



MINUTES OF THE PSD SCOTLAND AUDIT AND RISK AND COMMITTEE (ARC) HELD ON THURSDAY 21 MAY 2026 COMMENCING AT 0930 HRS VIA MICROSOFT TEAMS

Present:

Jean Ford, Non-Executive Director and Committee Chair
Gordon Greenhill, Non-Executive Director
Beth Lawton, Non-Executive Director

PSDB/26/30

In Attendance

Jim Boyle, Director of Finance
Kyle Clark-Hay, Associate Director of Corporate Governance (Board Secretary)
Lisa Duthie, Audit Scotland
Steven Flockhart, Director of Digital & Security
Laura Howard, Head of Programme - Finance
Kevin Kelman, Director of NHS Scotland Academy, Learning and Innovation [Items 1-5]
Carolyn Low, Director of Finance, Corporate Governance and Legal Services (FCGLS)
James Lucas, KPMG
Neil MacLean, Audit Scotland
Brian McCabe, Associate Director of Finance Operations
James McCann, Technology Service Manager [Item 18]
Andrew McLean, Deputy Director of Finance
Lynn Morrow, Corporate Affairs and Compliance Manager
Maria Niaz, Audit Scotland
Dan Pearson, PricewaterhouseCoopers (PwC) [Item 10]
Karen Reid, Chief Executive
Carys Ross, KPMG
Syed Shah, KPMG
Richard Smith, Audit Scotland
Lynsey Bailey, Committee Secretary [Minutes]

Apologies:

Paul Buchanan, Non-Executive Director
Shona Cowan, Non-Executive Director
Sharon Hilton-Christie, Executive Medical Director (as Caldicott Guardian)
Lee Neary, Director of Primary and Community Care/Strategy, Performance and Service Transformation
Grace Symes, Audit Scotland

1. WELCOME AND INTRODUCTIONS

- 1.1 J Ford as Chair welcomed all to the meeting and noted apologies as mentioned 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. MATTERS ARISING

- 3.1 Members were advised that all minutes and meeting actions from NHS National Services Scotland (NSS) and NHS Education for Scotland (NES) had been closed off and there was nothing to carry forward.

Decision: To note the verbal update provided.

4. COMPLETED INTERNAL AUDIT: NES - FINANCIAL SUSTAINABILITY AUDIT REPORT [AR/26/02]

- 4.1 Members were taken through the Financial Sustainability Audit Report which had an overall audit opinion of “significant assurance”(Green). Members commented positively on the inclusion of the Soft Controls element of the audit which will feature on an ongoing basis where appropriate. Members welcomed the report and commended the work done to achieve the current position.

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

5. INTERNAL AUDIT: NES - LEARNING EXPERIENCE AND OUTCOMES [AR/26/03]

- 5.1 Members were presented with the Learning Experience and Outcomes audit report, which had an overall audit opinion of “significant assurance with minor improvement opportunities”(Amber/Green). Assurance was received that work is underway to address the recommendations made. Members welcomed the report and wished to convey their thanks to all involved for their work.

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

6. INTERNAL AUDIT: NES - PROPERTY TRANSACTION MONITORING [AR/26/04]

- 6.1 Members considered the Property Transaction Monitoring audit report, which had an overall audit opinion of “significant assurance”(Green). Members were advised that, in relation to future property transactions, the Director of Finance had agreed to be Senior Responsible Officer for the Gyle Square relocation project. Members welcomed the report and commended the good work highlighted in the audit.

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

[Secretary’s Note: The following item covered the next two agenda items as a single discussion]

7. NES AND NSS ANNUAL INTERNAL AUDIT REPORTS 2025-26 [AR/26/05 and AR/26/06]

- 7.1 J Lucas spoke to the papers, which summarised the internal audit work in NES and NSS during 2025-26 and the conclusion reached based on the audits completed during the period. The NES report had a conclusion of green and amber/green across the four areas of governance, risk management, financial reporting and management, and data capture and use. The NSS Report had a conclusion of amber/green across governance, risk management, and financial reporting and management but an amber/red conclusion

for data capture and use. Members sought and received additional assurance regarding progress of the management actions in respect of data capture and use to ensure the necessary improvements would be made. Members asked about the Annual Freedom of Information report and received assurance that this was now captured within the governance framework and would be coming to this committee at a future meeting. Members expressed concerns about the findings relating to due diligence in respect of new customers and were given an overview of the measures being taken to address the actions. Following these discussions, Members were content to accept the reports.

Decision: To accept the Internal Audit Reports for NES and NSS for 2025-26 and accept the assurances provided by the Executive Lead.

8. NES INTERNAL AUDIT RECOMMENDATIONS PROGRESS REPORT [AR/26/07]

- 8.1 Members were taken through the report which updated on the progress against delivery of the NES Internal Audit plan for 2025-26 and internal audit follow-up action items (those due as of 31 March 2026). Members noted there were 24 outstanding management actions, of which 13 were not yet due and 11 were overdue. Six actions had been closed within the current reporting period. Members were content with the update provided on the plan to address the remaining actions and had nothing further to add.

Decision: To note the progress reported against delivery of the 2025/26 NES Internal Audit Plan.

9. NSS INTERNAL AUDIT RECOMMENDATIONS PROGRESS REPORT [AR/26/08]

- 9.1 Members were taken through the report which updated on the progress against delivery of the NSS Internal Audit plan for 2025-26 and internal audit follow-up action items. Members noted that the 2025/26 NSS Internal Audit Plan was delivered in full and completed in line with agreed timescales, seven audit actions had been verified and confirmed as implemented, no audit actions were overdue and there were no significant findings to report.

Decision: To note the progress reported against delivery of the 2025/26 NSS Internal Audit Plan.

10. SERVICE AUDIT 2024/25 FINAL REPORTS [AR/26/09a-e]

- 10.1 D Pearson gave an overview of the paper which detailed PwC's opinion on the design of the relevant controls throughout the period 1 April 2024 to 31 March 2025, and the operating effectiveness of those controls in relation to Payroll, Practitioner Services (PS) and IT. The latter report highlighted 4 exceptions and was rated 'qualified' while the others were 'unmodified'. Members noted and welcomed the progress over the year. Members sought and received assurance about moving the existing Payroll system to a new technical platform, and were pleased to note that this was expected to be completed within the coming month. For clarity, this is not to be confused with the complete re-provision of the existing payroll system with a completely new system. That is a national project and will be taken forward over a longer timescale. Members were also given an overview of the progress in respect of some of the IT controls and the impact this was expected to have. Members sought clarification about whether the summary was also shared with stakeholders and D Pearson agreed to review the report to confirm whether it was appropriate to be shared or not and will advise C Low accordingly.

Decision: To: -

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

Action: To review the summary report and confirm if it could be shared with stakeholders – D Pearson

11. EXTERNAL AUDIT RECOMMENDATIONS [AR/26/10]

- 11.1 Members discussed the paper, which updated on the progress on the External Audit recommendations by management. Members asked about whether this would be brought into a combined PSD Scotland report and confirmed that this was the case.

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

12. ANNUAL ACCOUNTS PART B (ACCOUNTING POLICIES) [AR/26/11]

- 12.1 Members considered the paper, which set out the proposed accounting policies to be applied by NSS in preparing NSS's Annual Report and Accounts 2025-26. Members were given a high-level overview of the updates made this year and noted there were no significant changes. Members confirmed they were content to approve.

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

13. INTERIM AUDIT MANAGEMENT LETTER [AR/26/12]

- 13.1 Members considered the Interim Audit Management Letter which shared Audit Scotland's findings from the interim work undertaken as part of the audit of NSS's Annual Report and Accounts 2025/26. There had been no significant findings, but six recommendations were brought forward. Audit Scotland had assessed three as being fully implemented. Two recommendations had been progressed and one was still to be evidenced as implemented, which would be looked at as part of the 26/27 audit. Members recognised that current systems were a limitation on being able to fully implement all recommendations and were given a brief overview of the plans to address this.

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

14. NSS ANNUAL FRAUD REPORT AND NSS COUNTER FRAUD STANDARD SELF-ASSESSMENT FOR 2025/26 [AR/26/13]

- 14.1 Members were briefly taken through the report, which provided an update on fraud activity undertaken in the financial year 2025/26. Members queried the target within the CFS Delivery Plan of 300 recommendations to be made to Boards and were assured that this would be looked at. They also observed there was a likely error regarding the date

mentioned in paragraph 4.5 and that it should say September 2025 instead of September 2005. [**Secretary's Note:** Following the meeting the Associate Director of Finance Operations confirmed via e-mail to Board Services that this was the case]. Members discussed the branding and including PSD Scotland since this was a public facing report

Decision: To note the report, which forms part of the Board assurance process, and approve the NSS Counter Fraud Standard self-assessment for 2025/26

15. FRAUD REPORT [AR/26/14]

- 15.1 Members were briefly taken through the report, which provided an update on recent fraud prevention activity and set out the future position for PSD Scotland. Members welcomed the report and had no further comment.

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

16. LOSSES AND SPECIAL PAYMENTS 2025/26 [AR/26/15]

- 16.1 Members considered the report, particularly noting the write-off of expired pandemic stock. Members observed that the implemented stock control measures had shown an improvement and welcomed this. Members asked about the autoclave replacement at Hassockrigg and received an update on the funding position for this.

Decision: To note the losses reported (particularly those above NSS delegated authority) and authorise the Director of FCGLS to seek formal approval from Scottish Government as part of the final accounts process.

[**Secretary's Note:** The next two items were taken out of agenda order]

17. NSS INFORMATION SECURITY AND GOVERNANCE REPORT [AR/26/17]

- 17.1 Members were taken through the report, which updated the Committee on the key aspects of NSS Information Security and Governance and Information Risk activity during Quarter 4 of 2025/26 (January - March 2026). Members were updated on the approach to the new Cyber Audit process and assured that the framework now in place would ensure good compliance. Members welcomed the report.

Decision: To:

- **scrutinise the full report as presented at Appendix 1**
- **note the update regarding the work by NSS and the Cyber Centre of Excellence (CCoE) to prepare for changing UK cyber legislation and the commensurate forthcoming changes to the information security audit approach in Scotland, and the "360 Assurance" programme of work to support Health Boards through these changes,;**
- **note the updates regarding Data Protection and Information Governance**
- **note the update regarding the Cyber Centre of Excellence programme and service improvements**
- **Accept the assurance provided**

18. NES INFORMATION SECURITY AND GOVERNANCE ANNUAL REPORT 2025/26 [AR/26/16]

- 18.1 Members were taken through the key highlights of the report, which updated the Committee on NES Information Governance activity and performance in 2025-26. Members asked about the Caldicott Guardian reporting and were advised that the annual report would be brought to a future meeting. Members noted the report, accepting the assurance provided.

Decision: To note the content of the report and accept the assurances provided by the Executive Director.

19. SCHEDULE OF BUSINESS [AR/26/18]

- 19.1 Members noted the Schedule of Business which was presented for information. The Chair wished to take some time to review out with the meeting to ensure that all expected items were covered.

Decision: To note the Schedule of Business as provided

Action: To review the Schedule of Business – Committee Chair and Board Services

20. ANY OTHER BUSINESS

- 20.1 Members had no further business to raise.

There being no further business, the meeting closed at 1102hrs.

Public Services Delivery Scotland

Draft Minutes of the Public Services Delivery Scotland (PSD Scotland) Clinical Governance Committee (CGC) Held on Thursday, 4 June 2026 at 09:30 via Microsoft Teams

Draft minute agreed by Chair and Executive Leads; subject to Committee approval

Non-Executive Committee Members:

Maria McGill	Non-Executive Director and Committee Chair
Arturo Langa	Non-Executive Director
George Valiotis	Non-Executive Director

Executive Committee Members:

Kathryn Brechin	Director of Nursing
Sharon Hilton-Christie	Executive Medical Director
Emma Watson	Executive Medical Director
Karen Wilson	Director of Nursing, Midwifery, and Allied Health Professions (NMAHP)

Regular Attendees of the Committee:

Rachel Kavish Wheatley	Executive and Governance Manager
Kevin Kelman	Director of NHS Scotland Academy, Learning and Innovation
Drew McGowan	Board Secretary & Principal Lead for Corporate Governance
Lorna McLintock	Medical Director, Scottish National Blood Transfusion Service (SNBTS)
Gordon Mills	Associate Director for Nursing, Clinical Governance and Quality Improvement
Gordon Paterson	Director of Social Care
Laura Ryan	Medical Director
David Stirling	Director of Healthcare Science
Sian Tucker	Deputy Medical Director
Craig Wheelans	Associate Medical Director
Lynsey Bailey	Committee Secretary [Minutes]

Apologies:

Olga Clayton	Non-Executive Director
Lindsay Donaldson	Deputy Medical Director
Keith Redpath	PSD Scotland Chair
Karen Reid	Chief Executive

1. Welcome and Introductions

- 1.1 M McGill as Chair welcomed all to the meeting and noted apologies as mentioned 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. Matters Arising and Action Log

- 3.1 Members noted that all minutes and actions from NHS National Services Scotland (NSS) and NHS Education for Scotland (NES) had been closed off and there was nothing to bring forward.
- 3.2 **Decision:** To note the verbal update provided.

4. Items for Scrutiny

4.1 Medical Directors' Reports [CG/26/02 and CG/26/03]

- 4.1.1 Members noted the first of the reports, which provided an update on clinically related areas of strategic/enabling activity and on relevant aspects of business-as-usual areas from a clinical perspective. Members received an update from the Associate Medical Director regarding the outcome of an investigation into the suspected fungal outbreak in the Adult Stem Cell Transplant Service, which confirmed that it had not been a fungal outbreak and that no patients had been affected.
- 4.1.2 Members sought and received further assurance regarding the Scottish Adult Congenital Cardiac Service (SACCS) and what was in place to support the remobilisation of the service. Members also discussed the screening service and were given assurance and clarification around the PSD Scotland's role as commissioner, what the risks were, and where responsibility for actions lay. Members were also pleased to note the new Child Health Digital System had gone live and co-ordination was ongoing to ensure the success and safety of the system.
- 4.1.3 Members were taken through the second report which set out the most current information on clinically relevant areas of training and education activity. Members sought and received further assurance regarding the enhanced monitoring cases and what PSD Scotland's role would be in supporting the General Medical Council on this. This was also highlighted as a potential topic for a future seminar. Members also received clarification about PSD Scotland's role in any escalation of concerns raised by Resident Doctors in Training. They were also given an overview of the route for the reporting of information relating to training programmes through to the Board. Members acknowledged the reasoning for two separate reports on this occasion and looked forward to receiving a combined report at the next meeting.
- 4.1.4 **Decision:** To note the Medical Directors' Reports and accept the assurances provided
- 4.1.5 **Action:** To note PSD Scotland's role in supporting cases of enhanced monitoring as a potential topic for a future seminar – Board Services
- 4.1.6 **Action:** To develop a combined report for the next CGC meeting – Executive Medical Directors

4.2 Nurse Directors' Report [CG/26/04]

- 4.3 Members scrutinised the report, which provided an update on the specific programmes within the Nurse Director portfolio. Members welcomed the report. They briefly discussed the risk in respect of blood bank staffing in SNBTS, highlighted as part of the Health and Care (Staffing) (Scotland) Act 2019 reporting, and were given an overview of the contingency arrangements in place and measures being taken to address any gaps identified. Members also sought and received assurance about the initiatives taken to

strengthen the clinical voice in response to feedback received from staff. Following discussion on aligning the NMAHP approach between the legacy organisations, Members observed that this portfolio had the most potential overlap between the legacy organisations and could be key in the consolidation of PSD Scotland, acknowledging the breadth of expertise. They were assured that the Nurse Directors were working together to look at how to best take advantage of this.

- 4.3.1 **Decision:** To note the updates provided and accept the assurances on:
- Excellence in Care, endorsing the Annual Report submitted to Scottish Government and approved by the Excellence in Care Oversight Group on behalf of the Clinical Governance Committee;
 - Health and Care Staffing Scotland Act 2019 activities, quarterly internal report summary and submission of the NSS Annual Report;
 - The NSS NMAHP Strategy year 2 delivery and annual report for 2025/26;
 - Progress against the Ministerial Nursing and Midwifery Taskforce (2025) Recommended Actions and annual report for 2025/26;
 - Public Protection activities and annual report for 2025/26; and
 - Other professional matters.
- 4.3.2 **Action:** To develop a more aligned report for the next CGC meeting – Director of Nursing/Director of NMAHP
- 4.4 SNBTS Response to the Infected Blood Inquiry (IBI): Progress Update [CG/26/05]**
- 4.4.1 Members were taken through the report which updated the Committee on the progress made in response to the IBI recommendations. Members were particularly supportive of the work to develop a Once for Scotland Transfusion Delivery Plan, seeking and receiving assurance regarding how this was being taken forward.
- 4.4.2 **Decision:** To note the progress update and accept the professional assurances given that that the action plan to address recommendations arising from the IBI is being monitored and progressed appropriately
- 4.5 Quarterly Blood and Tissue Quality, Safety, and Sufficiency Report [CG/26/06]**
- 4.5.1 Members scrutinised the report, which confirmed that SNBTS continued to meet all requirements in respect of quality, safety, and sufficiency. Members were reassured regarding the measures being put in place to allow the pause of the islet cell service to be lifted. Going back to the blood bank staffing issues, Members were given more details around the specific challenges in recruitment, the risks this created, and what was being done to mitigate the potential for harm. Members were also assured around the internal escalation process when these issues arose.
- 4.5.2 **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.

4.6 Clinical Governance Framework (CGF) Delivery Plan Report [CG/26/07]

- 4.6.1 Members discussed the report, which summarised the progress so far of the CGF delivery plan against the reporting timelines and milestones. Members asked about how the CGF would be reflective of PSD Scotland and were given a brief overview of the engagement that would be taking place, acknowledging this would be highlighted in the next report.
- 4.6.2 **Decision:** To note progress against the agreed reporting timelines and milestones for Q4 of the CGF Delivery Plan 2025-2026, the proposed workstreams, and the CGF Delivery Plan 2026–2027.
- 4.6.3 **Action:** To ensure the 2026-27 CGF is reflective of PSD Scotland – Associate Director for Nursing, Clinical Governance and Quality Improvement

4.7 SNBTS Quarter 4 and Annual Reports on Infection Prevention and Control (IPC) 2025/26 [CG/26/08]

- 4.7.1 Members were taken through the report which updated on SNBTS IPC activity during Q4 2024/25 (January - March 2025), covering the Scottish Government Healthcare Associated Infection Task Force (HAIRT) reporting components. It also included the summary report for the year for approval. Members sought and received clarification around the governance process for managing the domestics issues raised. Following these discussions, Members agreed they were content with the report.
- 4.8 **Decision:** To note the SNBTS IPC report for Q4, accepting the professional assurances given that the service continues to meet all the requirements placed upon it, and approve NSS SNBTS IPC Annual Report 2025-26.

4.9 Ionising Radiation (Medical Exposure) Regulations 2017 [IR(ME)R] Annual Report 2025/26 [CG/26/09]

- 4.9.1 Members discussed the report which updated on NSS's compliance within the requirements of IR(ME)R during 2025/26. Members welcomed the report and commended the work done by the medical physics team. Members sought and received assurance that development of a PSD Scotland approach to this was underway.
- 4.9.2 **Decision:** To note the report including the internal audit of IR(ME)R procedures and agree that the management actions identified in the report provide assurance that compliance with the regulations is being appropriately managed.
- 4.9.3 **Action:** To ensure the 2026-27 annual report on IR(ME)R compliance is reflective of PSD Scotland – Director of Healthcare Science

[Secretary's Note: The next item was brought forward]

4.10 Research Governance Annual Report 2025/26 [CG/26/13]

- 4.10.1 Members were taken through the highlights of the report which updated on Research Governance within NSS during 2025/26 and provided assurance that this was compliant with the principles of the UK policy framework. Members were also given an update on a symposium taking place in August 2026 that may be of interest and details would be shared with Members in due course. For next year's report, Members asked to add the

number of publications and their impact. Members discussed the development of a PSD Scotland Research Governance approach and were assured that this was being addressed.

4.10.2 **Decision:** To note the extent of the research activity carried out within NSS during 2025/26

4.10.3 **Action:** To ensure the 2026-27 annual report on Research Governance is reflective of PSD Scotland – Director of Healthcare Science

4.11 NSS Annual Report on Medical and Dental Staff Revalidation and Appraisal 2025/2026 [CG/26/10]

4.11.1 Members discussed the report which provided assurance that NSS had fulfilled its obligation to ensure that all medical and dental staff have undergone annual Enhanced Appraisal and, where required, Revalidation thus meeting regulatory body requirements. Members welcomed the report, noting that work was ongoing to develop a PSD Scotland report for next year. Members were given the background to why this was reported through this Committee rather than Staff Governance.

4.11.2 **Decision:** To note the report setting out the annual position on medical and dental staff and accept the assurance provided that regulatory and policy requirements in relation to medical and dental staff registration, revalidation and enhanced appraisal have been met for 2025-26.

4.11.3 **Action:** To ensure the 2026-27 Medical and Dental Staff Revalidation and Appraisal Annual Report is reflective of PSD Scotland – Executive Medical Directors

4.12 Clinical Staff Registration and Revalidation Annual Report [CG/26/11]

4.12.1 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 2025/26 reporting period. Members sought and received assurance regarding the automation of the process for checking revalidation status and how this would continue in PSD Scotland.

4.12.2 **Decision:** To note the report which outlines the annual status of registered clinical staff (excluding Medical/Dental) for the reporting period 2025/26

4.12.3 **Action:** To ensure the 2026-27 Clinical Staff Registration and Revalidation Annual Report is reflective of PSD Scotland – Associate Director for Nursing, Clinical Governance and Quality Improvement

4.13 Duty of Candour (DOC) Annual Report: April 2025 to March 2026 [CG/26/12]

4.13.1 Members were taken through the report, which summarised how NSS applied the DOC procedure and the details of any incidents. Only one DOC incident arose during 2025/26, which was consistent with previous years, and Members were given an overview of the process for the management of this incident. Members were content to approve it for publication.

- 4.13.2 **Decision:** To approve the final draft of the annual report and its publication on the NSS website.

4.14 Digital Front Door Clinical Governance Group Update [CG/26/14]

- 4.14.1 Members considered the paper, which updated on the work of the Digital Front Door Clinical Governance Group and highlighted areas where further assurance or direction may be needed. Members sought clarification about role of PSD Scotland and the governance structure in place for this programme. They received an overview of what had been established so far and were assured that this would be finalised in the coming months and covered in the next report. The Director of Social Care also provided assurance that a parallel piece of work covering many of the same considerations was already being discussed. Members were further assured that the relevant functions would be in communication with each other to reach a PSD Scotland position.
- 4.14.2 **Decision:** To note the update from the Digital Front Door Clinical Governance Group.

5. Items for Noting

5.1 Schedule of Business [CG/26/15]

- 5.1.1 Members noted the Schedule of Business which was presented for information. Board Services, Committee Chair and Executive Leads agreed to liaise to ensure that all relevant clinical reporting required under PSD Scotland was covered.
- 5.1.2 **Decision:** To note the Schedule of Business as provided, subject to addition of items which arose from this meeting or from discussions Board Services, Committee Chair and Executive Leads.
- 5.1.3 **Action:** To review the Schedule of Business to ensure that all relevant clinical reporting required under PSD Scotland was covered – Committee Chair/Executive Medical Directors/Director of Nursing/Director of NMAHP/Board Services

6. Any Other Business

- 6.1 Members had no further business to raise.

There being no further business, the meeting closed at 11:43.

Public Services Delivery Scotland

Draft Minute of the PSD Scotland Service and Digital Transformation Committee (SDTC) meeting held on Tuesday 19 May 2026 09:30am – 11:50pm via MS Teams

Draft minute agreed by Chair and Executive Leads; subject to Committee approval

Non-Executive SDTC Members:

Paul Buchanan	Non-Executive Director and Committee Chair
George Valiotis	Non-Executive Director and Committee Vice-Chair
Gordon Greenhill	Non-Executive Director – until 11:28
Maria McGill	Non-Executive Director – from 11:28

Regular Attendees of the SDTC:

Jenn Allison	Committee Secretary
Christina Bichan	Director of Planning, Performance and Transformation (PPT) – until 11:21
Jim Boyle	Director of Finance
Steven Flockhart	Director of Digital and Security (DaS)
Rachel Kavish Wheatley	Executive and Governance Manager
Debbie Lewsley	Risk Manager (items 5.3-5.4)
Carolyn Low	Director of Finance, Corporate Governance & Legal Services – from 11:10
Caroline McDermott	Head of Planning (items 5.3-5.4)
Drew McGowan	Board Secretary and Principal Lead for Corporate Governance
Karen Reid	PSD Scotland Chief Executive

Depute Attendees:

David McColl	Deputy Director of Technology Service (TS)
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Observers:

Peter McBride	Associate Director Information Technology
Maria McGill	Non-Executive member (until item 11:28)
Marisa Wedderspoon	Head of Service, TS

Non-Executive Apologies:

Jean Ford	Non-Executive Director
Annie Guner-Logan	Non-Executive Director
Keith Redpath	Board Chair

Regular Attendees Apologies:

Lee Neary	Director of Strategy, Performance and Service Transformation
Christopher Wroath	Director of TS

1 Introduction

- 1.1 The Chair welcomed everyone to the first meeting of the SDTC, confirming that it was quorate.

2 Apologies

- 2.1 Apologies noted as above.

3 Declaration of Interest

- 3.1 The Chair invited members to declare any relevant interests in relation to the business of the meeting.
- 3.2 No declarations of interest or transparency statements were made.

4 Matters Arising and AOB

- 4.1 No new matters or any other business was raised.

5 Items for Scrutiny

5.1 PSD Scotland Digital Programmes (presentation) PSDS/SDTC/26/02

- 5.1.1 The Deputy Director of legacy NES's Technology Service (TS) and the Director of legacy NSS's Digital and Security (DaS) directorates highlighted each function's and programmes of delivery, which are supported by a mix of baseline and programme funding. The presentation also provided an overview of each directorates' establishment and organisational structure.
- 5.1.2 The Committee noted the TS' core functions and key national programmes as well as a potential Scottish Government commission to develop a national digital health and care record.
- 5.1.3 It was noted that overall, TS is positioned as a central enabler of digital health transformation but faces ongoing challenges around funding certainty, workforce sustainability and delivery capacity.
- 5.1.4 The Committee noted that vacancy levels impact capacity and that despite mitigations, the ongoing workforce pressures present a continued risk.
- 5.1.5 The Committee asked about TS income generation and noted that this is through licensing TURAS portfolio tools and provision of clinical systems. The Committee supported exploring commercialisation opportunities.

- 5.1.6 The Committee noted lessons from the NHS England application on clinical engagement, data usability and functionality. It was confirmed that Scotland's National Digital Platform will enable wider integration, including social care, with non-digital access to support inclusion.
- 5.1.7 The Committee noted the DaS' core capabilities and key priorities including major programmes enabling integrated services. The Committee noted the challenges of a predominantly programme-based budget, delivery complexity, and reliance on temporary staffing, while maintaining critical national systems.
- 5.1.8 The Committee welcomed the presentations as providing essential context on the scale, complexity, and breadth of services under the Committee's remit, establishing a clear baseline for future oversight. It was noted that the principal challenge will be scaling capability, capacity, and innovation in response to increasing demand, necessitating robust scrutiny and governance to manage growth and transformation.
- 5.1.9 **Action:** It was agreed that opportunities for income generation should be considered as part of future strategic discussions. **CW/SF**
- 5.1.10 **Decision:** The Committee noted the presentation.

5.2 Horizon Scanning: NHS Scotland Priorities and Direction of Travel (presentation) PSDS/SDTC/26/03

- 5.2.1 The Director of Planning, Performance and Transformation (PPT) highlighted PSD Scotland's role as a national enabler of digital, data, workforce and shared services transformation over the next 10-years.
- 5.2.2 The Committee noted a need for alignment with Scottish Government strategic priorities, including service renewal; clinical service delivery; education, training and workforce development; and digital infrastructure.
- 5.2.3 The Committee considered emerging policy signals and noted that PSD Scotland will play a central role in translating policy into delivery.
- 5.2.4 The Committee recognised the associated pressure on organisational capacity, emphasising the importance of clear prioritisation, sequencing and early demonstration of impact to maintain system confidence.
- 5.2.5 The Committee welcomed clearer focus on aligning delivery with capacity and sought assurance on the robustness of the strategic direction. The PSD Scotland Chief Executive advised that while the overall direction is broadly stable, uncertainties remain around PSD Scotland's future role and shared corporate services, which will be critical for future planning and prioritisation.
- 5.2.6 The Committee noted the challenge of adding governance value in a complex, evolving agenda. It was noted there will be an initial focus on

Annual Delivery Plan (ADP) delivery aligned to agreed strategic priorities and that reporting will develop as strategy and structure become clearer.

5.2.7 **Decision:** The Committee noted the presentation.

5.3 SDTC Delegated Performance Measures Report PSDS/SDTC/26/04

5.3.1 The Risk Manager and Head of Planning were welcomed to the meeting.

5.3.2 The Director of PPT introduced the paper which presented the Quarter 4 legacy performance position, noting it had already been scrutinised by the Board, and that delegated SDTC measures were presented for completeness. The Committee noted that performance reporting will evolve towards a more integrated, organisation-wide view in due course.

5.3.3 The Committee observed that legacy performance reporting has maintained a focus on activity and deliverables and set a clear aspiration that future reporting should aim to be more outcome-focused, highlighting the impact for people and aligning with the committee's strategic and transformational role.

5.3.4 **Action:** Consider how to develop outcome-focused performance measures that demonstrate impact on people. **CBi/LN**

5.3.5 **Decision:** The Committee noted the report.

5.4 SDTC Delegated Strategic Risk Report PSDS/SDTC/26/05

5.4.1 The Director of PPT introduced the report which presented the Quarter 4 legacy risk position, noting it had already been scrutinised by the Board and that delegated SDTC risks were presented for completeness. The Committee noted that development of a single, integrated PSD Scotland strategic risk register will be submitted for Board consideration in September.

5.4.2 The Committee highlighted gaps relating to personal data and policy engagement and noted that this would be addressed in the integrated risk register. The Committee emphasised the importance of a strategic, risk-informed decision-making culture and noted the challenges of integrating legacy risk approaches.

5.4.3 **Decision:** The Committee noted the report.

5.4.4 The Risk Manager and Head of Planning left the meeting.

5.5 Quarterly Digital Health and Care Programmes Report PSDS/SDTC/26/06

5.5.1 The Deputy Director of TS introduced the report providing an overview of the delivery status of PSD Scotland's Digital Health and Care programmes,

- highlighting overall progress against plans, key risks and dependencies.
- 5.5.2 The Committee noted that the Digital Health & Care portfolio is delivering key milestones, but is operating in a high-pressure environment, where the critical challenge is to balance pace, quality, workforce sustainability, and strategic coherence.
- 5.5.3 The Committee asked for clarification on the concept of “technical debt”. The Deputy Director of TS explained technical debt as decisions made to meet immediate delivery pressures that may require future refinement or improvement.
- 5.5.4 The Committee queried whether delivery pressures, including workforce impact, had been anticipated. The PSD Scotland Chief Executive confirmed they arose from accelerated ministerial expectations, highlighting the significant achievement of the delivery team.
- 5.5.5 The Committee emphasised the need for small-scale piloting, more realistic commissioning expectations, and the importance of clearer reporting.
- 5.5.6 The Deputy Director of TS announced approval of the Digital Front Door mobile application on Android, with Apple approval pending and the Committee welcomed the progress.
- 5.5.7 **Decision:** The Committee noted the report.

5.6 Quarterly National IT Contracts Report

PSDS/SDTC/26/07

- 5.6.1 The Director of DaS provided an update on the legacy National IT contract, highlighting that the 2028 contract expiry is a key opportunity to redesign both the technology and operating model, balancing short-term stabilisation with longer-term transformation and flexibility.
- 5.6.2 The Committee raised a question regarding the level of detail included in public papers during active procurement and the Director of DaS assured the Committee that an information governance (IG) review would be conducted as part of the standard procurement process.
- 5.6.3 The Committee asked whether Boards understand the rationale for contract replacement and noted there is senior-level understanding, but limited understanding at other levels, highlighting engagement challenges.

- 5.6.4 The PSD Scotland Chief Executive informed the Committee of plans to commission an independent system-wide digital review, which will help to provide the Committee with an overview of the totality of the digital offer in PSD Scotland.
- 5.6.5 The PSD Scotland Chief Executive emphasised the benefits for clear central authority and accountability, noting that delivery will depend on stronger system-wide engagement, communication, and governance under time pressure.
- 5.6.6 **Decision:** The Committee noted the report.

5.7 Quarterly DaS Programme Oversight Report PSDS/SDTC/26/08

- 5.7.1 The Director of DaS provided an overview of delivery progress of a large and complex portfolio, emphasising that successful delivery depends on designing services first, with technology acting as an enabler, alongside a shift towards standardisation of systems and approaches across Boards.
- 5.7.2 The Committee noted key risks, including establishing governance that supports unified decision-making.
- 5.7.3 The Committee queried whether PSD Scotland could draw on NHS Board digital resources to support delivery. The Director of DaS acknowledged the value of increased collaboration, however emphasised that system-wide workforce pressures limit available capacity. The PSD Scotland Chief Executive added that a more coordinated, national approach to digital workforce planning is being explored with Scottish Government.
- 5.7.4 The Director of DaS raised a risk in relation to the Picture Archiving & Communications System (PACS) replacement programme and updated that work is ongoing to strengthen delivery and contingency arrangements to meet the delivery deadline of December 2026.
- 5.7.5 The Committee emphasised that transformation must be service-led and user-centred, aligning with the committee's remit. They highlighted the need to shift from technology-driven delivery to a model focused on people, processes, and outcomes, addressing system-wide capacity challenges and ensuring digital solutions are built around real operational needs.
- 5.7.6 **Decision:** The Committee noted the report.

6 Items for Noting

6.1 Meeting dates and schedule of business

- 6.1.1 The Chair presented the SDTC schedule of business (SoB) and future SDTC dates and advised the Committee that a meeting has been scheduled between the Chair, Lead Executive Officers and Board Services to refine the SoB and agree the Agenda for the SDTC meeting on 27 August 2027.
- 6.1.2 The Chair thanked all attendees and presenters, recognising the significant effort behind the production of papers and presentations, noting it had given the Committee a clear understanding of the scale and complexity of activity and key challenges ahead.
- 6.1.3 **Decision:** The Committee noted the SoB.

With no further business to be considered the SDTC meeting was closed at 11:47am.

DRAFT