/or Fines (Prohibition Notice/Prosecution/Public Register)
Public Confidence <i>(Impact on public confidence of the organisation)</i>	Some concerns from individuals, local community groups, and media (including social media)– short-term (< 1 day).	Ongoing concerns raised by individuals, local media, social media, local communities, and their representatives – long-term (≤1 week).	Ongoing concerns raised by individuals, local media, social media, local communities, and their representative – long-term (>1 week).	Significant impact on public confidence in the organisation that either results in a decline in uptake/use of services, or from concerns raised by national organisations/scrutiny bodies and short-term (< 1 week) national media coverage.	Critical impact on staff, public and stakeholder confidence in the organisation resulting from an external investigation/public enquiry or through prolonged (>1 week) national/ international concerns and media coverage or being scrutinised by parliament.
Health Inequalities <i>(Impact could create/increase Health Inequalities across the Population)</i>	Negligible impact on health inequalities as measured by patient access and patient outcomes.	Minor impact on health inequalities as measured by patient access and patient outcomes.	Moderate impact on health inequalities as measured by patient access and patient outcomes.	Serious exacerbation of health inequalities as measured by patient access and patient outcomes.	Critical exacerbation of health inequalities as measured by patient access and patient outcomes.

Category	Negligible (1)	Minor (2)	Moderate (3)	Major (4)	Extreme (5)
	No issues with access to service or differential/inequitable outcomes across the population.	Some differences in service access and/or outcomes for different population groups identified.	Restricted access and/or different outcomes for different population groups identified.	Significant access and/or differential health outcomes for different population groups identified.	Extensive barriers to services and/or inequity in outcomes for different population groups.
	Compliance with equalities legislation.	Unlikely to result in inequity of access/ outcomes.	May result in inequity of outcome or legislation non – compliance.	Likely to result in impact on equity of outcome and/or legislation non – compliance.	Will result in failure to comply with equalities legislation.

Likelihood – What is the likelihood of the risk occurring?

Rare (1)	Unlikely (2)	Possible (3)	Likely (4)	Almost Certain (5)
It is assessed that the risk is <u>very unlikely</u> to happen. Will only occur in exceptional circumstances.	It is assessed that the risk is <u>not likely</u> to happen. Unlikely to occur but potential exists.	It is assessed that the risk <u>may</u> happen. Reasonable chance of occurring - has happened before on occasions.	It is assessed that the risk is <u>likely</u> to happen. Likely to occur - strong possibility.	It is assessed that the risk is <u>very likely</u> to happen. The event will occur in most circumstances.
≤10% chance that the risk may occur.	11-37% chance that the risk may occur.	38-64% chance that the risk may occur.	65-89% chance that the risk may occur.	>90% chance that the risk may occur.
A potential 5–10-year event.	A potential for a 2–5-year event.	A potential for an annual event.	A potential for a quarterly event.	A potential for frequent occurrence e.g., daily/weekly/monthly.

Appendix B Risk Impact and Likelihood

LIKELIHOOD	5	Medium 5	High 10	High 15	Very High 20	Very High 25
	4	Medium 4	Medium 8	High 12	High 16	Very High 20
	3	Low 3	Medium 6	Medium 9	High 12	High 15
	2	Low 2	Medium 4	Medium 6	Medium 8	High 10
	1	Low 1	Low 2	Low 3	Medium 4	Medium 5
		1	2	3	4	5
IMPACT						

Appendix C Glossary (incorporating risks and issues)

Acceptance (mitigating action)	Acceptance of the burden of loss, or benefit of gain, from a particular risk e.g. risk rating is acceptable or mitigation is not possible/cost prohibitive.
Action plan	Describes actions which are put in place to mitigate the risk.
Closing a risk	An open risk can be closed on the system Where no further action or mitigation can take place
Contingency (mitigating action)	Actions are planned to come into force if the risk occurs e.g. initiate business continuity plans.
Corporate risks	NSS corporate risks are agreed by the Executive Management Team. Examples may include a risk which: <ul style="list-style-type: none"> • is relevant to multiple areas of NSS or could disrupt large parts of our service; • has an impact on the organisation as a whole; • may relate to a substantive risk within one directorate or programme, which if realised, could have a substantive impact on delivery of any of the NSS strategic objectives or damage to the reputation of the organisation.
Control	Controls are items, processes, oversights, or reviews which are currently in place to as part of the effort to manage a risk. For examples of controls, see section 12.
Directorate risks	These risks should be owned, managed, and reported at directorate level or by the directorate senior team.
Escalate/de-escalate	Risks can be escalated or de escalated through the risk levels e.g. from project to programme or from directorate to corporate risks. Advice should be sought through your risk lead.
Horizon scanning	Looking at events which could happen in the future to identify sources of uncertainty, threats, and trends.
InPhase risk system	To be utilised to record risks, issues, and the mitigation of these. InPhase
Integrated Risk Management Approach (IRMA)	Approach to be consistently implemented across NSS in order that colleagues anticipate and respond to risk.
Integrated service planning	The planning process utilised within NSS, which combines service, workforce, finance, and infrastructure planning.
Impact	The impact is the consequences or effect of the risk.
Issue	Where a risk has materialised and is impacting on objectives, delivery, or performance, it can be recorded on the system as an issue. Other types of issues can be recorded, for example where there is a non-conformance as defined by an audit.
Likelihood	The likelihood is an assessment of a risk or event occurring. See Appendix A for further assistance.
Mitigating actions	Actions taken to reduce the likelihood and/or impact of the risk.

Operational risks	Day to day, 'business as usual' risks typically relating to processes, resources, and impact on business services.
Owner	The risk owner is the named individual responsible for the effective management of the risk.
Prevention (mitigating action)	Actions taken to reduce the likelihood and impact of a risk occurring.
Programme	A group of projects that aims to achieve a strategic goal of the organisation, planned and managed in a coordinated way.
Programme risks	Risks that affect the viability of the overall programme, in terms of realising benefits or achieving required outcomes.
Project	A specific piece of work aiming at acquiring a specific product or achieving a unique outcome, or series of outcomes, as distinct from being a repetitive process.
Project risks	Risks to deliverables (outputs, products, or services) from individual projects associated with cost, schedule, and resource.
Reduction (mitigating action)	Actions taken to lessen the impact associated with a risk.
Residual risk	Expected risk remaining (likelihood, impact, and combined RAG score) after implementation of risk mitigating actions and controls in place.
Risk	An event or set of events which, if they were to occur, could have an impact on the achievement of our objectives.
Risk appetite	The amount of risk an organisation is willing to accept or retain in order to achieve its objectives. It is a statement or series of statements that describes the organisation's attitude towards risk taking.
Risk category	NHSScotland agreed set of categories for risks. See Appendix A.
Risk identification	The process of determining what, where, when, why and how something could happen in the future.
Risk jotter	Microsoft Word document which can be used to assess a risk and gain agreement on the wording to be used before it is entered on to the risk system. NSS Risk Jotter v15 (June 2025).docx
Risk management	It provides us with a systematic process for identifying, assessing, and treating risks in a cost-effective way. Then taking steps to minimise, monitor and control their impact. Risk management allows us to direct activities towards realising potential opportunities whilst minimising adverse effects.
Risk rating	This is the figure derived by multiplying together the likelihood and impact scores on the 5 x 5 matrix (see Appendix B); scores are categorised as Red, Amber, Yellow or Green.
Risk Strategy	Sets out the benefits and objectives for risk management with a supporting framework (our Integrated Risk

	Management Approach) that will ensure all elements of a risk management system are in place.
Strategic risk	NSS strategic risks are assessed and agreed by the NSS Board in conjunction with the Executive Management Team (EMT). They reflect the group of long-term risks which the Board has identified as being of most concern to them and which require to be mitigated.
Transference (action type)	A specialist form of risk reduction where the management of the risk is passed to a third party via, for instance, an insurance policy or penalty clause, such that the impact of the risk is no longer an issue.
Team risks	These are operational risks impact on business as usual activities at team level or business area and are owned, managed, and reported within operational service areas.



NSS Risk Appetite Statement



**December
2025**

1. Introduction

NHS National Services Scotland's appetite is described as the amount of risk that NSS is prepared to accept or be exposed to at any one time, in the pursuit of its strategic objectives. It is the Board's responsibility to define risk appetite and to ensure that the exercise of risk management throughout the organisation is consistent with the appetite. This Risk Appetite Statement will be reviewed annually through the Audit and Risk Committee and approved by the Board.

Where risks to new and on-going activities are identified that fall outside our preferred level of risk appetite, 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.

NSS's risk appetite is the optimal position of where we aim to operate, however we also define a tolerable position which is where we are willing to operate.

2. Strategic Objectives and Priorities

NHS National Services Scotland (NSS) has a considered and responsive approach to its risk appetite in pursuit of our strategic objectives and priorities. Our strategic objectives are as follows.

- **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.
- **Workforce Sustainability**
To enable a diverse, knowledgeable and skilled workforce that can respond to the changing service needs of NHSScotland.
- **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.
- **Climate Sustainability**
To embed climate sustainability in everything we do and ensure that NHS Scotland achieves net zero greenhouse gas emissions by 2045.

Our strategic priorities are:

- Enable: Our **transformation** priority.
It recognises how we can support programmes to implement new or improved national, regional, or local health and care solutions.

- **Underpin:** Our **improvement** priority.
It challenges us to continually improve the quality of the services we provide for the wider health and care system.
- **Assist:** 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.

3. Risk Appetite Summary

In relation to Risk Appetite, reference is made to optimal risk and tolerable risk positions using the following definitions:

- **Optimal risk position:** The level of risk with which an organisation **aims** to operate.
- **Tolerable risk position:** The level of risk with which an organisation is **willing** to operate.

Impact Category	Statement	Optimal Risk Position	Tolerable Risk Position
Injury/Illness	<p>The safety of those who work for NSS and people who are impacted by our services is paramount to NSS. We focus on delivering services safely to avoid injury / illness.</p> <p>Good controls and oversight are required to be in place and confidence in the controls is required. We have a cautious risk appetite but will tolerate an open appetite where innovation is required as long as there is a defined benefit and good controls in place.</p>	Cautious	Open
Healthcare Experience	<p>We aim for people who use our services, whether that be to donate blood or in using the products we have procured on behalf of NHSScotland or utilise our expertise to have a positive experience of our service provision.</p> <p>Good controls and oversight are required to be in place and confidence in the controls is required. We therefore have a cautious risk appetite but will tolerate an open appetite where innovation is required as long as there is a defined benefit and good controls in place.</p>	Cautious	Open
Transformation & Innovation	<p>Our strategic plan points to change as driven by the needs of our stakeholders. The Enable priority is our transformation priority which focuses on supporting programmes of work to implement new or improved healthcare solutions. We have an open risk appetite to</p>	Open	Eager

	<p>innovation and will tolerate an eager appetite, where this is required. Innovation will be supported with a clear demonstration of benefit. Some controls will be in place. Responsibility is devolved.</p>		
Service Delivery / Business Interruption	<p>NSS places high importance on services, delivery and on quality improvement. Our services such as blood supply and digital infrastructure, amongst others, are critical to delivery for the NHS in Scotland. In addition, NSS delivers a range of shared services to other health boards. We aim to successfully deliver against our Annual Delivery Plan and minimise business interruption through taking swift action to assess and recover from business interruption. Changes may be made if there are good levels of control and oversight around the risks. NSS has a cautious risk appetite and tolerance aimed at improving its frontline services and the corporate services that underpin them.</p>	Cautious	Cautious
Workforce	<p>A diverse, knowledgeable, skilled and optimised workforce that can respond to changing needs, are critical to NSS achieving its objectives. We work in Partnership with the Trades Unions and aim to ensure positive industrial relations are in place. We need to ensure we have the ability to attract and retain our staff and that our staff are employed in line with legislation. We strive to meet the Staff Governance Standard.</p> <p>The cautious appetite to risk allows NSS scope to implement initiatives and procedures that seek to inspire staff and support transformational change whilst ensuring it remains a safe place to work. Change may be made if there are good levels of control and oversight around the risks. The open tolerance allows us to accept some risk where change is required as long as there is potential for improved recruitment and retention and development opportunities for staff.</p>	Cautious	Open
Financial	<p>NSS aims to achieve our statutory financial targets, including financial balance. The NSS Financial Sustainability Plan is in place to ensure a robust financial management culture is developing across NSS. The open risk appetite allows us to make purchases where required with good controls in place and to challenge current practice on funding decisions</p>	Open	Eager

	outside of our allocation. We will tolerate an eager risk appetite to pursue transformation and innovation where there is explicit benefit, to respond to stakeholder requirements and ensure NHS spend is effective and efficient.		
Compliance	<p>Due to the diverse nature of the services NSS delivers, there is an extensive range of compliance requirements placed upon us. Compliance arrangements may relate for example to the process of manufacturing and distribution of blood or the management of information systems / information governance and procurement legislation. We want to ensure that our staff are trained appropriately.</p> <p>We aim to avoid actions with any unnecessary risk of non-compliance. We therefore have an averse risk appetite. No decisions are taken outside of process and oversight / monitoring arrangements. A significant level of resource is focused on detection and prevention of non-compliance. There is a priority for close management controls and oversight with limited devolved authority. We are willing to accept a tolerance of minimal risk appetite where low risk actions are required to deliver priorities and objectives.</p>	Averse	Minimal
Public Confidence	To sustain a high reputation and confidence in its service offering, NSS has set a minimal appetite for risk. It is important that there is confidence in the services delivered by NSS. NSS seeks to conduct its activities in a way that maintains its reputation; mitigating anything that might jeopardise this and result in adverse publicity. Building and maintaining the trust and confidence of its existing stakeholder base remains central to NSS values. However, it is accepted that some risk exposure is taken when enabling health and care transformation with new services therefore we have adopted a cautious risk tolerance.	Minimal	Cautious
Health Inequalities	Health inequalities in Scotland are significant with disparities in health outcomes based on socio-economic status leading to a gap in life expectancy and quality of life between affluent and deprived areas. Where NSS commissions services or provides services which impact on people's health, appetite for risk taking is limited to those events where there is no chance of a varying impact on groups of people. Risk appetite is therefore minimal. We	Minimal	Cautious

	<p>have a tolerance appetite level of cautious. We are prepared to accept the possibility that decisions or service change may have a varying impact on different groups of people for good reason.</p>		
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Appendix 1

Definitions of Appetite Levels and Associated Scoring

Appetite Level	Risk Matrix Score (up to and including)	Description
Averse	1	Avoidance of risk and uncertainty in achievement of deliverables or initiatives is the key objective. Activities undertaken will only be those considered to carry virtually no inherent risk.
Minimal	4	Preference for very safe delivery options that have a low degree of inherent risk with the potential for benefit/return not a key driver.
Cautious	9	Willing to tolerate a degree of risk in selecting which activities to undertake to achieve key deliverables or initiatives, where we have identified scope to achieve significant benefit and/or realise an opportunity. Preference for safe options, however, activities undertaken may carry a high degree of inherent risk where that risk is deemed controllable to a large extent.
Open	16	Willing to consider all options and choose one most likely to result in successful delivery while providing an acceptable level of benefit and value for money. Activities themselves may potentially carry, or contribute to, a high degree of risk.
Eager	25	Eager to be innovative and to choose options based on maximising opportunities and potential higher benefit even if those activities carry a very high level of risk.

Risk Matrix

LIKELIHOOD	5	Medium 5	High 10	High 15	Very High 20	Very High 25
	4	Medium 4	Medium 8	High 12	High 16	Very High 20
	3	Low 3	Medium 6	Medium 9	High 12	High 15
	2	Low 2	Medium 4	Medium 6	Medium 8	High 10
	1	Low 1	Low 2	Low 3	Medium 4	Medium 5
		1	2	3	4	5
IMPACT						

Risk Category Definitions

Category	Impact	Category	Impact
Injury/Illness	<i>Physical and psychological) to patient/visitor/staff</i>	Workforce	<i>our staff wellbeing, competency & levels</i>
Healthcare Experience	<i>how our stakeholders experience our organisation</i>	Financial	<i>through unplanned cost/reduction of available finances)</i>
Transformation & Innovation	<i>our ability to deliver change & innovation across our organisation</i>	Compliance	<i>business controls to comply with industry rules, regulations and sustainability)</i>
Service Delivery / Business Interruption	<i>our ability to deliver efficient & effective services</i>	Public Confidence	<i>public confidence of the organisation</i>
		Health Inequalities	<i>could create/increase Health Inequalities across the population</i>



Screening Assessment



National
Services
Scotland

Section 1: Information Gathering

1. Name of the proposed new or changed policy, strategy, project/programme, procedure, or service being assessed

Risk Management Strategy, Integrated Risk Management Approach, Risk Appetite

2. Outline below what is the main aim, purpose of the work being assessed and the desired outcomes.

Aim – see purpose, below

Purpose: **Risk Strategy**- sets out the benefits and objectives for risk management with a supporting framework (our Integrated Risk Management Approach) that will ensure all elements of a risk management system are in place. The strategy also defines roles and responsibilities. **Integrated Risk Management Approach (IRMA)** - details the process of how we deal with risks within NHS National Services Scotland. **Risk Appetite** - a statement or series of statements that describes the organisation's attitude towards risk taking and defines the amount of risk an entity is willing to accept or retain in order to achieve its objectives.

Desired outcomes: -ensuring that a risk management system is in place to support the organisation in meeting its objectives.

3. Who is intended to benefit from the change highlighted in question 1?

- a. Staff ☒
- b. Service Users ☐
- c. Public ☐
- d. Children and young people ☐
- e. Blood/Plasma/Tissue/Cells Donor ☐
- f. People or services in rural areas ☐
- g. Other - **type here** ☐

4. Who is likely to be impacted by the change?

- a. Staff ☒
- b. Service Users ☐
- c. Public ☐
- d. Children and young people ☐
- e. Blood/Plasma/Tissue/Cells Donor ☐
- f. People or services in rural areas ☐
- g. Other – **type here** ☐

Section 2: The type of impact identified

5. When completing the table below, it is important to identify how any impacts to the protected characteristics could be affected. These impacts could be positive and/or negative. If no impact is identified include 'no potential impact identified at this stage'.

Think, does the policy, strategy, project/programme, procedure, or service being assessed:

- take account of the needs of people with different protected characteristics?
- treat a person less favourably because of a protected characteristic
- have a higher or lower proportion of complaints from a particular protected group when compared with the general population?

Protected Characteristic	What is the impact?	Are these impacts positive or adverse
	There could be several or none for each protected characteristic	
Age <i>Children and young people, adults, older people etc</i>	No potential impact	n/a

Disability <i>Mental health, physical disability, learning disability, deaf, hard of hearing, sight loss etc</i>	No potential impact	n/a
Marriage and civil partnership <i>Workforce, inpatients visiting rights, etc</i>	No potential impact	n/a
Pregnancy and maternity including paternity <i>Workforce maternity leave, breast feeding, illness suffered as a result of pregnancy etc</i>	No potential impact	n/a
Race <i>Mixed or multiple ethnic groups</i>	No potential impact	n/a
Religion or belief <i>Christian, Muslim, Buddhist, Atheist etc</i>	No potential impact	n/a
Sex <i>Male and/or female, intersex, gender-based violence</i>	No potential impact	n/a

Sexual orientation <i>Heterosexual, lesbian, gay, bisexual, pansexual, asexual, etc</i>	No potential impact	n/a
Gender reassignment <i>Transgender, gender fluidity, nonbinary, agender etc</i>	No potential impact	n/a

6. Has the screening assessment demonstrated any of the below? (yes or no)

No potential impact identified:

Section 3: Stakeholder engagement

7. Have you contacted your Directorate Equality Lead or the Head of Equality Engagement and Experience to seek advice?
no

Section 4: Impact Assessment Matrix

8. Equality Impact Assessment Matrix

	No Impact	Positive Impact	Adverse Impact
High Relevance	Screening Assessment Only	Equality Impact Assessment required including Action Plan	Equality Impact Assessment required including Action Plan

Medium Relevance	Screening Assessment Only	Consider completing EQIA	Equality Impact Assessment required including Action Plan
Low Relevance	Screening Assessment Only	Screening Assessment Only	Consider completing EQIA

Definitions:

High relevance - Something is important or significant in a given situation or to a specific person

Medium relevance – There is a relevant importance to the given situation or to a specific person

Low relevance –There is a lack of relation between something or someone and to the given situation

9. Is an Equality Impact Assessment Required? No, screening assessment only

Section 5: Sign off and contact details

10. The following signatures are required:

Owner/person of those responsible for completing the assessment

Signed: Caroline
McDermott

Name: Caroline McDermott

Date: 06.08.25

Directorate Director or deputy

Signed:

Name:

Date:

Final copy to be uploaded to the NSS EQIA Screening and Assessment Register which can be accessed [Online](#)

When completing the screening assessment use the full Microsoft Word application not the online version

NHS National Services Scotland

Meeting:	NSS Board
Meeting date:	Friday 19th December 2025
Title:	Financial Performance: Nov 2025 (Month 8 (M8) 2025/26)
Paper Number:	B/25/41
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 the detailed financial position as at 30th November 2025.

2. Recommendation

- 2.1 As Responsible Executive I am assured that statutory financial targets, financial policies, and financial management arrangements are being appropriately progressed, managed, and escalated as necessary through established NHS Scotland and NSS processes, with learning being identified and improvements implemented.
- 2.2 It is recommended that the Board scrutinise the report, noting the current financial performance and the required actions to ensure NSS achieves all statutory financial targets for FY25/26.

3. Executive Summary

- 3.1 At M8, NSS remains on track to fully achieve its statutory financial targets for Financial Year (FY) 25/26.

- 3.2 The current underspend of £11.9m includes £6.9m underspend across “hosted funds” which is driven by an under spend in National Services Division (NSD) (£5.0m). Within NSD, there is an under spend in Risk Share (based on Q1 and Q2 activity information from Boards) but the volatility and nature of certain activities mean that costs could significantly increase during Q3 and Q4. The year-to-date (YTD) core underspend of £5.0m is being driven by vacancies across most services including a £1.0m surplus in Primary and Community Care (PaCC) but additional investment proposals £0.7m have been agreed to be delivered in FY25/26, as recommended by the Business Design Authority (BDA).
- 3.3 The forecast position assumes that the NSD budget will break even with the current underspend available to offset potential financial risks. If cost pressures do not materialise, then any funding provided by Boards which is not required will be returned via Scottish Government (SG) Finance. The NSD position was discussed by Corporate Finance Network on 12th November, and the possibility of a non-recurring funding return was noted by Boards.
- 3.4 The year end forecast also includes a trading surplus of £3.8m (with the majority £3.2m within core funds and the remainder £0.6m across hosted fund budgets). The projected, core trading surplus forms part of Reserves modelling where Corporate Finance oversees all known and potential financial risks and opportunities.
- 3.5 The break-even forecast also includes a net pressure within NSS Reserves. Business Finance continues to scenario plan based on known risks and opportunities (see Risk section below) and works closely with SG Finance to manage and protect the financial position both in-year and beyond.
- 3.6 NSS remains on track to achieve the 3% Cash Releasing Efficiency Savings (CRES) target, but services must ensure this is recurrent in nature where possible. This was a focus in year through the Integrated Service Planning (ISP) process to convert vacancies in establishment to recurrent CRES. This will be covered at the Executive Management Team (EMT) Budget Summit.
- 3.6 NSS continues to forecast a break-even position on Capital – although planned / phased, the relative YTD spend is very low (23%). £9.8m spend needs to be committed during the remaining 4 months of the Financial Year. Although this has reduced significantly in month from over £15m, the main reason for this is the slippage / lead times relating to Hassockrigg Equipment procurement, so funding will not be drawn down from SG. The overall position will be kept under close review.
- 3.7 The full, detailed M8 report can be found in Appendix 1 “FY25/26 M8 Financial Report”

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 Given this is a performance report, an Equality Impact Assessment screening and/or full 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 In March, the NSS Board agreed the Financial Plan for FY25/26 which reflected its overall Risk Appetite, with specific consideration of financial risk mitigation in place.
- 5.2 During FY25/26, several significant financial risks and opportunities have emerged.

SG Allocations

- 5.3 NSS has now received £246M (81%) of total SG funding, with around £6M of allocations currently marked amber. Some of these will only be confirmed later in the year when a more accurate forecast is available. Whilst most funding is secure and there is no material risk anticipated, Directorates must continue to review outstanding allocations and confirm expected amounts.

Procurement Legal Claim

- 5.4 There has been a positive development in this case, and both parties are presently negotiating a settlement limited to expenses only. This brings down NSS liability significantly, with a best realistic position indicated at between £100-£150k. This has a significant, favourable impact on NSS' underlying financial position.

Payroll Refactoring

- 5.5 Recent discussions have taken place at the Business Systems Programme Board highlighting a significant and increased risk around the Virtual Machine Environment (VME) with reliance on ATOS to ensure staff across NHS Scotland continue to be paid accurately, and on time. There is a risk that existing arrangements may need to be extended to provide business continuity and resilience at significant cost for NHS Scotland. It is becoming more likely that this work will slip into 2026/27. VME availability is not possible beyond June 2026. NSS will continue discussions with SG Finance around managing this pressure into the new Financial Year. Board Chief Executives have agreed up to £1.6m to contribute to this pressure in FY25/26.

Capital Funding

- 5.6 The significant increase in capital funding since budget approval brings delivery challenges, with a requirement to commit funds by 31 March 2026. Year-to-date spend remains low at 23%, and the £5M Hassockrigg project will not commence this year due to procurement lead times, meaning SG funding will not be drawn down. While spend is planned and phased, there is a risk of further slippage, and Directorates must actively review options to accelerate delivery and avoid missed opportunities.

NHS Delivery

- 5.7 SG has confirmed that no additional budget will be allocated to cover any additional costs from NHS Delivery – meaning NSS will need to fund its own costs for this programme. These costs have been quantified and incorporated into the Reserves scenarios. Whilst this ensures visibility, it may require reprioritisation of other agreed programmes to release capacity and protect financial sustainability.
- 5.8 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.
- 5.9 As per previous years, the capacity of our workforce is likely to be a constraining factor in our ability to undertake more work and projects, should this be agreed in-line with the underlying financial position. The demand from and importance of NHS Delivery means our scarce capacity will need to be focused on such activity.

6. Financial Implications

At M8, NSS is projecting to fully achieve its statutory financial targets for FY25/26. Whilst there is a £5.0m core YTD under spend, there are various financial risks (and opportunities) which are being actively tracked and managed as part of forecast scenario planning.

NSS Targets	YTD Budget	YTD Actuals	Variance	FY Budget	FY Forecast	Variance	Target
	£'000	£'000	£'000	£'000	£'000	£'000	
Revenue Total	0	(11,896)	11,896	-	-	-	Breakeven
Revenue Income	(762,909)	(768,315)	5,407	(1,187,267)	(1,206,095)	18,828	
Revenue Costs	762,909	756,420	6,489	1,187,267	1,206,095	(18,828)	
CRES Total	7,841	8,031	190	12,856	13,133	277	3% Recurring
NSS (exc NSD) CRES	5,741	5,901	159	9,612	9,858	246	
NSD CRES	2,099	2,130	31	3,244	3,275	31	
Direct Capital Total	-	98	(98)	-	-	-	Breakeven
Capital Income	(2,966)	(2,966)	-	(12,897)	(12,897)	-	
Capital Costs	2,966	3,064	(98)	12,897	12,897	-	

7. Workforce Implications

- 7.1 As per Risk Section, if funding is agreed for new projects in year, the capacity of our existing workforce to deliver is a critical consideration.

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 November financial position will be discussed by EMT at its meeting on 17th December

10. List of Appendices and/or Background Papers

- 10.1 The following appendices are included with this report:
- Appendix No 1: 2025/26 M8 Finance Report (November 2025)



NSS Financial Performance

NHS National Services Scotland Board

Financial Performance – November-25

Executive Summary

NSS Targets	YTD Budget	YTD Actuals	Variance	FY Budget	FY Forecast	Variance	Target
	£'000	£'000	£'000	£'000	£'000	£'000	
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Direct Capital Total	-	98	(98)	-	-	-	Breakeven
Capital Income	(2,966)	(2,966)	-	(12,897)	(12,897)	-	
Capital Costs	2,966	3,064	(98)	12,897	12,897	-	

Performance Summary - Revenue

NSS remains on track to achieve all statutory financial targets in FY25/26

Revenue (£11.9m underspend and breakeven forecast)

YTD underspend of £11.9M, driven by hosted funds (NSD Risk Share) and vacancies across core services. Forecast assumes break-even, but this is dependent on using underspends to offset emerging risks (core) and volatility in high-cost activity (NSD).

NSS has received £246M (81%) of total SG funding. Around £6M of allocations remain amber, with some only expected to be confirmed later in the year when forecasts are more accurate.

The **break-even forecast** also includes various assumptions for NSS Reserves. Business Finance continues to scenario plan for various risks and opportunities (as summarised on the next slide).

CRES NSS remains on track to achieve the 3% requirement, but services must ensure this is recurrent where possible

Performance Summary – Capital

NSS continues to forecast a break-even position on capital, supported by a £0.2M contingency – although planned / phased, it should be noted that the relative YTD spend is very low (23%) and there is a risk programmes slip into 26/27. NSS has ability (via SG) to use revenue to capital transfer instead using EGR proceeds should its overall position allow during Q3 and into Q4.

Key Messages

The financial position across NHS Scotland remains a significant deficit with increasing pressure. Q2 Board consolidated forecast position shows a net deficit of £244.2M across NHS Scotland including a pressure against CRES plans.

Whilst the NSS Board agreed a balanced budget for FY25/26, risks and opportunities continue to emerge.

In this context, it is essential that NSS continues to monitor costs closely and actively pursue recurring savings to ensure long-term financial sustainability for NSS into NHS Delivery, and broader NHSS.

NHS National Services Scotland Board

Financial Performance – November-25

Executive Summary

Risks and Issues

Change in Risk – Post Board Approval of Financial Plan

During the first 8 months of FY25/26, several significant financial risks and opportunities have emerged:

Capital – The significant increase in capital funding since budget approval brings delivery challenges, with a requirement to commit funds by 31 March 2026. Year-to-date spend remains low at 23%, and the £5M Hassockrigg project will not commence this year due to procurement lead times, meaning SG funding will not be drawn down. While spend is planned and phased, **there is a risk of further slippage**, and Directorates must actively review options to accelerate delivery and avoid missed opportunities.

RWW and eESS interface – NSS will centrally manage the rollout of eESS integration and Reduced Working Week changes across all NHS Scotland boards, including the development and deployment of scripts, Optima configuration, and governance to ensure consistency and efficiency, with optional discounted support days available for complex roster adjustments if required. This may result in additional costs being incurred by NSS.

NHS Delivery - SG has confirmed that no additional budget will be allocated to cover any additional costs from NHSD – meaning NSS will need to fund its own costs for this programme. These costs have been quantified and incorporated into the Reserves scenarios. While this ensures visibility and planning, it may require reprioritisation of other agreed programmes to release capacity and protect financial sustainability.

SG Allocations – NSS has now received £246M (81%) of total SG funding, with around £6M of allocations currently marked amber. Some of these will only be confirmed later in the year when a more accurate forecast is available. Whilst most funding is secure and there is no material risk anticipated, Directorates must continue to review outstanding allocations and confirm expected amounts.

Procurement Legal Claims – There has been a positive development in this case, and both parties are presently negotiating a settlement limited to expenses only. This brings down NSS liability significantly, with a best realistic position indicated at between £100-£150k. This has a significant, favourable impact on NSS' underlying financial position.

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.**

As per previous years, **the capacity of our work force is likely to be a problem to undertake more work and projects, should this be agreed in-line with the underlying financial position. The demand from and importance of NHS Delivery means our scarce capacity will need to be focused on such activity.**

NHS National Services Scotland Board

Financial Performance – November-25

Operational Performance: Directorate Summary

Financial Performance (£'000) - Outturn vs Plan									
	Revenue Outturn						Other Financial Targets		
	YTD Actual vs Budget			FY Forecast vs Budget					
Dir	Core	Hosted Funds	Total	Core	Hosted Funds	Total	CRES	YTD Capital VAR	FY Capital VAR
NHS Assure	873	n/a	873	396	n/a	396	-	(60)	-
NSD	n/a	4,955	4,955	n/a	-	-	31	-	(42)
SNBTS	(126)	n/a	(126)	399	n/a	399	-	(12)	-
DaS	463	1,578	2,040	(99)	100	0	-	51	55
FCGLS	199	0	199	30	-	30	-	n/a	n/a
SPST	(113)	n/a	(113)	0	n/a	0	-	n/a	n/a
HR	507	n/a	507	514	n/a	514	-	n/a	n/a
Clinical	671	-	671	535	n/a	535	0	n/a	n/a
NP	260	408	669	337	574	911	-	(1)	-
PaCC	979	n/a	979	1,041	n/a	1,041	245	(77)	(77)
Subtotal	3,713	6,941	10,654	3,153	674	3,827	276	(98)	(64)
Reserves	1,242	-	1,242	(3,153)	(674)	(3,827)	-	-	64
Total	4,956	6,941	11,896	-	-	-	276	(98)	0

Performance Summary by Directorate

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

The main movement in month is within NSD where Q2 activity information has been received from Boards and is reflected in the YTD position

It should be noted that this is a Finance Report – and as such and expected focussed on financial performance.

Finance has sought to assess the financial performance in the context of service delivery / excellence and workforce. We do not have all the data to interpret and present a complete picture of integrated performance at a service level, but we are committed to doing this by supporting and influencing One NSS work.

Services should continue to review financial performance in conjunction with other, separate performance reports to ensure focus and appropriate action.

NHS National Services Scotland Board

Financial Performance – November-25

Revenue Variance Analysis: Summary (£'000)

RAG

	Hosted Funds	NSS Core	Total
Income Budget	(515,158)	(247,751)	(762,909)
Movement	(6,926)	1,519	(5,407)
Income Actual	(522,084)	(246,231)	(768,315)
Cost Budget	515,158	247,751	762,909
Pay Savings	(1,882)	(7,673)	(9,555)
Non-Pay	5,520	1,226	6,746
Other Non-Pay	(3,653)	(27)	(3,680)
Cost Actual	515,143	241,276	756,420
Surplus	6,941	4,955	11,896

The YTD Revenue position for NSS as of M8 close is **an underspend of £11.9M**.

The table summarises variances by category and type.

Slide 6 summarises the £2.9M favourable position in core.

Slides 7 & 8 provides further analysis on the pay position, including secondment income, pay recharges and income for staff within DaS and PGMS.

Slide 9 has a breakdown of hosted funds by programme.

NHS National Services Scotland Board

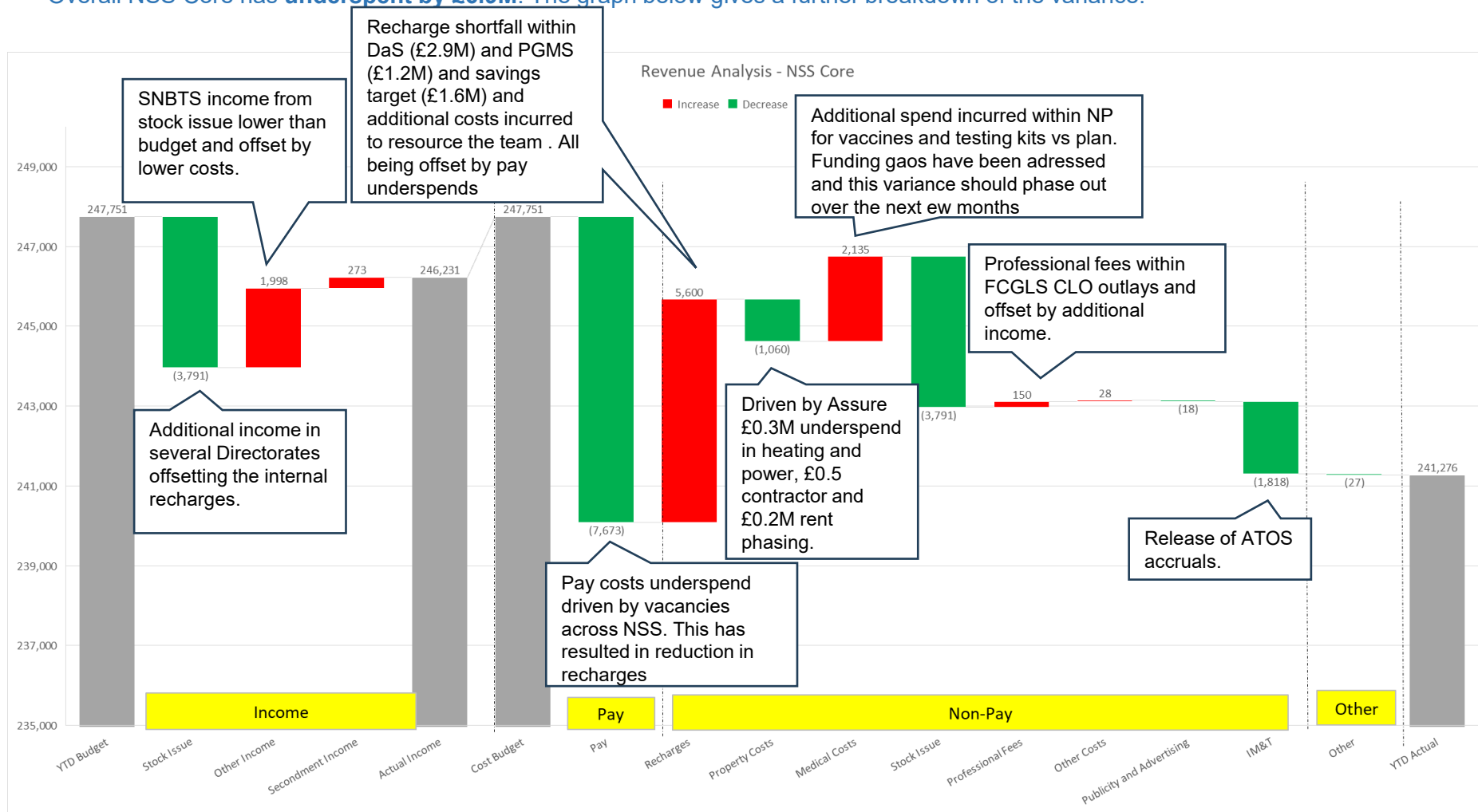
Financial Performance – November-25

Revenue Analysis – NSS Core (£'000)

RAG

The table below details the key variances across NSS Core.

Overall NSS Core has **underspent by £6.9M**. The graph below gives a further breakdown of the variance.



The table on slide 8 details the pay spend per Directorate and by category net of income from Secondments and Recharges, reflecting the impact of the shortfall in recoveries within DaS and SPST (PGMS).

NSS pay costs are £6.3M under budget and forecasting a £10.7M underspend. This is driven by tight vacancy controls, limited HR recruitment capacity, and ongoing difficulties in recruiting and retaining some role types.

- SPST adverse position includes shortfall in income within PGMS, driven by seasonality. PGMS may recruit additional agency if required.
- **DaS** position includes shortfall in income. The Directorate continues face challenges in recruiting and retaining staff and will continue to review options with HR to attract and retain talent.
- **SNBTS** overspend is driven by additional hours caused by sickness in the collection teams and reduction in the working week.
- Vacancies within **FCGLS** and **Assure** are across the directorate. **Assure** has filled gaps with PGMS staff.
- NP vacancies within NDS being partially offset by an increasing agency costs. Options to remove/reduce agency are being reviewed.
- NSD vacancies across the services. Surpluses will be ring-fenced to offset any future service pressure.
- PaCC vacancies within Service Delivery currently being filled.

NHS National Services Scotland Board

Financial Performance – November-25

Revenue Analysis – Pay Deep Dive (£'000)

RAG



Directorate	YTD Budget	25-26 Actuals					Budget vs Actual	Budget vs Actual (NSS Core)	Budget vs Actual (Hosted Funds)	PY YTD Spend	24/25 vs 23/24
		Pay	Overtime & Enhanced Pay	Second e Costs, Income and recharges	Agency	YTD Actual					
SNBTS	38,025	36,767	1,037	240	24	38,068	(42)	(42)		34,875	(3,193)
DaS	24,142	23,900	41	(1,220)	334	23,054	1,088	509	579	22,217	(837)
FCGLS	18,656	17,288	110	71	-	17,470	1,186	1,156	31	16,331	(1,139)
NP	16,803	14,666	729	(19)	1,164	16,539	265	317	(53)	15,572	(967)
NHSS Assure	15,256	13,731	-	(49)	39	13,721	1,534	1,534		13,387	(334)
PACC	14,430	13,237	170	48	63	13,518	912	912		12,873	(644)
SPST	3,204	9,596	7	(6,289)	40	3,354	(150)	(150)		4,523	1,169
NSD	6,037	5,236	0	(211)	-	5,003	1,035		1,035	5,562	560
HR	4,031	3,946	1	(231)	-	3,716	315	315		3,380	(336)
Clinical	4,382	3,937	4	(128)	20	3,856	527	527		2,201	(1,655)
Redeployment	58	178	-	(161)	-	18	40	40		8	(10)
Total	145,025	142,482	2,099	(7,950)	1,684	138,315	6,710	5,119	1,592	130,929	(7,386)
% Total Spend		103%	2%	-6%	1%						
PY Spend	137,245	132,306	2,140	(6,404)	2,886	130,929	6,316				

NHS National Services Scotland Board

Financial Performance – November-25

Services delivered on behalf of NHS Scotland

RAG



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

The overall funding envelope has not changed materially since last month.

Overall national programmes are reporting a **YTD underspend of £6.9M (driven by NSD)**. Any surplus or deficits will be managed at a Scottish Government level.

- Spending plans are under active review with Digital and Security (DaS) to ensure budget phasing aligns with forecasted activity and delivery timelines.
- **It is essential that information to support the timely processing of DaS recharges is captured and provided by the service to Finance, so the full cost of services; projects; and programmes is accurately reflected.**

Hosted Funds	FY PY	FY Bud	FY Var	YTD Act	YTD Var	% Budget Spent
O365	55,880	56,437	(0)	44,377	(123)	79%
ATOS	41,703	45,569	(0)	25,576	203	56%
eHealth	39,717	33,912	154	20,459	2,833	60%
PAC's	9,484	15,270	0	3,153	374	21%
eRostering	5,674	3,552	(0)	2,134	(130)	60%
GP IT	4,777	10,195	0	5,138	(171)	50%
CHI	4,139	5,087	(13)	2,936	32	58%
SWAN Reprourement	7,731	3,221	(0)	1,432	(638)	44%
EESS National Systems	2,040	2,093	0	1,576	(119)	75%
Cyber Security Centre	2,980	5,904	(41)	3,945	(684)	67%
DaS Total	174,127	181,241	100	110,724	1,578	61%
NDC	238,745	246,607	574	163,287	408	66%
NSD	340,653	364,655	0	235,685	4,955	65%
SIBSS	128,731	28,560	0	20,655	0	72%
NSS Total	882,256	821,062	674	530,351	6,941	65%

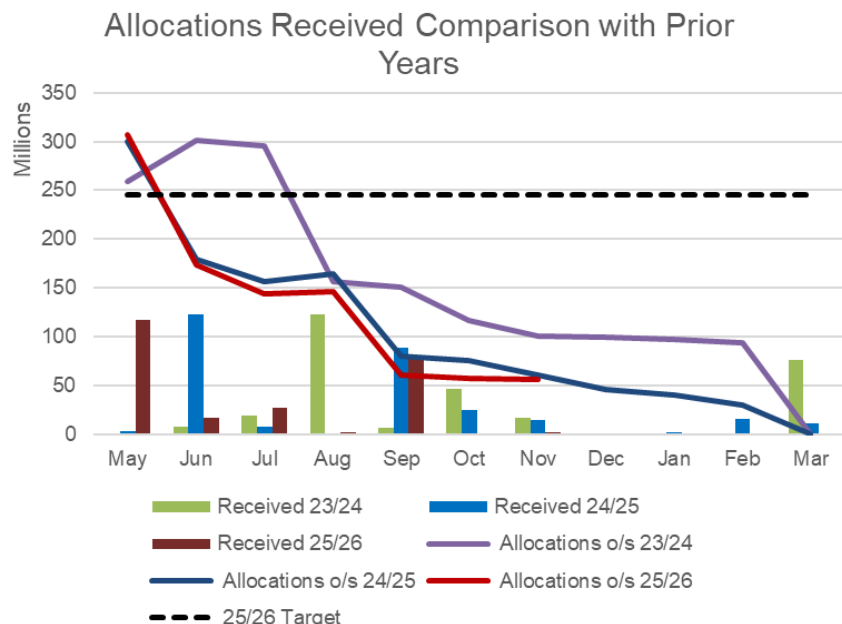
- Stock issued by **NDC** remains on plan. The surplus is driven by vacancies and reduced transport costs. This is being closely monitored. A review of Resilience warehouse is underway with a business case being developed for future years.
- NSD surplus – this relates to underspends in Risk Share and certain Specialist Services. This is being closely monitored.
- *The budget includes the recharges of £26M recorded is within non-pay.

NHS National Services Scotland Board

Financial Performance – November-25

Scottish Government Funding Allocation Tracker (£'000)

RAG



SG Allocations - Outstanding

As of the end of November, NSS has received **£246M (81%)** of total allocations. Directorates must continue to review outstanding allocations and ensure formal confirmation has been received for the amounts expected.

Currently, **£6M of allocations remain amber** and must be confirmed by Directorates. Some of these amber allocations will only be confirmed later in the year when a more accurate forecast is available.

Directorates should continue to:

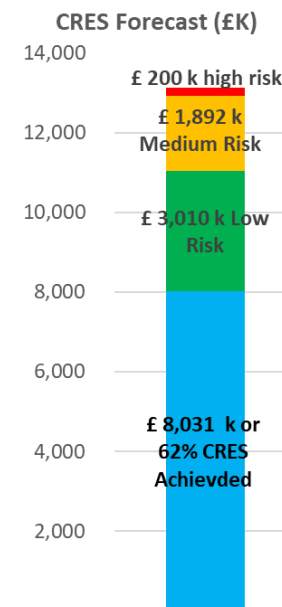
- Review the status of allocations, including risks or changes to outstanding amounts.
- Where no information has been provided, amber status has been assumed.
- Identify allocations that could be baselined.

The table below summarises allocations that are potentially at risk.

Directorate	Green	Amber	Red	Total	Comment
NSD	2,338	54	500	2,893	Red: Additional funding for Bowel Screening pressures Amber: COVID
NHSS Assure	2,824	-	-	2,824	
NP	30,150	464	-	30,614	Amber: Emergency Planning (£0.2M) and allocations below £100k.
DaS	626	5,105	-	6,875	Amber: PACS (£3.5M), Theater Scheduling Programme (£0.6M), eESS Transformation (£0.4M) National Endoscopy System (£0.3M)
SPST	286	-	-	286	
Reserves	(3,093)	-	-	(3,093)	Credit allocation being revenue to capital transfer.
SNBTS	(175)	92	-	(83)	Bcredit revenue to capital. Amber: Opt Out (£0.1M)
Clinical	()	239	-	239	Amber: Scan for Safety Programme Management allocation (£0.2M)
FCGLS	15,629	-	-	15,629	
Total	48,585	5,953	500	56,182	

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

	Starting CRES Budget	YTD Achieved			Forecast by Risk Level			Total CRES Forecast
		Recurring	Non- Recurring	Non- recurring Measures	Low	Medium	High	
Clinical	101	40	41	-	20	-	-	101
DAS	945	370	260	-	315	-	-	945
FCGLS	1,108	537	202	-	153	217	-	1,108
HR	145	33	63	-	48	-	-	145
NHSAssure	1,732	1,495	13	-	-	224	-	1,732
NP	1,085	431	35	-	17	402	200	1,085
PaCC	1,462	867	326	-	514	-	-	1,707
Reserves	1,380	-	-	-	1,380	-	-	1,380
SNBTS	539	324	-	-	110	105	-	539
SPST	1,115	863	-	-	252	-	-	1,115
NSD	3,244	1,447	683	-	200	945	-	3,275
NSS Total	12,856	6,407	1,624	-	3,010	1,892	200	13,133



NSS CRES Performance Summary

The NSS CRES target for 2025/26 is £12.9M (3% of baseline budget). As of M8, £8M has been delivered, and NSS is now forecasting to exceed the target. This overachievement is driven by additional efficiencies identified within PaCC, supported by investments made this year.

Directorates should continue to focus on converting non-recurrent savings into recurrent opportunities. Finance will actively support this through monthly reviews and pipeline development.

NSD CRES

CRES achieved within NSD will be retained to manage service pressures. A new process has been introduced to govern this approach and will be incorporated into the overall NSS CRES plan once embedded.

NHS National Services Scotland Board

Financial Performance – November-25

Capital Programme Delivery – Plan (£'000)

RAG



Directorate	YTD			FY			YTD Actual as % of FY
	Budget	Actual	Var	Budget	Forecast	Var	
DaS	849	798	51	2,234	2,179	55	37%
NHS Assure	1,030	1,090	(60)	6,596	6,596	-	17%
NP	-	1	(1)	-	-	-	
NSD	-	-	-	824	866	(42)	0%
Reserves	-	-	-	212	148	64	0%
SNBTS	1,071	1,082	(12)	3,007	3,007	-	36%
PACC	16	93	(77)	25	102	(77)	91%
Grand Total	2,966	3,064	(98)	12,897	12,897	0	24%

FY25/26 Capital

At the close of M8, capital spend **was £98k below plan**, due to the phasing of the scanner budget and timing of the revenue-to-capital transfer. NSS continues to **forecast a balanced position supported by a £0.2M contingency**.

The Hassockrigg project, with a £5M budget, will no longer commence this fiscal year due to procurement lead times and funding will not be draw down from SG.

Finance will continue to work closely with Directorates to review the phasing of spend over the remaining four months to ensure forecasts are as accurate as possible. This is critical because, so far, only £3.1M — around 24% of the annual capital budget — has been spent. With most programmes scheduled to start in the second half of the year, there is a growing risk of slippage, which could mean NSS does not fully benefit from the funding available in-year.

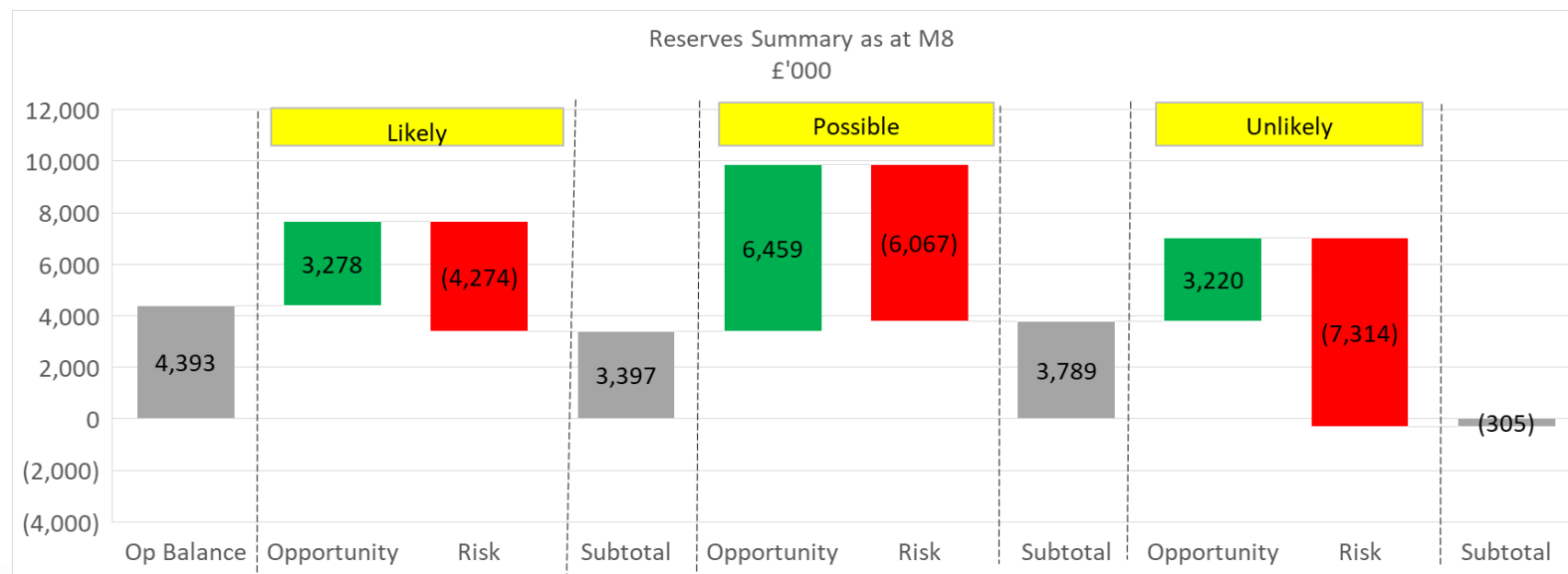
Funding carry-forward options remain extremely limited, so programme leads must engage proactively with Finance and advise of any changes to their spending plans without delay. Timely collaboration will be key to maximising delivery and avoiding missed opportunities.

NHS National Services Scotland Board

Financial Performance – November-25

Reserves (£'000)

RAG



NSS Reserves

The graph shows projected movement in reserves under different scenarios

The reserves balance at M8 is **£4.4M**, supported by a favourable revenue position since the Budget Summit, additional capital funding confirmed since March 2025, and the timing of the 365 VAT decision (costs accrued into FY24/25 via SG Finance). Transfers in month include eRoosting (£0.1M), FMS Cellma (£0.1M), Breast Screening pressures (£0.4M), and PGMS pay increase (£0.2M).

Although the M8 position reflects a slightly worsened "likely" scenario compared to M7, this is primarily due to **proactive provision for new risks**, including NSS Delivery (£605k) and RWW (£0.7M). These adjustments provide improved visibility and strengthen planning assumptions, alongside the resolution of some earlier risks. **The most notable adjustment under the possible and unlikely scenarios is the removal of any liability around the procurement legal claim – this is no longer an issue for NSS (FY25/26 or FY26/27)**

While challenges remain, NSS is expected to retain **flexibility beyond the Financial Plan**, creating an opportunity to prioritise investments that deliver long-term value.

NHS National Services Scotland

Meeting:	NSS Board
Meeting date:	Friday, 19 December 2025
Title:	Integrated Performance Report: Quarter 2 2025/26
Paper Number:	B/25/42
Responsible Executive/Non-Executive:	Lee Neary, Director of Primary & Community Care, Strategy, Performance and Service Transformation
Report Author:	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 2, 2025/26.

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 2, 2025/26.

3. Executive Summary

- 3.1 The report assesses performance during quarter 2 2025/26 – July to September 2025.

- 3.2 NSS performance is variable, as shown in the period to date:
- 77% completion of Annual Delivery Plan (ADP) deliverables. An Executive Intervention Team has been stood up to support the digital programmes. Additional information has been provided on blood, plasma, and platelet donation; payroll and primary care payments.
 - On track to meet all statutory financial targets and exceeded cash releasing efficiency savings targets.
 - Sickness absence is at 4.36%, slightly above the NHSScotland 4% standard.
 - Between Q2 for 2024/25 and Q2 for 2025/26, there has been a reduction in waste, carbon dioxide from fleet fuel and gas, with an equitable position for electricity carbon dioxide and an increase in the use of water, which is being investigated.
- 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 2 2025/26.

Integrated Performance Report

Quarter 2, 2025/26



Strategy, Performance & Communications

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Executive summary

Quarterly performance

Overview

- **Over three-quarters of Delivery Plan 2025/26 achieved or on track.** At the end of Quarter 2, (Q2), 77% of deliverables were on track or achieved against an end of year target of 90%. Examples of service achievements include: the interim solution requested by Scottish Government for General Ophthalmic Services Specialist Supplementary launched on 1st August 2025 and delivery of Target Operating Model for children & young people's gender service completed. Information on deliverables that are not likely to be achieved are included on page 8.
- **On track to deliver 2025/26 statutory financial targets.** At the end of month 6, the overall revenue budget is underspent by £4.5m. This is being driven by vacancies across the organisation. The year-end forecast is break-even for revenue and capital with CRES being delivered to 3%, as per plan. The forecast position of break-even includes a trading surplus of £3.1m (with the majority £2.8m within core funds and the remainder £0.3m across hosted fund budgets). It should be noted that the trading surplus assumes an underspend of £1m in PaCC, however, discussions are ongoing around the use of such monies to cover various proposed developments. This forecast also includes a net pressure within NSS reserves. Business Finance continues to scenario plan for various risks and opportunities which may crystallise in the second half of the financial year.
- **Consultations on NHS Delivery commencing.** The legal approach to the new organisation that brings together NSS and NHS Education for Scotland (NES) was confirmed by Scottish Government and will see NES's responsibilities formally integrated into the Common Services Agency (CSA), the legal entity which is currently branded as NSS. To ensure this is achieved by 1 April 2026, two types of consultation will take place: a public consultation that invites views on Scottish Government's proposals to create a new national delivery organisation and reform national support and delivery services for our health and social care system; and a consultation with trade unions and colleagues confirming the changes and how these will be managed for each organisation. NSS will be actively supporting and engaging in both consultations. The NSS activity to support the establishment of NHS Delivery is being added to the NSS Delivery Plan 2025/26 and will be reported from Quarter 3.
- **New service excellence indicators added.** Indicators for business-critical service areas – blood donation levels, payroll completion and practitioner payment accuracy – have been added to the service excellence section of this report. There has been a dip in whole blood donation rates, and a donor recruitment campaign is underway. The number of payslips issued was over 306k, a 3% increase on last quarter, adding to capacity challenges. Payment accuracy is above the 99.5% target for all practitioner groups.

Executive summary

Performance highlights

Completed key activities	Upcoming key activities
<p>OneAdvanced became NHS Scotland's primary contracted GP IT clinical system provider going forward with effect from 4 August 2025, ensuring uninterrupted continuity of service following the previous provider going into administration.</p>	<p>The Cabinet Secretary for Health and Social Care, Neil Gray, and Caroline Lamb, the Director-General of Health and Social Care and the Chief Executive of NHS Scotland, will visit the Jack Copland Centre on 14 November 2025 to conduct the NSS Annual Review.</p>
<p>The General Ophthalmic Service (Specialist Supplementary) service for patients with 9 anterior eye conditions went live 1 August 2025. This new service, which is referenced in the NHS Scotland Operational Improvement plan, will allow patients who would otherwise have to attend hospital to receive care in a community optometrist setting. The 10th condition will be live by Quarter 4.</p>	<p>Several directorates across NSS, such as National Procurement, NHS Scotland Assure, Primary and Community Care and Digital and Security, are supporting Exercise PEGASUS, a UK-wide pandemic preparedness exercise, led by the Department of Health and Social Care (DHSC).</p>
<p>The NSS Clinical Governance Framework was launched in August and ensures the clinical governance agenda aligns with new national standards and improved reporting.</p>	<p>A primary care web estate review will commence covering dental, audiology, optometry, primary care and job sites.</p>
<p>Hydrogenated Vegetable Oil fuelling service has now gone live in National Procurement, supporting the NSS pathway to fleet decarbonisation.</p>	<p>Counter Fraud Services will be actively participating in the International Fraud Awareness Week (IFAW) from 16-22 November 2025.</p>
<p>NHS Education for Scotland (NES) and Antimicrobial Resistance & Healthcare Associated Infection (ARHAI) Scotland have published a Toolbox for construction and maintenance teams involved in the construction or refurbishment of healthcare facilities to support them with infection prevention and controlling risks in the healthcare-built environment.</p>	<p>The integrated service planning process will be launched with directorates, which this year will support preparations for joining with NHS Education for Scotland (NES) to form NHS Delivery. It includes a new portal, the NSS Workforce and Finance Planning Collaboration, that provides a single source of finance and workforce data.</p>

Executive summary

Assurance indicators performance

Service Excellence	<p>Performance: 0 of 3 indicators met. This objective is scrutinised by the Finance, Procurement and Performance Committee.</p> <p>Most of our Delivery Plan deliverables (77% - 34 deliverables) are on track or achieved (green). This is a reduction on the 83% position we reported last quarter, mainly due to new deliverables being added. The remaining 23% (10 deliverables) are behind schedule (amber). Freedom of Information performance for the first quarter of 2025/26 was 98% for 3-day acknowledgements and 99% for 20-day responses, both marginally below the 100% standard required of us. Actions are in place to address the gap (see slide 9).</p>
Financial Sustainability	<p>Performance: 3 of 3 indicators met. This objective is scrutinised by the Finance, Procurement and Performance Committee.</p> <p>NSS continues to be on track to achieve all financial targets. The current revenue position is being driven by vacancies across the entire NSS budget.</p>
Workforce Sustainability	<p>Performance: 1 of 5 indicators met. This objective is scrutinised by the Staff Governance Committee.</p> <p>Sickness absence, at 4.36% for the financial year, remains above the NHSScotland standard of 4%, and is mainly driven by anxiety, stress, and depression. Case Management continues to work with managers to support attendance issues and progress cases in line with policy. Staff turnover at 3.25% is lower than expected, with age retirement being the primary reason for leaving. All TURAS compliance rates are below the 90% standard and being reviewed with directorates.</p>
Climate Sustainability	<p>Performance: 3 of 5 indicators met. This objective is scrutinised by the Finance, Procurement and Performance Committee.</p> <p>Between Q2 for 24 / 25 and Q2 for 25 / 26, there has been a reduction in waste, CO2 from fleet fuel and gas, with an equitable position for electricity CO2 and an increase in the use of water, which is being investigated.</p>

Executive summary

Assurance indicators performance



Service Excellence

Performance Indicator	Standard	This quarter	Last quarter
Annual delivery plan completion	90%	77%	83%
Freedom of Information requests responded to within 20 days	100%	98%	97%
Freedom of Information requests acknowledged within 3 days	100%	99%	96%



Financial Sustainability

Performance Indicator	Forecast	Variance This quarter	Variance Last quarter
Revenue NSS total	Breakeven	£(4,515)k	£(2,115)k
Cash Releasing Efficiency Savings total (NSS)	3%	£6,375k	£4,740k
Capital outturn	£6.364k	£(29)k	£60k



Climate Sustainability

Performance Indicator	Standard	Q2 2025/26	Q2 2024/25
Waste total (tonnes)	Reduce	135.0	153.9
Fleet Fuel (CO ₂) emissions	Reduce	361	369
Gas CO ₂ metered sites (tonnes)	Reduce	218	269
Electricity CO ₂ metered sites (tonnes)	Reduce	342	342
Water M ³ metered sites (volume)	Reduce	6,729	6,704



Workforce Sustainability

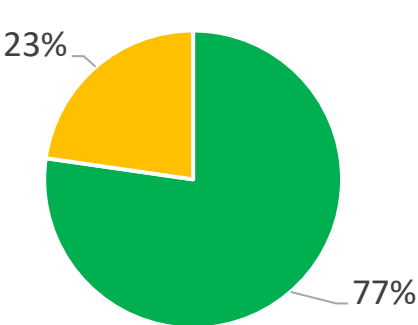
Performance Indicator	Standard	This quarter	Last quarter
Sickness absence (year to date)	4%	4.36%	4.39%
Staff turnover (year to date)	10%	3.25%	1.93%
Appraisal compliance	90%	82%	80%
Objective setting compliance	90%	71%	78%
Personal development plan compliance	90%	74%	80%

Assurance Indicators

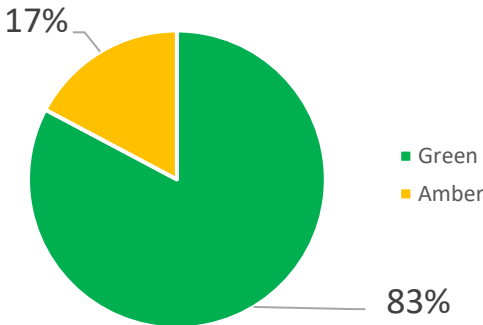
Quarter 2, 2025/26

Service Excellence: Delivery Plan 2025/26

Q2 RAG Status

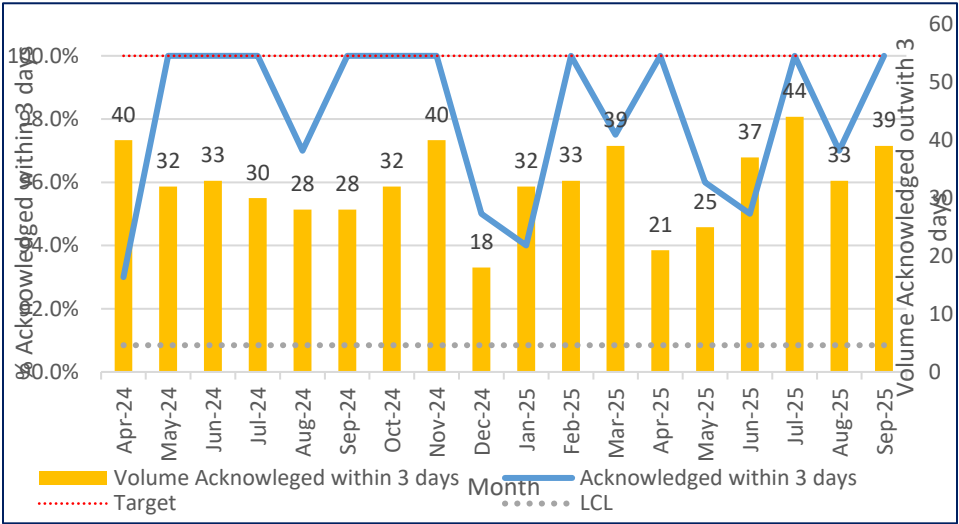
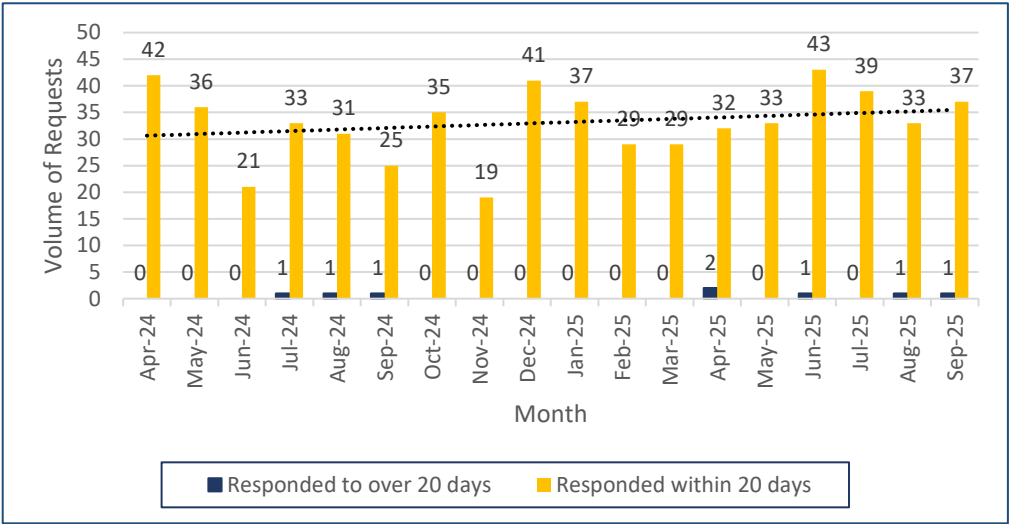


Q1 RAG Status



Summary position	Performance highlights	Behind Schedule	Risks
<p>77% (34) deliverables are on track or achieved (green)</p> <p>18% (10) deliverables are behind schedule (amber).</p> <p>There were no red (unlikely to be achieved) deliverables.</p> <p>3 deliverables have been updated through the Scottish Government Change Control Process.</p> <p>11 Digital and Security deliverables have been added to the plan since Q1 and are the main reason for the change in overall scoring.</p>	<ul style="list-style-type: none">Action plan in place and on target to deliver the agreed priorities for year 2 of the Nursing, Midwifery and Allied Health Professionals Strategy.Practitioner payment accuracy stands at 99.96% and timeliness were 100% in Q2.Promotion of the NHS Scotland Procurement Strategy (NHSSPS) at Meet The Buyer North event and toolkits and gap analysis template issued to support Boards to develop their own strategies.The interim solution requested by Scottish Government for General Ophthalmic Services Specialist Supplementary launched on 1 August 2025, with minimal disruption or issues. Development of the full solution is in progress for a January 2026 launch,Counter Fraud Services delivered £3.9m of fraud prevented and fraud recovered savings in Q2 against a target of £2.1m.Delivery of Target Operating Model for Children & Young People’s Gender Service completed.	<ul style="list-style-type: none">Scan For Safety – roll out impacted by resourcing challenges in Q1 but on track to achieve full year target.4% sickness absence – HR supporting managers through reporting and case management, where appropriate.Payroll operating model – much achieved however continuing to work with DaS on technological requirements to support staff & working to fill vacancies.Climate Sustainability Fuel –Electric Vehicle Charging policy presented to FPPC for approval. Travel & Transport Policy on hold as other policies need to feed in.Business Systems – delays in agreement and production of contracts and Invitations to Submit Tender documents. Stakeholder availability and resource has impact here.Cyber Security Centre of Excellence. – while progress is being made in hardware and software, the resource is funded in a non-recurring manner.Docman Replacement – ongoing work to assess and test functionality, however, sign off on the solution and SCI Gateway development required by all health boards.SWAN – call off contracts finalised and signed. Site by site transitions continue. Amber status reflects risk of requirement to extend SWAN 1 services.PACS – Implementation plan not signed off. Issues continue to be worked through.GPIT reprovisioning – Programme team working to minimise delay caused by the administration through close practice and health board engagement. Overall, migration plan is delayed by 11 months due to administration process so will require to be extended into next financial year. <p>An Executive Intervention Team has been stood up to support the digital programmes and performance challenges.</p>	<p>Strategic: 658 659 669 655</p> <p>*Risk relating to individual deliverables are recorded in the Delivery Plan and NSS Risk Register</p>

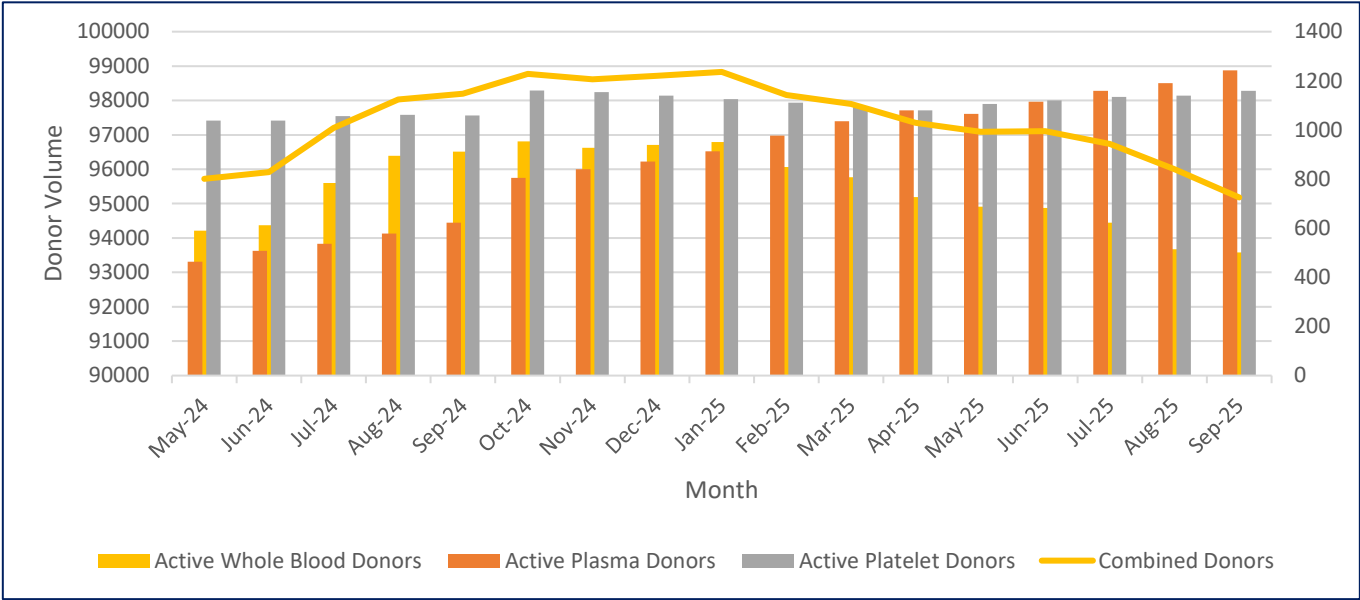
Service Excellence: FOIs responded to within 3- and 20-day targets



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 3 months was 99%.</p> <p>There was 2 requests (out of 111) in the last 3 months when the 20-day standard was not met. This equates to a compliance level of 98%.</p>	<p>The 3-day acknowledgement target was breached once in Quarter 2.</p> <p>There were two 20-day response breaches - one in August due to confusion over who was responding and one in September due to the combination of staff leave and local public holiday.</p>	<p>There has been communications with all Directorate FOI Leads to ensure they are aware of the process and guidelines.</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 666</p> <p>Corporate: 790</p>

Service Excellence: Blood Donation and Supply

Active Blood, Plasma and Platelet Donors



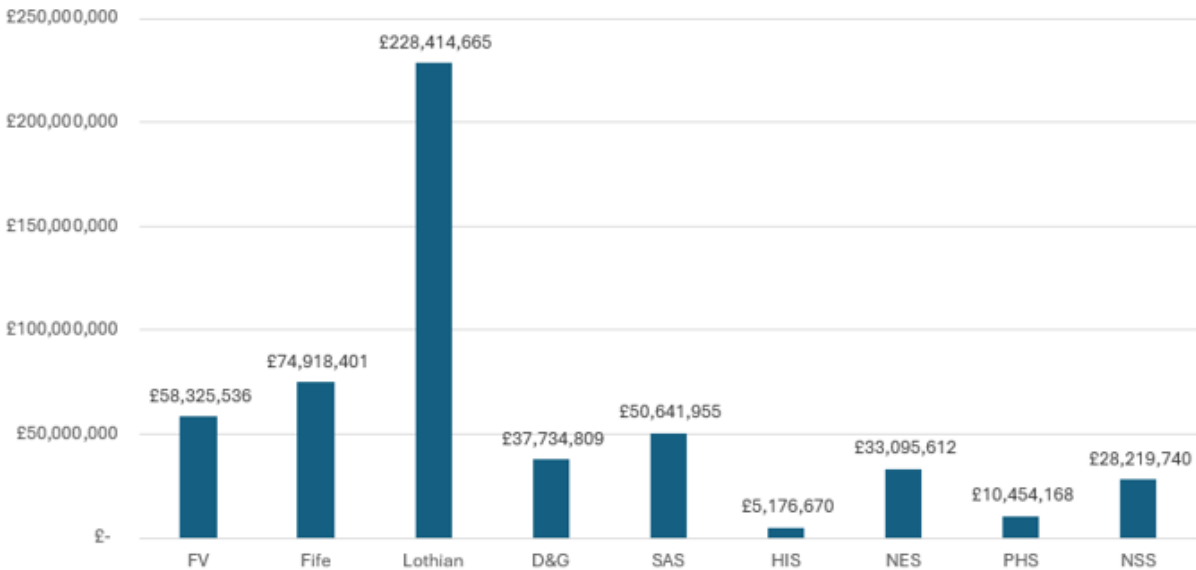
Primary Y Axis – Active Whole Blood Donors & Combined Donors

Secondary Y Axis – Active Plasma Donors and Active Platelet Donors

Summary position	Analysis	Actions being taken	Improvement opportunities	Risks
<p>The Scottish National Blood Transfusion Service (SNBTS) provide all blood and blood products to patients in Scotland.</p> <p>There has been a dip in whole blood donation rates following a period of positive increase and is around 93,500 in September 2025. The numbers of platelet donors remain relatively constant at around 1,100 per month and the number of plasma donors shows an increasing trend, sitting at around 1,200 in September.</p>	<ul style="list-style-type: none">There continues to be 100% availability of three-day blood supply.Plasma donors are increasing in line with the requirement to secure the provision of UK Plasma Derived Medicinal Products.	<ul style="list-style-type: none">Donor recruitment campaign to increase donor pool for Blood, Platelets and Plasma.	<ul style="list-style-type: none">Increasing social media engagement to help grow base of younger donors.	<p>Operational risks are identified in relation to these areas.</p>

Service Excellence: Payroll Completion

Q2 Payroll Completion – Paybill & Payslips

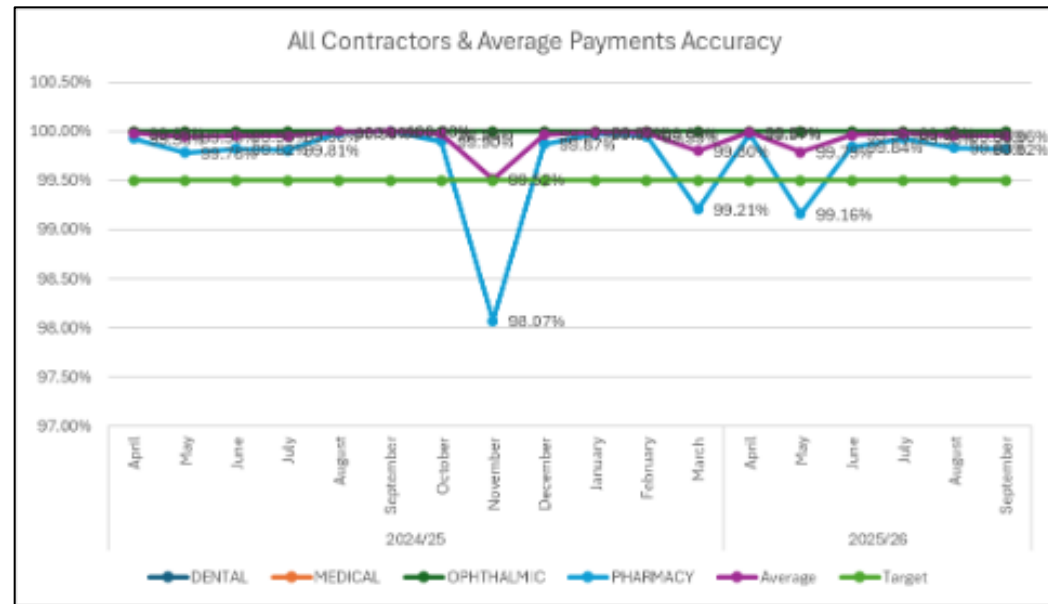


	Payslips Q-2
FV	36,146
Fife	48,330
Lothian	155,720
D&G	21,928
SAS	18,381
HIS	1,717
NES	10,300
PHS	3,732
NSS	10,638

Summary position	Analysis	Actions being taken	Improvement opportunities	Risks
<p>Payroll delivered over 306k payslips which in 3% increase on last quarter. The total pay bill is £526m.</p> <p>This measures the total number of payslips issued and payments made each quarter, reflecting service delivery volume and trends over time.</p> <p>Please note: Work is underway to develop additional indicators to show performance levels as well as volumes.</p>	<p>This information shows the scale of work for the Payroll team to manage payroll for 9 Boards. Payroll service is a critical front line service essential for NHS Scotland.</p>	<p>Completion of organisational change process and move to implementation of new service model within Payroll Services. There are a high level of vacancies which could not be filled during the organisational change. This has an impact on payroll staff required to work additional hours to cover vacancies, the Reduced Working Week, and other national programmes of work.</p>	<ul style="list-style-type: none">Target implementation of new Payroll department structure and seek process improvement opportunities to reduce manual effort where possible by March 2026.Digital solutions critical to success are still not available causing additional work for staff to deliver service.	<p>Operational risks are identified in relation to these areas</p>

Service Excellence: Practitioner Payment Accuracy

Primary Care Practitioners Payment Accuracy



Summary position	Analysis	Actions being taken	Improvement opportunities	Risks
<p>Primary and Community Care have achieved 99.96% on accuracy of payments and payments made on time to all primary care contractors (GP practices, community optometrists, community pharmacies and dentists) for September 2025.</p> <p>All pharmacy contractors were paid on due dates using actual data, as opposed to an estimated position and the reported accuracy level was 99.82%.</p>	<p>Payment accuracy is above the 99.5% target for all practitioner groups, and this has remained the case for this quarter.</p> <p>The overall pharmacy payment items processed was 10.67 million items in July with dispensing paid in September 2025. This was the largest volume of pharmacy dispensed items ever processed.</p>	<p>Despite the large volume of dispensed items, all work was completed within a 21-day processing cycle. This was achieved by the targeted use of overtime which uses vacant posts in peak months to achieve payment timelines. Retaining a 21-day cycle will assist in achieving future months, particularly October, paid in December 2025, where we plan to complete and make all payments early before the Christmas break.</p>	<ul style="list-style-type: none">PaCC continue to work on improving the accuracy of pharmacy payments including quantifying and remedying historic under or over payments. This is prioritised and the workplan is reported to the Community Pharmacy Governance Group. As each of the agreed priority items is resolved, manual and/or digital fixes are improving future payment accuracy.	<p>Operational risks are identified in relation to these areas.</p>

Financial Sustainability

NSS Targets	YTD Budget	YTD Actuals	Variance	FY Budget	FY Forecast	Variance	Target
	£'000	£'000	£'000	£'000	£'000	£'000	
Revenue Total	0	(4,515)	4,515	-	-	-	Breakeven
Revenue Income	(569,667)	(572,240)	2,573	(1,188,944)	(1,215,228)	26,284	
Revenue Costs	569,667	567,725	1,942	1,188,944	1,215,228	(26,284)	
CRES Total	6,351	6,375	24	12,856	12,921	65	3% Recurring
NSS (exc NSD) CRES	4,824	4,817	(7)	9,612	9,647	34	
NSD CRES	1,527	1,558	31	3,244	3,275	31	
Direct Capital Total	-	(29)	29	-	-	-	Breakeven
Capital Income	(1,397)	(1,397)	-	(17,897)	(17,897)	-	
Capital Costs	1,397	1,368	29	17,897	17,897	-	

Summary position	Analysis	Actions being taken	Improvement opportunities	Risks
<p>NSS is on track to achieve its statutory financial targets in 2025/26.</p> <p>NSS has 3 statutory targets, to achieve breakeven within resource limit for:</p> <ol style="list-style-type: none"> Revenue Capital Cash <p>Scottish Government also requires all Health Boards to deliver at least 3% cash releasing efficiency savings (CRES) on a recurring basis.</p>	<p>The current £4.5m underspend is driven by vacancies across the entire NSS budget. The forecast break-even position includes a trading surplus of £3.1m (£2.8m – core funds and £0.3m – hosted funds). The trading surplus assumes an underspend of £1m in PaCC and discussions are ongoing on using this to cover various proposed developments. This forecast also includes a net pressure within NSS Reserves. Business Finance continues to scenario plan for various risks and opportunities in Q3 & Q4.</p> <p>CRES NSS remains on track to achieve 3%, and services are encouraged to ensure this is recurrent where possible.</p> <p>Capital NSS continues to forecast a break-even position on capital – although the relative planned/phased, YTD spend is very low. NSS has the ability (via Scottish Government) to use Ellens Glen Road proceeds should its overall position allow during Q3 & Q4.</p>	<ul style="list-style-type: none"> Given the financial climate across NHS Scotland 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 NHS Scotland. Budget holders continue to be supported to robustly manage their delegated resources. Business Finance continues to work closely with Scottish Government – including preparation for NHS Delivery – planning and managing resources from FY25/26 into FY26/27. Business Finance continues to work closely with Scottish Government Finance on anticipated funding allocations. There has been an improvement since Q1 which has reduced NSS' financial risk/exposure. At Q2, NSS had received ~80% with ~£60m outstanding. Crucially, there is no material risk in the anticipated allocations. 	<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 – both in-year and through the Integrated Service Planning (ISP) process 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, FPPC, Executive Management Team, and Partnership Forum. 	<p>Strategic: 655</p> <p>Corporate 565</p>

Workforce Sustainability: Sickness Absence

Short term and long term sickness absence at September

Month	Short Term	Long Term
Current	Month: 1.73% FY: 1.38%	Month: 3.04% FY: 2.98%
Previous	Month: 1.33% FY: 1.32%	Month: 2.77% FY: 2.99%

Five year absence data

		Long Term YTD %	Short Term YTD %	Total YTD %
September	FY 2022	2.56%	1.07%	3.62%
September	FY 2023	2.91%	1.33%	4.24%
September	FY 2024	2.84%	1.34%	4.18%
September	FY 2025	2.87%	1.39%	4.26%
September	FY 2026	2.98%	1.38%	4.36%

Previous Years This Month

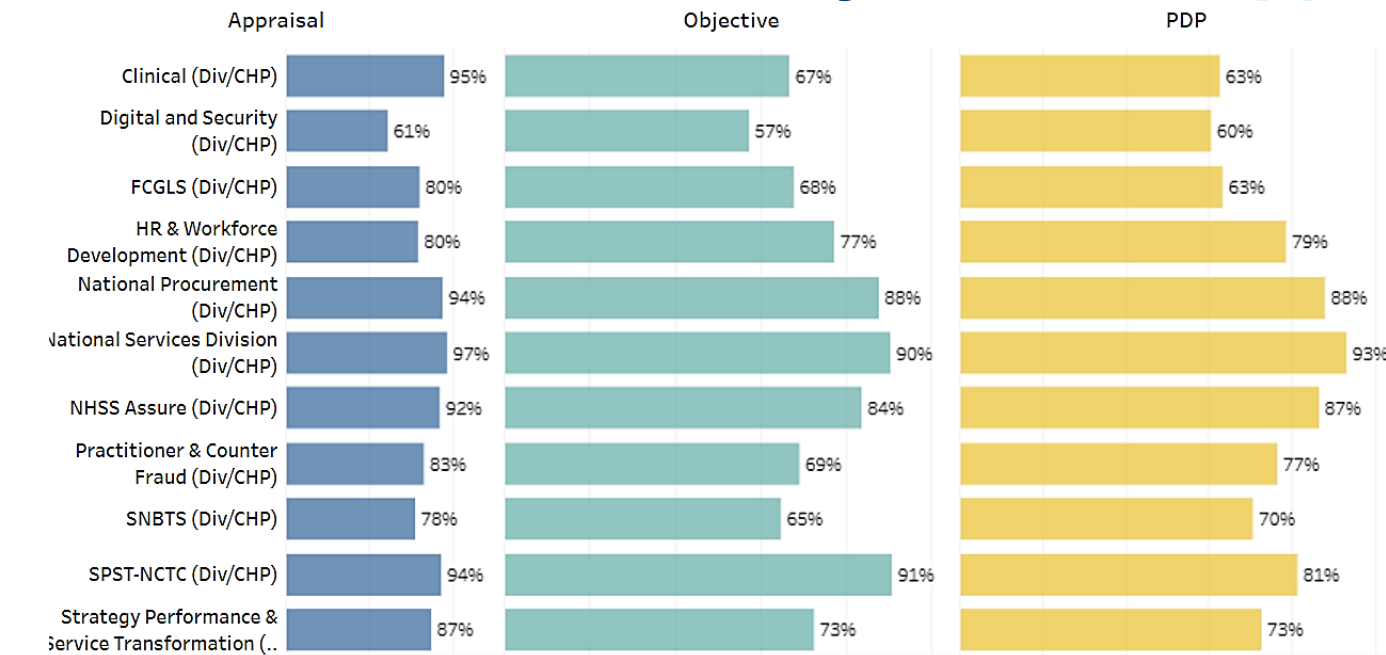
Summary position	Analysis	Actions being taken	Improvement opportunities	Risks
The sickness absence rate of 4.36% for the financial year is slightly above the NHS Scotland standard of 4%.	<ul style="list-style-type: none">The total sickness absence rate for the month of September was 4.77% with 4.51% in August.Sickness absence is mainly driven by anxiety, stress, and depression.	<ul style="list-style-type: none">HR continues to work with managers to support attendance issues and progress cases in line with policy.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.	Strategic: 658

Workforce Sustainability: Staff Turnover

	Current Turnover (Month)	Current Turnover (YTD)
(All)	0.37%	3.25%
Clinical	0.00%	6.25%
Digital and Security	0.42%	3.60%
FCGLS	0.52%	2.11%
HR & Workforce Development	0.00%	3.05%
NHSS Assure	0.00%	3.47%
National Procurement	0.49%	3.69%
National Services Division	0.72%	4.88%
Practitioner & Counter Fraud	0.51%	2.30%
SNBTS	0.40%	3.54%
SPST-NCTC	0.00%	2.56%
Strategy Performance & Service Transformation	0.00%	2.26%

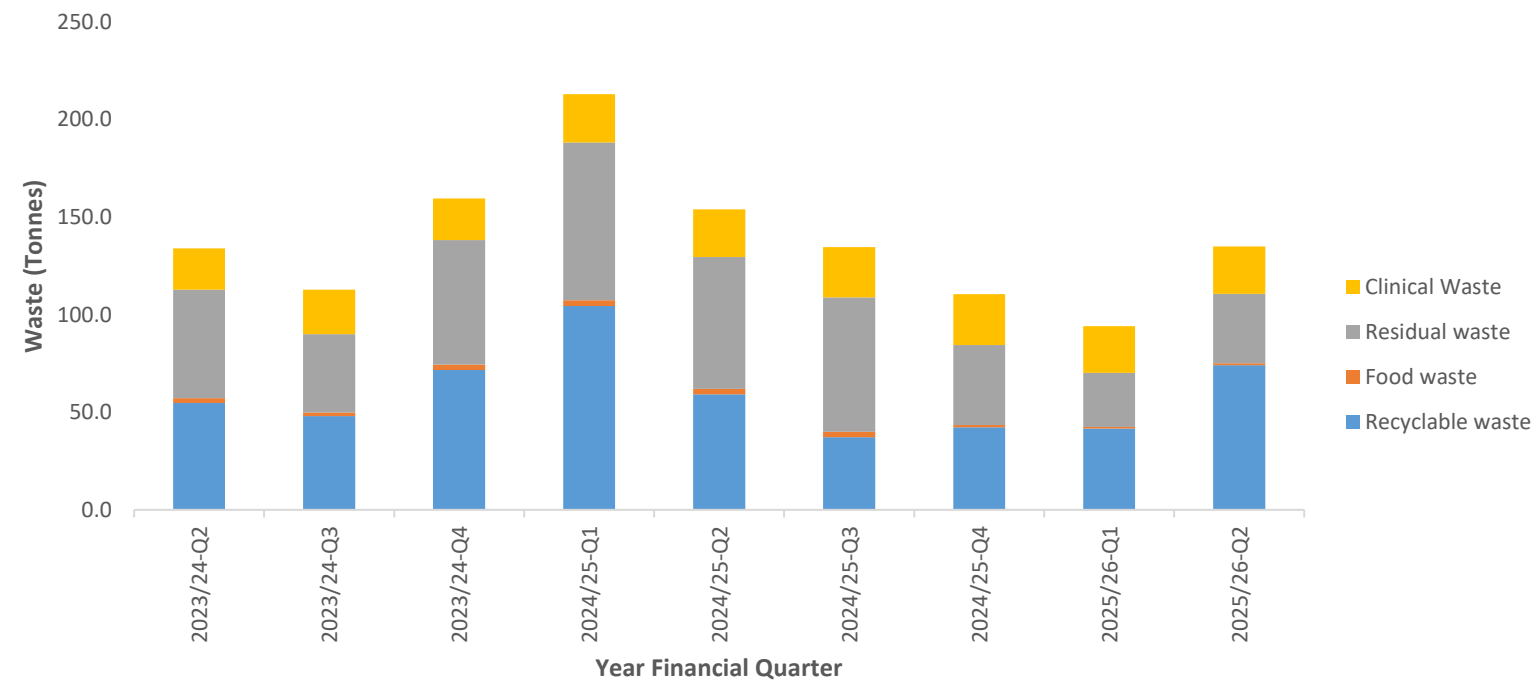
Summary position	Analysis	Actions being taken	Improvement opportunities	Risks
<p>NSS has recorded 137 new starts, 101 leavers and a turnover rate of 3.25% this financial year which is lower than the agreed target of 10%.</p> <p>Of the employees who left, 14% were on a fixed term contract and 86% were on a permanent contract.</p>	<ul style="list-style-type: none">The main reason for staff leaving the organisation is due to age retirement, followed by the ‘other’ then “new employment with NHS Scotland” 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.	Strategic: 658

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">82% for appraisals71% for objectives74% 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">Appraisals are showing a similar position to last quarter, with a fall from 78% for objectives and 80% for personal development plans.	<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: 658</p>

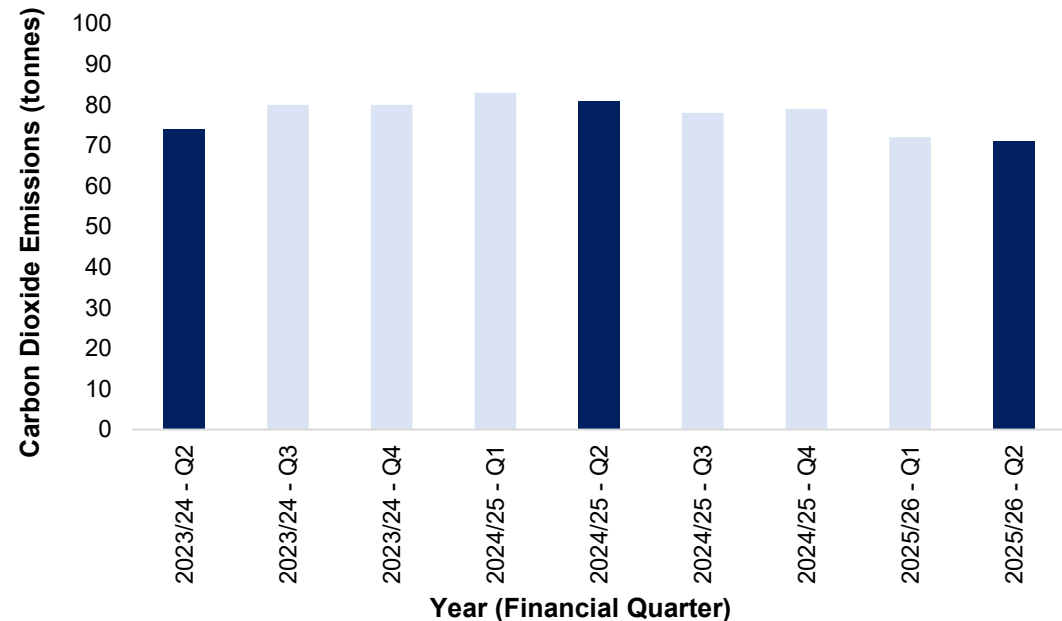
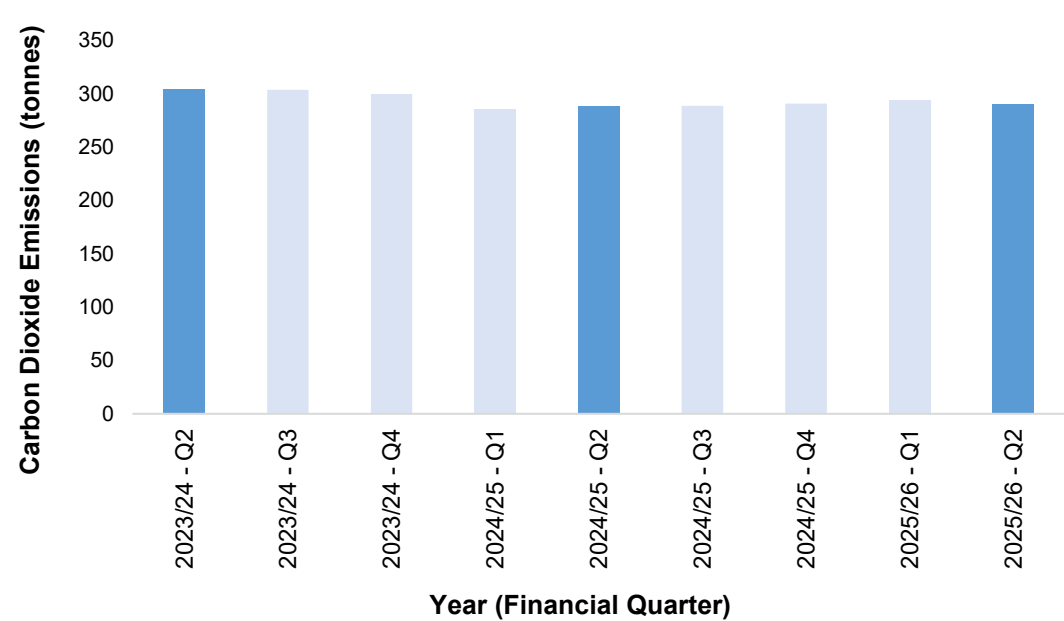
Climate Sustainability: Waste



Summary position	Analysis	Actions being taken	Improvement opportunities	Risks
<ul style="list-style-type: none">There has been a 13% reduction in waste when compared to the same quarter in 2024/25.This has mostly been the result of the near halving of residual waste from 67.5 tonnes in 2024/25-Q2 to 35.5 tonnes in 2025/26-Q2.	<ul style="list-style-type: none">Food waste weight decreased by 1.5 tonnes when compared to 2024/25-Q2.Residual waste reduced by 114.3 tonnes comparing 2024/25-Q1 & Q2 to 2025/26-Q1 & Q2.Waste tonnes reported has reduced from 367 tonnes in FY2024/25-Q1 & Q2 to 229.1 tonnes in FY2025/26 Q1 & Q2.There has been an increase in waste to be incinerated of 3.3 tonnes in 2024/25-Q2 to 11.5 tonnes and can be attributed to waste produced at Jack Copland Centre and Possilpark.	<ul style="list-style-type: none">Engagement with waste contractor to interrogate the integrity of the data.Ongoing waste auditing continues to identify poor segregation and sites/areas where improvements need to be made. Already completed across warehouses.NSS have started a catering review to better understand current needs and minimise waste where possible. Consultation currently in place.Waste minimisation policy has been approved, and next step is implementation.Furniture short life working group commenced in July.	<ul style="list-style-type: none">Changing from orange lidded sharps containers to metal recovery containers will allow NSS to implement metal recovery and support circular economy ambitions.A catering review has the opportunity to further reduce food waste.Business as usual waste auditing continues with a second round of waste auditing to take place at warehouses.We expect general site waste performance to improve with the availability of more accurate data through the new contract.	Strategic: 660 664

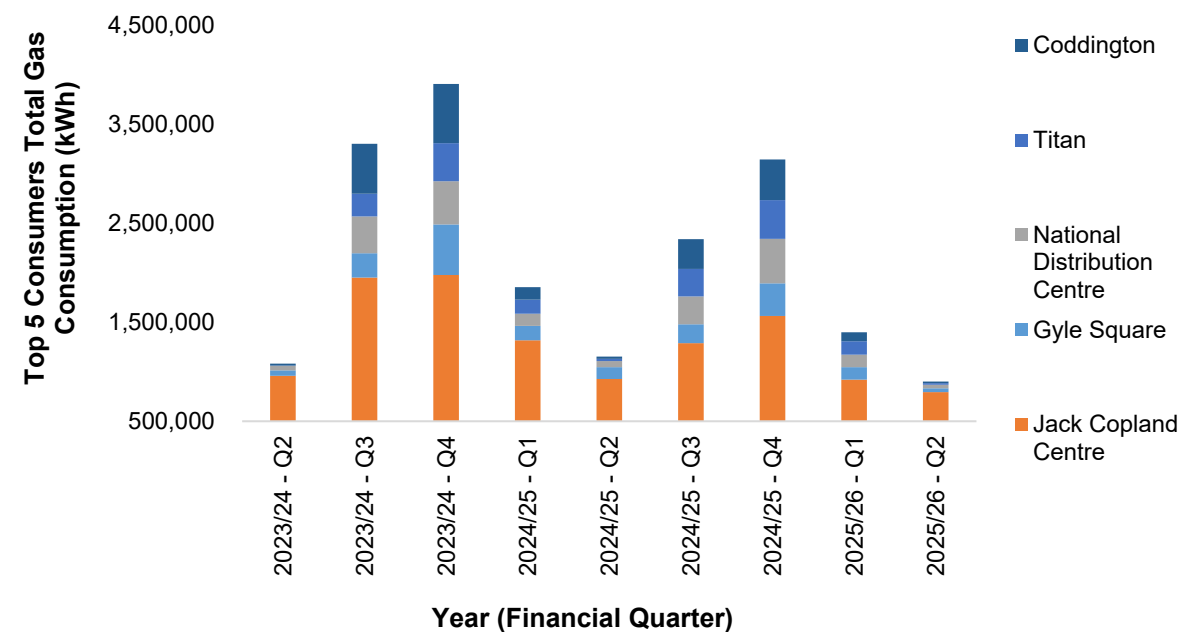
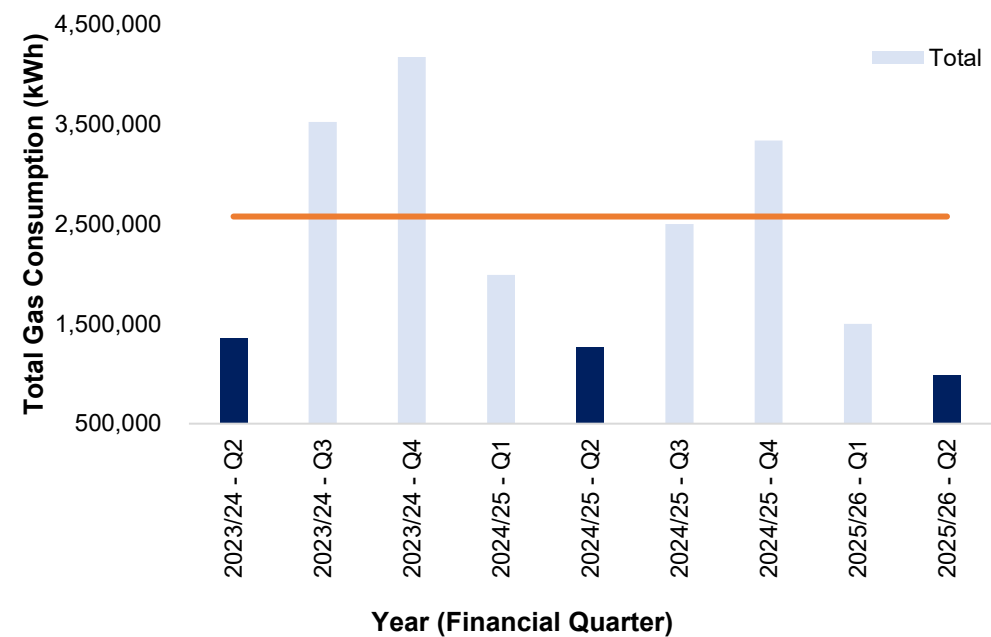
Climate Sustainability:

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



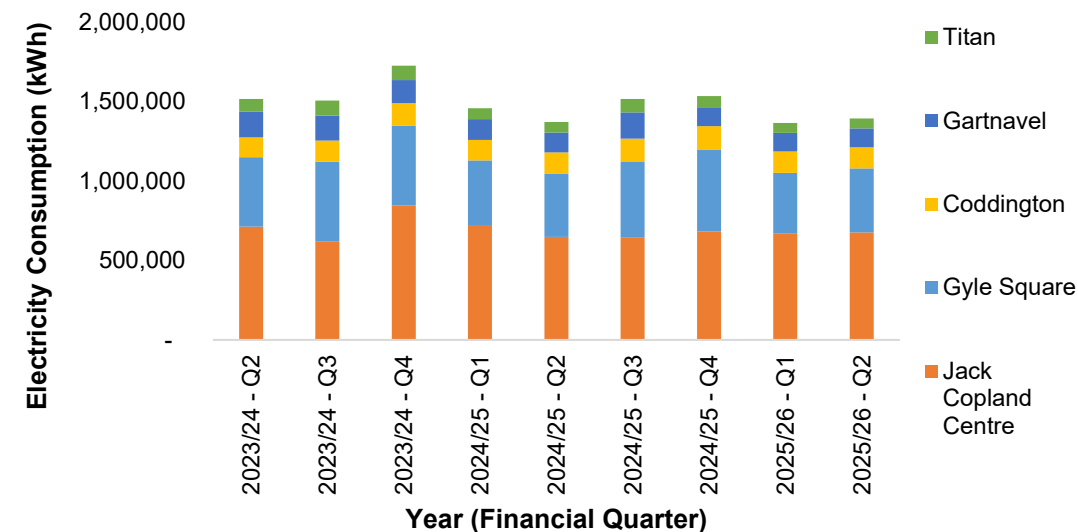
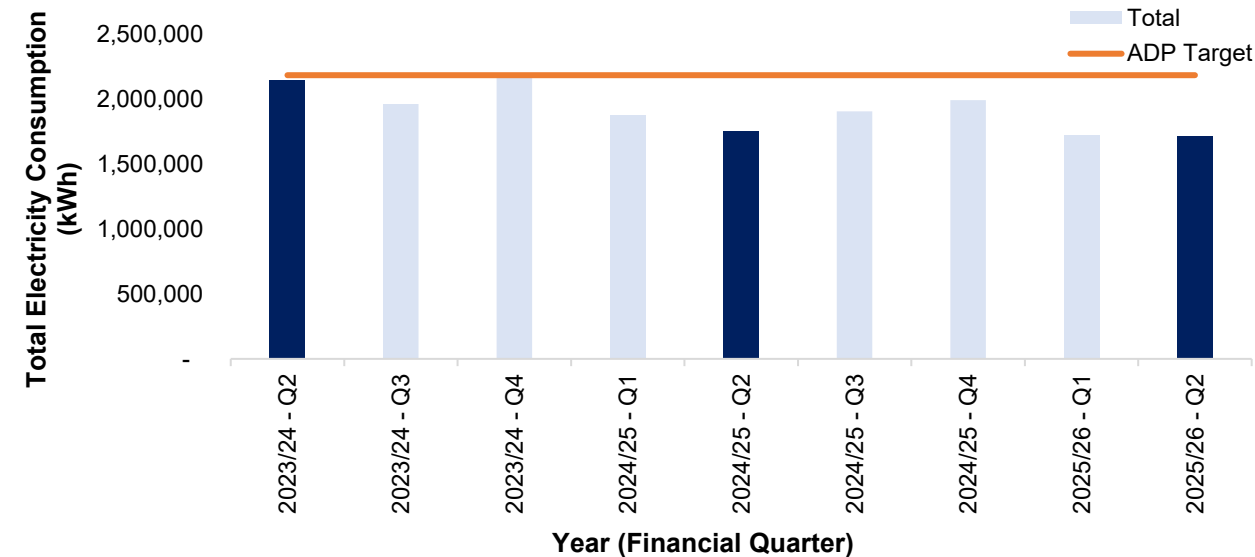
Summary position	Analysis	Actions being taken	Improvement opportunities	Risks
<ul style="list-style-type: none">The graphs above highlight the carbon dioxide (CO₂) emissions produced across the National Distribution Sites (NDS) on the left and on the right-hand side the Scottish National Blood and Transfusion Service (SNBTS).Scottish National Blood Transfusion Service (SNBTS) have reduced carbon dioxide (CO₂) emissions in 2025/26-Q2 by 10tCO₂e when compared to 2024/25-Q2.The logistics fleet have had a slight increase in carbon emissions compared to the previous Q2.	<ul style="list-style-type: none">At 2025/26-Q2 the National Distribution Centre had increased CO₂ emissions by two tonnes when compared to Q2 in 2024/25.Early analysis of 2025/26-Q3, where the Hydrotreated Vegetable Oil (HVO) fuel tank is being utilised, have demonstrated a decrease in emissions.SNBTS reported a decrease of ten tonnes over the same period.	<ul style="list-style-type: none">NSS has been awarded £385,000 to further the support the transition to zero emission SNBTS fleet. This funding is getting allocated for EV charging infrastructure implementation at sites in the North, East and West of Scotland. Additional funding applications have been submitted for the installation of a new substation at JCC which will be instrumental in installing new EV chargers for fleet.The introduction of the HVO fuel tank will act as a stepping stone technology towards net-zero for the logistics fleet. The installation is complete, and early signs indicate a significant decrease in emissions for Q3.	<ul style="list-style-type: none">Further work is required to support SNBTS with fleet transition post infrastructure implementation.Discussions to take place for future planning of the logistics fleet transition to zero emission vehicles. An EV car is about to be trailed within the fleet and used as a case study for further improvement works.	Strategic: 660

Climate Sustainability: Gas Metered Sites



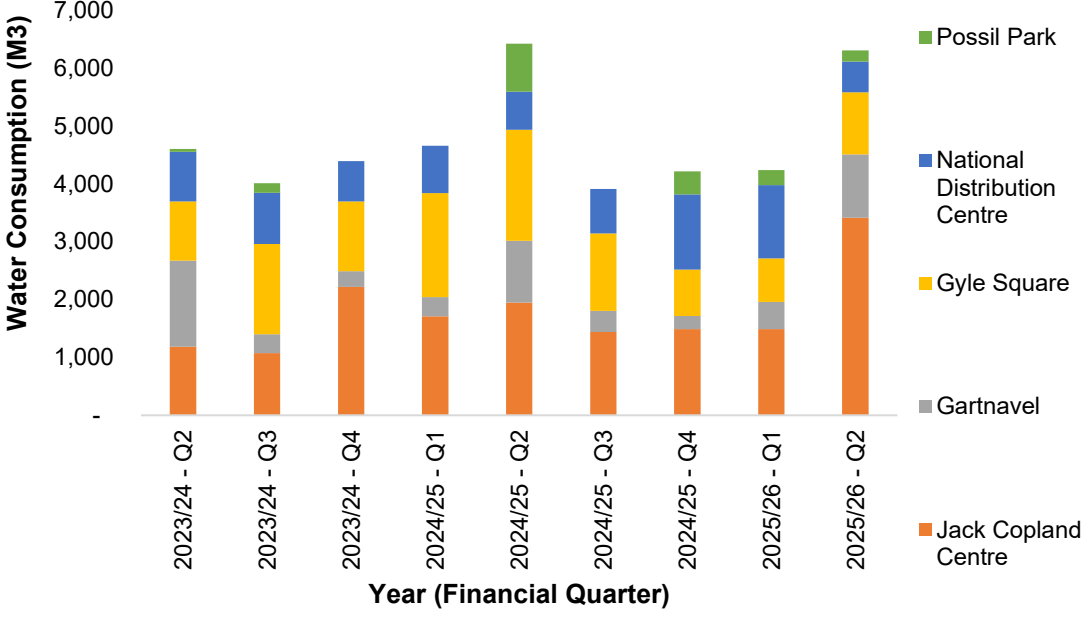
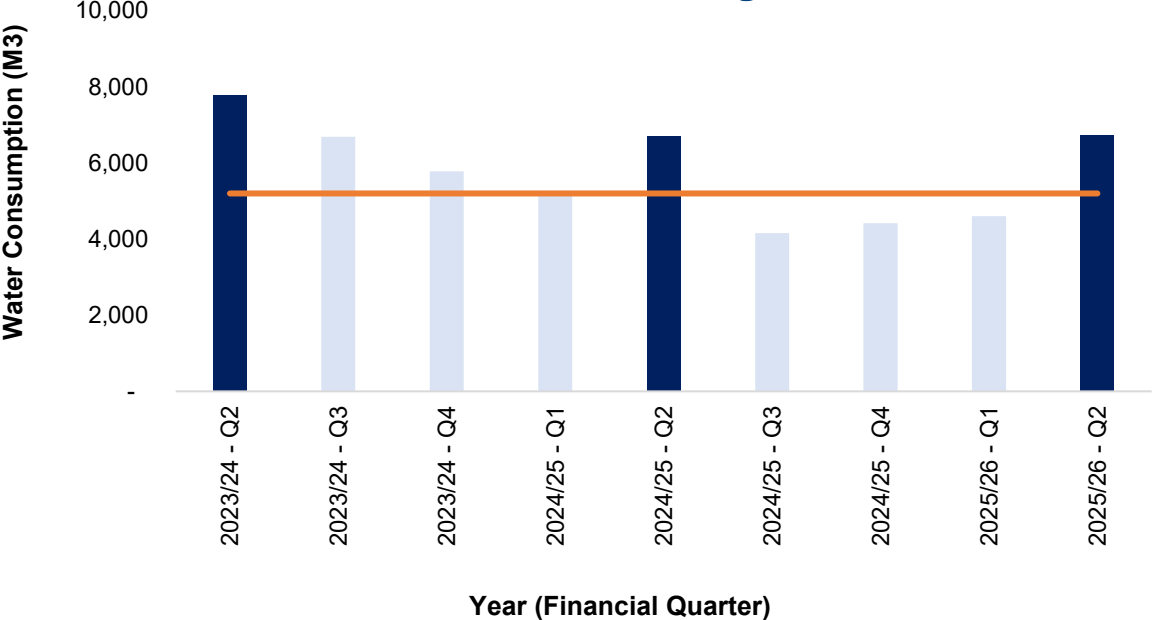
Summary position	Analysis	Actions being taken	Improvement opportunities	Risks
<ul style="list-style-type: none">Gas consumption at metered sites has reduced by 278,580 kWh's when comparing 2024/25-Q2 to 2025/26-Q2.The total number of sites included in our current analysis is six. We do not include sites which we share with other NHS Boards and where another Board is the site host.	<ul style="list-style-type: none">Consumption has decreased compared to the previous Q2.This is due to a decrease in usage of 135,368 kWh at Jack Copland Centre and a reduction of 79,412 kWh at Gyle Square due to the Gyle Square Rationalisation Project.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 at Jack Copland Centre.NSS have submitted a major funding bid to Scottish Government for the installation of Solar PV. If successful, this will reduce NSS' reliance on the CHP pumps that utilise gas.Recent building closures, including 10 South Gyle and Bain Square, has helped reduce our CO₂ emissions further.	<ul style="list-style-type: none">Please note: The summary table reports carbon emissions in line with Scottish Government requirements. However, NSS assesses consumption, which determines our carbon emissions, to help understand what can be done to achieve net zero.	Strategic: 660 664

Climate Sustainability: Electricity Metered Sites



Summary position	Analysis	Actions being taken	Improvement opportunities	Risks
<ul style="list-style-type: none">NSS continues to decrease its electricity use across the estate, with a reduction of 31,138 kWh in 2025/26-Q2 compared to 2024/25-Q2.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.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.	<ul style="list-style-type: none">Despite there being an overall decrease in electricity use, there was an increase of 28,668 kWh at JCC. This increase is still under investigation.There was also a decrease in electricity use at NDS Canderside by 40,313 kWh that can be attributed to the closure of Floor 2 due to storm building damage.	<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 at JCC.JCC has now fully installed LED lighting across the estate, installation complete end of April 2025. We anticipate seeing consumption decreasing over the financial year. There is continual monitoring of project benefits.	<ul style="list-style-type: none">Implementation of automatic meter readers (AMRs) 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. Forresterhill and Gartnavel are the final sites awaiting implementation of AMRs.	<div>Strategic:</div> <div>660</div> <div>664</div>

Climate Sustainability: Water Metered Sites



Summary position	Analysis	Actions being taken	Improvement opportunities	Risks
<ul style="list-style-type: none">Water consumption has increased by 25 cubic metres (M³) when compared to the same period last year.The graph above (left) shows total water consumption across all NSS metered sites.The graph on the right show's consumption for the top five water consuming buildings.Historically, water has been poorly reported. As bills appear at different times reporting can be inconsistent.	<ul style="list-style-type: none">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.JCC consumption increased by 1,464 M³. This increase has been attributed to replacing the condenser units within the air conditioning system.	<ul style="list-style-type: none">We continue to monitor and make improvements using reporting tools.Tickets are raised with Business Stream for the installation of water automatic meter readers (AMRs) at 6 NSS sites.	<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.	Strategic: 660 664

Risk details

Risks featured in this report

Risk No./ RAG	Title	Summary	Owner	Strategic/ Corporate
656	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
658	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
659	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
660	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
663	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
664	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
655	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
666	Governance and Regulatory Compliance	There is a risk that we fail to meet appropriate corporate legal, governance and regulatory requirements.	Director of Finance	Strategic
790	IG Legislation Breach	There is a risk that NSS breaches relevant legislation in relation to information due to incomplete organisational preparation and inadequate staff awareness.	Director of Digital and Security	Corporate
565	Directorates not engaging with Finance	There is a risk that Directorates do not value the services Finance provide and do not engage with the department, using the staff and services to support them when required	Depute Director of Finance	Corporate

NHS National Services Scotland (NSS)

Meeting:	NSS Board
Meeting date:	Friday 19 December 2025
Title:	NSS NHS Delivery Implementation Board Update
Paper Number:	B/25/43
Responsible Executive/Non-Executive:	Kathryn Brechin, Director of Nursing
Report Author:	Kathryn Brechin, Director of Nursing Simon Fleming, Project Manager

1. Purpose

- 1.1 This paper is presented to the NSS Board for information.
- 1.2 The purpose of this paper is to provide information to the NSS Board on activity within the NSS NHS Delivery Implementation Board (NSS NHSD IB) for information and discussion as appropriate.

2. Recommendation

- 2.1 As NSS Director of Nursing, SRO and Chair of the NSS NHSD IB I am assured that the agreed scoping and planned activity by the group is aligned with the direction from Scottish Government and delivered within the agreed resource and internal capacity.
- 2.2 The NSS Board is recommended to:
 - 2.2.1 Note the update in regard to SG led programme activity and NSS implementation activity
 - 2.2.2 Note Public Consultation concluded on 30 November 2025 with 230 responses received.
 - 2.2.3 Note the NSS Staff Consultation commenced on 10th November 2025 and remains ongoing with staff support and engagement from trade unions.
 - 2.2.4 Note update on corporate risks.
 - 2.2.5 Note ongoing activity regarding NHS Discovery impact and resource escalation requirements for NSS staff.

3. Executive Summary

- 3.1 The NSS NHSD IB is a critical part of the NHS Delivery governance and delivery programme led by Scottish Government. This forum provides an essential communication and governance route with reporting to the NSS Executive Management Team and updates to the NSS Board.
- 3.2 NSS NHSD IB is represented by key members at the SG led NHS Delivery Project Group meetings, to ensure activity across Project Group, Workstreams and Implementation Group are aligned. Appendix 1 provides a summary of key programme activity and workstream updates.
- 3.3 Key updates and priorities from NHSD Programme Team in Scottish Government include;
 - Review of gateway zero report, actions being progressed against the 6 recommendations.
 - Ongoing development of the key Milestones and Programme Plan on a Page
 - Programme Resourcing
 - Vision and Purpose Document
 - Public Consultation concluded on 30 November 2025 – responses under review.
 - Organisation name SBAR for Programme Board approval prior to Ministerial decision.
 - Project Group updated and renamed NHS Delivery Project Implementation Oversight Group (previously NHS Delivery Project Group – updated Terms of Reference)
- 3.4 The NSS NHSD IB has a risk register hosted within SPST and updated by PGMS colleagues. There are 2 corporate risks (1 amber and 1 red) and 4 red project risks – these risks are reviewed at each IB meeting and being managed by members.
- 3.5 Work to update the resource tracker required by Scottish Government has been ongoing, aimed to capture the resource requirement and impact on NSS staff involved in delivering NHS Delivery implementation. This will remain a live document to capture future demand, and link to a resource request and review process.
- 3.6 A resource request and review process (Critical Resource Escalation – CRE) was approved at November's EMT meeting, and following the impact and resourcing activity, services have been supported to work through the CRE to determine opportunities to deprioritise activity to create capacity, to consider mutual aid and support from across the wider system, and to identify any critical resource gaps impacting on delivery of NSS priorities or NHS Delivery requirements. This is being reviewed through the appropriate operational governance structures.
- 3.7 The staff consultation is ongoing following its launch on 10th November 2025. NSS Communications has supported sharing across the organisation.
- 3.8 The 7 workstreams continue to meet and report into the NHS Delivery Project Group – an update on workstream activity is provided in the support presentation (appendix 1). A Short Life Working Group (SLWG) has been established as a

sub-group of the Operations Workstream to specifically address the requirements within eESS and Payroll to support the onboarding of NES staff into the CSA, ensuring staff continue to be paid correctly and on time, whilst maintaining legacy structures and processes as much as possible. This is a significant risk to NSS as host of the business services and processes affected and captured in risk #874.

4. Impact Analysis

4.1 Quality and value

4.1.1 NHS Delivery is an essential part of the Scottish Government Health and Care Service Renewal Framework (2025) and aims to bring together critical capabilities to support the delivery of high-quality safe and person-centred services in Scotland.

4.1.2 As part of implementation the working assumption is that there will be no impact on clinical service, or service delivery, however a key role of the NSS NHSD IB is to remain alive to any activities or decisions that may impact of quality or patient care, either directly or indirectly as a consequence of the creation of NHS Delivery.

4.2 Equality and Diversity, including health inequalities

4.2.1 An EQIA screening assessment has been completed in draft for this programme of work and based on the screening assessment a full EQIA is not indicated (see appendix 2).

A National EQIA is expected from SG, and the NSS NHSD IB will undertake a further EQIA screening assessment of the National EQIA when available to identify any additional risks or considerations that require action.

4.3 Data protection and information governance

4.3.1 There is currently no impact on data protection and information governance associated with this paper. These may emerge as work processes and will be escalated to the NHSD Project Group and EMT as part of the programme governance structures as appropriate.

5. Risk Assessment/Management

5.1 The NSS NHSD IB holds a risk and issues log which will be reviewed either at or following each meeting, as appropriate.

5.2 As noted above, there are two risks escalated onto the Corporate Risk Register.
Risk #821 - Phase 1 Scope: There is a risk that the phase 1 project objectives and parameters are not clearly set potentially allowing for work not being able to be completed in time, or activity undertaken that doesn't support Day priorities.
Risk #874 – Digital & Workforce Systems Changes: There is a risk that NSS will be unable to deliver the required digital and workforce system changes to support the NES to NHS Delivery staff transition within the necessary timescales due to limited internal capacity, supplier constraints and overlapping national system priorities.

6. Financial Implications

- 6.1 There is no financial implications directly associated with this paper, however there are resource requests being considered by the Executive Management Team to support the required activity associated with NHS Delivery.
- 6.2 As part of the work of NSS NHSD IB time and associated costs will be recorded and tracked, and the process for undertaking this tracking is in development.

7. Workforce Implications

- 7.1 As activity to support NS Delivery implementation increases and there is more momentum and requirements from Scottish Government, there is an increasing impact on staff involved in the programme or working within services that have additional activity as a direct consequence, for example, communications.
- 7.2 A resource tracker is in place to capture this additional activity and impact, as well as a draft resource request and review process to respond to critical gaps.
- 7.3 NSS has established an approach to review resource requirements, and consider opportunities through existing internal resources to deliver, and to escalate any critical risks for consideration and decision by EMT members.
- 7.4 Regular staff communications are in place to ensure staff are updated through different routes and mechanisms.

8. Climate Change and Environmental Sustainability Implications

- 8.1 There is no climate of environmental sustainability impact as a result of this report.

9. Route to Meeting

- 9.1 This paper reflects the activities and engagement of the NSS NHSD IB and is a direct report to EMT. A version of this paper has been submitted for review, scrutiny and approval to EMT on 17.12.2025 and for information to the NSS Partnership Forum on 16.12.2025.

10. List of Appendices and/or Background Papers

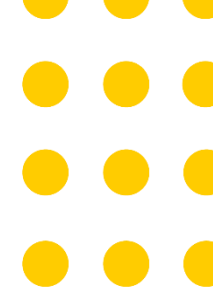
- 10.1 Appendix 1 – NSS NHS Delivery Implementation Board Summary Update December 2025
- 10.2 Appendix 2 - NSS NHS Delivery Implementation Board EQIA Screening Assessment (draft)

NSS NHS Delivery Implementation Board - NSS Board update

December 2025



Scottish Government Programme Update



NSS NHSD IB is represented by key members at the SG led NHS Delivery Programme Implementation Oversight Group (PIOG) meetings, to ensure activity across the PLOG, Workstreams and Implementation Group are aligned.

Key relevant updates from SG impacting on local NSS NHSD IB activity includes:

Gateway Zero Report and Action Plan

- Resourcing & Business Case Development - **In progress for Phase 1**
- Timeline for CE Appointment – **Agreed**
- Go / No Go Key Milestone – **Paper with recommendations on approach / criteria for approval at December Programme Board**
- Detailed & Fully Resourced Programme Communications Plan - **Developed and consulted on – for approval at December Programme Board.**
- Reporting Structures – **Revised and agreed, although ongoing work regarding risk management structures.**
- Command and Control Leadership Approach – **Ways of working under continual review.**

Key Milestones and Plan on a Page

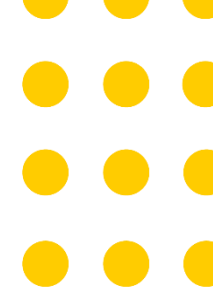
Programme Resourcing

Vision and Purpose Document

Public Consultation Response Review

Organisation name SBAR

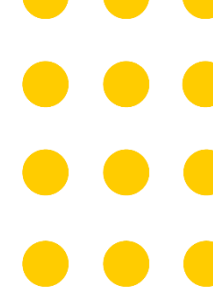
Summary Update - NSS



NSS NHSD IB meetings continue to take place fortnightly with key colleagues' part of programme workstreams attending. Focus over the last month has been on:

- **Managing and escalating key risks and issues** for NSS in implementing NHS Delivery (Corporate risks for overall scope (slide 7) and digital and workforce system changes (slide 8) escalated.
- Scottish Government has asked NSS to provide an overview of the time and resources committed to NHS Delivery activity. The process of **tracking the time and effort** has begun with colleagues inputting estimated time from June 2025 to November 2025 being collated. This will subsequently be fed back to SG.
- Following development of agreed **resource request & review process** (Critical Resource Escalation - CRE), work with teams to articulate requirements and address these through the process to ensure appropriate governance, transparency and consistency, and support the finance demand process.
- **Impact assessments** are being used to inform resource needs and support due diligence.

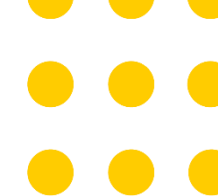
Summary Update - NSS



Focus over the last month has been on (cont):

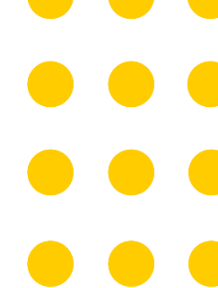
- Providing feedback into the **NHS Delivery Public Consultation for the NSS public consultation response**, supporting the submission response and ensuring a range of perspectives were included.
- Supporting and engaging with the **NSS NHS Delivery Staff Consultation process** - including focus on supporting staff wellbeing through the ongoing process.
- Focus on staff well-being and supporting staff and teams through this change – Presentation and Q&A at **Senior Leadership Forum, Organisational Development session planned for next meeting**.
- Continuing to **share information and updates** from each workstream to **scrutinise and influence the wider NHS Delivery Programme** the impact to NSS being discussed and actioned
- **Supporting the implementation** of all NHS Delivery related **communications** including the ongoing management and publication of NSS and NSS and NES Joint FAQs. Draft Directors communication in draft to support collaboration approach in the New Year.

Summary Update - Workstreams



Workstream	Prior RAG	Current RAG	Summary Update
Legislative/ Parliamentary	●	●	<ul style="list-style-type: none"> Public consultation closed with approximately 230 responses, which are now being analysed by SG. Submission of advice for the Cabinet Secretary to sign the negative instrument, with no major risks identified so far to the legislative timetable.
Leadership & Governance	●	●	<ul style="list-style-type: none"> Progress in establishing final process for Chief Executive appointment. Mapped existing NES and NSS governance routes to provide a baseline for future governance model. Work started on standing orders required for Day 1
People	●	●	<ul style="list-style-type: none"> Staff consultation successfully issued on 10 Nov by NES/NSS boards Agreed high level milestones with dates and owners People workstream standups started mid-November Continued to build out the workstream risk register, ensuring alignment with programme-level risks and mitigation activity for final review
Operations	●	●	<ul style="list-style-type: none"> Digital – SLWG addressing risks and continue work to progress preferred option for payroll/finance Policies – The mapping & analysis of NES & NSS non-HR policies is currently in progress Estates – Duty holder matrix in place – awaiting updated governance decisions to complete this prior to D1. NES leading West Port exit, however NSS engaged as it relates to the Gyle lease. Services – Engagement with SG ongoing to agree Day 1 definitions & structure to determine the approach & level of activity required. Service collaboration framework in draft and being reviewed / agreed by NES / NSS. Clinical & Education Governance & Oversight - Agreement that revised highlight report and risk will include clinical and education safety and governance considerations
Communications and Engagement	●	●	<ul style="list-style-type: none"> Comms workstream established two SLWGs to consider intranet and external website with representatives from NSS and NES. Comms workstream planning undertaken (workshop held on 17/11/25) with requirements/timelines in place. Detailed comms approach, planning and Prog Board updates as per Gateway Review recommendation in place.
Finance	●	●	<ul style="list-style-type: none"> Representation & engagement with eESS / Payroll Group as SMEs to progress the set up of NHS Delivery eESS / payroll structure. Continued engagement between NES and NSS operational teams to understand processes and identify areas to be addressed. SBAR on Corporate Governance raised for programme board review. Finance systems affected by NHS Delivery project listed
Vision and Purpose	●	●	<ul style="list-style-type: none"> Confirmation from DG and Ministers on scope (day 1) and timelines Discussion paper drafted outlining the current understanding of the organisation's purpose, role, and phased approach to operational readiness. This includes; a working draft vision, guiding principles for a phased approach and immediate priorities and critical path.

NSS NHSD Corporate Risk



#821 – Phase 1 Scope

Owner

Score - 8

Updates

Risk: There is a risk that the phase 1 project objectives and parameters are not clearly set potentially allowing for work not being able to be completed in time, or activity undertaken that doesn't support Day priorities.

Impact: The project is unable to adequately respond to the critical actions and priorities for Day 1 due to a lack of clarity about the scope and what is required for all parts of our services..

Kathryn Brechin

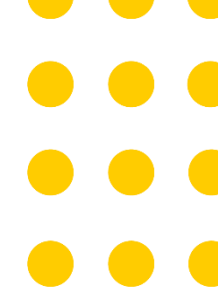
Controls:

Description - Project objectives are agreed and monitored regularly through Governance.

- Objectives for the programme are agreed and signed-off at Programme Board
- Scope regularly monitored and escalated to Programme Board when necessary.
- NSS attendance at weekly SG NHSD Project Group meeting to ensure timely updates and key links with NHSD IB.
- Representation from workstream members at NHS D IB where appropriate.

- Scope continually monitored both through workstreams and via NSS NHSD IB scrutinising and influencing programme delivery
- NSS representatives input into project documentation and plans
- Programme plan on a page and key milestones remains in draft.

NSS NHSD Corporate Risk



#874 – Digital and workforce system changes

Risk: There is a risk that NSS will be unable to deliver the required digital and workforce system changes to support the NES to NHS Delivery staff transition within the necessary timescales due to limited internal capacity, supplier constraints and overlapping national system priorities.

Impact:

Operational Disruption:

Failure to implement system changes could lead to manual workarounds, increased errors and delays in onboarding and payroll processing.

Staff Experience: Disruption to self-service systems may impact NSS staff roles and workflows.

Programme Delivery: The transition may clash with other major national system updates (e.g. reduced working week implementation), risking delays or failure to meet Day 1 readiness.

Resource Strain: NSS DaS and HR teams lack sufficient capacity and supplier availability (e.g. Atos) is limited due to competing priorities and technical constraints.

Owner

Peter
McBride

Score - 20

Controls:

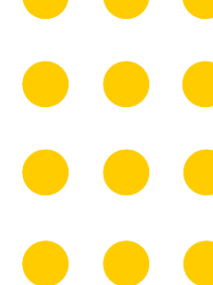
Description

- Establish Project Team: Assign a technical project manager, solutions architect, and business analyst to scope and manage the Conduct
- Demand and Impact Analysis: Rapidly assess the scale of system changes and manual work required, including supplier dependencies.
- Engage Suppliers Early: Initiate discussions with Atos and other vendors to understand feasibility, timelines and costs
- Prioritisation and Resourcing: Seek executive approval to reprioritise internal programmes or secure additional resources
- Contingency Planning: Develop fallback options for system limitations,
- Coordinate Across Directorates: Align DaS, Finance, and HR to ensure integrated planning and minimise disruption.

Updates

- SBAR updating planned approach, risks and assumptions presented to the PIOG and for review at Programme Board in December.
- NSS representation and leadership at weekly meetings.
- Engagement with risk workshop to ensure workstream risks reflect NSS identified concerns.
- Working to capture resource requirements and impact of this work within NSS.

RED NSS risks



#823 – Capacity to support the Programme

Score - 16

Risk: There is a risk that there is insufficient NSS resource to support the project, including workstream leads, project support, subject matter experts, comms and engagement, and digital expertise.

Updates:

- SME input identified, although capacity limited to support requirements.
- Resource challenges (e.g., programme support, eESS/Payroll, communications) have been escalated to SG – PgMS support in place but further work to secure operational support required.
- Plan on a page and a critical path with dependencies in development, although remains draft.
- A resource tracking and impact assessment approach has been developed.

#831 – Timescales for Legislative Confirmation and Approval

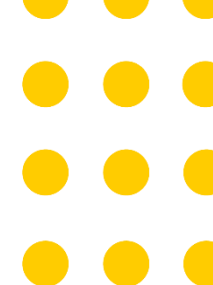
Score - 15

Risk: Delays in legislative guidance and confirmation of approach will impact project timelines, with potential knock-on effects on implementation schedules, resource allocation, and governance.

Controls:

- Monitor legislative progress regularly and adjust plans accordingly.
- Develop alternative implementation strategies that can be activated if legislative approval goes beyond expected drop dead date.
- Maintain open communication with stakeholders to manage expectations and provide updates.
- Support any activities and engagement required to assist with achieving the legal timelines required.

RED NSS risks



#833 – De-prioritisation of BAU

Score – 16

Risk: The resource requirements to deliver NHSD may lead to the de-prioritisation of business-as-usual activities, resulting in reduced operational efficiency, missed deliverables/targets, and potential dissatisfaction among stakeholders reliant on BAU services.

Controls:

- Escalate to EMT what BAU work may be impacted raising where resources need re-aligned and cost/effort for backfill – *attached Impact Assessment presentation*
- Ensure single point of contact for SME support across different speciality areas to ensure any impact is being assessed, managed and escalated as required.
- Track new NHS resource requests, assess BAU impact, align with programme priorities, and review regularly at the NSS NHSD IB.

DRAFT – HR Capacity to support NHS Delivery & BAU

Score – 20

Risk: There is a risk that HR capacity within NSS will be insufficient to meet both business-as-usual (BAU) and NHS Delivery programme demands, due to the significant diversion of HR resources to support NHS Delivery activities, compounded by specialist skill requirements, staff absences, and increased volume and complexity of work.

Controls:

- Escalate to EMT what BAU work may be impacted raising where resources need re-aligned and cost/effort for backfill – *attached Impact Assessment presentation*
- Support HR staff wellbeing with regular check-ins and access to wellbeing programmes.
- Communicate pressures and risks clearly to EMT and seek feedback/support.
- Regularly review and update impact assessments and risk registers; escalate new risks promptly.

Screening Assessment

National
Services
Scotland

Section 1: Information Gathering

1. Name of the proposed new or changed policy, strategy, project/programme, procedure, or service being assessed

NSS NHS Delivery Implementation Programme

2. Outline below what is the main aim, purpose of the work being assessed and the desired outcomes.

Aim:

As part of the Health and Social Care Service Renewal Framework, NHS National Services Scotland (NSS) and NHS Education for Scotland (NES) are being brought together to create 'NHS Delivery', a new cross cutting delivery function for NHSScotland and related services. The outline vision for 'NHS Delivery' was communicated by Scottish Government on 17 June 2025 [NHS Delivery Official Statement - 17 June 2025](#)

Combining the functions of NSS and NES is a critical element of Scottish Government's work to reform and renew Scotland's health and social care service and will create a new national organisation that will help NHSScotland in its mission to strengthen national delivery, drive innovation, and improve outcomes across health and care services in Scotland.

The NHS Delivery Programme Board has established a phased approach to establishing 'NHS Delivery' which was communicated on 13 November 2025 [2025-11-13 - NHS Delivery - Programme Board Communication.pdf](#)

- Phase 1 – Initial Operating State – Assure & Establish (April 2026)
- Phase 2 – Enhanced Operational State – Consolidate & Design (2026- 27)
- Phase 3 – Future Operational State – Enable & Transform (Post-2027)

Purpose:

The purpose of the NSS NHS Delivery Implementation Programme is to enable the successful implementation of Phase 1 of NHS Delivery within NSS. It aims to do this by

- Providing leadership and expertise to shape and guide the delivery of the Programme in the form of the NSS NHS Delivery Implementation Board
- Ensuring work aligns with the wider NHS Delivery vision outlined by the Scottish Government
- Ensuring the ongoing overall alignment of the Programme with NSS Strategic Objectives
- Resolving strategic and directional issues between NSS and the NHS Delivery Programme
- Establishing robust management control and organisational governance
- Defining and managing NSS-specific risks and issues and removing barriers for NSS
- Supporting the scope of NSS services to be considered and the agreement of work-packages, associated plans and deliverables at Programme level
- Understanding and managing the impact of change for NSS directorates, systems and staff
- Facilitating the provision of resources for effective planning and delivery
- Reporting progress to NSS EMT, NSS Partnership Forum and feeding into the Scottish Government NHS Delivery Programme
- Ensuring effective engagement and communications with all stakeholders
- Working collaboratively with NHS NES to ensure the successful enablement of the new NHS Delivery Organisation
- Ensuring partnership working between management and trade unions at all NSS levels of Programme delivery

Desired outcomes:

- Successful transition to Phase 1 of NHS Delivery for NSS by 1st April 2026

3. Who is intended to benefit from the change highlighted in question 1?

- a. Staff ☒
- b. Service Users ☐
- c. Public ☐

- d. Children and young people ☐
- e. Blood/Plasma/Tissue/Cells Donor ☐
- f. People or services in rural areas ☐
- g. Other – as this is an enabling programme it will primarily benefit NSS staff, however the wider NHS Delivery Programme will potentially benefit all of the above ☒

4. Who is likely to be impacted by the change?

- a. Staff ☒
- b. Service Users ☐
- c. Public ☐
- d. Children and young people ☐
- e. Blood/Plasma/Tissue/Cells Donor ☐
- f. People or services in rural areas ☐
- g. Other – as above, the impact of the implementation programme will be on NSS staff but the wider NHS Delivery Programme will potentially impact all of the above ☒

Section 2: The type of impact identified

5. When completing the table below, it is important to identify how any impacts to the protected characteristics could be affected. These impacts could be positive and/or negative. If no impact is identified include 'no potential impact identified at this stage'.

Think, does the policy, strategy, project/programme, procedure, or service being assessed:

- take account of the needs of people with different protected characteristics?
- treat a person less favourably because of a protected characteristic
- have a higher or lower proportion of complaints from a particular protected group when compared with the general population?

Protected Characteristic	What is the impact? There could be several or none for each protected characteristic	Are these impacts positive or adverse
Age <i>Children and young people, adults, older people etc</i>	no potential impact identified at this stage	
Disability <i>Mental health, physical disability, learning disability, deaf, hard of hearing, sight loss etc</i>	no potential impact identified at this stage	
Marriage and civil partnership <i>Workforce, inpatients visiting rights, etc</i>	no potential impact identified at this stage	
Pregnancy and maternity including paternity <i>Workforce maternity leave, breast feeding, illness suffered as a result of pregnancy etc</i>	no potential impact identified at this stage	
Race <i>Mixed or multiple ethnic groups</i>	no potential impact identified at this stage	

Religion or belief <i>Christian, Muslim, Buddhist, Atheist etc</i>	no potential impact identified at this stage	
Sex <i>Male and/or female, intersex, gender-based violence</i>	no potential impact identified at this stage	
Sexual orientation <i>Heterosexual, lesbian, gay, bisexual, pansexual, asexual, etc</i>	no potential impact identified at this stage	
Gender reassignment <i>Transgender, gender fluidity, nonbinary, agender etc</i>	no potential impact identified at this stage	

6. Has the screening assessment demonstrated any of the below? (yes or no)

Adverse impact: No

Positive impact: No

No potential impact identified: Yes

Section 3: Stakeholder engagement

7. Have you contacted your Directorate Equality Lead or the Head of Equality Engagement and Experience to seek advice?

11.12.2025: Under review.

Section 4: Impact Assessment Matrix

8. Equality Impact Assessment Matrix

	No Impact	Positive Impact	Adverse Impact
High Relevance	Screening Assessment Only	Equality Impact Assessment required including Action Plan	Equality Impact Assessment required including Action Plan
Medium Relevance	Screening Assessment Only	Consider completing EQIA	Equality Impact Assessment required including Action Plan
Low Relevance	Screening Assessment Only	Screening Assessment Only	Consider completing EQIA

Definitions:

High relevance - Something is important or significant in a given situation or to a specific person

Medium relevance – There is a relevant importance to the given situation or to a specific person

Low relevance –There is a lack of relation between something or someone and to the given situation

9. Is an Equality Impact Assessment Required? No

Section 5: Sign off and contact details

10. The following signatures are required:

When completing the screening assessment use the full Microsoft Word application not the online version

Name: K Brechin / S Fleming /
C MacBride-Stewart

Date:
11.12.2025

r or deputy

Name: K Brechin

Date:
11.12.2025

to the NSS EQIA Screening and Assessment Register which can be ac

Date:
11.12.2025

Signed: Name: K Brechin Date: 11.12.2025

Date:
11.12.2025

and Online

NHS National Services Scotland

Meeting:	NSS Board Meeting
Meeting date:	19th December 2025
Title:	Public Inquiries Update
Paper Number:	B/25/44
Responsible Executive/Non-Executive:	Lee Neary, Director of Primary and Community Care/Strategy, Performance and Service Transformation
Report Author:	Marie Brown, Head of Public Inquiries and Scrutiny

1. Purpose

- 1.1 The purpose of the paper is to make the NSS Board aware of the current situation regarding NSS' response to the ongoing public inquiries and 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. There are also two ongoing Crown Office investigations (COVID-19 Deaths and deaths in 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 The key highlights report provided to the NSS Executive Management Team on 18 December 2025 is attached as an appendix. NSS continues to liaise with the public inquiry and investigation teams, actively managing resources to ensure appropriate support is maintained. Efforts are ongoing to minimise duplication of effort, particularly where there is overlap in evidence requests between the two inquiries.

4. Impact Analysis

4.1 Quality and Value

- 4.1.1 There is no impact on quality and value 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 The financial impact of responding to the COVID-19 Inquiries continues to present a significant corporate pressure. In 2023/24, NSS incurred costs of £823,167 in relation to its engagement with the UK COVID-19 Inquiry. Expenditure for 2024/25 amounted to £746,000.
- 6.2 For the financial year (2025/26), an allocation of £738,000 has been approved, with £378,114 expended in the period up to 30 November. These costs will continue to rise with the Scottish COVID-19 Inquiry holding evidential hearings throughout 2026, requiring sustained organisational input and resource commitment.

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
- 10.2 UK COVID-19 Inquiry Module 2A Report
- 10.3 NSS response to the NHS Delivery Consultation

Meeting	EMT/Board December 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	11 November to 08 December 2025

Upcoming Hearings (in order re substantive hearings, including Scottish Hospitals Inquiry)

Public Inquiry	Dates
Scottish Hospitals Inquiry – Glasgow IV NSS closing submission	19 December 2025
Scottish COVID-19 Inquiry - Lockdown and infection prevention control measures	Autumn 2025
Scottish COVID-19 Inquiry - Evidential hearings	Throughout 2026

COVID-19 Public Inquiries - Executive Highlights

UK COVID-19 Public Inquiry

- 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.
- The Module 2 Report was published on 20 November. There are two volumes to the Module 2 report although it is presented as one report. There are references to the evidence heard at Module 2A (Scottish Government decision making) integrated throughout rather than placed in a separate section. A briefing paper summarising this report is available as an appendix.
- Key timeline for the publications of reports and recommendations:
 - Early spring 2026 – Module 3 (Healthcare)

- Early summer – Module 5 (Procurement)
- Late 2026 – Module 7 (Test, Trace and Isolate)

Scottish COVID-19 Public Inquiry (SCI)

- The Inquiry has outlined its plans for the remainder of 2025 and into 2026. Key activities include:
 - Continued collection of documents and witness statements.
 - Preparation for oral evidence sessions involving Scottish Ministers and senior officials in 2026.
 - Publication of narrative records from public impact hearings later this year (note: these will not include findings or recommendations).
 - A final report is expected in 2026, consolidating lessons learned and recommendations.
- NSS, in collaboration with colleagues from public health departments within NHS boards, submitted a joint closing submission to the Inquiry on 14 November 2025.
- NSS is anticipating further requests for information from the Inquiry in early 2026.

Best Practice Online Tool

- NSS Public Inquiries & External Scrutiny Team has developed an online best practice tool to support future responses to public inquiries. This initiative consolidates 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 [Public Inquiries Best Practice Resource](#).

Finance

- The financial impact of responding to the COVID-19 Inquiries continues to present a significant corporate pressure. In 2023/24, NSS incurred costs of £823,167 in relation to its engagement with the UK COVID-19 Inquiry. Expenditure for 2024/25 amounted to £746,000. For the financial year (2025/26), an allocation of £738,000 has been approved, with £378,114 expended in the period up to 30 November.

These costs will continue to rise with the Scottish COVID-19 Inquiry holding evidential hearings throughout 2026, requiring sustained organisational input and resource commitment.

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

NSS Closing Submission

- NSS has a deadline of Friday 19 November to submit a closing submission for the Glasgow IV Hearings.
- The NSS Public Inquiries and External Scrutiny Team is working with colleagues primarily from NHS Scotland Assure and CLO to develop and finalise this document.

Consultations

NSS has responded to:

- NHS Delivery – National Transformation Organisation
 - Consultation Period: 1 October – 30 November 2025. Available as an appendix.
- The Food (Promotion and Placement) (Scotland) Regulations
 - Consultation Period: 11 – 18 November (response submitted on 18 November 2025)

Police Scotland / COPFS Investigations

- Colleagues from NHSScotland Assure continue to assist Police Scotland and the Crown Office and Procurator Fiscal Service (COPFS) with their investigations into the Queen Elizabeth University Hospital.

- In addition, ARHAI Scotland colleagues continue to provide information to Police Scotland in relation to Operation Koper, which relates to COVID-19 deaths. The ARHAI Scotland team met with COPFS on 11 November to provide information on the timeline of Scottish COVID-19 guidance.

UK COVID-19 Public Inquiry

Module 2 Report - CLO Summary



Purpose

The purpose of this paper is to provide a summary of CLO reflections on the UK COVID-19 Inquiry Module 2 report, published on 20 November 2025.

Executive Summary

NHS National Services Scotland (NSS) is not directly mentioned in the UK COVID-19 Inquiry Module 2 report, other than being identified as the parent body for Health Protection Scotland (HPS) and Antimicrobial Resistance and Healthcare Associated Infection (ARHAI). Public Health Scotland (PHS) is included and described as “*Scotland’s national public health body*”. There is no criticism of any Scottish health bodies.

There are two volumes to the Module 2 report although it is presented as one report. There are references to the evidence heard at Module 2A (Scottish Government decision making) integrated throughout rather than placed in a separate section. The two volumes consist of:

- Volume 1 provides a chronological account of key events.
- Volume 2 examines the main themes, lessons learned and set out the recommendations.

The advice for NSS colleagues to focus on chapters 9, 10, 12 and 15 of volume 2 for the most critical insights. Alternatively, Baroness Hallet’s statement can also be accessed on the [Inquiry website](#).

There are 19 recommendations in total, all directed at the UK and/ or devolved governments. Four of these have no relevance to Scotland. There are no recommendations specifically directed at NSS, so no further action is required.

Political Context

Baroness Hallet concluded that “*at the centre of the UK Government there was a toxic and chaotic culture.*” Importantly, there was no evidence that the Scottish Government or the First Minister sought to use the pandemic for political advantage. Any references to WhatsApp messages relate solely to their content, without revisiting issues around deletion or inappropriate use of the app.

Key Findings

- **Impact of Lockdowns:** Lockdowns in 2020 and 2021 undoubtedly saved lives, although the first lockdown should have been introduced one week earlier. Had restrictions been implemented sooner, the mandatory lockdown of 23 March 2020

UK COVID-19 Public Inquiry

Module 2 Report - CLO Summary



might have been shorter, or possibly avoided altogether. This reflects criticism of governments for poor planning.

- **Initial Response:** The early response was marked by lack of information and urgency, described as *“too little, too late.”* Limited testing and surveillance at the outset meant decision-makers lacked clarity on the speed of transmission and the level of threat.
- **Role of Devolved Administrations:** Devolved administrations were overly reliant on the UK Government to lead the response (para 1.15). The pandemic exposed both the strengths and weaknesses of the UK’s devolved system. While devolution allowed tailored responses, it also highlighted the limitations of ad hoc coordination and the absence of institutionalised mechanisms for intergovernmental cooperation during a national crisis. Clearer frameworks are needed to balance flexibility with unity. This point may be referenced in the Module 3 report regarding the UK IPC Cell.
- **Exit Strategy:** There were no plans for exiting lockdown when it was introduced, a criticism also raised during recent Scottish COVID-19 Inquiry hearings.
- **Easing Restrictions:** Devolved nations eased restrictions more gradually, a move the Inquiry appears to endorse as a way to potentially avoid future lockdowns, although later lockdowns were ultimately required.
- **Second Wave:** The Scottish Government was the only administration not criticised for introducing restrictions too late. *“In Scotland, the quick introduction of stringent, locally targeted measures in the autumn meant cases grew more gradually, avoiding a nationwide lockdown.”*
- **Learning and Adaption:** By March 2021, governments had learned from earlier experience, delaying relaxations and restrictions to allow vaccine rollout.
- **Omicron Variant (Winter 2021):** Omicron was more transmissible but less severe. However, sheer case numbers led to many deaths. The Inquiry notes that if vaccines had been less effective, or if the variant had been more severe, the outcome could have been *“disastrous.”*

Key Emerging Themes

- **Planning and Preparedness:** The Coronavirus Action Plan (para 3.89) took too long to produce. There should have been a fully detailed, four-nations internal plan with clearly defined and sufficiently specific objectives.
- **Speed and Decisiveness:** Acting swiftly and decisively is essential to have any chance of stopping the spread of a virus.
- **Scientific Advice:** SAGE provided high-quality advice but was constrained by factors such as the absence of clearly stated objectives from the UK Government.

UK COVID-19 Public Inquiry

Module 2 Report - CLO Summary



- **Impact on Vulnerable Groups:** Vulnerable and disadvantaged communities were hit hardest and were not adequately considered in planning.
- **Decision-Making in Scotland:** Scottish Government decision-making rested with a small group of ministers.
- **UK Government Culture:** The UK Government was described as toxic and chaotic.
- **Public Health Communications:** While simplicity of messaging had benefits, it also carried risks. Later complexity and differences between nations and regions made guidance harder for the public to understand.
- **Rule Breaking:** Breaches by ministers and advisers undermined public confidence.
- **Legal Clarity:** Confusion between “advice” and legally binding restrictions made enforcement problematic and further eroded trust.
- **Intergovernmental Relations:** Lack of trust between the Prime Minister and devolved administrations weakened collaborative decision-making.

Reaction to Matters Raised in NSS Closing Submissions

- **Role of ARHAI Scotland:** NSS reminded the Inquiry that ARHAI Scotland provide national expertise in infection prevention and control, antimicrobial resistance, and healthcare-associated infection. While the same principles apply across all health and care settings, implementation may differ. However, ARHAI Scotland do not receive any substantive mention in the report.
- **Location of ARHAI:** The Inquiry makes no recommendation regarding whether ARHAI should sit within NHS NSS or PHS.
- **Initial Guidance on Hospital Discharges to Care Homes:** Decisions during the pandemic about whether patients should remain in hospital or be discharged to care homes involved balancing competing risks and interests. Perspectives from bodies with a single focus (e.g., Scottish Care) were valuable but limited.
- **Para 10.11:** In Scotland, testing was directed for all hospital admissions suspected of being Covid-related and all ICU admissions with upper respiratory conditions. Testing all care home residents would have exceeded available laboratory capacity.
- **Para 10.14:** Limited choices existed in spring 2020, given the risk of hospitals being overwhelmed, the risk of patients contracting Covid-19 in hospital, and constrained testing capacity. However, inadequate testing capacity stemmed from inadequate planning.

Matters Deferred to Future Modules

- Criticism of healthcare provision will be addressed in Module 3 - this appears correct.

UK COVID-19 Public Inquiry

Module 2 Report - CLO Summary



- Criticism regarding increased regulatory oversight and inspection of care homes during the pandemic will be covered in Module 6. While mentioned as a vulnerability, detailed consideration is deferred.
- Correction to evidence - Alister Jack's statement that the UK Government procured all PPE does not appear in the report. There is little, if any, discussion of PPE procurement, this will be addressed in Module 5.

NHS Delivery Public Consultation

NSS Public Submission

Question 1

Do you agree that creating a new national organisation to drive forward digital transformation and system change – beginning with the consolidation of NES and NSS into one organisation – is the right approach to deliver the ambitions set out in Scotland’s Population Health Framework and Service Renewal Framework?

- ☒ Agree
- ☐ Disagree
- ☐ Don’t know

At NHS National Services Scotland (NSS), we see the creation of NHS Delivery as an important strategic step towards achieving Scotland’s Population Health Framework (PHF), Service Renewal Framework (SRF) and Public Service Reform Strategy.

Our involvement in the NHS Delivery programme has given us valuable insights into the potential of the new organisation and the opportunities it can create across health and social care, and we are keen to maximise that potential by collaborating with others on the future of NHS Delivery.

In terms of digital transformation, we recognise this as a key opportunity for NHS Delivery, enabling us to fully align digital delivery with NHS Scotland requirements, while driving a “Once for Scotland” approach and delivering benefits in areas such as shared infrastructure, modernisation, and streamlined governance.

Advancing platforms, such as Data Capture Validation and Pricing (nDCVP) in Pharmacy, Management Information Dental Account System (MIDAS) in Dental, Optix software in Ophthalmic, Primary Medical Service Payment System (PMSPS) in General Practice, and the National Primary Care Clinicians Database (NPCCD) in Contractor Management supports the Digital and Technology Strategy for Primary and Community Care, enabling greater consistency, interoperability, and efficiency across national systems.

Importantly, we believe that a unified organisation can accelerate innovation and improve citizen-facing services, building on successful initiatives such as vaccination campaigns and the Digital Front Door (MyCare) project. By embracing emerging

technologies and integrated digital systems, we can build a health service that is agile, responsive, and future-ready.

Additionally, models such as the Antimicrobial Resistance and Healthcare Associated Infection (ARHAI) Scotland location review show what can be achieved through collaboration and cooperation and we feel there are opportunities to enable system change in areas such as cancer screening and oversight, laboratories, clinical networks, and specialist services, supported by advances in analytics, diagnostics, and informatics.

We are ready to contribute to evolving models of care and infrastructure and to ensure that physical environments work hand in hand with digital and clinical transformation.

Question 2a

Do you agree with the proposed strategic objectives for the new organisation (driving innovation, delivering Once for Scotland services, and streamlining structures)?

- ☒ Agree
- ☐ Disagree
- ☐ Don't know

We welcome the proposed strategic objectives for the new organisation and strongly support the focus on driving innovation, delivering Once for Scotland services, and streamlining structures. Together with NES, we have an opportunity to shape a national capability that delivers additional value for patients, staff, and communities.

An increased focus on innovation will enable us to accelerate programmes such as the Digital Prescribing and Dispensing Programme (DPDP), which is transforming medication management, and initiatives like genetic point-of-care testing to prevent infant hearing loss. Building on our experience in training, guidance, and national solutions, we can strengthen workforce capability for innovation and digital transformation.

Reinforcing a Once for Scotland approach will enable us to make further improvements to our approach in areas such as infection prevention and engineering standards and support delivery of national programmes in screening, dental sustainability, and primary care informatics. At the same time, continuing to provide corporate shared services will reduce duplication, improve quality, and free up resources for frontline care.

Streamlining structures offers the potential to improve value and accountability, but we recognise that it must be implemented thoughtfully, with a strong evidence-base and managed carefully to ensure operational effectiveness. Our recent experiences from supporting the formation of Public Health Scotland and taking on wider responsibilities for payroll services has aided our understanding and approach.

Question 2b

Should the organisation consider additional strategic objectives?

- ☒ Agree
- ☐ Disagree
- ☐ Don't know

We believe the organisation should consider additional strategic objectives that build on proven strengths and experience. By doing so, we can ensure NHS Delivery remains agile, innovative, and responsive to the evolving needs of health and social care across Scotland. Here are some additional options for consideration.

- **To provide rapid response at times of emergency.** Our ability to mobilise quickly during national emergencies, most notably throughout the COVID-19 pandemic, shows the importance of agility. Embedding this as a strategic objective would ensure NHS Delivery can respond swiftly to future pressures, opportunities, and maintain resilience in times of change.
- **To establish technology leadership and governance.** The integration of digital, physical, and biological technologies will transform healthcare, but only if adopted systematically. By leading a review of the national technology landscape, securing common systems, and negotiating better commercial terms, we can release investment for innovation and ensure consistent governance across Health Boards.
- **To support the development of community-based care.** As Scotland moves toward prevention and early intervention, we have an opportunity to support the design and delivery of models that bring care closer to home. By working with primary care clinicians, pharmacy, nursing, and social care partners, we can create integrated solutions that meet local needs while advancing national ambitions in the PHF.

Question 3

Are there services or functions currently delivered by other organisations (in addition to what NES and NSS already do) that should be delivered only by NHS Delivery to improve consistency and reduce duplication? This includes consideration of capabilities that are perhaps fragmented across multiple bodies, where a clear lead organisation should be identified.

☒ Yes

☐ No

We believe NHS Delivery can play a collaborative or lead role in areas where fragmentation currently limits consistency and effectiveness. However, any expansion of NHS Delivery's remit must be grounded in a clear understanding of its role and a robust case for added value. To achieve this, we need clarity of purpose, strategic alignment, and a clear agreement on benefits. We also recognise the need for meaningful engagement with stakeholders every step of the way.

- Creating a national centre of expertise for data and intellectual property would enable consistent approaches to commercialisation, streamline innovation, and ensure fair access across regions.
- National planning is essential for specialist clinical services, and NHS Delivery could play a key role in enabling a "Once for Scotland" approach in partnership with health and social care.
- A national approach to services where resilience and equity are critical, such as screening, would benefit from consistent leadership and transparent measurement of outcomes.
- Sustainability is a shared priority, and NHS Delivery could strengthen national leadership in this area, particularly given resource challenges across health boards.
- Consolidating procurement and logistics functions – currently spread across health boards – offers a compelling opportunity to drive efficiencies and enhance leverage.
- National coordination of Point of Care Testing (POCT), including oversight of devices, training, and validation, would further strengthen safety and consistency.

- Aligning health boards around common primary care systems and creating a single care record accessible at the point of care would improve patient experience and operational efficiency.
- While hospital blood banks must remain close to patients for emergency response, digital integration and remote technologies now allow for rationalisation. NHS Delivery could facilitate this process, improving safety, quality, and efficiency.
- To build on NHS Scotland's investment in advanced business systems, NHS Delivery could enhance collaboration and ensure that corporate shared services are delivered in a way that maximises efficiency, by using artificial intelligence and digital technologies for instance, and supports frontline care.
- Introducing services akin to [NHS Resolution](#), such as mediation for employee and patient claims, could deliver cost savings and better outcomes.

Question 4

What areas of national delivery could be improved by NHS Delivery to make services more efficient or better joined up?

- ☒ Redesigning how services are planned or improved
- ☒ Making better use of data and digital tools
- ☒ Improving supply chains or procurement
- ☒ Supporting shared back-office services like HR or finance
- ☒ Strengthening workforce development and training
- ☐ Other (please indicate below)

There are several areas where we feel national delivery could be improved with the support of NHS Delivery.

- National support for interface services, such as those linking dentists, ophthalmologists, and audiologists, shows how innovation can transform care. Examples like sleep apnoea treatment and audiology battery replacement highlight the benefits of redesigning services and using digital tools to improve outcomes and streamline operations.
- Expanding national planning and performance monitoring, supported by dashboards that identify inequities and drive solutions, will help us deliver consistent, high-quality care everywhere.
- Centralising procurement and logistics for areas such as home care equipment can deliver efficiencies and improve consistency. Expanding existing eProcurement systems into fully managed services will support broader transformation and make it easier for teams to focus on care.
- Infrastructure should be leveraged to share lessons learned and foster innovation, with expansion of programmes such as the Digital Estate accelerating transformation across the built environment.
- Advancing service delivery across estates, facilities, capital planning, and strategic asset management will help create environments that are efficient, sustainable, and responsive to community needs. A national Whole System Infrastructure Plan, alongside continued development of the Digital Estate programme, will accelerate this work and ensure our physical assets fully support modern models of care.

- Embracing emerging technologies – artificial intelligence, advanced diagnostics, and therapeutics – offers exciting opportunities to optimise data use and enhance service delivery.
- Shared back-office services in HR and payroll would reduce duplication and enable more consistent support across health boards. Pooling specialist skills, such as graphic design, could strengthen national capabilities and reduce fragmentation, ensuring resources are used where they add the most value.
- Streamlining digital platforms for back-office functions, such as performance reporting and risk management, would reduce duplication across health boards.
- Working closely with national education and training bodies will ensure consistent, high-quality training for digital platforms and technical roles, including estates staff and Authorised Persons. Building a strong pipeline of skilled professionals will keep services safe, enable innovation, and sustain momentum throughout the transition.

Question 5

Are there any existing services, programmes, or functions currently delivered by NES or NSS that you believe could be stopped, scaled back, or redesigned (or handed over to another organisation) to better align with current priorities and system-wide impact?

☒ Yes

☐ No

We see opportunities for NHS Delivery to review its priorities, redesign functions, clarify remits, and modernise services once established. We believe that regularly reviewing our services and programmes is essential to keep pace with changing national priorities and deliver the greatest impact across health and social care. Examples include:

- Clarifying the respective roles and responsibilities of national organisations is a key enabler for reducing duplication and ensuring each body operates within its intended scope. For example, current support for Estates and Facilities Education is not currently provided by NES, which highlights a gap that could be addressed through re-alignment rather than service reduction.
- Undertaking a coordinated review of learning and development activities across NSS and NES could ensure NHS Delivery is equipped to lead transformation and change. Aligning our approaches and resources will help meet the specialist needs of different professions while reducing fragmentation. By harmonising organisational development capabilities, we can create a more unified and effective support structure for our workforce.

Question 6

Do you agree that NHS Delivery should lead the development of national digital capabilities (e.g. Electronic Health Records, digital inclusion, data architecture) for Scotland's health and social care system?

- ☒ Yes
- ☐ No
- ☐ Don't know

We believe NHS Delivery has an opportunity to combine clinical insight, operational experience, and digital innovation to create solutions that are safe, effective, and inclusive. Our work on initiatives such as the Digital Front Door, national screening services, and public health data sharing demonstrates our commitment to tackling health inequalities and ensuring digital transformation meets the needs of patients, carers, and the workforce. Opportunities include:

- **Driving integration and interoperability** – a national technology function, hosted by NHS Delivery, could set a clear digital direction for Scotland. By enabling health boards to act as intelligent customers within a common operating model, we can reduce fragmentation, improve interoperability, and deliver a seamless user experience. This approach will make services easier to navigate and ensure equitable access across the country.
- **Leveraging existing digital foundations** – core national systems, such as the Community Health Index (CHI), already provide the foundation for integrated health and social care delivery. Work is underway with local authorities and COSLA to extend CHI into social care platforms, supporting consistent patient identification standards that will underpin initiatives such as the Digital Front Door and a single health and care record.
- **Futureproofing services through innovation and security** – scaling up the National Cyber Centre of Excellence can strengthen security across NHS Scotland and beyond. Aligning cyber tooling and standard operating procedures nationally will improve resilience, deliver cost savings, and enable rapid incident response.
- **Launching an artificial intelligence innovation delivery centre** – by embedding artificial intelligence into national processes, this centre would accelerate innovation and ensure Scotland remains at the forefront of digital health.

Question 7

Should NHS Delivery be tasked with improving data sharing, data access and interoperability across health and social care?

- ☒ Yes
- ☐ No
- ☐ Don't know

Working with our partners in Public Health Scotland (PHS), NSS supports NHS Delivery taking a lead role in improving data sharing, access, and interoperability across health and social care. This is essential for better outcomes, more equitable services, and a more efficient system.

Building on strong governance and existing capabilities, NHS Delivery can provide national leadership and develop a common operating model, ensuring consistency and reducing duplication.

A centre of excellence for data interoperability would help address skills shortages in areas such as data engineering and epidemiology, while enabling scalable solutions through shared national resources and consistent processes.

This approach will strengthen ethical data use, support person-centred care, and accelerate progress toward a “Once for Scotland” model.

With collaboration and clear leadership, we can deliver meaningful improvements for patients, professionals, and the wider system.

Question 8

Do you believe NHS Delivery should be tasked with the lead national support role in innovation development and adoption, service redesign, change management, improvement, and commissioning?

- ☒ Yes
- ☐ Partially
- ☐ No
- ☐ Don't know

We see NHS Delivery as a vital national partner in redesigning services, managing change, and supporting commissioning to drive transformation across NHS Scotland.

Innovation development and improvement require a distributed, system-wide approach. Many innovations originate locally, particularly through Regional Innovation Hubs, which are well placed to respond to population needs and collaborate with academic and clinical partners. At the same time, national leadership can harness global innovation by identifying and scaling successful models.

Rather than centralising innovation development, the focus should be on coordinating adoption pathways and enabling scalability, preserving local agility while ensuring alignment with national priorities.

A nodal model, where national leadership facilitates and connects local effort, could represent a sustainable way forward. This would enable Health Boards to identify and test innovations suited to their context while a national organisation such as NHS Delivery could support wider adoption by evaluating, scaling, and embedding what works.

Our existing strengths in programme management, service design, and quality improvement along with specialist capabilities in areas such as procurement, digital infrastructure, programme communications, and research leadership could be harnessed to drive change and improvement across NHS Scotland. Leveraging these strengths through a strategic hub model would align efforts, reduce duplication and improve access to subject matter expertise.

Commissioning should draw on existing national functions, while maintaining clarity on the role of all organisations involved in improvement.

Question 9

As NHS Delivery evolves in the longer term, what additional capabilities, functions or bodies should be considered for integration into a single national delivery capability that supports the aspirations of the Service Renewal Framework?

We do not feel it is appropriate for us to comment on the capabilities or functions of other bodies that should be considered for future integration as part of this consultation.

Decisions about the future evolution of NHS Delivery should be made collaboratively, in consultation with Scottish Government, Health Boards, and other partners across health and social care.

This approach ensures that any changes reflect shared priorities, deliver system-wide benefits, and align with the aspirations of the Service Renewal Framework.

By working together, we can create a national delivery model that is inclusive, evidence-based, and focused on improving outcomes for people and communities across Scotland. Anything is possible.

Question 10

What principles should guide decisions about future expansion of NHS Delivery's remit and structure?

Decisions about expanding NHS Delivery's remit and structure should be guided by principles that reflect our shared values and Scotland's health and social care ambitions. These principles will ensure NHS Delivery evolves strategically, responsibly, and in partnership with Scotland's health and care system.

- Value for money and accountability remain central.
- Future changes should demonstrate clear need and align with values-based healthcare.
- Stakeholder engagement is essential. While full consensus may not always be possible, meaningful involvement will ensure diverse perspectives shape decisions.
- Legislative clarity and strong governance are critical to addressing systemic challenges such as fragmented processes and inconsistent performance.
- Decisions should be informed by evaluation and a willingness to adapt based on evidence and feedback.
- Patient-focused services must concentrate on reducing ill-health and inequalities and delivering a "Once for Scotland" approach.
- Growth should eliminate unwarranted variation, build resilience, and deliver tangible benefits.

A staged approach is vital to ensure NHS Delivery's success, and we would recommend NES and NSS are given every opportunity to integrate successfully as NHS Delivery before further expansion is considered.

Any expansion should strengthen collaboration across boards and sectors, aligning with national frameworks that promote integration and shared learning.

Question 11

What mechanisms should be put in place to review and adapt NHS Delivery's remit and performance post-launch?

To ensure NHS Delivery continues to meet Scotland's evolving health and social care needs, we recommend that a flexible review framework be embedded from the outset. This framework should combine internal evaluation, external scrutiny, and structured stakeholder engagement to support continuous learning and improvement.

Building strong internal capability will help us adapt based on evidence while maintaining transparency and accountability. External review, using proven methodologies such as Project Gateway, will capture lessons learned and drive actionable improvements.

To keep NHS Delivery agile and aligned with Scotland's priorities, we need clear mechanisms for ongoing adaptation. This should include a Scottish Government policy to underpin governance changes, scheduled reviews at 12 and 24 months, and independent evaluation and external audit. Legislative updates may also be needed to enable streamlined working and ensure NHS Delivery has the authority to evolve.

Stakeholder engagement and feedback loops will make the process inclusive and transparent, while benefits realisation and outcome monitoring will keep us focused on delivering value and improving outcomes.

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NHS NATIONAL SERVICES SCOTLAND AUDIT AND RISK COMMITTEE (ARC)

MINUTES OF MEETING HELD ON THURSDAY, 4 SEPTEMBER 2025 VIA TEAMS DIGITAL PLATFORM AT 0930 HRS

B/25/45

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

In Attendance:

Kyle Clark-Hay – Associate Director of Corporate Governance
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
Brian McCabe – Associate Director of Finance Operations
Caroline McDermott – Head of Planning
Mary Morgan – Chief Executive
Lynn Morrow – Corporate Affairs and Compliance Manager
Lee Neary - Director of Primary & Community Care (P&CC) (Interim)/Strategy, Performance & Service Transformation (SPST)
Carys Ross – Internal Audit, KPMG
Grace Symes – External Audit, Audit Scotland
Lynsey Bailey – Committee Secretary (Minutes)

Apologies:

Lisa Duthie – External Audit, Audit Scotland
Sharon Hilton-Christie – Executive Medical Director (and Caldicott Guardian)
Liz Maconachie – External Audit, Audit Scotland

1. WELCOME AND INTRODUCTIONS

- 1.1 The Committee Chair welcomed all to the meeting, which was being held virtually via the TEAMS platform.

2. DECLARATIONS OF INTEREST

- 2.1 There were no declarations of interest or transparency statements made in respect of any item on the agenda.



Chair
Chief Executive

Keith Redpath
Mary Morgan

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3. MINUTES AND MATTERS ARISING [AR/25/55 and AR/25/56]

- 3.1 Members considered the draft minutes from the previous meeting on Thursday 19 June 2025 and agreed they were an accurate record of the meeting.
- 3.2 Members noted the action updates and had nothing further to add.

Decision: To approve the minutes of the meeting held on 29 May 2025 as a true reflection of the meeting.

Decision: To approve the closure of the actions identified for closure.

4. FORWARD PROGRAMME [AR/25/57]

- 4.1 Members had nothing to add at this time, acknowledging that further updates may be required in response to emerging developments around NHS Delivery.

Decision: To note and agree the forward programme.

5. NSS RISK MANAGEMENT STRATEGY, INTEGRATED RISK MANAGEMENT APPROACH AND RISK APPETITE [AR/25/58]

- 5.1 Members considered the paper which presented the outcomes from reviewing the Integrated Risk Management Approach (IRMA) and the approach to Risk Appetite, along with the implementation of the new risk management module within the InPhase system. Members were pleased to see the benefits of risk management so clearly laid out. They also confirmed they were content with the committee responsibilities as stated in section 7.2 of the paper.
- 5.2 Members discussed the timescales for reviewing risks and making more of a distinction between high and very high risks, acknowledging the need to allow flexibility in approach to suit specific circumstances. Members sought and received clarification on the scoring of risks and the escalation process should that be necessary between meetings. Following an overview of the changes implemented so far and the impact they had, Members confirmed they were content to approve the paper for presentation at the Board in December 2025.

Decision: To approve the Risk Management Strategy NSS Risk Management Strategy, Integrated Risk Management Approach (IRMA) and Risk Appetite Approach to be presented for final approval at the Board in December 2025.

6. NSS ANNUAL FEEDBACK AND COMPLAINTS REPORT 2024/25 [AR/25/59]

- 6.1 Members were taken through the report, which presented NSS's annual complaints and feedback data for publication to comply with the NHS Model Complaints Handling Procedure (MCHP). Members wished to congratulate the staff who had worked on this but were keen that NSS did not become complacent. They asked about the increase in CLO complaints and were given an overview of the context to that with assurance that it was not an immediate cause for concern. Members suggested considering whether there could be a way to highlight the severity of complaints alongside the figures to provide context in future. Members advised that they were content to approve the report.

Decision: To approve the NSS Annual Feedback and Complaints Report 2024/25.

7. INTERNAL AUDIT REPORT [AR/25/60]

- 7.1 J Lucas spoke to the paper, which summarised the work being done against the internal audit plan, highlighting the seven implemented actions and three extension requests. Members were pleased to note the good progress against the actions so far. Members welcomed the report and agreed the extension requests.

Decision: To note progress made against the Internal Audit Plan, and the seven audit actions verified and confirmed as implemented, accepting the assurances provided by the Executive Lead.

Decision: To agree the three completion date extensions for actions relating to Risk Management Review findings.

8. EXTERNAL AUDIT RECOMMENDATIONS [AR/25/61]

- 8.1 Members discussed the paper, which updated on the progress on the External Audit recommendations by management. Members confirmed that they were content with the assurance provided.

Decision: To note the actions taken to address the audit recommendations raised in the Audit Scotland Annual Audit Report for 2024/25 and accept the assurances provided by the Executive Lead.

9. EXTERNAL AUDIT PROGRESS UPDATE

- 9.1 Members were given a brief verbal update, acknowledging that it was still early in the external audit cycle. 2025/26 audit preparations were ongoing and currently on track. Members asked for confirmation around what the expected year-end processes for NSS would be in preparation for the establishment of NHS Delivery and G Symes agreed to feed this request back.

Decision: To note verbal update provided by Audit Scotland.

Action: To confirm the expected end of year processes for NSS in preparation for the establishment of NHS Delivery – Audit Scotland

10. AUDIT AND RISK COMMITTEE SELF-ASSESSMENT 2025 [AR/25/62]

- 10.1 Members considered the paper which had been completed in line with the Audit and Assurance Committee Handbook, published by the Scottish Government. Members discussed the rotation of the Chair role, acknowledging the challenges over previous years in maintaining the two-year limit. However, Members agreed that, for continuity, it would be worth considering extending the frequency of Chair rotation.

- 10.2 Members also suggested reviewing the questionnaire, looking at how better information could be drawn out around potential areas for improvement. Members were mindful that the timing was not right for development work now but there were areas to take forward once NHS Delivery was launched and acknowledged that this did not sit in isolation and could apply to all Committees. For this year, Members were content with the checklist as completed.

Decision: To approve the Audit and Risk Committee Self-Assessment.

11. INFORMATION SECURITY AND GOVERNANCE REPORT [AR/25/63]

- 11.1 Members considered the report, which updated the Committee on key aspects of Information Security and Governance and Information Risk activity during Q1 (April - June 2025). Members sought and received some further clarification about the procurement and implementation of the Governance Risk and Compliance tool. Members were also keen that an impact overview of the Data Use and Access Act (DUAA) was brought to a future meeting as appropriate. They also sought and received assurance regarding the UK's adequacy agreement with the European Union pending implementation of the DUAA.

Decision: To note the full Information Security and Governance report and accept the assurances provided.

12. NSS RISKS AND ISSUES REPORT [AR/25/64]

- 12.1 Members scrutinised the report, which updated on very high and high risks and issues, corporate very high and high risks and issues under the categories of 'compliance' and 'public confidence', and all strategic risks utilising the categories of 'compliance' and 'public confidence' at the end of July 2025. Members acknowledged the confidential risk and that it would be fully discussed in private at the upcoming NSS Finance, Procurement and Performance Committee on 16 September 2025. They briefly discussed adding mention of SharePoint to the Teams risk but were assured that the roll-out plans for the Co-Pilot AI system mitigated this risk. Members asked that any suitable training on AI be made available for Members when launched.

Decision: To note the Risks and Issues Report and accept the assurance provided.

Action: To provide Members with the details of any suitable AI training – Director of DaS/Board Services

13. RESILIENCE REPORT [AR/25/65]

- 13.1 Members discussed the report which updated on resilience activities that had taken place between 1 April and 30 June 2025. Members received a brief update on a mould issue which had arisen at the Jack Copland Centre but were advised this would be monitored primarily through NSS's Clinical Governance Committee. They discussed the arrangements for the National Pandemic Stockpile service and acknowledged that it was dependent on the openness and transparency of all involved. Members asked for clarification of the stock write off management arrangements and were assured that this would be raised with the Director of National Procurement. They also discussed assumptions around the participation of private care homes in this scheme and were assured that this would be investigated and fed back on as appropriate.

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

14. FRAUD REPORT [AR/25/66]

- 14.1 Members were provided with an update on the fraud prevention activity undertaken since the last report in May 2025, and the Fraud Action Plan 2025/26 for approval. Members asked about the target dates listed as due this year and whether they had been carried over. The Associate Director of Finance Operations agreed to check this and update as necessary for future reports.

14.2 Members were given an update on the recruitment activity that had recently been completed. and were advised that Christine McLaughlin, Co-Director of Public Health at Scottish Government, would be visiting Counter Fraud Services (CFS) as NSS's Sponsor. For the meeting with the NSS Sponsor, it was agreed to extend an invitation to the Committee Chair as the Board Fraud Champion. Members also acknowledged the change in legislation regarding "failure to prevent fraud" and how NSS would be responding to that.

14.3 Members sought and received more detail around the investigation work for Operation Ariston. They discussed the impact of CFS's work in primary care, particularly on how practitioners approached using their discretion in decisions. Members acknowledged that those acting with integrity should never have concerns and that there were also other factors to consider (e.g. contractually agreed approval limits). Members commended the work in this area and were content with the report.

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

Decision: To approve the 2025/26 Fraud Action Plan.

Action: To check the target dates and update as necessary – Associate Director of Finance Operations

Action: To invite the Committee Chair to the CFS meeting with NSS's Sponsor – Director of FCGLS

15. PROCUREMENT CARD ANNUAL REPORT [AR/25/67]

15.1 Members considered the paper which provided an overview of corporate purchasing card expenditure, along with the associated controls and processes. Members discussed the few Boards where the breakdown of expenditure was not available and expressed their disappointment. However, they welcomed the work that had been done and were content with the assurances provided.

Decision: To note the Procurement Card Annual Report and accept the assurance provided.

16. ANY OTHER BUSINESS

16.1 Members had no further business to raise.

There being no further business, the meeting closed at 1128hrs.

Minutes (Approved)

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NHS NATIONAL SERVICES SCOTLAND CLINICAL GOVERNANCE COMMITTEE (CGC)

MINUTES OF MEETING HELD ON THURSDAY 11 SEPTEMBER 2025 VIA TEAMs DIGITAL PLATFORM AT 0930HRS

Present:

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

In Attendance:

Kathryn Brechin – Director of Nursing
Ruth Campbell – Associate Director of Health and Care Innovation [Items 1-5]
Sharon Hilton-Christie – Executive Medical Director
Rachel Kavish Wheatley – Executive and Governance Manager
Lorna McLintock – Medical Director, Scottish National Blood Transfusion Service (SNBTS) [Items 1-7]
Mary Morgan – Chief Executive
Nicola Pelosi Adams – Executive Support Officer [Observing]
Lynsey Bailey – Committee Secretary [Minutes]

Apologies:

Gordon Mills – Associate Director for Nursing, Clinical Governance and Quality Improvement

1. WELCOME AND INTRODUCTIONS

1.1 A Langa welcomed all to the meeting, noting apologies as above.

2. DECLARATIONS OF INTEREST

2.1 No declarations of interest or transparency statements were made in respect of any agenda items.

3. MINUTES AND MATTERS ARISING [CG/25/31 and CG/24/32]

3.1 Members considered the draft minutes from the previous meeting on 5 June 2025 and were content to approve as an accurate record.

3.2 Members considered the outstanding actions, which were either recommended for closure or due for completion at a later date.

Decision: To approve the minutes of 5 June 2025, as a true reflection of the meeting.

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



Chair
Chief Executive

Keith Redpath
Mary Morgan

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Common Services Agency for the Scottish Health Service.

4. FORWARD PROGRAMME [CG/25/33]

- 4.1 Members discussed the forward programme which was presented. They had no additions to suggest at this time.

Decision: To approve the Forward Programme as presented.

5. RESEARCH POLICY [CG/25/34]

Members were taken through a brief overview of the policy background and the updates which had been made to bring NSS into line with national standards for research governance. Members sought and received assurance about the separate governance arrangements for SNBTS research and how consistency of approach would be maintained. Members suggested it would be worth including a brief explanation in the policy document for clarification. Members also expressed concern that wording of principles 10 and 11 did not seem to fit with the general principle of open access. The Associate Director of Health and Care Innovation agreed to review this, as well as any links with Data Governance Policy, and make the intent of these principles clearer. With these two updates, Members were content to approve the policy.

Decision: To approve the Research Governance Policy, subject to the updates requested.

Action: To clarify the separate governance arrangements for SNBTS research – Associate Director of Health and Care Innovation

Action: To review principles 10 and 11 in respect of open access and the Data Governance Policy – Associate Director of Health and Care Innovation

Action: To circulate the policy once revised to the Committee – Board Services

[SECRETARY'S NOTE: Members agreed to bring the following two items forward on the agenda to accommodate the SNBTS Medical Director's availability]

6. BLOOD AND TISSUE QUALITY, SAFETY AND SUFFICIENCY REPORT [CG/25/40]

- 6.1 Members scrutinised the report, which confirmed that NSS continued to meet all requirements in respect of quality, safety and sufficiency. The SNBTS Medical Director highlighted that, since the report had been written, a mould issue had been discovered in the clean rooms at the Jack Copland Centre. As a result, open process manufacture of tissues, islet cell and advanced therapy medicinal products had been paused. However, following a risk assessment, closed process manufacturing of blood components and haematopoietic progenitor cells had been able to continue. Members asked about the impact of the manufacturing pause on patients. They were assured there had been no clinical impact so far as this had coincided with a planned shutdown of the clean room suite for maintenance and contingencies were in place to ensure this remained the case until open process manufacturing was able to resume.

- 6.2 Members also sought and received an update on the Fresenius Amicus cell separators issue. They were assured that there had been no clinical impact so far and provided with an overview of the arrangements and mitigations in place. Members also asked for more context around the open actions within the report and received a verbal update. The SNBTS Medical Director agreed to consider how to better present this in future reports.

Members discussed the upcoming inspections and the impact on the workload but noted these were becoming more spread out throughout the year which would help.

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.

7. SNBTS RESPONSE TO THE INFECTED BLOOD INQUIRY (IBI) PROGRESS REPORT [CG/25/41 and CG/25/41a]

- 7.1 Members were briefly taken through the report which updated the Committee on the progress made in response to the IBI recommendations. Members asked about the pausing of the Scotblood website re-development and the SNBTS Medical Director agreed to go back to the MarComms team to clarify the position on this. Members also received more detail around the blood bank review and were supportive of the efforts to maintain traction on this.

Decision: To note the report and accept the professional assurances given that that the action plan to address recommendations arising from the IBI is being monitored and progressed appropriately.

Action: To clarify with MarComms what the position was regarding the Scotblood website redevelopment work – SNBTS Medical Director

8. MEDICAL DIRECTOR REPORT [CG/25/35]

- 8.1 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. Members sought and received further detail on the arrangements in place to address the supply of Ranger blood fluid warmer giving sets. Members also sought clarity about the status of the Digital Prescribing and Dispensing Pathways work but received assurance that it was being progressed.

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

9. NURSE DIRECTOR REPORT [CG/25/36]

- 9.1 Members considered the report, which provided an update on the specific programmes within the Nurse Director portfolio. Members welcomed the report and the assurance it provided around the governance and oversight of these programmes.

Decision: To note the updates provided to accept the assurances on:

- **Excellence in Care;**
- **The NSS Nursing, Midwifery, and Allied Health Professions (NMAHP) Strategy delivery;**
- **Progress against the Ministerial Nursing and Midwifery Taskforce (2025) Recommended Actions;**
- **Health and Care Staffing Scotland Act 2019 activities and quarterly internal report summary;**

- **Child Protection and Adult Protection activities; and**
- **Other professional matters.**

10. NSS CLINICAL GOVERNANCE FRAMEWORK (CGF) DELIVERY PLAN REPORT [CG/25/37]

- 10.1 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 were pleased to note the good progress being made.

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

11. ANNUAL REPORT ON CLINICAL STAFF REGISTRATION AND REVALIDATION (NOT INCLUDING MEDICAL/DENTAL) AND HEALTHCARE SUPPORT WORKERS (CLINICAL POSTS) 2024/25 [CG/25/38]

- 11.1 Members considered the report, which gave an overview of governance arrangements within NSS relating to the registration of Nursing, Midwifery, Allied Health Professionals (NMAHPs) and Pharmacists, along with an update on Healthcare Support Workers (HCSWs) for the 2024/25 reporting period. They confirmed they were content with the assurance provided and had no further comments.

Decision: To note the report setting out the annual position on registered clinical staff and HCSW, accepting the assurance provided regarding compliance with regulatory and policy requirements for both registered and non-registered (HCSW) staff.

12. PATIENT GROUP DIRECTIONS (PGDs) 2024/25 ANNUAL REPORT [CG/25/39]

- 12.1 Members scrutinised the report as presented, which provided information on the governance in NSS around PGDs and assurance that PGDs have been applied according to local and national policies and guidelines for the year 2024/25. Members confirmed they were content with the assurance provided that PGDs are being applied safely and appropriately.

Decision: To note the report setting out the annual position on PGDs and that assurance has been provided that PGDs have been managed in accordance with NSS and national policies and guidelines.

13. CLINICAL ADVERSE EVENTS AND COMPLAINTS REPORT: QUARTER 1 2025-2026 (APRIL TO JUNE 2025) [CG/25/42]

- 13.1 Members considered the report, which provided details of Clinical Adverse Events and Complaints during the first quarter of 2025/26. Members were given an overview of the plan to develop this report to be more themed and narrative driven, which they welcomed. Members also sought and received some additional clarification around the pregnancy screening adverse event and were assured that it was being appropriately managed.

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.

14. CLINICAL RISK REPORT: 1 MAY 2025 TO 31 JULY 2025 – [CG/25/43]

- 14.1 Members acknowledged the report, which provided oversight of the NSS Clinical Strategic risk and all red (very high) and/or new amber (high) corporate risks with a primary category of injury/illness, healthcare experience and/or health inequalities between 1 May to 31 July 2025. Members were advised that there were also plans to refine this report to be more themed and narrative driven.

Decision: To note the most recent information on corporate and strategic risks under the injury/illness, healthcare experience and health inequalities categories.

Decision: To agree the management actions identified in the report provide assurance that these risks are being appropriately managed in accordance with NSS processes and best professional practice.

15. SNBTS QUARTER 1 REPORT ON INFECTION PREVENTION AND CONTROL (IPC): APRIL-JUNE 2025 [CG/25/44]

- 15.1 Members considered the report which updated on SNBTS IPC activity during the first quarter of 2024/25 (April – June 2025), including the Scottish Government Healthcare Associated Infection Task Force (HAIRT) reporting components. They commended the high rate of compliance, recognising the effort behind achieving it and ensuring that staff did not become complacent.

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

16. SNBTS STRATEGY [CG/25/45]

- 16.1 Members noted the SNBTS Strategy which had previously been discussed at a seminar session and was being presented for information ahead of Board approval.

Decision: To note the SNBTS Strategy 2025-2030, which would progress to the NSS Board for approval and subsequent implementation.

17. ANY OTHER BUSINESS

- 17.1 Members had no further business to raise.

18. DATE OF NEXT MEETING:

- 18.1 The next meeting was scheduled for Thursday, 11 December 2025 at 09:30.

The meeting finished at 1041hrs.

Minutes

(Approved)

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

MINUTES OF MEETING HELD ON TUESDAY 4 NOVEMBER 2025 VIA TEAMs DIGITAL PLATFORM AT 1110HRS

Present:

Gordon Greenhill – Non-Executive Director and Committee Chair
Lisa Blackett – Non-Executive Director
Beth Lawton – Non-Executive Director
Maria McGill – Non-Executive Director
Keith Redpath – NSS Chair

In Attendance:

Gordon Beattie – Director of National Procurement (NP)
Jeremy Berneau – Project Manager [Items 1-3]
Julie Critchley – Director NHS Assure
Rachel Kavish Wheatley – Executive and Governance Manager
Kathryn Logan – Sustainability Manager [Items 4 & 5]
Carolyn Low – Director of Finance, Corporate Governance and Legal Services (FCGLS)
Lee Neary – Director of Primary and Community Care (PACC)/ Strategy, Performance and Service Transformation (SPST)
Robert Seamark – Sustainability Manager [Items 4 & 5]
Lynsey Bailey – Committee Secretary (Minutes)

Apologies:

Ian Cant – Employee Director
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. Apologies were noted as listed above.

2. DECLARATIONS OF INTEREST

- 2.1 There were no declarations of interest or transparency statements made in respect of any item on the agenda.

3. NSS CAPITAL PLAN AND BUSINESS CONTINUITY PLAN [FPP/25/51]

- 3.1 The Director of FCGLS provided an overview of the background to this and the work done to develop the plans. Members noted that the plans addressed and prioritised all red risks. They expressed concerns that projects at shared sites only focussed on areas



Chair
Chief Executive

Keith Redpath
Mary Morgan

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occupied by NSS and discussed the need for mutual assurance arrangements with other tenant boards, particularly in respect of necessities like emergency lighting. They agreed that they would like to see this raised at a national level.

- 3.2 Members then considered the plans for the warehouses. They were keen to see a full strategy as a starting point for going beyond addressing dilapidations and aiming towards improvement. They were advised that the figures provided were based on lease renewals and addressing what was necessary for health and safety. However, it was acknowledged that the strategic assessments would more fully inform the plans in the area so the figures may change.

- 3.3 Finally, Members discussed the funding gap and were advised that this was to highlight that NSS would need to prioritise projects based on a Red/Amber/Green status. Members were content with the recommendations proposed and to approve the plans as presented, subject to any potential updates required following the Scottish Government budget announcement on 26 November 2025.

Decision: To approve the draft Capital Plan and final version of the Business Continuity Plan, authorising the Director of FCGLS to amend the draft Capital Plan as required following the Scottish Government budget announcement on 26 November 2025

Action: To raise, at a national level, the need for mechanisms to provide mutual assurances about maintenance within shared sites – Director of NHS Assure.

4. PUBLIC BODIES CLIMATE CHANGE DUTY REPORT [FPP/25/52]

- 4.1 Members were taken through the paper which highlighted and reviewed the sustainability activities, governance, and carbon emissions in the previous financial year (2024/25). Members welcomed the positive position reported. They acknowledged the issues with the reporting format, which was nationally set, and how this would hopefully be addressed in future. Members commended the work and how helpful the earlier seminar had been in providing context. They confirmed that they were content to approve the report for publication.

Decision: To approve the Public Bodies Climate Change Duty Report, on behalf of NSS, for publication on the Sustainable Scotland Network (SSN) website.

5. ANNUAL CLIMATE EMERGENCY AND SUSTAINABILITY REPORT [FPP/25/53]

- 5.1 Members noted the report which summarised progress against the aims of DL (2021) 38 (A Policy for NHS Scotland on the Climate Emergency and Sustainable Development). They again welcomed the progress, achievements and positive outcomes reported, and were content to approve the report.

Decision: To approve the Annual Climate Emergency and Sustainability Report, on behalf of NSS.

6. ANY OTHER BUSINESS

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

There being no further business, the meeting closed at 1137hrs.

Minutes

(Approved)

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

MINUTES OF MEETING HELD ON TUESDAY 16 SEPTEMBER 2025 VIA TEAMs DIGITAL PLATFORM AT 0930 HRS

Present:

Gordon Greenhill – Non-Executive Director and Committee Chair
Lisa Blackett – Non-Executive Director
John Innes – Co-opted Non-Executive Director
Maria McGill – Non-Executive Director
Keith Redpath – NSS Chair

In Attendance:

Gordon Beattie – Director of National Procurement (NP) [Items 4, 5 & 8]
Julie Critchley – Director NHS Assure [Item 13]
Steven Flockhart – Director of Digital and Security
Kate Henderson – Head of Procurement
Sharon Hilton-Christie – Executive Medical Director [Item 10]
Rachel Kavish Wheatley – Executive and Governance Manager
Kathryn Logan – Sustainability Manager
Carolyn Low – Director of Finance, Corporate Governance and Legal Services (FCGLS)
Andy McLean – Deputy Director of Finance
Lee Neary – Director of Primary and Community Care (PACC) (Interim)/Strategy, Performance and Service Transformation (SPST) [Items 11 & 12]
Lynsey Bailey – Committee Secretary (Minutes)

Apologies:

Ian Cant – Employee Director
Beth Lawton – Non-Executive Director

1. WELCOME AND INTRODUCTIONS

- 1.1 The Committee Chair welcomed all to the meeting, which was being held virtually via the TEAMs platform. Apologies were noted as listed above.

2. DECLARATIONS OF INTEREST

- 2.1 There were no declarations of interest or transparency statements made in respect of any item on the agenda.



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 17 JUNE 2025, DECISION BY CORRESPONDENCE HELD ON MONDAY 4 AUGUST 2025 AND MATTERS ARISING [FPP/25/36, FPP-IP/25/05, FPP/25/37 and FPP/25/38]

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 17 June 2025 and the decision by correspondence on Monday 4 August 2025.

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

4. FORWARD PROGRAMME [FPP/25/39]

4.1 Members noted the forward programme as presented and confirmed they had nothing to add at this time.

Decision: To approve the forward programme.

5. ANNUAL PROCUREMENT REPORT 2025 [FPP/25/40]

5.1 Members considered the Annual Procurement Report, which covered National Procurement's work from April 2024 to March 2025, as required by the Procurement Reform (Scotland) Act 2014. Members sought and received clarification around contract lengths and renewals, extensions, or re-lets. Members requested the addition of a column to highlight contract extensions and the Director of NP agreed to consider how this could be included. [Secretary's Note: Following the meeting, the Director of NP confirmed that the reporting requirements of the Procurement Reform (Scotland) Act 2014 did not allow for that information to be added.] Members also discussed the requirements for monitoring of Net Zero targets in respect of NSS's suppliers. Members discussed the requirement for an assurance statement and subject to addition of this within the recommendations, and removal of the resolved comments from the Microsoft Word file, Members were content to approve the report. Members were given an overview of the engagement with supplier base and Scottish Government that had already taken place.

Decision: To approve the Annual Procurement Report for publication subject to the assurance being included within the recommendations.

Action: To update the Annual Report and cover note to include assurance within the recommendations and remove the resolved comment threads – Director of NP

6. NSS ANNUAL PROCUREMENT REPORT 2025 [FPP/25/41]

6.1 Members briefly discussed the NSS Annual Procurement Report, which updated on NSS's purchasing activities in line with requirements of the Procurement Reform (Scotland) Act 2014 for public authorities with third party trade spend in excess of £5M per annum. Members sought and received clarification about how the positive impact on the workforce and patients could and would be demonstrated, acknowledging that patient outcomes would be specifically difficult to measure for NSS. Members asked about the payment within 30 days figure and suggested including it in line with the other reporting. They also discussed NSS's status as an Anchor Institution and how to demonstrate the

significance of the impact NSS had. Following assurance from the Director of NP that the report was factual and accurate, Members confirmed they were content to approve.

Decision: To approve the NSS Annual Procurement Report for publication subject to the additions requested.

Action: To update the NSS Annual Procurement Report with the 30-day payment information and more evidence of NSS's impact as an Anchor Institution – Director of NP

7. FINANCIAL PERFORMANCE [FPP/25/42]

- 6.1 Members were taken through the report, which provided an update on financial performance against the current plan as at the end of July 2025. Members briefly discussed the risks and confirmed that they were content with how they were being managed. Members commended both the report and the work being done across the organisation to maintain the positive position.

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

8. SFI ADVERSE EVENTS [FPP/25/50]

- 8.1 The Director of FCGLS took Members through the report which updated on Standing Financial Instruction (SFI) Adverse Events and actions taken where appropriate. Members acknowledged that the event reported regarding failure to disclose gifts and hospitality received was still an ongoing situation. Members were assured that consideration was being given on how to ensure staff were aware of their responsibilities in respect of gifts and hospitality. Members were also given a brief overview of another emerging adverse event regarding a procurement framework. They were advised that a lessons learned exercise was being undertaken and the outcomes from that would be reported in due course.

Decision: To note the updates provided on an SFI Adverse Event reported related to a failure to disclose gifts and hospitality received and an emerging adverse event regarding a procurement framework.

9. NATIONAL PROCUREMENT CONTRACT SCHEDULE [FPP/25/43]

- 9.1 Members were taken through the paper which provided an update on the national workplan for 2025-26. Members sought and received clarification around extensions and the approach being taken. They requested more detail on that in future reports.

Decision: To:-

- **Note the secured savings and cost avoidance achieved to date in the last financial year, 2025-26;**
- **Note the list of awards requiring CEO approval and advise if the Committee would like to review at strategy stage;**
 - **Note the 11 NSS Contracts Awarded for more than £1m for the period details, as required by the NSS SFIs;**
 - **Note the reporting period for this report as February 2025 to July 2025 unless otherwise stated.**
- **Accept the assurance provided.**

Action: To include more information on any contract extensions in future reports – Director of NP

10. PORTFOLIO MANAGEMENT GROUP (PMG) REPORT [FPP/25/44]

- 10.1 Members were provided with an overview of the delivery status of key national programmes being delivered by NSS on behalf of NHS Scotland. Members discussed how to better summarise explanations for the Red/Amber/Green (RAG) statuses and provide more context and assurance in that respect. Members were also keen to see better distinction between the position of NSS's contribution and the status of the overall programme. M McGill was keen to get more detail about the screening programmes and clarification of the timescales as chair of the Clinical Governance Committee (CGC) but agreed to liaise with the Executive Medical Director about this offline.

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

Action: To provide more context and assurance in the RAG status summaries and clarify the NSS position against the overall programme position – Director of FCGLS

Action: To liaise with the Executive Medical Director for more detail on the screening programmes – Chair of CGC

11. CHANGE OVERSIGHT GROUP (COG) UPDATE [FPP/25/44]

- 11.1 Members were taken through the highlights of the report, which provided an overview of internal change programmes approved for funding during 2025/26 and progress updates on the governance of NSS internal change programmes. Members noted the report and had nothing further to add.

Decision: To note the COG report and accept the assurance provided.

12. SERVICE EXCELLENCE AND ONE-YEAR DELIVERY PLAN - Q4 (March 2025) [FPP/25/46 and FPP/25/47 refers]

- 12.1 Members considered the reports, which updated on Service Excellence and Annual Delivery Plan performance during the first quarter of the 2025/26 financial year. Members sought and received clarification about paper payslips and the extent to which they were used and needed. L Blackett also provided a brief update on the waste processing and provided reassurance about the data now being received from the supplier about the various disposal methods. Members also discussed the increase in plasma donations and how it differed from whole blood donations.

Decision: To note the Annual Delivery Plan Performance and Service Excellence reports, and accept the assurances provided.

13. CORPORATE BUSINESS RISK & ISSUES REPORT [FPP/25/48]

- 13.1 Members were taken through the paper which updated on corporate very high and high risks, corporate issues, and strategic risks under the categories of 'transformation and innovation', 'service delivery/business interruption' and 'financial' from 1 May to 31 July 2025. Members were given a brief overview of the collaboration being done with NES around risk management in preparation for launch of NHS Delivery.

- 13.2 Members sought and received clarification about the escalation of Risk 712 (Hassockrigg Clinical Waste Treatment Facility). They were advised that it had reduced although this may not have been reflected due to a lag in the reporting. It was acknowledged that the risk status may also refer to the overall coverage in place. Members discussed the need to be more explicit about whether a risk was being reported because NSS had actions to progress, or if it was being included for visibility of additional, wider work being done. In respect of Risk 654 (Cyber Security) Members sought and received clarity about the impact on NSS specifically vs the Cyber Centre of Excellence itself more generally.

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

Action: To be more explicit about whether a risk was being reported because NSS had actions to progress, or if it was being included for visibility of additional, wider work being done – Director of PACC (Interim) and SPST

14. SUSTAINABILITY UPDATE [FPP/25/49]

- 14.1 Members noted the report, which provided an update on sustainability activity across NSS. Members received a brief update around progress on the Hydrogenated Vegetable Oil tank and the waste position since the paper had been written. They were also given an overview of the progress in respect of the Public Bodies Climate Change Duties (PBCCD), and the Annual Climate Emergency and Sustainability (ACES) reports. Members agreed they were content to discuss and approve these at an ad hoc meeting ahead of the next scheduled FPPC.

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

Action: To make the necessary arrangements for an ad hoc meeting to approve the PPCD and ACES reports – Board Services

15. ANY OTHER BUSINESS

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

16. IT SERVICE MANAGEMENT SYSTEM (ITSM) OUTLINE BUSINESS CASE [FPP-IP/25/06]

- 16.1 Members agreed, in accordance with paragraph 5.22 of NSS's Standing Orders, to discuss this item in private.

17. BRIEFING ON NATIONAL PROCUREMENT ACTIVITY [FPP-IP/25/07]

- 17.1 Members agreed, in accordance with paragraph 5.22 of NSS's Standing Orders, to discuss this item in private.

18. SCOTTISH NATIONAL BLOOD TRANSFUSION SERVICE (SNBTS) ADVANCED THERAPY MEDICINAL PRODUCTS OPERATING MODEL PROPOSAL - UPDATE FROM COMMERCIALISATION STEERING GROUP [FPP-IP/25/08]

- 18.1 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 closed to move to an In Private Session at 1120hrs.

Minutes (APPROVED)

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NHS NATIONAL SERVICES SCOTLAND STAFF GOVERNANCE COMMITTEE

MINUTES OF MEETING HELD ON TUESDAY 2 SEPTEMBER 2025, COMMENCING 0930HRS VIA TEAMS

Present:

Lisa Blackett – Non-Executive Director and Committee Chair
Paul Buchanan – Non-Executive Director
David Allan – Trade Union Representative
Ian Cant – Non-Executive Director and Employee Director
Arturo Langa – Non-Executive Director
Beth Lawton – Non-Executive Director
Gerry McAteer – Trade Union Representative
Alex Morrison – Trade Union Representative
Keith Redpath – NSS Chair

In Attendance:

Serena Barnatt – Director of HR and Organisational Development
Kyle Clark-Hay – Associate Director of Corporate Governance (Board Secretary)
Jane Fewsdale – Head of People Insights, Performance and Systems [Item 10]
Elaine Hughes – Senior HR Advisor
Rachel Kavish Wheatley – Executive and Governance Manager
Mary Morgan – Chief Executive
Lynn Morrow – Corporate Affairs and Compliance Manager
Lynsey Bailey - Committee Secretary [Minutes]

Apologies:

Tam Hiddleston – Trade Union Representative
Aileen Stewart – Associate Director of HR

1. WELCOME AND INTRODUCTIONS

- 1.1 L Blackett welcomed all to the meeting, which was being held virtually via the Teams platform, noting the apologies as recorded 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 MEETING HELD ON TUESDAY 3 JUNE 2025 AND MATTERS ARISING [SG/24/34 and SG/24/35]

- 3.1 Members considered the draft minutes from the previous meeting held on 3 June 2025 and agreed they were an accurate record of the meeting subject to a correction of the attendance list and a typographical error at 3.1.

- 3.2 Members considered the action updates provided and had nothing further to add.

Decision: To approve the minutes of 3 June 2025 as an accurate record of the meeting subject to the corrections identified.

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

Action: To make the corrections identified to the minutes – Board Services

4. FORWARD PROGRAMME [SG/24/36]

- 4.1 Members considered the schedule of meetings and had no further comments.

Decision: To approve the Staff Governance Committee Forward Programme.

5. SPIRITUAL CARE POLICY [SG/24/37]

- 5.1 Members were taken through the refreshed Spiritual Care Policy and given an overview of the process. Members asked about measures of success but were advised that the focus would be more on compliance. Members queried the dates mentioned in reference to the policy's review and publication which the Senior HR Advisor agreed to confirm and amend as necessary. Members sought and received an overview of the communications plan which would be put into place once the policy was approved. Members welcomed the policy and were content to approve it.

Decision: To approve the refreshed Spiritual Care Policy.

Action: To check the review and publication dates mentioned and correct if necessary – Senior HR Advisor

6. NSS PARTNERSHIP FORUM [SG/24/38]

- 6.1 Members considered the minutes provided and received a brief verbal update of the most recent meetings on 4 and 26 August 2025. Members were advised that a main area of focus would be NHS Delivery for the foreseeable future, with eRostering and the Reduction of the Working Week also featuring as priorities. Members were pleased to hear that it continued to be a positive forum.

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

7. PEOPLE REPORT [SG/24/39]

- 7.1 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 discussed the turnover figure and the introduction of a comparison with the previous year, also noting that this figure was cumulative. Members

requested that it was made clearer in future reports when charts provided were cumulative, year-to-date figures.

- 7.2 Members welcomed the improvement in the training figures. However, they asked for more detail around the increase in accidents and near misses related to being struck by falling objects. They were advised that this had been discussed at the recent Occupational Health and Safety Advisory Committee (OHSAC) meeting, where it had been identified incidents came mostly from the warehouses and the increase was the result of improved reporting. On this basis, OHSAC was confident these instances were being managed appropriately and no deeper dive was necessary at this point. Members were assured that this would continue to be monitored and any concerning trends that begin to emerge would be escalated as necessary.

- 7.3 Members asked about the detail of the case management figures and acknowledged that this would be on the Tableau dashboard which line-managers and Directors have access to for monitoring their workforce data. Members sought and received additional clarification regarding complaints and compliments as well as fixed term and agency staff. Following these discussions, Members were content to accept the assurances provided by the report.

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

Action: To make it clearer in future reports when quoted rates are cumulative, year-to-date figures – Director of HR and Organisational Development

8. GREAT PLACE TO WORK PLAN 2024/25 QUARTER 1 REPORT [SG/24/40]

- 8.1 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 welcomed the report. They discussed the digital and data capability framework, acknowledging the potential opportunities this offered with the creation of NHS Delivery.

Decision: To note the Great Place to Work Plan quarter one update, focusing particularly on key achievements to date, and accept the assurances provided.

9. NSS WORKFORCE PLAN [SG/24/43]

- 9.1 Members considered the report, which updated on progress in respect of the NSS Workforce Plan 5 Pillars Action Plan 2024/25 and proposed actions for 2025/26. Members also noted the refreshed workforce data set in support of strategic workforce planning. Members asked about the consideration given to integrating NSS's planning with NHS Education for Scotland (NES) in preparation for NHS Delivery and were given an overview of steps that had been taken so far. However, they were reminded that this was currently limited until the full legal framework for NHS Delivery had been established. Members discussed the projections as presented and variations to them that might arise, particularly in respect of workforce planning and vacancy management. They also discussed the reduction of the working week and the challenges this may create. Members were content to note the report and were pleased to see the deep dive into stress and anxiety absence.

Decision: To note the Workforce 5 Pillars Action Plan 2024/2025 End of Year Report.

10. WHISTLEBLOWING QUARTERLY REPORT [SG/24/41]

10.1 Members were taken through the report which updated on NSS's performance for the first quarter of 2025-26 (1 April to 30 June 2025), demonstrating performance against the key performance indicators as required by the Independent National Whistleblowing Officer (INWO). They commended the responses to concerns raised and the actions being taken.

10.2 Members were supportive of the initiatives for Speak Up Week and the Associate Director of Corporate Governance agreed to share the requirements with Board Members for a statement to be used in support of the initiative. Regarding mandatory training compliance rates, Members were given an overview of how this was being addressed and were assured it was a priority. Members were pleased to note that NSS was well positioned in respect of whistleblowing but was not taking this for granted and looking at where more could be done.

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

Action: To share requirements for Speak Up Week statement with Board Members – Associate Director of Corporate Governance

11. STAFF RISKS [SG/24/42]

11.1 Members welcomed the Staff Risk report, which provided details of the current position of corporate staff risks rated as High or Very High on the NSS Risk Register as at 31 July 2025. Members were given an overview of the transition to the new InPhase risk system, which was still ongoing. They were also updated on how previously raised risks would continue to be monitored and mitigated. Members were content with the report and had no further comment.

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

12. NSS iMATTER RESULTS 2024 [SG/24/44]

12.1 Members were taken through the report, which summarised the results of the 2025 iMatter survey in NSS. Members sought and received an overview of how the targets had been set. They also were updated on how more context to the answers given was being sought through local Partnership Forums.

12.2 Members discussion the questionnaire format, agreeing that it was best used as a temperature check. They reviewed the response to the question on visibility of Board members and requested a comparison with other Boards to understand what more could be done to improve this area. It was noted that this was generally one of the lowest scoring areas across NHSScotland and would be discussed at upcoming Board Secretaries' and SWAG meetings. The Associate Director of Corporate Governance agreed to share feedback from the Board Secretaries' discussions.

Decision: To note the data provided in the NSS iMatter Survey Board Report 2025.

Action: To share feedback from Board Secretaries' discussions on addressing the iMatter score in respect of Board Member visibility – Associate Director of Corporate Governance

13. JOINT LOCAL NEGOTIATING COMMITTEE (JLNC) BRIEFING [SG/24/45]

- 13.1 Members noted the report which provided an update on discussions at the recent meeting of the JLNC

Decision: To note the brief from the JLNC.

14. ANY OTHER BUSINESS

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

Meeting closed 1047hrs.

DRAFT