Public Services Delivery
Scotland

PSDB/26/36

Meeting: **Public Services Delivery (PSD) Scotland Board Meeting**

Meeting date: **18 September 2026**

Time: **10:00 – 12:00**

Venue: **Gyle Square, Edinburgh, Board Rooms / MS Teams**

1	**Introduction**	
2	**Apologies**	
3	**Declaration of Interest**	
4	**Draft Minute of Previous Meeting 26 June 2026**	PSDB/26/37
5	**Matters Arising and PSD Scotland Board Action Log**	PSDB/26/38
6	**Chair and Chief Executive Updates**	
6.1	Chairs Update (verbal)	
6.2	Chief Executive Report	PSDB/26/39
7	**Items for Decision**	
7.1	NHS National Education Scotland (NES) Annual Feedback and Complaints Report 2025/2026 *Christina Bichan*	PSDB/26/40
7.2	NHS National Services Scotland (NSS) Annual Feedback and Complaints Report 2025/2026 *Lee Neary*	PSDB/26/41
7.3	Governnace Matters *Kyle Clark-Hay*	PSDB/26/42
7.4	PSD Scotland Strategic Risk PSD Scotland Risk Strategy, Risk Management Approach, Risk Appetite and Strategic Risks *Jim Boyle/Lee Neary*	PSDB/26/43
8	**Items for Scrutiny**	
8.1	PSD Scotland Board – Quarterly Risk Report (Q1) *Jim Boyle/Lee Neary*	PSDB/26/44

8.2	PSD Scotland Quarterly Performance and Delivery Report (Q1) *Christina Bichan/Lee Neary*	PSDB/26/45
8.3	PSD Scotland Board – Quarterly Finance Report (Q1) *Carolyn Low/Jim Boyle*	PSDB/26/46
8.4	NHS National Education Scotland (NES) Caldicott Guardian 2025/2026 Annual Report *Gordon Paterson*	PSDB/26/47
8.5	NHS National Services Scotland (NSS) Caldicott Guardian 2025/2026 Annual Report *Sharon Hilton-Christie*	PSDB/26/48

9 Items for Noting

9.1	PSD Scotland Public Inquiries Report *Christina Bichan/Lee Neary*	PSDB/26/49
9.2	PSD Scotland Board Rolling Schedule of Business *Kyle Clark-Hay*	PSDB/26/50
9.3	PSD Scotland Committee Minutes	PSDB/26/51

Audit and Risk Committee – 18 June 2026 *Draft*
Clinical Governance Committee – 4 June 2026 *Approved*
Clinical Governance Committee – 10 September 2026 *Draft (to follow)*
Education Committee – 7 May 2026 *Approved*
Education Committee – 20 August 2026 *Draft*
Finance and Resource Committee 9 June 2026 – Approved
Finance and Resource Committee 26 August 2026 - *Draft*
Service and Digital Transformation Committee – 19 May 2026 *Approved*
Service and Digital Transformation Committee 27 August 2026 - *Draft*
Staff Governance Committee – 16 June 2026 *Draft*

10 Any Other Business

Public Services Delivery Scotland Board Meeting – In Private Session

In Private Session – under PSD Scotland Board Standing Orders paragraph 5.21. the Board may agree to meet in private in order to consider certain items of business. The Board may decide to meet in private on the following grounds:

- *The Board is still in the process of developing proposals or its position on certain matters and needs time for private deliberation.*
- *The business relates to the commercial interests of any person and confidentiality is required, e.g., when there is an ongoing tendering process or contract negotiation.*
- *The business necessarily involves reference to personal information and requires to be discussed in private in order to uphold the Data Protection Principles.*
- *The Board is otherwise legally obliged to respect the confidentiality of the information being discussed.*

11	**PSD Scotland Board – In Private Session**	
11.1	Target Operating Model	
	Karen Reid	PSDBIP/26/52
12	**Date and Time of Next Meeting(s)**	
12.1	PSD Scotland Public Board Meeting – 18 Dec 2026, Bothwell Street, Glasgow	

PSDB/26/37

MINUTES OF PSD SCOTLAND BOARD MEETING HELD ON FRIDAY 26TH JUNE 2026, GYLE SQUARE, EDINBURGH, AND VIA TEAMs DIGITAL PLATFORM AT 1000 HRS

Present:
Keith Redpath, Board Chair
Karen Reid, Chief Executive
Lisa Blackett, Non-Executive Director
Paul Buchanan, Non-Executive Director
Ian Cant, Non-Executive Director
Olga Clayton, Non-Executive Director
Shona Cowan, Non-Executive Director
Jean Ford, Non-Executive Director
Gordon Greenhill, Non-Executive Director
Lynette Grieve, Non-Executive Director
Annie Gunner-Logan, Non-Executive Director
Arturo Langa, Non-Executive Director
Beth Lawton, Non-Executive Director
Maria McGill, Non-Executive Director
George Valiotis, Non-Executive Director

In Attendance:
Serena Barnatt, Director of HR and Organisational Development
Christina Bichan, Director of Planning, Performance and Transformation
Jim Boyle, Director of Finance
Kathryn Brechin, Director of Nursing
Sybil Canavan, Director of People and Culture
Kyle Clark-Hay, Associate Director of Corporate Governance (Board Secretary)
Julie Critchley, Director NHSScotland Assure
Carolyn Low, Director of Finance, Corporate Governance and Legal Services (FCGLS)
Lee Neary, Director of Primary and Community Care (PaCC) and Strategy, Performance and Service Transformation (SPST)
Gordon Paterson, Director of Social Care
Marc Turner, Director of the Scottish National Blood Transfusion Service (SNBTS)
Lee Savarino, Director of Dental
Andrew Sturrock, Director of Pharmacy
Karen Summers, Committee Services Manager [Minutes]
Emma Watson, Executive Medical Director
Christopher Wroath, Director of Technology Service

Apologies:
Susi Buchanan, Director of National Specialist Services & Screening Division
Steven Flockhart, Director Digital and Security (DaS)
Sharon Hilton-Christie, Executive Medical Director
Rachel Kavish Wheatley, Executive and Governance Manager
Kevin Kelman, Director of NHS Academy
Karen Wilson, Director Nursing, Midwifery and AHP and Deputy Chief Executive

Observers:
Members of PSD Scotland staff
Lisa Duthie, Audit Scotland
Scott Wood, PSD Scotland Sponsor Team (Scottish Government)
Olivia Walls, PSD Scotland Sponsor Team (Scottish Government)

1. WELCOME AND INTRODUCTIONS

1.1 The Chair welcomed all to the meeting and noted the apologies.

2. DECLARATIONS OF INTEREST

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

3. DRAFT MINUTE OF PREVIOUS MEETING HELD 15 MAY 2026 [PSDB/26/21]

3.1 Members reviewed the draft minutes from the previous meeting and were content to approve them as an accurate record of business.

Decision: To approve the minutes of the previous meeting.

4. MATTER ARISING AND PSD SCOTLAND BOARD ACTION LOG [PSDB/26/22]

4.1 Members noted that one item was recommended for closure and that all remaining actions were scheduled for future meetings.

Decision: To note the Board Action Log and close the action per the recommendation.

5. CHAIRS REPORT

5.1 The Chair provided a verbal update to Members noting the following;

- A meeting had taken place with the joint Board Chairs and the new Cabinet Secretary regarding the 100-day manifesto in relation to Health commitments indicating that Public Service Reform would be a major priority for government.
- A meeting with the Cabinet Secretary for Public Service Reform had also taken place during the period with a recognition that further details would follow once the new Programme for Government was released in September.
- All staff engagement programme was proceeding well and receiving positive feedback.
- The Chair had attended a PSD Scotland Induction meeting for new staff.
- Meeting with Social Security Scotland had taken place.

5.2 The Board wished to record its thanks to Beth Lawton, who would shortly be ending her term as Non-Executive Director.

Decision: To note the verbal update provided.

6. CHIEF EXECUTIVE REPORT [PSDB/26/23]

6.1 The Chief Executive took Members through her Chief Executive's report of work undertaken since the last meeting highlighting the following areas:

- Progress on integration of systems, processes and developing teams and ways of working.
- Continued performance focus for both legacy organisations to ensure delivery against consolidated Annual Delivery Plan.
- New section of the report showing delivery highlights.
- New section recognising and celebrating colleagues across the organisation.
- First meetings of the new Transitional Delivery Group had now taken place focusing on performance and the cultural and behavioural change required for the new organisation.
- First meetings with new sponsor team had taken place and work was ongoing to review new commissions and funding solutions.
- Attended First Minister event and additional meeting with the Cabinet Secretary for Reform to discuss future potential and direction for the organisation.
- MyCare application was successfully launched.

6.2 Members asked for further clarification on additional asks and commissions on the organisation and the Chief Executive advised that initially the main priority would be on ensuring PSD Scotland was set up correctly. All additional asks and commissions would then be fed through the appropriate governance processes and the PSD Scotland Transitional Leadership/Transitional Delivery Groups would be reviewing these to ensure everything was fully funded prior to execution.

6.3 Members noted that Scottish Government (SG) had been asked to clarify whether PSD Scotland would remain a clinical services provider, given the approach to Public Sector Reform, but no response had yet been received. Further information on the Finance Academy was requested which was provided by way of a brief update on the work of the Academy and agreement to circulate a more detailed briefing. Members noted that the Academy had been set up in response to a recognition that the role of the Director of Finance, and other senior financial positions in the NHS would benefit from a structured approach to training and development. Members reflected that this could be developed further, into other disciplines, and in time offered as a pan-Public Sector service.

Decision: **To note the Chief Executive update.**

Action: To circulate a briefing on the PSD Scotland Finance Academy to Members. J Boyle

7. PSD SCOTLAND CONSOLIDATED ANNUAL DELIVERY PLAN 2026-27 [PSDB/26/24]

7.1 Members noted that the PSD Scotland Finance and Resource Committee had recently reviewed the Annual Delivery Plan (ADP). The Board were advised that additional work had taken place since its initial draft to look at any areas of overlap or repetition and was now grouped under six key themes, across 804 deliverables. It was noted that this report would remain dynamic and continue to develop over the coming years and would be reviewed quarterly by Committee. It was further noted that the ADP was fully aligned to SG priorities and a rigorous change process was in place and the organisation was on track to deliver.

7.2 Members asked that a communications plan be put in place to ensure all staff were able to fully engage with the ADP. In addition, Members asked that all measures were reviewed to ensure they were Specific, Measurable, Achievable (or Attainable), Relevant, and Time-bound (SMART), provided a clear 'scale of ask' for each programme of work. Members noted the items that were progressing but funding had not yet been received and were reassured that this was mainly a timing issue for the majority of the ask and related to critical services, such as MyCare, where it would not be possible to pause until the funding had been receipted. This had been raised formally with the Sponsor team at SG to look at alternative ways to fund these types of projects rather than yearly allocations.

7.3 Members asked that further thought be given to how health inequalities were captured and measured as part of future reporting. In addition a cross referencing exercise was requested to ensure all organisational risks were reviewed against the ADP to support additional scrutiny.

7.4 Members thanked all those involved in producing the ADP and looked forward to further enhancements and content as the plan progressed and welcomed the monitoring opportunities via the Integrated Performance Report at future meetings.

Decision: To approve the PSD Scotland Annual Delivery Plan 2026-27.

Action: To develop a communications plan for all staff to engage with and understand the PSD Scotland Annual Delivery Plan – L Neary/C Bichan

Action: To review delivery plan to ensure all deliverables are SMART with a sense of scale for deliverables – L Neary/C Bichan

Action: To review the health inequalities information within the plan to ensure it adequately reflected the full breadth of the work of PSD Scotland – L Neary/C Bichan

Action: To carry out a cross reference exercise between the ADP and the organisational risk register to support scrutiny – L Neary/C Bichan

8. NHS NATIONAL SERVICES SCOTLAND (NHS NSS) WHISTLEBLOWING ANNUAL REPORT 2025-26 [PSDB/26/25]

8.1 Members reviewed the NHS NSS Whistleblowing Annual Report for 2025-26 and the assurances provided by the Board Whistleblowing Champion and were content to approve the report for publication.

Decision: To approve the NHS NSS Whistleblowing Annual Report for publication.

9. NHS EDUCATION FOR SCOTLAND (NHS NES) WHISTLEBLOWING ANNUAL REPORT 2025-26 [PSDB/26/26]

9.1 Members reviewed the NHS NES Whistleblowing Annual Report for 2025-26 and the assurances provided by the Board Whistleblowing Champion and were content to approve the report for publication.

Decision: To approve the NHS NES Whistleblowing Annual Report for publication.

10. PUBLIC INQUIRIES REPORT [PSDB/26/27]

10.1 Members noted the Public Inquiries report which had been presented for information.

Decision: To note the Public Inquiries report.

11. NHS NES EQUALITY DIVERSITY INCLUSION STRATEGY END OF YEAR REPORT [PSDB/26/28]

11.1 The NHS NES end of year report which was presented for information. Members welcomed the report and the highlights provided.

11.2 Members asked that for future similar reporting provided links to the key performance indicators associated with the programmes of work to provide additional evidence and current position of activities and service involvement.

Decision: To note the report.

Action: To ensure that for future reporting includes links to the number of programmes demonstrating active involvement of those who use services.

12. PUBLIC SERVICES DELIVERY SCOTLAND BOARD ROLLING SCHEDULE OF BUSINESS [PSDB/26/29]

12.1 Members noted the Board rolling schedule of business which had been provided for information.

Decision: To note the rolling schedule of business.

13. PUBLIC SERVICES DELIVERY SCOTLAND COMMITTEE MINUTES [PSDB/26/30]

13.1 Members noted the approved and draft minutes provided from the Board Committees.

Decision: To note the minutes of the Board Committees.

The public session of the Public Services Delivery Scotland Board meeting concluded at 11:14.

PUBLIC SERVICES DELIVERY SCOTLAND - BOARD FORMAL MEETINGS ACTIONS

Meeting type: Formal **PSDB/26/38**

No	Date	REPORT TITLE	ACTION	ACTION OWNER	DEADLINE	CURRENT STATUS
05	15.5.26	PSD Scotland Strategic Risk Register	Develop a single, unified PSD Scotland strategic risk register with a consistent approach to risk appetite, definitions, and reporting. To be presented at the September Board meeting.	JB/LN	Sept 2026	**Recommend for closure** On 18 September Board agenda for approval.
06	15.5.26	PSD Scotland Strategic Risk Register	Arrange a risk seminar/workshop to support this development.	Associate Director of Corporate Governance (Board Secretary)/ Board Secretary and Principal Lead – Corporate Governance	Aug 2026	Seminar held 18.8.26. **Recommend for closure** Complete.
07	15.5.26	NHS National Services Scotland Quarter 4 Finance Report	Bring forward a clearer PSD Scotland 2026–27 financial position, including discussions with Scottish Government on increasing baselined funding	JB/CL/KR	Sept 2026	**Recommend for closure** Further detail included in Q1 report.
08	26.6.26	Chief Executive Report **[B/26/]**	To circulate information on the Finance Academy to Board Members	J Boyle	Immediately	This will be issued in September 2026.
09	26.6.26	Chief Executive Report **[B/26/]**	To consider potential for Finance Academy to be expanded to include other disciplines and public sector areas once established within the NHS.	J Boyle	Future meeting	
10	26.6.26	Annual Delivery Plan **[B/26/]**	To develop a communications plan for all staff to engage with and understand the PSD Scotland Annual Delivery Plan.	L Neary	Sept 2026	Communication issued and plans in place for future updates.
11	26.6.26	Annual Delivery Plan **[B/26/]**	To review delivery plan to ensure all deliverables are SMART with a sense of scale for deliverables.	L Neary/C Bichan	Future meeting	Engagement with teams to improve quality and clarity of deliverables and associated milestones will continue throughout the year as part of evolution of the ADP and BAU activity.

12	26.6.26	Annual Delivery Plan **[B/26/]**	To review the health inequalities information within the plan to ensure it adequately reflected the full breadth of the work of PSD Scotland.	L Neary/C Bichan	Future meeting	Further scoping to identify the full breadth of PSD Scotland activity in this area is being progressed as part of our Population Health Organisation assessment. This will inform future ADP development.
13	26.6.26	Annual Delivery Plan **[B/26/]**	To carry out a cross reference exercise between the ADP and the organisational risk register to support scrutiny.	L Neary/C Bichan	Immediately	Risk exposure has been considered in the development of the proposed strategic risks for PSD Scotland.
14	26.6.26	Equality Diversity Strategy **[B/26/]**	To ensure that for future reporting includes links to the number of programmes demonstrating active involvement of those who use services.	C Bichan	Future meeting	This will be covered in subsequent EDI reporting.

Public Services Delivery
Scotland

NHS SCOTLAND

PSDB/26/39

"People first, partnership always."

18 September 2026 Public Board

Chief Executive Strategic Report

1. Introduction and Strategic Overview

1.1 In this report, I am pleased to provide an update on our organisation's continued development during the reporting period. I highlight progress across organisational delivery, strategic alignment, people and culture, partnership working and our national contribution. Since the last Board meeting, we have maintained delivery while progressing the next stage of our development. This includes moving the Phase 2 Programme from mobilisation into active delivery, beginning work on our future Strategy and Target Operating Model, and strengthening our planning, performance and assurance arrangements.

1.2 In my report, I also reflect on the breadth of our role across the wider health, care and public service landscape. I highlight how we are strengthening our engagement with Scottish Government, responding to emerging national commissions, supporting population health and prevention priorities, and sharing our specialist expertise. I believe this work is helping us build a more integrated, consistent and effective national organisation - one that is aligned with the ambitions set out in the Programme for Government and focused on supporting sustainable delivery, future transformation and better outcomes for staff, stakeholders, patients and communities across Scotland.

2 Phase 2: Organisational Development and Future Direction

2.1 Section 2 updates the Board on progress with the Phase 2 Programme, highlighting the move from mobilisation into active delivery and the work underway to strengthen Public Service Delivery Scotland's (PSD Scotland) strategic direction, operating model, organisational alignment and foundations for the future. I am pleased to provide the Board with a summary of the key activities outlined below:

2.2 I ask the Board to note the progress we are making with the Phase 2 Programme, which remains central to our ambition of operating as a single organisation with a shared strategic direction, consistent ways of working and supporting digital and organisational infrastructure. During the reporting period, I have overseen the programme's move from mobilisation into active delivery, with progress across the Strategy, Transition, People, Communications and Digital Systems workstreams. I am pleased that important milestones have been reached, including completion of the first phase of strategic analysis to inform the future PSD Scotland Strategy, agreement of workstream scopes and the programme critical path, and early progress in aligning organisational

processes, people policies, communications approaches and digital systems. I believe these activities are helping us build the foundations for a more integrated and effective PSD Scotland, strengthening our ability to work consistently across the organisation, deliver a shared strategic vision and improve the experience of staff and stakeholders. I am continuing to strengthen governance and programme oversight as the work progresses, while actively managing capacity, affordability and programme dependencies. While this work remains at an early stage, I am encouraged by the progress we are making and by the strong shared focus on creating a more integrated, sustainable and effective PSD Scotland for the future.

2.3 We have also begun developing PSD Scotland's first organisational Strategy, which will draw on research, policy review and meaningful engagement with colleagues, stakeholders and the Board, including today's important thematic session. I believe this process will create opportunities to listen, reflect and build a shared view of PSD Scotland's future direction. It is being taken forward alongside development of the early thinking of Target Operating Model, with colleagues considering how PSD Scotland can operate most effectively as a single national organisation. This includes organisational design, governance arrangements, commissioning approaches, corporate service integration, performance management and the capabilities needed to support future delivery. Together, these activities will help strengthen PSD Scotland's foundations, support a clear shared direction and shape the organisational framework needed to deliver our long-term ambitions.

3. Planning, Performance and Emerging Commissions

3.1 Section 3 of this document provides the Board with an update on the work underway to strengthen PSD Scotland's planning, performance, assurance and strategic alignment arrangements. It highlights progress in developing more integrated oversight, responding to national policy requirements, managing emerging commissions and strengthening engagement with Scottish Government to support clearer prioritisation and delivery.

3.2 The Board will consider PSD Scotland's first integrated Quarter 1 Performance Report as a separate item on today's agenda. This provides a more complete view of organisational delivery, performance, risk and assurance. From my perspective, the development of this integrated approach is an important step in strengthening organisational oversight and supporting clearer prioritisation and accountability across PSD Scotland.

3.3 As part of the Population Health Framework and Public Services reform agenda all NHS Scotland boards are expected to develop as a Population Health Organisation (PHO).

3.4 All Health Boards are required to complete a PHO maturity assessment

and improvement plan by 11 December 2026. A PSD Scotland working group, bringing together Planning colleagues and the Co-Chairs of the Population Health Group, is leading this work. We see the assessment as a positive opportunity to reflect, learn and identify practical actions that strengthen our contribution to improving population health and reducing inequalities through our services, workforce and delivery.

3.5 Public Health Scotland and Healthcare Improvement Scotland are providing tailored support for National Boards, recognising that the assessment was originally designed for territorial Boards. Our working group will attend a facilitated workshop on 18 September 2026, and the assessment will then be developed collaboratively through the Population Health Group, aligned with our emerging organisational strategy and 2027–28 Annual Delivery Plan (ADP). The Transitional Leadership Group (TLG), Finance and Resources Committee and Board will review the draft before it is submitted to Scottish Government.

3.6 Emerging Commissions

Following approval of our first ADP for 2026/27, PSD Scotland continues to receive new requests and commissions from Scottish Government. We are strengthening our approach so that demand is visible and each request can be considered consistently against strategic fit, organisational priorities, capacity and available resources.

3.6.1 An interim approach is now in place, with information on new commissions received in early 2026/27 being brought together for review by the TLG in late September 2026. This will improve transparency and shared understanding. It will also provide helpful learning for the Short Life Working Group as it develops a formal commissioning process to support informed decisions and align future commissions with agreed outcomes and organisational objectives.

3.6.2 **NHS Scotland Business Systems Transformation Programme**
Following formal commissioning by NHS Scotland's Chief Operating Officer and Deputy Chief Executive, PSD Scotland is now leading delivery of the NHS Scotland Business Systems Transformation Programme, providing a single point of accountability for the next phase. Carolyn Low, Director of Finance, Corporate Governance and Legal Services, has been appointed Senior Responsible Owner. The programme will replace legacy systems with a modern Enterprise Resource Planning platform, helping transform finance, procurement, human resources and payroll services and providing a stronger foundation for consistent, efficient and resilient national services.

3.6.3 **Digital Health and Care Record**
Scottish Government has commissioned PSD Scotland to deliver the Digital Health and Care Record (DHCR), a Programme for Government commitment that will bring together data systems to create a shared record for everyone in Scotland. This long-term capability will support

more connected, modern health and care services. PSD Scotland will provide the digital platform and enabling services, initially supporting About Me, GP IT Patient Summary and Future Care Planning. The scope excludes services being delivered through other Scottish Government programmes, including National Information Governance, ScotAccount, Digital Letters and Digital Front Door.

In year one, the programme will establish governance, assurance and delivery plans; define system and data integrations, platform architecture and standards; and complete proofs of concept. It will also update the Strategic Outline Case and develop the business cases, service blueprints, research and co-design evidence needed to progress the three initial services.

3.6.4 Community Low Vision Service

We have received Scottish Government funding to develop the Community Low Vision Service, improving access to community-based care, prevention and rehabilitation to help people maintain their independence and wellbeing. The programme is a strong example of cross-organisational working, bringing together expertise from across PSD Scotland.

3.6.5 PSD Scotland as an Anchor Institution

We are continuing to develop PSD Scotland's role as an Anchor Institution. For 2026/27, the legacy organisations' individual Anchor commitments have been brought together into a single ADP deliverable, providing a clear framework for national leadership, partner engagement, action and performance reporting. This will help strengthen our contribution to community wealth building, wellbeing and employability.

A new cross-directorate Anchor Institution Delivery Group is overseeing this work and developing a submission to Scottish Government, setting out our organisational objectives in support of national procurement, partnership and workforce initiatives. These objectives will align with our emerging strategy and link directly to the Population Health Organisation maturity assessment.

3.6.6 Sponsorship and Strategic Alignment with Scottish Government

PSD Scotland continues to meet and engage with our Scottish Government Sponsorship colleagues. Fortnightly informal sponsorship meetings provide a regular route for operational discussion, early visibility of emerging issues, new commissions, policy requests and areas requiring coordination. These are complemented by quarterly strategic sponsorship meetings, which provide a senior forum for discussion of governance, performance, risk, finance, workforce, strategic priorities and alignment with agreed objectives.

During recent informal meetings we have had discussions on the governance route for our first PSD Scotland strategy, early planning for

our Ministerial Annual Review, development of the Framework Agreement and coordination of the programme of policy workshops.

The workshops, involving colleagues from across PSD Scotland and Policy teams in Scottish Government have continued to provide an opportunity to discuss current and future policy requirements, commissioning arrangements and opportunities to strengthen alignment between policy development, service delivery and organisational priorities.

By the date of this Board meeting, nine workshops will have been completed - Primary Care, Digital Health and Care, Workforce, Mental Health, Chief Nursing Officer, Chief Operating Officer, Children and Families, Social Care and Communities, and Chief Medical Officer policy areas. The Population Health workshop is scheduled to take place on 17 September, with a Health Finance workshop to follow.

A joint wash-up session involving PSD Scotland and Scottish Government sponsorship colleagues is scheduled for 2 October 2026 to review key themes and agree next steps.

4. People, Culture and Staff Engagement

4.1 Section 4 highlights the continued focus on supporting and engaging colleagues as PSD Scotland develops, demonstrating to the Board the importance being placed on visible leadership, open communication, staff voice and the development of a positive, connected organisational culture.

4.2 Maintaining visible and accessible leadership continues to be an important priority for me as PSD Scotland evolves. Through the development of our internal communications plan, the TLG and I have been thoughtful about how we keep colleagues informed, involved and supported throughout this period of change. This has included staff webinars, engagement sessions, site visits and direct conversations with colleagues, helping to provide regular updates on our progress, the challenges and opportunities ahead, and the decisions shaping our future. Just as importantly, these conversations are helping colleagues feel connected to the changes taking place, actively involved in the development of our organisation, and able to contribute meaningfully to the way PSD Scotland grows and evolves.

4.3 In July and August, I hosted two staff engagement events alongside the Chair, members of my leadership team, and the Employee Directors. The July “In Conversation With...” session was attended by **1,467** colleagues and explored estates and facilities, culture, leadership, the important role people play across PSD Scotland, and wider organisational developments. The August all-staff webinar was attended by **1,535** colleagues and provided an update on our first four months, including progress in establishing the organisation, delivering our ADP, and

developing our longer-term strategy and Target Operating Model. Across both events, feedback was positive, highlighting how much colleagues value hearing directly from the leadership team and having opportunities to shape our organisation's future.

4.4 Frequently asked questions from staff engagement activities continue to be captured, themed and shared more widely through organisational communication channels, supporting transparency and ensuring staff feedback is considered and acted upon. These are currently being refined and will be updated in September.

4.5 On 8 September I visited colleagues at Gyle Square to learn more about the services they provide in support of health and care across Scotland. During the visit, I met with teams from Pharmacy Services, the National Contact Centre, Digital and Service Improvement, Corporate Governance, Legal Services, Finance Operations and Payroll Services, and heard more about the important operational, governance and corporate support they provide nationally.

4.6 The visit was a valuable opportunity to hear directly from colleagues about their work and the contribution they are making across PSD Scotland. It was a helpful reminder of the breadth of services we deliver, and the important role our teams play in supporting health and care across Scotland. The visit left me encouraged by the commitment, expertise and pride colleagues bring to their work, and by the important contribution they continue to make as PSD Scotland develops.

4.7 Strong staff engagement continues to be essential as PSD Scotland develops. The participation, questions and feedback from colleagues during this period show the importance people place on being kept informed, having opportunities to contribute, and feeling connected to the future direction of the organisation.

4.8 In addition to the above direct engagement, the PSD Scotland website, intranet and core communication channels continue to support staff engagement and organisational coherence. During July and August, the intranet recorded 113,625 visits. A total of 25,371 unique users accessed organisational news, updates and resources, demonstrating continued engagement with organisational communications and information.

4.9 Director-led video messages (vlogs) are currently being finalised and will be launched to colleagues shortly. The videos will provide staff with an overview of each Director's role, areas of responsibility and key priorities, helping to strengthen understanding of leadership roles and the breadth of services delivered across PSD Scotland. The initiative forms part of the wider staff engagement programme and supports greater visibility of the TLG.

4.9 Culture, Workforce and Organisational Development

iMatter participation remained extremely high across the organisation, with the 2026 response rate and Employee Engagement Index for both former organisations shared with the TLG on 10 August and the PSD Scotland Partnership Forum on 18 August. The action-planning window closed on 25 August, by which point the majority of plans had been completed. An updated report including these results will be presented to the Staff Governance Committee on 24 September. Once committee consideration is complete, we will work with trade union partners to agree a shared approach that recognises strengths, addresses areas for development and shapes a Staff Governance Action Plan. This learning will inform our future approach, including a single PSD Scotland iMatter survey in 2027 supported by coordinated communication and engagement.

4.10 Workplace Integration and Estates Transition

I would like to thank all colleagues who helped support the successful move from Westport to Gyle Square in July 2026. A great deal of planning and engagement went into the relocation, helping colleagues continue to deliver services while settling into their new working environment. Support has continued since the move, including workplace induction arrangements, access and booking processes, and ongoing improvements to office and meeting facilities. During my recent visit to Gyle Square, I had the opportunity to meet colleagues who had made the move and to hear directly about their experiences. This has been an important step in bringing teams together in a shared space, supporting closer working, a more consistent staff experience and a more connected organisation.

4.10 Supporting the Armed Forces Community

I was delighted to sign the Armed Forces Covenant on behalf of PSD Scotland, reinforcing our commitment to supporting veterans, reservists and the wider Armed Forces community. Many people within the Armed Forces community bring a wealth of experience, skills and resilience, and we want colleagues from this community to feel valued, supported and able to thrive as part of PSD Scotland.

4.11 Management Training Scheme

As part of the NHS Scotland Management Training Scheme induction programme, I was invited to provide a welcome to the newest cohort of trainees beginning their careers within NHS Scotland. The session provided an opportunity to discuss the importance of leadership, curiosity, collaboration and continuous learning, while encouraging participants to recognise the valuable contribution they can make as future leaders within the health and care system. Managed by PSD Scotland in partnership with NHS Boards, the Scheme continues to play an important role in recruiting and developing the next generation of NHS Scotland leaders and managers.

5. Chief Executive Collaboration and Partnership Working

5.1 Section 5 reflects the importance of PSD Scotland staying closely connected with partners across health, social care and the wider public service system. It demonstrates to the Board how this engagement is helping to strengthen relationships, support alignment on shared priorities, and ensure PSD Scotland's experience and expertise continue to contribute to national discussions on reform, workforce, digital transformation and sustainable service delivery.

5.2 During this reporting period, I have continued to meet Scottish Government colleagues and senior civil servants, NHS Board and social care leaders, national strategic and workforce forums, and Chief Executive peers from across the UK. This includes my contributions to Resident Doctors Contract Reform, the Sub- National Planning Oversight Group and NHS Board Chief Executive meetings, where I serve as Vice Chair.

5.3 I also meet regularly with trade union partners through direct discussions and partnership forums, creating space for early dialogue, constructive challenge and a shared understanding of issues affecting colleagues. Together, these relationships help PSD Scotland remain connected to national priorities and decision-making, align our work with wider reform, workforce, clinical, education, digital and sustainability agendas, and ensure our experience and expertise continue to support coordinated delivery across Scotland.

5.4 Some of my key engagements since the last Board meeting in June 2026 are noted below: -

5.5 On 9 July 2026, members of my TLG and I were pleased to deliver a strategic engagement session for the Scottish Government Chief Operating Officer and our Sponsorship colleagues. The session provided a valuable opportunity to discuss PSD Scotland's purpose, impact and priorities for 2026-27, as well as our contribution to system reform, 'Once for Scotland' delivery and longer-term organisational development. It also helped build a stronger shared understanding of our emerging strategy, Target Operating Model and ambitions for national service transformation.

5.6 On 17 August, I was delighted to join First Minister, John Swinney MSP, at the Scottish National Blood Transfusion Service (SNBTS) Edinburgh Donor Centre. The visit was a valuable opportunity to recognise the importance of a sustainable national blood supply and to highlight the vital contribution made by partners, volunteers and communities in supporting this service. Discussions reflected the importance of community engagement in encouraging blood donation, including the work of the Scottish Ahlul Bayt Society (SABS) through the Imam Hussein Blood Donation Campaign, which has recruited more than 2,000 donors across Scotland over the past 13 years. The visit was a strong reminder of the value of partnership working in sustaining services that

make a direct difference to patients and communities across Scotland.

5.7 I am honoured to have been invited by Scottish Government colleagues to chair the National Fertility Group and provide leadership for the National Fertility Review. This is an important area of work, reflecting the significance of fertility and IVF services for individuals and families across Scotland, and the need to plan for services that are equitable, sustainable and informed by evidence. Commissioned in response to Scottish Government priorities for fertility services, the review will consider future provision across Scotland. Supported by the National Services Directorate, the programme will include a comprehensive service review, Strategic Needs Assessment and development of a future Target Operating Model. This work also reflects PSD Scotland's important role in supporting national planning, service reform and strategic system leadership across NHS Scotland.

5.8 I was pleased to accept an invitation from Ivan McKee MSP, Cabinet Secretary for Public Service Reform, to join the Public Service Reform Board. The Board brings together senior leaders from across Scotland's public sector to support the delivery of Programme for Government commitments and the wider public service reform agenda. Through this role, PSD Scotland will contribute its experience of delivering 'Once for Scotland' services, organisational transformation, workforce development and digital reform, helping to inform national discussions on leadership, culture, accountability, simplification and public service

6. Key Delivery Highlights and Recognition

6.1 I continue to be impressed by the difference our colleagues are making across Scotland and beyond, and this reporting period has highlighted a number of important achievements that reflect the breadth, quality and impact of their work. The Quick Update Template, which is a standing item on the TLG agenda, provides a helpful way to share key activity from across the organisation and recognise the contribution colleagues are making in practice. I am pleased to include a selection of these updates below.

6.2 PSD Scotland's work continues to be recognised for its quality and impact. This includes the Digital and Data Enabled Workforce programme being selected as a World Health Organization case study, the successful delivery of governance training for Board support colleagues across Scotland, and wider recognition for our workforce development, education and professional training programmes. These achievements reflect the expertise, commitment and care colleagues bring to their work, and the positive contribution PSD Scotland continues to make to health and care across Scotland.

6.3 I am also delighted that our leadership development work is receiving national recognition. PSD Scotland's work on Leadership Success Profiles and Succession Planning for Health and Social Care leaders has been shortlisted for a national Healthcare People Management

Association (HPMA) award, recognising the contribution colleagues are making to strengthening future leadership across Scotland.

6.4 In addition, PSD Scotland has received positive assurance from the Scottish Government following completion of the first national Prevent Assurance Self-Assessment. The assessment covered areas including senior oversight, partnership working, risk assessment, referral pathways, staff training and measures to reduce permissive environments. PSD Scotland met all requirements, with no recommendations for improvement identified. This provides welcome assurance around our compliance with statutory Prevent duties and reflects the commitment of colleagues to maintaining strong governance, safeguarding and risk management arrangements across the organisation.

6.5 **Social Care and Workforce Supply**

The organisation continues to strengthen its contribution to Scotland's social care workforce. Progress has been made in expanding workforce supply initiatives and supporting recruitment into priority sectors, including activity focused on refugees and people entering careers in adult social care. The proposal to establish the Centre for Workforce Intelligence in PSD Scotland has been developed further in collaboration with Scottish Government Health Workforce colleagues. The Centre aims to become a centre of excellence for strategic workforce planning, improving engagement, collaboration and coordination at national and local levels, enhancing workforce planning capability, capacity and effective alignment with service and financial planning.

6.6 **Psychological Trauma Training for the Scottish Parliament**

PSD Scotland's expertise in trauma-informed practice continues to be recognised at a national level. Our Psychology Directorate has been approached to provide psychological trauma training for members of Scottish Parliamentary committees. The training is designed to help committee members engage with people in a way that reduces the risk of re-traumatisation, while also increasing awareness of the potential impact of vicarious trauma. Delivery of the programme is being supported within existing resources, with the first session having taken place at the end of August. This work represents a positive example of PSD Scotland supporting wider public service improvement and sharing specialist expertise across the Scottish public sector.

6.7 **Cross-Nation Collaboration and Innovation**

PSD Scotland continues to support innovation beyond Scotland by sharing expertise, learning and good practice with partners across the UK. Colleagues from the NHS Scotland Academy have worked closely with the NHS Wales Imaging Academy, sharing the experience developed through the National Ultrasound Training Programme, including its governance arrangements, funding model and benefits for learners and patients. This collaboration has helped NHS Wales secure £500,000 of funding to establish a similar Academy model, which will

also include direct patient involvement and build on the learning developed in Scotland. This is a positive example of cross-nation collaboration in practice and demonstrates the wider value of PSD Scotland's work in supporting workforce development, service improvement and better outcomes for patients and communities.

7. Matters For Noting

7.1 Section 7 brings together matters for the Board to note, highlighting the breadth of PSD Scotland's contribution to national policy and our continued commitment to transparent, well-governed organisational practice.

7.2 ### Keep Britain Working

The Board is asked to note that PSD Scotland is exploring the opportunity to become a Vanguard Organisation within the UK-wide Keep Britain Working programme and that a paper on this will be considered by the Partnership Forum on 17 September 2026**.** The programme is focused on improving health, employment and workplace inclusion and brings together employers, public services and health systems to develop practical approaches that help people remain connected to work. PSD Scotland has been identified as being well placed to contribute through its national role in workforce development, education and training, digital and data capability, procurement and public service improvement. Participation at this stage would be limited to an expression of interest and would allow PSD Scotland to help shape the programme, contribute a Scottish public service perspective and explore opportunities to support healthier and more inclusive workplaces. Any future commitments relating to resources, data sharing or programme delivery would be subject to the appropriate governance and approval processes.

This opportunity aligns closely with our ambition to improve workforce wellbeing, support inclusive employment and strengthen PSD Scotland's contribution to national workforce and public service reform.

7.3 ### PSD Scotland response to Consultations

Since the June Board meeting, PSD Scotland has continued to coordinate and contribute to a range of consultations. During this reporting period, the organisation has supported responses across eight consultations covering professional regulation, workforce development, public protection, rare diseases and social care. A summary is noted at Appendix A.

7.4 ### PSD Scotland Freedom of Information Responses

Work continues to progress in developing a PSD Scotland approach to

effective information requests, with a full operational proposal due to be presented to the TLG in October. The Information Commissioner presented to colleagues involved in Freedom of Information Requests in September, which was a very engaging and informative event with key messages that underpin the PSD Scotland approach to transparency.

8 Forward look and next steps

Over the coming period, my priority will be to maintain the safe and effective delivery of our services while continuing to progress PSD Scotland's organisational development. This will include:

- progressing the development of the PSD Scotland Strategy and early thinking on the Target Operating Model through the agreed engagement, partnership and governance arrangements;
- maintaining close oversight of the Phase 2 Programme, including capacity, affordability, interdependencies and delivery against the agreed critical path;
- progressing the formal commissioning approach to support clearer prioritisation, transparency and management of new and emerging demand;
- supporting delivery of Programme for Government and public service reform priorities by bringing PSD Scotland's national delivery expertise, digital and data capability, workforce role and experience of 'Once for Scotland' services to the wider reform agenda;
- continuing to support and engage colleagues across PSD Scotland, ensuring that staff feedback helps inform our communications, organisational development and approach to change; and
- maintaining appropriate oversight of major national commissions and programmes, including their governance, resource requirements, affordability and delivery dependencies.

Overall, I remain assured that PSD Scotland is maintaining delivery while progressing its organisational development priorities. The scale and pace of change, alongside the growth in new national commissions, mean that capacity, affordability and programme dependencies will continue to require close oversight. I will ensure that any material matters affecting delivery or agreed milestones are reported through the appropriate governance routes.

Appendix 1

Title of Consultation	Organisation Consulting	PSD Scotland Lead	Submission Date
Consultation on the Draft General Medical Council Order 2026	General Medical Council (GMC)	Medical Directorate	24 June 2026
Consultation on internationally qualified pharmacists' education and training	General Pharmaceutical Council	Pharmacy	17 July 2026
Consultation on strengthening practice learning	Nursing and Midwifery Council	NMHAP and Medical	22 July 2026
Draft rare disease therapies regulatory framework	UK Government	SNBTS	27 July 2026
Carers Census Review Consultation	Scottish Government	Social Care and Communities	7 August 2026
Proposed Regulations amending the Equality Act 2010 (Specific Duties) (Scotland) Regulations 2012	Scottish Government	Katy Hetherington/ Louise MacLennan	13 August 2026
Apprenticeship Committee Proposed Guidance	Scottish Government	NHS Scotland Academy	28 August 2026

Proposed Framework for Professionalism	General Dental Council	Dental	31 August 2026
In progress – Proposed Registration Requirement Changes	SSSC	Social Care and NHS Scotland Academy	24 September 2026
In progress - APLN - Public Consultation - Social Prescribing	Scottish Government	Social Care	24 September 2026
In progress - Civil Contingencies Act 2004	UK Government	Planning	5 October 2026
In progress - Fireworks 2026	UK Government	COBIS	7 October 2026
In progress - Code of Practice for the Mental Health (Care and Treatment) (Scotland) Act 2003	Scottish Government	NMAHP	29 October 2026

Meeting:	Public Services Delivery (PSD) Scotland Board
Meeting date:	18 September 2026
Title:	NHS Education for Scotland (NES) Feedback, Comments, Concerns and Complaints annual report 2025-2026
Paper No.	PSDB/26/40
Responsible Executive/Non-Executive:	Christina Bichan, Director of Planning, Performance & Transformation
Report Author:	Rob Coward, Principal Educator

1. Purpose

1.1. This paper is presented to the PSD Scotland Board for scrutiny and approval prior to submission to the Scottish Government and Scottish Public Services Ombudsman, and publication on the PSD Scotland website.

2. Recommendation

2.1. Board members are recommended to:

2.1.1. Approve the NHS Education for Scotland (NES) Feedback, Comments, Concerns and Complaints annual report 2025-2026 for submission to the Scottish Government, Scottish Public Services Ombudsman, Health Improvement Scotland, and publication on the PSD Scotland website. The publication date is 30 September.

2.2. As responsible director I am assured that the annual complaints report presents an overview of the annual complaints and feedback data for NES in the financial year 2025/26 and that the NHS Model Complaints Handling Procedure (MCHP) KPIs were met.

3. Report Summary

Situation

3.1 Feedback, comments, concerns and complaints are considered by the Scottish Government as an important performance indicator, and a mechanism for driving continuous improvement. This is reflected in the requirement for all NHS Boards to publish an annual Feedback, Comments, Concerns and Complaints (FCCC) report as specified by the Patient Rights (Feedback, Comments, Concerns and Complaints) (Scotland) Amendment Directions 2024 and national complaints guidance. This states that relevant NHS bodies should prepare an annual report summarising action taken as a result of feedback, comments and concerns received. NHS Boards are also

required to provide annual complaints figures for inclusion in the NHS Complaints Statistics publication.

3.2 The attached report provides a detailed account of the complaints handled by NES in 2025 -2026 together with a review of the organisation's diverse approaches to collecting feedback from learners, service users and other stakeholders over the reporting period.

Background

3.3 During the reporting period, NES handled complaints using an approach based closely on the NHS Model Complaints Handling Procedure. This ensures that most complaints were handled using the Stage 1 process, requiring a response within 5 working days. Other complaints were handled by the corporate Complaints team using the Stage 2 process, requiring a response within 20 working days.

3.4 Much of the FCCC annual report is devoted to a review of NES's practice in collecting and using feedback from service users and stakeholders. Given that NES had very limited responsibility for direct patient or client care, this feedback was mostly elicited from learners and other stakeholders (e.g. employers, professional bodies etc). The report also highlights the different ways in which NES directorates engaged with service users and stakeholders in the development and review of education products.

4. Assessment

4.1 NES received a small number of complaints requiring investigation using the agreed corporate complaints handling process. There were 20 such complaints received during the year (up slightly from 18 in 2024-25). Of these complaints, eight were fully upheld with a further three partially upheld. Eight complaints were not upheld. One complaint remained open at the year end. None of the complaints covered by the report were whistleblowing cases.

4.2 NES aimed to resolve all complaints within the agreed time limits for complaints handling. This is five working days for frontline (Stage 1 complaints) and 20 working days for more complex cases requiring investigation by the corporate Complaints Team under the Stage 2 process. Of the 14 complaints resolved using the Stage 1 process, 11 (78.6%) were completed within the 5 working day target. Three required an extension of the time for resolution. There were five complaints investigated using the Stage 2 process of which two met the 20 working day standard (40%) and three (60%) which required longer. While all NES aimed to meet national standards, the complexity of several cases and the requirement to arrange multiple meetings with complainants and others, meant that additional time was required.

4.3 The draft report includes information on the different ways in which NES encouraged feedback and comment from our service users and partners in its work. This is designed to provide assurance that NES's education and training was informed by a range of important perspectives including those of end service users, trainees and other learners

and service partners. Case studies have been used to illustrate the different approaches to engagement and feedback collection methods used by directorates.

4.4 The draft report emphasises that partnership working with stakeholders and service users is a key feature of all developments and that the collection and use of learner feedback was a vital aspect of educational governance arrangements for all directorates and programme teams.

4.5 As required by the Patients Rights Directions (as amended), the report includes commentary on methods used to engage with equalities groups (Part 1, section 2). The report details ways in which equality and inclusion is considered in the context of education and training activities.

4.6 The report highlights developments in NES's approaches to obtaining feedback from learners and engaging with people and communities. This includes the adoption and implementation of core and optional feedback questions to aid reporting of learner feedback and the approval of an Involving People Framework to guide engagement with service users in the community.

Quality, Value, Care and Technology

4.7 The report documents the role of feedback in underpinning quality across NES products and services. A focus for the document is NES's learning from complaints, which enhanced practice and procedures.

Workforce

4.8 There are no significant workforce implications arising from the report, which relates only to the legacy organisation.

Financial

4.9 The report documents performance and practice in NES's final year of operation and therefore has no financial implications.

Education and Training

4.10 As detailed in the report, all members of the corporate Complaints Team obtained advanced qualifications in complaints handling. The Complaints team also provided training workshops for directorate staff involved in responding to complaints.

Information Governance

4.11 Care has been taken to protect the identities of all complainants. This follows practice in complaints investigations, which safeguard personal information of all complainants.

Environmental and Climate Sustainability

4.12 There are no impacts on the environment or climate.

Equality, Diversity, Human Rights and Health Inequalities

4.13 There are no significant equality issues arising from the report. It does however detail different ways in which NES engaged with equalities groups to obtain feedback during the reporting period.

Other Impacts

4.14 None

Risk Assessment/Management

4.15 While there are no significant risks associated with the report on legacy NES practice, the ability of PSD Scotland to collect, analyse and report high-quality data on complaints and feedback may be an impediment to effective decision making and quality improvement.

Communication, Involvement, Engagement and Consultation

4.16 The approved FCCC report will be submitted to the Scottish Government and the Scottish Public Services Ombudsman and may require publication on the PSD Scotland website.

Route to the Meeting

- The TLG reviewed the report at its meeting on 7 August 2026
- Finance and Resource Committee 26 August 2026
- PSD Scotland Board 18 September 2026

5. List of appendices

Draft NHS Education for Scotland FCCC report 2025-2026

NHS Education for Scotland

Feedback, Comments, Concerns and Complaints Annual Report 2025-2026

September 2026

This report relates to the final year of operation of NHS Education for Scotland (NES) before its functions were incorporated within a new public body, Public Services Delivery Scotland (PSD Scotland) on 1 April 2026.

NHS Education for Scotland was an education and training body and a national health board within NHS Scotland. It was responsible for developing and delivering healthcare education and training for the NHS, health and social care sector and other public bodies. It had a Scotland-wide role in undergraduate, postgraduate and continuing professional development. As a national NHS board, NES worked in partnership with the Scottish Government, NHS Health Boards, local authorities and other stakeholders to support health and social care services in Scotland. This was by providing education, training and workforce development; supporting recruitment and strengthening career pathways. NES also supported health and care providers through the development and maintenance of digital infrastructure.

The summary table below precedes the full Feedback, Comments, Concerns and Complaints report and provides brief details of the complaints and expressions of concern received by NES between 1 April 2025 and 31 March 2026.

Table 1: Summary of complaints received and outcome 2025-2026

Subject of complaint		**Outcome of Complaint**	**Lessons learned**
1	A complainant felt that an e-Learning module lacked information around authorship, transparency, governance and funding details.	Upheld	An apology was provided. A review of the resource took place and an additional document which provides details on contributors to the module development process and a transparency statement about funding arrangements produced
2	A doctor in training requested advice on their annual leave allowance. This was not provided within a reasonable timescale.	Upheld	An apology was provided. Information on calculating annual leave allowance on Turas Hub to be reviewed.
3	Complaint about an alleged member of staff "sending hate crime and racial abuse to members of the public".	Not upheld	A check was completed by workforce colleagues, which confirmed that the person was not a NES member of staff. The ‘Facebook’ social

			media profile was reported to the company.
4	A complainant was disappointed with the loss of a key finance document (lost in post/not received) and the level of communication experienced.	Partially upheld	Due to legislation, the paperwork that was missing/lost in post cannot be re-issued (and complaint not upheld). However, a related communication issue was apologised for and upheld – a new spreadsheet file was produced and shared with the complainant. The feedback was noted for process improvements within the team.
5	Complaint about an alleged member of NES staff and recent inappropriate social media postings.	Not upheld	Checks indicated that the social media posts were not from a current NES staff member.
6	A trainee complained of problems obtaining an "out of course" tax statement for part of a financial year.	Upheld	The team was briefed on the exceptional circumstance (out of course request out-with the usual procedure). This feedback was used for team training and the statement of earnings was issued to the complainant.
7	Complaint about the handling of Dental VTE application and reasons sought why the number was not granted.	Partially upheld	Clear and detailed explanation regarding reasons for rejection of application was sought and provided. Clarification was provided on the reasons why the Dental VT number was not granted. An apology was given for delays in handling the case.
8	Complaint about repeated delay in communications following an initial complaint on finance relocation expenses.	Upheld	Process for following up recommendations and progress on actions now included in local complaints SOP. The finance communication delays were

			the result of high volume of enquiries and complex claims, and the team will acknowledge requests and prioritise escalated queries and complaints.
9	Complaint from a GP Partner relating to timelines required for pharmacy students to request GP letters to validate their needs for reasonable adjustments during exams.	Not upheld	Further information on the required timelines was provided to the complainant.
10	Complaint about a delay in increased pay and back payments for less than full time/maternity leave.	Upheld	NES was working was NHS National Services Scotland to process all outstanding payments.
11	Complaint about a Scottish Dental Vocational Training Equivalence and Certification Committee (SDVTECC) communication delay with regards to (1) receipt of a reference and the time taken to follow up and (2) views shared by the committee on the quality of a reference provided and that no guidance for providing references was provided.	Partially upheld	The reason for the delay was provided, as well as the available SDVTECC structured reference form for providing references. An apology was issued to advise that the comments were not to be perceived as defamatory and for any distress caused.
12	Complaint from a trainee regarding delays in honouring correct salary incremental point at the commencement of a new training post.	Upheld	The issue was resolved at the frontline and salary was set correctly, with outstanding back-pay due noted. HR advised that learning within the team will take place.
13	A resident doctor in training requested clarification of his relocation expenses claim and reimbursement of additional money spent.	Upheld	An apology was issued as the complainant had acted on the advice provided by the placement board. It was noted that there was some

			confusion about the eligibility criteria for NES employed trainees. The placement board has reviewed their process and will now advise their team to refer any queries regarding NES employed trainees to the Turas Hub for accurate information.
14	A resident doctor in training complained that they did not receive a relocation package for a second placement. She also complained about delays in communication.	Not upheld	The substantive complaint about non-payment of a second relocation package was not upheld as NES adhered to national policy. However, it was noted that the standard of communication could be improved.
15	A former employee complained about poor communication since leaving NES, which resulted in errors in payments and incorrect information being shared with the HMRC.	Upheld	To prevent similar issues in future, the communication process will be strengthened by providing clear guidance and a list of contacts for relevant stakeholders. This will ensure information is shared promptly and accurately with the right parties. Regarding the handling of the complainant's queries, collaboration between NES departments will be reinforced which will help clarify responsibilities. The aim is to ensure that termination notes are properly captured in the system and flagged in reports, so that situations like this are managed effectively. The current procedure for

			requesting repayment of overpaid salary will be reviewed with a view to ensuring that the step of supressing reminder emails (where applicable) is recognised in future.
16	A job candidate had some complications in (1) applying for an intended post (and ended up applying for another in error), (2) confirming an interview slot, and (3) connecting to an online interview, which was 'missed' / subsequently non-existent (no interview confirmation received).	Not upheld	This case was escalated to a stage two process. However, no further response was received from the complainant and so closed at stage one.
17	A Pharmacy student complained that they did not receive any responses to his communications about his application for a pharmacy placement.	Not upheld	Recruitment for NHS Education for Scotland 2026-2027 Foundation Training Year concluded with all matching complete. Formal communications regarding outcomes were due to be circulated to all applicants the next day (of the final response issued to the complainant).
18	A resident doctor in training complained that NES had misused their email information by giving their email address to a "politician" (health secretary role in Scottish Government) to share a political statement.	Not upheld	NES complied with GDPR requirements, and the complainant was contacted in line with bulk email communications practice (providing resident doctors in training with an update with regards to their pay) using details provided by the complainant.
19	A pharmacist complained that NES did not provide them with a place on a	Not upheld	It is up to individual NHS Scotland Health Boards to allocate places based on

	funded Pharmacy Independent Prescribing course. They also complained about failure to provide access to Independent Prescribing training for locum and self-employed pharmacists. This complaint was initially received at stage one and subsequently escalated to stage two.		local service needs. NES was not involved in the process. The complainant was advised on self-funded approaches. Future discussion will take place around ongoing allocation of independent prescribing NES-funded places. The complainant was also signposted to discuss career options with Community Pharmacy Scotland, if helpful.
20	A psychology supervisor had complained about the mishandling of concerns about a supervisee and the failure to take into account of client needs when considering a placement. Concerns were also raised about delays to responses of concerns, whether the supervisee could have passed the placement, and how the performance issues raised were passed on to the next supervisor.	-	The report remained under investigation at the end of the reporting period.

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3. Supporting service users in providing feedback

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5. Using feedback alongside other information to identify opportunities for improvement.

Part 2. Managing and using complaints

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2. Complaint process experience (Indicator 2)

3. Staff awareness and training (Indicator 3)

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5. Accountability and governance

Part 3. Positive feedback and compliments

Further information

Introduction

Welcome to the NES annual report on feedback, comments, concerns and complaints for 2025-2026. The report is a requirement of the Patient Rights (Feedback, Comments, Concerns and Complaints) (Scotland) Amendment Directions 2024, which specifies that relevant NHS bodies should prepare an annual report at the end of each year. This summarises the complaints received, methods used to collect feedback, and action taken as a result of feedback, comments and concerns received during the reporting period.

The first part of the report provides a summary of progress in collecting and using feedback from our service users. This includes case studies to illustrate NES's diverse approaches to feedback collection and the difference this information has made to its work. Part 2 comprises a summary of the complaints and concerns received from service users during the year and the outcomes from these complaints. It also provides brief account of progress in handling and learning from complaints in accordance with the nine indicators set out in the Scottish Government's guidance to health boards.

The report presents some of the positive feedback and comments received from service users, including trainees and other health service staff. It also highlights some areas where learners, stakeholders or service users have identified areas for improvement. In addition, the report describes our progress in implementing a new, systematic approach to collecting feedback from learners using an agreed set of core and optional questions.

While the case studies and data presented in the report highlight the importance of engagement with service users, we are committed to making further improvements in this area. Our emerging Learning & Education Quality System emphasises the need to involve people and communities in prioritisation, development, review and enhancement of education and training. To support this aspiration, we have developed an enabling Involving People and Communities Framework setting out the key requirements for involvement. This reflects our policy of reimbursing individuals for their time, effort and expertise in supporting our work where they are working with employed NES staff. The Framework is used as a key reference point for staff involved in education and training during 2025-2026 and we will report on the application of the Framework to our work in the 2026-2027 report following the transition to Public Services Delivery Scotland on 1 April 2026.

Part 1. Feedback, Comments and Concerns

1. Methods for gathering and using feedback

All our services are planned, developed and reviewed in partnership with stakeholders, including health care professionals in training and other health and care staff who rely on NES educational support to provide excellent patient care. Our approach to collecting feedback focuses on the 'user experience' of our diverse training programmes and products, ensuring they are accessible and fit for purpose. Feedback on learner/service user satisfaction provides key metrics for the engagement of learners, providing valuable insight into the impact of our educational programmes and resources. Learner feedback is also essential in enabling us to improve the accessibility and quality of our training. NES engages with service users, employers and other stakeholder groups for non-educational projects and workstreams such as the MyCare.Scot app and workforce supply initiatives and has a dedicated User Experience team.

The case studies featured in this report provide some examples of how feedback has been used to identify opportunities for improvement. The collection and use of learner feedback is a key focus for our quality management activities, which are monitored at senior levels within the organisation.

Feedback from health care professionals in training remains an essential component of our approach to quality management at NES. This feedback is invaluable in enabling us to evaluate educational quality, identify opportunities to improve learner experiences, and provide stakeholders with vital assurance that Scotland's significant investment in training for health and social care is effective. We organise regular feedback activities, such as the annual Scottish Training Survey in postgraduate medical education, or support UK surveys including the General Medical Council's annual Training Survey and the General Dental Council's annual surveys of Dental Foundation/Vocational Training and Dental Specialty Training. The data collected through these trainee surveys is analysed closely and forms an important part of a rich dataset used to improve education quality.

In addition to our Educational Governance processes, a *Contact Us* page on our website provides an online form for feedback (positive or negative) about any aspect of our work. Further information, including examples of these processes and how we use feedback is provided below.

Case study 1: Involving students, trainees and lay people in providing and considering feedback on Dental education

Vocational Training (VT) Undergraduate Interface meetings are held biannually, online or in person. This is a forum for undergraduate (BDS) students and current VDPs to discuss and provide feedback about Dental VT in Scotland. Attendance

includes the Associate Postgraduate Dental Dean for VT, Assistant Postgraduate Dental Dean for VT, VT Adviser, VT Trainer, University Dental School Co-ordinator/Lead and a cohort of BDS undergraduates and Vocational Dental Professionals.

Specialty Training Committees (STCs) are advisory committees comprising a Chair, Associate Postgraduate Dental Dean (for Core and Specialty), Training Programme Directors (TPDs), Royal College and University representatives, trainee and lay representatives and an external advisor from the relevant Specialty Advisory Committee. The role of each committee is to assist the TPDs and the Associate Postgraduate Dean on the management of the training programme and ensure that training is in line with the GDC curriculum. Trainee representation on the committee ensures that the trainee perspective is considered before decisions are reached and provides a forum in which trainees can voice ideas or concerns about any aspect of their training. Lay representation ensures the views of patients also feed into the decision-making process.

Core Training Committees (CTCs) are advisory committees comprising the Chair, Associate Postgraduate Dental Dean (for Core and Specialty), Core Training Advisors (CTAs), trainee and lay representatives. The role of each committee is to assist the CTAs and the Associate Postgraduate Dean on the management of the training programmes. Trainee representation on the committee ensures that the trainee perspective is considered before decisions are reached and provides a forum in which trainees can voice ideas or concerns about any aspect of their training. There are representatives from each year of Core training and from the Hospital Dental Service and Public Dental Service. Lay representation ensures the views of patients also feed into the decision-making process.

Case study 2: Healthcare Science education

NES supports healthcare science (HCS) in Scotland by monitoring the quality of training and supervision and providing resources for continuing professional development and career promotion.

We gathered feedback from trainees, training supervisors and the wider HCS community in several ways for different purposes. In 25-26 we introduced an annual survey – to capture thoughts and opinions on current workstreams and to influence future developments aligned to service delivery. More specific feedback collection included engagement with those who have attended webinars and annual events regarding content and possible future content.

The NES team collaborated with the wider HCS community; Scottish Government education policy team and professional bodies in the development of the education, skills and competence framework to ensure that content is contemporaneous.

In all communications relating to the collection of feedback, we explain the purposes for which comments will be used. These purposes include informing decisions on new learning resources or the compilation of statistics about training quality, which we make available in our newsletters / year in review reports.

There are confidential surveys carried out whereby we can identify any issues occurring and we follow up with our trainees / supervisors and we have supported trainees in conjunction with the national school for healthcare science. We also encourage all stakeholders to provide us with feedback through our website links or through our generic email account noting that any feedback we do receive will be taken forward for improvement purposes.

Case study 3: Enhanced Psychological Practice – Children and Young People Course

The Enhanced Psychological Practice programme is a Qualifications Scotland accredited post-graduate certificate level training scheme that has been developed to enable staff to deliver high-quality, evidence-based psychological interventions for mild to moderate difficulties in a way that can be efficiently brought to scale. This approach to aims to make effective use of the large cohorts of graduates in Psychology to deliver and support, under supervision, brief, outcome-focused evidence-based interventions at the Enhanced level of practice. Within the Enhanced Psychological Practice Programme, there are two courses; one which focuses on practitioners working with Adults (EPP-A), and a course targeted at practitioners working with Children, Young People and their Families (EPP-CYP), with each course having modules related to their specific target population. Practitioners on the EPP-CYP course will be trained to deliver psychological interventions with children, young people and their families for common mental health problems (anxiety, depression and behavioural and self-regulatory difficulties).

We engaged with the learners throughout the programme, asking for feedback after each workshop delivered. At the end of the programme, after they have completed the Customised Award we complete a feedback interview asking them their views on (a) their clinical placement in a NHS Board, (b) teaching and (c) academic assignments. Their experience of supervision is also collected through a questionnaire. In addition to learners, we actively sought feedback from supervisors and service leads, inviting them to submit reports, or take part in brief interviews.

To encourage accurate and feedback, we schedule the interview after they have completed the award, therefore there is not concern that there could be any negative impact on their results as a consequence of providing feedback. The content of the feedback is considered by the course team in the review of the course and incorporated into course developments.

As an addition this year, we sought general feedback from supervisors and services about their experience of having trainees from the EPP-CYP course on placement. This was in addition and separate from the detailed feedback they provide on the trainee's progress.

1.1 Our approaches to gathering and using feedback, including how we publicise opportunities for providing comments

Service users played an important part in reviewing and improving education initiatives by providing informed feedback. In this respect learners and trainees are uniquely placed to provide expert insight into their experience. The development, commissioning and quality management of education and training is informed by stakeholder participation in consultation exercises, focus groups, reference groups, steering groups, programme boards, and the valuable feedback we elicit from learners, employers and others.

The value placed on learner feedback was reflected in the agreement of organisational requirements for learner engagement and setting of Strategic Key Performance Indicators relating to learner satisfaction. This led to the agreement and implementation of core feedback questions for use by all programme teams, enabling the organisation to identify good practice and outliers and track progress over time. The standardisation of feedback questions will continue within Public Services Delivery Scotland.

Across NES's extensive portfolio of education activities there are numerous examples of service users or learners participating in the ongoing review and enhancement of programmes. This includes the following:

- Social Care – Engaging learners and service user in project discovery and design
- Centre for Workforce Supply Social Care (CWSS), offering support in recruiting New Scots[1] to Adult Social Care (ASC)
- Scottish Training Survey – opportunities for doctors and dentists in training to reflect on their training experience at the end of each posting.
- Notification of concern process for doctors and dentists in training - Managed by the NES Deanery, this is a process by which doctors in training, trainers or other staff can report concerns outwith the usual survey processes.
- Quality Management pre-visit questionnaires for trainers and doctors in training - Coordinated by the Postgraduate Medical Deanery within the six weeks before a quality management visit is conducted.

[1] New Scots is a term used to describe people who have immigrated or moved to Scotland. The term is based on Scottish Government policy relating to refugees and economic migrants and is used in Scottish media and culture.

- Psychology education programmes – using feedback to understand the impact of education and training on learners and services.
- Dental Care Professionals (DCP) – Collection of feedback data from participants and employers following induction, study days and at the end of the programme.
- Pharmacy – The use of focus groups to gather user insights on new e-learning modules and 'exit questionnaires' for learners completing education programmes. In addition to these feedback sources, the Pharmacy team embeds feedback tools on each e-learning resource to gather user views on completion.
- Mental Health and Well-being programme – Engaging with service users directly and through intermediary organisations

Case study 1: Dental Directorate (including Optometry education)

Learners, education providers and employers are asked to provide feedback as a vital part of reviewing and improving the training and educational resources provided by the Dental Directorate. The first-hand experience of attending training events or using education materials gives those completing the feedback a unique perspective which is of great value as it informs the development, quality management, quality improvement and commissioning of our training programmes and resources. The importance of receiving feedback is reflected in our efforts to encourage feedback from everyone who attends or uses educational courses or materials provided by the Directorate.

Across our workstreams there are numerous examples of learners, education providers and employers participating in the ongoing review and enhancement of our programmes. This includes the following:

- Annual Scottish Dental Trainee Survey – an opportunity for Dental Core and Specialty trainees to reflect on their training experience for the academic year. The information gathered by the survey is reviewed and where any existing or emerging issues are identified, necessary action is taken.
- Dental Core Trainees (DCTs), Vocational Dental Practitioners (VDPs) and Vocational Dental Therapists (VDTs) are asked to complete feedback forms following each study day throughout their training. The results are available to the relevant Core Training or Vocational Training Advisers to help them develop the study day programmes.
- Raising a concern process for Dental Core and Specialty Trainees – managed by the Dental Directorate, this is a process by which dentists in training can report concerns about their training programme out with the usual feedback processes.
- Dental Vocational Training Trainee Surveys - launched twice during each training year (mid-year and year-end), and a third survey is released six months after completion of the programme to all VDPs and VDTs. These surveys ask trainees to provide feedback on their training experiences, the facilities and support within

their training practices and their experiences of study days. The results are used to identify any potential training issues and develop future training programmes.

- Annual Scottish Vocational Trainer Survey - gathers information about Vocational Trainers' experiences and potential concerns for the academic year. The results are used to inform dialogue with Dental Schools on ways in which the interface between student and practitioner can be improved and help develop future training.
- Managing concerns with a Dental Vocational Training (DVT) / Therapy Vocational Training (TVT) relationship – managed by the DVT team, this process is outlined on Turas Learn for all VDPs, VDTs and Trainers and allows them to raise any concerns with their training out with the usual feedback processes.
- Dental Care Professionals (DCP) – all learners undertaking programmes delivered by the DCP workstream are invited to complete a programme evaluation.
- DCP Pre-Registration Dental Nurse Training - Apprentices are asked to complete an evaluation form following the programme induction, at the mid-point and at the end of the programme. Educators and employers are asked after the induction and at the end of programme.
- Dental Workforce Development (DWD) – learners are asked to complete feedback at the end of every Portal TV event, webinar and in person training event.
- Dental Quality Management Pre-Review Questionnaires - for Local Education Provider and Dental Outreach Centre management teams, Trainers/Supervisors, Dental Nurses, Allied Health Professionals and Dental Core and Specialty trainees to feedback about their experience of training at the site. Co-ordinated by the Quality Management workstream prior to a Quality Management Review.
- Dental Quality Management Review Post-Event Evaluation – an opportunity for everyone who attended a Quality Management Review to provide feedback on the organisation and effectiveness of the Review.
- Optometry Postgraduate Support – learners are asked to complete feedback at the end of every educational experience, whether this is completing an online module, in person CPD event or webinar.
- Optometry Postgraduate Qualifications – NESGAT (NHS Education for Scotland glaucoma accredited training) learners are asked to complete a pre and post programme feedback questionnaire. Throughout programme individual educational experiences e.g. webinars, in person training will complete feedback questionnaires. Clinical supervisors, clinical assessors and viva assessors complete feedback on overall experience of the programme from operational and delivery perspectives and engagement with the learners.

- Optometry Postgraduate Placements and Clinical Skills – learners are asked to complete pre and post placement feedback questionnaires, gathering information regarding change in behaviours, competence and confidence.

Case study 2: Social Care – Engaging learners and service user in project discovery and design

Engagement ensured strong collaboration as part of project discovery and design phases for social care learning and education. Engagement provided strong foundation for development and delivery phases, ensuring product credibility, feasibility and viability. We believe this has enhanced adoption and implementation and sees peer to peer conversations promoting the product(s). The methods used for engaging service users, learners and other stakeholders:

- Stakeholder analyses which considered influence/impact/power went on to inform engagement methods for cohorts of stakeholders, ensuring engagement was considered and proportionate
- Multi-method evaluation-specific approaches include surveys, interviews and small group discussion
- A delphi methodology[2] was used to assess and develop the content validity of the National Induction Framework (NIF) and we are currently exploring journal publication on this approach.
- Stakeholder engagement sessions were used throughout product development and delivery phases – numerous iterations across the products have been made in response to engagement, ranging from the inclusion of certain topics in the NIF to the design and functionality of the Social Care Career Options Tool (SCCOT).
- Face to face meetings with stakeholders
- Feedback questionnaire on all eLearning resources
- Feedback prompt on the NES Social Care Hub landing page which is clearly signposted

[2] The Delphi method is a group decision-making technique. It gathers anonymous answers from a panel of experts across multiple questionnaire rounds to reach a reliable group consensus on complex forecasts or decisions.

Case study 3: Psychology education programmes – using feedback to understand the impact of education and training on learners and services

NES's Psychology Directorate supported a range of education products and training programmes to maintain and develop the supply of psychological care in health and social care and beyond. Programmes include Doctoral training programmes for Clinical Psychologists, other postgraduate programmes to support psychological care and a range of continuing professional development offers.

The psychology directorate consistently seeks feedback from learners, in relation to their experience of training (Kirkpatrick level 1), their increase in knowledge and skill (level 2) and changes in behaviour (level 3,) and impact on services (level 4). This information is used to inform developments in training, implementation support and to report to the Scottish Government. For this purpose, each Directorate workstream generated an impact plan tied to operational planning and the use of NES's core and optional feedback questions.

1.2 How we publicise opportunities for providing comments

Given the importance of feedback for NES's work, we used several different methods to encourage comment from trainees and other learners. These range from targeted communications for training grades in Medicine, to the provision of an open comments mailbox for Healthcare Science trainees and the use of social media to invite feedback from Pharmacists. In eliciting feedback, we followed the key principles of preserving the anonymity of individuals submitting comments and being prompt to act on specific suggestions. Where possible named contacts for communications were provided but generic contact email addresses were also offered.

2. Engaging with equalities groups

Feedback on equality, diversity and inclusion, was collected at directorate level through a variety of mechanisms, including engagement with stakeholder groups, educational delivery and participation in project steering groups. Through training and support for programmes NES also ensured that projects and programmes considered the impact on groups of people who share a protected characteristic. This includes gathering and analysing feedback from learners and data on who benefits from learning opportunities to identify any inequalities in access.

The extent and impact of engagement with diverse learners and service users was a focus for discussion of Equality & Human Rights Steering Group meetings and reviews, which shared intelligence and learning from programme and directorate-level feedback and engagement. The Steering Group identified the need to

disaggregate feedback data by protected characteristics to improve our understanding of how different equalities groups access our education programmes, differences in satisfaction, educational attainment, etc. It is anticipated that new approaches to feedback and evaluation through PSD Scotland's emerging Learning and Education Quality System will help to identify specific barriers to inclusion. This is part of our commitment to inclusive learning as highlighted in our Inclusive Education and Learning Policy.

Our complaints log enables us to code complaints and concerns thematically as being relevant to equality and diversity at both directorate and corporate level. Complaints and concerns are reviewed annually by the Steering Group within the context of our equalities review, providing another source of data which can be triangulated to inform policy and strategy development and to measure our progress delivering our equality outcomes and equality mainstreaming priorities.

Case study 1: Centre for Workforce Supply Social Care (CWSS) supporting the recruitment of New Scots into Adult Social Care (ASC)

NES's Centre for Workforce Supply Social Care (CWSS), offered support to Adult Social Care (ASC) employers in recruiting New Scots, and to New Scots to find new employment within the sector. By New Scots we mean migrant workers, including displaced workers, asylum seekers and refugees. For this purpose, the CWSS engages with a wide range of stakeholders across the social care sector, including:

- Employers/providers of adult social care services
- Individual workers and prospective recruits
- Partner organisations (e.g. charities, regulators, unions) and sector bodies
- System stakeholders involved in workforce supply and migration

The purpose of engagement was to:

- Provide advice and guidance on workforce supply challenges
- Support users to navigate complex processes (e.g. recruitment, migration, compliance)
- Understand user needs, challenges and emerging issues across the sector
- Identify areas of improvement and gaps in resources required by employers and workers which can then help CWSS develop improvement resources for these areas.

The methods used to engage stakeholders included a combination of:

- Direct engagement via the CWSS inbox, including follow-up responses
- Ongoing dialogue with users during query resolution

- Informal feedback and unsolicited testimonials submitted to the CWSS inbox
- Interaction with digital resources hosted on the Turas platform (engagement data such as tracking views and downloads monthly)
- Discussions in networks, groups, meetings and social communities (including our Facebook Group for New Scots and LinkedIn Group for employers).

A significant development this year has been the increased use of internal dashboards and reporting using the Power Bi app, enabling better analysis of enquiry trends, response times and user needs. This has supported a more proactive, insight-driven approach to service improvement.

A particular focus for engagement has been disadvantaged groups, including migrant workers. Methods for engaging this diverse group included:

- Ensuring the service is open and accessible to all users via a central inbox
- Providing clear, practical guidance tailored to individual circumstances
- Engaging with partner organisations who support specific groups such as migrant workers, including charities
- Using casework interactions to capture feedback from those who may not engage through formal channels.

This approach helps to include voices that may otherwise be underrepresented.

Case Study 2: Medical Pastoral Care Quality Charter (MPCQC) for International Medical Graduates (IMGs)

The purpose of the NHS Scotland Medical Pastoral Care Quality Charter (MPCQC) for International Medical Graduates (IMGs) is to create a shared understanding, and national commitment across Scotland to the pastoral care of all IMGs new to NHS Scotland, grounded in six core values. It will also aim to create a live national framework for continuous improvement and innovation in IMG support, coordinated through the Scottish Regions' IMG Support Network Group (SING), including annual refresh of the Desirable Standards and resource packs.

The recently proposed Medical Training (Prioritisation) Bill is likely to change the career landscape for IMGs across the UK. In this context the ability of health systems to offer high quality, equitable pastoral and professional support outside formal training pathways becomes increasingly important for retention and workforce stability.

The MPCQC provides NHS Scotland with a clear, values led response: ensuring that doctors in locally employed (traditionally regarded as non-training) roles receive the same quality of pastoral support, supervision and development as those in training posts. By doing so, the charter helps mitigate the risk of a two-tier experience,

supports trust and progression for IMGs embedded into the workforce, and positions NHS Scotland as a system that invests in international medical staff beyond initial recruitment.

Engagement and Feedback Approach

The Centre for Workforce Supply (CWS) has been working closely with NES Medical Directorate colleagues and the Scottish Regions' IMG Support Network Group (SING), to develop a Pastoral Care Quality Charter (MPCQC) for International Medical Graduates (IMGs) new to NHS Scotland. The Charter brought together the learning from the successful NHS Scotland Pastoral Care Quality Award (PCQA) for internationally recruited Nurses, Midwives and AHPs (launched by CWS in 2024), and the NHS Scotland Standards for IMG Induction and Ongoing Support, developed by SING. CWS engaged with health board representatives via a Short Life Working Group, which met in July and September 2025, to develop the Charter.

A range of methods were used to encourage feedback during the development of the Medical Pastoral Care Quality Charter (MPCQC). These were designed to gather views from key stakeholders, test the draft content, and support ongoing refinement of the Charter.

- **Structured stakeholder engagement:** Short Life Working Group sessions with Board international recruitment leads, HR medical recruitment teams, NES Medical Directorate colleagues, Directors of Medical Education, and the Royal College of General Practitioners (RCGP).
- **Formal governance and network discussions**
- **Wider engagement activity:** CWS webinars and the GMC conference.
- **Targeted written feedback:** Stakeholder emails issued to Board international recruitment leads, HR medical recruitment teams, NES Medical Directorate colleagues, Directors of Medical Education, and the RCGP for draft review and comment.

Feedback from disadvantaged groups was obtained by working closely with stakeholders from the boards (including IMGs themselves) as well as professional networks/organisations and IMG Leads who represented and advocated for the needs of any specific disadvantaged groups and provided a broader range of perspectives.

Case study 3: Unpaid carers education programme

We engaged with learners, trainees, service users, employers and others in the development of education resources as described below.

Hospital Discharge Animation – Carers organisations with a focus on hospital discharge. We formed a core group of 6 people to work to shape the hospital discharge animation. This group liaised directly with carers and staff involved in HD.

Carers supporting people with mental ill health – We engaged with mental health focused third sector organisations, national carer organisations, Public Bodies and local carer centres, who helped us connect directly with unpaid carers. We have worked together to co-create and shape learning resources including:

- A masterclass chaired and led by carers
- Films – including carers with lived experience
- Content for future e-learning

Young carers – we worked with Carers Trust Scotland and local young carer centres to identify young carers who could take part in a consultation piece. In partnership with NES colleagues and the University of Strathclyde, we ran three interactive sessions with young carers to explore which innovative educational resources could help the health and social care workforce better understand their lives.

Purposes of engagement

- Collecting information to ensure an animation about Hospital Discharge addressed the current information gap
- Understanding and identifying the experiences of unpaid carers supporting people with mental ill health when they engage with health and social care services and to use this knowledge to shape resources
- Understanding how young carers feel their lives and experiences could be best understood using innovative learning resources. Use this knowledge to help form our future educational resource delivery.

Methods of engagement

A range of methods were used to engage with unpaid carers, third sector organisations health and social care staff and others. These methods included Teams meetings, in-person engagement sessions, use of polls and padlet[3] tools, online questionnaires and sticky notes, pens and paper.

Particular efforts were made to ensure that the voices of unpaid carers were heard. For online and in-person meetings we used the following methods to help people feel that their inputs were valued:

- Group agreements to create safe spaces
- Meeting young carers in places that they felt comfortable
- Food e.g. pizza for young carers, lunch for carers

[3] A digital programme used to by groups to collaborate in providing information, opinions and ideas.

- Remuneration for time given
- Support around digital skills
- Support around facilitation skills e.g. Leading to change team support a carer to chair the master class
- Graphic Facilitation (see Fig 1. below)

Fig. 1 Output from graphic facilitation of engagement session with carers



3. Supporting service users in providing feedback

Given the high value placed on our service-user feedback, comment was encouraged in a variety of ways (as described at 1.2 above). While there are no formal mechanisms for supporting the provision of feedback, a wide range of access points for comment are made available. These include generic mailboxes to provide named or anonymous feedback, online questionnaires or named contacts for each programme team. Opportunities to provide comments on products and services were highlighted in our learning resources and websites, including the 'Contact Us' webpage on the NES corporate website. For all trainee surveys, regular reminders are circulated to emphasise the importance of providing feedback. This is reflected in the high response rates from trainees.

Case study 1: Family Nurse Partnership programme

NES offers a long-running and successful training programme for Family Nurses (and their supervisors). The Family Nurse Partnership is a person-centred programme supporting young first-time parents aged 19 or under, and eligible 20- to 24-year-olds in some areas, along with their children. This evidence-based programme takes place in the comfort of families' own homes, focusing on the

crucial first 1001 days of life - from early pregnancy until the child reaches the age of 2 years old.

We engaged with family nurses who had completed the Professional Diploma in Family Nursing to gather structured feedback on their experiences of undertaking this academic programme. Information was collected on both the perceived benefits and the challenges associated with undertaking the qualification, as well as key recommendations and practical tips to inform and support prospective candidates.

A small focus group was convened for a facilitated discussion, which was recorded in the form of a podcast. This format was selected to extend the reach of the insights shared, making them accessible to a wider audience of prospective candidates. Feedback from site supervisors highlighted the value of this approach, noting that the podcast serves as a useful resource that can be shared during the recruitment process with individuals seeking to gain a deeper understanding of the Professional Diploma in Family Nursing. The link is now available on the TURAS website as well as Podbean and Spotify. https://nesletstalkfnp.podbean.com/e/the-sqa-professional-diploma-in-family-nursing/

Case study 2: Centre for Workforce Supply (Health)

The Centre for Workforce Supply (CWS) (Health) delivers a range of national and profession-specific digital workforce improvement resources to support attraction, recruitment and retention to the NHS Scotland workforce. These resources are hosted online (on Turas) to enable wide stakeholder reach and engagement. We engage with a range of stakeholders to ensure CWS resources are relevant and engagement. These stakeholders include:

- health boards (incl. workforce /employability leads)
- profession specific subject matter experts
- learners
- educators
- partner organisations
- service users
- workforce (health and social care)
- NES colleagues and teams

Engagement and Feedback Approach

CWS uses a standardised model for engagement, feedback, and reporting across all our digital estate. This ensures a consistent, stakeholder-led and collaborative approach.

Below are the key stages of engagement and feedback within the process:

- **Development:** Stakeholder engagement to inform resource design.
- **Pre-launch:** Pilot review to ensure accuracy and usability.
- **Ongoing Reviews:** 6-month/annual reviews to maintain relevance.
- **Performance Monitoring:** Monthly/quarterly reviews to track engagement /usage metrics.
- **Ongoing Feedback**

A live feedback form is available across all online resources, enabling stakeholders and users to provide feedback while engaging with the content.

As part of a new resource launch, there is usually a supporting webinar/online learning session to support user engagement. These are well attended with: 130 people registering to attend the launch of the New GP Workforce Centre (82 attended) and 161 registering to join the IMG Hub launch (76 attended).

4. Systems for collecting and using feedback, comments and concerns

NES employed several systems and processes for collecting and using feedback and comment from our service users. These systems include the collection of feedback using online tools including Microsoft Forms. Such tools enable us to easily share examples and good practice between directorates and programme teams. We have also developed templates for presenting agreed core and optional feedback questions to learners. This ensures a consistent approach to feedback collection, enabling cross-directorate and cross-programme analyses.

It is anticipated that the use of core and optional feedback questions will be supported by a bespoke system to allow data to be presented for individual programmes and aggregated for wider analysis and reporting.

5. Using feedback alongside other information to identify opportunities for improvement.

Feedback from trainees and other learners is one of many elements that contributed to quality improvement at NES. On occasions this feedback is a trigger for further investigation, as with the data from our trainee surveys. In other contexts, feedback is used as part of wider evaluations encompassing use of analytic data, peer review, site visits (now in virtual formats) etc. In our Dental and Medical directorates, feedback forms an important component of our comprehensive Quality Management Framework and the annual review process for training programmes. This supports

decision making on any required quality management activities such as a Training Programme enquiry, training location visit etc.

Case study 1: Pharmacy Foundation Year supervisor training

In 2025/26, NES became a General Pharmaceutical Council (GPhC) accredited pharmacy foundation training year programme provider for the first time. As a result, we had to develop a training programme for Foundation Training Year supervisors to quality assure assessment. This included a mandatory, online 90-minute supervisor induction session to complement a series of e-learning modules. NES aimed to guide expectations in terms of assessment of performance against GPhC initial education and training standards.

Information was collected to determine any impact the induction session had on supervisor confidence to assess trainee pharmacists against identified prescribing related learning outcomes. We also sought feedback on further identified learning needs and knowledge gaps to inform further support sessions and future induction sessions.

Several different methods were used to collect feedback from supervisors before and after learning sessions. This included interactive 'Padlet' board prompted questions prior to the online session, chat function comments and opportunities for verbal comments and questions during online discussion. A post-course QR code was incorporated into the presentation slides which linked to a Microsoft Forms survey to evaluate any change in confidence to assess trainee pharmacists against GPhC initial education and training learning outcomes. Participants were encouraged to complete the survey on their phone immediately at the end of the online session. Morville's User Experience Honeycomb informed question development. Inclusion of open text questions allowed for qualitative data to be gathered which enabled further exploration of attendee learning needs.

Case study 2: Mental health and well-being programme

This programme consists of six workstreams: mental health improvement and suicide prevention, dementia, autism and neurodivergence, learning disabilities, adults with incapacity and spiritual care. Each workstream is committed to an ongoing approach to engagement to ensure a wide range of views and perspectives are understood to inform the focus, design, and functionality of all educational products. This includes:

- People who have lived and living experience – for example through Lived and Living Experience Panels examples include (Suicide Prevention Scotland/Youth Advisory Group, and with support from 3rd sector partners.

- Diverse workforce across health, social care, third and independent sector and wider public sector.
- Professional groups and learners – including the National Spiritual Care Professional Leads Group, AHP mental health leads group, Mental Health Nurse leads.
- Wider stakeholders – including Scottish Government, Mental Welfare Commission, Scottish Consortium for Learning Disabilities, National Autism Implementation Team (NAIT) and Public Health Scotland.

The purpose of our engagement is to understand:

- Best evidence and implementation gaps
- Experiences of people who have lived and living experience
- Blend of knowledge/ insight gained from other SG funded organisations
- Local service priorities and challenges
- Learners needs and experiences of learning programmes

We use this information to:
- Identify future priorities within each programme
- Design and improve learning resources
- Understand impact of learning resources

We use a range of formal and informal strategies to encourage and gather feedback and support engagement. Formal approaches include stakeholder meetings and critical friends' groups, or specific workshops to review educational materials, discuss data, and share insights to inform design and development of resources. We also include embedded feedback within each learning programme and network events to gather immediate user feedback which has been used to enhance future learning products and events.

Due to the nature of this programme, a skilled and sensitive approach is needed to support effective engagement. At times we will work with other organisations who lead engagement with people who have lived or living experience – for example through lived experience panels, youth advisory group, or third sector organisations, for example IMROC, PAMIS, Inspiring Scotland, NAIT autistic partners and Active Voice (Alzheimer's Scotland).

Part 2. Complaints Performance Indicators

1. Learning from complaints (Indicator 1)

As in previous years, NES received very few complaints (20 in total), but each one was used as an opportunity to learn and improve. Information about each complaint

or expression of concern is held centrally by our Planning and Corporate Resources Team. Each complaint and expression of concern was reported to our Board through the Education and Quality Committee on a quarterly basis, with a summary of actions taken in response (where relevant). Summaries of complaints received, timescales for investigation and outcomes are presented in Tables 1 and 2.

Table 1 above sets out the specific learning points and improvements made in response to complaints handled by directorates and the corporate Complaints Team. The table contains brief information about the responses to complaints, which range from reviews of process and policy to staff training and enhancements of communications practice. Enhancements were made or reviews conducted following complaints, including several where the complaint was not upheld, only partially upheld or where NES had no locus of responsibility. The outcomes of each complaint were reported to senior managers in the directorates subject to complaints with the expectation that recommendations would be taken forward.

A total of 20 complaints were handled by the corporate Complaints Team. This is one less than the previous year (18 complaints with 1 expression of concern).

2. Complaint process experience (Indicator 2)

Individuals and organisations dissatisfied with NES services or staff were able to communicate with us through a variety of routes. These include the Feedback and Complaints mailbox on the NES corporate website, directly to the NES Chief Executive or Director of Planning, Performance and Transformation by email or through local directorate staff, such as educational supervisors or quality management staff. The Medical and Dental Directorates also reviews expressions of concerns from professionals in training through its Notification of Concerns process. In addition to these processes, NES reviewed the Care Opinion website, which is used by service users to comment and complain about health and care services. Although education and training was mentioned in some of these posts, there were no specific references to NES warranting investigation and response.

NES has a clear two-stage process for receiving and investigating complaints as set out in our Complaints Procedure, which may be accessed on the website. This explains our standards for investigating complaints, including the timescales for investigation and the support available to complainants. A report is produced for each complaint investigated by the corporate Complaints Team, which is presented using an agreed template. The report summarises the complaint and sets out the evidence reviewed. It concludes with the final judgement which is supported by the investigating team's reasoning for its conclusions.

Complainants are invited to provide us with feedback on their experience of the NES complaints process. This invitation asks complainants to comment on issues such as

the time taken to conduct the investigation, the thoroughness of the investigation process, support provided by the Complaints Team and the clarity of the final report. We received feedback from two complainants during the year, who each indicated they were satisfied with their experience. One complainant welcomed the '*openness and accountability'* of the way in which their complaint was handled. Another complainant expressed unhappiness with the outcome of the complaint investigation and requested contact details for the Scottish Public Sector Ombudsman (SPSO). One further complaint was referred to the SPSO, who declined to investigate.

3. Staff awareness and training (Indicator 3)

Staff involved in complaints handling are trained in the principles and practice of effective complaints handling (including learning from complaints). Several NES staff have completed NES's own Complaints Handling online learning, which was developed to support the health and social care sectors in Scotland. All three members of our corporate Complaints Handling team held the Level 5 Professional Award in Complaints Handling and Investigations awarded by Pearson.

Members of the corporate Complaints Team maintain their development and awareness of current practice in this aspect of their work through attendance at occasional events and reading reports from the Scottish Public Services Ombudsman and other authoritative sources of guidance. The Complaints Team also participate in meetings on the NHS Complaints Personnel Association Scotland; a national forum for the exchange of information and good practice relating to complaints handling.

Members of the corporate Complaints Team facilitated developmental workshops for directorate staff. The purpose of these sessions was to familiarise staff with the complaints handling principles and processes, ensuring they are equipped with the skills and knowledge to handle Stage 1 complaints with confidence.

4. Outcomes from complaints investigations (Indicators 4, 5, 6, 7, 8 and 9)

The outcomes from each of the complaint investigations conducted in 2025-2026 are summarised in Tables 2 to 5 below. This indicates that 20 complaints were received during the year which were investigated. None of the complaints received were whistleblowing cases. Of the 20 complaints received, 8 were fully upheld, 3 were partially upheld and 8 were not upheld. One further complaint remained open at the end of the reporting period.

In addition to the complaints and concerns, NES also received several emails from individuals expressing dissatisfaction with clinical or care services. These individuals were referred to the relevant complaints contacts within health boards or contractor organisations.

Most complaint handling was conducted in accordance with the NHSS National Standards, including the timescales for acknowledging complaints, investigating complaints and reporting back to complainants with the complaint investigation outcomes. In several cases an extension to the timescale for responding to a complaint was required to complete the investigation. These extensions were required to schedule meetings with complainants and other individuals involved in the case. Complainants are kept informed about the progress of the investigation and any extensions required.

Tables 3 to 5 refer to Stage One and Stage Two complaints. Stage One complaints are those that are resolved locally. Stage Two complaints are either referred (or 'escalated') to the corporate Complaints Team or investigated directly by the Complaints Team ('non-escalated' Stage Two).

5. Complaints handling performance

As indicated above, NES followed the NHS Model Complaints Handling Procedure and adopted the associated standards for responding to complaints. These standards require all responses to all Stage One complaints to be sent within five working days. Stage Two complaints require responses within 20 days. NES's complaints handling performance was broadly in line with these standards with the mean average time for responding to Stage One complaints being 4.2 days. The mean average time for responding to Stage Two complaints was 16.3 days. While these response time averages were positive, responses to three Stage One complaints were later than the 5-day standard and responses to two Stage Two complaints were outwith the 20-day standard. Extensions for investigations requiring additional time were authorised by senior management to enable further information gathering.

Table 2. Feedback, Comments, Concerns and Complaints Register - Year to 31 March 2026

Source (1)	Summary (2)	File reference (3)	Suitable for frontline resolution?	Date of receipt	Acknowledged (A) and response dates (R)	Outcome (4)	Was the complainant satisfied with frontline resolution?	Lessons learned / improvements (5)
NHS Staff	Complainant felt that an e-learning module lacked information around authorship, transparency, governance and funding details.	20250407 eLearning module	Yes	7/04/25	07/04/25 (A) 17/04/25 (R)	Partially Upheld	Yes	A review of the resource is taking place. The CPD Connect team apologised for this oversight. The document will confirm that the authors are GPs and a General Practice Nurse.
NHS Staff	A doctor in training requested advice on their annual leave allowance. This was not provided within a reasonable timescale.	20250421 Annual Leave Allowance	Yes	22/04/25	22/04/25 (A) 23/04/25 (R)	Upheld	Unknown	Apology provided. Information on calculating annual leave allowance on Turas Hub to be reviewed.
Public	Complaint about an alleged member of staff "sending hate crime and	20250519 Individual	Yes	19/05/25	19/05/25 (A) 19/05/25 (R)	Not upheld	Unknown	It was established that the individual responsible for offensive social media posts was not a NES member of staff.

Source (1)	Summary (2)	File reference (3)	Suitable for frontline resolution?	Date of receipt	Acknowledged (A) and response dates (R)	Outcome (4)	Was the complainant satisfied with frontline resolution?	Lessons learned / improvements (5)
	racial abuse to members of the public".							
NHS staff	Dissatisfaction with communication and lost post regarding a key finance document.	20250522 Lost mail and correspon dence	Yes	22/05/25	22/05/25 (A) 29/05/25 (R)	Partially upheld	Unknown	Due to legislation, the paperwork that was missing/lost in post cannot be re-issued (and complaint not upheld). However, a related communication issue was apologised for and upheld. The feedback was noted for process improvements within the team.
Public	It was alleged that a NES staff member made inappropriate social media postings.	20250527 Social Media	Yes	25/05/25	27/05/25 (A) 29/05/25 (R)	Not upheld	Unknown	It was established that the person posting inappropriate social media comments was not a NES staff member.
NHS staff	A trainee had problems with obtaining an "out of course" tax statement	20250529 Finance statement	Yes	28/05/25	30/05/25 (A) 30/05/25 (R)	Partially upheld	Unknown	The team was briefed on the exceptional circumstance (out of course request out-with the usual procedure). This feedback was used for

Source (1)	Summary (2)	File reference (3)	Suitable for frontline resolution?	Date of receipt	Acknowledged (A) and response dates (R)	Outcome (4)	Was the complainant satisfied with frontline resolution?	Lessons learned / improvements (5)
	for part of a financial year.							team training and the statement of earnings was issued to the complainant.
Trainee	Complaint about the handling of VTE application and reasons sought why the number was not granted. Clear and detailed explanation regarding reasons for rejection of application was sought and provided.	20250604 Dental VT	No	04/06/25	05/06/25 (A) 20/08/25 (R)	Partially upheld	Unknown	Escalated following Stage 1 response. Clarification was provided on the reasons why the VT number was not granted. Dental Directorate advised to meet with complainant to discuss VTE evidence requirements. SDVTECC team to provide more timely communication with VTE applicants when outcomes are delayed.
NHS Staff	Complaint about repeated delay in comms following an initial complaint on finance relocation expenses.	20250618 Communications delay	Yes	18/06/25	20/06/25 (A) 26/06/25 (R)	Upheld	Unknown	Process for following up recommendations and progress on actions now included in local complaints Standard Operating Procedures. The finance communication delays

Source (1)	Summary (2)	File reference (3)	Suitable for frontline resolution?	Date of receipt	Acknowledged (A) and response dates (R)	Outcome (4)	Was the complainant satisfied with frontline resolution?	Lessons learned / improvements (5)
								were the result of high volume of enquiries and complex claims, and the team will acknowledge requests and prioritise escalated queries and complaints.
NHS Staff	Complaint from GP Partner regarding NES Pharmacy to consider the timelines required regarding the requests for pharmacy students to produce GP letters to validate their needs for reasonable adjustments during exams.	20250704 Timeline protocol	Yes	04/07/25	07/06/25 (A) 01/08/25 (R)	Not upheld	Unknown	An overview of the timelines required was provided to the complainant with information on how to escalate to stage two if unsatisfied. T
NHS Staff	Complaint about delay in increased pay and back	20250707 - Finance	Yes	07/07/25	07/07/25 (A) 11/07/25 (R)	Upheld	Unknown	Apology provided and working with National Services Scotland to process all outstanding

Source (1)	Summary (2)	File reference (3)	Suitable for frontline resolution?	Date of receipt	Acknowledged (A) and response dates (R)	Outcome (4)	Was the complainant satisfied with frontline resolution?	Lessons learned / improvements (5)
	payments for less than full time/maternity leave staff.							payments. A further email update was provided on 18 July 2025.
NHS Staff	Complaint from a trainee regarding delays in honouring correct salary incremental point at the commencement of a new training post.	20250929 Salary point	Yes	29/09/25	01/10/25 (A) 10/10/25 (R)	Upheld	Yes	The issue was resolved at the frontline and salary was set correctly, with pay-back on outstanding pay due in October 2025 payroll. HR team updated and advised that learning will take place.
NHS Staff	Complaint from resident doctor in training regarding incorrect advice about relocation expenses	20251001 Relocation expenses	Yes	01/10/25	02/10/25 (A) 10/10/25 (R)	Upheld	Unknown	Placement boards need to be informed of the policy relating to the reimbursement of relocation expenses. A discretionary payment was made (given the incorrect advice given by placement board).
NHS Staff	A resident doctor in training complained that they did	20251027 Relocation expenses	No	27/10/25	27/10/25 (A) 03/12/25 (R)	Partially upheld	No	Standards of communication with doctors in training should be improved. The substantive complaint

Source (1)	Summary (2)	File reference (3)	Suitable for frontline resolution?	Date of receipt	Acknowledged (A) and response dates (R)	Outcome (4)	Was the complainant satisfied with frontline resolution?	Lessons learned / improvements (5)
	not receive a relocation package for a second placement. They also complained about delays in communication .							about non-payment of a second relocation package was not upheld as NES adhered to the national policy.
NHS Staff	A former employee complained about poor communication since leaving NES, which resulted in not being paid correctly and that wrong information was being shared with the HMRC.	20251030 Leaver communication and finance letters	No	30/10/25	30/10/25 (A) 13/11/25 (R)	Upheld	Yes	To prevent similar issues in future, HR team will strengthen this communication process by providing clear guidance and a list of contacts for relevant stakeholders.

Source (1)	Summary (2)	File reference (3)	Suitable for frontline resolution?	Date of receipt	Acknowledged (A) and response dates (R)	Outcome (4)	Was the complainant satisfied with frontline resolution?	Lessons learned / improvements (5)
Job applicant	An applicant for a NES post experienced issues in accessing a job interview.	20251118 Job application issues	No	18/11/25	19/11/25 (A) 19/11/25 (R)	Not upheld	Unknown	The complainant declined to proceed with the complaints process.
NHS staff	A resident doctor in training complained that their personal email had been shared inappropriately with the Scottish Government.	20251126 GDPR medical	Yes	26/11/25	26/11/25 (A) 02/12/25 (R)	Not upheld	Unknown	It was established that NES complied fully with GDPR requirements. The complainant was contacted as per bulk email communications to update resident doctors in training on their pay.
Student	A student complained that they did not receive any responses to his communications to the Oriel helpdesk about his application	20251208 FY training communication	Yes	08/12/25	08/12/25 (A) 11/12/25 (R)	Not upheld	Unknown	Pharmacy team replied noting responses issued from the Pharmacy Recruitment helpdesk. Recruitment for NHS Education for Scotland 2026-2027 Foundation Training Year concluded with matching complete. Formal communications regarding outcomes due to

Source (1)	Summary (2)	File reference (3)	Suitable for frontline resolution?	Date of receipt	Acknowledged (A) and response dates (R)	Outcome (4)	Was the complainant satisfied with frontline resolution?	Lessons learned / improvements (5)
	for a pharmacy placement.							be circulated to all applications on Friday 12 December 2025 (this was the next day of the response issued to the complainant).
NHS Staff	A pharmacy training programme applicant complained about the use of some questions.	20260121 Rationale queries	Yes	21/01/26	21/01/26 (A) 23/01/26 (R)	Upheld	No	Programme team to explain the use of questions in future communications.
NHS Staff	A pharmacist complained that they had been denied a place on the pharmacy independent prescribing course unfairly.	20260121 Course funding prioritisation	No	19/01/26	21/01/26 (A) 19/03/26 (R)	Not upheld	Unknown	Discussion with Scottish Government regarding allocation of funded places for Pharmacy Independent Prescribing course. Liaison with Community Pharmacies Scotland to arrange a meeting to discuss career options.
NHS Staff	A Psychology training supervisor complained about the handling of	20260216 Psychology supervisor	No	16/02/26	18/02/26 (A) Complaint not resolved in reporting period	N/A	N/A	N/A

Source (1)	Summary (2)	File reference (3)	Suitable for frontline resolution?	Date of receipt	Acknowledged (A) and response dates (R)	Outcome (4)	Was the complainant satisfied with frontline resolution?	Lessons learned / improvements (5)
	concerns about a trainee by the clinical tutor team and the way their initial complaint was dealt with.							

Table 3: Total number of complaints closed by NES during the period[4]

Number of complaints closed by the NHS Board	Number	As a % of all NHS Board complaints closed (not contractors)
5a. Stage One	17	89.5
5b. Stage two – non escalated	-	-
5c. Stage two - escalated	2	10.5
5d. Total complaints closed by NHS Board	19	100

Table 4. Stage One complaints by outcome

	Number	As a % of all complaints closed by NHS Board at stage one
Number of complaints upheld at stage one	6	35.3
Number of complaints not upheld at stage one	8	47.0
Number of complaints partially upheld at stage one	3	17.7
Total stage one complaints outcomes	17	100

[4] Does not include expressions of concern.

Table 5. Stage Two complaints by outcome (non-escalated)

Non-escalated complaints	Number	As a % of all complaints closed by NHS Boards at stage two
Number of non-escalated complaints upheld at stage two	0	0
Number of non-escalated complaints not upheld at stage two	0	0
Number of non-escalated complaints partially upheld at stage two	1	100
Total stage two, non-escalated complaints outcomes	1	

Table 6. Stage Two complaints by outcome (escalated)

Escalated complaints	Number	As a % of all escalated complaints closed by NHS Boards at stage two
Number of escalated complaints upheld at stage two	0	0
Number of escalated complaints not upheld at stage two	0	0
Number of escalated complaints partially upheld at stage two	1	100
Total stage two escalated complaints outcomes	1	

Table 7. Complaints closed in full within the timescales

This indicator measures complaints closed within 5 working days at stage one or within 20 working days at stage two.

	Number	As a % of complaints closed by NHS Boards at each stage
8a. Number of complaints closed at stage one within 5 working days.	13	76.5
8b. Number of non-escalated complaints closed at stage two within 20 working days	0	-
8c. Number of escalated complaints closed at stage two within 20 working days	1	50.0
8d. Total number of complaints closed within timescales	14	

Table 8. Number of cases where an extension is authorised

This indicator measures the number of complaints not closed within the CHP timescale, where an extension was authorised*

	Number	As a % of complaints closed by NHS Boards at each stage
9a. Number of complaints closed at stage one where extension was authorised	2	11.8
9b. Number of complaints closed at stage two where extension was authorised (escalated and non-escalated complaints)	2	100
9c. Total number of extensions authorised	4	

5. Accountability and Governance

As indicated above, we have increased the frequency and scope of reports to Board committees on complaints received. Quarterly reports detail all complaints received and their outcome. We shared the draft annual FCCC report with our Transitional Leadership Group for comment and the Finance and Resources Committee for comment and approval. Recommendations arising from complaints are followed up by our corporate Complaints Team. The annual report is published on our website each year and sent to the Scottish Government and the Scottish Public Services Ombudsman (SPSO).

During the 1 April 2025 – 31 March 2026 reporting period, the Education & Quality Committee (EQC) monitored and reviewed educational quality. A key focus for assurance is the collection and use of learner feedback to enhance education quality. A formal minute of EQC meetings was reported to the Board as a routine and regular agenda item.

Part 3. Positive feedback and suggestions for improvement

NES had no formal corporate or local systems specifically designed to elicit and report positive feedback and compliments from our service users. Despite this, we regularly receive endorsements of our work from a range of individuals and organisations. These are usually received through our processes for collecting feedback from learners and others, or through other quality management activities. On occasions we have received unprompted commendations.

The case studies presented below are typical of the positive comments received. They also include some suggestions for improvement provided by learners and others.

Case study 1: Pre-registration Dental Nurse Training (25-26 Cohort – Mid Point evaluation)

Commendations/planned impact

- *'93% of learners indicating they are 'satisfied' or 'very satisfied' with their learning experience'.*
- *I have been really enjoying the course so far. I have felt supported throughout by my assessor and have especially enjoyed gaining more knowledge about my job. It makes you appreciate your role as a dental nurse a lot more.*
- *Six in-person days strikes a good balance between flexibility and meaningful face-to-face learning. It allows enough time for group discussions, and networking, keeping most of the programme online is more convenient, helps self-paced learning and also reduces travel/time costs.*
- *The programme is overall very interesting and informative, tutors do a good job delivering both in person and online,*
- *My learning experience to date has been positive. The programme has supported my understanding and development efficiently.*

Case study 2 – Optometry learning

Commendations:

<u>Placements and Clinical Skills</u>
96% of learners would recommend simulation placements to a colleague. The most frequent positive feedback themes included the value of actors in the sessions, the quality of case discussions, and the overall realism and usefulness of the experience. *'Loved the small group and being able to ask questions in confidence.'*

<u>Postgraduate Qualifications</u>
Our NESGAT programme for Cohort 4 received an excellent external verifier report, with RAG rating outcomes of 'Green' achieved across all Quality Assurance criteria with "*…High Confidence identified in the maintenance of SQA standards within this Verification Group*" and five areas of Good Practice identified. Additionally, all candidates interviewed by the EV said that they would recommend the course to others.
Overall, post-programme feedback from our NESGAT learners revealed that:

- 100% of learners felt that their knowledge or skills had improved by taking the course.
- 100% of learners rated their overall learning experience of the programme as very good or excellent.

Post-event evaluation from our in-person gonioscopy skills day found increases of over 40% in levels of self-reported competence and confidence across all three key areas surveyed. With one learner commenting that this day was, “without a doubt, the most useful and valuable learning experience I can recall in the last decade for any face-to-face CPD. Very well organised and delivered.”
Positive feedback was also received from our NESGAT Assessors, Clinical Supervisors and VIVA Assessors; with 100% of those who provided feedback saying that they would like to be involved again if the opportunity arose.

<u>Postgraduate Support</u>
Our Paediatric binocular vision skills CPD event, comprising lectures, practical workshops and case discussions, received excellent feedback across each of the four deliveries of this day. 100% of learners reported that they were ‘extremely likely’ to recommend the event to a colleague, and 92% reported an increase in confidence and competence in their clinical assessment skills following the hands-on training. One learner reported: *“This was one of the best NES courses I have attended. The day flew in. The team doing the course were very enthusiastic., supportive and knowledgeable. Thanks again.”*

National mandatory training for Optometrists in Scotland, completed by approximately 1600 practitioners annually, continues to receive positive reviews. The 2026 training: “A Realistic Approach to Community Optometry” is very highly rated, with 90% of respondents indicating they were either "Satisfied" (48%) or "Very satisfied" (42%).
A recent multidisciplinary CPD event delivered by the postgraduate support team, *“Diabetes: from the retina to reality”* was well received by our learners, with one learner reporting*: “NES has now delivered both intensive multidisciplinary training in diabetes and cardiovascular disease and both have been excellent as they are innovative, informative and holistic and I would be confident that your overwhelming feedback is positive.”* 94% of learners indicated that they would be ‘extremely likely’ to recommend this event to a colleague, and 97% felt that it was likely to positively impact their practice.

Case study 3 – Social care – engagement with service users, learners and other stakeholders

General feedback

An exchange at a Regulatory Forum meeting involved a care provider misunderstanding how the National Induction Framework (NIF) had been developed – they had been absent from the previous 2 meetings and assumed NES had essentially created the tool without consultation. The response from many of the partners around the virtual table was that they felt very included in the development of the NIF and the discussion concluded with an agreement from the person raising the concern that they had got it wrong and would like to engage with NES and the product.

Within a different forum the following paraphrases an account from a social care provider: *XXXX from XXXX Care Homes (they provide 3 care homes in Scotland) in noted that they as an org have moved much of their learning to Turas, including the NIF. XXXX said she decided to test it (the NIF) after hearing me present to the forum some months ago and using the infographic to show how the NES offer knits together. She said she had been sceptical but has only heard good things from people using our content (NIF and broader learning too). She said something like, Turas is more and more seen as the place to go for high quality learning for our staff to the extent that we'll probably stop using other places/providers soon…*

Scottish Care has provided praise for how well we've worked in partnership with the sector and has felt this to be a real asset.

Repurposing of learning resources on Turas Learn

Users of repurposed resources available on our Turas Learn platform were rated as significantly more relevant and accessible to social care staff than legacy versions (average suitability rising from 6.3 to 8.9 out of 10).

Improvements in clarity, language inclusivity, layout, interactivity, and alignment with social care practice were highlighted.

The proportion of reviewers "likely/very likely" to recommend the resources increased from 56% to 88%, and those "likely/very likely" to complete the learning rose from 72% to 92% with a large swing from likely to very likely for both 'would recommend' (likely - pre 48%/ post 20%, very likely - pre 8%/post 68%) and 'would complete' (likely - pre 24%/ post 20%, very likely - pre 48%/post 72%).

Reviewers reported that repurposed materials were more likely to enhance job knowledge, skills, and confidence.

The National Induction Framework (NIF)

- 88% of respondents would recommend the NIF
- 89% of workers reported the NIF positively influenced their practice
- 80% of workers reported the NIF increased their knowledge
- They enjoyed the learning experience. Learning resources were rated as high quality with scores >4.42/5

- 80% found Turas and MyLearning platforms easy or satisfactory to use

"*We are using the NIF to support new Personal Care Assistants. They thought it was extremely well designed, and the quality of the content was excellent. They particularly liked the link to MyLearning and the opportunity to use learning towards the SVQ*" (Care Provider)

Social Care Career Options Tool (SCCOT)

Qualitative feedback shows the Social Care Career Options Tool (SCCOT) is influencing how users understand the care sector through the information provided on the 77 roles contained therein.

The Kings Trust has provided feedback that young people they work with have used the SCCOT to identify roles and in at least two instances, young people have gone on to secure jobs in those roles

User feedback highlighted the accessibility, design and navigability as assets in the SCCOT.

Our engagement and our evaluation in particular identified room for development in products. We're not minded to consider these as 'negative comments' but are worth noting. By way of example, for the NIF, feedback included considering how we can more formally recognise the learning from the NIF and for the SCCOT, feedback included being able to more seamlessly support job applications. Both of these feedback (and more) have been taken onboard to inform and instruct work across 2026/27.

Suggestions for improvement

Our engagement and our evaluation, in particular, identified room for development in products. While these are not considered as 'negative comments' they are considered by the team as supporting enhancement. By way of example, for the NIF, feedback suggested that we should consider how we can more formally recognise the learning from the NIF and for the SCCOT. Feedback included being able to more seamlessly support job applications. Both of these feedback points (and others) have been taken on board to inform and instruct work across 2026/27.

Case study 4 – Bereavement Education conference and 'Getting Bereavement Right Every Time learning events

Feedback was collected from delegates at our first UK conference on bereavement and from learners participating in three virtual learning events during the year. The purpose of collecting feedback from conference delegates was to improve experiences at future events and to gather ideas on topics/speakers for a future conference (to guide and inform the development of forthcoming programmes that

meet the needs of learners). For the Getting Bereavement Right Every Time workshop series, feedback was sought to inform ongoing refinement, with opportunities to adapt the session's content, length and format in response to learner input.

Commendations:

Bereavement Education conference

- *'Excellent Speakers from a wide range of disciplines"*
- *"As ever a wonderful range of topics and speakers"*
- *"A wonderful day, well organised, efficient, excellent speakers and content"*
- *"Really well organised and great to have separate links. I know events like this can be incredibly hard to organise but you did an amazing job"*
- *"Really excellent help and responsiveness - well done." (Regarding assistance with special requirements)*

Getting Bereavement Right Every Time workshops

- *"Enjoyed this session - encouraged me to look at TURAS e learning and to use this to hold sessions with ward staff"*
- *"I felt the session was very informative and presented in a very kind and considerate manner"*
- *"I found this session very helpful & informative. I enjoyed also hearing other attendees experiences and opinions"*
- *"Very informative and thought provoking, validated my approach. Despite the amount of attendees, it felt like a really safe group."*
- *"Was very well put together and should be rolled out to all staff as part of induction to X and then to all current staff"*
- *"Good overview and very informative for all staff - as can all indirectly deal with bereaved patients / family members"*
- *"I was really surprised by the breadth of information and compassion shared in what I assumed would be more lecture style, but this was a very soft-tone, deep-rooted exploration of bereavement and loss. I really appreciated this format and attention to detail."*

Case study 5: CPD Connect

CPD Connect provides continuing professional development (CPD) primarily to GPs, General Practice Nurses and Pharmacists working in General Practice. The learners include:

- Delegates at learning events
- Learners completing eLearning modules and other asynchronous resources
- Practice Based Small Group Learning (PBSGL) members
- Expert/Primary Care Reviewers

Learners participated in continuing professional development (CPD) activities and programmes through our service, and we were keen to ensure that the learning met their expectations, needs and to explore whether any improvements could be made.

Online evaluation forms were provided in different ways depending on the format of the education. In eLearning resources, an online form was embedded at the end of the resource. At online workshops or webinars, links and QR codes were shared on screen/in chat and emailed after the session to participants. At face-to-face training, learners were encouraged to scan QR codes in real time before leaving the session, significantly increasing the completion rate, as well as having this sent in email form afterwards.

For Practice Based Small Group Learning (PBSGL) members, they have access to a website where their group facilitator can submit a log sheet after each meeting to review the module studied and to record learning, reflections and onwards commitments to improvement. This is also used for appraisal and revalidation evidence. GPs can directly upload their log sheet from the CPD Connect website to their SOAR appraisal.

When writing any kind of module, feedback is sought at all stages of the creation of an eLearning module, from having an expert review stage, primary care reviewers and proof reading both internally and externally.

Commendations:

A Day in the Life of a Busy General Practice (10 interprofessional webinars with different clinical topics):

In response to the question *“Can you tell us of any change in practice or any QI initiatives you have undertaken as a result of this learning?”:*

- *“Deprescribing drugs was particularly helpful, especially the patient leaflets which I am now using”*
- *“Considering QI projects in the coming year related to switching inhaler use in asthmatics, and also continuing with deprescribing of anticholinergics in the elderly”*
- *"I'm more aware of deprescribing and have managed to reduce medication in a lot of patients"*
- *“Asthma update using new BTS guidelines supported me in managing my asthma reviews and prescribing”*

- *"Menopause update very in-depth and slot if information that I can use moving forward doing the HRT reviews"*
- *"Following osteoporosis webinar and women's health webinar I feel my actual consultations have improved as I have better understanding of physiology and can explain better to patients"*

Practice Based Small Group Learning (various modules)

In response to the question, "how will this module impact on or change the way you practice"?

Health Inequalities
"We will adopt a proactive inclusion health model by implementing trauma-informed communication that prioritizes patient safety and empowerment during short clinical contacts.
We aim to apply the principle of proportionate universalism—allocating more time and resources to those with the greatest needs to effectively reduce health inequalities."

ADHD
"Feel more confident in suspecting ADHD and so then initiate a process of diagnosis and, if possible, sharing support and resources (including online) that are safe and reliable.
Consider reviewing in-practice mechanisms for safe prescribing and monitoring for ADHD treatments.
Being proactive about addressing inequalities for services where possible, with HSCP etc"

Case study 6: Enhanced Psychological Practice – Children and Young People Course

Feedback from NHS Greater Glasgow – Paediatric Psychology

The Paediatric Psychology Service highly valued the contribution the Psychological Interventions Assistant Trainee (PIAT) made to the team. They found the four structured psychological interventions taught on the programme suited the service context. They were particularly valuable in delivering individual interventions to children and young people experiencing procedural distress using Let's Introduce Anxiety Management (LIAM). In addition, the PIAT frequently joined clinicians working with children and young people referred from oncology services. The PIAT often worked with parents, delivering the Incredible Years informed parenting approach, or the parent led anxiety intervention, alongside a clinician delivering

psychology therapy to the child or young person. In the consolidation phase, the PIA continued to deliver the same structured interventions and also delivered some guided self-help interventions. The multi-disciplinary team valued the input of the PIA and argued to keep them beyond the consolidation phase and were disappointed that they were unable to do so.

Case study 7: Scottish Core Obstetric Teaching and Training in Emergencies Course (SCOTTIE)

The feedback shows that the course was well organised, practical, and highly relevant to participants' clinical roles and workplace settings. Attendees particularly valued the relaxed and supportive atmosphere, the small-group and team-based format, and the realistic hands-on scenarios, which made learning feel less intimidating and more engaging. The approachable and knowledgeable facilitators, along with opportunities for practice, questions, and feedback, helped participants build confidence, strengthen teamwork, and refresh important emergency management skills. The main suggestions for improvement were to include short demonstrations before scenarios, reduce reliance on role play for anxious learners, make scenarios more balanced and relevant to different staff groups, and use clearer visual aids during simulations. A few respondents also highlighted the importance of respectful facilitation and ensuring scenarios reflect real-world practice without overemphasising less common situations.

Commendations

"I felt more at ease than previous courses. I liked that the leads considered your area of work and only expected you to do what you would do. Having people act out the patient meant it was more interactive. Less daunting than it used to be".

"As somebody who is not a midwife and has no experience in midwifery, I was very apprehensive about this course however, it was taught in a way that did not make me feel stupid, it was a very relaxed learning environment that for me personally made me feel less nervous and actually more able to learn. I have always been anxious about maternity however this course made me realise that you are not expected to be an expert - it's about teamwork and everybody bringing their different skills together to make a good team and help the woman as best they can".

"I can't think of anything I am so impressed on how the changes made to the delivery of this course have changed my learning experience".

Suggestion for improvement

"Some of the simulations seemed rushed and then there was extra time at the end of each session. More practice and detail could have been added to the sims [simulations]*".*

Case study 8: Psychology of Parenting Programme (PoPP)

The Psychology of Parenting Programme (PoPP) trains practitioners from across Scotland to deliver evidence-based parenting interventions to families, where there are concerns about the child's social, emotional or behavioural development. In recent years PoPP has trained practitioners in an additional intervention as part of a pilot of the Incredible Years Autism and Language Delay (IY-A) programme groups. The first cohort of practitioners trained in this intervention attended focus groups, so that feedback could be gathered about the acceptability of the intervention. As they started to deliver the groups, as a way of gathering information from parents about the acceptability and effectiveness of the intervention, parents were asked to complete a questionnaire. This information will be used to support the decision making around whether PoPP will continue to support further training in the intervention.

Feedback from parents participating in Incredible Years – Autism & Language Delay feedback sessions:

What impact has attending the group had on your child?

"It has improved my son's understanding more."

"They are speaking more words and is engaging in a broader range of activities with us such as reading picture books."

"My child has made progress in communication and also in following instructions and understanding boundaries."

"My son now relates well to his little sister and I get to spend time with him in his spotlight."

"In some situations it has enabled me to identify what my child is feeling when she is dysregulated and return her to a calm state."

"More connected through play."

What impact has attending the group had on you and your family?

"*It has changed the way I do things. I am now more consistent with setting boundaries…"*

"I am more patient and understanding."

"I am more cautious on how I react to a behaviour. I have more of a calm approach and keep a calm voice and praise more of the positives and ignore negatives."

Further information

For further information about NHS Education for Scotland's processes and performance in collecting feedback and handling complaints please contact:

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To make a specific complaint or comment about any of our products and services please contact our corporate Complaints Team at: complaints@nhs.scot or use our Complaints Mailbox.

Public Services Delivery
Scotland

Meeting:	Public Service Delivery (PSD) Scotland Board
Meeting date:	18 September 2026
Title:	NHS National Services Scotland (NSS) Feedback and Complaints Annual Report 2025/26
Paper No.	PSDB/26/41
Responsible Executive/Non-Executive:	Lee Neary, Director of Strategy, Performance and Service Transformation/Director of Primary and Community Care (PaCC)
Report Author:	Gavin Paterson, Customer Relationship Manager

1. Purpose

1.1. This report is presented to the Board for scrutiny and approval.

2. Recommendation

2.1. The Board is recommended to:

2.1.1. Approve the NHS National Services Scotland (NSS) Feedback and Complaints Annual Report 2025/26 for submission to the Scottish Government, Scottish Public Services Ombudsman, Health Improvement Scotland, and publication on the PSD Scotland website. The publication date is 30 September.

2.2. As responsible director, I am assured by the directorate leads that the annual complaints report provides an accurate overview of the complaints data and performance against the NHS Model Complaints Handling Procedure KPIs for 2025/26.

3. Report Summary

Situation

3.1. On 1 April 2026, NHS National Services Scotland (NSS) and NHS Education for Scotland (NES) came together to form Public Services Delivery Scotland (PSD Scotland). This report relates to the period 1 April 2025 to 31 March 2026 and therefore reports on feedback, compliments and complaints received by NSS prior to the establishment of PSD Scotland.

3.2. The Scottish Government's guidance for annual complaints reporting requires public bodies to report on their annual complaints data and provide information on performance against the KPIs set out in the guidance.

3.3. The report will be submitted to the Scottish Government and HIS, and published on the PSD Scotland website, on 30 September 2026. The Board is asked to approve the report.

Background

3.4. The report summarises feedback, compliments and complaints received by NHS National Services Scotland (NSS) between 1 April 2025 and 31 March 2026. It reports organisational performance against the NHS Model Complaints Handling Procedure (MCHP), highlights the experiences shared by service users, and describes how feedback has been used to inform service improvement.

4. Assessment

4.1. NSS received 627 complaints and 238 compliments during the reporting period. Complaint numbers increased marginally by 0.5%, while the number of compliments remained consistent with previous years. Overall complaint numbers remain lower than those reported in 2021/22 and 2023/24.

4.2. More than seven in ten Stage 1 and Stage 2 complaints were upheld or partially upheld, demonstrating the value of complaints as a source of organisational learning and service improvement. Performance against the NHS Model Complaints Handling Procedure improved during the year, with 92.9% of Stage 2 complaints responded to within the 20-working-day target.

4.3. Six complaints were referred to the Scottish Public Services Ombudsman. None were upheld, providing independent assurance regarding the quality and robustness of NSS complaints handling processes.

4.4. Feedback, compliments, and complaints continue to support service improvement across NSS and will inform the development of PSD Scotland as a learning organisation committed to continuous improvement and service excellence.

4.5. Service users consistently valued responsiveness, professionalism, expertise, and effective communication. Complaints identified opportunities to strengthen communication, improve digital user experiences, and continue reducing response times.

Quality, Value, Care and Technology

4.6. The report demonstrates the importance of complaints and feedback in informing learning and contributing to service improvements and the quality of our services.

Workforce

4.7. The handling and management of complaints are managed within existing resources.

Financial

4.8. The report provides data analysis for the financial year 2025/26 and has no financial implications.

Education and Training

4.9. The Head of Equality, Engagement and Experience has a formal qualification in complaints management. As a result of complaints received in SNBTS, colleagues completed the Equality and Diversity TURAS module.

Information Governance

4.10. The Customer Experience team and directorates handle complaints data with care and consideration, protecting the identities of complainants.

Environmental and Climate Sustainability

4.11. The report has no impact on environmental and climate sustainability.

Equality, Diversity, Human Rights and Health Inequalities

4.12. The report has no significant impact on equality, diversity, human rights, or health inequalities. Each complaint is handled with due regard to equalities and, where reasonable adjustments are required, these are put in place.

4.13. The Child Friendly Handling Process Guidance[1] provided by the Scottish Public Services Ombudsman has been cascaded to the directorate complaints leads.

Other Impacts

4.14. No other impacts.

Risk Assessment/Management

4.15. There are no significant risks associated with the report. There is a potential risk in relation to the design of PSD Scotland, as the new PSD Scotland complaints mailbox has not been widely advertised and how to contact the organisation from a public perspective remains a gap. The legacy NSS and NES teams will mitigate this by developing a PSD Scotland Model Complaints Handling Procedure, supported by an agreed communications plan and training plan.

Communication, Involvement, Engagement and Consultation

4.16. The Board has carried out its duties to involve and engage external stakeholders where appropriate. This includes regular Directorate Complaints Leads monthly meetings.

Route to the Meeting

- Directorate Complaints Leads monthly meetings
- TLG 10 August 2026
- Finance and Resource Committee 26 August 2026
- PSD Scotland Board 18 September 2026

[1] Child Friendly Complaints | SPSO

5. List of appendices

5.1. The following appendices are included with this report:

- NSS Feedback and Complaints Annual Report 2025/26

Public Services Delivery
Scotland

NHS National Services Scotland (NSS) Feedback and Complaints Annual Report

2025 - 2026



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Executive Summary

Overall Position

This report summarises feedback, compliments and complaints received by NHS National Services Scotland (NSS) between 1 April 2025 and 31 March 2026. It reports organisational performance against the NHS Model Complaints Handling Procedure (MCHP), highlights the experiences shared by service users, and describes how feedback has been used to inform service improvement.

During 2025/26, complaint volumes remained broadly stable compared to the previous year, while performance against complaints handling standards improved. Complaints continue to provide an important source of learning, helping services identify opportunities to improve communication, service delivery and user experience.

Performance and Outcomes

NSS received 627 complaints and 238 compliments during the reporting period. Complaint volumes increased marginally by 0.5% while the number of compliments received remained consistent with the previous year. Overall complaint volumes remain substantially lower than those reported between 2021/22 and 2023/24.

More than seven in ten Stage 1 and Stage 2 complaints were upheld or partially upheld, demonstrating the value of complaints as a source of organisational learning and service improvement. Performance against the NHS Model Complaints Handling Procedure improved during the year, with 92.9% of Stage 2 complaints responded to within the 20-working-day target.

Assurance and Governance

Six complaints were referred to the Scottish Public Services Ombudsman (SPSO) during 2025/26. None were upheld. This provides independent assurance that complaints were investigated appropriately and in accordance with the requirements of the NHS Model Complaints Handling Procedure.

Continual monitoring through established governance arrangements provided assurance that complaints were handled appropriately, performance was maintained, and learning arising from feedback informed local and organisational improvement activity.

Learning and Improvement

Analysis of complaints, compliments and wider feedback identified several recurring themes across NSS. Service users particularly valued responsiveness, professionalism, expertise and effective communication. Areas for continued improvement include communication, digital user experience and reducing delays where services experience

high demand. Learning from feedback has informed local improvement activity across directorates and continues to shape service development across the organisation.

Although the reporting period relates to NHS National Services Scotland, the learning, improvement activity and governance arrangements described within this report will continue to inform the development of Public Services Delivery Scotland (PSD Scotland). Strengthening how we listen, learn and improve through feedback will remain a key component of our organisational approach to quality management and service excellence.

Key Messages

- Complaint volumes remained stable during 2025/26 and continue to be significantly lower than those reported between 2021/22 and 2023/24.
- Performance against the NHS Model Complaints Handling Procedure improved, with 92.9% of Stage 2 complaints responded to within the 20-working-day target.
- More than seven in ten Stage 1 and Stage 2 complaints were upheld or partially upheld, demonstrating that complaints continue to provide valuable insight into service user experience and areas for improvement.
- Six complaints were referred to the Scottish Public Services Ombudsman. None were upheld, providing independent assurance regarding the quality and robustness of NSS complaints handling processes.
- Service users consistently valued responsiveness, professionalism, expertise and effective communication. Complaints identified opportunities to strengthen communication, improve digital user experiences and continue reducing response times.
- Feedback, compliments and complaints continue to support service improvement across NSS and will inform the development of PSD Scotland as a learning organisation committed to continuous improvement and service excellence.

Introduction

PSD Scotland Context

On 1 April 2026, NHS National Services Scotland (NSS) and NHS Education for Scotland (NES) came together to form Public Services Delivery Scotland (PSD Scotland). This report relates to the period 1 April 2025 to 31 March 2026 and therefore reports on feedback, compliments and complaints received by NSS prior to the establishment of PSD Scotland.

Throughout this report, references to NSS reflect the organisational arrangements in place during the reporting period. However, the learning, improvement activity and governance arrangements described within the report will continue to inform the development of PSD Scotland as a new national organisation committed to delivering high-quality, person-centred services across Scotland.

As the reporting period relates to 2025/26, the report principally refers to NSS. References to PSD Scotland are used only when describing future arrangements, governance or improvement activity.

About NSS

NHS National Services Scotland (NSS) was established to provide services common to all Health Boards in Scotland. NSS began operating on 1 April 1974 under The National Health Service (Functions of the Common Services Agency) (Scotland) Order 1974.

In 2013, the Public Services Reform[1](Functions of the Common Services Agency for the Scottish Health Service) (Scotland) Order extended NSS's remit to include services for local authorities and government departments. The Public Bodies (Joint Working) (Scotland) Act 2014[2] reinforced this requirement.

NSS works across Scotland. You can learn more about our budget, workforce and sites in the 2024/25 Annual Accounts[3].

Table 1: Key facts about NSS

Aspect	Fact
Budget	£1,218 million
Workforce	3,354 Whole Time Equivalent (WTE) staff
Sites	19

[1] Public Services Reform (Scotland) Act 2010
[2] Public Bodies (Joint Working) (Scotland) Act 2014: statutory guidance - gov.scot
[3] Annual report and Accounts 2024–2025 | National Services Scotland

Introduction to the Report

This report is the annual feedback and complaints report for 2025/26. The report provides information on our performance against the NHS Model Complaints Handling Procedure[4].

NSS continues to work in partnership with the Community Engagement Team at Healthcare Improvement Scotland (HIS) to strengthen how feedback is gathered, analysed and used to support service improvement. As a National Board, NSS has a diverse range of service users and stakeholders. This partnership helps ensure that our approaches to engagement and feedback remain person-centred and aligned to national good practice.

NSS gathers insight from a range of sources to understand service user experience and identify opportunities for improvement. These include service user surveys, compliments, comments, concerns, complaints and operational performance data. Together, these provide a broader understanding of what is working well and where further improvement may be required.

These insights informed NSS's Service Excellence reporting to the Executive Management Team.

We follow best practice approaches, including the Planning with People guidance[5] , the Scottish Approach to Change[6], the NHS Scotland Quality Management System Framework [7]and the NHS Model Complaints Handling Procedure (MCHP).

The Model Complaints Handling Procedure

Introduced on 1 April 2017, the MCHP aims to:

- Take a consistently person-centred approach to complaints handling
- Implement a standard process across NHS Scotland
- Encourage learning from complaints to improve services

The MCHP includes nine key performance indicators. These indicators help measure effectiveness, decision-making quality, and continuous improvement. The detail can be found in appendix three.

The indicators provide assurance that complaints are managed consistently, fairly and within agreed timescales, while also helping organisations identify learning and improvement opportunities arising from complaints.

[4] The Model Complaints Handling Procedures | SPSO
[5] Health and social care - Planning with People: community engagement and participation guidance - updated 2024 - gov.scot
[6] Scottish Approach to Change – Healthcare Improvement Scotland
[7] Quality Management System (QMS) – Healthcare Improvement Scotland

Complaints Management Approach in NSS

Given the scale and diversity of NSS's national remit, ranging from clinical services to logistics, digital infrastructure, and legal support, NSS does not have a central complaints team. Each directorate manages its own complaints, with a designated complaints lead appointed. The directorate complaints leads are responsible for ensuring compliance with the MCHP within their own directorate. These leads meet monthly to share learning and best practice, whilst maintaining consistent standards through our governance structures.

Complaints are recorded on the ServiceNow[8] portal, allowing us to identify common themes. Quarterly complaints data is included in the NSS Service Excellence report and discussed at the Executive Management Team meetings.

This approach ensures that complaints are managed by staff with detailed knowledge of the service concerned, supporting thorough investigation, timely resolution and meaningful learning. It also enables directorates to identify local improvement opportunities while maintaining consistency through corporate governance arrangements.

Encouraging and gathering feedback

We are committed to delivering high-quality services while protecting health and the environment. All feedback[9] is welcomed and is viewed as an opportunity to learn and improve our services.

NSS is registered with Care Opinion[10]. However, stories related to national programmes (e.g. breast screening) are responded to by the local NHS Boards.

PSD Scotland is committed to strengthening how it gathers, understands and acts on feedback from service users. During 2025/26, work to develop a corporate approach to user experience and engagement was paused to ensure alignment with the establishment of PSD Scotland. Future work will focus on developing an approach that reflects the needs of the new organisation and supports meaningful engagement with service users and stakeholders.

Feedback plays an important role in helping PSD Scotland understand how services are experienced by those who use them. Feedback provides assurance when services are performing well and helps identify opportunities for improvement where changes may be needed. Learning from feedback is considered alongside complaints, compliments and operational performance information to inform service improvement and decision-making across the organisation.

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[8] Customer Service Management - CSM - ServiceNow
[9] NHS Scotland Complaints Handling Procedure – Definition of Feedback
[10] Care Opinion

Compliments

Compliments provide valuable insight into the aspects of service delivery that have the greatest positive impact on service users. They help identify behaviours, approaches and ways of working that are valued by users and highlight areas of good practice that can be shared across PSD Scotland. While compliments are often received informally and are not subject to mandatory reporting requirements, directorates are encouraged to record and reflect on positive feedback wherever possible.

Directorates are encouraged to record and reflect on informal compliments through team meetings, monthly feedback reviews, and reporting to the complaints leads network. While informal comments are not centrally logged, they contribute to local service insight and help identify recurring patterns of positive user experience

In 2025/26 NSS recorded 238 compliments, a marginal decrease from 239 compliments received in 2024/25.

The main themes from compliments recorded are:

Responsiveness and Efficiency

Typical responses included:

- Quick responses to enquiries
- Prompt turnaround of advice
- Fast completion of requests
- Timely communication
- Rapid problem solving
- Efficient organisation and administration

Teamwork and Collaboration

Typical responses included:

- Working together to solve problems
- Strong partnerships with Health Boards
- Integrated working across organisations
- Team support during challenging work

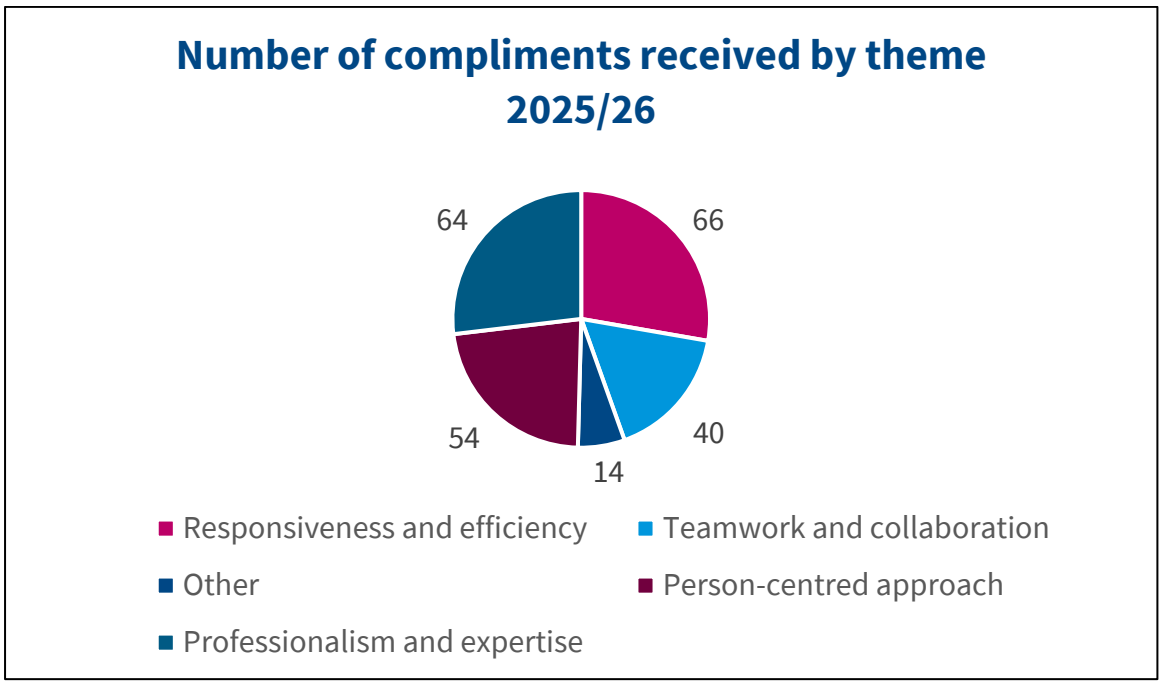
Person-centred Approach

- Typical responses included:
- Compassion
- Kindness
- Patience
- Reassurance
- Making people feel comfortable
- Treating people with respect

Professionalism and Expertise

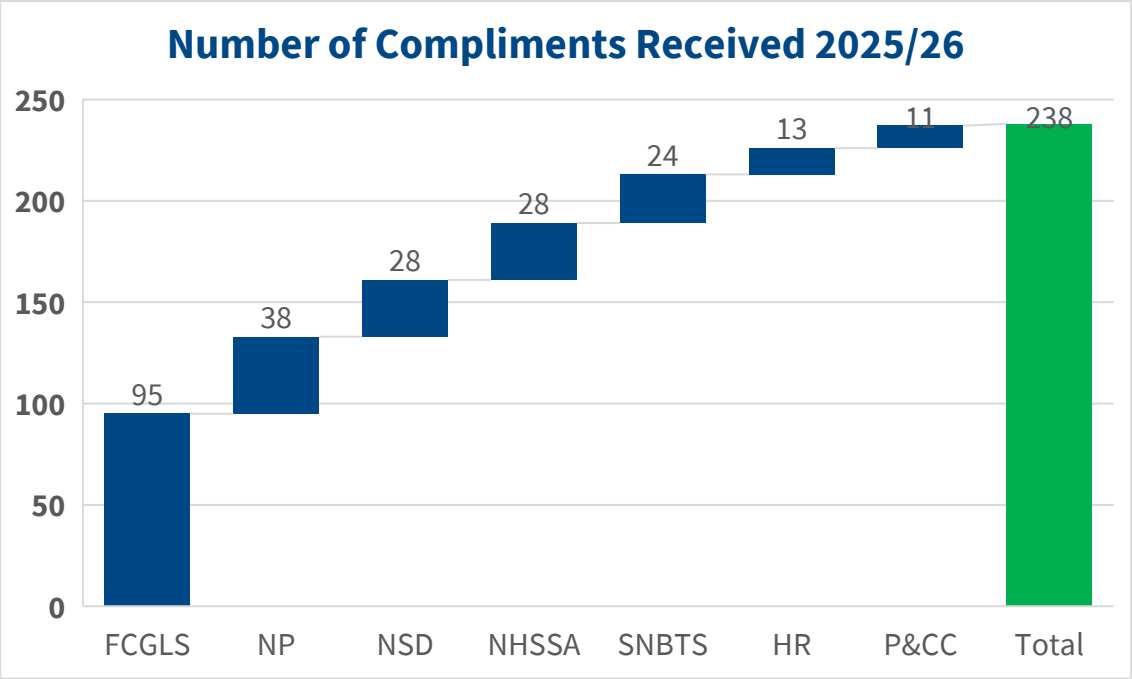
- Typical responses included:
- Specialist knowledge
- Professional conduct
- High-quality guidance
- Attention to detail

Chart 1: Number of compliments received by theme 2025/26



Analysis of recorded compliments identified responsiveness and efficiency as the most frequently cited theme, followed closely by professionalism and expertise. Service users particularly valued timely responses, effective problem solving, specialist knowledge and practical support. Compliments also highlighted the importance of person-centred behaviours, including kindness, compassion and treating people with dignity and respect. Together, these themes demonstrate that service users value both the quality of services delivered and the way in which those services are delivered.

Chart 2: Number of compliments received by Directorate 2025/26



The number of recorded compliments remained consistent with the previous year, suggesting that high levels of positive feedback continue to be received across a range of NSS services. Examples included feedback relating to responsiveness, professionalism, partnership working and compassionate support provided to service users and stakeholders. Further examples are provided in Appendix two.

Learning from compliments is used alongside complaints and survey feedback to identify good practice and support continuous improvement. Positive feedback helps services understand which approaches are valued by service users and can be used to inform staff recognition, service development and the sharing of effective practice across PSD Scotland.

Complaints Overview

Between 1 April 2025 and 31 March 2026, NSS received 627 complaints. This represents a small increase of 0.5% compared with 2024/25 (624 complaints). However, complaint volumes remain substantially lower than those reported between 2021/22 and 2023/24, when annual complaints exceeded 740 per year. Complaint levels therefore remained broadly stable throughout 2025/26 and continue to be lower than historic levels.

Complaints Volume and Outcomes

The combined total in 2025/26 includes:

- 156 stage 1 complaints
- 200 stage 2 complaints
- 271 complaints related to third party suppliers

Third party supplier complaints are complaints that are received from NHS Scotland Health Boards about services and products provided by third party suppliers. National Procurement support Health Boards resolve these complaints with Suppliers.

These third-party complaints continue to represent a significant proportion of overall complaint volumes, reflecting the nature of services delivered by NSS, particularly within National Procurement. These complaints are recorded and monitored separately to distinguish between concerns relating directly to NSS services and those relating to third party suppliers.

Of the 156 stage 1 complaints received:

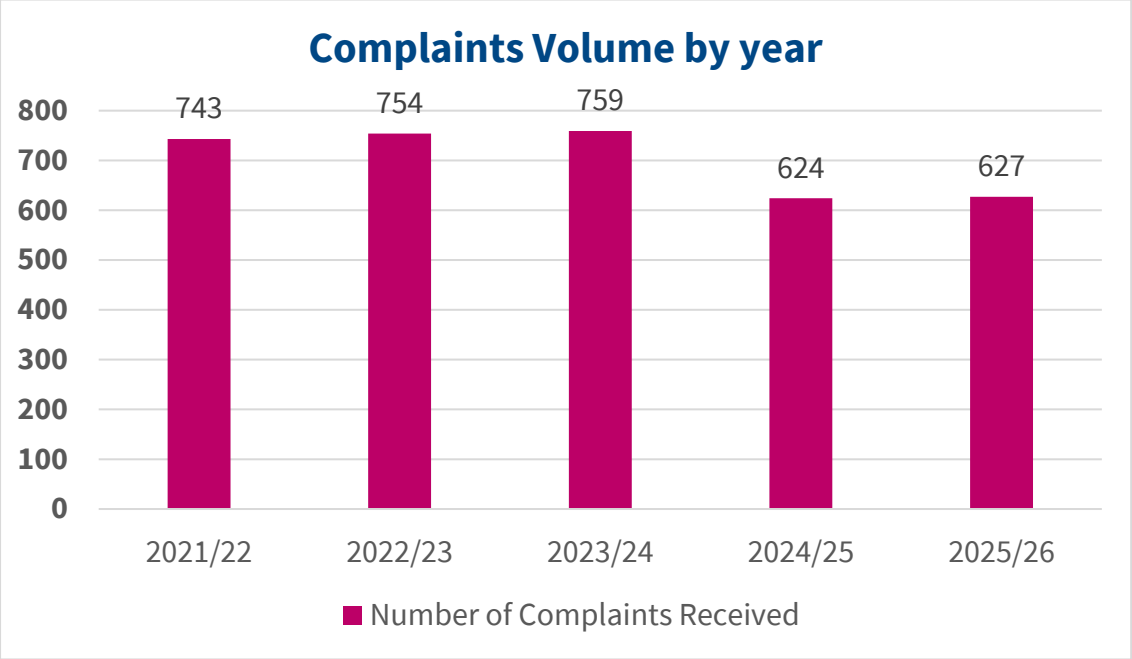
- 53 were not upheld
- 13 were partially upheld
- 90 were upheld

Of the 200 stage 2 complaints received:

- 51 were not upheld
- 46 were partially upheld
- 103 were upheld

The chart on the following page provides a comparison of total complaints received each year, from 2016 to 2026.

Chart 3: Total number of complaints received by year from the period 2021 to 2026



Although complaint volumes increased marginally during 2025/26, the longer-term trend remains positive, with complaint volumes substantially lower than those reported between 2021/22 and 2023/24. While the factors contributing to this reduction are likely to be multifaceted, the findings suggest that complaint volumes have remained broadly stable over the last two reporting periods. Continued monitoring will be required to determine whether this trend is sustained.

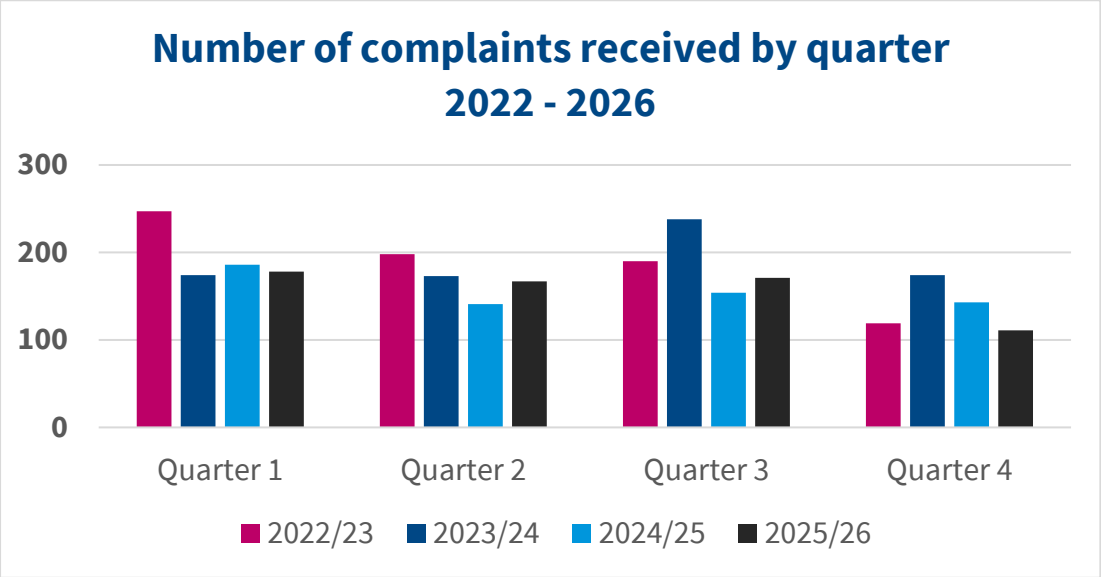
The table below shows the number of complaints received each quarter from 2023 to 2026.

Table 2: Total quarterly and cumulative totals for 2025/26 with a comparator with 2024/25 and 2023/24

Reporting Period	Quarterly Total 2025/26	Cumulative Total 2025/26	Quarterly Total 2024/25	Cumulative Total 2024/25	Quarterly Total 2023/24	Cumulative Total 2023/24
Quarter 1	178	178	186	186	174	174
Quarter 2	167	345	141	327	173	347
Quarter 3	171	516	154	481	238	585
Quarter 4	111	627	143	624	174	759
Total		627		624		759

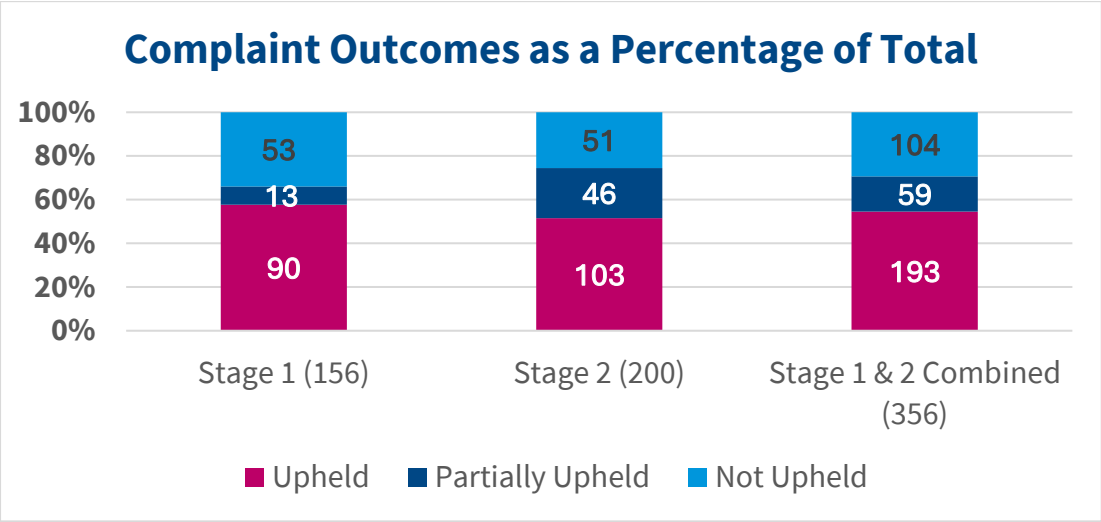
Complaint volumes remained broadly consistent throughout the first three quarters of the financial year, ranging between 167 and 178 complaints per quarter. Quarter 4 recorded a notable reduction to 111 complaints, contributing to the overall stability in annual complaint volumes. Further analysis of complaint patterns and causal factors is provided within the individual directorate summaries.
The chart below provides a comparison of quarterly complaints between 2022 and 2026

Chart 4: Quarterly complaints for the period 2022 to 2026



Across Stage 1 and Stage 2 complaints, 54.2% were upheld and a further 16.8% were partially upheld. This means that more than seven in ten complaints resulted in full or partial agreement with the concerns raised. These findings demonstrate the value of complaints as a source of insight, helping services identify issues, improve processes and strengthen service quality.

Chart 5: Stage 1 and Stage 2 Complaint Outcomes 2025/26



Performance against MCHP Requirements

NSS continues to commit to the requirements set out in the NHS MCHP. In our policy we acknowledge complaints within three working days, resolve less complex (stage 1) complaints within five working days and resolve more complex (stage 2) complaints within the 20 working-day timescale.

NSS' performance against the NHS Model Complaints Handling Procedure improved during 2025/26. Average response times reduced for both Stage 1 and Stage 2 complaints when compared with the previous year. A total of 92.9% of Stage 2 complaints were resolved within the MCHP target of 20 working days, an improvement on 89% in 2024/25, while the number of complaints exceeding target timescales reduced from 19 to 16. The average response time for Stage 2 complaints also improved slightly, reducing from 10.3 days to 10.05 days. These results demonstrate a continued focus on timely complaint resolution despite complaint volumes remaining broadly consistent throughout the year.

The table below illustrates the response times for stage 1 and stage 2 complaints.

Table 3: Handling complaints - Average response times for all complaints in days 2025/26 with an annual comparison with 2024/25.

Measure	Q1 25/26	Q2 25/26	Q3 25/26	Q4 25/26	Annual 25/26	Annual 24/25
Average response time against target response time of five working days (less complex)	2.3	2.6	1.9	2.3	2.2	2.7
Average response time against target response time of 20 working days (more complex)	9	10.5	11.4	9	10	10.3
Responses within target (20 working days)	94.1%	86.7%	91.3%	97.7%	92.9%	89%
Number of responses out with target (20 working days)	3	8	4	1	16	19

Overall, complaint volumes remained stable during 2025/26, whilst performance against the NHS Model Complaints Handling Procedure improved. The high proportion of complaints that were upheld or partially upheld demonstrates the importance of listening

to service users and using complaints as a source of learning. Analysis of complaints throughout the year has informed improvement activity within individual directorates and will continue to support service quality improvement across PSD Scotland.

Referrals to the Scottish Public Services Ombudsman

The Scottish Public Services Ombudsman (SPSO) will look at complaints after a complainant has gone through the NHS complaints procedure. If they have already complained to the NHS and are unhappy, they can ask the SPSO to look at the complaint. This is referred to as the right to redress.

SPSO referrals provide an important source of independent assurance regarding the effectiveness and fairness of complaint handling arrangements. Where complaints are referred to the SPSO, their findings help organisations identify areas that complaint investigations, communication or decision-making processes may require improvement.

6 NSS complaints were referred to the SPSO in 2025/26. Of the six complaints referred to the SPSO during 2025/26, none were upheld. This indicates that the SPSO was satisfied that PSD Scotland had handled these complaints appropriately and in line with the NHS Model Complaints Handling Procedure.

The absence of upheld SPSO complaints provides assurance that PSD Scotland's complaint investigations, decision-making processes and responses continue to align with the requirements of the NHS Model Complaints Handling Procedure. Learning from SPSO referrals continues to be reviewed alongside internal complaints data to support continuous improvement and maintain public confidence in the complaints process.

Directorate Summaries

Each NSS directorate is responsible for managing complaints, identifying learning and implementing improvements within its own services. While overall complaint volumes provide an important organisational view, understanding the themes, causes and actions arising from complaints at a local level provides richer insight into service performance and user experience.

Each directorate’s complaints data is summarised below, including:

- Scottish National Blood Transfusion Service (SNBTS)
- National Procurement (NP)
- Primary and Community Care (PaCC)
- Human Resources and Workforce Development (HRWD)
- Digital and Security (DaS)
- Finance, Corporate Governance and Legal Services (FCGLS)
- National Services Directorate (NSD)
- NHS Scotland Assure (NHSSA)

- Clinical

The following summaries describe complaint activity across each directorate during 2025/26, including complaint volumes, complaint themes, examples of learning and service improvements, and where relevant, assurance regarding complaint handling performance. Together these summaries demonstrate how feedback and complaints have driven service improvements in NSS.

Scottish National Blood Transfusion Service (SNBTS)

Scottish National Blood Transfusion Service (SNBTS) provides a national service to NHSScotland, supplying blood, tissues and cells to support patient care across the country. SNBTS also delivers specialist diagnostic and treatment services to ensure matched blood and platelets are available for patients 24 hours a day, 365 days a year, and provides training and support to colleagues across NHSScotland.

SNBTS received 126 complaints in 2025/26, representing a 22.3% increase in complaint volume compared with 103 complaints received in 2024/25. The table below provides a breakdown of complaint outcomes for 2024 - 2026.

Table 4: SNBTS complaints outcomes 2024 - 2025

Reporting Year	Total	Upheld	Partially Upheld	Not Upheld
2024/25	103	48	23	32
2025/26	126	66	34	26

Across the year, SNBTS recorded 66 complaints upheld, 26 not upheld and 34 partially upheld. These outcomes demonstrate that a high proportion of complaints resulted in full or partial agreement with the concerns raised, supporting the importance of complaints as a source of learning and service improvement.

Table X shows a breakdown of complaints for each quarter recorded by SNBTS across Donor & Transport Services, Patient Services and Tissues, Cells and Advanced Therapeutics, with a comparison from the previous year. Most complaints related to Donor & Transport Services; however, Quarter 3 also included two Patient Services complaints

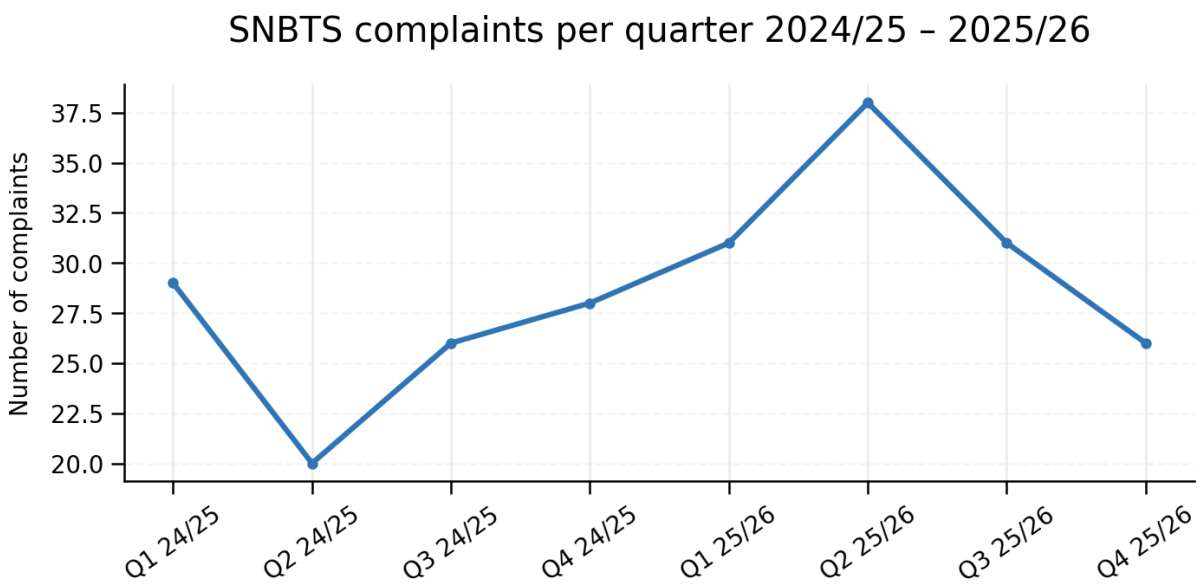
Table 5: SNBTS donor complaints: Quarterly comparison 2024 - 2026

Code/Type of Complaint	Quarter 1		Quarter 2		Quarter 3		Quarter 4	
	24/25	25/26	24/25	25/26	24/25	25/26	24/25	25/26
1 Anti-HBc Lookback	1	0	0	0	0	0	0	0
2 Appointment Availability	1	3	0	2	0	1	0	1
3 Appointments	3	3	5	2	4	3	1	1
4 Adverse Events	9	1	3	5	3	3	0	3
5 Disruption	0	0	0	0	0	0	0	0
6 Documents and Records	0	1	1	0	0	2	0	1
7 Donor Communications	2	5	1	6	4	4	5	6
8 Donor Selection	5	4	0	2	1	3	2	2
9 Donor Web Portal	4	1	1	4	2	6	3	3

10 Facilities (incl. Parking)	2	0	0	0	3	0	2	0
11 Health & Safety	1	0	1	2	1	0	1	0
12 Legal claim	0	0	0	0	0	0	0	0
13 New Regulatory Change	0	0	1	1	0	0	0	0
14 Opening Hours	0	0	0	0	0	0	1	0
15 Opportunity to donate	7	5	1	3	1	1	3	2
16 Special Needs (DDA)	0	0	0	0	0	2	1	0
17 Special Redesign/change	0	0	0	0	0	0	0	0
18 Staff Attitude & Behaviour	3	7	3	11	6	6	9	7
19 Vexatious	0	0	0	0	0	0	0	0
20 Voluntary Organiser Attitude & Behaviour	0	0	0	0	0	0	0	0
21 Waiting Times	0	1	2	0	1	0	0	0
Total	29	31	20	38	26	31	28	26

*SNBTS code their complaints categories one to twenty-one.

Graph 1: SNBTS complaints per quarter 2024/25 – 2025/26



Complaint volumes were highest in Quarter 2, before reducing in Quarters 3 and 4. The main complaint categories in 2025/26 were staff attitude and behaviour, donor communications, donor web portal, adverse events, donor selection and opportunity to donate.

While complaints peaked in Quarter 2, this should be viewed within the context of historical trends. Quarter 2 of 2024/25 recorded a comparatively low number of complaints (20), whereas Quarter 2 complaint volumes in previous years were considerably higher, including 45 complaints in 2023/24, 73 in 2022/23, 71 in 2021/22 and 45 in 2020/21. The 2025/26 Quarter 2 total of 38 complaints is therefore more consistent with longer-term patterns and does not represent an exceptional increase in complaints activity.

The largest category was staff attitude and behaviour, with 31 complaints in 2025/26. Donor communications was the next largest category, with 21 complaints. Donor web portal complaints totalled 14, and adverse events totalled 12. Donor selection and opportunity to donate each recorded 11 complaints.

Adverse event complaints accounted for 12 complaints during 2025/26 and were reported across multiple locations, including Edinburgh, Glasgow and Aberdeen, with one complaint relating to a medical issue. The majority of these complaints related to recognised complications associated with blood donation. It is also important to note that changes to donor adverse event definitions and the reclassification of serious donor complications by the Joint Professional Advisory Committee (JPAC) are likely to contribute to an increase in recorded adverse event complaints in future years as reporting practices evolve.

Appointment-related complaints remained an important theme. Complaints coded as appointments reduced when compared with the previous year; however, complaints about appointment availability increased, and social media feedback continued to

highlight frustration with booking access, walk-in availability and use of the donor web portal.

Across 25/26, there were a higher number of complaints relating to donor communications, staff attitude and behaviours, adverse events, and the donor web portal. Sickness absence in teams made it difficult to respond to all complaints in a timely manner. Processes have now changed to ensure that complaints are picked up by the whole team and not specifically allocated to one individual.

Table 6: SNBTS staff attitude and behaviour complaints: Quarterly comparison 2024 - 2026

Quarter 1		Quarter 2		Quarter 3		Quarter 4	
24/25	25/26	24/25	25/26	24/25	25/26	24/25	25/26
3	7	3	11	6	6	9	7

Complaints relating to staff attitude and behaviour increased from 21 in 2024/25 to 31 in 2025/26. The quarterly reports show that these complaints were reviewed individually, with outcomes including supportive conversations, feedback to staff and teams, retraining, discussion with staff members, and escalation to line managers where appropriate.

In Quarter 1, staff attitude and behaviour complaints included upheld, not upheld and partially upheld outcomes. Actions included supportive conversations, further training, apologies, and reminders about professional appearance and conduct. In Quarter 2, five staff attitude and behaviour complaints were upheld and five were partially upheld, with follow-up through session managers, senior charge nurses, confidentiality review, training and observation where required.

In Quarter 3, staff attitude and behaviour complaints included cases where donor experience, professionalism and communication were addressed through feedback to staff, discussion with the individual involved, and reinforcement of courteous and professional standards. In Quarter 4, examples included inappropriate remarks, privacy and dignity concerns, procedural practice, and transition to plasma donation. Actions included apologies, team discussion, monitoring of practice, and review of internal processes.

In the context of the number of donation episodes, complaint rates remain very low. There were no major themes, however it is noted that some related to donor selection issues and waiting times. SNBTS have introduced specific training for staff on donor care standards which includes how we bring these standards to life in day-to-day work.

Table 7: SNBTS social media comments: Quarterly comparison 2024 - 2026

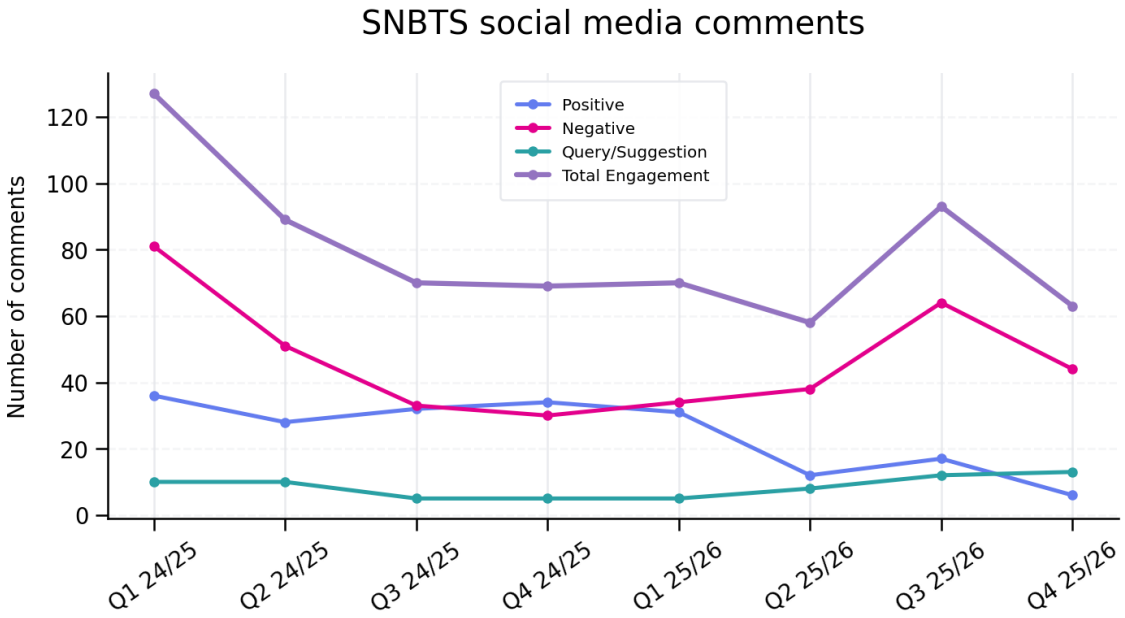
Type of Social Media Comment	Quarter 1		Quarter 2		Quarter 3		Quarter 4	
	24/25	25/26	24/25	25/26	24/25	25/26	24/25	25/26
Positive	36	31	28	12	32	17	34	6
Negative	81	34	51	38	33	64	30	44
Query	8	4	5	6	2	7	4	12
Suggestion	2	1	5	2	3	5	1	1

While overall social media engagement was lower than the high levels seen in earlier years, negative comments increased in Quarter 3 compared with 2024/25 and remained above the previous year in Quarter 4. The increase was largely associated with ongoing concerns regarding the Donor Web Portal and appointment booking processes.

Quarter 2 saw 38 negative comments, primarily relating to donor web portal functionality. Negative comments increased to 64 in Quarter 3, with recurring themes including the lack of walk-in appointments, difficulties booking appointments online, restrictions on booking close to session times, and the inability to make appointments several months in advance.

Quarter 4 recorded 44 negative comments, with continuing concerns relating to donor web portal functionality, including donors being locked out of accounts and consequently being unable to make appointments. SNBTS did not identify any specific communications campaigns or events that would explain these increases, suggesting that the comments primarily reflected ongoing donor frustrations with appointment access and booking systems.

Graph 2: SNBTS social media comments



The donor web portal remained a recurring theme in both complaints and social media comments. Concerns included difficulties booking appointments, being locked out of accounts, not being able to book online close to a session and not being able to book appointments months in advance. Walk-in opportunities were also repeatedly raised, particularly in social media feedback. Work is ongoing to make improvements to the donor web portal and the automatic password reset for donors has been switched off which should decrease the issues when donors are locked out of accounts. Live connectivity has been introduced into community sessions, allowing donors to book on the day and supporting the integration of walk-in appointments.

There continued to be positive feedback about staff, even where overall social media engagement was lower. In Quarter 3, staff accounted for the largest positive social media theme. In Quarter 4, positive comments were lower than usual, and the quarterly report noted that donors may be choosing to use Care Opinion in preference to social media; this will be monitored in future months.

Equality, diversity and accessibility

Equality and diversity complaints were low in volume but present across 2025/26. The quarterly reports recorded no equality and diversity complaints in Quarter 1, two in Quarter 2, two in Quarter 3 and one in Quarter 4. Themes included medical deferral processes, hearing loss and assistance during health screening, transgender awareness and donor record processes, and language barriers affecting health screening.

Quarter 3 had complaints relating to transgender donor experience, including the need to update processes to improve donor experience. There was also a complaint involving a language barrier during health screening and noted recent changes to UK guidance

relating to third party interpreters. SNBTS are commitment to implementing this guidance to improve accessibility and to scope these changes in 2026.

All patient information leaflets have been reviewed this year and are being updated. Where there have been any complaints in relation to EDI/Trans issues, additional support is given to staff members. The majority of complaints seen, especially on social media, relate to men being frustrated at being asked if they are pregnant each time they come to donate, which is a requirement of our donor selection records and minimum mandatory question set. Once the semester patch is introduced there is work planned to review communications and processes to further support our transgender donors.

Response performance and escalation

Across the year, seven complaints were recorded as breaches of the 20-working-day response time: five in Quarter 1, four in Quarter 2, one in Quarter 3 and none in Quarter 4. There are several reasons for delay, including waiting for donor responses, annual leave, back-and-forth between case owners and other parties, access to records, staff availability, and the need to collate records for a subject access request.

Two complaints were referred to the SPSO during the year. In Quarter 1, the SPSO requested that SNBTS contact the donor directly in relation to an awards ceremony and no further action was required. In Quarter 3, a complaint relating to the pregnancy question was raised with the SPSO and the appeal was not upheld.

Learning and improvement

Learning and improvement activity is linked to specific complaints and feedback themes. Actions included staff conversations, retraining, observation and monitoring of practice, review of confidentiality and communication during screening, reinforcement of professional standards, review of contingency planning and donor communications, and review of internal processes for identifying donor suitability before plasma appointments.

In addition to improvements to appointment systems and the donor web portal, SNBTS has continued to embed learning through regular governance and operational forums. All complaints are reviewed within territory management meetings and are also discussed through the Senior Nurse Forum to ensure learning is shared across Donor and Transport Services, Patient Services and Tissues, Cells and Advanced Therapeutics. Complaint reviewers are encouraged to adopt a pragmatic and person-centred approach when determining complaint outcomes, helping to ensure that donor experiences inform service improvement activity across the organisation.

SNBTS is also now receiving further resource support from the National Contact Centre to assist with the volume of donor portal enquiries and account set ups.

In March 2026, SNBTS piloted Care Opinion within the Edinburgh Donor Centre and Glasgow Clinical Apheresis Unit. The pilot was introduced to maximise opportunities for

public engagement and feedback, provide direct feedback to individuals and teams, better understand what matters to donors, patients and stakeholders, support service improvement through real-time feedback, and celebrate positive experiences. During the first four weeks of the pilot, the Edinburgh donor team received 16 compliments through Care Opinion compared with eight compliments received through the ServiceNow platform during the whole of Quarter 2, indicating strong initial engagement with the new feedback mechanism. Staff feedback on the pilot was reported as overwhelmingly positive.

All territory management meetings review all complaints received. Complaints are also discussed at the senior nurse forum to share any learning across Donor and Transport Services, Patient Services and Tissues, Cells and Advanced Therapeutics. Reviewers of the complaints take a pragmatic and person-centred approach to upholding/partially upholding complaints.

Despite an increase in complaint volumes during 2025/26, complaint rates remain very low when considered against overall donor activity. Complaints continue to provide valuable insight into donor experience and have supported improvements to appointment booking processes, donor communications and staff training.

National Procurement (NP)

National Procurement (NP) is NHS Scotland's national procurement and logistics service. It provides commercial and supply chain services to Health Boards and health and social care organisations across Scotland, supporting the procurement of medicines, equipment, products and services required for patient care. NP also operates the National Distribution Service, which stores and distributes essential healthcare supplies to hospitals and community services throughout Scotland, ensuring that frontline services have access to the resources they need to deliver safe and effective care.

NP received 426 complaints during 2025/26, representing approximately two-thirds of all complaints recorded across NSS. The majority of these complaints related to products and services supplied through third-party suppliers, reflecting the scale and complexity of the national procurement and supply chain environment.

Of the total complaints received, 301 related to third-party suppliers and 125 related directly to NP services. Complaint volumes remained broadly consistent with the previous year and represented a very small proportion of overall service activity. Nevertheless, complaint trends continue to provide valuable insight into supplier performance, service delivery and opportunities for improvement across the procurement landscape.

Complaint rates remain very low relative to the volume of procurement, logistics and distribution activity undertaken during the year. Complaints therefore provide an important source of intelligence to support service quality, supplier management and continuous improvement.

Overview

Total complaint volumes decreased across the year, driven by a reduction in third party supplier complaints. Complaints relating to NP services remained relatively stable throughout the year, with a slight increase from 30 in Quarter 1 to 33 in Quarter 4.

Whilst National Procurement recorded 125 complaints relating directly to its own services during 2025/26, this should be considered in the context of service activity. The National Distribution Service processed over 4.6 million order lines during the year, resulting in a complaint rate of approximately 0.003%. This indicates that complaints represented a very small proportion of overall activity while providing valuable insight into areas for service improvement.

Quarterly position

Quarter 1 recorded 135 complaints in total, comprising 30 complaints relating to National Procurement services and 105 complaints relating to third party suppliers. In Quarter 1, the top issue was late, incorrect or no delivery (8 complaints relating to National Procurement services). In third party supplier complaints, the leading issue was products not performing as expected.

Quarter 2 recorded 112 complaints in total, comprising 31 complaints relating to National Procurement services and 81 complaints relating to third party suppliers. In Quarter 2, the top issue was product out of date (11 complaints relating to National Procurement services), although this typically related to products approaching the end of their shelf life rather than being supplied after expiry.

Quarter 3 recorded 104 complaints in total, comprising 31 complaints relating to National Procurement services and 73 complaints relating to third party suppliers. In Quarter 3, the top issue returned to late, incorrect or no delivery (14 complaints), while the most common third-party supplier issue remained products not performing as expected.

Quarter 4 recorded 75 complaints in total, comprising 33 complaints relating to National Procurement services and 42 complaints relating to third party suppliers. In Quarter 4, the top issue was product out of date (13 complaints), with no consistent trend identified across specific products, suppliers or health boards.

Key themes

Analysis of complaint causes across the year indicates that many issues were isolated rather than systemic. For example, late or incorrect delivery complaints were typically distributed across multiple health boards and did not indicate a recurring pattern. Similarly, complaints relating to product shelf life were often associated with a range of products and suppliers, suggesting that issues were individually investigated rather than driven by a single underlying cause.

Complaints relating to National Procurement services were largely handled within target timescales throughout the year. Quarterly returns indicate that in several quarters all complaints were closed within target, with only a small number of exceptions in later quarters. This demonstrates a generally consistent level of performance in complaint handling.

Learning and improvement

Across the year, NP adopted a consistent approach to corrective action, with learning activities directly informed by complaint trends identified in quarterly returns. These included targeted reviews of late or incorrect delivery issues, detailed investigation of product shelf-life concerns, and proactive engagement with suppliers in response to product quality issues.

In many cases, complaints were found to be isolated and distributed across multiple suppliers or health boards, therefore actions focused on individual investigation, feedback to suppliers, and reinforcement of existing processes through staff briefings and retraining. Where recurring issues were identified, this informed wider improvement activity, including supplier management and quality assurance processes.

Examples include targeted review of late or incorrect delivery issues, individual investigation of product shelf-life concerns. The reduction in complaints in quarter 4 may have been influenced by an increase in precautionary Customer Alert Notices and Product Recalls, which support the early identification and communication of product issues to Health Boards, helping to mitigate concerns before they result in formal complaints.

Complaint trends have also informed improvements within warehouse operations. In recent years, complaints relating to contaminated products have reduced, coinciding with an increased focus on warehouse hygiene and the introduction of dedicated staff responsibilities for cleanliness and quality management within warehouse environments.

Where patterns of concern were identified locally, National Procurement engaged directly with Health Boards to review operational processes, strengthen working relationships and support service improvement initiatives.

Overall, the data indicates that while complaint volumes fluctuate, most issues continue to arise from third party supplier performance rather than National Procurement services. The reduction in complaint volumes towards the end of the year suggests that corrective actions and supplier engagement may be having a positive impact, although continued monitoring will be required to confirm whether this represents a sustained trend.

Table 8: NP complaints by cause (excluding third party): Quarterly complaints volume 2025/26

Cause	Q1	Q2	Q3	Q4	2025/26 Total
Late/Incorrect/No Delivery	8	2	14	5	29
Product Out of Date	7	11	3	13	34
Wrong/confusing/missing information	6	7	9	5	27
Other	9	11	5	19	35
Sub Total	30	31	31	33	125

Table 9: NP Third party supplier complaints by cause: Quarterly complaints volume 2025/26

Cause	Q1	Q2	Q3	Q4	2025/26 Total
Product not performing as expected	62	55	44	32	193
Damaged product	4	1	5	1	11
Late/incorrect/no delivery	8	5	5	1	19
Other	31	20	19	8	78
Sub Total	105	81	73	42	301

Complaints relating to product out of date and late or incorrect delivery were the most common issues affecting NP services, although these fluctuated between quarters. Product out of date complaints increased in Quarter 4, while late delivery issues peaked in Quarter 3 before reducing. These complaints were spread across multiple products, suppliers and Health Boards, with no recurring pattern identified. National Distribution Service continues to proactively manage stock through shelf-life monitoring and stock rotation processes, while increasing the number of products for which date codes are captured electronically to improve oversight and reduce the risk of future occurrences.

The “Other” category includes a range of less frequently reported issues such as packaging, incorrect product, and system-related concerns.

Chart 6: NP number of complaints each quarter

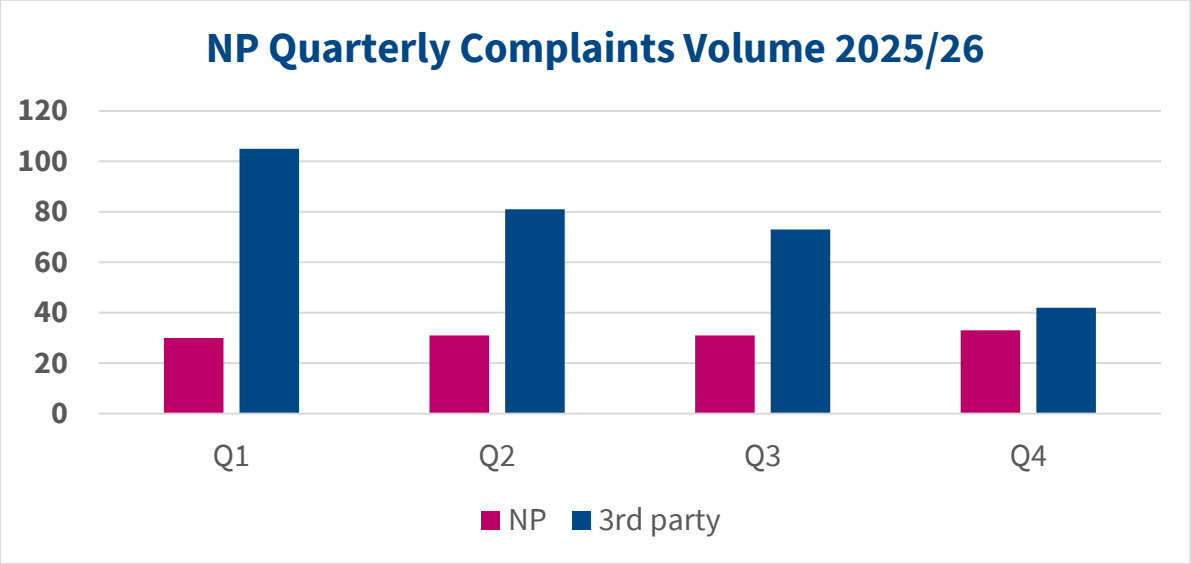
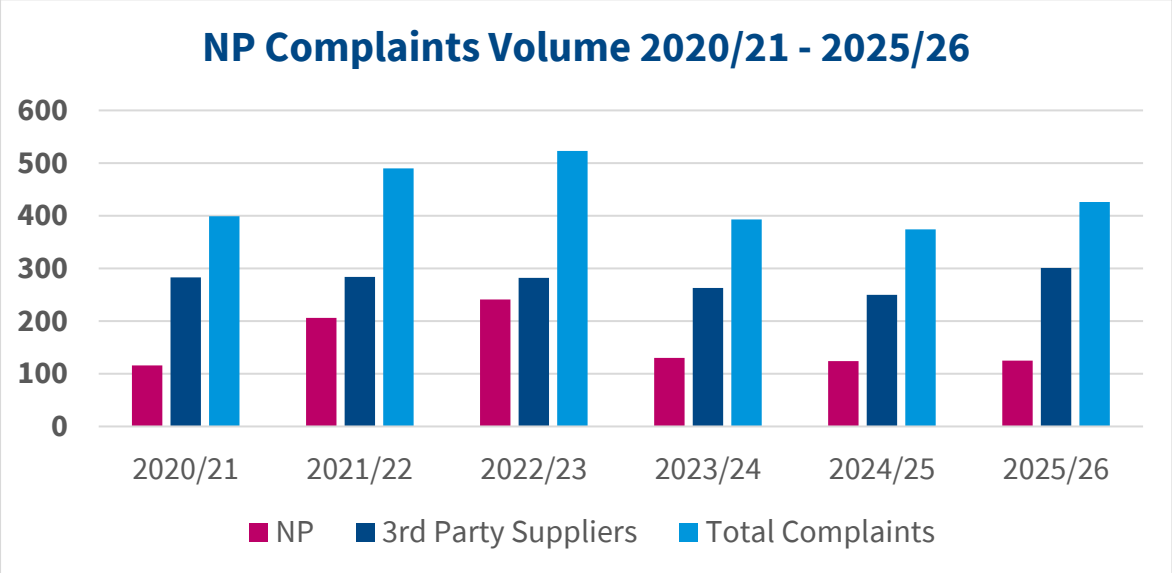


Chart 7: NP total number of complaints each year from 2021 - 2026



Primary and Community Care (PaCC)

National Contact Centre (NCC)

The National Contact Centre (NCC) delivers call centre services to the people of Scotland, supporting access to health and care services. This includes booking and rescheduling vaccination appointments, and providing information, guidance and signposting to other NHS services. NCC also supports callers with access to digital services, including the vaccination booking portal.

NCC received 44 complaints in 2025/26. A comparison to last year's total complaints (59) shows a reduction of 34%. Complaint volumes increased during Quarter 2 and Quarter 3, reflecting increased call volumes associated with vaccination campaigns, before reducing in Quarter 4 following completion of the winter vaccination programme.

During the 2025/26 reporting period, NCC continued to deliver support aligned to national vaccination programmes. Activity levels and complaint volumes were closely aligned to seasonal demand, with higher volumes observed during active vaccination campaigns.

Of the complaints received, 12 were upheld, 6 were partially upheld and 26 were not upheld. Most complaints not upheld were associated with issues out with the direct control of NCC, such as local health board matters - vaccination clinic delivery, eligibility decisions and appointment scheduling. In context, the 12 upheld complaints represents 0.0024% of the total call volume, Total complaints represent 0.009% indicating low levels of complaints relative to the 502,000 calls received in 2025/26.

All complaints were acknowledged within three working days across all quarters, with most less complex complaints resolved within five working days. No complaints were referred to the SPSO and no extensions were required during the reporting period.

NCC continues to support ongoing service improvement through its Call Quality Review process and targeted staff training. Focus has been placed on the onboarding and support of short-term contractors during peak campaign periods, ensuring that staff are equipped with the necessary knowledge and skills to deliver a consistent and high-quality service.

Learning from complaints and feedback continues to inform improvements in training materials, processes and call handling approaches. These actions support NCC in maintaining a high-performing service while responding to fluctuating demand and the complexities associated with national programmes.

Table 10: NCC complaints outcomes: Comparison 2024 – 2026

Reporting Year	Number of Complaints	Upheld	Partially Upheld	Not Upheld
2024/25	54	19	3	32
2025/26	44	12	6	26

NCC handled a total of 44 complaints between 1 April 2025 – 31 March 2026. 21 (47.7%) of these complaints were directly related to NCC, the remaining 23 (52.3%) were for external services.

Chart 8: Breakdown of NCC feedback categories

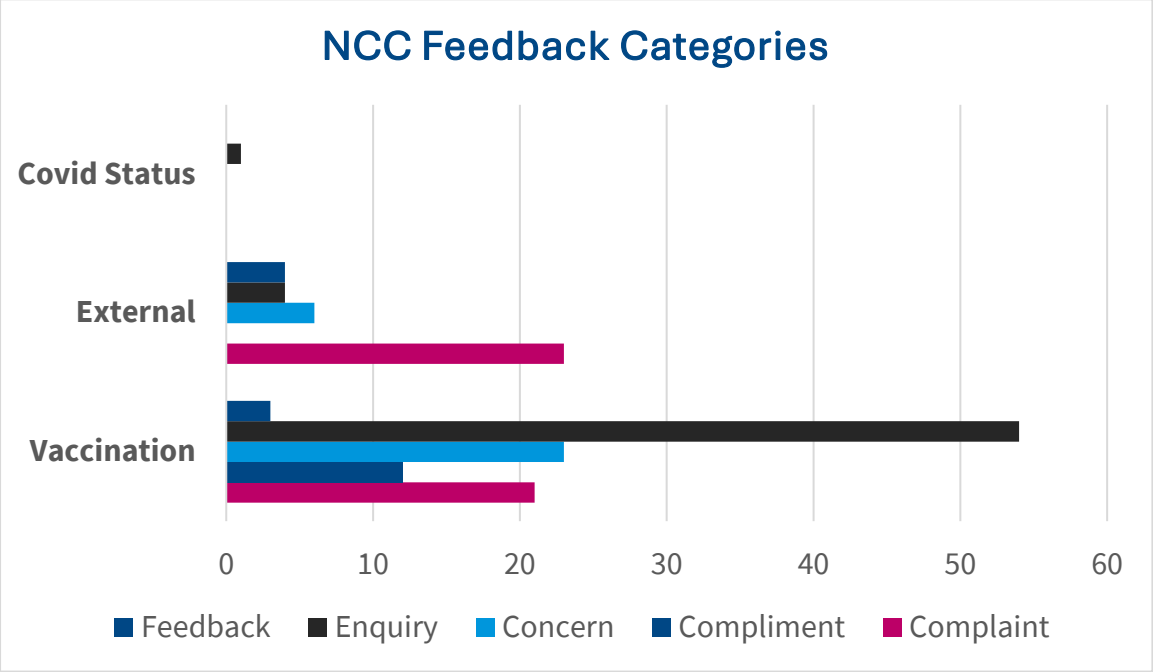


Table 11: Number of NCC complaints by service area and theme

Compliment Theme	Vaccination	Testing	Warm Scottish Welcome	Child Health	NECU (National Elective Coordination Unit) Support
Professionalism – Staff Behaviour	5	0	0	0	0
Eligibility	6	0	0	0	0
Portal	3	0	0	0	0
No appointment communication received	2	0	0	0	0
Misinformation	1	0	0	0	0
Total	21	0	0	0	0

Complaint themes during the year were consistent with previous reporting periods. Where complaints were attributable to NCC services, these primarily related to call handling, including communication style, adherence to processes and provision of accurate information. In these cases, appropriate actions were taken, including targeted coaching, retraining and enhanced call monitoring.

Table 12: Number of NCC external complaints and organisation

Complaint Themes	NHS Lanarkshire	NHS Forth Valley	NHS GGC	NHS Tayside	NHS Fife	NHS D&G
Clinic location/Clinic venue	1	0	0	0	1	0
System Error	0	0	0	0	0	0
Staff behaviours	2	0	0	1	0	0
No appointment communication	0	0	0	0	0	0
Scheduling	1	0	2	0	0	1
Eligibility	1	0	0	1	0	0
Section 47 process	0	0	1	0	0	0
Total	5	0	3	2	1	1

Complaint volumes reduced despite continued delivery of national vaccination support services and more than 500,000 calls being handled during the reporting period. This indicates that complaint volumes remain low relative to service demand.

Table 13: Yearly Call comparison split between NCC workstreams

Helplines	Yearly Totals		
	2023/24	2024/25	2025/26
Vaccination	509k	448k	452K
Covid Status	15k	0	0
Contact Tracing	0	0	0
Testing	8k	5k	2.5K
Warm Scottish Welcome	176	82	12
NECU	0	2.5k	277
Payroll	0	0	14.5K
Outbound across NCC	100k	67.5k	171K
Total Call Interactions	632k	523k	640K

Practitioner Services (PSD)

Practitioner Services (PSD) supports the delivery of primary care services across Scotland, including general medical, dental and pharmacy services. Key functions include patient registration, medical records transfer, processing prescriptions and supporting contractor payments.

In 2025/26, PSD received 7 complaints, which is consistent with the 7 complaints reported in 2024/25.

Complaints were received in Quarter 1 (3 complaints), Quarter 2 (1 complaint) and Quarter 4 (3 complaints). No complaints were recorded in Quarter 3.

Complaints primarily related to medical records and patient information, contractor and payment processes, and issues linked to third-party systems. A small number of complaints also related to communication and service experience. In response to issues raised through complaints and service enquiries, PSD reinforced guidance with staff regarding the provision of accurate information about available GP practices within a patient's local area to help improve consistency and support positive user experiences.

All complaints were acknowledged within target timescales and closed within the required timescales where applicable. No complaints were referred to the Scottish Public Services Ombudsman.

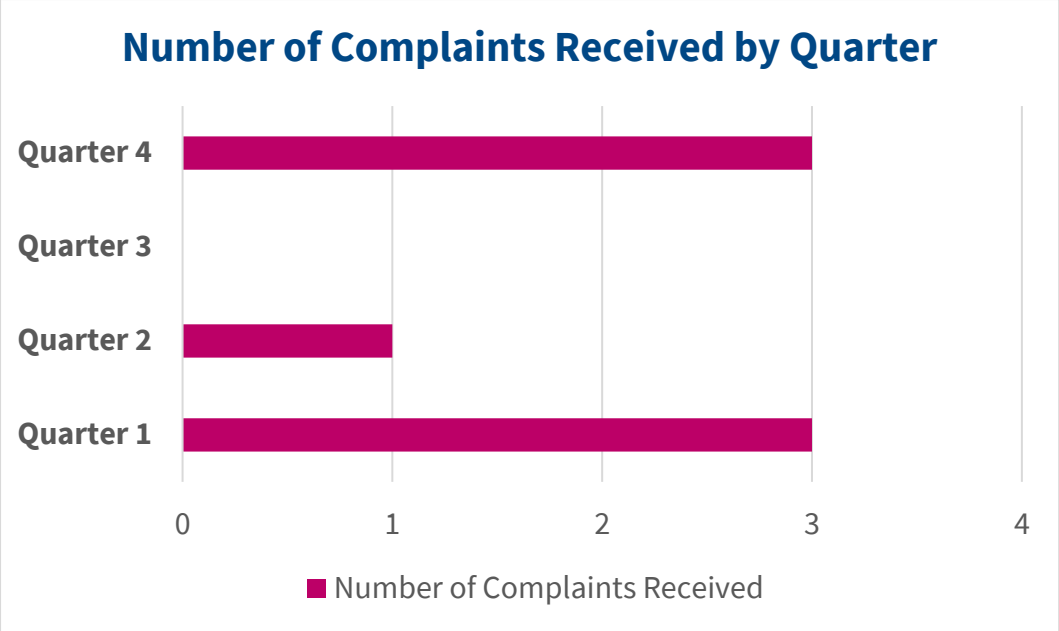
Table 14: Number of complaints received by status 2025/26

Reporting Year	Number of complaints	Upheld	Partially upheld	Not upheld
2025/26	7	2	0	5

Two complaints were upheld. One was relating to Pharmacy, a delay in response from a third-party service provider. Following investigation, an apology was issued and a full review was undertaken with both the contractual service provider and network provider. Learning from the investigation has been used to strengthen arrangements and help minimise the risk of similar issues occurring in future.

The additional upheld complaint related to a patient’s experience of registering with a GP practice. The investigation found that incorrect information had been provided regarding local GP practices, which delayed registration. The correct information was supplied, enabling the patient to register with an appropriate practice. Following a review, actions were taken to strengthen processes and improve the accuracy of future communications.

Chart 9: PSD Number of complaints received each quarter



For other complaints received, investigations confirmed that PSD processes had been followed correctly, with issues arising from external systems or providers.

Due to the low number of complaints, no consistent trends were identified. However, individual complaints highlighted the importance of clear communication, effective management of service user expectations and continued collaboration with external partners to resolve system-related issues. Learning arising from complaints and service enquiries was shared with operational teams during the year, including reinforcing the importance of providing accurate information to service users and working closely with third-party providers to improve service responsiveness where issues were identified.

Table 15: PSD number of complaints by status 2024 - 2026

Service area	Number of complaints		Upheld		Partially upheld		Not upheld	
	24/25	25/26	24/25	25/26	24/25	25/26	24/25	25/26
Dental	2	3	1	0	0	0	1	3
Medical	5	3	2	1	0	0	3	2
Pharmacy	0	1	0	1	0	0	0	0
Total	7	7	3	2	0	0	4	5

PSD received 7 complaints in 2025/26, unchanged from 2024/25.

PSD continues to manage a high volume of service queries alongside formal complaints. These relate mainly to GP registrations, dental services and general enquiries, and are responded to through business-as-usual processes.

Human Resources (HR)

Human Resources (HR) provides a range of shared services to Public Health Scotland and Occupational Health Services to Healthcare Improvement Scotland and the Scottish Ambulance Service. During 2025/26, HR received no formal complaints, compared with one complaint in 2024/25 and five complaints in 2023/24. This continues a positive downward trend in complaint volumes.

HR continues to take a proactive approach to customer feedback and service improvement across its externally delivered services. A post-enquiry customer satisfaction survey is issued through ServiceNow following PHS interactions with HR services, enabling service users to provide real-time feedback on their experience. This allows any constructive feedback or areas for improvement to be identified and addressed promptly.

HR maintains a strong focus on customer experience and service improvement through the routine collection of user feedback. Following enquiries received through ServiceNow, service users are invited to complete a customer satisfaction survey, enabling HR to monitor service quality and identify opportunities for improvement. Survey feedback is reviewed regularly by managers and used to inform ongoing service development and performance improvement activity.

During 2025/26, HR continued to refine its systems, processes and guidance in response to user feedback. Improvements included enhancements to enquiry handling processes, updates to customer-facing guidance and forms, and continued development of digital tools designed to improve the user experience.

The absence of formal complaints, alongside consistently positive customer satisfaction feedback, provides assurance that HR services continue to meet the needs of service users while maintaining a strong focus on continuous improvement.

Digital and Security (DaS)

Digital and Security (DaS) operates as a centre of excellence for digital, security, data and technology services in Scotland. Working collaboratively with public sector partners, DaS develops, manages and delivers secure digital solutions that help make public services simpler and more efficient. The service supports the infrastructure underpinning NHSScotland through the provision of secure technology, digital services and future-focused solutions, while also supporting local authorities, the Scottish Government and third sector organisations.

During 2025/26, DaS recorded no formal complaints through its complaints process. However, customer feedback is regularly gathered through a range of channels to support service improvement.

DaS receives customer feedback across its national and internal services. A post-enquiry customer satisfaction survey is issued through ServiceNow following interactions with DaS services, enabling users to provide real-time feedback on their experience. This helps identify opportunities for improvement and supports ongoing service development.

DaS also provides a range of national digital services used by NHS Boards across Scotland. These services are supported by established user groups, programme boards and stakeholder forums that provide regular opportunities for engagement and feedback. Improvement opportunities are identified and managed through these arrangements, with some services maintaining formal annual improvement plans or initiating change projects. Service Managers and Business Partners maintain ongoing relationships with customers to help manage and resolve issues alongside supporting continuous improvement.

Finance, Corporate Governance and Legal Services (FCGLS)

The Finance, Corporate Governance and Legal Services Directorate (FCGLS) brought together the previous Financial Services and Corporate Governance Departments, along with the Central Legal Office (CLO) and Counter Fraud Service (CFS).

Finance delivers a broad range of financial services such as financial support to Directorates, transaction processing and Payroll to NSS and other NHSScotland Boards through shared services arrangements. The CLO provide a national shared legal service to NHSScotland and the wider public sector across all relevant areas of Scottish and UK legislation. Each area has its own lead for coordinating the handling of complaints, and the results for each area are reviewed on a quarterly basis.

In 2025/26, FCGLS received 23 complaints. This is slightly higher than the 18 complaints reported in 2024/25. The increase was mainly due to complaints received within Contractor Finance and Counter Fraud Services during Quarters 2 and 3. The highest number of complaints was received in Quarter 3.

Review of individual complaints did not identify any recurring themes or systemic issues. The increase appears to reflect a higher number of isolated complaints raised across a range of different services and topics rather than being driven by a specific trend.

A number of complaints related to transactional processes, including contractor payments, pension opt-out arrangements, CPD grant claims and Patient Claims activity. In many cases, the complaint response confirmed that the relevant process had been followed. However, some complaints identified areas where communication, administrative checks, or system processes could be improved.

Complaints received by the Central Legal Office mainly related to how legal processes were understood or experienced by individuals involved in claims or proceedings. These

complaints often reflected the complexity of legal processes and the importance of providing clear explanations about roles, responsibilities, and timescales.

Where complaints were upheld or partially upheld, local action was taken. This included strengthening checks before information is shared externally, improving mail handling processes, reviewing Patient Claims system issues, and reminding staff of the checks required before issuing information.

Table 16: Number of complaints received within FCGLS by status 2024/25 and 2025/26

Reporting Year	Number of complaints	Upheld	Partially upheld	Not upheld
2024/25	18	6	3	10
2025/26	23	4	5	14

The reasons complaints were upheld or partially upheld provide insight into the main areas of learning identified during the year. Upheld complaints related to issues such as inappropriate use of personal data, breaches of confidentiality and instances where established processes had not been followed. Partially upheld complaints generally related to communication issues, including inaccurate information in correspondence, delays affecting service users and opportunities to provide clearer or more timely communication. These findings informed local improvements and reinforced the importance of robust information governance, process compliance and effective communication.

Table 17: FCGLS total number of quarterly complaints received by service

Quarter	CLO	Finance	CF	CFS
Q1	1	1	1	0
Q2	1	0	3	2
Q3	0	0	5	4
Q4	1	0	2	2
Total	3	1	11	8

Table 18: FCGLS number of complaints received by quarter and status

Quarter	Complaints	Upheld	Partially upheld	Not upheld
Q1	3	0	0	3
Q2	6	2	1	3
Q3	9	2	3	4
Q4	5	0	1	4
Total	23	4	5	14

Although Quarter 3 recorded the highest number of complaints during the year, analysis did not identify any common causes or emerging pattern to explain the increase. The additional complaints received during the quarter related to a variety of unrelated issues across different service areas.

Complaints highlighted the importance of robust information governance, clear communication and administrative quality assurance checks. Learning has informed local process improvements and reinforced expectations regarding confidentiality, correspondence and transaction processing.

National Services Directorate (NSD)

The National Services Directorate (NSD) commissions more than 60 national designated specialist services on behalf of the Scottish Government and NHS Scotland Health Boards. These services support patients with rare conditions or specialist needs and are delivered by highly skilled multidisciplinary teams across Scotland.

In 2025/26, NSD received two complaints. This is a reduction compared to the six complaints reported in 2024/25 and reflects a continued low level of complaints within the Directorate. The reduction may in part be attributable to improvements made following the introduction of a new process to co-ordinate patient travel reimbursement arrangements. The implementation of the process initially resulted in an increase in complaints while arrangements were embedded and expectations clarified. Subsequent process improvements and clearer communication have contributed to a reduction in complaints in this area.

Both complaints were categorised under 'wrong, confusing or missing information'. One complaint was not upheld and one complaint was upheld. Both were closed within target timescales.

One complaint related to a service delivered by a territorial NHS Board. As NSD commissions these services, it worked with the relevant Board to review the concerns and consider findings through appropriate governance arrangements.

Due to the low number of complaints, no overarching trends were identified, and no complaint-driven directorate-wide improvement actions or training needs were identified during the year. However, NSD has continued to strengthen its approach to quality assurance and performance oversight. During 2025/26, all NSD screening commissions were brought fully into the NSD commissioning performance monitoring framework. This has improved consistency in performance monitoring, supported earlier identification and escalation of risks and issues, strengthened accountability across commissioned services, and provided more robust information to support continuous quality improvement and decision-making.

Table 19: NSD number of complaints received by status 2024/25 - 2025/26

NSD	Number of complaints	Upheld	Partially upheld	Not upheld
2025/26	2	1	0	1
2024/25	6	3	2	1

NHS Scotland Assure (NHSSA)

NHS Scotland Assure is responsible for several services and consists of:

- Antimicrobial Resistance and Healthcare Associated Infection (ARHAI) Scotland
- Assurance Services
- Climate Change and Sustainability
- Engineering
- Facilities Management
- Property and Capital Planning
- Research and Intelligence

During 2025/26, NHSSA received one complaint. The complaint was investigated and was not upheld. Due to the low volume of complaints received, no trends or recurring themes were identified.

NHSSA's customers are predominantly NHS Boards and partner organisations, with whom it maintains close and established working relationships. Issues and concerns are often addressed and resolved through routine engagement and collaboration before escalating to the formal complaints process. In addition, many NHSSA services have limited direct interaction with end users and members of the public, which contribute to the low number of complaints received.

Alongside the low number of complaints, NHSSA continued to receive positive feedback from stakeholders. Some examples of compliments received can be found in Appendix 2.

Clinical

The Clinical Directorate provides trusted leadership, assurance and expertise in clinical and care matters. Working collaboratively with teams across NSS, the health and care system in Scotland and wider partners, we ensure that NSS services deliver for Scotland's citizens, patients and clinical community.

Within NSS, the Clinical Directorate leads on and has overall responsibility for:

- Clinical governance
- Clinical quality improvement
- Research, development and innovation capability
- Healthcare associated infection
- Caldicott Guardian – safeguarding patient confidentiality while enabling appropriate sharing of patient information to the highest standards
- Medical Device Regulation
- Public Protection and Safeguarding
- Screening Oversight and Assurance Scotland

The Clinical Directorate reviews complaints and feedback through its clinical governance processes to support learning and continuous improvement. No formal complaints were received during the reporting period. The Directorate seeks feedback from service users, stakeholders and staff to identify areas of good practice and opportunities for service improvement.

User Feedback Driven Improvement

Good practice

Understanding the experiences of those who use our services is fundamental to delivering high-quality, person-centred public services. Feedback provides an important source of assurance about what is working well, while also helping identify opportunities for improvement, innovation and organisational learning. By listening to users, stakeholders and partners, we are better able to understand what matters most to people and ensure our services continue to evolve in response to changing needs.

Across NSS, services used a range of approaches to gather and act on feedback from service users, stakeholders and partner organisations. Feedback was received through formal complaints, compliments, service user surveys, Care Opinion, social media, operational service enquiries and direct engagement with users. These different routes helped services understand what was working well, identify concerns at an early stage and recognise opportunities to improve how services are delivered.

Feedback was reviewed and used locally by directorates to inform learning, service development and improvement activity. Examples included post-enquiry customer satisfaction surveys in HR and Finance, call quality reviews and targeted training in the National Contact Centre, donor feedback through Care Opinion and social media in SNBTS, and complaints learning used by directorates to strengthen communication, processes and staff guidance. This demonstrates that services are using feedback in different ways according to their operating context, while continuing to build a more consistent organisational approach to listening, learning and improvement.

Transformation and Improvement

Valuing all forms of feedback, whether positive or critical, is essential to continuous improvement. Feedback helps services understand what matters most to users, assess whether changes are having their intended impact, and identify opportunities to improve quality, accessibility and experience. Insights gathered through complaints, compliments, surveys and engagement activities are routinely used to inform service planning and quality improvement activity across NSS.

To improve the quality of the feedback we receive from our service user surveys, some of our directorates continuously collect feedback throughout the year following the delivery of specific services. These services include Digital and Security (DaS), Human Resources (HR), and Finance.

All directorates record complaints using the Service Now platform. This allows us to monitor complaints activity across the organisation. Training on the online portal has been provided to complaint leads across the organisation.

Real-time monitoring and reporting of complaints will not be possible for all our services as some directorates are not able to record and update the system in real time. This is due to the nature of the service and a lack of access to the online tool or secure internet connection in some locations where they interact with service users. For example, if a complaint were to occur in a mobile blood donation unit in a remote location the complaint could not be logged in the moment if there is no secure internet access.

NSS directorate and service complaint leads meet monthly to discuss good practice, share learning, and are provided with tools, guidance, and templates to ensure that there is a consistent approach across NSS. The meetings provide the leads with an opportunity to network and creates a community of interest for those leading on complaints reporting for their area.

User feedback is a central component of our Quality Management Framework. We are committed to continually improving how we ask, listen to and act on the feedback received. Complaints, compliments, concerns and user experience feedback data are routinely analysed alongside operational performance, with findings reported to directorate leadership teams. This integrated approach has continued to support targeted service improvements.

This also aligns with the Scottish Approach to Change, which is underpinned by the principles of quality management and supports services to deliver change in a structured, person-centred and sustainable way. Feedback is essential to this approach because it helps services understand people's experiences, identify what matters most to service users and stakeholders, and use that learning to inform change. As we continue to embed the principles of both the Quality Management Framework and the Scottish Approach to Change across the organisation, strengthening how we ask for, listen to and act on feedback will remain central to improving service quality and supporting meaningful, evidence-informed change.

Accountability and Governance

The executive lead for feedback and complaints is the Director of Strategy, Performance and Service Transformation. Complaints are reviewed at multiple levels:

- Directorate level
- Executive Management Team
- Audit and Risk Committee
- Staff Governance Committee
- Clinical Governance Committee (for clinical complaints)

All NSS complaints are first reviewed by designated complaints leads within the directorates. A quarterly report is then reviewed by the directorate senior leadership team, to help identify any opportunities for improvement whilst identifying any trends at an

early stage. The annual Feedback and Complaints reports are scrutinised by the Executive Management Team, Finance, Audit and Risk Committee, and the Board of Directors.

Staff related complaints are integrated into the People Report presented to our Staff Governance Committee.

The governance arrangements described in this report reflect the organisational structures that were in place during the 2025/26 reporting period. Governance arrangements for feedback and complaints are currently being reviewed as part of the transition to PSD Scotland and will continue to evolve to support effective oversight, organisational learning and continuous improvement.

Hierarchy of governance arrangements for feedback and complaints reporting in NSS



Appendices

Appendix one: Our Services

Our Services Information

We provide services and advice to the NHS and wider public sector.

This section outlines the scope of NSS's operational services, each of which is responsible for capturing, managing, and acting upon user feedback in accordance with the Model Complaints Handling Procedure.

Since its inception, NSS has provided a wide range of national services that ensure Health Boards and other health, and care partners can deliver their services with confidence.

Digital and security

Our expertise includes delivery and management of national digital platforms, supporting services and cyber security. Our innovative and person-centred scalable technology is delivered through local and national digital solutions, providing clinical informatics and information security and governance.

National Contact Centre

We provide call centre services to the people of Scotland. This includes appointment booking and rescheduling and providing advice, support and guidance to support them with access to health and care services.

Primary care support

We support general practitioners, dentists, opticians, community pharmacies and dispensing contractors to deliver primary care across Scotland. This includes managing contractor payments, maintaining an up-to-date patient registration database, medical record transfers and clinical governance for dental services.

Specialist healthcare commissioning

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

Population screening

From April 2024, a new team brought together the different national screening functions delivered by NSS. They are responsible for oversight, quality assurance and coordination at the national level of the six population screening programmes.

Legal

We provide specialist legal advice and assistance in most areas of law relevant to the public sector. With a wide range of experience, the Central Legal Office (CLO) provides clients with a comprehensive legal service. We have close links to Scottish Government and its legal service and counsel clients on a wide range of policy issues.

Programme management

We act as a national delivery provider and work with our partners to offer total solutions in portfolio, programme, project management and transformation services. By equipping our clients with the right people and approaches, we can support the delivery of complex and challenging change programmes.

National procurement

We provide procurement services to NHSScotland. We work collaboratively to provide best quality, fit for purpose and best value commercial solutions – weighing up cost, added value and sustainability. Our expert logistics services include distribution, supply chain, warehouse operations and fleet management. We also provide national eProcurement solutions.

Fraud prevention

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

Blood, tissues and cells

The Scottish National Blood Transfusion Service (SNBTS) provides blood, tissues and cells to NHSScotland, ensuring they are available 24 hours a day, every day of the year. We also provide specialist treatment and therapeutic solutions, specialist testing and diagnostic services appropriate for Scottish patient needs.

Corporate services

We provide corporate services to other health boards in vital areas such as finance, HR, digital, facilities, procurement, and business support. This includes managing payroll for eight NHSScotland boards and delivering a full corporate shared services solution for Public Health Scotland.

NHS Scotland Assure

We deliver a co-ordinated approach to the improvement of risk management and quality in the healthcare environment across NHSScotland. We encompass services provided by Antimicrobial Resistance and Healthcare Associated Infection (ARHAI) Scotland and Health Facilities Scotland (HFS). Our goal is to promote excellence, protect patients from the risk of infection and support better health outcomes for all.

The wide range of services outlined above leads to variability in the types, volumes and channels of feedback received, all of which are reflected in the directorate summaries presented later in the report.

For more information about our services, visit our website at **www.nss.nhs.scot**

Appendix two: Examples of Compliments Received 2025/26

The table below Includes verbatim quotes from service users across SNBTS, NP, HRWD, FCGLS, NSD and NHSSA. These are the words of those providing the compliments and are verbatim.

Table 1: Examples of compliments received

Directorate	Compliments
Scottish National Blood Transfusion Service (SNBTS)	A positive experience during breast screening: "The staff were lovely and made the whole experience comfortable and stress free." (breast screening patient) Feedback collected through a Medical Physics customer survey: "We have a fantastic working relationship with the Medical Physics team. We find them extremely supportive." (Staff member from a territorial health board)
National Procurement (NP)	Services provided by the National Distribution Service over the festive period: "Hi Team, I just wanted to say thanks for the fantastic service you've provided all year, but particularly this peak period. There's still a bit to go so I don't want to jinx it, but the feedback from our teams is that they've never experienced such a smooth peak period and that communication has been really effective. I feel there have been really good levels of positive collaboration between the separate boards and NDS too, which should provide a good foundation to build upon in 2026. One of my top priorities is for our teams to step away for the break happy, safe and without having to worry about work and I'm confident this has been achieved." (NHS Lanarkshire) Procurement support and guidance provided: "I found their patience, kindness and sense of humour to be extremely beneficial to me when I was working through the complexities of the system." *(NHS Greater Glasgow and Clyde)*

	Support with a tendering process: "I can't be more positive about him and the NSS team. I think they are brilliant and they have walked us through the whole process perfectly." *(NHS Golden Jubilee)* National Distribution Service support over the festive period: "There has been a massive improvement this year. On behalf of Forth Valley, I would just like to thank you and the team for all your hard work." *(NHS Forth Valley)*
Primary and Community Care (PaCC)	Assistance resolving an enquiry: "Thank you so much, I appreciate all your help and support." (NCC caller) Quality of customer service: "Quick responses and helpful advice." (NCC caller) Quality of service received: "Prompt and detailed responses to any queries" (PSD service user) Positive service experience: "Very helpful and approachable." (PSD service user)
Human Resources and Workforce Development (HRWD)	Feedback on service provided: "Recently, all of my contact with HR has been great and they have replied really promptly with guidance or advice. Their messages are also friendly and supportive which really helps". (HR service user) Quality of response to a query: "I was provided, very quickly, with a comprehensive answer to the query I had. The HR reply also had links to all the relevant guidance and supporting documents. Fast, efficient service". (HR service user)
Finance, Corporate Governance and Legal Services (FCGLS)	Commercial contracts team support: "Commercial Contracts team are excellent - always provide responsive service, are approachable, helpful, accessible and really good to work with." (Commercial contract client) Feedback on legal advice and support (CLO): "Legal advice/reports always well-structured and broken down into straightforward explanations without losing accuracy." (NHS Fife) Feedback on CLO services**:** "Always receive excellent service and sound advice." (Health Improvement Scotland)

National Services Directorate	Feedback following an external assessment: "The IMS team of NSD are worth their weight in gold." (External auditor) Feedback on customer support provided: "Everybody at NDS have been so kind, friendly, and supportive which has made work easier." (NHS Orkney Procurement Manager) Feedback on education and improvement sessions: "The sessions were very useful, well-organised, and highly relevant to my practice." (NHS Lanarkshire Neonatal Consultant)
NHS Scotland Assure	Feedback on developing national guidance: "Congratulations to you both - and to the whole team - on finalising the document. It is excellent, and it's already driving positive change across the system." (NHS Grampian Dietetic Lead) Feedback on equipping services support: "The team were incredibly responsive and intuitive." (NHS Grampian Project Manager)

Appendix three: Scottish Government Performance Indicator Form. NSS Submission 2025/26

NSS's submission to the Scottish Government for 2025 – 2026

Performance Indicator Four:

4. Summary of total number of complaints received in the reporting year

4a. Number of complaints received by the NHS territorial board or NHS special board Complaints and Feedback team	627
4b. Number of complaints received by NHS Primary Care service contractors (*territorial boards only)*	n/a
4c. Total number of complaints received in the NHS Board area	627

NHS Board – sub-groups of complaints received

NHS Board managed Primary Care services:	
4d. General Practitioner	n/a
4e. Dental	n/a
4f. Ophthalmic	n/a
4g. Pharmacy	n/a
Independent Contractors - Primary Care services:	
4h. General Practitioner	n/a
4i. Dental	n/a
4j. Ophthalmic	n/a
4k. Pharmacy	n/a
4l. Total of Primary Care Services complaints	n/a
4m. Total of prisoner complaints received *(Boards with prisons in their area only)* Note: Do not count complaints which are unable to be concluded due to liberation of prisoner / loss of contact.	n/a

Performance Indicator Five

5. The total number of complaints closed by NHS Boards in the reporting year *(do not include contractor data, withdrawn cases or cases where consent not received).*

Number of complaints closed by the NHS Board	Number	As a % of all NHS Board complaints closed (not contractors)
5a. Stage one	156	43.82%
5b. Stage two – non escalated	196	55.06%
5c. Stage two – escalated	4	1.12%
5e. Total complaints closed by NHS Board	356	100%

6. Complaints upheld, partially upheld, and not upheld

Stage one complaints

	Number	As a % of all complaints closed by NHS Board at stage one
6a. Number of complaints upheld at stage one	90	57.69%
6b. Number of complaints not upheld at stage one	53	33.97%
6c. Number of complaints partially upheld at stage one	13	8.33%
6e. Total stage one complaints outcomes	156	100%

Stage two complaints

Non-escalated complaints	Number	As a % of all complaints closed by NHS Boards at stage two
6f. Number of non-escalated complaints upheld at stage two	103	51.50%
6g. Number of non-escalated complaints not upheld at stage two	47	23.50%
6h. Number of non-escalated complaints partially upheld at stage two	46	23.23%
6j. Total stage two, non-escalated complaints outcomes	196	98.00%

Stage two escalated complaints

Escalated complaints	Number	As a % of all escalated complaints closed by NHS boards at stage two
6k. Number of escalated complaints upheld at stage two	0	0.00%
6l. Number of escalated complaints not upheld at stage two	4	100%
6m. Number of escalated complaints partially upheld at stage two	0	0.00%
60. Total stage two escalated complaints outcomes	4	100%

Performance Indicator Eight

8. Complaints closed in full within the timescales

This indicator measures complaints closed within five working days at stage one and 20 working days at stage two.

	Number	As a % of complaints closed by NHS boards at each stage
8a. Number of complaints closed at stage one within five working days.	151	96.8%
8b. Number of non-escalated complaints closed at stage two within 20 working days	181	92.3%
8c. Number of escalated complaints closed at stage two within 20 working days	3	75%
8d. Total number of complaints closed within timescales	335	94.1%

Performance Indicator Nine

9. Number of cases where an extension is authorised

This indicator measures the number of complaints not closed within the Complaints Handling Procedure (CHP) timescale, where an extension was authorised*.

	Number	As a % of complaints closed by NHS boards at each stage
9a. Number of complaints closed at stage one where extension was authorised	0	0.00%
9b. Number of complaints closed at stage two where extension was authorised (this includes both escalated and non-escalated complaints)	0	0.00%
9c. Total number of extensions authorised	0	0.00%

***Note**: The SPSO confirm that there is no prescriptive approach about who exactly should authorise an extension – only that the organisation takes a proportionate approach to determining an appropriate senior person – and this is something that NHS Boards should develop a process for internally. This indicator aims to manage the risk of cases being extended beyond the CHP timescale without any senior officer approval.

Public Services Delivery
Scotland

Meeting:	Public Services Delivery (PSD) Scotland Board
Meeting date:	18 September 2026
Title:	Governance Matters
Paper No.	PSDB/26/42
Responsible Executive/Non-Executive:	Carolyn Low, Director of Finance, Corporate Governance and Legal Services Christina Bichan, Director of Planning, Performance & Transformation
Report Author:	Kyle Clark-Hay, Associate Director Corporate Governance (Board Secretary)

1. Purpose

1.1. Under the terms of the Public Services Delivery (PSD) Scotland Corporate Governance Framework there are a number of matters set out in this report which require consideration by the Board. The matters that require consideration are:

- Noting the formal appointment Annie Gunner Logan as Board Vice Chair;
- Noting the extension to the term of office for Beth Lawton and approving the committee appointments for Beth Lawton; and
- A decision in relation to the appointment of a co-opted member to the Service and Digital Transformation Committee.

2. Recommendation

2.1. As Executive Directors, we are assured that the recommendations contained in this paper support the execution of proper governance under the terms of the Corporate Governance Framework and meet the requirements set out therein.

2.2. It is recommended that the Board:

2.2.1. Approve Beth Lawton as a member of the Finance and Resources Committee; the Service and Digital Transformation Committee; and continue as Vice Chair of the Audit and Risk Committee;

2.2.2. Approve Professor John Innes to join the Public Services Delivery Scotland Service and Digital Transformation Committee – a standing Committee of the Board – as a Co-opted Member under the terms set out in this paper and for a period of 12 months;

2.2.3. Note that the Cabinet Secretary has agreed the appointment of Annie Gunner Logan as Vice Chair of the PSD Scotland Board;

2.2.4. Note that the Cabinet Secretary has agreed an extension to the term of office for Beth Lawton for a period of 12 months to 31 August 2027; and

2.2.5. Delegate authority to the Associate Director Corporate Governance (Board Secretary) to make the necessary arrangements to progress the various matters set out in this paper.

3. Report Summary

Non-Executive Directors

3.1 Further to the update provided by the Board Chair at the Board meeting on 15 May 2026, the Cabinet Secretary formally agreed the appointment of Annie Gunner Logan as Vice Chair of the Board on 11 August 2026.

3.2 Beth Lawton's first term of office was due to expire on 31 August 2026. Further to discussion and proposal to the Cabinet Secretary, Beth Lawton's term of office has been extended to 31 August 2027.

3.3 As a result of the extension and following discussion with the Board Chair, the Board are asked to consider and approve Beth Lawton's appointment to the Finance and Resources Committee, the Service and Digital Transformation Committee and retain her role as Vice Chair of the Audit and Risk Committee.

3.4 The Board should further note that Beth Lawton has been asked to join the PSD Scotland Digital Learning and Innovation Programme Board as Programme Chair, using her knowledge and experience in this space to support this strategically important work.

Co-opted Member

3.5 Within the Public Services Delivery Scotland Standing Orders – approved by the Board in April 2026 – there is provision which permits the Board to co-opt a member onto any of its Standing Committees under paragraph 10.9:

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

3.6 Following recent discussions the Public Services Delivery Scotland Board Chair and the Chief Executive agree that the recommendation to co-opt Professor John Innes (currently a Non-Executive Director of NHS Lothian) to the Service and Digital Transformation Committee. It was agreed that this will bring the necessary skills and knowledge –

specifically in support of the development of services in line with the national reform agenda and anticipated asks from Scottish Government through the Programme for Government. The strategic development in this space is within the remit of the SDTC and there is significant knowledge and expertise Professor John Innes can provide to the Committee to support successful delivery of the strategic direction.

3.7 It is proposed that Professor John Innes will be appointed as a Co-opted Member of SDTC for a period of twelve months from the date of the decision of the Board (18 September 2026 – 17 September 2027). They will perform approximately one day per month in relation to the work they deliver for Public Services Delivery Scotland and this will be paid at the standard day rate for a Non-Executive Director of PSD Scotland.

3.8 The Board is asked to note that as a Co-opted Member, Professor Innes will not have voting rights within SDTC nor will they be counted when determining the Committee's quorum. The appointment of Professor Innes is as a Co-opted member and not as a Non-Executive Director.

3.9 The Co-Opted Member will be expected to conduct themselves in accordance with the Principles of Public Life and the Board Members Code of Conduct.

3.10 The Co-opted Member will be privy to confidential information relating to the SDTC's work. This includes discussions, proposals and decisions taking during meeting coupled with all documents or reports shared in that context. As such the Co-opted Member will be expected to maintain confidentiality of this information at all times, both during their tenure and afterwards. This means not disclosing such information to any unauthorised individuals or entities without the explicit consent of Public Services Delivery Scotland.

3.11 The Co-Opted Member has received an in principle letter of appointment from the Board Chair and the recommendation in this paper seeks the formalisation of this a decision of the Board as per the Standing Orders and further formalises the terms of the Co-Opted Membership of SDTC.

Corporate Governance Framework

3.12 At its inaugural meeting on 2 April 2026, the PSD Scotland Board approved the Corporate Governance Framework. At that stage it was agreed that a further update would be brought back to the Board at its September meeting.

3.13 The Committee Chairs and Vice Chairs along with the Executive Leads for each of the Committees were asked to review their Terms of Reference. Alongside this, work was completed to review the Board Standing Orders, Standing Financial Instructions and Scheme of Delegation. Following these reviews, minimal revisions were received – all of which can be amended under the delegated authority granted to the Board Secretary on 2 April 2026.

3.14 Therefore, following consideration by the Board Chair, Chief Executive and Executive Leads for Corporate Governance it was agreed that no update would be brought to the Board meeting on 18 September with a review and revision to be brought to the Board at its March 2027 meeting.

3.15 If there are any material changes in advance of this, further requests will be made to the Board.

4. Assessment

4.1. **Quality, Value, Care and Technology**

Having an effective Board in place will support the development of Public Services Delivery Scotland in achieving its ambitions set out by Scottish Government. The purpose of Co-opting a Member to a Board Standing Committee is to provide additional expertise, knowledge and challenge which will enable PSD Scotland to develop its approach and delivery impact across the system in line with its ambition and Scottish Government expectations.

4.2. **Workforce**

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

4.3. **Financial**

There are no significant financial considerations as a result of the recommendations in this paper. The Co-Opted Member will be remunerated for their services at the current day rate for Non-Executive Directors for one day per month. This will include attendance at SDTC meetings, preparatory work and any other work set out by the Board Chair or Chief Executive. Based on the current day rate for 2026/27 set out in DL(2025)06 of £312.00 this will equate to a full year amount of £3,744. The Co-Opted Member will invoice Board Services on a regular basis for work completed. Beth Lawton will be remunerated for the additional work in her support of the PSD Scotland Digital Learning and Innovation Programme Board.

4.4. **Education and Training**

Education, training and workforce development remain core to PSD Scotland's remit, with a continued national leadership role across health and social care professions.

4.5. **Information Governance**

All Non- Executive Directors and Co-Opted members will be expected to adhere to all PSD Scotland Data and Information Governance polices and guidance. There are no data protection or information governance risks or considerations to be addressed at this stage.

4.6. **Environmental and Climate Sustainability**

There are no specific environment and climate sustainability considerations as a result of the recommendations contained in this paper.

4.7. **Equality, Diversity, Human Rights and Health Inequalities**
An Equality Impact Assessment is not required for this report.

Other Impacts

4.8. **Risk Assessment/Management**
There are no risks associated with the recommendations in this report. There is no requirement for any additional risks to be added to the Risk Register at this stage.

4.9. **Communication, Involvement, Engagement and Consultation**
Appropriate communication will be issued on the approval of the Board to confirm the recommendations set out in this paper.

4.10. **Route to the Meeting**
This is a Board level decision.

5. List of appendices

There are no appendices.

Public Services Delivery
Scotland

Meeting:	Public Services Delivery (PSD) Scotland Board
Meeting date:	18 September 2026
Title:	PSD Scotland Risk Strategy, Risk Management Approach, Risk Appetite and Strategic Risks
Paper No.	PSDB/26/43
Responsible Executive/Non-Executive:	Lee Neary, Director, Primary and Community Care/Strategy Performance & Service Transformation Jim Boyle, Director of Finance
Report Author:	Tracy Maxwell, Planning and Performance Manager Caroline McDermott, Head of Planning Debbie Lewsley, Performance and Corporate Governance Manager

1. Purpose

1.1. This paper presents to the Board of Public Services Delivery Scotland the Risk Strategy, Risk Management Approach, Risk Appetite Statement and Strategic Risks for approval. These have been developed for the interim period and will evolve with the development of the PSD Scotland Strategy and the publication of the NHS Scotland National Guidance on Risk Management. It is anticipated that the Strategic Risks will come back for further Board consideration along with the PSD Scotland Strategy in late 2026/27 or early 2027/28.

2. Recommendation

2.1. It is recommended that the Board:

2.1.1. Approve the PSD Scotland Risk Strategy

2.1.2. Approve the PSD Scotland Risk Management Approach

2.1.3. Approve the PSD Scotland Risk Appetite Statement

2.1.4. Approve the PSD Scotland Strategic Risks

2.1.5. Provide any feedback as appropriate.

2.2. As responsible executives, we are assured that the documents articulated have been developed collaboratively, in line with good practice and reflect the risk management framework required to support the organisation to deliver on its strategic priorities and objectives.

3. Report Summary

Situation

3.1. A consistent and integrated approach to risk management is fundamental for PSD Scotland to deliver on its strategic priorities of service delivery, people, finance, digital, health inequalities and climate for 2026/27. To support the delivery of these priorities in the years ahead and in conjunction with the development of the PSD Scotland Strategy a PSD Scotland Risk Strategy, Risk Management Approach and Risk Appetite have been developed and will be underpinned using the InPhase system. This framework will ensure that all risks across the organisation are being managed consistently and efficiently.

3.2. These documents have been developed using best practice and aligning with the NHS Scotland National Guidance which is being developed to support the Blueprint for Good Governance by providing key considerations, best practice and guiding principles for Boards to apply as they develop and strengthen their existing risk practices.

3.3. A set of Strategic Risks have also been developed to reflect the intent and purpose of PSD Scotland and identify the threats and uncertainties that may impact on the organisation's ability to achieve its strategic priorities and objectives, these will continue to be further refined as the PSD Scotland Strategy evolves.

Background

3.4. Both legacy organisations had developed individual approaches to determination and reporting on their strategic risks. Whilst there were some differences between risk approaches in the two legacy organisations, there were also many common elements to build upon. A project team was established to determine how we bring together the strategic risks into a common system and a risk management approach which will provide a harmonised presentation format for future reporting.

3.5. The harmonised Risk Management Approach and the proposed PSD Scotland strategic risks were presented to the Transitional Leadership Group (TLG) and at a Board development session, held on 21 August. The documents presented in this report have been amended following feedback and comments received from both sessions. The Audit and Risk Committee scrutinised the Strategy, Approach, Appetite and Strategic Risks at their meeting on 16 September and any feedback and recommendations from that meeting will be updated to the Board in presenting this report.

4. Assessment

4.1. The PSD Scotland Risk Strategy (Appendix 1) sets out the principles and objectives governing the management of risk within the organisation, it is the key reference point for setting out the Board's approach to risk and risk management. It promotes an open and responsive approach which actively involves all services delivered within PSD Scotland.

4.2. The PSD Scotland Risk Management Approach (Appendix 2) details the process of how we deal with risks, including risk assessment and provides a key reference point for risk management within PSD Scotland. The Approach applies to all risks associated with the ongoing service delivery of PSD Scotland and its approach to managing risks in the achievement of its strategic and operational aims at a strategic, directorate, programme/project and team level.

4.3. The Risk Appetite Statement (Appendix 3) for PSD Scotland has been aligned with the NHS Scotland National Guidance risk appetite levels of Averse, Cautious, Balanced and Open. The statement provides an overarching approach to how PSD Scotland views the level of risk that is acceptable within each category of risk.

4.4. The set of proposed Strategic Risks (Appendix 4) were initially developed through a mapping exercise of existing legacy risks and engagement with risk owners where overlapping themes were identified. Following Board engagement at the recent Board development session, further development has been carried out to reflect the broader intent and purpose of PSD Scotland and the threats and uncertainties that may impact on the organisation's ability to achieve its strategic priorities and objectives.

4.5. Whilst the documents here represent the new risk process and strategic risks, there are a number of activities which are still required to ensure a sustainable risk system operates within the organisation. These include:

4.5.1. The formation of an internal Risk Management Group, which will support directorates and staff in understanding the Risk Approach and maintaining an approvement approach to the quality of risk management within the organisation.

4.5.2. Agree appropriate training for staff across the organisation, which is consistent, and aligns to roles and responsibilities.

4.5.3. Whilst the plan is for the Strategy, Approach and Appetite to be formally reviewed in a year's time; it is recognised that, given the stage of development of the new organisation, earlier adjustments may be required as stakeholder expectations become clearer. This could include an earlier review of strategic risks and explicit links to be made between the Approach and agreed strategic objectives, with the PSD Scotland Strategy due to be delivered by March 2027.

Quality, Value, Care and Technology

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

Workforce

4.7. Awareness raising through Directorate risk leads will take place on the new strategy, approach and InPhase system. The Risk and Resilience training module available on Turas will be reviewed in line with the revised approach.

Financial

4.8. There are no direct financial implications of these documents.

Education and Training

4.9. Training on the PSD Scotland Risk Management Approach and the InPhase system is still to be further developed.

Information Governance

4.10. There are no new information governance considerations as a result of this paper.

Environmental and Climate Sustainability

4.11. There are no climate change/environmental implications of these documents, although the Strategic Risks in Appendix 4 do contain a specific risk relating to climate emergency (risk number 4).

Equality, Diversity, Human Rights and Health Inequalities

4.12. An Equality Impact Assessment has not been completed as this paper relates to governance arrangements and does not introduce a change to policy, service delivery or practice.

These documents do not impact on the organisation's Corporate Parenting duties, as per the Children and Young People (Scotland) Act 2014.

Other Impacts

4.13. There are no additional impacts for consideration as a result of this paper.

Risk Assessment/Management

4.14. These documents provide an organisational risk management approach which includes the process and guidance around the identification, assessment, mitigation, monitoring and reporting of risks.

Communication, Involvement, Engagement and Consultation

4.15. A proposed harmonised risk management approach and set of PSD Scotland Strategic Risks were presented to the Transitional Leadership Group and at a Board Development Session in August. The documents presented in this report have been amended following feedback and comments received from both sessions.

Route to the Meeting

4.16. The report and attached documents were scrutinised by the Audit and Risk Committee at their meeting on 16th September 2026.

5. List of appendices

5.1. The following appendices are included with this report:

- Appendix 1, PSD Scotland Risk Strategy
- Appendix 2, PSD Scotland Risk Management Approach
- Appendix 3, PSD Scotland Risk Appetite Statement
- Appendix 4, PSD Scotland Strategic Risks

Public Services Delivery
Scotland

Risk Strategy - Draft

September 2026



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1. Introduction

The aim of this strategy is to set out the principles and objectives governing the management of risk with a supporting framework through our Risk Management Approach that will ensure all elements of a risk management system are in place. The strategy will also define roles and responsibilities. It provides a key reference point setting out the Board's approach to risk and risk management and promotes an open and responsive approach which actively involves all services delivered within Public Services Delivery Scotland (PSD Scotland).

This strategy applies to all risks associated with the ongoing service delivery of PSD Scotland and its approach to managing risks in the achievement of its strategic and operational aims at a strategic, directorate, programme/project, and team level.

The strategy is aligned to best practice within the Scottish Public Finance Manual and the HM Treasury Orange Book, NHS Scotland national guidance is currently in draft, and we will continue to engage to ensure this is incorporated within our Approach.

The elements of a risk management system are:

- 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, recognising 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 treatments 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.

2. Risk Management Objectives and Principles

2.1 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 Statement.
- There is an approved Risk Management Approach.
- The Transitional Leadership Group, 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's schedule of business.
- Risk management should assist the effective identification and control of threats to our strategic objectives, thereby enabling successful outcomes from our work.
- 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 system and the Risk Management Approach.
- Reporting of risk management should provide senior managers and the Board with substantial assurance that key risks to the achievement of strategic objectives have been identified and are controlled effectively. There should be minimal surprises where we have not identified a potential threat to our objectives.
- There is a process for 'learning lessons' and sharing internally and externally of the results of 'lessons learned' reviews.

2.2 Risk Management Principles

The principles of our risk management approach are enclosed below and are drawn from the HM Treasury Orange Book.

- Clarity of Purpose:
  - Define the organisation's risk appetite and tolerance levels in line with strategic objectives.
  - Ensure all risk management activities support long-term sustainability and stakeholder trust.
- Integrated Risk Oversight

  - Embed risk considerations into all decision-making processes, not as a separate exercise.
  - Maintain clear accountability between the board, committees, and executive management.

- Proactive Risk Identification:
  - Establish systems to anticipate emerging risks.
  - Encourage open reporting and a “no-blame” culture to surface issues early.

- Proportionality & Prioritisation:
  - Focus resources on material risks that could significantly impact objectives.
  - Apply proportionate controls—balancing mitigation with agility and innovation.

- Evidence-Based Decision Making:
  - Use reliable data, scenario analysis, and testing to inform risk responses.
  - Regularly review assumptions and update risk assessments.

- Transparency & Communication:
  - Ensure clear, timely, and honest communication of risks to stakeholders.
  - Disclose significant risks and mitigation strategies in governance reporting.

- Continuous Monitoring & Improvement:
  - Review the risk framework at least annually to reflect changes in the internal and external environment.
  - Learn from incidents, near misses, and sector developments.

- Culture & Capability:
  - Promote a culture where risk awareness is part of everyone’s role.
  - Provide training and resources to strengthen risk management skills across the organisation.

3. Effectiveness of the Risk Management Strategy

The effectiveness of the Risk Management Strategy will be reviewed and monitored based on the following measures:

- The extent to which PSD Scotland is successful year-on-year in achieving its business objectives.

- Occurrence of adverse incidents which have not been recognised and documented within the risk management structures; or which have been inappropriately rated within the structures.

- Strategic risks will be regularly reviewed by the Transitional Leadership Group with oversight from the appropriate Committees and Board. Directorate,

programme, project, and team risk registers are reviewed by the relevant risk management groups and management teams to assess the organisation's cumulative exposure to risk, the quality of the risk registers and the effectiveness of risk controls.

- Assurance statements will be provided to Board and Committees with regard to risk reporting.

4. Responsibilities for Risk Management

Through allocating specific risk management responsibility PSD Scotland aims to create an environment where:

- Risk management is integrated into decision-making arrangements, helping to create an environment for continuous improvement and learning.
- The adequacy of risk assessment, control measures and action plans are regularly reviewed, taking into account the Board's risk appetite.
- The effectiveness of the risk management framework is reviewed at regular intervals and modified, as necessary.

4.1 PSD Scotland Board

The Board has overall responsibility for internal control within PSD Scotland. The Board discharges this responsibility by:

- Determining and continuously assessing 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 ensuring 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 and action plans are in place to manage strategic risks.
- Ensuring 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.
- Reviewing the strategic risk register, reported on a quarterly basis with a view to ensuring that risk management processes provide adequate assurance on risks to objectives.

- Maintaining an awareness of the risk exposure and risk profile of the organisation and approving major decisions affecting the organisation's risk profile or exposure.
- Seeking assurances from the Audit & Risk Committee as to the operation of the risk management structures within PSD Scotland.
- Annually reviewing the Risk Management Strategy, Risk Approach and Risk Appetite Statement, or more often where major changes are required.

4.2 Audit and 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:

- Scrutinising and overseeing the Risk Management Strategy, Risk Approach and Risk Appetite Statement for PSD Scotland.
- Reviewing and scrutinising internal, external, and service audit plans, findings, and recommendations, which may identify risks.
- Where appropriate, seeking assurances from internal auditors on the effectiveness of the risk management system and the operation of key controls.
- Reviewing the PSD Scotland strategic risk report quarterly to scrutinise and challenge the management of key risks.
- Scrutinising and challenging the specific strategic risks related to the categories of Compliance and Public Confidence. Specific risk areas can be called out for more detail, as necessary.
- Commissioning reports on specific areas of risk for further review and assurance, as necessary.
- Reviewing the Statement of Internal Control in light of assurance reports received.

4.3 Other Committees

The Clinical Governance Committee, Education Committee, Finance and Resources Committee, Service and Digital Transformation Committee and Staff Governance Committee all comprise of Non-Executive Directors. These committees meet at least quarterly and have responsibility for scrutinising and reviewing all strategic risks aligned to the following categories of risks:

- Clinical Governance Committee:
  - Clinical / Patient Safety / Quality.

  - Stakeholder Experience (service users – health and social care).
  - Health Inequalities.
  - Service Delivery / Business Interruption (clinical technology).
- Education Committee:
  - Education related risks.
  - Stakeholder experience (service users – education).
- Finance and Resources Committee:
  - Financial.
  - Service Delivery / Business Interruption.
- Service and Digital Transformation Committee:
  - Transformation and Innovation.
  - Service Delivery / Business Interruption (Technology).
- Staff Governance Committee:
  - Workforce.
  - Stakeholder Experience (staff).
  - Staff Wellbeing.

Committees are required to report on how they have discharged these responsibilities as part of their annual reporting to the Board.

4.4 Chief Executive

The Chief Executive is the Accountable Officer with responsibility for ensuring there is an agreed and fully implemented risk management framework. The Chief Executive will allocate delegated responsibility for risk management to an executive lead(s) for risk management.

4.5 Transitional Leadership Group and Directors

Oversight, identification and management of their component parts of the strategic, directorate, programme, project, and team risks and specifically where they are owners of the risks. The Transitional Leadership Group (TLG) should review the strategic risks register once a month. Directors can bring risks for escalation to the TLG from their Directorates.

Directors put in place risk management arrangements within their directorate by appointing directorate risk leads to take responsibility for the day-to-day management of risk. Directorates should adopt the PSD Scotland Risk Management Strategy, Approach and Appetite. Directors ensure that key risks are identified and managed within their areas of responsibility and that the Directorate Risk Register is reviewed periodically.

4.6 Executive Lead(s) for Risk Management

The Executive Leads are responsible for leading the development, implementation and continuous improvement of PSD Scotland's risk management strategy, approach, appetite, and systems. This includes:

- Ensuring risk management is embedded in organisational planning, performance, decision-making, transformation, governance, and assurance arrangements.
- Supporting the Chief Executive in discharging delegated responsibility for an effective risk management framework.
- Providing direction and oversight to directorate risk leads and other colleagues with designated risks responsibilities.
- Promoting a positive risk culture, where risks are openly discussed, appropriately escalated, linked to objectives and used to support learning and improvement.
- Strengthening risk capability across PSD Scotland through training, guidance, development activity, and access to expert advice.
- Securing independent advice, review of challenge where required to support maturity, compliance, and continuous improvement.
- Receiving and responding to Internal Audit, external audit, and assurance findings, ensuring that learning and recommendations are reflected in risk management arrangements.
- Reporting to the Board and Audit & Risk Committee, providing assurance that the organisation's risk management arrangements are operating effectively and supporting delivery of strategic objectives.

4.7 Senior Information Risk Owner (SIRO(s))

Leads responsible for overall accountability for managing information risk, cyber security, and the protection of digital and physical data assets at an executive level.

4.8 Caldicott Guardian(s)

Senior roles with oversight to make sure that the personal information about those who use the organisation's services is used legally, ethically, and appropriately, and that confidentiality is maintained. Caldicott Guardians provide leadership and informed guidance on complex matters involving confidentiality and information sharing. Consideration of risks to these areas is paramount.

4.9 Planning Team

The Planning Team is responsible for the development, implementation, evaluation, and monitoring of the Risk Management Strategy, Risk Management Approach, Risk Appetite, and risk system. The team will co-ordinate and report on the strategic risks, ensuring engagement with appropriate stakeholders within the governance process and directorate risk leads. They provide expert advice and leadership on risk management for the organisation.

4.10 Risk Management Group

A risk management group for PSD Scotland will be set up to ensure cross organisational engagement in the implementation of our risk management arrangements, with Terms of Reference and ways of working to be agreed.

4.11 Directorate Risk Leads

Each directorate will have a designated lead for risk management; they support the Strategy and 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.
- Support staff risk management training.
- Attend the Risk Management Group

An agreed role for directorate risk leads will be developed following the transition period.

4.12 Risk Owners

Risk Owners are responsible for managing and reporting on individual risks. This involves identifying and assessing risks, ensuring the risks are logged and reporting them to their directorate risk lead; identifying and implementing risk controls and/or actions and taking any necessary actions to further control risks.

4.13 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, drive the agenda, and set the tone for the necessity of risk management. These activities will be supported by risk leads and business managers in each Directorate.

4.14 Operational Responsibility – Staff

Staff work at the operational level closest to the risk and, with the appropriate competencies and capacities, are responsible for identifying and managing risks.

5. Risk Management Approach and Appetite

This Strategy will be supplemented by a Risk Management Approach and Risk Appetite Statement.

5.1 Risk Management Approach

Our Risk Management Approach will:

- Provide a consistent approach that can be implemented across PSD Scotland and gives the Board and stakeholders assurance that the organisation can deliver its corporate plan commitments while effectively managing associated risks.
- Will provide an approach which is consistent, accessible, and understood by all staff.
- Define PSD Scotland's risk appetite and explain how it guides proportionate decision-making, escalation, and assurance.

The Approach will support PSD Scotland to:

- Ensure that, before business decisions are made, full consideration is taken of the risks, benefits, controls, and potential impacts involved.
- Embed risk management into organisational planning, governance, performance report, and day-to-day decision making.
- Support continuous improvement by strengthening the quality, consistency, and use of risk information across PSD Scotland.

5.2 Risk Appetite Statement

The Risk Appetite Statement will:

- Define the amount of risk that PSD Scotland is prepared to accept or be exposed to at any one time, in the pursuit of its strategic objectives.
- Describe the optimal position of where PSD Scotland aims to operate for each individual category of risk.

The Risk Appetite will assist in:

- Supporting informed decision making.
- Reducing uncertainty.
- Improving consistency across governance mechanisms and decision making.
- Supporting performance improvement.
- Focusing on priority areas within the organisation.
- Informing spending review and resource prioritisation processes.

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Public Services Delivery
Scotland

Risk Management Approach - Draft

September 2026



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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. It is essential to identify the risks that might threaten our work and take effective and proportionate measures to manage them. As an organisation central to supporting the strategic objectives of the health and social care, and supporting public sector reform, we cannot be entirely risk averse, however we must clearly demonstrate where we intend to accept or tolerate risk or mitigate against it to ensure continuity of service.

This Risk Management Approach details the process of how we deal with risks and provides a key reference point for risk management within Public Services Delivery (PSD Scotland). The Approach applies to all risks associated with the ongoing service delivery of PSD Scotland and its approach to managing risks in the achievement of its strategic and operational aims at a strategic, directorate, programme/project, and team level.

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. This document should be read in conjunction with our Risk Management Strategy and Risk Appetite.

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 include:

- **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**.
- Timely, accurate and meaningful **risk reporting** to enhance the quality of decision making and to support the management and oversight bodies in fulfilling their responsibilities.

1.1 Resources

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

populated once agreed)

Resource	Purpose
Risk Management Strategy	Sets out the benefits and objectives for risk management with a supporting framework (Risk Management Approach) that will ensure all elements of a risk management system are in place. The strategy also defines roles and responsibilities.
Risk Appetite Statement	Describes PSD Scotland's attitude towards risk taking, making reference to the amount (level and type) of risk where the organisation is willing to operate.
InPhase risk module	Provides an online system for integrated risk management across PSD Scotland.
Risk and Resilience training	Develops capacity and capability of staff to support robust adoption of risk management arrangements.)
Risk Management pages on SharePoint	Provides a central location to access risk management information across PSD Scotland
Risk Register System Guidance	Risk Register System Guidance provides staff with practical guidance on how to add and manage risks through the InPhase risk module.

2. Purpose

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

- Provide a Risk Management Approach which can be consistently implemented across PSD Scotland and promotes a proactive culture, which facilitates, 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, benefits, and potential impacts are fully considered before business decisions are made.

- Simplify risk management, making it accessible, understandable, and relevant to all staff.
- Clarify roles and responsibilities in the risk management process.
- Continuously improve our risk management approach and the quality and consistency of risk information we hold.
- Provide a framework which will give assurance to the Board and stakeholders of our ability to consistently deliver the commitments in our corporate plans whilst effectively managing associated risks.

The 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.

2.1 Integrated Approach

For PSD Scotland, a Risk Management Approach means integrating the processes for:

- **Organisational strategy, 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.
- **Internal Controls Assurance** which is the process for ensuring that key controls are regularly reviewed and assessed both by management and independently by audit.
- **Strategic performance measurements** which show progress towards meeting our deliverables.

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 Risk Management Approach.

3. Risk Register

All risks and issues (for issues, see section 5.11) should be recorded on the risk module of the InPhase tool. Whilst this tool is not yet available to all, it will be and when that is the case, risks should no longer be recorded on separate spreadsheets or databases. This applies where risks/issues are actively being managed and mitigated.

Where there is a risk/issue to PSD Scotland 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 PSD Scotland.

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

- Risks are 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.

4. Risk Identification

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

- Through the PSD Scotland Strategy, Annual Delivery Plan and the integrated planning and performance process.
- 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.
- Following a resilience or business continuity 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 with regular Inter Control Assurance reviews.
- Through internal and service audit and external reviews.

Identifying risks, as outlined above, promotes a continuous flow of information between the components of the 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 strategic, 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 strategic risk, for example, although noting that similar risks may have varying impacts on directorates.

5. Risk Assessment

5.1 Risk and Issue Title and 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 or effect 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. Assessing risk scores by categories will help determine where the biggest impact is and help identify the main risk category. A risk title should be a short summary that is sufficiently clear for the non-expert reader.

5.2 Likelihood and Impact

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.

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.

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.

5.3 Risk Categories

To provide a consistent approach across the organisation, the risks/issues should be assessed under the following categories. These are supported by risk 'tags' in the risk system to further pull-out specific types of risks for reporting. See 5.12

- **Workforce** – Risks which impact the effectiveness of leadership, engagement, culture, behaviours, workforce planning (capacity, capability, and management).
- **Financial** – Risks which impact on the organisation's ability to manage finances in accordance with requirements and financial constraints.
- **Compliance** - Risks which impact innovation including new technologies, change programmes, and projects to ensure alignment with strategic priorities and successful delivery of intended benefits to agreed scope, time, and cost parameters.
- **Transformation and Innovation** – Risks which impact innovation including new technologies, change programmes, and projects to ensure alignment with strategic priorities and successful delivery of intended benefits to agreed scope, time, and cost parameters.
- **Service Delivery / Business Interruption** – Risks which impact the effectiveness of internal processes and control in supporting compliant, efficient, and quality service delivery that could impact on delivery of strategy and strategic objectives.
- **Staff Wellbeing** – Risks which impact on the organisation's ability to ensure the

health, safety and welfare of staff and others affected by our work activities.

- **Public Confidence** – Risks which impact on public confidence of the organisation leading to damage to reputation and or destruction of trust and relations.
- **Stakeholder Experience** – Risks which impact how our stakeholders experience our health, social care, education, and skills services/organisation.
- **Healthcare Inequalities** – Risks that could create or increase Health Inequalities across the population.
- **Clinical / Patient Safety / Quality** – Risks arising from the robustness of clinical governance processes, procedures, and guidance in supporting safe, effective, and high-quality care.

5.4 Risk Owner

All risks, once identified, should be assigned to an owner who has responsibility for ensuring that the risk is managed and monitored appropriately. The risk owner is not necessarily the individual who first identified the risk.

5.5 Levels of Risk

The following levels of risks are in place:



- **Strategic Risks** – Strategic Risks are assessed and agreed by the Board in conjunction with the Transitional Leadership Group (TLG). They reflect the group of risks which the Board and TLG have identified as being of most concern to them and which require to be mitigated. These risks are likely to be long term risks and may be cross Directorate risks, although this will not always necessarily be the case. These risks may stop or delay achievement of organisational objectives or relate to causing significant reputational harm to the organisation. They may have implications for the organisation's strategy.

- **Directorate Risks** – Directorate Risks typically impact on one directorate, but they may affect more than one. These risks should be owned, managed, and reported at directorate level or by the directorate senior team(s). Cross-directorate risks are discussed at the Risk Management Group to ensure consistent mitigations are in place.

- **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.

- **Programme Risks** – Programme Risks impact 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** – Project or workstream risks impact on the delivery of a project or a specific piece of work. These risks should be owned, managed, and reported at a project team level.

5.6 Assessing Level of Risk via Controls

The guidance for assessing the impact and likelihood of a risk and the risks 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 risk system allows for an initial risk RAG, a current risk RAG and a residual risk RAG, which is the anticipated RAG after all mitigating actions have been taken.

The table below include the minimum time for action, review and update of each level or 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 with Risk Register as a minimum	Control Assurance
Very High 20 - 25	No controls in place or controls have notable weakness.	Within 1 week	Within 1 month	Not Controlled
High 10 – 16	Controls are developing but have weakness.	Within 3 weeks	Within 1 month	Ineffective
Medium 4 – 9	Controls are adequate but require improvement.	Within 6 weeks	Within 2 months	Acceptable
Low 1 - 3	Controls are robust and well managed.	Within 9 weeks	Within 3 months	Effective

5.7 Control Assurance

The following methodology is used to assess the effectiveness of controls:

- **Effective** – All individual controls are effective –
  - No actions outstanding.
  - No related operational risk events recorded.
  - Related projects are in governance, on time, materially in budget and on target to deliver benefits.
  - The current risk score is within the Board's appetite for the type of risk.
- **Acceptable** – Controls do not mitigate the risk consistently, one or a small proportion of the controls are not effective, and/or control tests are out of date. The mixture of controls is not at the optimum –
  - Action plans are in place to address one or more control weaknesses.
  - A small number of operational risk events recorded.
- Related projects are late, improvement required to bring project back within timeframe, budget, benefits.
  - The current risk score is within the Board's appetite for the type of risk.
- **Ineffective** – Significant weaknesses in the control cluster require immediate attention, and/or a number of control tests are out of date –

- Key mitigation actions to improve the control environment are underway or are planned and require regular monitoring.
- A greater number of operational risk events recorded.
- Risk is materialising – related projects are late or over budget. Significant improvement required, however may still result in late delivery or over budget or not delivering benefits.
- The current risk score for the risk impact and/or likelihood is not less than the residual risk score.
- The current risk score is out with the Board's appetite for the type of risk.

- **Not Controlled** – The control cluster is ineffective, and the business is exposed to an unacceptable level of risk or imminent losses –
  - Material remedial action plans are in place or are planned which require dedicated project management and high delivery priority.
- A significant number of and /or one or more material operational risk events recorded.
  - Risk is materialising – related projects are unacceptably later and significantly over budget or not delivering benefits.
  - The current risk score for the risk impact and/or likelihood is not less than the residual risk score.
  - The current risk score is significantly higher than the Board's appetite for the type of risk.

5.8 Recording and Approving a Risk / Issue

All identified risks/issues should be recorded on the Inphase risk register in order that they are visible and existing controls and future actions are clear. Risks should not be recorded on local spreadsheets.

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 (link to be added) 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 but can be attached to the

record within the risk register. The risk record is the entry on the risk system and any appropriate amendments to the risk must be done on the risk system.

Further guidance on how to record risks on the risk system can be found in the Risk System User Guidance (link to be added).

5.9 Directorate Processes for Agreeing Risks

Each directorate will have its own governance structure for discussing and agreeing risks/issues 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 will align with this Risk Approach. The directorate risk lead supports management at risk meetings in relation to the risk process, assessing risks and issues and quality control of the risks.

Each directorate/ team /programme/project 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, further guidance on when risks should be reviewed is detailed previously in section 5.6.

5.10 Escalation

All staff throughout PSD Scotland have a responsibility for identifying risk. To ensure that risks are managed effectively, they must sit at the appropriate level in the organisation e.g. strategic, directorate, team, programme, and project. 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. Management teams at each level should consider whether it is appropriate to escalate to the level above or de-escalate to the level below. Where there is consideration to escalate from Directorate to Strategic level, this should be notified to the Risk Management Group and ultimately the Director would raise this at the Transitional Leadership Group for consideration.

5.11 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. Directorate issues will be managed through directorate governance processes and where appropriate escalated to TLG.

5.12 Tags

Risk tags (link to be added) are a way to help identify that a risk is relevant to a particular area or group. Examples may include things like risks which have a clinical / information governance / health and safety / estates consideration. These are set up in the risk tool, and they should be used to group risks together for reporting or review purposes. This is not mandatory but may be useful for reporting. 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.

5.13 Managing and 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:

First line of assurance – 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.
Second line of assurance – organisational controls	Examples include oversight by a governance or other management group, an organisation wide policy.
Third line of assurance – 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).

The mitigation strategies to manage risks are shown below:

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.

Mitigation Strategy	Definition
Prevention	Actions taken to reduce the likelihood 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 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 risk should be reviewed regularly and should reflect the current position, considering the controls that are in place and the mitigating actions which have been undertaken. The Impact and Likelihood scores should be considered as part of this review.

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.

5.14 Reviewing Risk Registers

The overall purpose of reviewing risk registers at strategic, directorate, programme / project and team level is to ensure that they include all relevant risks, that risks are being controlled effectively and that the information included in the registers is clear, accurate and up to date.

Specifically, the review process should focus on the following key issues by checking that:

- All risks are consistently measured, taking account of the guidance contained within this Risk Approach so that an accurate picture of PSD Scotland's risk profile is maintained. Horizon scanning when we look at events which could happen in the future to identify sources of uncertainty, threats, and trends.

- Measures, such as internal controls and action plans, in place to mitigate risks are identified, recorded, and periodically tested to ensure effectiveness of reducing the impact and/or likelihood of the risk materialising.
- The current risk position is compared to the organisation's risk appetite to determine the need for further action.
- Additional measures identified to control risks are up to date with target dates and responsibility assigned.
- Significant new risks are recorded as they are identified.
- Risks associated with new proposals are identified at an early stage of the planning process.
- Risks that are effectively managed and no longer pose a significant threat, or impact/ likelihood have been reduced to an acceptable level are identified for de-escalation or closure.

The review process should enable Risk Owners to update the information about individual risks and take remedial action where necessary.

5.15 Closing and Archiving 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.

Risk leads should regularly review closed risks with a view to archiving risks within six months of it being closed. Once a risk is archived it becomes read only and cannot be re-opened. If a similar risk is to be opened in the future it is good practice reference the previous archived risk number in the comments section.

Appendix A – Impact and Likelihood Assessment Matrix

Category	Negligible (1)	Minor (2)	Moderate (3)	Major (4)	Extreme (5)
Staff Wellbeing ***(Physical and psychological) to patient/visitor/staff***	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.
Stakeholder Experience ***(Impact on how our stakeholders experience our organisation)***	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 ***(Impact on our ability to deliver change & innovation across our organisation)***	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 ***(Impact on our ability to deliver efficient & effective services)***	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 ***(Impact on our staff wellbeing, competency & levels)***	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.
	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.

Category	Negligible (1)	Minor (2)	Moderate (3)	Major (4)	Extreme (5)
Public Confidence ***(Impact on public confidence of the organisation)***	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.
Financial ***(Impact through unplanned cost/reduction of available finances)*** ***%'s used may vary depending on size of Board and are to act as a guide.***	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 ***(Impact on business controls to comply with industry rules, regulations, and sustainability)***	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)
Health Inequalities ***(Impact could create/increase Health Inequalities across the Population)***	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.
	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.
Clinical / Patient Safety / Quality ***(Impact on our ability to deliver patient safety care)***	Adverse event or quality issue does not impact on people receiving the service	Minor or short-term impact on quality, safety or care for a few people receiving the service.	Medium term disruption to service/process with unacceptable impact on quality, safety or care on some people receiving the service.	Long-term/sustained loss of service/process which has serious impact on quality, safety, or care for many people	Permanent loss of core service/facility/process resulting in a significant impact on quality, safety, or care for many people.

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 very unlikely to happen. Will only occur in exceptional circumstances.	It is assessed that the risk is not likely to happen. Unlikely to occur but potential exists.	It is assessed that the risk may happen. Reasonable chance of occurring - has happened before on occasions.	It is assessed that the risk is likely to happen. Likely to occur - strong possibility.	It is assessed that the risk is very likely 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 – Impact and Likelihood Assessment Matrix

Risk Assessment Impact v Likelihood Matrix

LIKELIHOOD							
	5	Almost Certain	MEDIUM (5)	HIGH (10)	HIGH (15)	VERY HIGH (20)	VERY HIGH (25)
	4	Likely	MEDIUM (4)	MEDIUM (8)	HIGH (12)	HIGH (16)	VERY HIGH (20)
	3	Possible	LOW (3)	MEDIUM (6)	MEDIUM (9)	HIGH (12)	HIGH (15)
	2	Unlikely	LOW (2)	MEDIUM (4)	MEDIUM (6)	MEDIUM (8)	HIGH (10)
	1	Rare	LOW (1)	LOW (2)	LOW (3)	MEDIUM (4)	MEDIUM (5)
			1 Insignificant	2 Minor	3 Moderate	4 Major	5 Severe
			IMPACT				

Risk rating key	LOW (1-3)	MEDIUM (4-9)	HIGH (10-16)	VERY HIGH (20-25)

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Public Services Delivery
Scotland

Risk Appetite Statement

September 2026



PSD Scotland Risk Appetite Statement

Public Services Delivery Scotland's risk appetite is described as the amount (level and type) of risk that the organisation is prepared to accept at a point in 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, as a minimum, 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, PSD Scotland will always attempt to mitigate the likelihood or impact of the risk to a level judged to be acceptable in the prevailing conditions. Being outside risk appetite does not automatically mean that activity will stop. It means that the exposure requires an explicit response, greater scrutiny, a time bound action plan and, where it cannot be reduced, conscious acceptance or escalation at the appropriate level. This is aligned with the PSD Scotland Risk Management Approach.

PSD Scotland Strategy

Following its establishment on 1 April 2026, PSD Scotland is developing its first organisational strategy, with completion anticipated in March 2027. The strategy will be shaped through engagement with Scottish Government, partner organisations, staff, service users, and other stakeholders, ensuring it reflects both our statutory responsibilities and our ambition to support national reform.

Our statutory purpose is to:

- Deliver high-quality national clinical, support and shared services that provide safe, efficient, and sustainable infrastructure for health and social care.
- Develop, educate, train, and support the health and social care workforce, ensuring Scotland has the people, skills and leadership required for the future.
- Lead digital, data and technology services and transformation, enabling more joined-up, accessible and person-centred services.
- Drive improvement, innovation, and national capability, supporting the delivery of Scottish Government priorities and the reform and renewal of public services.

- Provide national enabling services, expertise and delivery platforms that support better outcomes, reduce variation and inequalities, and improve value for people and communities across Scotland.

Our core services include:

- National clinical, screening and specialist services.
- Workforce education, training, planning, and development.
- Digital, data, cyber and technology services.
- National procurement.
- NHS Assure.
- Primary & Community Care support.
- Shared corporate and operational services that support the wider health and care system.

Our strategic priority themes for 2026/27 are:

- Service Delivery and Improvement.
- Workforce and Organisational Capability.
- Finance and Value.
- Digital, Data and Technology.
- Health Inequalities and Equity.
- Climate and Sustainability.

These priorities provide the framework through which PSD Scotland delivers its statutory functions while developing its longer-term organisational strategy and contribution to health, social care, and wider public service reform.

Risk Appetite Levels

Our proposed risk appetite levels are shown below.

Impact Category	Statement	Appetite Level
Workforce	PSD Scotland depends on a skilled, adaptable, and appropriately trained workforce to deliver its objectives. We will work in partnership with Trade Unions, maintain positive industrial relations, attract and retain staff, comply with employment legislation, meet the Staff Governance Standard, and support staff through change. Our cautious risk appetite means we will accept only low levels of workforce risk. Some risk may be necessary to support change and improvement, but this must be managed through clear controls, oversight, and a continued focus on staff safety.	**Cautious** Score: 4 – 9
Financial	PSD Scotland aims to achieve our statutory financial targets, including financial balance. Plans are in place to ensure a robust financial management culture across the organisation. We are operating in a challenging financial environment within the public sector and are aware that unplanned events can occur which could put pressure on budgets. Our cautious risk appetite means we will accept only low levels of financial risk. Some risk may be necessary to support change and improvement, but this must be managed through clear controls, oversight, close and regular contact with Scottish Government and a continued focus on financial resilience.	**Cautious** Score: 4 - 9
Compliance	Due to the diverse nature of the services PSD Scotland delivers, there are an extensive range of compliance requirements placed upon us including, those relating to blood manufacturing and distribution, education, learning, information	**Averse** Score: 1 - 3

Impact Category	Statement	Appetite Level
	systems, and procurement legislation. Staff must be appropriately trained to support compliance. PSD Scotland has an averse risk appetite for compliance. Decisions must follow agreed processes, with strong oversight, monitoring, and controls in place to prevent and detect non-compliance.	
Transformation and Innovation	We are anticipating that our organisational strategy will point to change as driven by the needs of our stakeholders. It is anticipated that PSD Scotland would be asked to focus on supporting programmes of work to implement new or improved health and social care, education, and learning solutions. We have an open risk appetite to innovation, encouraging benefits that are derived from innovations incorporating a clear path to realisation of those benefits. Each component of our transformative activity will be assessed independently to identify and evaluate its specific risks, potential impacts, and associated controls.	**Open** Score: 20 - 25
Service Delivery / Business Interruption	PSD Scotland places high importance on service delivery and on quality improvement. Our services are critical to delivery for health and care in Scotland. In addition, we deliver 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. We have a cautious risk appetite to service delivery / business interruption, encouraging benefits that are derived from innovations incorporating a clear path to realisation of those benefits.	**Cautious** Score: 4 - 9
Staff Wellbeing	Given 'people first, partnership always' PSD Scotland has an averse appetite for Staff Wellbeing risks. Decisions must encompass staff	**Averse** Score: 1 - 3

Impact Category	Statement	Appetite Level
	wellbeing considerations with strong oversight to ensure no adverse consequences for staff.	
Public Confidence	To sustain a high reputation and confidence in its service offering, PSD Scotland has set a cautious appetite for risk to public confidence. It is important that there is confidence in the services delivered by PSD Scotland. We seek to conduct activities in a way that maintains reputation; mitigating anything that might jeopardise this and result in adverse publicity. Building and maintaining the trust and confidence of our existing stakeholder base remains central to PSD Scotland values. Our cautious risk appetite means we will accept only low levels of risk. Some risk may be necessary to support change and improvement, but this must be managed through clear controls, oversight, and a continued focus on reputation.	**Cautious** Score: 4 – 9
Stakeholder Experience	To sustain a high reputation and confidence in its service offering, PSD Scotland has set a cautious appetite for risk to stakeholder experience. It is important that there is confidence in the services delivered by PSD Scotland. We seek to conduct activities in a way that maintains reputation; mitigating anything that might jeopardise this and result in adverse publicity. Building and maintaining the trust and confidence of our existing stakeholder base remains central to PSD Scotland values. Our cautious risk appetite means we will accept only low levels of risk. Some risk may be necessary to support change and improvement, but this must be managed through clear controls, oversight, and a continued focus on reputation.	**Cautious** Score: 4 - 9
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	**Averse** Score: 1 - 3

Impact Category	Statement	Appetite Level
	and deprived areas. Where PSD Scotland commissions services or provides services which impact on people's health, appetite for risk taking is limited to those events where there is very limited risk of a varying impact on groups of people. PSD Scotland has an averse risk appetite for health inequalities. Where PSD Scotland commissions services or provides services which impact on people's health, appetite for risk taking is limited to those events where there is very limited risk of a varying impact on groups of people.	
Clinical / Patient Safety / Quality	Clinical / patient safety / quality is paramount to PSD Scotland where we deliver services that have a direct impact on health or enable the delivery of front-line services. PSD Scotland has a cautious risk appetite for clinical / patient safety / quality. Decisions must follow agreed processes, with strong oversight, monitoring, and controls in place to prevent and detect non-compliance.	**Cautious** Score: 4 - 9

Appendix 1 Risk Appetite Definitions and Risk Assessment Matrix

Risk Appetite Definitions

Appetite Level	Description	Net / Current Risk Score (likelihood x impact)
Averse	Will accept the lowest level of risk in pursuit of objectives. Recognising this will significantly limit potential for benefits or opportunities.	**1 – 3 (Low)**
Cautious	Willing to accept a low degree of risk to achieve deliverables only where benefits outweigh risk. Some potential for benefits or opportunities, although it is not a key driver.	**4 – 9 (Medium)**
Balanced	Willing to accept a measured level of risk to achieve deliverables where benefits and rewards outweigh risk. Recognising that activities will contribute to a degree of risk. Encouraging benefits and opportunities while maintaining a balanced approach.	**10 – 16 (High)**
Open	Willing to accept exposure to a significant level of risk in the pursuit of objectives. Driven and focused approach in pursuit of significant benefits or opportunities.	**20 – 25 (Very High)**

Risk Assessment Matrix

LIKELIHOOD							
	5	Almost Certain	MEDIUM (5)	HIGH (10)	HIGH (15)	VERY HIGH (20)	VERY HIGH (25)
	4	Likely	MEDIUM (4)	MEDIUM (8)	HIGH (12)	HIGH (16)	VERY HIGH (20)
	3	Possible	LOW (3)	MEDIUM (6)	MEDIUM (9)	HIGH (12)	HIGH (15)
	2	Unlikely	LOW (2)	MEDIUM (4)	MEDIUM (6)	MEDIUM (8)	HIGH (10)
	1	Rare	LOW (1)	LOW (2)	LOW (3)	MEDIUM (4)	MEDIUM (5)
			1 Insignificant	2 Minor	3 Moderate	4 Major	5 Severe
IMPACT							

Key

LOW (1-3)	MEDIUM (4-9)	HIGH (10-16)	VERY HIGH (20-25)

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Appendix 4 - PSD Scotland Strategic Risks

Introduction

This paper provides a set of proposed Strategic Risks that have been developed through a mapping exercise of the existing risks and engagement with risk owners where overlapping themes were identified. These have been reframed to reflect the broader intent and purpose of PSD Scotland while identifying the threats and uncertainties that may impact on the organisation's ability to achieve its strategic priorities and objectives.

Mapping of Strategic Risks from legacy organisations

The previous legacy organisations both had strategic risk registers with NHS National Services Scotland having 9 strategic risks and NHS Education Scotland having 11 strategic risks.

In order to bring the risk registers together, an initial mapping was undertaken to identify any risks which covered similar topics. It was identified that between the two organisations, there were the following areas of similarity, and these have been reviewed to combine them to become one risk:

- Cyber security (number 1, below).
- Financial balance / sustainability (number 8, below).
- Workforce sustainability / (number 9, below).

At a Board development session on 21 August, sixteen strategic risks were presented for discussion. It was noted that on this proposed list, there was a combination of overarching risks and more specific risks, resulting in duplication and there was a desire to reduce the number of strategic risks for the organisation. It was also agreed to refresh the wording on some of the risks to bring them up to date and ensure relevance for the new organisation.

Engagement has taken place with lead executives, and a new set of strategic risks is proposed as below, removing duplication and with refreshed wording to bring them up to date. New risks have been added on population health and organisational resilience. Risks on service delivery, governance and regulatory compliance, data and technology and climate change have been refocused for the new organisation (numbers 2, 5, 7 and 11 respectively).

Further work will be required to undertake a full risk assessment of each risk in terms of impact, likelihood, and category. Leads will be asked to assess the current controls in place and what actions need to take place in order to mitigate the risk. This will determine the current and residual scoring. All strategic risks will then be added to the PSD Scotland strategic risks register and will be regularly reported to the Audit and Risk Committee and to the Board. Furthermore, additional Strategic Risks are likely to be added as the organisation evolves to meet its own Strategic Plan and to take account of any new services that the Scottish Government may ask PSD Scotland to take on.

Proposed PSD Scotland Strategic Risks

Risk Title	Risk Description	Risk Owners
1. Cyber Security	There is a risk that PSD Scotland could be the subject of a Cyber-attack resulting in critical loss of service, loss of data, or serious adverse event impacting clinical safety and service delivery.	Director of Digital and Security / Director of Technology Services
2. Service Delivery	There is a risk that PSD Scotland cannot effectively balance and respond to stakeholder needs, organisational commitments, and Scottish Government priorities, resulting in unmet expectations, delayed strategic outcomes and reduced stakeholder confidence.	Director of Planning Performance & Transformation /Director of Primary and Community Care/Strategy Performance & Service Transformation
3. Organisational Resilience	There is a risk that PSD Scotland lacks the organisational agility, capacity and resilience to anticipate, respond and adapt to volatility, uncertainty, complexity and ambiguity, resulting in disruption to services, reduced support to the health and social care system, delayed priorities and diminished stakeholder confidence.	Director of Planning Performance & Transformation /Director of Primary and Community Care/Strategy Performance & Service Transformation
4. Learning Outcomes /Experiences	There is a risk that PSD Scotland is unable to provide learning and development opportunities that meet the evolving needs of Scotland's health and social care workforce.	Director of Nursing / Executive Medical Director

Risk Title	Risk Description	Risk Owners
5. Data and Technology	There is a risk that digital and data transformation is delayed, fragmented, or fails to deliver intended benefits, limiting national reform and service improvement.	Director of Digital and Security / Director of Technology Services
6. Clinical and Patient Safety	There is a risk that PSD Scotland is unable to effectively assure and maintain the safety, quality, effectiveness and equity of nationally delivered, governed and commissioned clinical services due to the complexity of national service delivery, organisational interfaces, workforce and capacity pressures, variation in clinical practice and outcomes, and limitations in whole system quality intelligence and assurance.	Executive Medical Directors / Director of Nursing
7. Climate Change	There is a risk that PSD Scotland lacks the capacity, capability, or influence to support NHS Scotland in meeting its climate-change adaptation, emissions-reduction, and sustainability targets, resulting in missed national commitments, increased costs, service disruption, and reputational damage.	Director NHS Scotland Assure / Director of Finance
8. Financial Sustainability	There is a risk that PSD Scotland cannot operate within available resources or secure sustainable funding for its services and transformation commitments, resulting in financial imbalance, reduced service capacity, delayed investment, failure to realise efficiencies and poorer outcomes for NHS Scotland.	Director of Finance / Director of Finance, Corporate Governance and Legal Services
9. Workforce Sustainability	There is a risk that PSD Scotland will not have a sustainable workforce, including our employed Resident Doctors and Dentists that is diverse, knowledgeable, and skilled to support the organisation to remain resilient and responsive to meet its strategic ambitions and service needs.	Director of People & Culture / HR Director

Risk Title	Risk Description	Risk Owners
10. Staff Wellbeing	There is a risk that PSD Scotland does not put sufficient measures in place to support staff and adequately engage with and prepare staff during organisational change.	Director of People & Culture / HR Director
11. Governance and Regulatory Compliance	There is a risk that PSD Scotland does not maintain robust governance, assurance and compliance arrangements across its statutory, regulatory, clinical, educational and corporate responsibilities, leading to unmanaged risk exposure, failure to meet legal or professional obligations, harm to people and services, loss of stakeholder confidence, or inability to fulfil its statutory purpose.	Director of Planning Performance & Transformation / Director of Finance, Corporate Governance & Legal Services
12. Population Health	There is a risk that PSD Scotland fails to maintain sufficient focus on prevention, reducing health inequalities and strengthening population health, resulting in widening inequity, avoidable demand on services and poorer outcomes for people and communities.	Director of Social Care

Public Services Delivery Scotland

Meeting:	Public Services Delivery Scotland Board
Meeting date:	18 September 2026
Title:	Strategic Risk Report, Quarter 1 - 1 April 2026 - 30 June 2026
Paper No.	PSDB/26/44
Responsible Executive/Non-Executive:	Lee Neary, Director, Primary and Community Care/Strategy Performance & Service Transformation Jim Boyle, Director of Finance
Report Author:	Tracy Maxwell, Planning and Performance Manager Caroline McDermott, Head of Planning Debbie Lewsley, Performance and Corporate Governance Manager

1. Purpose

1.1. This paper is presented to the Board for scrutiny and provides members with the latest position of the legacy National Services Scotland (NSS) and NHS Education for Scotland (NES) strategic risks that were transferred to Public Services Delivery Scotland (PSD Scotland). These have remained in place pending the approval of the combined risk approach and set of strategic risks for PSD Scotland by the Audit and Risk Committee and by the Board under a separate item at this meeting.

2. Recommendation

2.1. It is recommended that the Board scrutinise the risks contained within this report, seek assurance that they are being managed appropriately and provided feedback on any areas requiring further action.

2.2. As responsible Executives, we are assured that the risks contained within this report are being appropriately managed and escalated as necessary through established risk management processes.

3. Report Summary

Situation

3.1. This paper (Appendix 1) reports on risk management activity from 1 April to 30 June 2026, focusing specifically on the legacy organisations' strategic risks that were transferred to PSD Scotland.

3.2. Strategic risks that relate to individual Board Governance Committees' remitted responsibilities are presented quarterly. This allows for consideration of the degree of assurance that the individual risks are being effectively managed by the mitigating controls and planned actions identified.

Background

3.3. Both legacy organisations had developed individual approaches to determination and reporting on their strategic risks. Whilst there are some differences between approaches, there are also many common elements to build upon. A project team was established to determine how we bring together the strategic risks into a common system and a risk management approach which will provide a harmonised presentation format for future reporting. The harmonised risk management approach and the proposed PSD Scotland strategic risks will be considered by the Audit and Risk Committee prior to being presented to the Board at this meeting.

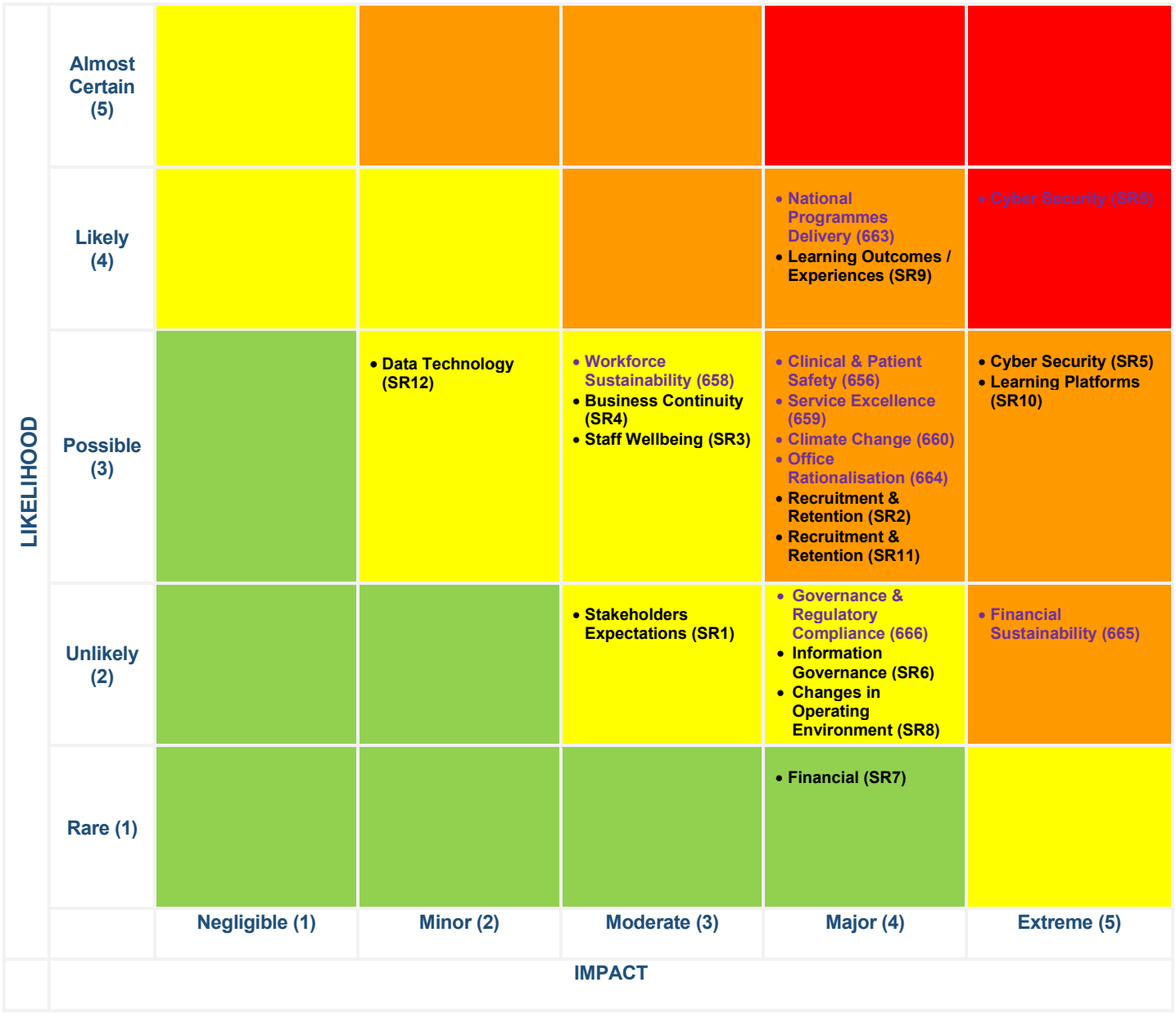
4. Assessment

4.1. All risks discussed in this report are being managed in line with the agreed Risk Management Approaches.

Strategic Risks

4.2 As at 30 June 2026 the inherited risk profile comprised 21 risks; 9 legacy NSS risks and 12 legacy NES risks. The inherited strategic risk profile remains broadly stable, with most risks unchanged during the reporting period and evidence that existing controls continue to mitigate risk exposure. These risks continue to require close oversight due to their potential impact on service delivery, organisational resilience and achievement of strategic objectives. The highest areas of residual concern remain cyber security, delivery of national programmes, learning platforms and financial sustainability. Positive progress is evident in several areas, including workforce sustainability, stakeholder transition arrangements, clinical governance and learning outcomes, with one risk closed following completion of the transition to PSD Scotland. The report provides assurance that risks are being actively managed through established local governance arrangements and continued progression with stakeholders, pending implementation of the new PSD Scotland risk management framework.

Figure 1 – Strategic Risks June 2026



Quality, Value, Care and Technology

4.3. Oversight of all quality, patient care and technological risks is provided by the Service and Digital Transformation Committee. The Clinical Governance Committee review risks and issues that are assigned the categories of injury/illness, healthcare experience, and health inequalities.

Workforce

4.4. Workforce and injury/illness risks are considered by the Staff Governance Committee.

Financial

4.5. Two risks detailed in this paper have a financial impact greater than £1,000K if the risks were to be realised, and these are considered by the Finance and Resources Committee.

Education and Training

4.6. All strategic risks relating to education and training are considered by the Education Committee.

Information Governance

4.7. This paper does not include personal data. All projects and programmes of work covered by this paper are reviewed for any data protection or information governance risks. Information governance risks are reported to the Audit and Risk Committee.

Environmental and Climate Sustainability

4.8. Work which PSD Scotland undertakes to mitigate climate change and environmental sustainability is reported to the Audit and Risk Committee.

Equality, Diversity, Human Rights and Health Inequalities

4.9. An Equality Impact Assessment has not been completed as the requirement to complete does not apply to performance papers.

4.10. This report does not impact on the organisation's Corporate Parenting duties, as per the Children and Young People (Scotland) Act 2014.

Other Impacts

4.11. None.

Risk Assessment/Management

4.12. All risks discussed in this report are being managed in line with agreed risk management approaches until the new risk approach is agreed for PSD Scotland.

Communication, Involvement, Engagement and Consultation

4.13. Directorate risk leads and risk owners have been consulted in the production of this report.

Route to the Meeting

4.14. Strategic risks are reported to standing committees depending on their assigned risk categories or remitted responsibilities. A review of which categories are reported to each committee will be undertaken as part of the risk management approach work to ensure that risks are only scrutinised once for the Board.

5. List of appendices

5.1. The following appendices are included with this report:

- Appendix 1, Strategic Risk Report as at 30 June 2026.
- Appendix 2, NSS & NES Risk Appetite Overview.

Appendix 1

Strategic Risk Report (30 June 2026)

This paper presents the Board with an update on risk management activity as of 30 June 2026. This is in line with the reporting requirements set out in both Risk Strategies. On 30 June 2026, there were 21 strategic risks that could impact on PSD Scotland's operating environment and the achievement of the organisation's objectives.

Key updates since the end of the period have been added to the report to ensure the Board has sight of the latest risk position. These changes reflect the continuing management of risks within risk registers.

654 Cyber Security

Current RAG	Initial RAG	Residual RAG
20 Very High	**20 Very High**	**12 High**

Review Date	Opened Date	Proximity Date
31/08/26	15/12/23	31/12/26

Primary Category	Risk Appetite	Risk Owner
Service Delivery/ Business Interruption	Outwith Tolerance	Director of Digital and Security

Summary: There is a risk that NSS could be the subject of a Cyber-attack resulting in critical loss of service, loss of data, or serious adverse event impacting clinical safety.

Impact: Cyber-attacks can disrupt operations, causing direct impact on specific clinical and business or supplier systems, making them not able to operate as intended, thus having a detrimental impact on service. Cyber-attacks can lead to immediate and consequential financial losses due to theft of funds, ransom payments, cost of investigations or regulatory fines.

Update: Cyber risk sub-categories were signed off by Corporate Governance. These subcategories will have measurable key risk indicators that will be communicated quarterly to stakeholders (reported by end of Quarter 2), which will allow risk-based decisions to be made regarding cyber security risk remediation and investment priorities. A project is underway to develop a power app that can administer and surface evidence of a continuous controls monitoring approach across PSD Scotland. Phase 1 involved discovery and

process mapping to define a Minimum Viable Product and was completed in June. Phase 2 is underway and is fully funded by Microsoft. Discussions are taking place with a few consultancies for controls identification mapping capabilities to feed this tool. An overview session will take place to review potential content for controls framework.

656 Clinical and Patient Safety

Current RAG	Initial RAG	Residual RAG
12 High	**12 High**	**8 Medium**

Review Date	Opened Date	Proximity Date
31/08/26	20/12/23	30/09/26

Primary Category	Risk Appetite	Risk Owner
Healthcare Experience	Tolerable Risk Position	Executive Medical Director

Summary: There is a risk that harm or low-quality care may occur for patients or service users resulting in poor outcomes. Due to emerging areas of potential harm and evolving requirements, the organisation needs to remain proactively focused on ensuring and continuously improving the clinical and patient safety of the care, services, and products we provide.

Impact: Failure to deliver high-quality national services, such as population screening programmes, infection prevention and control, blood transfusion services and specialist services, will have a negative impact on population health. Due to the position of the organisation as a national board under scrutiny, failure to deliver high-quality services may attract adverse publicity and/or enforcement action by external regulators. Adequate resources for delivery of high-quality services could be at risk due to financial pressures across NHS Scotland. Ability to recruit and retain staff in a challenging and competitive environment across NHS Scotland could have a negative impact on the ability to deliver services.

Update: Quality improvement activity continues across the organisation, with the latest cohort of Quality Improvement and Value Skills (QIVS) Systems course complete, and the next cohort underway. Additionally, the QIVS Future States course has commenced. There is a regular schedule of bitesize sessions. The Excellence in Care Programme continues to develop and embed in the organisation, particularly within SNBTS, supporting care assurance and review of data for improvement.

The 2026/27 Clinical Governance Delivery Plan was approved by the Clinical Governance Committee in June and Quarter 2 actions remain on track. All Patient Group Direction audits are complete for 2025-26, and the annual report has been drafted for approval at the September Clinical Governance Committee (CGC). The next CGQI Leadership Forum is scheduled for September. Quarterly reporting against Infected Blood Inquiry actions continues with scrutiny via the CGC, with 78% of actions completed (up from 73% last quarter). The Health & Care Staffing Act annual report was submitted to Healthcare Improvement Scotland and Scottish Government with related action plan in place. The draft Quarter 1 report has been prepared and will be approved through the agreed governance route. The Clinical Governance self-assessment (developed by HIS) is being reviewed and adapted to ensure it is applicable across PSD Scotland.

Risks relating to changes to clinical services commissioned by NSD continue to be managed and the overall risk position is largely unchanged.

A large stakeholder workshop took place in June to inform an engagement strategy for the Primary Care Digital and Intelligence Platform programme, with next steps and priorities agreed. The Child Health System has successfully gone live and a lessons learned process from the implementation has commenced. An independent gateway review supported by Scottish Government will summarise the lessons learned.

658 Workforce Sustainability

Current RAG	Initial RAG	Residual RAG
9 Medium	**12 High**	**4 Medium**

Review Date	Opened Date	Proximity Date
30/09/26	11/01/24	30/09/26

Primary Category	Risk Appetite	Risk Owner
Workforce	Optimal Risk Position	Director of HR

Summary: There is a risk that NSS will not have a sustainable workforce that is diverse, knowledgeable, and skilled to support the organisation to remain resilient and responsive to meet its strategic ambitions and service needs, due to current labour market conditions across the UK and our capacity to re-skill staff, which could result in a lack of supply of professional/appropriately trained staff to deliver our services.

Impact: There is the potential to see negative service impacts, including to standards, quality, and timescale delays, leading to adverse satisfaction from stakeholders where there are workforce challenges alongside additional burdens for existing staff to cover unfilled roles.

Update: Delivery against the Anti-Racism Plan has included addressing discrimination experienced by staff, embedding anti-racism throughout policies and services, ensuring alignment with national and international legal frameworks, and developing leadership and workforce capability to respond effectively to incidents of racism. Actions from the plan will be reviewed and either closed or carried forward into the development of a PSD Scotland Anti-Racism plan. The 2026/27 Great Place to Work Plan has been approved and published, with 14/16 Q1 actions having been delivered, with work to move the two amber actions to Green in the coming quarters. Work has commenced for Year 3 of the NSS 5 Pillars Action Plan with Quarter 1 reporting a fairly positive position, with any deliverables that are slightly behind schedule being a key focus in Quarter 2. The PSD Scotland Anchors reporting submission for 2024/ 25 and 2025/26 was submitted to Scottish Government in July. Through our Anchors Strategy, we actively contribute to local employment opportunities and actively support national policies such as 'Fair Work First in the NHS' and the Real Living Wage through our wide-ranging services and national spread. ADP deliverables are reporting a positive position, however there are some challenges within the Occupational Health Service that are being managed and mitigated through the Occupational Health Programme. This continues to be monitored through monthly reporting of supplementary staffing and sickness absence.

659 Service Excellence

Current RAG	Initial RAG	Residual RAG
12 High	**16 High**	**6 Medium**

Review Date	Opened Date	Proximity Date
31/08/26	15/01/24	31/12/26

Primary Category	Risk Appetite	Risk Owner
Service Delivery/ Business Interruption	Outwith Tolerance	Director of SPST

Summary: There is a risk that NSS is unable to deliver effective services for its users which could lead to a negative impact on NHS Scotland health outcomes and NSS credibility. Due to the amount of change and improvement required to ensure services continue to meet

needs, the limited availability of key resources (digital, people, finance) to support change, the extended use of legacy technologies and the need to ensure services remain safe and effective.

Impact: There is potential to fall short of user and stakeholder expectations and agreed timescales which could result in lack of improvement or delays and may result in reputational damage or media scrutiny.

Update: The 2026/27 Annual Delivery Plan was approved by the PSD Scotland Board and Quarter 1 reporting is under way and reported separately. Dashboards have been developed for risk and ADP monitoring to enable directorates to maintain an overview of progress. Complaints data continues to be uploaded to ServiceNow while preparations continue to move complaints over to the InPhase platform. A data collection and cleansing exercise took place ahead of preparation of the Annual Complaints Report, which is being presented to the Board separately, and is due for publication on 30 September.

660 Climate Change

Current RAG	Initial RAG	Residual RAG
12 High	**9 Medium**	**9 Medium**

Review Date	Opened Date	Proximity Date
30/09/26	16/01/24	31/03/27

Primary Category	Risk Appetite	Risk Owner
Service Delivery/ Business Interruption	Outwith Tolerance	Director of NHSS Assure

Summary: There is a risk that we do not reduce our impact on the environment in line with government climate change targets. Due to challenges with the scale of change needed to deliver services and national infrastructure while ensuring clinical safety standards continue to be met.

Impact: There is potential delay to major change programmes which are aimed at providing environmental benefits. Funding limitations may prevent, delay, or cancel critical environmental improvement projects, undermining long-term carbon reduction efforts. If targets are not achieved, PSD Scotland could face criticism from stakeholders and lose credibility as we host the national team responsible for NHSScotland environmental and climate sustainability.

Update: Thermal studies of seven key estates have been completed, and the climate change risk assessment will be updated to reflect the findings. The reports will be shared to support whole system planning. Engagement with contractor has begun to install the back-office system on the existing EV chargers, and work is ongoing at a number of sites for replacement or installation of new EV chargers. Early discussions have begun with National Procurement to decarbonise the Logistics and SNBTS fleets to ensure Scottish Government targets are met. Jack Copland Centre Solar PV replacement project, Gartnavel LED project, and Bogelshole road project have now been delivered. Implementation of an Environmental Management System is planned with initial contact having been made in relation to obtaining quotes to carry out a gap analysis to support this work.

663 Delivery of National Programmes

Current RAG	Initial RAG	Residual RAG
16 High	**16 High**	**8 Medium**

Review Date	Opened Date	Proximity Date
31/08/26	30/01/24	31/03/27

Primary Category	Risk Appetite	Risk Owner
Transformation & Innovation	Optimal Risk Position	Director of Finance

Summary: There is a risk that NSS is unable to deliver the planned benefits, including service improvements and cost reduction, from the NHS Scotland national programmes it has been tasked to deliver. Due to the opt-in rather than opt-out approach used by NHS Scotland, the governance lying out with NSS, and potential impact of decisions made elsewhere.

Impact: Potential impact on the value of the investment made in national programmes not being realised and impact on credibility with stakeholders.

Update: Corporate Finance Network continues to have visibility on all key work supported by PSD Scotland, including financial implications. Finance Leads are allocated to projects to support the development of robust business cases and support timely, appropriate governance related to national programmes. There is ongoing engagement with Scottish Government in relation to the capabilities and expertise of PSD Scotland.

664 Rationalisation of Office Accommodation

Current RAG	Initial RAG	Residual RAG
12 High	**15 High**	**8 Medium**

Review Date	Opened Date	Proximity Date
31/08/26	30/01/24	31/03/27

Primary Category	Risk Appetite	Risk Owner
Service Delivery/ Business Interruption	Outwith Tolerance	Director of Finance

Summary: There is a risk that NSS is unable to fully realise savings and service improvements from the rationalisation of its office accommodation. Due to the requirement to work collaboratively with, and at the pace of national boards and other stakeholders.

Impact: Estate rationalisation is a key element of NSS' longer term financial and environmental sustainability plan.

Update: A strategic assessment of future options at Gyle Square and other Edinburgh offices is ongoing. There continues to be engagement with territorial Boards. Following termination of their lease at Westport, legacy NES staff moved to Gyle Square in July.

665 Financial Sustainability (legacy NSS)

Current RAG	Initial RAG	Residual RAG
10 High	**15 High**	**10 High**

Review Date	Opened Date	Proximity Date
31/08/26	30/01/24	31/03/27

Primary Category	Risk Appetite	Risk Owner
Service Delivery/ Business Interruption	Outwith Tolerance	Director of Finance

Summary: There is a risk that NSS is unable to deliver its statutory obligation to deliver services within approved funding limits, whilst delivering cash releasing efficiency savings targets. Due to the changing, short term, non-recurrent nature of funding allocations which limit our financial flexibility and ability to invest to save and deliver value for money.

Impact: This would impact on the ability to balance the budget and meet cash releasing efficiency savings, whilst providing best value and savings for the NHS in Scotland. Our ability to invest in improving our services to meet our strategic objectives may be compromised.

Update: Finance Business Partners continue to support work to embed value-based health and care principles in processes and outputs/outcomes, working closely with clinical leads. A review of finance processes will be undertaken as part of Phase 2 of the PSD Scotland implementation. Financial sustainability action plan for 2026/27 has been included as a deliverable in the 2026/27 PSD Scotland Annual Delivery Plan. Workforce resources are reviewed by services regularly in meetings with the HR business partners and business controllers. Regular meetings are held with Scottish Government including a monthly Corporate Finance call, which covers investment, funding, and financial management across financial years.

666 Governance and Regulatory Compliance

Current RAG	Initial RAG	Residual RAG
8 Medium	**12 High**	**6 Medium**

Review Date	Opened Date	Proximity Date
31/08/26	31/01/24	31/03/27

Primary Category	Risk Appetite	Risk Owner
Compliance	Outwith Tolerance	Director of Finance

Summary: There is a risk that we fail to meet appropriate corporate legal, governance and regulatory requirements, due to limited staff capacity and capability, ineffective internal processes, and wider service pressures.

Impact: Failure to meet regulatory requirements would have a potential impact on services which operate in a highly regulated environment and could result in financial penalties, impact on staff wellbeing and reputation with stakeholders.

Update: Talent management, succession planning, and performance framework is aligned to and supports wider corporate requirements as part of the annual work plan. Workforce resources are reviewed regularly to ensure they meet the needs of PSD Scotland.

SR1 Stakeholders Expectations/Needs - Risk Closed – June 2026

Net RAG	Initial RAG	Control Assurance
6 Medium	**15 High**	**Effective**

Next Review Date	Opened Date	
Risk Closed	01/03/2026	

Primary Category	Risk Appetite	Risk Owner
Strategic	Within	Chief Executive Officer

Summary: There is a risk that legacy NES may have been unable to fully respond to the evolving needs and expectations of stakeholders during the transition to PSD Scotland, due to it presenting uncertainties in respect of organisational scope and priorities limiting NES's ability to fully engage stakeholders and provide clarity on future arrangements.

Impact: Being unable to anticipate or adapt to stakeholders changing requirements and expectations of the new organisation which could lead to potential failure to meet service-related needs and reduced confidence amongst partners.

Update: With the transition into PSD Scotland now complete this is no longer a risk and was closed at its review in June 2026. A new PSD Scotland strategic risk will be developed in regard to stakeholder engagement and will be included in the combined risk approach and set of strategic risks that will be presented to the Committee and the September PSD Scotland Board for approval.

SR2 Recruitment and Retention

Net RAG	Initial RAG	Control Assurance
12 High	**16 High**	**Effective**

Next Review Date	Opened Date	
02/09/26	19/04/23	

Primary Category	Risk Appetite	Risk Owner
People/Workforce	Within	Director of People & Culture

Summary: There is a risk that we are unable to retain sufficiently experienced and knowledgeable people to the Board, Executive Team, and senior management.

Impact: This could impact on the continuity of effective leadership, management, and governance of PSD Scotland, potentially resulting in deterioration of performance and credibility at all levels and increasing the potential risk of serious failures of governance.

Update: There has been no movement to the risk rating during this reporting period, which continues to sit within appetite. Board and Transformational Leadership Group development sessions continue to further mitigate this risk, and the Non-Executive Board Skills and Experience Matrix have been completed for the PSD Scotland Board.

SR3 Staff Wellbeing

Net RAG	Initial RAG	Control Assurance
9 Medium	**16 High**	**Effective**

Next Review Date	Opened Date	
02/09/26	19/04/23	

Primary Category	Risk Appetite	Risk Owner
People/Workforce	Within	Director of People & Culture

Summary: There is a risk that we do not support staff morale and prepare staff for organisational change which could impact on employee health and wellbeing and ultimately impact on staff engagement.

Impact: This could impact on our employee's ability to contribute to the delivery of the strategic plan and individual directorate operational plans during the transition period.

Update: There has been no movement to the risk rating during this reporting period, with the risk continuing to remain scored as medium due to the mitigating controls in place including an agreed PSD Scotland Communication Plan, a PSD Scotland Directors Pack and regular CEO engagement sessions.

SR4 Business Continuity

Net RAG	Initial RAG	Control Assurance
9 Medium	**16 High**	**Acceptable**

Next Review Date	Opened Date	
31/08/26	19/04/23	

Primary Category	Risk Appetite	Risk Owner
Governance	Outwith - Gap 4	Director of PSDS Technology Services

Summary: There is a risk that Business Continuity arrangements are not adequately robust to manage and mitigate disruption to business processes.

Impact: There may be an inability to deliver normal levels of service, or even an inability to deliver services at all in extreme circumstances, which could result in failure to achieve strategic outcomes.

Update: There has been no movement to the risk rating during this reporting period, the risk continues to sit outwith Board appetite which reflects the high-risk averse appetite for risks within the governance category. Approved Disaster Recovery Plan and Business Continuity Plans are in place and have been tested with recommendations considered and incorporated into current versions of the plans.

SR5 Cyber Security

Net RAG	Initial RAG	Control Assurance
15 High	**20 Very High**	**Acceptable**

Next Review Date	Opened Date	
31/08/26	19/04/23	

Primary Category	Risk Appetite	Risk Owner
Operational	Within	Director of PSDS Technology Services

Summary: There is a risk that we have ineffective or poorly managed measures in place to adequately protect against breaches of cyber security.

Impact: This could lead to unauthorised access to the organisations digital systems and data which would significantly affect our ability to continue normal business operations, resulting in the potential imposition of punitive financial fines by regulatory authorities.

Update: This risk continues to be assessed as a high risk due to the impact this risk would have on the organisation if it materialised, additional resource requirements have been identified and a Cyber Risk Manager and Cyber Resilience Manager have been contracted until March 2027, this risk remains a high priority and will continue to be monitored on a regular basis.

SR6 Information Governance

Net RAG	Initial RAG	Control Assurance
8 Medium	**20 Very High**	**Effective**

Next Review Date	Opened Date	
31/08/26	19/04/23	

Primary Category	Risk Appetite	Risk Owner
Operational	Within	Director of PSDS Technology Services

Summary: There is a risk that employee training and other operational controls are ineffective in minimising the risk of breaches of Information Governance.

Impact: An increase in the number and severity of information security incidents and associated loss of data resulting in reduced service user confidence and potential imposition of punitive financial fines by regulatory authorities.

Update: There has been no movement to the risk rating during this reporting period, with the risk continuing to be assessed as medium due to the mitigating controls in place, including statutory and relevant data security processes in place with specific reference to the General Data Protection Regulations and essential learning modules.

SR7 Financial (legacy NES)

Net RAG	Initial RAG	Control Assurance
4 Low	25 Very High	Effective

Next Review Date	Opened Date	
30/08/26	01/03/26	

Primary Category	Risk Appetite	Risk Owner
Finance	Within	Director of Finance

Summary: There is a risk that the organisation is unable to produce a balanced financial plan.

Impact: The organisation will experience financial constraints and will risk the inability to set sustainable financial plans and to take remedial actions necessary to remain in financial balance. This could then result in the failure to meet the aspirations set out in the Strategic Plan as well as having an increased risk of not being able to control the finances of the organisation.

Update: There has been no movement to the risk rating during this reporting period, with the risk continuing to remain low due to the mitigating controls in place including the PSD Scotland consolidated Financial Plan which was approved by the Board at their meeting on 15 May 2026.

SR8 Changes in Operating Environment

Net RAG	Initial RAG	Control Assurance
8 Medium	**16 High**	**Effective**

Next Review Date	Opened Date	
08/09/26	19/04/23	

Primary Category	Risk Appetite	Risk Owner
Strategic	Within	Chief Executive Officer

Summary: There is a risk that the organisation is not able to adequately anticipate, accommodate and respond to the impacts of policy, legislative, economic, technological, environmental, and societal change.

Impact: Unable to meet the needs of the Health and Social care workforce and maximise the opportunities as well as accommodate and respond to any associated risks with the changes in our operating environment, which could result in a compromise in our ability to deliver our ADP and future planning arrangements

Update: There has been no movement to the risk rating during this reporting period, the risk continues to be scored as a medium risk and sits within Board appetite with effective controls in place. Significant Engagement continues with Health Boards, Health & Social Care Partnerships, Scottish Government, Social Care Sector and Academia to further support mitigation of the risk.

SR9 Learning Outcomes/Experiences

Net RAG	Initial RAG	Control Assurance
16 High	**20 Very High**	**Acceptable**

Next Review Date	Opened Date	
31/10/26	19/04/23	

Primary Category	Risk Appetite	Risk Owner
Operational	Within	Director of Nursing Midwifery and AHPs

Summary: There is a risk that learning outcomes or learning experience for our stakeholders is compromised due to uncertainty around training and education venues in the South East of Scotland.

Impact: This could lead to the Health and Social workforce not having the necessary knowledge, skills, or regulatory registrations to deliver good quality care. Potentially resulting in the organisation becoming disconnected from the needs of the wider workforce and failing to meet the needs of staff, trainees, learners, and stakeholders which would lead to serious reputational damage and reassessment of the Board's role in delivering education and training.

Update: During this reporting period the net likelihood rating of the risk has been decreased due to space being identified in the Gyle for training and external venues sourced for all training currently arranged. This assessment has resulted in the overall net risk rating being decreased from 20 to 16, the risk now sits within the Board Appetite but is still recognised as a high risk. The overall control assurance is assessed as acceptable with key mitigating actions to improve the control environment either underway or planned. This risk will continue to be monitored regularly in line with the work being undertaken by the Operational Group which has been established to oversee the required moves and the scoping of alternative training venues.

SR10 Learning Platforms

Net RAG	Initial RAG	Control Assurance
15 High	**20 Very High**	**Effective**

Next Review Date	Opened Date	
31/08/26	19/04/23	

Primary Category	Risk Appetite	Risk Owner
Operational	Within	Director of PSDS Technology Services

Summary: There is a risk of insufficient investment in technology that supports learning outcomes including the Digital Learning Infrastructure Programme as well as other learning platforms provided by PSD Scotland.

Impact: There may be an inability to meet the learning needs and expectations of all stakeholders, which could result in the organisation becoming disconnected from the needs of the wider workforce and failing to meet the needs of staff, trainees, learners and stakeholders leading to serious reputational damage and reassessment of the Board's role in delivering education and training.

Update: There has been no movement to the risk rating during this reporting period, the risk continues to sit outwith Board appetite which reflects the high-risk averse appetite for risks within the governance category. The Digital Learning and Infrastructure Programme Full Business Case has been approved with confirmation of funding still to be received, updates on the programme are provided as part of the Internal Governance of External Programmes process.

SR11 Recruitment and Retention

Current RAG	Initial RAG	Control Assurance
12 High	**16 High**	**Effective**

Next Review Date	Opened Date	
02/09/26	19/04/23	

Primary Category	Risk Appetite	Risk Owner
People/Workforce	Within	Director of People & Culture

Summary: There is a risk that we are unable to recruit and retain appropriately skilled and experienced staff due to organisational pressures, change, systems, and processes delaying recruitment.

Impact: Insufficient staff to support delivery of the Annual Delivery Plan and Strategic Plan and uncertainty for staff on various contract types including fixed term and secondments, resulting in an impact on stakeholder engagement and staff morale and wellbeing.

Update: There has been no movement to the risk rating during this reporting period, which continues to sit within appetite. A joint NES and NSS Recruitment Process has been established, and workforce planning has been consolidated for PSD Scotland and included in the Annual Delivery Plan.

SR12 Data Technology

Current RAG	Initial RAG	Control Assurance
6 Medium	**12 High**	**Acceptable**

Next Review Date	Opened Date	
31/08/26	14/12/23	

Primary Category	Risk Appetite	Risk Owner
Governance	Outwith – Gap 1	Director of PSDS Technology Services

Summary: There is a risk of insufficient investment in data and associated technologies to maximise the value of data and information in the organisations systems with lack of strategic oversight and management of the data and technology infrastructure that supports the information data requirements of the organisation.

Impact: The organisation will not be an evidence-based data driven organisation, lacking appropriate systems and data management to provide appropriate levels of intelligence and insights from the organisations Information Assets. Which could result in a loss of credibility from the Scottish Government and scrutiny bodies.

Update: There has been no movement to the risk rating during this reporting period, with the risk continuing to remain assessed as a medium risk. The risk continues to sit outwith Board appetite which reflects the high-risk averse appetite for risks within the governance category. A Data Analytics and AI Tier 1 Programme, Programme Initiation Document is in development and will be presented to the Transitional Leadership Group for approval.

Definitions

Please note the following terms, as agreed within our Risk Management Approaches, are used in the report and definitions have been provided to assist the Committee with its review.

Risk: A risk can be defined as an event or set of events which, if they were to occur, could have an impact on the achievement of our objectives.

Issue: An event that has happened, or is happening, that was not planned and requires additional or remedial action. Please note: If a risk occurs/materialises it can become an issue, resilience incident, or adverse event, depending on the definition criteria, and would then be managed and recorded through that route.

Current RAG: The latest very high, high, medium, or low rating of a risk assessed by multiplying the likelihood of the risk occurring with the possible impact it could have.

Net RAG: The very high, high, medium, or low rating of the risk taking into account the control measures that are already in place.

Initial RAG: The very high, high, medium, or low rating of the risk when it was first raised.

Gross RAG: The very high, high, medium, or low rating of the risk in the absence of control measures.

Residual RAG: The expected remaining risk after all mitigating actions have been implemented.

Review Date: The date when the risk is next due to be reviewed by the risk owner.

Opened Date: The date when the risk was originally added to the NSS Risk Register.

Proximity Date: The date when a risk could become an issue if not effectively mitigated.

Risk Appetite: The amount of risk that NSS/NES were prepared to accept or be exposed to at any one time, in the pursuit of their strategic objectives. NSS's risk appetite was the optimal position of where they aimed to operate, however they also defined a tolerable position which is where they were willing to operate. Any risk outwith both optimal and tolerable position is described as outwith tolerance. NES's risk appetite was dependent on the type of risk and the relative maturity of the workstream being assessed (concept, pilot, or business as usual).

Directorate Acronyms
DaS – Digital and Security
FCGLS – Finance, Corporate Governance and Legal Services
HR – Human Resources
NHSS Assure – NHS Scotland Assure
NP – National Procurement
SNBTS – Scottish National Blood Transfusion Service

SPST – Strategy, Performance and Service Transformation
PaCC – Primary and Community Care

Appendix 2

NSS Risk Appetite Overview

Impact Category	Statement	Optimal Risk Position	Tolerable Risk Position
Injury/Illness	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. 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.	**Cautious** Score ≤9	**Open** Score 10-16
Healthcare Experience	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. 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.	**Cautious** Score ≤9	**Open** Score 10-16
Transformation & Innovation	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 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.	**Open** Score ≤16	**Eager** Score 17-25
Service Delivery/ Business Interruption	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	**Cautious** Score ≤9	**Cautious** Score ≤9

	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.		
Workforce	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. 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.	**Cautious** Score ≤9	**Open** Score 10-16
Financial	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 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.	**Open** Score ≤16	**Eager** Score 17-25
Compliance	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	**Averse** Score 1	**Minimal** Score 2-4

	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. We aim to avoid actions with any unnecessary risk of non-compliance. We therefore have an adverse 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.		
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** Score ≤4	**Cautious** Score 5-9
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 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.	**Minimal** Score ≤4	**Cautious** Score 5-9

NES Risk Appetite Overview

Type of Risk	Risk Appetite		
	Concept (Net Risk)	**Pilot/Test of Change (Net Risk)**	**Business as Usual (Net Risk)**
Strategic/Policy Risks	**Hungry (Score - 20 – 25)**	**Hungry (Score - 20 – 25)**	**Open (Score – 12 - 16)**
Finance Risks	**Cautious (Score – 6 - 10)**	**Cautious (Score – 6 - 10)**	**Averse (Score – 1 - 5)**
Governance/Accountability Risks	**Cautious (Score – 6 - 10)**	**Cautious (Score – 6 - 10)**	**Averse (Score – 1 - 5)**
Reputational/Credibility Risks	**Open (Score – 12 - 16)**	**Cautious (Score – 6 - 10)**	**Cautious (Score – 6 - 10)**
Operational/Service Delivery Risks	**Hungry (Score - 20 – 25)**	**Hungry (Score - 20 – 25)**	**Open (Score – 12 - 16)**
Technology Risks	**Hungry (Score - 20 – 25)**	**Hungry (Score - 20 – 25)**	**Open (Score – 12 - 16)**
People/Workforce Risks	**Hungry (Score - 20 – 25)**	**Hungry (Score - 20 – 25)**	**Open (Score – 12 - 16)**
Health & Safety Risks	**Averse (Score – 1 - 5)**	**Averse (Score – 1 - 5)**	**Averse (Score – 1 - 5)**
Environmental Sustainability/ Climate Change Risks	**Hungry (Score - 20 – 25)**	**Hungry (Score - 20 – 25)**	**Open (Score – 12 - 16)**
Transformation/Innovation Risks	**Hungry (Score - 20 – 25)**	**Hungry (Score - 20 – 25)**	**Open (Score – 12 - 16)**

Meeting:	Public Services Delivery (PSD) Scotland Board
Meeting date:	18 September 2026
Title:	PSD Scotland Quarterly Performance and Delivery Report (2026/27 Quarter 1)
Paper No.	PSDB/26/45
Responsible Executive/Non-Executive:	Christina Bichan (Director of Planning, Performance and Transformation) Lee Neary (Director of Primary and Community Care / Strategy, Performance & Service Transformation)
Report Author:	Matthew Neilson – Associate Director (Strategy, Performance & Service Transformation) Caroline McDermott – Head of Planning Jacqui Melville – Head of Planning & Transformation Colin Kelly - Planning & Performance Manager Debbie Lewsley – Performance & Corporate Governance Manager Alison Shiell – Planning & Corporate Governance Manager

1. Purpose

1.1. This paper is presented to the Board for review and scrutiny.

2. Recommendation

2.1. The Board is recommended to:

2.1.1. Review and scrutinise the 2026/27 Quarter 1 Integrated Performance Report (IPR) and confirm their assurance of the integrated Quarter 1 (Q1) performance position set out in Appendix 1.

2.1.2. To note the work being undertaken during Quarter 2 (Q2) to further integrate PSD Scotland performance measures and strengthen reporting arrangements for the remainder of 2026/27, while a PSD Scotland strategy and associated organisational performance management approach is developed.

2.2. As the responsible executives we are assured that the Q1 Performance and Delivery Report provides an accurate reflection of PSD Scotland's organisational performance position at the end of 2026/27 Q1 in line with current strategic performance measures and the 2026/27 PSD Scotland Annual Delivery Plan (ADP). In relation to any areas of concern regarding the Q1 performance position, we are assured that an appropriate level of information has been provided to the Board and mitigations are in place with the aim of bringing work back on track during the remainder of the 2026/27 reporting year.

3. Report Summary

Situation

3.1. An integrated performance report (IPR) has been developed to provide the PSD Scotland Board with assurance on the organisation's overall performance position, by demonstrating how assurance is triangulated to support appropriate governance. The IPR brings together ADP delivery performance and performance measures into a single organisational narrative.

3.2. The overall Q1 performance position demonstrates a positive delivery picture with **85.5%** of ADP deliverables categorised as either complete or on track to be completed in line with ADP milestones and **89%** of integrated performance measurements currently on target.

3.3. In terms of governance sequencing, the 2026/27 Q1 IPR was presented to the Finance and Resources Committee (FRC) on 26 August 2026 for review and scrutiny. Alongside the IPR, the FRC received a suite of supporting documentation and data which provided a detailed overview of both the development of an integrated PSD Scotland reporting approach and a full analysis of the Q1 performance position. The Committee were therefore assured that due process had been followed and full transparency for all related data was provided.

3.4. The FRC provided positive feedback on the development and presentation of our integrated Q1 performance position and confirmed their approval of the Q1 IPR (enclosed as Appendix 1) to the PSD Scotland Board on 18 September 2026. The Committee also sought further strengthening of the analytical narrative, including clearer synthesis of data drawn from ADP delivery, performance measures, risk, finance and stakeholder intelligence. This cover paper has therefore been tailored to respond to that feedback, providing a more integrated assessment of Q1 performance and a clearer forward view of how the IPR will mature over future reporting cycles. This includes opportunities to provide further evidence on how PSD Scotland is making a difference for people and communities in Scotland.

3.5. The Assessment section of this cover paper provides further detail on how the work of PSD Scotland is already supporting Scottish Government's Service Renewal Framework and demonstrates how the organisation is aiming to become the national enabler of transformation through its development and delivery of Once for Scotland digital, data, workforce, clinical and shared services.

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3.6. The Board is asked to review the 2026/27 Q1 IPR alongside the detail provided in this cover paper and confirm their assurance of the integrated Q1 performance position.

Background

3.7. The 2026/27 Q1 IPR has been developed using several information sources. These include separate analyses of Q1 ADP performance and progress against performance measures comprising a suite of relevant performance data. These analyses draw on the quarterly updates provided by PSD Scotland directorates through the ADP and performance measurement dashboards. All of this information has been robustly scrutinised by the FRC, alongside details of how PSD Scotland's ADP and performance measurement reporting processes have been developed and implemented.

3.8. The 2026/27 PSD Scotland ADP was developed collaboratively and in line with good practice to ensure that the deliverables reflect the organisational activity required for PSD Scotland to deliver on its statutory functions. The ADP was approved for publication by the PSD Scotland Board on 26 June 2026, with recognition that the ADP is a dynamic document that will continue to evolve during the course of the year.

3.9. With the 2026/27 ADP deliverables being developed prior to the development of a PSD Scotland strategy, deliverables were grouped under six themes: Service Delivery, Workforce, Finance, Digital, Health Inequalities and Climate. The themes support each deliverable's primary intent / outcome and are aligned to initial strategic priorities received from Scottish Government.

3.10. At the end of Q1, the PSD Scotland 2026/27 ADP comprises 767 deliverables. This is a slight reduction in the number of deliverables presented to the 26 June 2026 Board meeting (804) as further review during the Q1 reporting period identified a number of duplicates. Any duplicate deliverables have now been removed from the overall 2026/27 ADP as part of quality assurance processes undertaken by the PSD Scotland Planning team.

3.11. Both legacy organisations had developed individual approaches to determining and reporting performance measures. Whilst there were some differences between approaches, with different systems used to provide the data for individual measurements, there were also many common elements to build upon. The Q1 IPR has been developed to present to the Board the 27 measures that have been integrated and can be reported as a PSD Scotland figure; with these measurements also now aligned with PSD Scotland's priorities.

3.12. During Q2 work will continue to integrate additional performance measurements where appropriate for the interim period, while the evolution of a new performance management approach is undertaken as part of the Phase 2 Transition programme and in conjunction with the development of PSD Scotland's Strategy. The Q1 IPR should therefore be understood as the first iteration of our integrated reporting approach, establishing the initial reporting structure, baseline measures and core assurance narrative. Future quarterly reports will build on this foundation by strengthening trend analysis, comparative data and assessment of performance over time.

4. Assessment

4.1. The 2026/27 Q1 IPR demonstrates that PSD Scotland is continuing to establish itself as Scotland's national enabler of transformation while maintaining delivery across its core national functions. Overall, **85.5%** of 2026/27 ADP deliverables were reported as completed or on track at the end of Q1 (Figure 1), while **89%** of the 27 integrated strategic performance measures reported a Green / on target status and none reported Red / far below target (Figure 2).

Figure 1 – 2026/27 ADP: Summary of Q1 Delivery Position (Funded and Unfunded ADP Deliverables)

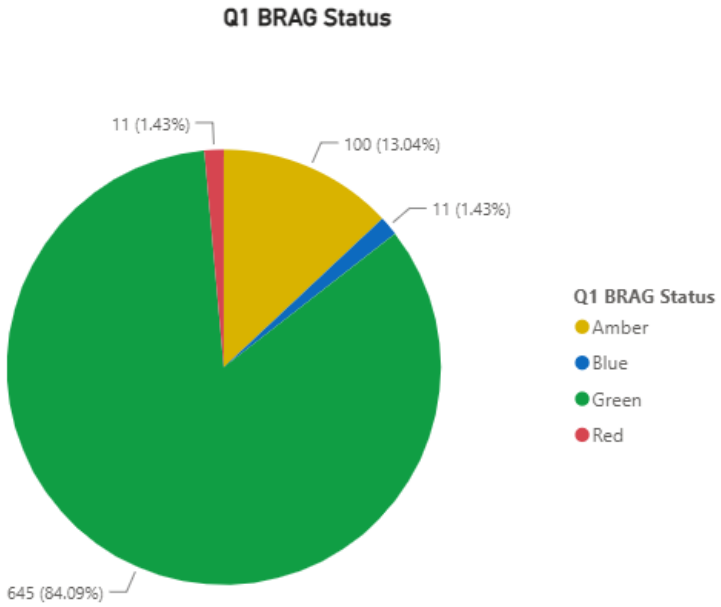
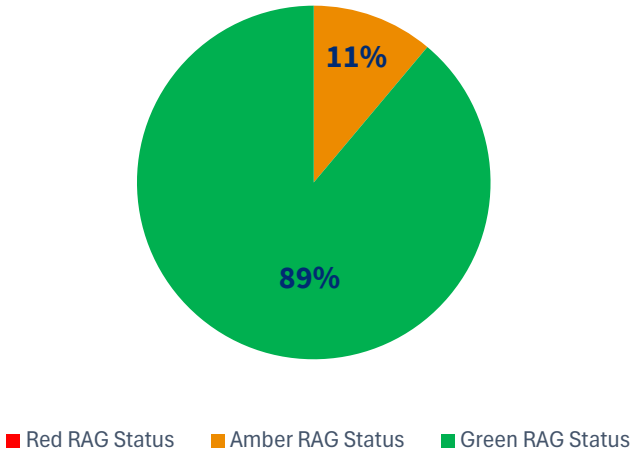


Figure 2 – Strategic Performance Measurements: Summary of Q1 Performance



4.2. Performance during Q1 demonstrates continued delivery of national clinical and support services across Scotland. **Service Delivery** remains the largest area of activity within the ADP and is reporting a strong delivery position, with **87.4%** of deliverables either complete or on track. The absence of any Category 1 Adverse Events or reportable RIDDOR events (Reporting of Injuries, Diseases and Dangerous Occurrences Regulations), also provides assurance regarding the safety, effectiveness and resilience of services.

4.3. PSD Scotland continues to play a significant role in developing and supporting Scotland's health and social care workforce. The **People** theme reported **87%** of deliverables as complete or on track, with seven of the eight integrated performance measures reporting positively. Q1 saw the launch of the Social Care [learning and development] Hub on TURAS Learn, delivery of the Annual National Workforce and Education Conference and continued strong performance in postgraduate trainee recruitment and completion measures. Together, these activities demonstrate continued investment in workforce capability, learning and development across Scotland's health and social care system.

4.4. During Q1, there has been a strong internal focus on supporting PSD Scotland staff through the early months of the organisation’s formation. This has included regular online webinars hosted by the Chief Executive for all staff. The sessions have had high levels of attendance and engagement, with staff encouraged to share their views and ask questions. All webinars are recorded and shared after each event by the PSD Scotland Corporate Communications team to ensure they are accessible to anyone unable to attend.

4.5. Significant progress has also been made in supporting **Digital** transformation and enabling future service reform through the launch of the MyCare.Scot mobile application which represents an important milestone in digital development within health and social care and will enhance the experience of how people in Scotland access and manage their care. MyCare.Scot is part of a national Digital Front Door programme supporting the commitments of the Digital Health and Care Strategy and is being delivered by PSD Scotland in partnership with the Scottish Government and the Convention of Scottish Local Authorities (COSLA). In addition, approval of the Digital Learning Infrastructure Full Business Case, represents an important step towards objectives to harness the power of technology to create accessible, personalised and engaging learning experiences for the health and social care workforce enabling individuals and organisations to deliver high quality care to the people of Scotland.

4.6. Q1 also demonstrates continued progress in establishing the organisational foundations required to support national reform. Agreement of PSD Scotland's initial strategic priorities with Scottish Government, establishment of the Phase 2 Transition Programme and continued development of integrated planning, performance and governance arrangements have all contributed to the creation of a stronger organisational platform for future transformation. This is supported by a positive financial position, with all integrated financial performance measures reporting Green and the organisation remaining on track to deliver its agreed savings plan and planned financial objectives.

Key Achievements

4.7. As stated in paragraph 4.1, Q1 has demonstrated strong overall organisational performance, with 85.5% of Annual Delivery Plan deliverables reported as completed or on track and 89% of integrated strategic performance measures reporting Green status. This provides early assurance that PSD Scotland is delivering against the objectives set out within its first Annual Delivery Plan and that organisational performance remains stable during a period of continued integration and transition.

4.8. Significant progress continues in the support of the NHS Scotland workforce with recruitment of resident doctors continuing at a high level. This demonstrates the popularity of training in Scotland and reflects our position of being the first out of the four nations for overall satisfaction. Early indications of recruitment to dental training are also encouraging with the Q1 rates on track for the 90% target. These achievements demonstrate PSD Scotland's continuing role in developing a health and social care workforce that can support improved services and outcomes.

4.9. National clinical and support services have continued to perform strongly throughout Q1. National Procurement maintained product availability and on-time, in-full performance above 99% while the Scottish National Blood Transfusion Service maintained its statutorily required three-day blood supply for all blood types in a challenging national and international picture of reducing levels of blood donation providing a critical service to support the health and care of Scotland’s people and communities.

4.10. Continued investment in workforce development and organisational capability has also been evident. The launch of the Social Care Hub on TURAS Learn, delivery of the Annual National Workforce and Education Conference and positive workforce-related performance measures highlight ongoing support for Scotland's health and social care workforce. In addition, the establishment of the Phase 2 Programme and agreement of initial strategic priorities with the Scottish Government have created a stronger platform for organisational development, service improvement and future reform.

4.11. Financial management has remained robust throughout the early establishment of PSD Scotland. All integrated financial measures reported Green status during Q1 and PSD Scotland remains on track to deliver its agreed savings plan whilst maintaining service delivery and investment in transition activity.

Managed Risks to Delivery

4.12. Whilst overall performance remains positive, the Q1 IPR highlights a number of cross cutting issues that require continued attention. The most significant of these relate to external dependencies, organisational capacity constraints and delayed decisions which have impacted delivery across some areas of the Annual Delivery Plan. These factors are common themes affecting delivery confidence rather than isolated performance issues. During Q2, further analysis will be undertaken to better understand these issues and identify opportunities for organisational intervention and system influence and support; escalation or enhanced stakeholder engagement where appropriate.

4.13. Although important milestones have been achieved in the **Digital** Priority and significant national programmes continue to progress, it reports a lower proportion of deliverables as complete or on track than other key priorities without equivalent confidence this position will significantly improve next Quarter, although work continues on mitigating actions. This reflects the complexity of the digital landscape, the number of interdependencies involved and the wider transformation activity taking place concurrently. A Strategic Risk is presented in a separate paper, relating to the wider technology challenges facing PSD Scotland and a review of existing PSD Scotland digital services is planned, to inform the future shape of provision.

4.14. Implementation and transformation of the National IT Contract, which provides digital infrastructure and technology that supports several aspects of delivery in health and care services across Scotland, is currently reported through a number of interconnected deliverables spanning multiple areas of the organisation. The approach to Integrated Performance Reporting together with the recent establishment of a portfolio governance approach has sought to address the challenge of aggregated assurance in this area and this will be further supported through an overarching NITC deliverable within the ADP from Q2. A similar strengthening of governance and assurance has been progressed through the establishment of a portfolio approach in the recently commissioned Business Systems Programme, which will replace fragmented legacy systems in finance, HR and procurement with a single, modern, integrated business system for NHS Scotland.

Forward Look

4.15. The organisation will continue to focus on strengthening the foundations required to support PSD Scotland's strategic ambitions and long-term transformation agenda. A key area during the remainder of 2026/27 will be delivery of the Phase 2 Transition Programme, which will support the development of a fully integrated organisation through the establishment of common ways of working, strengthened governance arrangements and the implementation of organisational priorities agreed with Scottish Government. This will be critical in supporting the transition from organisational stabilisation towards longer-term transformation and improvement.

4.16. Further work will be undertaken during 2026/27 and beyond to develop and implement PSD Scotland's Strategic Framework, including the emerging organisational Strategy and Target Operating Model. Together, these programmes will provide greater clarity regarding the future role, priorities and operating arrangements of the organisation, helping to ensure that resources, services and organisational capabilities are aligned to the needs of Scotland's health and social care system.

4.17. To underpin Strategy delivery further enhancements will also be introduced to planning, commissioning and performance management arrangements to ensure alignment, support organisational decision making and strengthen delivery confidence. This will include development of an integrated operational planning approach, enhanced oversight of organisational capacity and demand, and strengthened links between deliverables, risks and performance outcomes. Future iterations of the IPR will also place greater emphasis on trend analysis, movement over time and the relationship between delivery performance, risk exposure, financial position and organisational impact.

Quality, Value, Care and Technology

4.18. Impacts relating to Quality, Value Care and Technology are embedded throughout and should be considered alongside relevant performance measurement information contained within this report.

Workforce

4.19. Impacts relating to Workforce are embedded throughout and should be considered collectively alongside individual deliverable updates and with relevant Performance Measurement Information contained within this report.

Financial

4.20. Impacts relating to Finance are embedded throughout and should be considered collectively alongside individual deliverable updates and with relevant performance measures contained within this report.

Education and Training

4.21. Impacts relating to Education & Training are embedded throughout and should be considered collectively alongside individual deliverable updates and with relevant performance measures contained within this report.

Information Governance

4.22. This paper does not identify any new or additional Information Governance impacts beyond existing organisational obligations. The 2026/27 ADP includes deliverables that will require ongoing compliance with the Data Protection Act 2018 and UK General Data Protection Regulation (including appropriate Data Protection Impact Assessments (DPIAs) where required), and continued adherence to PSD Scotland arrangements for records management, information security, confidentiality and information sharing.

Environmental and Climate Sustainability

4.23. Impacts relating to Environmental and Climate Sustainability are embedded throughout and should be considered collectively alongside individual deliverable updates and with relevant performance measures contained within this report.

Equality, Diversity, Human Rights and Health Inequalities

4.24. Organisational Performance Measures and the 2026/27 ADP include measures which specifically support equality, diversity, inclusion, human rights and / or the reduction of health inequalities, including: education, diversity, inclusion education and training for the health and social care workforces.

4.25. In addition, the ADP has been structured to explicitly identify deliverables whose primary aim is to reduce unfair and avoidable differences in health outcomes through its Health Inequalities theme definition supporting clearer reporting and scrutiny of equity focused activity.

4.26. Across the full portfolio, PSD Scotland will embed equality, diversity, human rights and health inequalities considerations through routine governance and delivery arrangements and will ensure that an EQIA is completed or updated where required as deliverables are developed.

Other Impacts

4.27. Planning, delivery and reporting of 2026/27 Performance Measures will have a short to medium term impact in co-ordination effort as consolidated processes are embedded and clear internal change management and communications are established. This work will continue to improve processes and collaboration.

Risk Assessment/Management

4.28. Following an Action from the June 2026 Board meeting a cross-reference exercise has been completed between the 2026/27 Performance Measures and the organisational risk registers. The review identified clear alignment between Performance Measures and the draft principal strategic risks facing PSD Scotland, with ongoing and further planned activity across workforce, service delivery, digital, financial, health inequalities and climate themes contributing to the mitigation of existing risk exposures. Although ownership and management of draft strategic risks remain under review as part of the wider examination of our developing Risk Approach, the exercise provides assurance that the Performance Management is focused on delivering activity that supports risk reduction and organisational resilience, whilst also enabling future scrutiny of how delivery performance and risk exposure interact over time.

Communication, Involvement, Engagement and Consultation

4.29. Discussions took place with external stakeholders as part of the development of individual 2026/27 ADP deliverables, for example where programmes of work are to be delivered or where Scottish Government (SG) policy is required to be implemented. Internal engagement at Directorate and Transitional Leadership Group level also featured strongly in the development of the 2026/27 PSD Scotland ADP. PSD Scotland directorates continue to engage with external organisations as required in order to facilitate 2026/27 ADP deliverable milestone progress and delivery.

4.30. Further discussions are being undertaken via SG deliverable workshops being held throughout August and September 2026 and organised by our SG Sponsorship Team. At the time of writing, workshops have been held to discuss Primary Care, Digital, Health Workforce, Mental Health, Chief Nursing Officer and NHS Scotland Chief Operating Officer deliverables. Further workshops on deliverables related to Chief Medical Officer, Population Health, Social Care and Children and Families policy areas are due to be held by mid-September 2026. All these workshops will further inform the development of current and future PSD Scotland ADP deliverables and strategic performance measures.

4.31. Discussions have also taken place with Directorates to identify which performance measures can be reported from an overall PSD Scotland standpoint and others which will require further work to develop. Work will continue throughout Phase 2 Transition Programme to refine the Performance Management approach.

4.32. Following feedback from the PSD Scotland Board in June 2026, a staff engagement plan for communicating performance delivery and milestones has been developed. Ongoing updates to staff will be provided in line with the quarterly performance reporting process.

Route to the Meeting

4.33. The following groups have previously considered this report as part of its development. The groups have either supported the content or their feedback has informed the development of the content presented in this report.

Date	Meeting	Purpose
03/08/2026	Via correspondence – PSD Scotland Transitional Leadership Group	Review of 2026/27 Quarter 1 delivery position via performance reporting dashboards.
26/08/2026	PSD Scotland Finance & Resources Committee	Scrutinised 2026/27 Quarter 1 Integrated Performance Report

5. List of appendices

5.1. The following appendices are included with this report:

- Appendix 1 – 2026/27 Q1 Integrated Performance Report

Public Services Delivery
Scotland

Quarter 1 2026/27

Integrated Performance Report



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Annual delivery plan performance 6

Strategic performance measures 8

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Performance highlights

Agreement of initial PSD Scotland strategic priorities with Scottish Government.

PSD Scotland's initial strategic priorities for 2026/27 focus on stabilising and improving services after the organisation's initial establishment whist also strengthening digital transformation, workforce development, national shared services, staff engagement, equity and community impact. These priorities provide a clear framework for aligning PSD Scotland delivery with Scottish Government expectations during 2026/27.

PSD Scotland Phase 2

Following the establishing of PSD Scotland (Phase One), a Programme for Phase Two has now been stood up to bring stabilisation and single ways of working across key functional outputs whilst creating the programme structure to support strategy and target operating model (TOM) development as well as staff engagement. Workstream leads have been appointed and a development session was held on 17 August 2026 to inform key priorities for the remainder of Phase 2 (through to April 2027).

PSD Scotland first Board Development Session

The first Board Development Session was delivered in May 2026 to align Board members on the organisational context and emerging priorities for PSD Scotland. Future sessions are planned on risk (August) and strategy (September).

Digital Learning Infrastructure (DLI)

The DLI Full Business Case received formal endorsement from the Scottish Government and Health Board Chief Executives, enabling the programme to move from planning into implementation. The DLI programme aims to modernise and replace the fragmented digital learning landscape currently centred around TURAS, creating a unified learning ecosystem for health and social care staff across Scotland

Launch of MyCare.Scot Mobile App

The Cabinet Secretary for Health and Social Care joined colleagues from PSD Scotland and NHS Lanarkshire in June 2026 to mark the release of the MyCare.Scot mobile app. The app is part of a national Digital Front Door (DFD) programme which is being delivered by PSD Scotland in partnership with the Scottish Government and the Convention of Scottish Local Authorities (COSLA).

The mobile app builds on the MyCare.scot web service, which has been available nationally since April 2026 for people aged 18 and over. People can currently use MyCare.scot to view a range of information including vaccinations, medications and local health and wellbeing services. The release of the mobile app is a significant milestone within the high-profile DFD programme and is the result of a sustained commitment and collaboration by PSD Scotland colleagues and partners to deliver meaningful improvements for people across Scotland.

National Distribution Service

The National Distribution Service maintained service continuity and very high fulfilment levels with on time in full (OTIF) performance sustained at over 99% while managing multiple concurrent supply pressures.

Community Glaucoma Service (CGS)

The CGS received 500 discharges from hospital eye services in May 2026. This is the highest monthly achievement since 2023 and demonstrates an improvement in performance since the establishment of a programme delivery board and programme structure. These patients receive care from accredited providers in the community.

Performance highlights

National Meet the Buyer Conference & Exhibition

In early June 2026, the National Procurement (NP) directorate collaborated with NHS Ayrshire and Arran, NHS Greater Glasgow and Clyde and NHS Golden Jubilee procurement teams to host a dedicated Health Zone at the National 'Meet the Buyer' event in Glasgow. The event provided a valuable platform for suppliers to engage directly with both national and local procurement teams, helping to build relationships and increase understanding of how to work with NHS Scotland. PSD Scotland NP colleagues delivered a session covering the NHS Scotland Procurement Strategy and how community benefits are embedded in contracts.

Annual National Workforce and Education Conference

PSD Scotland delivered a two-day annual conference for the health and social care workforce in April 2026, The focus of the conference – 'Collaborate. Innovate. Transform: Delivering change towards improving health, social care and other public services in Scotland' aligned with the recent formation of PSD Scotland and sessions covered a range of topics across education and training, workforce development and digital solutions. The conference was delivered entirely online and there was no cost for attendance. Positive feedback was received from delegates, and overall conference attendance was higher than in previous years.

Social Care Hub launched on TURAS Learn

In May 2026, PSD Scotland launched the Social Care Hub on TURAS Learn, a dedicated space developed with the Scottish Social Services Council, Care Inspectorate and Scottish Government to bring together learning and development resources for Scotland's social care workforce. The Hub responds to sector feedback on the need for a clearly signposted learning place within TURAS Learn, providing free, curated resources aligned to sector standards and continuous professional learning requirements to support workforce development and quality of care across Scotland.

Scotblood Conference

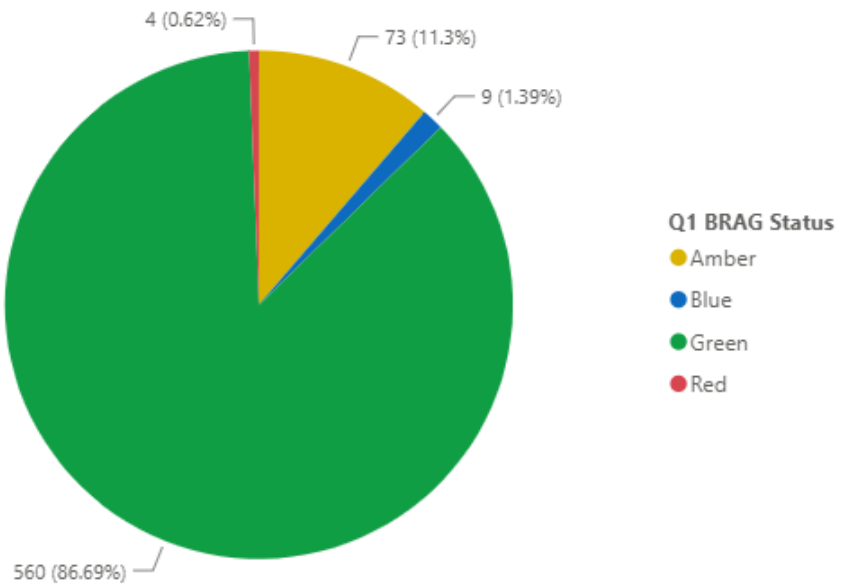
The Scotblood conference took place over two days at the end of May 2026 and was very successful not just from an educational perspective but also as vehicle for networking across SNBTS, which is a geographically dispersed Directorate. The programme contained a variety of internationally renowned speakers discussing the latest scientific news and developments affecting the ever-changing fields of transfusion, advanced therapy medicinal products and transplantation science.

PSD Scotland Theme	Annual Delivery Plan	Strategic Performance Measurements
Service Delivery	**348 of 398 (87.4%) Service Delivery Deliverables** are reporting as either Completed or On Track for Completion at the end of Q1.	**9 of 11 indicators met** 2 indicators reported an amber status during this reporting period. Further indicators will evolve as we continue to integrate performance measurements across PSD Scotland.
People	**155 of 178 (87%) People Deliverables** are reporting as either Completed or On Track for Completion at the end of Q1.	**7 of 8 indicators met** 1 indicator reported an amber status during this reporting period. Further indicators will evolve as we continue to integrate performance measurements across PSD Scotland.
Finance	**17 of 23 (73.9%) Finance Deliverables** are reporting as either Completed or On Track for Completion at the end of Q1.	**7 of 7 indicators met** Further indicators will evolve as we continue to integrate performance measurements across PSD Scotland.
Digital*	**117 of 159 (73.6%) Digital Deliverables** are reporting as either Completed or On Track for Completion at the end of Q1.	**0 of 0 indicators met** These indicators will evolve as we continue to integrate performance measurements across PSD Scotland.
Health Inequalities*	**4 of 6 (66.7%) Health Inequalities Deliverables** are reporting as either Completed or On Track for Completion at the end of Q1.	**0 of 0 indicators met** These indicators will evolve as we continue to integrate performance measurements across PSD Scotland.
Climate	**6 of 9 (66.7%) Climate Deliverables** are reporting as either Completed or On Track for Completion at the end of Q1.	**1 of 1 indicators met** Further indicators will evolve as we continue to integrate performance measurements across PSD Scotland.

*The performance indicators for these priorities are not yet integrated as single PSD Scotland measures. This will evolve through the year.
In the meantime, the measures continue to be scrutinised by Committees for assurance via legacy reports.

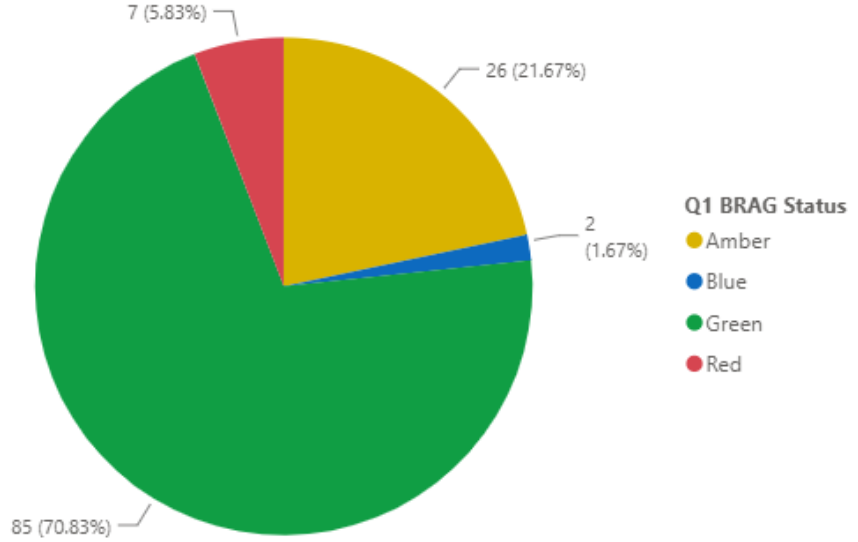
Annual Delivery Plan

Funded deliverables



Q1 Delivery Position – Funded Deliverables

Unfunded deliverables



Q1 Delivery Position – Unfunded Deliverables

Annual Delivery Plan

Summary

At the end of 2026/27 Q1, funded ADP deliverables are reporting a higher level of delivery than unfunded deliverables.

88.1% (569) of funded deliverables are reporting as either completed or on track in line with ADP milestones. 11.3% (73) are progressing with minor delays, and 0.6% (4) are experiencing significant delays.

In comparison, 72.5% (87) of unfunded deliverables are reporting as either completed or on track. 21.7% (26) are progressing with minor delays and 5.8% (7) experiencing significant delays.

During Quarter 2 (Q2) the PSD Scotland Planning team will monitor any deliverables projected to report Red or Amber at Q2 and engage with directorates as required to ensure mitigating actions are in place.

Analysis

As this is the first quarter report for a new Annual Delivery Plan, it is not possible to identify trends as yet, however this will be kept under review.

The biggest noted reasons for delay for red and amber deliverables from a defined selection, are in order:

- Actions of external organisations (25);
- Capacity constraints (18);
- Phased target variance (15);
- Delay in decision (10);
- Funding delay (6);
- Change in policy (3).

It is clear that there are actions and decisions taken outside of PSD Scotland which are outwith our control, perhaps due to policy/funding decisions or capacity/capability within other organisations.

Actions

Projected Q2 BRAG positions were sought during this cycle to allow for a targeted engagement with Directorates in Q2 to enable mitigations to be put in place for Deliverables currently predicted to be Amber or Red.

The Planning team will continue to review the commentary provided against delayed deliverables to ensure that the reasons for variance are clearly understood, consistently recorded and capable of supporting meaningful analysis in future reporting cycles.

Where common themes can be identified an organisational approach will be taken to support improvement across Directorates. A change control process will remain in place.

Learning

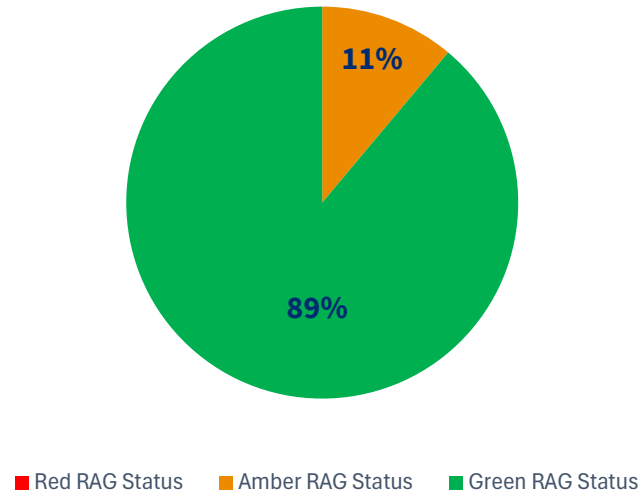
The Quarter 1 position shows a clear trend of Funded Deliverables showing stronger performance than Unfunded with a higher proportion on track or completed.

The most commonly cited reasons for this identified through the mitigations provided are dependencies on funding, external organisations and internal capacity constraints showing these are often issues outwith the direct control of Directorates.

This has reinforced the importance of early identification of external dependencies and phasing of milestones were appropriate. These themes will be examined further during Quarter 2 to identify further opportunities for targeted intervention.

Strategic performance measures

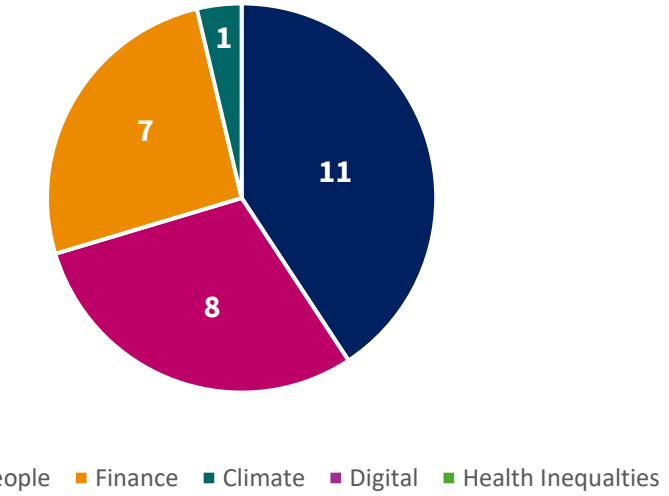
Performance measures – Q1 RAG status



There are 27 performance measurements currently reporting a PSD Scotland position.

In quarter 1 – 89% of measurements are reporting a green status, 11% an amber status and no measurements are reporting a red status during this reporting period.

Number of measures by PSD Scotland priorities



The performance measurements have been aligned to the PSD Scotland priorities of Service Delivery, Finance, Climate and People. Measurements for the other priorities are not yet integrated as PSD Scotland single measures are still to be agreed. Integration of further measurements will continue to evolve with all measures being maintained and scrutinised by individual Committees for assurance.

Strategic performance measures Q1 2026/27 position

*** Integrated measurements reporting a PSD Scotland position**

SERVICE DELIVERY

Performance Measurement	RAG	Q1
Complaints		
Stage 1 complaints or concerns upheld and partially upheld		37
Stage 2 complaints or concerns upheld and partially upheld		48
Complaints referred to Ombudsman		1
Adverse events		
Category 1 Information Governance events and RIDDOR events requiring reporting		0
Freedom of Information		
Requests responded to within 20 days (%)		99%
Requests acknowledged with 3 days (%)		98%
National Call Centre		
Average Handling Time (seconds)		242
Average Wait Time (seconds)		38
Post Call Survey (%)		94%
Internal Call Quality Assessment (%)		96%
National Procurement		
Product Availability (%)		99.3%

FINANCE

Performance Measurement	RAG	Q1
Achievement of agreed savings against annual budget (%)		25%
Revenue total (£)		£2.269bn
Capital outturn (£)		£23.4m
Audit actions completed within agreed timescales (%)		75%
Projected variance of budgeting within 0.5% at year end (%)		0.0%
Payroll Completion (%)		100%
Practitioner Payment Accuracy (%)		99.98%

CLIMATE

Performance Measurement	RAG	Q1
Fleet fuel emissions (CO2 tonnes)		75

PEOPLE

Performance Measurement	RAG	Q1
Doctors in Training Employee Engagement Index (%)		80.2%
Red or Amber RAG status for delivery against Annual Delivery Plan (%)		14.5%
Total number of accesses to PSD Scotland learning products		1,193,895
Medical Funded trainee placements – Vacancy Rate		9%
Dental Funded trainee placements – Vacancy Rate		11.1%
Medical Funded trainee placements – Non-completion rate		0.2%
Total accesses of the NHS Scotland Careers Website		131,657
Blood Donation and Supply		278,297

Strategic performance measures

Summary

There are 27 performance measurements currently reporting a PSD Scotland position across the PSD Scotland's priorities of Service Delivery, Finance, Climate and People.

In Quarter 1, 89% of measurements are reporting a green status, 11% an amber status with no measurements reporting a red status.

Work will continue to integrate additional performance measures, where appropriate, while the evolution of a new performance management approach is undertaken as part of the Phase 2 Transition programme and in conjunction with the development of PSD Scotland's Strategy.

Analysis

PSD Scotland is on track to deliver the total savings plan as approved in the consolidated financial plan.

Delivery of payroll to staff in partner boards continues, with a Q1 pay bill value more than £500M. Payment to primary care practitioners has been on time to all contractors with 99.9% accuracy.

Recruitment of resident doctors and noncompletion rates continue to report positively, highlighting the popularity of training in Scotland and maintaining our position of first out of the four nations for overall satisfaction.

National Contact Centre call volumes and average handling times began to drop in Q1 as the Spring vaccine campaign reached its conclusion. User satisfaction and internal call quality remain strong and above target.

Actions

There were two three-day FOI acknowledgements and one twenty-day response breaches in Q1 due to official processes not being followed. Adverse events have been raised in each instance and engagement emphasising the importance of meeting FOI legislative timescales will continue.

The dental funded trainee placements vacancy rate is currently reporting an amber status and can be attributed to the ongoing recruitment for the 2026/27 training year. Early indications are looking more positive than in recent years with all Vocational Training places filled.

One complaint was referred to the Scottish Public Service Ombudsman (SPSO) during the period after being partially upheld by PSD Scotland; the SPSO supported this position noting they found it credible and no further action was advised.

Learning

Projected variance of budgeting; this will be monitored closely throughout the year with any variances reported and addressed monthly through the TLG.

Following a lessons learned process for the successful Winter 2025/26 Vaccine Campaign, the National Contact Centre has continued to use routes that proved to work well , while tweaking areas that were highlighted as requiring some adjustments.

Skills assessments to be conducted across PSD Scotland Payroll teams to create a more resilient service.

To help improve blood supply levels, the Scottish National Blood Transfusion Service is increasing social media engagement to grow the base of younger donors and a new Scot Blood website was launched in June enabling same day booking and better navigation for mobile devices.

BRAG Definitions

Blue – Complete / Closed / Paused

ADP Deliverable fully complete and can be closed.

Performance Measurement closed or paused.

Red – Significant Delay / Below Target

ADP Deliverable more than 3 months delayed and/or more than 10% off target.

Performance Measurement is far below target and requires immediate action.

Amber – Minor Delay / Behind Target

ADP Deliverable up to 3 months delayed and/or up to 10% off target and likely to be achieved by year-end.

Performance Measurement is behind target and requires monitoring.

Green – On Track / Target

ADP Deliverable on target, as per quarterly milestones, and no delays but not yet complete.

Performance Measurement is on target.

Public Services Delivery
Scotland

Meeting:	Public Services Delivery (PSD) Scotland Board
Meeting date:	18 September 2026
Title:	Quarter 1 Finance Update 2026/27
Paper No.	PSDB/26/46
Responsible Executive/Non-Executive:	Carolyn Low, Executive Director of Finance, Corporate Governance and Legal Services Jim Boyle, Executive Director of Finance & Procurement
Report Author:	Laura Howard, Andrew McLean, Ana Vercosa and Alan Young

1. Purpose

1.1. This paper is presented to the Board for scrutiny. It provides an update on the Quarter 1 (Q1) financial position for Public Services Delivery Scotland (PSD Scotland), including revenue performance, savings delivery, capital expenditure, funding allocations and key financial risks.

2. Recommendation

2.1. The Board is recommended to scrutinise the Q1 financial position and forecast outturn for 2026/27 which outlines:

- a **favourable** year-to-date (YTD) financial performance and **forecast £1.7m year-end underspend outturn**.
- **good progress** against the approved savings programme and capital plan.
- **outstanding** Scottish Government (SG) funding allocations and associated assumptions are reflected within the current forecast.
- key financial **risks and mitigating actions** are being taken to maintain financial balance throughout 2026/27.

2.2. As the responsible directors, we are assured that robust financial management, governance and monitoring arrangements are in place across PSD Scotland.

2.3. The financial position continues to be reviewed through established governance processes and supported by regular reporting to senior leadership groups. Based on current performance and planning assumptions, PSD Scotland is forecasting a £1.7m underspend financial outturn for 2026/27 while delivering planned savings, managing capital expenditure and maintaining compliance with statutory financial duties. Key financial risks continue to be actively monitored and managed.

3. Report Summary

Situation

3.1. This report provides the Board with an overview of PSD Scotland's financial position at Q1 (Period 3) of 2026/27. Additional detail is set out in Appendix 1.

3.2. PSD Scotland is currently forecasting a year end underspend position of £1.7m and remains on course to achieve all its statutory financial targets. The report highlights current financial performance, delivery of the savings programme, progress against the capital plan, funding allocation assumptions and the key financial risks requiring ongoing management and oversight.

Background

3.3. PSD Scotland was established on 1st April 2026 with a consolidated budget from the legacy financial plans from NHS Education for Scotland (NES) and National Services Scotland (NSS).

3.4. The opening, approved 2026/27 financial plan includes:

- Revenue Resource Limit (RRL) budget of c.£1.7bn.
- Planned savings requirement of £61m.
- Core capital allocation of £3.1m.
- Significant investment in national digital programmes and infrastructure.

3.5. At Q1, PSD Scotland continues to operate within approved financial limits and is forecasting an underspend of £1.7m for the financial year, 0.1% of overall budget. This is driven by a higher number of vacancies across multiple programmes.

3.6. The organisation continues to progress delivery of the PSD Scotland transition programme following the merger. During 2026/27, work continues to establish the operating model, realise efficiencies through organisational consolidation, align support functions and maximise opportunities arising from a single national organisation. Financial planning assumptions include benefits associated with service integration, workforce optimisation and estate rationalisation, while recognising that additional costs and emerging requirements may arise as Phase II transitions into later stages of implementation. These risks and opportunities continue to be monitored through established governance arrangements and are reflected within the financial planning process.

4. Assessment

Financial Performance

4.1. PSD Scotland is reporting a YTD revenue underspend of £8.1m. The position is largely attributable to vacancy underspends, timing differences between expenditure and funding allocations, and the continuing impact of medical trainees undertaking less-than-full-time training.

4.2. c.£3m of the YTD underspend relates to the number in post and working patterns of resident doctors. More continue to apply to train on a less than full-time basis, with an equivalent 76 WTE lower across Hospital and GP combined than what was set at budget.

4.3. A move to WTE recruitment in August 2026, as opposed to previous headcount model, will help to reduce this gap going forward. Once final recruitment and rotations information is known we will work with SG Policy and Finance teams to confirm the in-year funding requirement which will enable a medical training programme breakeven position for year end.

4.4. While the position of PSD is favourable at Q1, it reflects the early stage of the financial year, and several known pressures remain under review. Work continues to validate vacancy plans and forecast assumptions to ensure that available resources are fully utilised against organisational priorities.

4.5. There are several programmes where we are actively monitoring the delivery and requirement for funding across the remainder of the financial year. It is still too early to change year end forecasts, as many of these programmes move through various delivery stages, however the Board should note these at this stage and expect an update in future reports. This will include a differentiation between projects and programmes which directly impact on PSD Scotland's financial position, and those which affect the wider NHS Scotland budget, where PSD Scotland "host" certain funds. These programmes include:

- Business Services Programme – delays in the appointment of the System Integrator and Client-Side Partner will result in lower costs across the NHS Scotland wide programme in the current year. The anticipated outturn position will be confirmed in the forecast position in period 4. As there is a fixed end point for the programme this will mean a pressure will emerge across the next two financial years. The overall financial update for NHS Scotland is going through BSP Board governance on 19th August and Directors of Finance on 20th August.
- Westport to Gyle property move - £0.75m was included in the financial plan for this move however as limited fit out works have been required an underspend is likely to emerge. Once the move is finalised a final cost will be produced and shared with Board for Q2.
- Tech Refresh Investment - £1.3m was retained as part of the opening financial plan – essential investment requirements are still to be confirmed – this may result in additional monies being freed up or more being required.
- Phase 2 Transition - £0.5m has been included in financial plans. Meeting scheduled for 17th August will start to focus on required work which will determine how much of this funding is required.
- RWW Funding – National boards have still to meet with SG Finance to determine how much funding is available to cover the impact of reduced working week. Financial plans included the assumption that SG would fund estimated costs of c£2.1m which could not be absorbed within existing budgets.
- A general operating contingency of £1.5m was also included in financial plans with no requirement yet emerging for this during Q1.

4.6. The full-year forecast is an underspend of £1.7m at Q1. Higher number of vacancies exist in multiple services and programmes with delays in recruiting to these posts driving the year end underspend.

Savings Delivery

4.7. The financial plan includes a savings requirement of £61m.

4.8. Delivery remains on track at Quarter 1, with all major programmes reporting achievement in line with plan. Current forecasts indicate savings delivery of £62.5m, representing a modest over-achievement against target, mainly from a higher number of vacancies. A significant proportion of the savings plan is from workforce-related savings and vacancy management, meaning continued focus is required on identifying sustainable recurring savings opportunities to support long-term financial sustainability.

Funding Allocations

4.9. PSD Scotland has currently received approximately £315m of anticipated Scottish Government revenue allocations, with around £195m remaining outstanding.

4.10. £73m of the received funding relates to 25/26 recurring allocations which have been received as an adjustment to our opening baseline, in line with SG Finance processes for moving funding to baseline.

4.11. Pay awards for Agenda for Change, Resident Doctors and Executive/Senior Managers have been agreed for 2026/27 with anticipated funding requirements included in relevant budgets. We continue to work with SG Finance to ensure the correct level of funding is received for these awards.

4.12. SG Finance have advised continuing to plan on assumption full funding will be provided however, this remains a risk until pay awards for all groups have been agreed and received.

4.13. The outstanding balance primarily reflects allocations already discussed through national planning processes and is not currently considered a financial pressure. Forecasts assume all planned allocations will be received during 2026/27.

4.14. During June 2026, PSD Scotland received funding of approximately £85m for digital programmes on a recurring basis.

Capital Position

4.15. PSD Scotland's capital programme remains forecast to achieve breakeven. With a total capital requirement of £23.4m forecast at Q1.

4.16. This will be met via PSD core capital allocation of £3.1m, additional in year Scottish Government capital allocations of £7.8m, and the remainder from revenue-to-capital transfers.

4.17. It is anticipated this requirement will increase as digital programmes progress at an accelerated pace. The principal drivers are MyCare.Scot and Digital Prescribing & Dispensing Pathway developments. Monthly monitoring arrangements remain in place to manage expenditure and funding requirements. SG policy teams have confirmed they will provide revenue allocations to PSD for these programmes. We then keep the SG Capital team updated on any material movements from financial plan submissions, to enable them to facilitate a year end revenue to capital transfer.

Quality, Value, Care and Technology

4.18. Financial resources continue to support delivery of PSD Scotland's strategic objectives, including significant investment in digital transformation and national infrastructure programmes.

4.19. Investment in digital programmes is expected to improve service delivery, strengthen operational resilience and support improved outcomes across NHS Scotland. Continued monitoring is required to ensure accelerated programme delivery remains within available funding and resource assumptions.

Workforce

4.20. The favourable YTD position is significantly influenced by workforce-related factors including vacancy management and changes in medical trainee working patterns.

4.21. PSD Scotland continues to review recruitment requirements and workforce plans to ensure critical vacancies are filled where necessary while maintaining financial balance. Recruitment and trainee intake assumptions will continue to be reviewed throughout the financial year.

Financial

4.22. PSD Scotland is reporting:

- YTD revenue underspend of £8.1m.
- Year End Forecast of £1.7m underspend position for 2026/27.
- Savings programme target of £61m with forecast delivery of £62.5m.
- £315m of in year SG allocations have already been received at Q1 (62%) with c£195m outstanding.
- Capital expenditure forecast to breakeven against plan.

4.23. The financial position remains dependent upon receipt of anticipated allocations and continued delivery of planned savings.

Education and Training

4.24. There are no material adverse impacts identified for education and training activities at this stage.

4.25. Medical Training Grades continue to be monitored closely, particularly in relation to recruitment patterns and the financial implications associated with trainees undertaking less-than-full-time training.

Information Governance

4.26. There are no identified information governance issues arising from this report.

4.27. The contents of this paper do not alter PSD Scotland's obligations under the Data Protection Act 2018, UK General Data Protection Regulation, Freedom of Information (Scotland) Act 2002 or Environmental Information (Scotland) Regulations 2004.

Environmental and Climate Sustainability

4.28. PSD Scotland continues to consider sustainability within its financial planning and capital investment decisions.

4.29. The organisation has continued investment in electric vehicle infrastructure and fleet replacement, with additional electric vehicles introduced during Quarter 1 and further expansion planned during 2026/27.

Equality, Diversity, Human Rights and Health Inequalities

4.30. There are no direct equality, diversity, human rights or health inequality impacts arising from this financial performance update.

4.31. Financial decisions continue to be taken in line with statutory duties and organisational commitments. Where future financial proposals have the potential to impact service delivery or workforce arrangements, appropriate impact assessments will be undertaken.

4.32. No Equality Impact Assessment (EQIA) is required for this report.

Other Impacts

4.33. The ongoing PSD Scotland transition programme continues to influence financial planning, workforce assumptions, accommodation arrangements and investment priorities. Continued monitoring is required to ensure that transition-related costs, efficiencies and service changes remain aligned with approved financial plans and organisational objectives.

Risk Assessment/Management

4.34. Key financial risks continue to be actively managed through established governance arrangements. The principal risks are:

- Timing and receipt of outstanding SG revenue allocations.
- Delivery of accelerated digital transformation programmes.
- Revenue-to-capital funding requirements associated with digital programme delivery.
- Workforce and recruitment assumptions.
- Sustainability of savings delivery where a proportion of current savings are non-recurrent.

4.35. Based on current information, these risks are not expected to prevent delivery of the year-end forecast position. Ongoing monitoring and review arrangements remain in place to ensure any emerging risks are identified and addressed at an early stage.

Communication, Involvement, Engagement and Consultation

4.36. PSD Scotland continues to engage with SG sponsors, programme leads, finance colleagues and relevant governance groups in relation to financial planning, funding allocations and performance reporting.

4.37. Ongoing discussions are taking place regarding digital programme funding, pay award funding and revenue-to-capital transfer requirements.

- SG Monthly Finance Meeting – most recent meeting 28 July 2026
- SG Deliverables Workshops – Being held across July, August and September with representation from PSD Finance and business teams and SG Policy, Finance and Sponsor teams.

Route to the Meeting

4.38. The following groups have previously considered this report as part of its development. The groups have either supported the content or their feedback has informed the development of the content presented in this report:

- Transitional Leadership Group (TLG), 27 July 2026
- Finance & Resources Committee 26 August 2026

5. List of appendices

5.1. The following appendices are included with this report:

- Appendix 1 – Quarter 1 Finance Report (Period 3 2026/27)

Public Services Delivery
Scotland

PSD Scotland Board Meeting

18 September 2026

Finance Update 2026/27
As at Period 3 (June 2026)



Executive Summary

PSD Scotland Targets	YTD Budget £'000	YTD Actuals £'000	Variance £'000	FY Budget £'000	FY Forecast £'000	Variance £'000	Target
Revenue Resource Limit (RRL)	392,744	384,633	**8,111**	1,698,191	1,696,476	**1,715**	**Breakeven**
Revenue Income	(159,571)	(158,853)	(718)	(570,575)	(570,350)	(226)	
Revenue Costs	552,315	543,486	8,829	2,268,766	2,266,825	1,940	
Cash Releasing Efficiency Savings (CRES)	16,397	17,093	**(695)**	61,039	62,452	**(1,414)**	**3% Baseline**
Direct Capital	830	835	**(4)**	23,441	23,441	**-**	**Breakeven**

Performance Summary

PSD Scotland is reporting a full-year £1.7m underspend forecast at P3, driven primarily by vacancies across multiple services and programmes. All statutory targets are currently expected to be achieved.

Revenue (£8.1m YTD underspend) – Slide 6

The Year-to-Date (YTD) revenue position shows an £8.1m underspend, mainly driven by vacancy management, timing differences and allocations received in-month. While this is driving a favourable YTD position, underlying risks remain and require continued monitoring and appropriate decision making. c.£241.6m (59%) of Scottish Government (SG) allocations were received in Q1 with a small risk c.£3m being flagged against planned allocations, mainly due to awaiting confirmed forecasts.

CRES – Slide 8

Delivery remains on track to **overachieve against the £61m savings plan**, with a current forecast of £62.5m. However, a material element remains as **non-recurrent**, highlighting a continued **financial sustainability risk**. Focus should remain on converting non-recurrent delivery into sustainable recurring savings and closely managing higher-risk schemes through Q2.

Capital (£3k overspend) – Slide 9

PSD Scotland is reporting a small Year to Date capital overspend of £4k, with a year-end breakeven forecast. Given the wider financial sustainability pressures across NHS Scotland, disciplined capital management remains essential. Spend is expected to increase later in the year. Early engagement from directorates will be essential to manage delivery risks, phasing changes, or transfer requirements as they emerge. The Transitional Delivery Group (TDG) will serve as a vehicle to manage escalations.

Financial Balance

PSD Scotland has a balanced budget for FY26/27. However, given the financial climate across NHS Scotland and restricted funding, we must continue to remain vigilant – monitor costs closely and actively seek opportunities for recurring savings which will ensure long term financial sustainability of PSD Scotland and NHS Scotland.

Key Messages - Period 3

- PSD Scotland is reporting a favourable Year to Date financial position, primarily driven by pay underspends across several services. This is after applying the phased budgeted vacancy factor of £2.6m, within the annual £8.9m / c.138 WTE vacancy assumption.

- The June allocation letter confirmed £106.3m of in-year SG funding, including £95.6m recurring. Of this, £85.3m relates to digital funding, creating an opportunity to reduce reliance on fixed-term contracts and move towards a more stable permanent workforce model. This should strengthen workforce certainty, support longer-term planning, and reduce delivery risk.

- PSD Scotland budget continues to include various funds which remain uncommitted at the end of June including a general operating contingency (£1.5m); Tech Refresh Investment (£1.3m); West Port move and fit out (£0.9m); Phase II Transition (£0.5m). In-Year considerations will be made by TLG in due course, after appropriate scrutiny and challenge from the Transitional Delivery Group (TDG).

- Further work with services is underway to confirm vacancy plans, including whether posts will be filled and the expected timing. This will support a more robust year-end forecast early in the financial year, enabling PSD Scotland and NHS Scotland to maximise the use of available funding

- Medical training grade recruitment and rotations will be re-assessed to determine if this area will yield additional financial risk and whether further discussion with SG for underwriting funding will be needed

Financial Risks & Cost Pressures

Staff

- Permanent staffing without baseline / confirmed funding.
- Fixed term staff extended while awaiting SG funding confirmations.
- Return of Permanent Staff on secondment to SG.
- Trainees continue to go Less Than Full Time (LTFT).
- Reduced Working Week as teams transition. Cost of part-time staff remaining on same hours.

Service

- New SG “Commissions” with no identified / confirmed funding source.
- New Funding Requests from Directorates.
- Emerging requirements for PSD Scotland in Phase II into Phase III.
- Bowel Screening (c.£2.3m) driven by Royal Mail prices. NSD continues to seek a sustainable funding solution with SG whilst exploring potential cost reduction.
- Genetics Labs (c.£2.1m) NSD to recommend a sustainable delivery model as part of a medium-term solution.

Income / Funding.

- Remaining SG allocations not received in line with expectations.
- All elements of Pay Awards not fully funded.
- Boards are unable to pay for services (in full) given the wider financial position and their overall deficits.

Financial Opportunities

Uncommitted Funds

There is a potential that ear-marked funds will not be required in full:

- General Operating Contingency (£1.5m)
- Tech Refresh Investment (£1.3m) subject to Deloitte assessment
- West Port move – rent savings and lower fit out costs (£0.9m)

Operating Position

- Beyond the opening budget, this report highlights a sizeable year to date underspend driven by vacancies across several Directorates.
- Further analysis is being undertaken to validate the position but if posts remain unfilled this will create in-year funds and potentially recurrent CRES for PSD Scotland.

Collaboration

- Budgets released from consolidation of Board at creation of PSD – (financial plan assumptions reflected the full legacy Boards).
- Redeployment – 31 legacy NES redeployees have filled vacancy posts in legacy NSS services, giving opportunities to staff and maximising the use of available funding and expertise.
- Continued close working with SG colleagues to increase funding certainty and maximise baseline funds (e.g. Digital).

Overview of Revenue Position

- PSD Scotland is reporting a favourable Month 3 revenue position with a YTD underspend of £8.1m, with the full-year forecast reducing to a favourable variance of £1.7m underspend. The YTD position is primarily driven by pay underspends (£5.8m) across various services.

- Clinical & Care: vacancy underspends are now forecast to continue through to year-end, supporting the favourable position.

- Finance, Corporate Services and National Infrastructure: favourable YTD position reflects budget phasing, with some areas still forecasting to budget pending full review.

- Medical Training Grades will be monitored throughout the year, with the YTD underspend being driven by more trainees completing training earlier and more opting to work less than full time (LTFT). This continues the trends seen across previous financial years. Changes to August recruitment on a wte basis, as opposed to headcount, should help reduce the impact being seen from higher number of trainees opting to undertake their training on a LTFT basis and as a result it is anticipated that budget will be fully consumed by year end.

26/27 Directorate Financial Performance £'000	Year to Date			Full Year		
	Current Budget £'000	Actuals £'000	Variance £'000	Annual Budget £'000	Forecast Outturn £'000	Variance £'000
Clinical & Care	**122,468**	**121,129**	**1,339**	**498,645**	**497,399**	**1,246**
Revenue Income	(5,151)	(5,524)	373	(20,386)	(19,821)	(565)
Revenue Cost	127,619	126,653	966	519,031	517,220	1,811
Digital	**31,924**	**31,533**	**391**	**152,277**	**152,424**	**(147)**
Revenue Income	(26,185)	(27,807)	1,622	(108,909)	(108,909)	(0)
Revenue Cost	58,109	59,340	(1,231)	261,186	261,333	(147)
Education	**83,134**	**82,711**	**423**	**382,632**	**382,381**	**251**
Revenue Income	(4,184)	(3,862)	(322)	(12,033)	(12,033)	-
Revenue Cost	87,317	86,573	745	394,664	394,414	251
Finance, Corporate Services & National Infrastructure	**28,865**	**25,890**	**2,976**	**120,571**	**120,206**	**365**
Revenue Income	(124,052)	(121,661)	(2,391)	(429,248)	(429,587)	339
Revenue Cost	152,917	147,550	5,367	549,819	549,793	26
Medical Training Grades	**126,353**	**123,370**	**2,983**	**544,066**	**544,066**	**-**
Revenue Income	-	0	(0)	-	-	-
Revenue Cost	126,353	123,370	2,983	544,066	544,066	-
PSD Scotland	**392,744**	**384,633**	**8,111**	**1,698,191**	**1,696,476**	**1,715**

SG Allocations as at June 2026

PSD Scotland Opening Baseline	£'000
Baseline Allocation	1,275,114
Recurring Allocation from 2025-26 (NES)	56,838
Recurring Allocation from 2025-26 (NSS)	16,053
Total	**1,348,005**

Allocation Status	Anticipated £'000	Received £'000	Outstanding £'000	Outstanding %
Clinical & Care	124,953	117,014	7,939	6%
Digital	112,497	91,611	20,887	19%
Education	38,023	16,323	21,700	57%
Finance, Corporate Governance & National Infrastructure	70,937	13,868	57,069	80%
Medical Training Grades	63,001	2,836	60,165	95%
PSD Scotland	**409,412**	**241,652**	**167,760**	**41%**

Summary of Position:

At Period 3, we are anticipating total in-year funding from SG of £409.4m, with £241.6m / 59% received in Q1.

Of this, £112.0m has been received on a recurring basis, providing greater certainty for future-year operational planning and deliverables. This includes £85.3m for Digital funding, covering areas such as Digital Front Door and digital infrastructure service costs, which had previously been funded non-recurring and created planning challenges.

The high level of early allocations provides PSD Scotland with improved clarity and enables teams to phase delivery plans across the full year.

We have also received around £7.0m of allocations that are currently being queried with SG, and further information is being sought before these are fully confirmed.

Cash Releasing Efficiency Savings

Savings Category	YTD Delivered	Forecast £'000			Full Year Forecast	Recurring %
	£'000	Low Risk	Medium Risk	High Risk	£'000	
Estates & Infrastructure	834	815	1,688	0	3,336	11.9%
Non-Pay (Other) & Other Measures	482	944	464	374	2,264	17.0%
Procurement	102	225	0	170	497	5.4%
Workforce - Medical	9,311	27,934	0	0	37,245	0.8%
Workforce - Other	6,364	6,776	5,559	412	19,110	33.2%
Grand total	**17,093**	**36,693**	**7,710**	**956**	**62,452**	**11.9%**
Risk Mix	27%	59%	12%	2%		

Summary of Position:

The 2026/27 Financial Plan includes a £61m CRES savings requirement, equivalent to 4% of the PSD baseline. Current full-year forecast delivery is £62.5m, representing a £1.8m overachievement against plan.

The forecast is primarily driven by Workforce savings, particularly medical training grade recycling and additional in-year vacancies. This creates a favourable position for 2026/27 but includes a material non-recurrent element.

Given wider financial sustainability pressures, continued reliance on non-recurrent CRES will need to reduce over time, with a stronger focus on delivering recurring savings that support long-term financial balance.

Overview of Capital Position

Programme Category	Year to Date			Full Year			YTD Spend vs FY Budget %
	Current Budget £'000	Actuals £'000	Variance £'000	Annual Budget £'000	Forecast Outturn £'000	Variance £'000	
Digital / National Programmes	248	248	-	13,849	13,849	-	2%
Medical Equipment Replacement	6	6	-	3,425	3,425	-	0%
Digital / Systems / IT Infrastructure	143	147	(4)	1,706	1,706	-	9%
Estates – Core Infrastructure / Site Development	406	406	-	2,049	2,049	-	20%
Estates – Compliance, Safety & Statutory	-	-	-	972	972	-	0%
Sustainability & Energy	16	16	-	523	523	-	3%
Backlog/Slippage	12	12	-	308	308	-	4%
Operational Assets & Fleet	-	-	-	562	562	-	0%
Contingency	-	-	-	46	46	-	0%
Grand Total	**830**	**835**	**(4)**	**23,441**	**23,441**	**0**	**4%**

Summary of Position:

Capital spend remains forecast to break even against the £23.4m FY budget.

PSD Scotland has a £3.1m core capital allocation, with further planned capital expenditure supported through additional SG allocations and revenue-to-capital transfer.

A higher revenue to capital transfer will be required for Digital Front Door. Discussions with SG Capital team will take place to highlight an increase of £7.4m to reflect the staff time on building the new app at accelerated pace per SG requirements.

As spend is currently weighted towards later in the year, **continued engagement with directorates and regular updates to the SG capital team will be important to manage delivery risks, confirm phasing, and refine the final transfer requirement.**

Investment Summary

Programme/categories	Revised Budget	FY Forecast	FY Var	YTD Actuals	YTD as % of FY Budget
Projects Approved - Stand Alone	10,605	10,592	13	1,427	13%
SNBTS Dispatcher Warehouse Management System (WMS) Licences	70	70	-	-	0%
Multi-disciplinary Team (MDT) Programme Management Office (PMO)	125	125	-	-	0%
Service NoW (SNOW) Custom Apps – Decommissioning	250	250	-	166	66%
Grand total	**11,050**	**11,037**	**13**	**1,593**	14%

Summary of position:
£7.1m/£3.9m has been approved for investment as part of the legacy NSS/NES financial plan respectively, with 13% spent to date. The early YTD position is likely to reflect planned phasing, although delivery confidence will need to be monitored as programmes progress.

Reported costs for SNBTS WMS Licenses, MDT PMO and SNOW Custom Apps remain indicative at this stage due to ongoing issues with Programme Management Service (PgMS) providing a detailed cost breakdown.

Finance will continue to work with programme leads to confirm phasing, improve cost visibility, and identify any emerging delivery risks or opportunities to accelerate activity where appropriate.

Investment Breakdown

FD Ref	Programme Name	Revised Budget	FY Forecast	FY Forecast vs Budget	YTD Actuals	YTD as % of FY Forecast
Stand Alone						
610	Information Technology Service and Management (ITSM) Implementation	2,127	2,127	-	194	9%
0	Business Systems	800	800	-	-	0%
625	eRostering Roll Out PgMS	24	11	13	8	73%
624	NSS Payroll PgMS	189	189	-	189	100%
563	NITC Futures	2,355	2,355	-	212	9%
603	PgMS Support for BCP Strategic Assessments	350	350	-	230	66%
638-HR	PSD Scotland additional resource - HR	400	400	-	58	15%
638-PGMS	PSD Scotland additional resource - PgMS	510	510	-	218	43%
	Digital Learning Infrastructure project	3,100	3,100		318	10%
	Property re-configuration	750	750		0	0%
Stand Alone Total		**10,605**	**10,592**	**13**	**1,427**	**13%**
MDT						
553	SNBTS WMS Licences	70	70	-	-	0%
586	MDT PMO	125	125	-	-	0%
622	SNOW Custom Apps – Decommissioning	250	250	-	166	66%
MDT Total		**445**	**445**	**-**	**166**	37%
Grand Total		**11,050**	**11,037**	**13**	**1,593**	14%

Summary and Next Steps

TLG is asked to **scrutinise** the report:

- PSD Scotland has a favourable YTD position, with the underspend being driven by vacancies across various services.
- Although this is significant, it is recognised that there will be significant demands on PSD Scotland to step up and mobilise change – which is not part of opening financial plans. We will ensure that discussions take place with SG on full funding of any additional responsibilities that transfer to PSD Scotland.
- Over the coming months, we will be in a clearer position around unfunded commissions and emerging pressures to refine the year end forecast.
- We will also provide more detailed reporting into TDG to further scrutinise the financial position.

Next Steps

Given the reported pay position, Finance teams are already collaborating to review and analyse this position in more detail, whilst working with services to confirm plans around vacancies (in particular). This will inform how much funding may be available during FY26/27 to either retain for unfunded pressures and commissions, or release, as above.

Assess whether uncommitted funding is still required in full. Any potential release or reprioritisation should be tested through TDG/TLG, alongside emerging unfunded pressures and commissions, to ensure available funds are directed to the highest-priority financial risks and opportunities.

Medical Training Grades position will be monitored closely throughout the year, particularly as new recruitment process is embedded in August 2026.

Focus will also be given to (1) Fixed Term Contracts (2) Secondments (SG) and (3) Permanent Staff / Services underpinned by non-recurring funding / income to quantify risk (and opportunity) for PSD Scotland. It is proposed that a summary of this review routes back to TLG (via TDG) once finalised.

This resource may be made available, in full or summary form, in alternative formats and community languages. Please contact us on **0131 275 6000** or email **altformats@nhs.scot** to discuss how we can best meet your requirements.

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Public Services Delivery
Scotland

Meeting:	Public Services Delivery (PSD) Scotland Board
Meeting date:	18 September 2026
Title:	NHS National Education Scotland (NES) Caldicott Guardian 2025/2026 Annual Report
Paper No.	PSDB/26/47
Responsible Executive/Non-Executive:	Gordon Paterson, Director of Social Care & Communities - Caldicott Guardian
Report Author:	Tracey Gill, Head of Service – Information Governance & Assurance, (on behalf of Gordon Paterson)

1. Purpose

1.1. The report is presented to the PSD Scotland Board to provide assurance regarding NHS Education for Scotland (NES) compliance with Caldicott Principles in 2025/2026.

2. Recommendation

2.1. The Board is recommended to:

2.1.1. Scrutinise the contents of the NES Caldicott Guardian Annual Report 2025–2026 and the assurance provided on the management of patient-identifiable information.

2.2. As the responsible Director, I am assured that the position presented is subject to appropriate reporting, management and escalation through established information governance arrangements.

Focus of assurance	Does the report?
To operate in a way that satisfies a particular assurance need, such as a quality standard, a professional standard, a regulatory requirement, a legal requirement, or a basic principle of internal control.	The report summarises the arrangements during the reporting period within former NES Caldicott governance, patient-identifiable information activity, incidents/breaches and Caldicott Guardian oversight and provides assurances that controls were managed effectively.
To achieve a defined level of organisational performance or impact in terms of outcomes for stakeholders.	The report provides an annual view of activity and issues, supporting Board scrutiny of compliance and identifying whether further assurance is required.

3. Report Summary

Situation

3.1. This report provides the PSD Scotland Board with assurance regarding the compliance with the Caldicott Principles in NES for the year 2025/26.

Background

3.2. The NES Caldicott Guardian responsibilities included reflecting patients' interests in the use of their data, ensuring that their information was shared appropriately and securely, and advise on options for the lawful and ethical processing of patient identifiable information.

4. Assessment

4.1. The NES Caldicott Guardian report provides:

4.1.1. Details of any new patient data processing that was undertaken in 2025/2026.

4.1.2. Overview of incidents and information breaches that involved patient identifiable data.

4.1.3. A review of activity across former NES Directorates with regards to the management and processing of patient identifiable data.

Quality, Value, Care and Technology

4.2. The 2025/2026 NES Caldicott Guardian Report provides an assessment of NES's delivery against Caldicott Principles and obligations.

Workforce

4.3. There are no impacts on workforce as a result of this report.

Financial

4.4. There are no financial impacts as a result of this report.

Education and Training

4.5. There are no impacts on education and training as a result of this report.

Information Governance

4.6. This report evidences the delivery of and efficient and effective Caldicott service within NES (legacy). No further impacts as result of this report.

Environmental and Climate Sustainability

4.7. There are no impacts on environmental and climate sustainability as a result of this report.

Equality, Diversity, Human Rights and Health Inequalities

4.8. There are no impacts on equality, diversity, human rights and health inequalities as result of this report.

Other Impacts

4.9. There are no other impacts that require consideration as result of this report.

Risk Assessment/Management

4.10. There are no additional risks associated with this report.

Communication, Involvement, Engagement and Consultation

4.11. There is no further communication, involvement, engagement and consultation required for this report.

Route to the Meeting

4.12. This report was reviewed by the Transitional Leadership Group on 077/09/2026 and is being presented to the PSD Scotland Board for scrutiny.

5. List of appendices

5.1. The following appendices are included:

- Appendix 1: NES (legacy) Caldicott Guardian 2025/2026 Annual Report

Caldicott Guardian 2025-2026 Annual Report

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Introduction:

1. *"The Caldicott Guardian plays a key operational role in ensuring that NHSScotland and partner organisations satisfy the highest practical standards for handling patient identifiable information."*[1]

2. The Caldicott Guardian acts as the 'conscience' of the organisation and has responsibility for reflecting patients' interests in the use of their data, ensuring that their information is shared appropriately and securely, and to advise on options for the lawful and ethical processing of patient identifiable data.

3. On 1 April 2026, NHS Education for Scotland (NES) joined with NHS National Services Scotland to form Public Services Delivery (PSD) Scotland, the operating name of the Common Services Agency. This Caldicott Annual Report covers the period 1 April 2025 to 31 March 2026, before PSD Scotland was established. Any references to NES (legacy) in this document relate to actions undertaken at the time prior to 1 April 2026.

4. 2025-2026 saw a continued expansion in NES's role and responsibilities regarding the processing of patient identifiable data. This Caldicott Guardian report will provide:
    - an outline of all new patient identifiable data processing undertaken within NES in 2025-2026.
    - overview of incidents and information breaches that involve patient identifiable data.
    - review of activity across NES Directorates with regards to the management and processing of patient identifiable data.

Caldicott Guardian Principles:

5. NES (legacy) adheres to the eight Caldicott Guardian's Principles as outlined in the Scottish Caldicott Guardian Manual. The principals seek to ensure respect for patient's rights and the maintaining of appropriate confidentiality levels when patient data is being used.

	Caldicott Guardian Principle	Principle Description
1	Justify the purpose(s) for using confidential information	Every proposed use or transfer of confidential information should be clearly defined, scrutinised and documented, with continuing uses regularly reviewed by an appropriate guardian.
2	Use confidential information only when it is necessary	Confidential information should not be included unless it is necessary for the specified purpose(s) for which the information is used or

[1] NHSScotland Caldicott Guardian's Principles into Practice

		accessed. The need to identify individuals should be considered at each stage of satisfying the purpose(s) and alternatives used where possible.
3	Use the minimum necessary confidential information	Where use of confidential information is considered to be necessary, each item of information must be justified so that only the minimum amount of confidential information is included as necessary for a given function.
4	Access to confidential information should be on a strict need-to-know basis	Only those who need access to confidential information should have access to it, and then only to the items that they need to see. This may mean introducing access controls or splitting information flows where one flow is used for several purposes.
5	Everyone with access to confidential information should be aware of their responsibilities	Action should be taken to ensure that all those handling confidential information understand their responsibilities and obligations to respect the confidentiality of patient and service users.
6	Comply with the law	Every use of confidential information must be lawful. All those handling confidential information are responsible for ensuring that their use of and access to that information complies with legal requirements set out in statue and under common law.
7	The duty to share information for individual care is as important as the duty to protect patient confidentiality	Health and social care professionals should have the confidence to share confidential information in the best interests of patients and service users within the framework set out by these principles. They should be supported by the policies of their employers, regulators and professional bodies.
8	Inform patients and service users about how their information is used	Inform patients and service users about how their confidential information is used.

6. The NES (legacy) Caldicott Guardian supports compliance with the principles by reviewing and approving all Data Protection Impact Assessments involving the organisation's processing of patient data. Monthly meetings are also held with the Caldicott Guardian, Senior Information Risk Owner (SIRO), Head of Service for Information Governance & Assurance, and Data Protection Officer (DPO) to consider risks, issues and emerging concerns arising from, or potentially arising from, NES (legacy)'s processing of patient data.

New patient identifiable data processing – 2025-2026:

7. For any new processing of patient identifiable data, Directorates must complete the required Information Governance documentation before the system goes live. This

includes, as a minimum, a Data Protection Impact Assessment (DPIA) and a System Security Policy (SSP).

8. The DPIA identifies and reduces data protection risks associated with a project by:
    - describing the nature, scope, context and purpose of the processing.
    - assessing necessity, proportionality and compliance measures.
    - identifying and assessing risks to individuals; and
    - setting out any additional measures needed to mitigate those risks.

9. The SSP addresses technological risks and confirms that appropriate security controls are in place to support the safe and secure processing of patient-identifiable data.

10. The appropriate Information Governance impact assessments have been completed for the programmes of work detailed in this report.

11. This report identifies whether NES acts as a 'Controller' or 'Processor' for each system covered.

    UK GDPR Article 4(7) defines a 'Controller' as *"...the natural or legal person, public authority, agency or other body which, along or jointly with others, determines the purposes and means of the processing of personal data…"*[2]

    A 'Processor' is defined as *"…a natural or legal person, public authority, agency or other body which processes personal data on behalf of the controller."*[3]

12. For 2025/2026 there was four new applications developed and implemented using patient identifiable data.

Product/Application:	Directorate Responsible:
MyCare Web Application	Technology Service
NDP Authentication Service v3	Technology Service
NDP Appointments and Letters Service	Technology Service
'Queue-it' Virtual Waiting Room	Technology Service

Digital Front Door – MyCare Web Application

Description:

13. The Digital Front Door (DFD) web application is a cloud-hosted web application that allows patients across Scotland to login using their ScotAccount credentials and view their health and social care records. The web application is part of the wider DFD Programme which enables people in Scotland to interact more effectively with health and social care services.

[2] GDPR Article 4(7)
[3] GDPR Article 4(8)

14. The web application is a user-facing interface where users can view information relating to their care or interact with available services. The application is not designed as a data storage repository, rather it will link in to existing and newly developed data resources and services to provide users with the relevant functionality.

15. The MyCare web application was developed during 2025/2026 and went live on the 17 April 2026.

NES Role:

16. NES is acting as a Processor on behalf of NHS Scotland territorial health boards, for the healthcare data surfaced within the MyCare web application.

17. Territorial health boards are Controllers for their patients' data. Scottish Government is Controller for the ScotAccount services, as well as the Digital Mailbox.

Compliance:

18. Details of the relevant Information Governance and Security compliance documentation that has been completed.

Key Documentation:	**Details:**
Data Protection Impact Assessment	Completed – approved April 2026
Data Processing Agreement	Completed – the main legal mechanism is the MyCare Participation Agreement. This framework agreement ensures that NES (legacy) have the appropriate instructions from all health boards using MyCare to process their patients' data.
Data/Information Sharing Agreement	N/A – see above
System Security Policy	Completed – approved April 2026
System Security Penetration Test	Completed – March 2026
Clinical Safety Assessment	Completed – approved April 2026

NDP Authentication Service v3

Description:

19. The National Digital Platform (NDP) Authentication Service (the service) has been developed to meet the current requirements of the MyCare (Digital Front Door) Programme. Specifically, it extends Identity and Access Management functionality to citizens to allow them to 'sign-up' and subsequently 'sign-in' to be able to access healthcare services through the MyCare.scot application.

20. The NDP Authentication Service is built on 'Auth0' – a managed Open ID Connect provider. Citizens wishing to use MyCare must first set up a ScotAccount account. The Authentication Service uses Auth0 to link with 'ScotAccount' to authenticate members of the public. It then securely retrieves verified information that is required

and link this identity with their Community Health Index (CHI) number. This is required for users to access the DFD MyCare.scot application, and for relevant health information to be made available by downstream services, that broker or store health data that is surfaced on MyCare.scot application.

21. This service is distinct from other NDP authentication products. It has been designed to be used by citizens rather than NHS workforce, which has entailed significant developments in how NHS patient data is used in this context. Relevant components are:

    - **Account Linking Service (ALS)** – receives secure (Bearer) tokens from Auth0 – that contains demographic information from ScotAccount. This data is passed to NDP Demographics Service, so that CHI match can be performed.
    - **NDP Demographics Service** – performs CHI Match with demographics data received from ScotAccount. Successful match allows CHI to be linked with ScotAccount ID. These are the requirements to validate users of MyCare.scot.
    - **NDP User Store database** – this bespoke database is a key component of Authentication 3. It is required to enable users' ScotAccount ID to be linked with their CHI number; to facilitate safeguarding; and to prevent people under the age of 16 from accessing MyCare. The User Store is the definitive list of authenticated, eligible patients who use MyCare.scot.
    - **CHI Broadcast Service** – this component was added to Authentication v3 to capture changes to CHI numbers. At this stage, the scope is limited to updating the User Store database, so that changes to CHI numbers will not prevent citizens from accessing MyCare. However, the scope of the CHI Broadcast Service is likely to be extended to other NDP data stores in due course.

NES (legacy) Role:

22. NES (legacy) is acting as a Processor and data controllership rests with the territorial boards that use the service. Scottish Government is the data controller for ScotAccount.

Compliance:

23. Details of the relevant Information Governance and Security compliance documentation that has been completed.

Key Documentation:	Details:
Data Protection Impact Assessment	Completed – V1 approved December 2025.
Data Processing Agreement	Completed – the main legal mechanism is the MyCare Participation Agreement. This framework agreement ensures that NES (legacy) have the appropriate

	instructions from all health boards using MyCare to process their patients' data.
Data/Information Sharing Agreement	N/A – see above
System Security Policy	Completed – approved April 2026.
System Security Penetration Test	The NDP Authentication Service is an OpenID Connect (OIDC) provider, which is delivered using Auth0. Auth0 is a managed service that sits outside NES (legacy) cloud environment. The NDP Authentication Service is not penetration tested in isolation. However, applications making use of the Service will be required to be penetration tested by an independent party and this will be repeated annually. The Service will hence always be part of penetration tests indirectly.
Clinical Safety Assessment	Completed

NDP Appointments and Letters Service

Description:

24. The NDP Appointments and Letters Service is a processing service which receives appointments and letters data from the Health Boards. It enables filtering and enrichment of the appointments data, so that this can be used by downstream services (NDP Data Storage Service and the AMI mailbox platform) to surface appointment event data, letters and notifications on the MyCare.scot web application, with notifications sent to Digital Mailbox within ScotAccount.

25. This service was designed and built in 2025 primarily to meet requirements of the MyCare programme. However, the service represents a re-usable component that may be used for other programmes in the future.

26. Currently, the Appointments and Letters Service receives appointments data only from NHS Lanarkshire. The data is sent from the local Trakcare implementation, via National Integrations Platform (NIP) and NDP Routing Service. Appointments data is then made available to MyCare application via the NDP Data Storage Service, while notifications are sent to patients' Digital Mailbox, linked to their ScotAccount.

27. Extending this functionality to all health boards is a key priority of MyCare programme, with implementation of a national solution anticipated later this year.

28. The product team continue to work closely with Information Governance (IG) and Assurance, to ensure that any changes to system architecture, and subsequent impact on processing of patient data are immediately considered and reflected in documentation.

NES (legacy) Role:

29. NES (legacy) is acting as a Processor for the NDP Appointments and Letters Service, acting on behalf of health boards as Controllers, within the context of work commissioned and authorised by the Scottish Government.

30. NHS health boards are data controllers for the patient data. Scottish Government are controllers for Digital Mailbox (ScotAccount).

Compliance:

31. Details of the relevant Information Governance and Security compliance documentation that has been completed.

Key Documentation:	**Details:**
Data Protection Impact Assessment	Completed – approved December 2025
Data Processing Agreement	Completed – As this service is currently used only for MyCare, the main legal mechanism is the MyCare Participation Agreement. This framework agreement ensures that NES (legacy) have appropriate instructions from all health boards using MyCare to process their patients' data.
Data/Information Sharing Agreement	N/A – see above
System Security Policy	Completed – approved November 2025
System Security Penetration Test	Completed – November 2025
Clinical Safety Assessment	Completed – approved March 2026

'Queue-it' Virtual Waiting Room

Description:

32. Queue-it is a traffic-management service used to control access to a website during periods of high demand. Its purpose is to ensure service availability and stability by temporarily placing users into a virtual queue when traffic exceeds predefined thresholds.

33. When enabled, the service assigns users a short-lived session identifier (via a cookie) that allows the system to manage queue position and regulate entry to the website. Users are admitted progressively as capacity becomes available. The service is designed to prevent system overload and maintain continuity of access for all users.

34. The provision of a virtual waiting room is a requirement of the MyCare programme, to ensure equitable access, and prevent disruption to upstream systems (CHI) that could impact other NHS systems and ensure optimal website performance and user experience.

NES (legacy) Role:

35. NES (legacy) is acting as a Processor for the use of Queue-it, acting on behalf health boards as Controllers.

36. NHS Scotland territorial health boards are Controllers. Queue-it and AWS act as sub-processors on behalf of NES (legacy).

Compliance:

37. Details of the relevant Information Governance and Security compliance documentation that has been completed.

Key Documentation:	**Details:**
Data Protection Impact Assessment	Completed – approved March 2026
Data Processing Agreement	As this product is currently used only for the MyCare, the main legal mechanism is the MyCare Participation Agreement. This framework agreement ensures that PSD Scotland have appropriate instructions from all health boards using MyCare to process their patient's data.
Data/Information Sharing Agreement	N/A – see above
System Security Policy	N/A – internal security assessment completed as this is an external product.
System Security Penetration Test	N/A – no internal penetration test as external product. Security assessment confirms: *Queue-it conducts biannual penetration tests partnering with Intigriti, adhering to OWASP guidelines and employing rigorously vetted testers. This systematic approach ensures the continuous assessment and fortification of systems and new functionalities against potential vulnerabilities, enabling proactive measures to safeguard infrastructure and data integrity.*
Clinical Safety Assessment	N/A

Incidents involving patient identifiable data:

38. A Personal Data Breach is defined as:

"…a breach of security leading to the accidental or unlawful destruction, loss, alteration, unauthorised disclosure of, or access to personal data transmitted, stored or otherwise processed"[4]

Personal data breaches can include:

- access by an unauthorised third party.

[4]https://ico.org.uk

- deliberate or accidental action (or inaction) by a controller or processor.
- sending personal identifiable data to an incorrect recipient.
- computing devices containing personal identifiable data being lost or stolen.
- alteration of personal identifiable data without permission; and
- loss of availability of personal identifiable data.

39. NES (legacy) recorded 53 personal data breaches in 2025/2026, compared with 44 in 2024/2025. Of the 53 breaches, six involved patient identifiable data. All personal data breaches are reported quarterly to the Information Assurance Forum.

40. A decision on whether to report to the Information Commissioner's Office (ICO) is determined by consideration of whether there is a personal data breach which is likely to impact on the rights and freedoms of individuals and is guided by advice from the ICO website. Only those data breaches which are regarded as having a high risk are reported. No breaches were reported to the ICO that were related to patient identifiable information in 2025/2026.

Personal Data Breaches Involving Patient Identifiable Information – 2025-2026				
Ref No:	**Date of Breach Reported**	**Description**	**Reported to ICO**	**Notes**
2025-Q3-046	21 August 2025	Availability breach – NDP Demographics Service impacted by CHIXML outage for 26 minutes. Customers were unable to access patient demographic information. All national application using CHIXML were impacted.	No – did not meet the reporting threshold. Low risk of harm to data subjects.	Additional information was requested from National Services Scotland (NSS) to understand the root cause and the steps taken to prevent a future re-occurrence.
2025-Q4-051	16 October 2025	Family Nurse Partnership (FNP) England Programme contacted Turas FNP England to advise client names were showing on the Turas testing site / New Mum Start and Mastery Report. The data was exposed via embedded Power BI reports.	No – threshold for reporting not met. Low risk to harm to the data subject.	The issue was resolved on the same date of reporting with access to the reports removed. The data controller for Turas FNP England was notified of the breach.
2025-Q4-061	10 December 2025	An issue with Eyecare means that sex recorded in any way other male, Male, M, Female, F or U is being displayed incorrectly. This could result in patients who have a recorded sex as “nonbinary” or “transgender”, or with misspelt sex m/f being displayed as “unknown”.	No – did not meet the reporting threshold. Low risk of harm to data subject.	To ensure that data is kept appropriately within the Eyecare database, health boards have been asked to restrict the values to M, F and U – in line with the current guidance for recording biological sex. This has been flagged to the external custodians of OpenEyes that “Unknown” will be displayed to clinical users as ‘Other’ and ensure that this is raised with the provider to develop a fix.

2026-Q1-017	4 March 2026	CHIXML timeouts impacting availability for NDP Demographics Service.	No – threshold for reporting not met.	On detection, the engineers investigated the NDP Demographics logs using monitoring dashboards. Timeouts and circuit breaker behaviour were confirmed, and no code/configuration changes were identified on the NDP side during the incident window. The issue was also escalated to the NES Technology Service (NTS) platform team to investigate potential network issues. The project team also reached out to the NSS team to determine the root cause of the issue. NSS have confirmed that the disruption was linked to work carried out on National CHI on 4 March, when CHI was moved from the Swan1 network to the Swan2 network. Although the change was not expected to impact downstream services, it did cause an issue that affected CHI availability. This in turn impacted the NDP Demographics Service, which relies on CHI for lookups. A fix was applied at the time to restore CHI, and once CHI was back online the Demographics Service recovered as expected.
2026-Q1-019	10 March 2026	National CHI outage impacting availability of NDP Demographics Service.	No – threshold for reporting not met.	On detection, NTS engineers investigated NDP Demographics logs using monitoring dashboards. Timeouts and circuit breaker behaviour were confirmed, and no code/configuration changes were identified on the NDP side during the incident window. NDP Level 2 support reached out to NSS via service management routes to raise the issue and seek further information. NDP Demographics consumers were alerted by email, and regular updates provided until the issue was resolved. From Tuesday 10th March to Friday 13th March NDP Demographics experienced a number of outages in National

				CHI, this was due to DNS changes that were taking place for the Swan1 to Swan2 network move. Outages were also being experienced in the non-production environments, these outages took longer to resolve as Production environments were being treated as a priority. Colleagues from the NSS (legacy) Digital and Security (DaS) Cloud and Network teams were assisting with these outages.
2026-Q1-020	18 March 2026	A DFD Demo video for MyCare.scot contained a CHI number linked to a real patient. The demo video had been circulated to the DFD Delivery Board prior to a presentation at the Board meeting.	No – threshold for reporting not met.	Demo video deleted. The CHI number displayed was a CHI number automatically generated by National Test CHI during the testing of MyCare.scot. The team had not realised that the CHI was linked to a real patient. The DFD testing team liaised with the CHI team and agreed a number of actions for future testing undertaken where a test CHI number is required.

Directorate Updates:

Function/Activity:	NES use of, exposure to, patient data	Controls	Planned Actions 2024/2025
All Disciplines:			
TURAS Portfolios and Significant Event Analyses	Risk of inadvertent inclusion of Personal Identifiable Information (PII) within TURAS Portfolio content, placement logs, case studies or similar.	Trainees and practitioners made aware of the requirement to exclude PII in TURAS Portfolio content, placement logs, case studies or similar products for reflective practice. Trainers/Mentors raise incidents of inappropriate PII use with trainee.	Dental Development of a new Longitudinal Dental Foundation Training (LDFT) portfolio through an external provider given this work was not prioritised internally via NTS operational plan. As part of development ensure this is a closed system and no data sharing out with appropriate workstream staff. Highlight to trainers/trainees as part of induction. Medical Continue to issue periodic guidance and reminders to new starts and continuing staff of the risk and where to find guidance. Issue further guidance via Medical Associate Professionals (MAPs) Leads pending registration and revalidation
Sessional and seconded clinical staff in NES	There is no additional access to PII by sessional staff (access to shared files is restricted).	Management and use of patient data are governed by the Caldicott and Information Governance controls of relevant Health Board. Clinicians are subject to professional ethical codes including relevant patient	Medical: General information around governance discussed at Training Programme Director (TPD) and Associate Postgraduate Deans (APGD) induction and training days.

		confidentiality	
Trainees in Clinical Environments	Trainees in clinical environments employed by NES.	It is clear that governance of the PII data in those environments is a matter for the organisation responsible for the clinical care.	Medical Issue periodic reminders to doctors in training that PII should be managed in line with the placement board or practice policies
Technology Services			
Turas – (Family Nurse Partnership) FNP Scotland	Two members of NES Technology staff are the national system administrators for Turas FNP. This role allows them to view all patient records within the system. This is necessary to support the resolution of helpdesk tickets and the addition of new nurses or delivery teams within the system. One member of staff also produces analytical reports in response to ad hoc information requests from NHS Boards delivering the programme. A very limited number (2) NES Technology staff developing the application or providing technical responses to the most complex helpdesk requests have access to the live database.	• There is a full audit database which records every instance of a record being created, edited, deleted and *viewed* by every system user. This database can be queried on demand. • The system administrator role can only view patient records • All helpdesk tickets requiring technical staff to view or make changes to patient records are logged on Atlassian Jira Service Desk – PSD Technology Service (PTS) Helpdesk ticket tracking system. • All PSD Technology staff interacting directly with patient data are required to undertake annual IG training (e-learning Safe Handling Module)	Priorities were reviewed with the programme for 2026/2027 and work is being done to complete new report related to Supervision. Change requests from the programme are reviewed every three months and we expect to have more development and reporting work for the rest of the year. Additionally, the team will continue to support the helpdesk tickets which might involve changes to patient records. Information Governance and Assurance: • Clinical Risk Management Plan and Clinical and Care Safety Case Report are complete with hazards being identified and updated currently. • DPIA and DPA are the responsibly of Scottish Government (SG) to complete; however, we are aware that current documentation should be updated to reflect the current processing of data and this is under review with IG colleagues. • System Security Policy is due for review, and the pen test is scheduled for September 2026.

Turas – FNP England	Two members of NES Technology staff are the national system administrators for Turas FNP. This role allows them to view all patient records within the system. This is necessary to support the resolution of helpdesk tickets and the addition of new nurses or delivery teams within the system. A very limited number (2) NES Technology staff developing the application or providing technical responses to the most complex helpdesk requests will have access to the live database. This will be on a just-in-time basis in response to a logged request from the FNP England Programme.	• There is a full audit database which records every instance of a record being created, edited, deleted and viewed by every system user. This database can be queried on demand. • The system administrator role can only view patient records. • All helpdesk tickets requiring technical staff to view or make changes to patient records are logged on Atlassian Jira Service Desk – PTS Helpdesk ticket tracking system. • All PSD Technology staff interacting directly with patient data are required to undertake annual IG training.	Ongoing Memorandum of Understanding (MoU) with UK Department of Health and Social Care. No new development planned, but team continues to action and develop work related to issues raised by users and legacy problems. It's also expected that the technical teams will continue to support the helpdesk tickets which might involve changes to patient records. Information Governance and Assurance: • All clinical safety documentation is now in place as is legal requirement in England. • The contract with the Dept Health and Social Care was superseded by a Memorandum of Understanding this towards the end of 2025. This is now under review by IG as data processing clauses contained within the contract / DPA are no longer in the MoU. Work is also in progress to define a data retention policy with the Dept Health and Social Care. • System Security Policy is due for review, and the pen test is up to date.
Turas Clinical Assessment Tool	The Turas Clinical Assessment Tool is used across paramedic, emergency department, specialist assessment and treatment area, clinical assessment centre contexts to improve	• There is a full audit database which records every instance of a record being created, edited, deleted and viewed by every system user. This database can be queried on demand.	This application was taken offline in Q3 FY22/23, full decommission requires the deletion of data however this cannot be completed until the C-19 Inquiry completes as the CLO has advised that NES (legacy) must retain all data until this is concluded.

	situational awareness, decision making, safety and handover.	• The system administrator role can only view patient records. • All helpdesk tickets requiring technical staff to view or make changes to patient records are logged as items on Microsoft Azure DevOps – NES (legacy) Technology's work tracking system. • All NES (legacy) Technology staff interacting directly with patient data are required to undertake annual IG training.	
Turas Clinical Assessment Tool for Care Homes (TCATCH)	The purpose of TCATCH is to provide a consistent and structured symptom checking and assessment tool, which provides guidance on symptoms and informs local operational decision-making, aiding communication in situations where external clinical support is required. While care homes currently use a range of approaches based on paper and some digital tools to support and facilitate assessment of residents and escalation to external clinical support, this tool provides a reliable and consistent data set, collection method and service model.	• This was a limited scope pilot project with three sites and a restricted number of users. • All NES (legacy) Technology staff interacting directly with patient data are required to undertake annual IG training.	This application was taken offline in Q3 FY22/23, full decommission requires the deletion of data however this cannot be completed until the C-19 Inquiry completes as the CLO has advised that NES (legacy) must retain the data until this is concluded.

Turas Vaccination Management Tool	The Turas Vaccination Management Tool (VMT) is a point of care, digital vaccination management and data recording tool. It establishes a standardised, national approach to the recording of vaccination data in real time with a national agreed dataset, with completed records stored in the National Clinical Data Store (NCDS), that supports local and national reporting, analysis and research to inform responsive, clinical/public health intervention strategy.	• There is a full audit database which records every instance of a record being created, edited, deleted and viewed by every system user. This database can be queried on demand. • All helpdesk tickets requiring technical staff to view or make changes to patient records are logged on Atlassian Jira Service Desk – PTS Helpdesk ticket tracking system. • All PSD Technology staff interacting directly with patient data are required to undertake annual IG training.	New diseases and vaccines continue to be added to the system and team is working closely with Scottish Vaccination and Immunisation Programme (SVIP) to review and evaluate new functionality requests before changes can be implemented. It's also expected that the technical teams will continue to support the helpdesk tickets. Information Governance and Assurance: • Clinical safety review of VMT in terms of PSD Scotland requirements is now a priority (June 26 onwards). • System Security Policy and Penetration test are both scheduled. • IG significant review of all data protection documentation and requirements has now commenced (May 26 onwards) as this has been outstanding.
National Clinical Data Store (NCDS) – Vaccinations	The NCDS is a database that holds information about vaccinations given to citizens. Currently, this only relates to Covid-19, Flu, Pneumococcal, Shingles and Pertussis. Further vaccines will be added in 2022/23.	• There is a full audit database which records every instance of a record being created, edited, deleted and viewed by every system user. This data can be queried on demand. • All helpdesk tickets requiring technical staff to view or make changes to patient records are logged as items on Microsoft Azure DevOps – PSD Technology's work tracking system.	Key developments in NDP Vaccination Service have focused on meeting requirements of the 'MyCare' programme (formerly Digital Front Door). Specifically, to enable secure, read-only access to NCDS data for the MyCare application via NDP Platform Auth3. The Vaccination Service provided a solution to support NDP Authentication 3 for read-only access to NCDS data in staging and production. Functional testing and regression testing

		• All PSD Technology staff interacting directly with patient data are required to undertake annual IG training. • Any changes made directly to the database due to quality issues from source systems are logged in confluence with a date, time and reason.	was completed to ensure there is no impact on existing consumers. Additionally, new vaccines have been added to NCDS database, thereby expanding scope of patient data being processed. A formal response was provided to the NSS (legacy) Clinical Safety Case. Advice sought from SVIP on some recommendations. NB- The existing (NES legacy) Clinical Safety documentation remains current and in active use. **Planned developments for 2026-27** • Develop a reusable bulk backfill tool to enable accurate loading of historical vaccination data. • Integration with Civica (Occupational Health platform) for staff vaccination records • Integration with Child Health for childhood vaccinations • DPIA and SSP were completed and approved in December 2025 and accurately reflect current state of the service. • Data Processing Agreement (DPA) and Data Sharing Agreement (DSA) are currently under review, and to be refreshed where necessary.

Shielding for vulnerable citizens	The Shielding SMS Service facilitated support to Scotland's most vulnerable citizens during the pandemic (Shielded Group circa 150k). The system has now been hibernated.	• Demographics and contract details are no longer processed by NES (legacy) following decommissioning of the SG shielding service.	Data still being retained under the 'do not destroy' notice relating to the Covid Inquiries.
Eyecare	The Scottish Government's National Ophthalmology Workstream (NOW) recognised the need for an ophthalmology Electronic Patient Record (oEPR) to reform eyecare services and to replace largely paper-based records. The electronic capture of clinical, audit and follow-up data were noted as vital to eliminating irreparable sight-loss by patients on waiting lists, and to facilitate greater shared care across the primary and secondary eyecare interface.	• Roll out across the community setting as part of the Community Glaucoma Scheme is complete. • It was found that demographic update issues in National Demographics Integration could not be resolved through upgrading to V10 + of OpenEyes software. Work has been undertaken with active boards to progress a PAS lite integration to allow for updates. Only three boards remain without a permanent solution for enabling demographic updates. • Soft deletion of patient records is not currently viable. Initial options were considered for the deletion of eligible records for deceased patients. • Boards are currently considering proposals for managing the backlog of event deletion requests in	• Focus on national roll out for acute use will see an increase in number of patient records held. • Expect to meet an increased demand for data extracts (e.g. GGC AMD extract for 24/26). • Backlog of event deletion requests to be actioned by PTS. Process for ongoing management of event deletion requests to be approved and actioned. • SBAR for deleting deceased patient records to be shared/approved/actioned • First full NOD extract to be sent to RCOphth. • Preparations undertaken for 3rd party supplier to undertake system updates in future. • Multitenancy to allow greater separation of Board data will be progressed. • Additional integrations to allow for data exports from new medical devices will be considered. Information Governance and Assurance: • System Security Policy is up to date. Penetration test has been delayed for V2026 upgrade of UAT.

		OpenEyes and the interim process for future. • NOD textract to the RCOphth put on hold until move to V2026GGC received data extract for patients prescribed Afilbercept	• An up-to-date DPIA and DPA are in place. • DPIA was updated to include the use of a production clone as part of any major upgrades. All boards were consulted on the change and no issues were raised. • Clinical Safety documentation is being updated in accordance with NES' clinical safety procedures.
ReSPECT	PSD Scotland supports the digital ReSPECT application. The application is based on the Resuscitation Council UK's process and form[5]. Digital ReSPECT is a mature product, not in active development. PSD Scotland staff provided first and second level support for the product – and do no access personal information beyond those needs.	• There is a full audit database which records every instance of a record being created, edited, deleted and viewed by every system user. A weekly incremental extract is sent to each Health Board using the system. This database can be queried on demand. • All PSD Technology staff interacting directly with patient data are required to undertake annual IG training plus additional annual advanced IG training.	This product will be maintained to remain safe and secure while any Future Care Planning plans are matured. Information Governance and Assurance: • System Security Policy and Penetration test are up to date. • An up-to-date DPIA and DPA are in place. • Clinical Safety documentation is being updated in accordance with PSD Scotland's clinical safety procedures.
NDP Demographics Service	The NDP Demographics Service provides a gateway for products using the National Digital Platform to access demographic data from the NextGate EMPI deployed within NES (legacy) AWS infrastructure. The Service	• Calls to the Service are logged by the NDP Audit Service. • All PSD Technology staff interacting directly with patient data are required to undertake annual IG training plus additional annual.	The MyCare programme has been a key priority for the Demographics service. The CHI lookup functionality is integral to 'Sign Up' and 'Sign In' and is integrated with Authentication 3 service. A direct connection has now been established to National CHI for

[5] Resuscitation Council UK ReSPECT - https://www.resus.org.uk/respect

	only allows read access to the data stored in the NextGate EMPI.		Demographics API, and improvements implemented to meet requirements of MyCare (DFD) to enable CHI 'exact match'. The Service also continues to provide CHI access to new 'clients'- usually working on behalf of individual health boards, as well as national programmes. The product team continue to work closely with IG and Assurance colleagues, to develop, streamline and implement governance procedures and guidelines. **Planned Developments** • Work ongoing with Scottish Government to allow CHI to be utilised as an additional ID verification mechanism for ScotAccount • Onboard 'MyCare Connect' application • Add phone numbers and email address data items to current API offering • CHI XML connection to be replaced with integration with National Integration Platform (NIP) Rest endpoints.
SCI Diabetes	SCI Diabetes provides a comprehensive clinical support tool for the management of diabetes and for reporting of national diabetes care outcomes.	• There is a full audit database which records every instance of a record being created, edited, deleted and viewed by every system user. This database can be queried on demand.	There are three planned releases in the year, June 2026, September 2026, and February 2027. The SCI-Diabetes Oversight Group and the Scottish Diabetes Group help to define the priorities of work.

	An audit database is available for local Board reporting. Access is limited to a small number of users authorised by the Board Caldicott Guardian as the users have access to all records for their own Board.	• All PSD Technology staff interacting directly with patient data are required to undertake annual IG training.	The migration to cloud hosting did not take place in 2025/26. It is provisionally scheduled towards the end of 2026. An agency AWS specialist has been contracted until November 2026 to support the migration. The migration plan, testing, controls, and rollback will be shared with the Health Boards as Controllers. The cloud environment will be subject to vulnerability testing prior to the live data being migrated. DPIA and SSP are up to date, but all governance documentation will be reviewed and revised as part of the cloud migration.
NDP Routing Service	This service facilitates the movement of information between NHS Scotland systems of record (clinical and administrative systems) on the SWAN network and digital service providers who offer applications located on the internet. The service allows information to flow in both directions from Health Boards to third party service providers and from third party service providers to Health Boards.	• Health Boards and NSS (legacy) are sighted on use of the NDP Routing Service. • Applications making use of the service are required to have updated all their compliance documentation before sending patient data.	The NDP Routing Service continues to provide integration services to a growing number of clients. The MyCare programme has been a key priority. The routing service is a key component integrated with the new NDP 'Appointments and Letters' service, enabling appointments data to be made available in MyCare. **Planned developments** Continue to mature the Integration Service with a focus on observability, refine the end-to-end journey including NIP and onboard more consumers.

Severe Acute Respiratory Infection (SARI)	As an extension of the Scotland response to the global coronavirus pandemic, this SBAR-style assessment tool was developed for use as a pilot in the Queen Elizabeth University Hospital (QEUH), Glasgow in a number of specialist areas e.g. Emergency Department (ED), Specialist Assessment and Treat Area (SATA), Acute Receiving Unit (ARU), to improve the assessment and treatment of patients who present with respiratory issues that are not Covid-19 related. The Turas SARI application will act as a data collection tool in the clinical areas for a six-month research project being undertaken between October 2021 – March 2022; the research team are staff members of NHS Greater Glasgow & Clyde, the University of Glasgow and Public Health Scotland (PHS).		This application was taken offline in Q3 FY22/23, full decommission requires the deletion of data however this cannot be completed until the C-19 Inquiry completes as the CLO has advised that NES (legacy) must retain all data until this is concluded.
Weight Management Tool	The application provides a solution for the collection, collation and reporting of the Core Dataset for Tier 2 and Tier 3 Weight Management	• There is a full audit database which records every instance of a record being created, edited, deleted and viewed by every system user. This	There will be three releases during the year 2026/27. Content of these releases are agreed by the Change Control Board. The scope of the developments is dependent on available Scottish Government funding and

	Services for Children/Young People and Adults for weight management services across 13 Health Boards and The State Hospital (excluding NHSGGC). The data collection is used for local reporting and by PHS for national statistical and public health reporting. It is not intended that the data are used for clinical purposes.	database can be queried on demand. • All PSD Technology Staff interacting directly with patient data are required to undertake annual IG training. • PHS (Public Health Scotland) does not have access to the system. The Boards are responsible for extracting the data and securely sending the data to PHS.	any additional funding provided to support programs such as the ANIA Digital Diabetes Remission program. Data linkage from Turas Weight Management to the SCI-Diabetes application for Type 2 Diabetes patients is scheduled to go live in June/July 2026. This will provide SCI-Diabetes with information relating to the Weight Management programs attended by T2 Patients registered on SCI-Diabetes. DPIA and SSP are up to date. Penetration testing is scheduled for June 2026.
NDP Data Storage Service: Digital Dermatology	The Data Storage Service (DSS), part of the NES (legacy) National Digital Platform (NDP), provides secure, scalable storage and access to both structured and unstructured health and care data.	Calls to the Service are logged by the NDP Audit Service. All PSD Technology staff interacting directly with patient data are required to undertake annual IG training	The NDP Data Storage Service was initially developed and delivered in 2024/2025 to provide data storage and integration of a national digital dermatology use case. It now supports a wide range of use cases across NHS Scotland by enabling the capture, storage, and retrieval of data generated during clinical and administrative workflows. The current service is a combination of previous ‘structured data’ and ‘unstructured data’ services. Key programmes include: • Mycare • Digital Dermatology

			• Scan for Safety (Medical Device Data Hub) **Planned developments:** • Digital Health and Care Record- support proof of concept for Clinical Data Repository • Continue to support priority programmes.
Medicine			
Resident Doctors in Training		All resident doctors in training governed by the Lead Employer model which confirms that resident doctors are subject to local placement board data and clinical governance policies (including local GP Practice policies) and PII not shared with NES (legacy) medicine.	Reminder to all trainees to exclude PII when using e-portfolio made clear on Deanery website
Resident Doctors in Training (RDiT) with PSDS as lead employer (current and legacy, subject to escalated complaints)	High level complaints raised against RDiTs (under lead employer arrangements) can lead to escalated legal processes. Such escalated cases require the holding of documents inclusive of PII (low level complaints stage do not). Data is held for the purpose of producing relevant documentation for Central Legal Office during legal case procedures.	PII Data is held in restricted access folder on SharePoint. Limited named contacts have access and for the purpose of producing relevant information for CLO or partners as cleared by CLO. Relevant staff are aware of their responsibilities to maintain confidentiality and have completed all necessary IG/Security training.	Reminder to relevant staff of the level of data security related to PII. Ensure there is an up-to-date DPIA in place and review current security processes.

Scottish Online Appraisal Resource (SOAR)	Hosted by PSD Scotland this system supports and facilitates the appraisal process for doctors working in Scotland. It is accessed by appraisers and appraisees for completion and sharing of online forms and supporting documents. There is risk of inadvertent inclusion of PII in the uploading of some of the evidence provided by doctors.	Clear user guides are in use with specific reference to ensure that documents uploaded are properly anonymised and no patient identifiable data is included. Team/systems administrators are also able to delete any inadvertent identifications.	Reminder to users and relevant staff (responsible for SOAR) of the level of data security related to PII (as embedded in current user guides).
Dental			
Dental Care Professionals: Orthodontic Therapy	Video recordings of a range of clinical orthodontic procedures being provided to patients by the dental team.	DPIA completed by the IG team and approved by NES DPO June 2021. Patient Information Leaflet created. Written consent obtained from patient and staff involved in video using NHS Consent Form. Video stored securely on SharePoint. Access to files is restricted. Videos will not be made available to attendees at any point and only will be shown during live training sessions. Videos removed after three years or removed earlier if requested by patient.	DPIA to be reviewed annually.
Significant Event Analyses	On rare occasions, the final report submitted for an enhanced Significant Event	Significant event analysis does not require the presentation of identifiable information, and only	Guidance is provided to users submitting eSEAs on Turas reminding them not to include any patient identifiable information

	analysis (eSEA) project may include information which has the potential to identify a patient, or practice. It may even name a patient, a practice or a member of the dental team.	very rarely would such a situation occur. Reviewers/advisers would return such projects to the author, suggesting modification to the content which would eliminate identifiable information.	in their reports or anything that could identify the practice name or location of dental team members.
Trainees/dentists in Clinical Environments	During study days/continuing professional development (CPD) events, delegates will often be encouraged to share experiences, particularly when these events are held face to face, and these discussions have the potential to identify a patient. Additionally, CPD and Vocational Training (VT) events often involve participants bringing examples (radiographs/models etc) from practice, and these should both be anonymised and stored in anonymised folders. Transport of such materials to the event should be through encrypted media or secure email (*e.g.* nhs.scot) Orthodontic Therapy trainees: Case Presentations include photographic images	CPD and VT Advisers are often included in these events as moderators and will give guidance to participants on the use of anonymised examples to illustrate points made.	Actioned ahead of new training year 2026/27. Continue to circulate important information document to all speakers regarding guidance. NES (legacy) Educational staff are aware of content of information when facilitating an educational event and discussions. Advise dental trainees as part of induction and in advance of study days to anonymise, securely store and transport materials appropriately.

	(including extra oral images). Written Patient Consent is obtained, and documentation is reviewed during the Practical Appraisal process. Cases are accessed via the Orthodontic Therapy MS teams' private channel, so they are secure. They are then submitted to the Royal College of Surgeons Edinburgh (RCSEd) via a secure link as a component of the summative assessment.		
Presentations in CPD Events	A significant number of CPD/VT/Dental Core Training (DCT)/Optometry speakers are not NES employees and may use slides depicting clinical situations. Depending on the subject matter of the images, these have the potential to contain patient identifiable information	The majority of presenters are professional registrants (e.g. General Dental Council (GDC), General Optical Council (GOC)) and are already aware of their responsibilities in relation to protection of sensitive information, but issues may arise through innocent mistakes. CPD, VT and DCT Advisers, along with Optometry Postgraduate Tutors, are expected to communicate with their speakers to ensure that they are aware of their responsibilities.	Process below has been fully enacted and remains in place. Information sheet to presenters/contributors and code of conduct has been produced and will be shared with presenter/contributor by Adviser/Tutor prior to contract being issued to ensure responsibilities are understood in advance. Any handouts shared with trainees are in PDF format and have PII removed. If recorded and presentations do contain any PII, recordings are edited to remove this and the original file recording is deleted.
Remediation Support	On rare occasions, the reports/audits/case-based discussions submitted for reflection and completion of a remediation support package may include information which	Reviewers would return such documents, suggesting modification to the content which would eliminate identifiable information.	Process below has been fully enacted and remains in place. Remind reviewers of the guidance in relation to PII.

	has the potential to identify a patient, or practice. It may even name a patient, a practice or a member of the dental team.		
Pharmacy			
Trainees in Clinical Environments	Trainees in clinical environments are not employed by NES (legacy).	Pharmacy Foundation Training Year (previously PRPS) trainees, as part of core training approaches, are continually reminded that any case study material brought from practice and discussed at tutorials must have all PII removed. Tutorial Facilitators undertake proactive screening for any PII. Trainee pharmacists are reminded that collated patient feedback must be anonymous, destroyed correctly and not be uploaded to ePortfolio. Trainees and supervisors are reminded that assessment tools including Supervised Learning events must not include PII. The employers agreement with NES (legacy) confirms that clinical governance responsibility lies with the employer for the trainee pharmacist.	In Foundation Training Year (FTY) we will include a reminder in the first trainee newsletter for each cohort that no PII should be included in portfolio or Supervised Learning Events (SLEs) brought to training days/Virtual Discussion Groups (VDGs). It will also be mentioned at the new online portfolio session in week 6.

Psychology:			
Psychology of Parenting Project (PoPP)	From 1st April 2026 NHS Education for Scotland (NES) and NHS National Services Scotland (NSS) joined together to create a new organisation called Public Services Delivery Scotland (PSD Scotland). PSD Scotland is now responsible for the storage and use of PoPP data held in the PoPP database. PII held on the PoPP database includes data on the children and families enrolled in the national programme. The data is required to assess impact and reach. A new database is in the process of being built and is aimed for completion across 2026/2027.	PII can only be accessed via a password protected role-based user account. Relevant staff are aware of their responsibilities to maintain confidentiality and have completed all necessary IG/Security training.	There are no further planned changes for 2026/2027.
Physical Health	Videos of staff interviewing patients are embedded within a suite of PATH and BASU e-learning modules. We also have videos on Vimeo of a patient volunteer who	Filming and consent procedures for both projects were fully approved by Business staff and Information Governance staff. The consent forms and audio recordings are stored in the Restricted drive on the Physical Health Workstream SharePoint	There are no planned actions for any patient data to be stored in the financial year 2026/2027.

	plays an actor in our suite of B Videos. A patient focus group holds recordings of patient discussing ideas for a new learning resource (PIPER project). A single patient engaged in a focus group for a new learning resource in Chronic Pain First Assessment of Workload Tool (FAWT resource).	site, as per protocol, and these files are only accessible by a small cohort of staff in Psychology Directorate.	
Multisystemic Therapy (MST)	A single member of staff employed by NES (legacy) but works in partnership with MST UK & Ireland to provide consultation and quality assurance to MST teams. The staff member has access to PII via internet-based sharing systems administered and upheld by MST UK & Ireland, MST services or Local Authorities in which teams are imbedded. Has access to and stores limited PII on PSD systems in the following ways: • The staff member has been using MS Teams to undertake weekly consultations with MST teams, there are recorded	NES (legacy) and MST UK&I have Information Sharing Protocols in place with Local Authorities implementing MST. MST data reports and clinical documents are accessed through a secure web portal administered and upheld by MST UK and MST Services. Consultation recordings are uploaded to a secure web portal and then immediately deleted from the device and NES (legacy) laptop; files remain available in the recycle bin for 90 days then become unrecoverable. The use of MS Teams to support home working has been agreed by all parties involved and is compliant with current local and National	There are no planned changes for MST in 2026/20267.

	on a digital recorder and uploaded using NES (legacy) laptop to an MST UK administered website then deletes recording from device and laptop. • Accesses clinical paperwork (limited PII) via internet-based system administered and upheld by MST UK&I and then produces handwritten clinical notes - *During COVID-19 restrictions these have been held in a locked filing cabinet, in a locked home office* – these will be digitised and uploaded to NES OneDrive for archiving and paper notes will be disposed of when access to the office is permitted via confidential waste. • Develops and stores supervision development plans with staff identifiable information on OneDrive.	guidance. PII is shared only with the minimum required information. Staff member completes the mandatory 'Safe Information Handling' course annually. Regular contact with the NES (legacy) Information Governance Manager takes place where any guidance is required in the processing of information requests.	
Enhanced Psychological Practice (EPP) Consultations with patients	Within the Enhanced Psychological Practice Programme, patient consultations are video recorded for review by learners (existing staff and	Patients sign a consent form (based on GMC guidance) pre and post consultation and are free to ask the EPP learner to delete their consultation at any time thereafter.	All learners will be: • Provided with guidance on Information Governance and Caldicott requirements as part of clinical governance within

	Psychological Interventions Assistant(PIA) trainees) during and following training in their workplace. This is an important part of learning for staff/PIA trainees who are training to be or are qualified practitioners with educational emphasis on patient centred consulting. Peer reviews of consultations and recording of consultations of patients is carried out in line with Once of NES Standard Operating Procedures compiled with NES Digital and Information Governance approval of technology, processes and documentation. Caldicott requirements and Code of Conduct on Confidentiality are elements of the EPP education programme (Module 1 Engagement & Assessment of Common Mental Health Problems). EPP trainees and tutors are advised that any submissions, paper or electronic, do not include PII. Caldicott requirements and Code of Conduct on Confidentiality will	A new process has been agreed with NES (legacy) Technology and Information Governance. EPP learners are continually reminded that any case study material brought from the practice and discussed at tutorials must have all PII removed. Tutorial facilitators undertake proactive screening for any PII.	their roles, and the submission on their assessments within the programme. • Taught skills in obtaining informed consent and are clear on the procedures for developing, sharing and storing consultation recordings as academic submissions. • Admin staff and Educators will regularly check compliance with governance arrangements and ensure no PII is included in academic submissions. No planned changes for 2026/2027.

	be formally covered in trainee and tutor training.		
Children, Young People and their Families (CYP-EPP) Course	Patient consultations are video/audio recorded for review by EPP Learners during their training in the workplace. This is an important way in which clinical competencies are developed and evaluated. Assessed academic components of the course include 2 x case studies and 2 x recorded patient consultations.	EPP Learners are instructed to follow local health board policies in relation to obtaining informed consent as well as in relation to the correct procedures when making, storing, and submitting recordings for review. Children, young people, and their families will be made aware they have a right to refuse or withdraw consent at any time. Their consent will be formally documented in writing in accordance with health board policy. It is made clear to EPP Learners through verbal instruction and the Course Handbook that all written submissions must have all PII removed. The course team will undertake proactive screening for any PII during review of submitted coursework. Caldicott requirements and Code of Conduct on Confidentiality and Consent are formally covered elements of the EPP course (Module 1) and are also outlined in the Course Handbook.	No planned change for 2026/2027.

		A new process has been agreed with PSD Technology and Information Governance in relation to standardised procedures for review of patient consultations, including approval of technology, processes and documentation. All course staff are aware of their responsibilities and follow NES (legacy) procedures in relation to data protection, confidentiality and privacy.	
Trainees in Clinical Environments	None	Management and use of patient data are governed by the Caldicott and Information Governance controls of the relevant Health Board or Practice. Trainees in all disciplines are required to complete appropriate IG training by employing/hosting Board. (Psychology) Trainees are given guidance centrally by the Programme before moving to the clinical environment including confidentiality, data protection, record keeping etc. Further guidance given within Board mandatory induction training. Governance is delivered through Board IG systems, further enhanced through regular checks	Continue current controls. No planned changes for 2026/2027.

		by the Programme with clinical supervisors on trainee adherence (recording of notes etc). Trainees engaging in evaluation/research will seek advice directly from Board Caldicott for advice/direction on use of information.	
Portfolio	Risks of inadvertent inclusion of PII within ePortfolio content, placement logs, case studies or similar.	Trainees and practitioners made aware of the requirement to exclude PII in TURAS Portfolio content, placement logs, case studies or similar products for reflective practice. Trainers/mentors raise incidents of inappropriate PII use with trainee.	Continuation of current practices to manage risk of inadvertent inclusion of PII in TURAS Portfolio. Planned changes for 2026/2027 to extend issue of guidance to MAPS users.
Health Care Science (HCS)			
Trainees in Clinical Environments	Trainees in clinical environments are not employed by NES (legacy).	During their studies, HCS trainees will be reminded that any case studies utilised during their training must adhere to national legislation and comply with PII. All trainees will adhere to NHSScotland policies and undertake essential learning for Data Protection, UK GDPR, and Caldicott.	No planned changes for 2026/2027.
Presentations in CPD Events	NES (legacy) HCS team hold spotlight sessions where trainees are provided with the opportunity to present topics	All trainees will adhere to NHS Scotland policies and undertake essential learning for Data Protection, UK GDPR and	All recordings are edited to ensure that they do not contain any PII and the original file recording is deleted.

	from their speciality. These sessions are recorded and hosted on the HCS website. These sessions have the potential to contain PII.	Caldicott and are aware of their responsibilities in relation to protection of sensitive information.	
National Event	An annual online event is hosted by NES (legacy) HCS Team where a range of presenters participate over two days.	All presenters will adhere to NHS Scotland policies and undertake essential learning for Data Protection, UK GDPR and Caldicott and are aware of their responsibilities in relation to protection of sensitive information.	All recordings are edited to ensure that they do not contain any PII and the original file recording is deleted.

Appendix A: Glossary

A	ALS	Account Linking Service
	APGD	Associate Postgraduate Deans
	ARU	Acute Receiving Unit
C	CHI	Community Health Index
	CPD	Continuing Professional Development
	CYP-EPP	Children, Young People – Enhanced Psychological Practice
D	DaS	Digital and Security
	DCT	Dental Core Training
	DFD	Digital Front Door
	DPA	Data Processing Agreement
	DPIA	Data Protection Impact Assessment
	DSA	Data Sharing Agreement
	DSS	Data Storage Service
E	ED	Emergency Department
	EPP	Enhanced Psychological Practice
	eSEA	Enhanced Significant Event Analysis
F	FAWT	First/Focused Assessment of Workload Tool
	FNP	Family Nurse Partnership
G	GDC	General Dental Council
	GGC	Greater Glasgow & Clyde
	GOC	General Optical Council
H	HCS	Health Care Science
I	ICO	Information Commissioner's Office
	IG	Information Governance
L	LDFT	Longitudinal Dental Foundation Training
M	MAPs	Medical Associate Professionals
	MoU	Memorandum of Understanding
	MST	Multisystemic Therapy
N	NCDS	National Clinical Data Store
	NDP	National Digital Platform
	NES	NHS Education for Scotland
	NIP	National Integration Platform
	NSS	National Services Scotland
	NTS	NES Technology Service
O	oEPR	Ophthalmology Electronic Patient Record
	OWASP	Open Worldwide Application Security Project
P	PHS	Public Health Scotland
	PIA	Psychological Interventions Assistant
	PII	Personal Identifiable Information
	PoPP	Psychology of Parenting Project
	PSD Scotland	Public Services Delivery Scotland
	PTS	PSD Technology Service
Q	QEUH	Queen Elizabeth University Hospital
R	RDiT	Resident Doctors in Training
S	SARI	Severe Acute Respiratory Infection
	SATA	Specialist Assessment and Treat Area

	SG	Scottish Government
	SLEs	Supervised Learning Events
	SOAR	Scottish Online Appraisal Resource
	SSP	System Security Policy
	SVIP	Scottish Vaccination and Immunisation Programme
T	TCATCH	Turas Clinical Assessment Tool for Care Homes
	TPD	Training Programme Director
V	VDGs	Virtual Discussion Groups
	VMT	Turas Vaccination Management Tool
	VT	Vocational Training

Public Services Delivery
Scotland

Meeting:	Public Services Delivery (PSD) Scotland Board
Meeting date:	18 September 2026
Title:	NHS National Services Scotland (NSS) Caldicott Guardian 2025/2026 Annual Report
Paper No.	PSDB/26/48
Responsible Executive/Non-Executive:	Sharon Hilton Christie, Executive Medical Director
Report Author:	Ruth Campbell, Director of Operations & Delivery (Deputy Caldicott Guardian).

1. Purpose

1.1. This report is presented to the Board for assurance regarding compliance with Caldicott Principles across former NSS directorates for the year 2025/26.

2. Recommendation

2.1. The Board is recommended to

2.1.1. Scrutinise the contents of the NSS Caldicott Guardian Annual Report 2025–2026 and the assurance provided on the management of patient-identifiable information.

2.2. As responsible Director and Caldicott Guardian, I am assured that the report satisfies the requirements of the Caldicott Principles that staff are appropriately trained and aware of their responsibilities in relation to Caldicott; and that they apply guidance appropriately when managing sensitive personal data.

Focus of assurance	Does the report?
To operate in a way that satisfies a particular assurance need, such as a quality standard, a professional standard, a regulatory requirement, a legal requirement, or a basic principle of internal control.	The report evidences that Caldicott controls were in place and operating effectively during the reporting period, including the use of a central register, reviewed judgements, user access controls, adverse event review, training and escalation routes.
To achieve a defined level of organisational performance or impact in terms of outcomes for stakeholders.	The report shows progress was made against planned actions and improved support for staff awareness, but longer-term organisational impact are not yet fully evidenced pending wider awareness work and future maturity assessments.

3. Report Summary

Situation

3.1. This report is submitted to enable alignment of Caldicott Guardian reporting between legacy organisation reporting arrangements. It is presented at quarter 3 in the previous report cycle of legacy NSS (annual, December).

3.2. Work to complete the actions set out in the Caldicott Guardian Action Plan (legacy NSS) to August 2026, is complete:

- 3.2.1. A central register of Caldicott queries and judgements is in place, by which all Directorates record their Caldicott-related activity.
- 3.2.2. There is an information hub containing guidance and resources for all staff, linked to the Information Governance and Data Protection information hubs.
- 3.2.3. Training took place in June 2026, led by the trainer for the UK Caldicott Guardian Council, for all PSDS Caldicott Guardians (with some external attendees).
- 3.2.4. These training materials have been shared for wider staff-awareness; work is underway to develop further resources to be used by directorates for team development.
- 3.2.5. Caldicott judgements made by Directorates from January 2026 to the date of reporting have been reviewed by the Deputy Caldicott Guardian and are considered to be sound and appropriately evidenced.
- 3.2.6. Adverse events are used by Directorates to record breaches of personal data use. The annual report provides information on the type of breaches commonly occurring. The Deputy Caldicott Guardian has reviewed open and closed adverse events concerning personal data. These have been reported properly and mitigations are appropriate to the events. None of the reported Adverse Events warranted escalation to a Caldicott Guardian for further judgement on a response.

Background

3.3. The previous Caldicott Guardian Annual report to the NSS Board Audit & Risk Committee was made on the 4 December 2025. A Caldicott Guardian Action Plan was presented to the Committee in March 2026 identifying actions for 2026-27.

4. Assessment

4.1. A number of directorates handle confidential personal identifiable information, including services to patients and donors; specialist services commissioning; management of digital systems containing personal identifiable data; and medical records management. In addition, Human Resources; Occupational Health and employee data systems contain sensitive personally identifiable information. It is essential that all staff handling any kind of confidential personal identifiable information (including line managers) are aware of the Caldicott Principles and their responsibilities, as well as routes of escalation to Caldicott Guardians for assessment and judgement on courses of action.

Quality, Value, Care and Technology

4.2. Where information is handled with care and respect, there is reduced risk in terms of the Caldicott Principles, Data Protection and personal harm or distress for individuals whose data is not handled correctly or shared without careful consideration. Awareness of Caldicott Principles ensures direct services to patients includes their informed consent to store, use and share their information; and improves our communication to individual data subjects.

Workforce

4.3. Staff who are assured of confidentiality and careful use of their personal data are more likely to make use of employer services and support for their wellbeing, to disclose concerns, and to manage others' personal information sensitively.

4.4. Staff who feel confident in their awareness of how to handle confidential personal data and how to call on support (e.g. from Caldicott Guardians) are more likely to respond to patient, public or employee requests sensitively and with due regard to the organisation's need for assurance of appropriately judged actions.

Financial

4.5. The Caldicott Principles inform Data Protection law. Data breaches or unauthorised use of data could lead to financial penalties from the Information Commissioner.

Education and Training

4.6. Education and training is an important strategy for organisation-wide Caldicott awareness at every level of the organisation. At present, mandatory training for all staff mentions Caldicott Principles within the Information Governance module. There is no standard national training in Scotland for Caldicott Guardians.

Information Governance

4.7. Awareness of the Caldicott Principles reinforces and supports PSDS to fulfil its obligations under the Data Protection Act 2018 and the UK General Data Protection Regulations. The Caldicott Guardian information page links to the Information Governance information hub (sharepoint site), accessible to all PSDS staff.

Environmental and Climate Sustainability

4.8. No implications.

Equality, Diversity, Human Rights and Health Inequalities

4.9. Caldicott Principles positively reinforce PSDS commitment to promoting equalities and reducing inequalities in health. In particular, Caldicott awareness encourages sensitivity to risks to individuals from careless information sharing, for example in relation to vulnerable adults and their relatives' or carers' requests for access to information or their advocacy on behalf of a vulnerable person; enabling risk assessment and effective procedures for informed consent.

4.10. Children's Rights, as defined by the UN Convention on the Rights of the Child, are applied

in relation to children's rights to consent to, or withhold their information, their access to recorded information about them, and their consent to sharing with relatives or carers, where children are competent to do so; enabling risk assessment and effective procedures for informed consent..

Risk Assessment/Management

4.11. Directorate Caldicott Guardians escalate to the Deputy and Caldicott Guardian to strengthen assessment and judgement when necessary.

4.12. The Caldicott Guardians work closely with Information Governance Managers and the Data Protection Officer to reach consensus views and actions.

4.13. Caldicott Judgements are collated on a central register and reviewed.

4.14. Adverse Events concerning data breaches are reviewed.

4.15. Where reporting and mitigation warrants further discussion, this may take place via Directorate Caldicotts and corporate Caldicotts

Communication, Involvement, Engagement and Consultation

4.16. An all-staff survey on Caldicott awareness – the Caldicott Maturity Assessment - took place in 2025 (160 respondents). Directorate-level findings were reported via a dashboard on the Caldicott Guardian information hub. The Maturity Assessment was intended to be a bi-annual exercise. It may be implemented on an all-PSDS basis following restructuring.

Route to the Meeting

4.17. This report was reviewed by the Transitional Leadership Group on 077/09/2026 and is being presented to the PSD Scotland Board for scrutiny.

5. List of appendices

5.1. The following appendices are included with this report:

- Appendix1 Caldicott Guardian Annual Report August 2026
- Appendix 2 Caldicott Action Plan Update

Appendix 1: Legacy NSS Caldicott Guardian Annual Report

Background

In September 2024 the Executive Medical Director refreshed the approach to ensuring the Caldicott Principles are applied to collecting, processing and storing confidential personal data. During 2025 an organisation-wide staff survey (the Caldicott Maturity Assessment) provided a baseline for staff awareness and familiarity with the role of Caldicott Guardians; the Caldicott Principles; and their confidence in identifying and managing confidential personal information. Directorate Caldicott Guardians met to agree actions.

Annual Report

1. Introduction

1.1 The approach to Caldicott Guardianship is to develop the organisation's Caldicott Maturity using the following framework:

- Assurance
- Systems
- Culture
- Learning
- Compliance with the Scottish Caldicott Guardian Manual 2025

2. Caldicott Assurance

2.1 Caldicott Guardians reported they responded to 6 requests for assessment and judgement between December 2026 and August 2026 (compared to 14 requests in the full reporting year 2025).

2.2 Overview at August 2026:

Source of request	1 patient/public request 5 internal staff requests
Focus of requests	3 requests concerning data sharing between NHS systems or use of CHI. 1 request concerning information sharing between providers concerning identifying vulnerable patients. 1 request concerning patient rights in relation to their data / consent. 1 request concerning staff authorisation to access data.
Caldicott Guardian	4 Directorate Caldicott Guardians 1 NSS Deputy Caldicott Guardian 1 NSS Caldicott Guardian
Directorates	3 Digital & Security 2 Primary & Community Care 1 SNBTS

2.3 A review of these requests confirmed Caldicott Guardian response was consistent with expectations of a fair and considered position on behalf of PSDS.

2.4 The requests above do not include Caldicott Guardian approval of staff user access to data systems. These approvals confirm the system access is required for the user's role and level of authority; which is for a limited period before it must be re-confirmed. Caldicott Guardians approve their directorate's delegated authorisers.

3. Caldicott Systems

3.1 There was opportunity during 2025 to ensure that policy reviews for information governance, confidentiality and data protection, reflected the Caldicott Principles, Equalities and United Nations Convention in the Rights of the Child. Policy review cycles during 2026 have not required Caldicott Guardian input.

3.2 User Access Authorisation (staff access to data systems) and Caldicott consideration by the Security Access Review Board has continued in 2026.

3.3 The Central Register of Caldicott Queries and Judgements has enabled directorate reporting. At present this has only been used by legacy NSS directorates, although it is accessible PSDS-wide.

4. Culture

4.1 There is ongoing dialogue and information-sharing between Directorate Caldicott Guardians which demonstrates shared commitment to developing a positive culture in the organisation.

4.2 A review of Adverse Events shows a wider commitment to taking care and responsibility for handling confidential personal information correctly. Adverse Events are used by staff when a breach or issue has occurred and where there is application of standard procedure for response or mitigation and judgement by a Caldicott Guardian is not required.

4.3 The number of Adverse Events involving breaches of procedure in relation to handling confidential personal information is proportionate to the large volume of activity within Screening data systems; SNBTS; HR and digital systems using CHI.

4.4 Adverse Event data is currently recorded in a system that is being replaced. The data reported below is generated by a manual trawl in the current system. The system itself is problematic as it does not lend itself to analytic reporting, categorisation and tracking. Some reports are found to be duplicate entries. The information below is therefore indicative and can be improved upon when the new reporting system is implemented.

4.5 The data below is therefore provided to indicate a proactive culture of respect for confidentiality and ethical use of data to support safe and effective services. The reporting of issues and the responses or mitigations shows a caring and responsible culture by which staff are actively considering the needs and rights of patients; delivering services of a high standard; and active application of quality control mechanisms.

4.6 Overview at August 2026:

Open cases	**22 Adverse Events concerning data (of 74 reported)** **Examples:** • Call handling quality control identification of patient consent management issues during calls (this accounts for 50% of the data-related Adverse Events) • Identification of system errors leading to situations where patients are not called to Screening in line with clinical guidelines; e.g. prisoners not included in screening target population.
Closed cases	**135 Adverse Events concerning data** • 33 patient consent falling below quality standard in call handling • 34 incidents of CHI mis-association • 19 incidents in which patients received another patients' correspondence • 1 incident in which a patient received wrong information • 8 incidents in which staff reported they received an email in error, containing confidential or patient-identifiable information • 5 incidents concerning medical records and 1 in which a data system corrupted records • 21 incidents in which legal documents were sent to the wrong legal advisor • 8 incidents of staff or HR system error • 6 incidents of patient data error.

5. Learning

5.1 The first organisation-wide training for Caldicott Guardians took place in June 2026. This was delivered by the lead trainer for the UK Caldicott Guardian Council, Helen Dyer. 18 Caldicott Guardians attended, 16 from PSDS directorates.

5.2 The training materials provided are being developed into a staff resource for use by teams and directorates to raise wider staff awareness.

6. Scottish Caldicott Guardian Manual

6.1 The 2025 review showed positive correlation between organisational practice and the Scottish Caldicott Guardian Manual.

6.2 The Caldicott Guardian and Deputy continues to attend the Scotland-wide forum for Caldicott Guardians and attend the national UK Caldicott Guardian Conference.

7. Conclusion

7.1 There has been significant progress since 2024 to provide the Board with assurance of a robust approach to the Caldicott Principles. Activity to implement the Action Plan (Appendix 2) should continue. There is no indication from reviews for this Annual Report that additional actions are required.

Appendix 2 Caldicott Action Plan Update

Objective	Target/Desired Outcome	Target date	Progress to date
A single solution for all directorate Caldicott Guardians to use to record queries and judgements	Central register of Caldicott queries and judgements	Jan 2026	Complete – register is accessed via Caldicott Guardian page on IS&G Hub
Information on Caldicott, and access to tools, templates and directorate contacts is accessible for all staff	NSS Connect links staff to the Caldicott Guardian page and resources	February 2026	Complete
	Directorate Caldicott Guardians identify local plans for staff awareness.	March 2026	Ongoing
Opportunities for learning and sharing of examples of good practice	All directorate Caldicott Guardians have the opportunity to attend training for their role	May 2026	Training with the UK Caldicott Guardian's Council took place June 2026
	Staff awareness materials are available for team leaders and managers promoting the Caldicott Principles and procedures.	June 2026	The UK Caldicot Guardian Council training presentation has been shared with all CGs for distribution to their directorates. The materials are also being re-designed for general awareness raising at team level.
	2 CPD events per year are planned for Caldicott Guardians, introducing the Scottish Caldicott Manual and the Ethics Framework	Sept 2026 Jan 2027	On track: UK Caldicott Guardian Council conference places secured.
Caldicott review – feedback from CGs and activity data	Caldicott Annual Report	Dec 2026	Delivered August 2026 to align reporting cycles.
(Next Caldicott Maturity Assessment)	NHS Delivery Maturity Assessment	Nov 2027	To be confirmed if a PSDS-wide exercise is required.

Public Services Delivery
Scotland

Meeting:	Public Services Delivery (PSD) Scotland Board
Meeting date:	18 September 2026
Title:	Public Inquiries Report
Paper No.	PSDB/26/49
Responsible Executive/Non-Executive:	Lee Neary, Director of Strategy, Performance and Service Transformation/Primary and Community Care
Report Author:	Marie Brown, Head of Public Inquiries and External Scrutiny

1. Purpose

1.1. This report is presented to the Board for information and provides an overview of recent activity undertaken by the Public Inquiries and External Scrutiny Team.

2. Recommendation

2.1. The Board are recommended to note the content of this report which is provided for information.

3. Report Summary

Situation

3.1. Public Services Delivery Scotland (PSD Scotland) is a core participant in four public inquiries: the Eljamel Inquiry, the UK COVID-19 Public Inquiry, the Scottish COVID-19 Public Inquiry, and the Scottish Hospitals Inquiry. In addition, staff are supporting two ongoing Crown Office investigations relating to COVID-19 deaths and deaths at the Queen Elizabeth University Hospital.

3.2. PSD Scotland also has a statutory role in shaping policy, service design, and national improvement. This is supported through the provision of organisational expertise and insight, including responding to public consultations. The organisation is currently contributing to a range of consultations aligned to its roles, responsibilities, and areas of expertise.

Background

3.3. The Public Inquiries and External Scrutiny Team provides a coordinated and well-governed approach to managing engagement with external scrutiny. It acts as a central function ensuring cross-organisational inputs are aligned, responses are developed and reviewed appropriately, and submissions follow agreed corporate process and sign-off

arrangements for consultations, public inquiries, and ongoing criminal investigations.

4. Assessment

4.1. A key highlight report is attached as an appendix. PSD Scotland 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 investigations.

Quality, Value, Care and Technology

4.2. None. There is no impact on quality, value, care, and technology to consider in this report, which provides an update on the PSD Scotland response to public inquiries and consultations.

Workforce

4.3. Workforce implications continue to be managed locally through Directorates and the Programme Risk Register, with escalated risks or issues directed to the Transformation Leadership Group (TLG).

Financial

4.4. **COVID-19 Inquiries**

The financial implications of responding to the COVID-19 Inquiries continue to represent a significant corporate pressure. Expenditure is expected to continue throughout 2026 as the Scottish COVID-19 Inquiry progresses evidential hearings, requiring ongoing organisational input and resource commitment. Funding of £497k has been allocated, with actual expenditure to the end of July totalling £133k. Funding provided in previous years was: 2023/24 £823k; 2024/25 £746k; 2025/26 £498k; and 2026/27 £497k.

4.5. **Eljamel Inquiry**

Legal costs associated with the Eljamel Inquiry for 2025/26 totalled £19,520.

Education and Training

4.6. There are no Education or Training considerations required in relation to this report.

Information Governance

4.7. The Public Inquiries and External Scrutiny Team works closely with Information Governance and Central Legal Office (CLO) colleagues when responding to external information requests. This ensures that PSD Scotland complies with the Data Protection Act 2018, the UK General Data Protection Regulation, the Freedom of Information (Scotland) Act 2002 and the Environmental Information (Scotland) Regulations 2004.

Environmental and Climate Sustainability

4.8. There are no climate change and environmental sustainability implications.

Equality, Diversity, Human Rights and Health Inequalities

4.9. Equality, diversity, human rights, and health inequalities are being considered throughout the public inquiries' investigations and responses to public consultations. There is no impact on equality, diversity, and health inequalities to consider in this report, which provides an update on the PSD Scotland response to public inquiries and consultations.

Other Impacts

4.10. There are no other impacts to be considered in relation to this report.

Risk Assessment/Management

4.11. Risk assessment and management is managed in line with the Integrated Risk Management Approach and the Public Inquiries Risk (1001).

Communication, Involvement, Engagement and Consultation

4.12. The Board has carried out its duties to involve and engage external stakeholders where appropriate.

Route to the Meeting

4.13. The Transitional Leadership Group (TLG) is updated monthly on PSD Scotland's response to public inquiries and consultations and reviews this report prior to the Board.

5. List of appendices

5.1. The following appendices are included with this report:

- Appendix 1, Public Inquiries and External Scrutiny Team Update Report.

Meeting	Public Services Delivery (PSD) Scotland Board Meeting, 18 September 2026		
Reporting On	• UK and Scottish COVID-19 Public Inquiries • Scottish Hospitals Inquiry • Eljamel Inquiry • Consultations • Criminal Investigations	**Period Covered**	22 June - 12 August 2026

Public Inquiries & External Scrutiny - Executive Highlights

Key Points for the PSD Scotland Board

This report is provided for awareness and assurance. It highlights progress across public inquiry activity, emerging recommendation implementation obligations, witness support arrangements, ongoing consultation coordination, and financial pressures. The Board is recommended to note the current position, the forthcoming evidence and publication milestones, and the need to maintain coordinated oversight across PSD Scotland as inquiry recommendations and related obligations emerge.

- Witness support is progressing for the Scottish COVID-19 Inquiry October hearings and the Eljamel Inquiry September hearings.

- Five live consultations are being coordinated across PSD Scotland. Appendices 1 and 2 provide the detailed tracker, including lead areas, owners, deadlines, and submitted responses.

UK COVID-19 Public Inquiry - current position, implications, and upcoming activity

- Following publication of Baroness Hallett's Module 5 Report (Procurement) on 14 July 2026, PSD Scotland, National Procurement and Scottish Government have begun initial engagement on recommendations relating to emergency procurement and distribution training. Discussions are focused on a coordinated and structured approach, including a Once for Scotland response where appropriate.

- Work has also progressed on Recommendation 1 of the Module 3 Report (Impact on Healthcare Systems). ARHAI Scotland has published updated Infection Prevention and Control guidance, including revised **Transmission-Based Precautions (TBP) guidance** (TBP) guidance. PSD Scotland Communications has supported publication activity, and discussions are underway with Scottish Government on potential joint communications.

- A new corporate risk, Risk 1001 - Failure to meet public inquiry obligations relating to implementation of recommendations, has been approved and moved to live status. Recent engagement with Scottish Government on Module 3 and Module 5 has highlighted the need for robust organisational coordination, oversight, and evidence of implementation across PSD Scotland.

- Key timeline for publication of reports and recommendations:

- Late 2026 - Module 7 (Test, Trace, and Isolate).

Scottish COVID-19 Public Inquiry (SCI) - current position, implications, and upcoming activity

- Preparations continue for the Inquiry's October evidential hearings, scheduled from 5 to 30 October 2026. The Inquiry has identified three witnesses from legacy NSS/ PSD Scotland who will provide evidence. The Public Inquiries & External Scrutiny Team is coordinating tailored support and preparation to ensure witnesses are appropriately supported.
- The team has completed the review and redaction of PSD Scotland documents in line with the Inquiry's requirements and continues to liaise with the Inquiry Legal Team on disclosure and hearing preparations.
- The team is maintaining oversight of emerging themes and evidence to support organisational awareness of potential findings and recommendations. No recommendations have been issued to date; however, work is underway to ensure appropriate governance and coordination arrangements are in place should recommendations relevant to PSD Scotland arise.

Key upcoming activity:

- October 2026 evidential hearings (5 to 30 October).
- Witness support and preparation for three legacy NSS / PSD Scotland witnesses scheduled to give evidence.
- Publication of narrative records from the Public Impact Hearings, expected later in 2026. These will capture participants' experiences but will not include findings or recommendations.

Eljamel Inquiry - current position, implications, and upcoming activity

PSD Scotland continues to participate in the Eljamel Inquiry as a Core Participant. The Medical Directorate is leading the organisation's response to the Inquiry and preparation for forthcoming evidential hearings.

The September hearings are due to take place at Waverley Gate, Edinburgh, and Professor Emma Watson, Executive Medical Director, PSD Scotland, has been provisionally scheduled to give evidence on 10 September 2026.

The Medical Directorate is reviewing evidence submitted by other organisations to identify key themes, assess implications for PSD Scotland and ensure readiness to respond to matters raised during the hearings.

Key upcoming activity:

- September 2026: Evidential hearings at Waverley Gate, Edinburgh, focusing on NHS Tayside, including evidence from Professor Emma Watson.
- December 2026: Hearings focusing on the patient cohort.
- Ongoing: Medical Directorate review of evidence, witness testimony, and emerging themes to assess implications for PSD Scotland and support hearing preparation. The Public Inquiries & External Scrutiny Team has met with Professor Emma Watson to discuss support requirements and share learning.

Scottish Hospitals Inquiry - current position, implications, and upcoming activity

- The Scottish Hospitals Inquiry has concluded its evidential hearings, and PSD Scotland continues to respond to any residual follow-up activity requested by the Inquiry team.
- Given the significance of the Inquiry's findings and the potential for recommendations across health and social care, governance, coordination, and reporting arrangements will be required to support a timely and structured response once the final report is published.
- Lessons from recent UK COVID-19 Inquiry recommendation work have reinforced the importance of clear oversight and coordination to support implementation planning and assurance across PSD Scotland.

- No publication date has been confirmed for the final report; however, publication is still anticipated in **late 2026 or early 2027**.

Key upcoming activity:

- Publication of Lord Brodie's final report and recommendations.
- Assessment of recommendations relevant to PSD Scotland and development of implementation and assurance arrangements, where required.
- Continued monitoring of outstanding Inquiry requests or follow-up activity.

Finance Update - current position and financial pressure

- **COVID-19 Inquiries:** The financial implications of responding to the COVID-19 Inquiries continue to represent a significant corporate pressure. Expenditure is expected to continue throughout 2026 as the Scottish COVID-19 Inquiry progresses evidential hearings, requiring ongoing organisational input and resource commitment. Funding of £497k has been allocated, with actual expenditure to the end of July totalling £133k. Funding provided in previous years was: 2023/24 £823k; 2024/25 £746k; 2025/26 £498k; and 2026/27 £497k.
- **Eljamel Inquiry**
  Legal costs associated with the Eljamel Inquiry for 2025/26 totalled £19,520.

Consultations

- The Public Inquiries & External Scrutiny Team is coordinating and providing oversight of five live consultations across PSD Scotland. A summary of live and submitted consultations, including lead areas and key deadlines, is provided at Appendices 1 and 2.

Appendix 1

2026 New / Ongoing Consultations

Title of Consultation	Organisation Consulting	PSD Scotland Owner	Response Deadline	Consultation Link
SSSC consultation on Proposed Registration Requirement changes	Scottish Government	John Burns & Lee Ballantyne, Social Care & Communities	24/09/2026	Proposed changes to SSSC registration requirements - Scottish Government consultations - Citizen Space
Executive Directors for Resilience - Civil Contingencies Act 2004	Scottish Government	Caroline McDermott, PSD Planning	05/10/2026	Civil Contingencies Act 2004: Call for Views - GOV.UK
Code of Practice for the Mental Health (Care and Treatment) (Scotland) Act2003	Scottish Government	Karen Wilson and Audrey Taylor	29/10/2026	Consultation on Updates to the Code of Practice for the Mental Health (Care and Treatment) (Scotland) Act 2003 - gov.scot
PHS (2025) Guidance for the public health management of Acute Respiratory Infections (ARI) in community, social and residential care settings	Public Health Scotland (PHS)	Angela King	11/09/2026	Consultation: Public health management of ARI – Fill in form
UK Government Fireworks Consultation 2026	UK Government	Under Review	09/10/2026	Fireworks and pyrotechnics in the UK - GOV.UK

Appendix 2

2026 Submitted Consultations

Title of Consultation	Organisation Consulting	PSD Scotland Owner	Date Submitted	
Consultation on the GDC Framework for Professionalism	General Dental Council	Caroline Taylor, Dental	31/08/2026	**The Framework for Professionalism consultation**
Consultation on internationally qualified pharmacists' education and training	General Pharmaceutical Council (GPhC)	Pharmacy	23/07/2026	**Consultation on internationally-qualified pharmacists' education and training | General Pharmaceutical Council**
Draft Infrastructure Strategy 2027–2037	Scottish Government	NHS Scotland Assure and Finance	01/05/2026	
Consultation on potential amendments to the Persistent Organic Pollutants (POPs) Regulation 2026	Department for Environment Food & Rural Affairs	NHS Scotland Assure	06/05/2026	
Heat Network Licensing: Installation and Maintenance Licences	Scottish Government	NHS Scotland Assure	01/06/2026	
Human Trafficking Support Statutory Guidance	Scottish Government	Public Protection Group, chaired by Kathryn Brechin (Director of Nursing)	15/06/2026	
Consultation on the draft General Medical Council Order 2026	General Medical Council (GMC)	Medical	24/06/2026	
Consultation on internationally qualified pharmacists' education and training	General Pharmaceutical Council	Pharmacy	17/07/2026	

Consultation on strengthening practice learning	Nursing and Midwifery Council	Barbara O'Donnell & Tom McEwan, NMHAP & Medical	22/07/2026	
Standard Occupational Classification 2020 (SOC2020) revision consultation	Scottish Government	SNBTS	11/05/2026	
Substances of human origin (SoHO) review of UK legislation - call for evidence document	UK Government	SNBTS	14/06/2026	
Pre-market medical devices regulation – stakeholder impact survey	UK Government	SNBTS	16/06/2026	
Consultation on the regulation of gene therapy medicinal products	UK Government	SNBTS	15/06/2026	
Draft rare disease therapies regulatory framework	UK Government	SNBTS	27/07/2026	

PSD Scotland Public Board Schedule of Business PSDB/26/50

Category	Report Title	Recurrence	Purpose	Owner	Author	02 April 2026	15 May 2026	26 June 2026	21 August 2026	18 September 2026	18 December 2026	26 March 2027
Standing	Actions from previous Board Meetings	Standing	Decision	Chair			x	x	x	x	x	x
Standing	Any Other Business		Noting	Chair			x	x	x	x	x	x
Standing	Apologies for absence	Standing	Noting	Chair		x	x	x	x	x	x	x
Standing	Board Rolling Schedule of Business	Standing	Decision	Chair	Board Services		x	x	x	x	x	x
Standing	Chair's report	Standing	Assurance	Chair		x	x	x	x	x	x	x
Standing	Chair's Welcome	Standing	Review	Chair		x	x	x	x	x	x	x
Standing	Chief Executive's report	Standing	Assurance	CEO		x	x	x	x	x	x	x
Standing	Date of Next Meeting	Standing	Noting	Chair	Board Services	x	x	x	x	x	x	x
Standing	Declarations of interest	Standing	Assurance	Chair		x	x	x	x	x	x	x
Standing	Minutes of previous meeting	Standing	Decision	Chair			x	x	x	x	x	x
Standing	Notification of any other business	Standing	Scrutiny	Chair			x	x	x	x	x	x
Standing	PSD Board - Committee Meeting Updates and Approved Committee Minutes	Standing	Assurance	Committee Chairs	Board Services			x	x	x	x	x
Finance	NES - Q4 Finance Report	Quarterly	Scrutiny	Director(s) of Finance	Director(s) of Finance		x					
Finance	NSS - Q4 Finance Report	Quarterly	Scrutiny	Director(s) of Finance	Director(s) of Finance		x					
Finance	PSD Board - Quarterly Finance Report	Quarterly	Scrutiny	Director(s) of Finance	Director(s) of Finance					x	x	x
Performance	NES - Q4 Performance Delivery Report	Quarterly	Scrutiny	Director(s) of Planning			x					
Performance	NES - Q4 Strategic Key Performance Indicator Report	Quarterly	Scrutiny	Director(s) of Planning			x					
Performance	NSS - Q4 Performance Report	Quarterly	Scrutiny	Director(s) of Planning			x					
Performance	~~PSD Board - Anchor Strategic Plan and Report 2025/26~~	Annual	Decision	Director(s) of Planning						x		
Performance	PSD Board - Annual Whistleblowing Report	Annual	Scrutiny	Director of Planning, Performance & Transformation; Director of Nursing				x				

Performance	PSD Board - Caldicott Guardian Annual Report	Annual	Decision	Director of Social Care & Communities; Medical Director						x		
Performance	PSD Board - iMatter Survey Report	Annual	Noting	Director(s) of HR/People							x	
Performance	PSD Board - Quarterly Delivery Report	Quarterly	Scrutiny	Director(s) of Planning						x	x	x
Performance	PSD Board - Quarterly Performance ~~Delivery~~ Report	Quarterly	Scrutiny	Director(s) of Planning			x			x	x	x
Performance	PSD Board - Quarterly Public Inquiries Report	Quarterly	Scrutiny	Director of Primary Care, Strategy, Performance and Service Transformation				x		x	x	x
Performance		Annual	Scrutiny	Director(s) of Planning						x		
Strategic	PSD Board - Programme for Government	Individual	Scrutiny	Chair/CEO						x		
Strategic	PSD Board - Annual Report on NHS Scotland Global Climate Emergency & Sustainable Development Policy for Scottish Government	Annual	Decision	Director(s) of Finance; Director Assure							x	
Strategic	PSD Board - Combined Strategic Risk Register	Individual	Decision	Director of Finance; Director of Primary Care, Strategy, Performance and Service Transformation			x					
Strategic	PSD Board - Counter Fraud Policy & Counter Fraud Services Strategy	Annual	Scrutiny	Director(s) of Finance								x
Strategic	PSD Board - PSD Scotland Strategy and Values SG	Individual	Noting	CEO			x					
Strategic	PSD Board - Quarterly Strategic Risk & Issues Register Report	Quarterly	Scrutiny	Director(s) of Planning							x	x
Strategic	PSD Board - Risk Strategy, Integrated Risk Management Approach, and Risk Appetite	Annual	Decision	Director of Finance; Director of Primary Care, Strategy, Performance and Service Transformation						x		
Strategic	PSD Board - United Nations and Rights of the Child Reporting	Annual	Scrutiny	Director(s) of Nursing								x

Governance	PSD Board - Board and Committee meeting dates (Q1 2026)	Annual	Decision	Board Secretaries	Board Secretaries	x						
Governance	PSD Board - Board and Committee meeting dates (Q2 to Q4 2026/27)	Annual	Decision	Board Secretaries	Board Secretaries		x					
Governance	PSD - Equality, Diversity & Inclusion Strategy		Scrutiny	Director(s) of HR/People	Louise MacLennan/ Katy Hetherington							x
Governance	EDI Mid Year Report	Annual	Scruitny	Director of Primary Care, Strategy, Performance and Service Transformation/Director of people and culture	Louise MacLennan/ Katy Hetherington						x	
Governance	EDI End of Year Report	Annual	Scruitny	Director of Primary Care, Strategy, Performance and Service Transformation/Director of people and culture	Louise MacLennan/ Katy Hetherington			x				
Governance	Anti Racism Plan	Individual	Decision	Director of Primary Care, Strategy, Performance and Service Transformation/Director of people and culture	Louise MacLennan/ Katy Hetherington						x	
~~Governance~~	~~PSD Board - Information Governance & Security Annual Report~~	~~Quarterly~~	~~Decision~~	~~Director of NES Technology Services; Head of Service, Information Governance~~								
Governance	PSD Board - PSD Scotland Appointment of Internal Auditor	Individual	Homologation	Board Secretaries	Board Secretaries	x						
Governance	PSD Board - PSD Scotland Corporate Governance Framework	Individual	Decision	Director of Planning, Performance and Transformation; Director of Finance, Corporate Governance & Legal Services	Board Secretaries	x						x
Governance	PSD Board - Schedule of Business April – September 2026	Individual	Decision	Director of Planning, Performance and Transformation; Director of Finance, Corporate Governance & Legal Services	Board Secretaries	x				x		
Governance	PSD Board - Committee Annual Reports	Annual	Assurance	Board Secretaries	Board Services							x

PSD Scotland Private Board Schedule of Business

Category	Report Title	Recurrence	Purpose	Owner	Author	02 April 2026	15 May 2026	26 June 2026	8 September 202	26 March 2027
Standing	Actions from previous Private Board Meetings	Standing	Approval	Chair				x		x
Standing	Any Other Business	Standing	Approval	Chair	Board Services		x	x		x
Standing	Board Schedule of Business	Standing	Approval	Chair	Board Services			x		x
Standing	Date of Next Meeting	Standing	Approval	Chair	Board Services		x	x		x
Standing	Minutes of previous Private meeting	Standing	Approval	Chair				x		x
Standing	Notification of any other business	Standing	Scrutiny	Chair				x		x
Audit	PSD Private Board - Board Audit Scotland Annual Audit Report	Annual	Noting	Director(s) of Finance				x		
Finance	PSD - Consolidated Financial Plan 2026-27	Annual	Decision	Director(s) of Finance			x			
Finance	PSD Private Board - Board Annual Report and Accounts for NSS and NES	Annual	Approval	Director(s) of Finance				x		
Performance	PSD - Annual Delivery Plan 2026-27	Annual	Decision	Director(s) of Planning			x			
	Equality and Human Rights Commission Code of Practice – Estates and Facilities.			Directors of HR						x
	Target Operating Model			Chair/CEO					x	

Public Services Delivery Scotland

Draft Minutes of the Public Services Delivery Scotland (PSD Scotland) Audit and Risk Committee (ARC) Held on Thursday, 18 June 2026 at 09:30 via Microsoft Teams

Non-Executive Committee Members:

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

Executive Committee Members:

Jim Boyle	Director of Finance
Carolyn Low	Director of Finance, Corporate Governance and Legal Services (FCGLS)

Regular Attendees of the Committee:

Christina Bichan	Director of Planning, Performance and Transformation
Kyle Clark-Hay	Associate Director Corporate Governance [Board Secretary]
Lisa Duthie	External Auditor, Audit Scotland
Steven Flockhart	Director of Digital & Security
Laura Howard	Deputy Director of Finance
James Lucas	Internal Auditor, KPMG
Neil MacLean	External Auditor, Audit Scotland
Brian McCabe	Associate Director of Finance Operations
Drew McGowan	Board Secretary & Principal Lead for Corporate Governance
Matthew Neilson	Associate Director of Strategy, Performance and Communications [deputising for L Neary]
Maria Niaz	External Auditor, Audit Scotland
Karen Reid	Chief Executive
Carys Ross	Internal Auditor, KPMG
Syed Shah	Internal Auditor, KPMG
Grace Symes	External Auditor, Audit Scotland
Lynsey Bailey	Committee Secretary [Minutes]

Apologies:

Paul Buchanan,	Non-Executive Director
Sharon Hilton-Christie	Executive Medical Director (as Caldicott Guardian)
Andrew McLean	Deputy Director of Finance
Lee Neary	Director of Primary and Community Care (PaCC)/Strategy, Performance and Service Transformation (SPST)
Dan Pearson	Service Auditor, PwC
Keith Redpath	Public Services Delivery Scotland (PSD Scotland) Chair

DRAFT

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.

2.2 The Committee Chair declared a connection in respect of item 5.4 as a Non-Executive Director of NHS Ayrshire & Arran Health Board.

3. Draft Minute of the Previous ARC Meeting on 21 May 2026 [AR/26/20]

3.1 Members considered the draft minutes from the previous meeting on Thursday 21 May 2026 and agreed they were an accurate record of the meeting

3.2 **Decision:** To approve the minutes of the meeting held on 21 May 2026 as a true reflection of the meeting.

4. Matters Arising and Action Log [AR/26/21]

4.1 Two actions showed on the log, both from 21 May 2026. Clarification was provided from PWC that the summary document should not be hsared with other Boards. The Schedule of Business was reviewed and it was discovered that a filter had been applied erroneously when previously circulated with this now rectified and schedule now showing all items.

4.2 **Decision:** To note the updates provided on the Action Log.

5. Items for Scrutiny

5.1 NHS National Services Scotland (NSS) Gifts and Hospitality Annual Report 2025/26 [AR/26/22]

5.1.1 Members were presented with the report which provided detail of activity in relation to the acceptance, or otherwise, of Gifts and Hospitality during 2025-26. Members were content with the report but asked for an update in six months on the progress towards developing a combined register for PSD Scotland

5.1.2 **Decision**: To note the Gifts and Hospitality Annual Report and accept the assurances that arrangements for the declaration and oversight of gifts and hospitality were in place during the reporting period.

5.1.3 **Action**: To provide an update at the December 2026 ARC on progress towards developing the PSD Scotland Gifts and Hospitality register – Director of Finance/Director of FCGLS.

5.2 NSS Review of Consultancy Spend [AR/26/23]

5.2.1 Members were taken through the report, which updated on Management Consultancy expenditure in 2025-26 and given a brief reminder of how the definition of Management

Consultancy was applied. Members welcomed the report but suggested that including information on the length of the consultancy/number of people involved in future reports would be useful for context.

5.2.2 **Decision:** To note the report and accept the assurances provided.

5.2.3 **Action**: To consider including information of the length of/number of people involved in consultancy engagements for context – Deputy Director of Finance (A McLean).

5.3 NHS Education for Scotland (NES) Losses and Special Payments 2025/26 [AR/26/24]

5.3.1 Members considered the report, which updated on the losses and special payments incurred in March 2026 and a summary of the total losses for 2025-26. Members sought and received clarification about how overpayments arose, how they were managed, and what was being put in place to reduce the incidences in the future. Members commended the work which had been done to recover the majority of the losses but acknowledged that the net position was not reflected in the report due to Scottish Government reporting requirements. It was suggested that this could be more explicitly highlighted in future reports for the Committee's benefit to provide the full picture.

5.3.2 **Decision**: To note the report and accept the assurances provided

5.3.3 **Action**: To consider explicitly reflecting the net position in future reports i.e. mitigations achieved against the losses through recovery etc. – Deputy Director of Finance (L Howard)

5.4 NHS Ayrshire and Arran Service Audit Report 2025-26 - National Single Instance Finance Ledger Service [AR/26/25]

5.4.1 Members scrutinised the report on the Service Audit on the national finance system operated by NHS Ayrshire and Arran. The result was an unqualified audit opinion and, on that basis, Members were content to note the report as presented.

5.4.2 **Decision:** To note the contents of the Service Audit report and the unqualified conclusion for the National Single Instance Finance Ledger Service provided to all NHS Scotland Boards by NHS Ayrshire and Arran.

5.5 Prevent Adverse Events

5.5.1 The Associate Director of Strategy, Performance and Communications confirmed there had been no Prevent adverse events reported in the period leading up to this meeting. Members were given an overview of the background and clarification that the risk-based approach being taken meant that ARC would be the reporting route in the event of a Prevent adverse event occurring.

5.5.2 **Decision**: To note the verbal update provided.

6. Audit Reporting

6.1 NES Annual External Audit Report 2025/26 [AR/26/26]

6.1.1 Members were taken through the report, which was comprised of the independent Auditor's Report and the template ISA580 letter of management representations to be

signed by the Chief Executive. The auditors confirmed that they were expecting to issue an unmodified opinion following the conclusion of the audit work. Members welcomed the report and had nothing further to add.

6.1.2 **Decision**: To note the contents of the 2025/26 External Audit Report Covering Letter, for assurance.

6.2 NES Annual Report and Accounts 2025/26 [AR/26/27]

6.2.1 Members considered the report on the financial and governance affairs of NES for the financial year which would be laid before the Scottish Parliament during autumn 2025. Members sought and received clarification regarding the large reduction in Trade & Other payables versus 2024/25 position. This was largely the result of earlier settlement with His Majesty's Revenue and Customs upon the dissolution of NES. Members also discussed the graphic on page 22, suggesting that the two sections on people should be more clearly headed as one for staff and one for learners. They also observed that there was no reference to the NES Chair in 2025/26 and it was agreed to add a line in the introduction to address this. Members wished to record their thanks to all involved in preparation of the annual report and accounts.

6.2.2 **Decision**: To approve the Annual Report and Accounts for presentation to the Board on 26 June 2026, subject to the feedback provided.

6.2.3 **Action**: To update the People headers in the graphic on page 22 to specify staff and learners, and to add a line into the introduction acknowledging the NES chair during 2025/26 – Deputy Director of Finance (L Howard)

6.3 NSS Annual External Audit Report 2025/26 [AR/26/28]

6.3.1 Members were taken through the report, which was comprised of the independent Auditor's Report and the template ISA580 letter of management representations to be signed by the Chief Executive. As with the NES report, Members were advised that the auditors were expecting to issue an unmodified opinion following the conclusion of the audit work. Members welcomed the report and had nothing further to add.

6.3.2 **Decision**: To note the contents of the 2025/26 External Audit Report Covering Letter, for assurance.

6.4 NSS Annual Report and Accounts 2025/26 [AR/26/29]

6.4.1 Members discussed the report on the financial and governance affairs of NSS for the financial year which would be laid before the Scottish Parliament during autumn 2025. Again, Members wished to record their thanks to all involved in preparation of the annual report and accounts. They sought and received clarification on the position regarding the number of exit packages and the increase from the previous year in number of staff in £90 - £110k bands. A correction to membership list of the Finance and Resource Committee (FRC) was also requested.

6.4.2 **Decision**: To approve the Annual Report and Accounts for presentation to the Board on 26 June 2026, subject to the feedback provided.

6.4.3 **Action**: To correct the membership of the FRC – Associate Director of Finance Operations

6.5 Public Services Delivery Scotland (PSD Scotland) Internal Audit Plan 2026/27 [AR/26/30]

6.5.1 J Lucas spoke to the internal audit plan proposed for 2026/27, which was coming later than usual due to the transition from legacy organisations, and gave an overview of the areas being focussed on. Members acknowledged that the plan would be flexible to respond to anything else that might emerge during the transitional period. Members sought and received assurance that the audit timelines aligned with the expected progress in the consolidation of PSD Scotland. Members were content this draft of the plan provided a good starting point.

6.5.2 **Decision**: To approve the draft Internal Audit Plan for 2026–27.

7. Items for Noting

7.1 Schedule of Business [AR/26/31]

7.1.1 Members noted the Schedule of Business which was presented for information.

7.1.2 **Decision**: To note the Schedule of Business as provided.

8. Any Other Business

6.1 Members had no further business to raise.

There being no further business, the meeting was closed at 10:33.

DRAFT

Public Services Delivery Scotland

Approved 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

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

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
Karen Wilson	Director of Nursing, Midwifery, and Allied Health Professions (NMAHP)

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

4.2 **Action**: To work towards developing a combined report for the December CGC meeting – Executive Medical Directors

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

4.4 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.

4.4.1 **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 Governnace 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.

4.4.2 **Action:** To develop a more aligned report for the next CGC meeting – Director of Nursing/Director of NMAHP

4.5 SNBTS Response to the Infected Blood Inquiry (IBI): Progress Update [CG/26/05]

4.5.1 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.

4.5.2 **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

4.6 Quarterly Blood and Tissue Quality, Safety, and Sufficiency Report [CG/26/06]

4.6.1 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.

4.6.2 **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.

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

4.7.1 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.

4.7.2 **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.

4.7.3 **Action**: To ensure the 2026-27 CGF is reflective of PSD Scotland – Associate Director for Nursing, Clinical Governance and Quality Improvement

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

4.8.1 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.

4.9 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.

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

4.10.1 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.

4.10.2 **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.

4.10.3 **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]

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

4.11.1 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.

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

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

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

4.12.1 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.

4.12.2 **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.

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

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

4.13.1 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.

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

4.13.3 **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

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

4.14.1 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.

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

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

4.15.1 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.

4.15.2 **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 Minutes of the Public Services Delivery Scotland (PSD Scotland) Clinical Governance Committee (CGC) Held on Thursday, 10 September 2026 at 09:30 via Microsoft Teams

Non-Executive Committee Members:

Maria McGill	Non-Executive Director and Committee Chair
Olga Clayton	Non-Executive Director
Arturo Langa	Non-Executive Director
Keith Redpath	PSD Scotland Chair
George Valiotis	Non-Executive Director

Executive Committee Members:

Sharon Hilton-Christie	Executive Medical Director
Karen Wilson	Executive Nurse Director

Regular Attendees of the Committee:

Kyle Clark-Hay	Associate Director – Corporate Governance
Lindsay Donaldson	Deputy Medical Director
Rachel Kavish Wheatley	Executive and Governance Manager
Kevin Kelman	Director of NHS Scotland Academy, Learning and Innovation
Gordon Mills	Associate Director for Nursing, Clinical Governance and Quality Improvement
Karen Reid	Chief Executive
Laura Ryan	Medical Director
Sian Tucker	Deputy Medical Director
Craig Wheelans	Associate Medical Director
Lynsey Bailey	Committee Secretary [Minutes]

Apologies:

Lorna McLintock	Medical Director, Scottish National Blood Transfusion Service (SNBTS)
Gordon Paterson	Director of Social Care
Emma Watson	Executive Medical Director

1. Welcome and Introductions

1.1 M McGill as Chair welcomed all to the meeting and noted apologies as above.

2. Declarations of Interest

2.1 There were no declarations of interest made in respect of any item on the agenda. However, G Valiotis declared a connection to Boston Scientific and the Medical Consortium through his paid employment

3. Minutes from the Previous Meeting on 4 June 2026

3.1 Following a brief discussion, Members agreed the minutes were an accurate reflection of the meeting, subject to correction of the attendance list to reflect K Wilson's apologies.

3.2 **Decision:** To approve the minutes as an accurate record of the meeting, subject to a correction of the attendance.

3.2 **Action:** To correct the attendance list to reflect K Wilson apologies - Board Services.

4. Matters Arising and Action Log

4.1 Members noted that all actions were either recommended for closure or not yet due.

4.2 **Decision:** To agree the closure of actions as recommended.

5. Executive Medical and Nursing Reports

5.1 Medical Director's Report [CG/26/02 and CG/26/03]

5.1.1 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 were given some additional assurance around the Scottish Adult Congenital Cardiac Service (SACCS) and progress being made towards the remobilisation of the service. Other highlights were the removal of published drug monographs from Scottish Perinatal Network, activity around the child health digital system issues, and the response to the cybersecurity attack on Boston Scientific.

5.1.2 Members sought and received clarification around what drug monographs were used for and how they were managed. They were also given more detail around the scope of the child health digital system issues and were assured regarding the actions and mitigations taken. In terms of lessons learned, Members acknowledged that these would be useful for future work that would need to take place in response to the recently announced Programme for Government.

5.1.3 Members discussed the Breast Screening Service and were given an update on the progress made in addressing the backlog created by the pause of the programme during the pandemic. They were also given a brief update on the recently reported cervical screening incident and were assured that this was being fully investigated, addressed and that it would continue to be monitored and reported on.

5.1.4 Members provided some feedback on additional information and context that would be helpful to either summarise in future reports or cover in a future development session. In respect of Occupational Health, while no specific update had been submitted on this occasion, Members were given a brief overview of the discussions on Occupational Health which had taken place at the recent Transitional Leadership Group meetings and assured that updates would be brought in future reports.

5.1.5 **Decision**: To note the Executive Medical Director Report and accept the assurances provided.

5.1.6 **Action:** To consider the feedback provided on additional information to either summarise for future reports or cover within a development session – Executive Medical Director.

5.2 Executive Leads' Report – Education Products [CG/26/02 and CG/26/03]

5.2.1 Members were taken through the report, which updated on clinical governance activity linked to education and digital delivery.

5.2.2 Members welcomed the report and had nothing further to add.

5.2.3 **Decision**: To note the Executive Leads' Report on Education Products and accept the assurances provided.

5.3 Executive Nurse Director's Report [CG/26/04]

5.3.1 Members scrutinised the report, which provided an update on the specific programmes within the Nurse Director portfolio. Members welcomed the report and had nothing further to add.

5.3.2 **Decision:** To note the Executive Nurse Director Report and accept the assurances provided

6. Items for Decision

6.1 Public Protection Policy [CG/26/05]

6.1.1 Members were taken through the report which outlined a Public Protection Policy for PSD Scotland with supporting Child Protection and Adult Support and Protection Standard Operating Procedures (SOPs), associated governance arrangements, and the Memorandum of Understanding (MoU) with NHS 24 for specialist support.

6.1.2 Members expressed concerns that provisions for neurodivergence needed to be strengthened and were assured that this would be considered. Members discussed the context whereby staff might need to make referrals under this policy and the proportionality of the training being provided to ensure staff were aware of their particular duties. Members also suggested 31 July seemed an unusual end date for the MoU and suggested reviewing this to see if it could be brought in line with the financial year. Following a brief discussion about regular review and reporting into this Committee, Members were assured this would be brought.

6.1.3 **Decision**: To approve the policy and endorse the supporting SOPs, governance arrangements and MoU, subject to the strengthening of provisions for neurodivergence and review of the MoU end date.

6.1.4 **Action:** To strengthen provisions for neurodivergence and review the MoU end-date – Executive Nurse Director.

6.1.5 **Action:** To consider the mechanisms to be used for regular review and reporting via the CGC – Executive Nurse Director.

7. Items for Scrutiny

7.1 SNBTS Response to the Infected Blood Inquiry (IBI): Progress Update [CG/26/05]

7.1.1 Members were taken through the report which updated the Committee on the progress made in response to the IBI recommendations. Members were content to note the report with no further comments.

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

7.2 Quarterly Blood and Tissue Quality, Safety, and Sufficiency Report [CG/26/06]

7.3 Members scrutinised the report, which confirmed that SNBTS continued to meet all requirements in respect of quality, safety, and sufficiency. Members briefly discussed the change to the appointments system to make improvements and looked forward to seeing the impact of this reported in future reports. Members also briefly discussed the high-risk area in respect of TURAS, noting the overlap with other committees. Members expressed disappointment at the reduction in the donor base although acknowledged the improvements to the donor portal as a result of donor feedback. Members advised that they hoped to see a report on the impact of this change and detail on further improvements to address this in the next report.

7.3.1 **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 continued to meet all the requirements placed upon it.

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

7.4.1 Members discussed the report, which summarised the progress so far of the CGF delivery plan against the reporting timelines and milestones. Members thanked the Associate Director for Nursing, Clinical Governance and Quality Improvement for the report and had no further comment.

7.4.2 **Decision**: To note the progress reported against the agreed timelines and milestones for Q1 of the CGF Delivery Plan 2026–2027.

7.5 Quarterly Healthcare Associated Infection (HAI) Report [CG/26/08]

7.5.1 Members were taken through the report which updated on SNBTS infection prevention and control (IPC) activity during Q1 2026/27 (April - July 2026), covering the Scottish Government Healthcare Associated Infection Task Force (HAIRT) reporting components. Members commended the report and had nothing further to add but felt it may be useful to have a deeper dive on its content at a future development session.

7.5.2 **Decision**: To note the SNBTS IPC report for Q1, accepting the professional assurances given that the service continued to meet all the requirements placed upon it

7.5.3 **Action:** To add HAI reporting to the list of potential development session topics – Executive Medical Director.

7.6 Patient Group Directions (PGDs) Annual Report [CG/26/09]

7.6.1 Members discussed the report which set out the annual position on PGDs and provided assurance that PGDs had been managed in accordance with national policy and guidance. Members noted the report and had no further comment.

7.6.2 **Decision**: To note the report and accept the assurance provided that PGDs had been managed in accordance with national policy and guidance.

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

7.7.1 Members considered the paper which updated on the work of the Digital Front Door Clinical Governance Group. Members discussed the overlap with the work of the Digital Committee and were given an overview of how this was being managed, noting it was provided a good template for how to manage similar projects in future. Members sought and received an update on plans to increase the user uptake of the MyCare.scot app and address the issues some had experienced in registering. Members advised they would also be interested to see information on work being done around safeguarding and accessibility included within these updates in due course.

7.7.2 **Decision**: To note the update on MyCare.scot clinical governance and accept the assurance provided.

8. Items for Noting

8.1 Schedule of Business [CG/26/15]

8.1.1 Members noted the Schedule of Business which was presented for information.

8.1.2 **Decision**: To note the Schedule of Business as provided.

9. Any Other Business

9.1 Members had been provided with the National Services Directorate (NSD) 2025/26 Highlight Report [CG/26/30] to note ahead of its publication on the PSD Scotland website. They commended the report and confirmed that they were content for it to be published on the website. They acknowledged that the governance routes for reports like this were still being developed and agreed it had been useful to see for information but briefly discussed possible other mechanisms for providing the necessary visibility for such items in future.

9.2 **Decision:** To note the NSD 2025/26 Highlight Report ahead if its publication on the website

There being no further business, the meeting closed at 11:27.

Public Services Delivery Scotland

APPROVED MINUTES OF THE EDUCATION COMMITTEE MEETING HELD ON THURSDAY 7th MAY 2026, VIA TEAMS DIGTAL PLATFORM AT 1330 HRS

Present:
Olga Clayton, Committee Chair
Shona Cowan, Non-Executive Director
Keith Redpath, Board Chair

In Attendance:
Kathryn Brechin, Director of Nursing
Kyle Clark-Hay, Associate Director of Corporate Governance (Board Secretary)
Rob Coward, Principal Lead
Lindsay Donaldson, Deputy Medical Director
Chris Duffy, Senior Admin Officer [Minute-taker]
Janice Gibson, Associate Director, ODLL
Katy Hetherington, Equality and Diversity Lead
Professor Sharon Hilton-Christie, Executive Medical Director
Kevin Kelman, Director of NHSS Academy, Learning and Innovation
Gordon Paterson, Director of Social Care
Ryan Reed, Associate Director, Learning and Innovation
Karen Reid, Chief Executive
Katherine Stevenson, Principal Lead (Medical)
Karen Wilson, Director Nursing, Midwifery and AHP
Professor Emma Watson, Executive Medical Director

Apologies:
Arturo Langa, Non-Executive Director
Maria McGill, Non-Executive Director

1. Welcome and Introductions

1.1 The Committee Chair welcomed all to the first meeting of the PSD Scotland Education Committee. It was noted that performance reporting will be introduced to the Committee once it has been established and the scheduled NHS Scotland Academy Governance report has been deferred to the next meeting.

2. Apologies for absence

2.1 Apologies for absence were noted from Committee members, Arturo Langa and Maria McGill.

3. Declarations of interest

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

4. Executive Lead Officers Report [PSD/EC/26/02]

4.1 The Committee Chair invited the Lead Executives to introduce the report, who highlighted the positive outcome of the Her Majesty's Inspectorate of Education (HMIE) review as providing strong external assurance. Updates were provided on key areas including the development of neurodivergence training, expansion of trauma-informed education into the justice sector, and ongoing work on early attachment to support improved long-term outcomes.

4.2 Further updates included progress in leadership and workforce development, with completion of the rural and island leadership cohort and delivery of new system leadership programmes. The Committee noted that the digital learning infrastructure programme has moved into delivery following approval of the full business case, alongside wider engagement activity such as the Four Nations AI conference. Early-stage work to establish a central register of training activity to support PSD Scotland development was also highlighted. Updates were also provided on the next phase of the National Induction Framework, focusing on recognition of prior learning to mitigate workforce risks, and planned enhancements to the Career Opportunities Tool to improve access to employment opportunities.

4.3 The Committee Chair commented on the findings of the HMIE report relating to dental apprenticeships, drawing particular attention to the grading outcomes. She noted that the award of three "excellent" ratings, denoting outstanding and sector-leading performance, provided significant assurance. It was emphasised that feedback from apprentices illustrated the effective application of the organisation's learning and education strategy, including its focus on partnership working, innovation and a people-centred approach. The Committee Chair concluded by noting the positive overall tone of the report and the evidence of high-quality delivery, before inviting questions and comments from Committee members.

4.4 The Committee raised a query regarding the extent to which the programme included the childcare workforce alongside adult social care, reflecting concerns about workforce pressures and qualification requirements within the childcare sector. In response, it was confirmed that the current programme has primarily focused on adult social care, reflecting the commissioning arrangements from Scottish Government. However, it was noted that there is emerging interest in extending the approach to the wider workforce, including childcare. The Committee further noted the complexity of cross-government engagement and that, while not a primary focus to date, there are opportunities to expand scope. Related work in areas such as corporate parenting, The Promise, children's rights and UNCRC was also highlighted, although not explicitly covered within the report.

4.5 The Committee noted a challenge regarding the applicability of infant mental health and early attachment learning resources beyond health and social care, particularly their relevance to education and early years settings and potential for wider use. In response, the Committee noted that a cross-organisational group has been established with partners including Education Scotland, the Scottish Social Services Council, PSD Scotland and the CLD Standards Council to support greater sharing of learning resources across the wider children, families and communities workforce. It was confirmed that this work is at an early stage but that there is a clear commitment to enhanced collaboration and the development of a more consistent, cross-sector offer.

4.6 The Committee noted a high-level update on progress of sites under enhanced monitoring. It was noted that at one site positive engagement and progress were evident although additional support may be required to sustain improvement. At the other site it was noted that this was at an earlier stage. The Committee noted that targeted support is in place, focused on strengthening clinical governance and patient safety.

4.7 The Committee noted a challenge regarding the early-stage development of the population health framework and its potential to shape the strategic direction of Public Service Delivery Scotland. In response, it was confirmed that work remains at an early stage, with initial structures established to bring together existing activity and develop proposals, including collaboration with Public Health Scotland to support workforce capability. The Committee noted that there is significant opportunity to build on existing work and adopt a more holistic, population-based approach, supported by wider organisational transition and emerging strategic discussions at Board level.

4.8 Committee members confirmed that the Executive Leads Report provided them with the necessary level of assurance.

5. Items for Decision

5.1 Equality, Diversity and Inclusion End of Year Report [PSD/EC/26/03]

5.1.1 Katy Hetherington presented the End of Year Equality, Diversity and Inclusion (EDI) Strategy report, outlining progress against the four-year strategy structured around five themes and associated action plans. The report incorporates the anti-racism action plan and statutory Public Sector Equality Duty requirements, with progress against equality outcomes detailed. Notable delivery included the anti-racism capability programme and work addressing sexual misconduct. While progress was evidenced, challenges remain in capturing robust data on the diversity of learners, with limited engagement from a pilot exercise and further work underway to identify interim and longer-term solutions. Ongoing partnership work and the extension of the human rights capability programme to March 2027 were noted. The Committee was invited to note the report as informing the year-end Board update.

5.1.2 The Committee sought clarity on timescales for aligning EDI reporting across legacy organisations and the development of a single, comprehensive EDI approach for PSD Scotland. Katy Hetherington confirmed that work is underway to map and align reporting cycles, with integration guided by the statutory Public Sector Equality Duty reporting deadline of April 2027. She advised that any future EDI strategy would align with the overall organisational strategy. Karen Reid endorsed the approach and requested that an interim progress update be provided to the Committee during the Quarter 3 reporting cycle to support assurance and development of a fully aligned PSD Scotland EDI strategy and action plan.

5.1.3 The Committee acknowledged progress but reiterated ongoing concerns regarding data limitations on learner diversity, noting this as a recurring issue requiring consideration within the wider strategy and performance framework review. The Committee also highlighted the absence of a formal NHS Scotland directive on anti-racism and anti-Semitism training, suggesting this as a potential gap while recognising existing learning resources. In response, Katy Hetherington confirmed engagement with Scottish Government and Public Health Scotland, including

exploration of a potential seminar on anti-racism and anti-Semitism for the wider workforce. Karen Reid added that Directors would hold a shared anti-racism objective within performance objectives and highlighted existing training resources supporting workforce capability.

5.1.4 **Action:** Interim EDI progress update to be presented to the Committee in Quarter 3

5.1.5 **Decision:** Members approved the report for onward sequencing to the Board.

6. Items for Scrutiny

6.1 Medical Education Reform [PSD/EC/26/04]

6.1.1 Emma Watson provided contextual background to the Medical Education Reform programme, noting that earlier review identified strong educational quality but limited alignment with patient outcomes. The programme aims to ensure delivery of the right workforce in the right locations, with progress including strengthened partnership working with Boards, increased community-based training opportunities, and improved understanding of less than full-time working. Full funding for trainee numbers has been secured, although residual cost pressures remain.

6.1.2 Katherine Stevenson outlined progress across key workstreams, including engagement with Scottish Government, improvements in transition to consultant roles, and enhanced use of workforce data to support planning and address vacancy gaps. Work is ongoing to review recruitment timelines, redesign trainee distribution aligned to population need, strengthen educational infrastructure, and review specialty training committee effectiveness.

6.1.3 Karen Reid welcomed progress and emphasised the need for clearer workforce data to support transparency, particularly distinguishing between substantive and locum vacancies. She supported the proposed extension of consultant recruitment timelines but highlighted the importance of aligning this with wider workforce constraints and available posts. The strategic challenge of aligning training with the shift to community-based care and evolving university curricula was also noted. Discussion highlighted ongoing challenges in aligning workforce supply with service demand, including mismatches between trainee numbers and consultant opportunities. It was noted that improved data and analysis would support more effective engagement with Boards and better workforce planning.

6.1.4 The Committee emphasised the need to improve reporting clarity to support effective scrutiny, particularly for non-executive members, and agreed that greater assurance from report authors would strengthen oversight.

6.1.5 Karen Reid proposed that Scottish Government colleagues attend a future Committee meeting to provide an overview of national workforce planning and the Future Medical Workforce programme to support strategic context and assurance.

6.1.6 Members noted the importance of aligning this work within the wider national strategic framework to support effective scrutiny and informed decision-making and confirmed that the report provided the necessary assurance.

6.1.7 **Action:** Invite Scottish Government representatives to a future Committee meeting to present on workforce planning and the Future Medical Workforce programme.

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

6.2 Medical Training Prioritisation Act Update [PSD/EC/26/06]

6.2.1 Emma Watson introduced the Medical Training Prioritisation Bill, outlining its recent implementation and the rationale for prioritising applicants holding a UK primary medical qualification. This reflects increased domestic training capacity and aims to align recruitment with public investment in medical education. Early evidence indicates a significant reduction in posts filled by non-prioritised candidates, with potential operational benefits including improved workforce planning and reduced reliance on visa processes.

6.2.2 The Committee noted the complexity of the policy, particularly in relation to fairness considerations and the distinction between qualification and nationality. It was recognised that further regulations are in development to support implementation, with ongoing stakeholder engagement required.

6.2.3 The Committee acknowledged the potential benefits of the Bill, including improved recruitment efficiency and reduced locum expenditure, but emphasised the importance of supporting and reassuring international medical graduates currently working within the system that the policy does not diminish their contribution. She noted that the full impact of the changes will require ongoing evaluation over time.

6.2.4 **Decision:** The Committee noted the report and agreed that further updates would be required as implementation progresses and impacts become clearer.

7. Items for noting

7.1 Consultations Log [PSD/EC/26/07]

7.1.1 The Committee noted the consultation log.

7.2 Committee Meeting Dates and Schedule of Business [PSD/EC/26/08]

8. ANY OTHER BUSINESS

8.1 There was no other competent business to discuss.

9. Date and time of next meeting

9.1 Thursday 20th August 2026, 09:30 – 12:00

The public session of the Public Services Delivery Scotland Education Committee meeting concluded at 14:15.

PSDS/EC/26/08

MINUTES OF PSD SCOTLAND EDUCATION COMMITTEE MEETING HELD ON THURSDAY 20TH AUGUST 2026, VIA TEAMs DIGITAL PLATFORM AT 0930 HRS

Present:
Olga Clayton, Committee Chair
Shona Cowan, Non-Executive Director
Arturo Langa, Non-Executive Director
Maria McGill, Non-Executive Director
Keith Redpath, Board Chair

In Attendance:
Kyle Clark-Hay, Associate Director of Corporate Governance (Board Secretary)
Rob Coward, Principal Educator
Lindsay Donaldson, Deputy Medical Director
Chris Duffy, Senior Admin Officer [Minutes]
Janice Gibson, Associate Director, Organisational Development, Leadership and Learning
Clair Graham, Head of Programme, NHSS Academy
Sharon Hilton-Christie, Executive Medical Director
Kevin Kelman, Director of NHSS Academy, Innovation and Learning
Gordon Paterson, Director of Social Care
Ryan Reed, Associate Director, Innovation and Learning
Lee Savarrio, Director of Dental
Jeanette Stevenson, Associate Director, NHS Scotland Academy
Judy Thomson, Director of Psychology services
Emma Watson, Executive Medical Director
Karen Wilson, Director Nursing, Midwifery and AHP and Deputy Chief Executive

Apologies:
Rachel Kavish Wheatley, Executive and Governance Manager
Karen Reid, Chief Executive
Andrew Sturrock, Director of Pharmacy

1. WELCOME AND INTRODUCTIONS

1.1 The Chair welcomed all to the meeting and noted the apologies as stated above.

2. DECLARATIONS OF INTEREST

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

3. DRAFT MINUTE OF PREVIOUS MEETING HELD 7 MAY 2026 [PSDS/EC/26/09]

3.1 Members reviewed the draft minutes from the previous meeting and were content to approve them as an accurate record of business.

Decision: To approve the minutes.

4. MATTER ARISING AND PSD SCOTLAND EDUCATION COMMITTEE ACTION LOG [PSDS/EC/26/10]

4.1 Members noted that two actions were in progress and members confirmed they were content with the updates provided.

Decision: To note the Committee Action Log.

5. EXECUTIVE LEADS REPORT

5.1 Karen Wilson introduced the Lead Executive Report and advised that it provided assurance on the quality and safety of educational delivery. The Committee noted significant contributions from dental and optometry programmes. The publication and implementation of the Transmission Based Precautions guidance, a collaborative initiative recognised internationally and adopted across other UK nations was noted. Members also noted the introduction of the revised Healthcare Support Worker Code, expanded to include both clinical and non-clinical staff and adopted by the Scottish Government, alongside positive outcomes from recent external verification activity and educational quality assurance processes.

5.2 The Committee received updates on a range of workforce and educational initiatives. This included the Bridges Programme supporting refugee doctors into medical practice, ongoing work to prepare the primary care workforce for future reforms, and continued monitoring and improvement activity at a small number of medical training sites subject to enhanced oversight. Members also noted the success of the NHS Scotland Academy National Ultrasound Training Programme, which had attracted interest from outside Scotland and led to collaborative engagement with NHS Wales to support the development of a similar programme informed by the Scottish model.

5.3 Updates were provided on developments across dentistry and optometry, including preventative oral health initiatives delivered in partnership with wider public health programmes and support arrangements for internationally qualified dental professionals seeking to practise in Scotland. The Committee noted positive external assurance findings, including national recognition of best practice within dental nursing education, and welcomed evidence of improved antimicrobial prescribing through a collaborative quality improvement programme. Progress was also reported on the development of a pre-registration dental technology programme aimed at strengthening workforce capacity within this specialist area.

5.4 The Committee sought clarification regarding the proposed model for allocating resident doctors, specifically how the new funding and allocation approach would improve trainee placement and whether it applied across clinical, hospital and community settings. In response the Committee was advised that historic allocation arrangements had contributed to a concentration of trainees within the central belt. Members heard that NHS Education for Scotland, Public Health Scotland and NHS Boards had developed a more data-informed approach to workforce allocation, taking account of factors such as patient pathways, burden of disease and workforce requirements. The model is currently being tested through Foundation Doctor workforce expansion, with outcomes to be reported to the Committee in due course, and will apply across clinical, hospital and community settings.

5.5 The Committee sought further clarification on the challenges and impact on outcomes of the National Endoscopy Training Programme (NETP). In response to

questions regarding the NETP, the Committee heard that the programme had been established to support improvements in cancer outcomes and had contributed to earlier cancer detection, improved clinical outcomes and reductions in repeat procedures. Members were advised that improvements in upper gastrointestinal cancer outcomes were also beginning to emerge, although these would take longer to be reflected in national audit data. It was noted that NETP training formed part of a wider improvement programme supported by investment in equipment, infrastructure and service delivery. The Committee also received assurance that the temporary pause in accreditation activity at the Golden Jubilee related to changes within the external accreditation body rather than concerns about quality of care. While waiting time pressures continued to present challenges for maintaining accreditation across services, accredited endoscopy training programmes continued to be delivered to the required national standard across participating Boards through the Academy.

5.6 The Committee sought clarification on the relationship between the Childsmile and Reducing Health Inequalities initiatives referenced in the report and the associated education programmes and open badges, including whether these programmes represented the practical delivery of the work described and whether further educational resources were planned. In response, the Committee was advised that the initiatives were delivered through a strong partnership approach involving stakeholders and oral health improvement leads across NHS Boards, with the education programmes and open badges forming the practical delivery mechanism for this work. Members further heard that the educational offer had been redesigned and streamlined, consolidating multiple programmes into broader child and adult learning pathways to improve consistency, coherence and the overall learner experience.

Decision: To confirm the report provided assurance.

6. ITEMS FOR DECISION

6.1 EDUCATION COMMITTEE PERFORMANCE REPORT [PSDS/EC26/11]

6.1.1 Karen Wilson introduced the performance report and provided context on the development of the Strategic Key Performance Indicators, noting that while the measures remained appropriate and ambitious, limitations within existing digital systems continued to affect the availability of data for some indicators. The Committee heard that future developments, including the Digital Learning Infrastructure, were expected to enhance reporting capability and support the evolution of performance measurement under the new organisational strategy. In scrutinising performance against the Education Committee's delegated indicators, members noted that of the 17 measures, 12 were rated green, three amber, none red and one remained paused, with several indicators currently unavailable pending supporting digital solutions. Overall performance had reduced slightly since the previous quarter, primarily due to lower dental trainee placement fill rates, although the majority of reported measures continued to exceed target. The Committee also considered and supported the proposed introduction of two additional indicators relating to psychology and pharmacy trainee fill rates.

6.1.2 Members asked for further clarification regarding the amber-rated dental training measures, noting the otherwise strong performance in medical recruitment, retention and trainee satisfaction, and queried whether the ratings reflected timing and recruitment factors rather than underlying performance concerns. In response, the Committee was advised that the vocational training completion measure related to a

small number of trainees who had not completed training due to factors such as illness and professionalism issues. Members heard that recruitment activity had strengthened significantly, with fill rates now reaching approximately 99%, and were assured that the measures introduced had been effective, with performance expected to return to green status in future reporting. Overall, the position was described as positive and reflective of a strong recruitment outcome despite the current amber rating.

6.1.3 Committee members welcomed the report and sought clarification on the appropriateness of the KPI framework, emphasising the importance of distinguishing between measures relating to educational impact across the wider health and care system and those focused on staff learning and development within Public Service Delivery Scotland. They also highlighted the need for relevant financial implications arising from educational activity to remain visible to the Committee. In response, it was acknowledged that the new committee structure and forthcoming review of the Corporate Governance Framework provided an opportunity to reflect on committee remits, terms of reference and reporting arrangements. The Committee was advised that the organisation remained committed to maintaining ambitious impact-based indicators while continuing to improve data collection and reporting capability, learner evaluation measures and equality data. Assurance was provided that work to address currently unreportable measures was ongoing, and Karen Wilson agreed to discuss the specific observations raised outwith the meeting.

6.1.4 The Committee sought clarification on the 85% fill rate target for medical trainee placements, whether the six programmes reporting below this threshold represented a cause for concern, and whether trainee satisfaction measures were comparable across the four UK nations. The Committee was advised that trainee satisfaction is measured through the General Medical Council National Training Survey, enabling benchmarking across all four UK nations. Members heard that the six programmes below the fill rate target represented only 14 unfilled posts from 1,082 funded training posts, with 1,068 posts successfully filled overall. The specialties affected were generally small but strategically important, and action was underway to understand and address recruitment challenges within those areas. It was also noted that the current fill rate threshold may be reviewed as part of future KPI development.

6.1.5 The Committee requested further information on the timeline, scope and strategic significance of the Digital Learning Infrastructure (DLI), including the extent of social care workforce involvement. The Committee was advised that the DLI programme had progressed from discovery and planning into the procurement and delivery phase and represented a major national initiative to support learning and workforce development across health and social care. Members heard that procurement activity was expected later in the year and that recent engagement with COSLA and the Digital Office presented opportunities for a shared learning management framework across NHS Scotland and local government. Assurance was also provided that the programme included the wider social care sector, encompassing local authority, independent and third-sector providers, with ongoing engagement to support broad sector participation.

6.1.6 The Committee sought clarification on arrangements for reviewing KPI targets, noting that some measures had consistently exceeded target for several years, and suggested that future reporting include upper and lower performance thresholds to support scrutiny. The Committee was advised that the Strategic KPIs remained relatively new and that initial efforts had focused on embedding the framework and

establishing performance trends. Members heard that the development of new KPIs under the emerging organisational strategy would provide an opportunity to review existing targets and ensure they remained appropriately ambitious. The suggestion to incorporate performance ranges within future reporting was acknowledged and will be considered as part of ongoing KPI development and reporting arrangements.

Action: Karen Wilson to follow up with Keith Redpath regarding KPI reporting, dashboard access and committee remit considerations.

Decision: **To approve the report and the inclusion of two additional performance measures**

7. ITEMS FOR NOTING

7.1 EDUCATION COMMITTEE RISK REPORT [PSDS/EC/26/12]

7.1.1 Karen Wilson advised that education risks continued to be managed through local directorate risk registers and established governance processes, with escalation through the Education Quality Executive Group (EQEG) where appropriate. It was noted that the principal strategic risk within the Committee's remit related to the quality of education, which had previously increased during planning for the relocation from Westport but had reduced following the successful move to Gyle Square and the availability of alternative education and training accommodation. The risk remains under regular review. Rob Coward provided an update on the development of an integrated Public Service Delivery Scotland risk management framework, advising that proposals for a revised organisational approach would be presented to the Board in September. While education risks remain unchanged at this stage, future risk reporting and oversight will be strengthened through a more integrated and consistent organisational framework across Public Service Delivery Scotland.

7.1.2 Members noted that the report provided assurance that the identified risk was being effectively managed and confirmed it was content to take assurance from the report pending implementation of the new PSD Scotland risk management arrangements.

Decision: To confirm the report provided assurance.

7.2 LEGACY NSS DIRECTORATE TRAINING DELIVERY [PSDS/EC/26/13]

7.2.1 Sharon Hilton-Christie introduced a follow-up report on training activity delivered across legacy NSS directorates, advising that training leads from several areas had collaborated to establish a shared database and reporting approach to improve visibility and consistency of reporting. The report provided an overview of training delivered during the previous three months and represented an initial step towards more comprehensive and centralised reporting across Public Service Delivery Scotland. It was noted that, given the breadth of activity, the report included a focused spotlight on the Scottish National Blood Transfusion Service to provide the Committee with greater insight into the nature and scope of training delivery across legacy NSS functions.

7.2.2 Members welcomed the report, recognising the valuable insight it provided into the breadth of training and educational activity delivered across former NSS directorates and the increased visibility of work that had previously sat outside former NES governance arrangements. Members noted the opportunities presented by the

formation of Public Service Delivery Scotland to develop a more integrated approach to learning, education and quality improvement, and highlighted the importance of aligning educational activity with the organisation's strategic priorities, including quality assurance, commissioning and educational standards. It was noted that future integration work would support the development of a consistent organisational framework for education and learning, enabling educational activity across legacy organisations to be considered collectively within the Committee's remit.

Decision: To confirm the report provided assurance

7.3 LEADERSHIP DEVELOPMENT ANNUAL REPORT [PSDS/EC/26/14]

7.3.1 Janice Gibson introduced the Leadership Development Annual Report, advising that it reflected leadership development activity delivered over the previous four and a half years through a Scottish Government commission and guided by priorities established by the Improving Workforce and Wellbeing Committee. The report highlighted extensive engagement with leaders, participants and programme alumni across health and social care, which identified an increasing preference for relational, experiential and practice-based leadership development approaches. In response, programmes had evolved to place greater emphasis on flexible learning opportunities, networking, collaboration and peer support.

7.3.2 The Committee noted the programme's continued reach and positive impact on leadership capability, confidence and collaborative working across the health and social care system. Janice highlighted the importance of partnership working and inclusive, compassionate leadership principles in delivering this activity and advised that future development would focus on strengthening the evaluation of long-term outcomes and system impact. The Committee also noted the recent Healthcare People Management Association (HPMA) 2026 Award shortlisting for the Leadership Success Profiles initiative, which provides a framework for the values, behaviours and capabilities required at different stages of leadership development and will support future programme delivery.

7.3.3 The Committee sought further information on the proposed approach to longitudinal evaluation of leadership development activity and the anticipated direction of the refreshed Scottish Government commission, noting the opportunity to align future leadership development with emerging organisational and system priorities. Janice Gibson advised that work was underway to procure independent external evaluation support to strengthen understanding of the longer-term impact of leadership development interventions on individuals, organisations and the wider health and care system. She further noted that the refreshed commission would place greater emphasis on supporting leaders to work across organisational boundaries and respond to increasingly complex public service challenges, with a focus on resilience, adaptability and systems leadership.

7.3.4 The Committee sought clarification on the level of non-attendance across leadership development events, noting the difference between the number of registrations and attendees, and asked whether there was an understanding of the factors contributing to non-participation. Janice Gibson advised that further analysis was underway to better understand the reasons for non-attendance. Initial feedback suggested that competing work pressures and changing operational priorities were key factors affecting attendance, despite participants registering with the intention of attending. She acknowledged the importance of understanding the issue in greater detail and

confirmed that work was being undertaken to identify contributing factors and potential mitigations, with findings to be reported back to the Committee in due course.

7.3.5 The Committee highlighted the continuing challenge of securing participation from the social care sector in leadership development programmes and sought reflection on the barriers affecting engagement. Gordon Paterson advised that engagement with social care partners had identified a range of factors limiting participation, including sustained system pressures, restricted opportunities for protected learning time and challenges in securing backfill arrangements. He noted that progress had been made in building confidence and credibility within the sector through leadership programmes designed to support leaders across organisational and professional boundaries while recognising the differing contexts in which they operate.

7.3.6 Emma Watson welcomed the report and highlighted the broader organisational benefits of the leadership development programme, noting that learning generated through leadership initiatives had informed wider areas of work and service development across the organisation. She also recognised the responsiveness of the leadership development team in designing and delivering targeted programmes to meet emerging system needs, including the Developing Strategic Medical Leaders Programme, which had been positively evaluated and was expected to inform future leadership development activity.

Action: Janice Gibson to further explore the causes of non-attendance and to report back to the Committee.

Decision: To confirm the report provided assurance.

7.4 NHS SCOTLAND ACADEMY ANNUAL REPORT [PSDS/EC/26/15]

7.4.1 Kevin Kelman introduced the NHS Scotland Academy Annual Report, providing an overview of the Academy's continued development as a collaborative partnership between NHS Golden Jubilee and the former NES. He outlined the Academy's joint governance and leadership arrangements, highlighting oversight through a range of partnership groups and reporting to both organisations' governance structures. The Committee noted that the Academy was approaching its fifth year of operation and remained focused on combining educational expertise with clinical and operational capability to support workforce development across Scotland. Kevin advised that recent strategic discussions had centred on the Academy's future direction and opportunities for the next phase of development.

7.4.2 Jeanette Stevenson provided an overview of the Academy's educational governance arrangements, highlighting the quality assurance processes supporting the delivery of approximately 29 programmes. The Committee noted the Academy's structured approach to programme design, assessment, educator development and evaluation, supported by dedicated training facilities and a national delivery model, providing assurance on the quality and effectiveness of educational provision.

7.4.3 Clair Graham provided assurance on the impact and effectiveness of NHS Scotland Academy programmes in supporting workforce capability and capacity across NHS Scotland. The Committee noted evidence of strong learner outcomes, positive feedback, external assurance and measurable workforce and service benefits across a range of programmes, including endoscopy, perioperative care, ultrasound and

other specialist workforce initiatives. It was further noted that several programmes had achieved sustainable adoption within partner organisations, demonstrating the Academy's continued contribution to workforce development, service improvement and patient outcomes across Scotland.

7.4.4 The Committee sought clarification on the Academy's future direction, including how strategic planning was being developed and aligned to emerging workforce and organisational priorities. Kevin Kelman advised that strategic planning was being informed through horizon-scanning discussions involving senior leaders from Public Service Delivery Scotland and NHS Golden Jubilee, with a focus on future workforce needs, system priorities and the wider health and care landscape. Karen Wilson noted that these discussions had highlighted the Academy's potential contribution to workforce development within evolving sub-national arrangements and the importance of raising awareness of the Academy's achievements and impact across NHS Scotland.

Decision: To confirm the report provided assurance.

7.5 MEDICAL DIRECTORATE QUALITY AND SAFETY GROUP ANNUAL REPORT [PSDS/EC/26/16]

7.5.1 Lindsay Donaldson introduced the Medical Director Quality and Safety Group Annual Report, outlining the Group's role in overseeing the quality management of medical education and training for approximately 7,000 doctors in training across Scotland. The Committee noted strong national performance in trainee satisfaction, ongoing monitoring of training quality through a range of intelligence sources, and continued improvement activity at a small number of training sites subject to enhanced monitoring. Emma Watson also advised that a future Committee development session would provide members with a more detailed understanding of medical training pathways, quality indicators and the wider medical education system to support the Committee's assurance role.

7.5.2 The Committee sought clarification on enhanced monitoring timescales and whether future reporting could include more contextual analysis of trainee resignations and wellbeing service referrals to identify trends and areas of concern. Lindsay Donaldson explained that enhanced monitoring is a General Medical Council (GMC) process. NES supports the process through the provision of information, engagement with reviews and reporting on progress against agreed actions; however, decisions regarding enhanced monitoring status, requirements and closure are matters for the GMC. Progress is reviewed through agreed cycles involving NHS Boards, NES and the GMC, with assessment against specified improvement objectives. It was confirmed that resignation data can be analysed by specialty and region, and the Committee agreed that additional contextual reporting may provide greater insight, subject to confidentiality requirements. The value of trend analysis for wellbeing service referrals was acknowledged and will be considered for inclusion in future reports.

7.5.3 The Committee sought assurance on the effectiveness of the organisation's enhanced monitoring approach and requested context on how arrangements had evolved over time. Lindsay Donaldson advised that enhanced monitoring now operates through a collaborative, improvement-focused approach, with clear objectives and partnership working with NHS Boards to support sustained improvements in training quality and learner experience. She noted that this

approach had contributed to a reduction in the number of sites subject to enhanced monitoring, while maintaining a focus on addressing underlying issues and improving outcomes for trainees.

Decision: To confirm the report provided assurance.

8. ITEMS FOR NOTING

8.1 INTERNAL AUDIT REPORT – NES LEARNING EXPERIENCE [PSDS/EC/26/17]

8.1.1 Members noted the Internal Audit Report which had been provided for information.

Decision: To note the report

8.2 CONSULTATIONS LOG [PSDS/EC/26/18]

8.2.1 Members noted the Consultations Log which had been provided for information.

Decision: To note the report

8.3 EDUCATION COMMITTEE SCHEDULE OF BUSINESS AND MEETING DATES [PSDS/EC/26/19]

8.3.1 Members noted the schedule of business and meeting dates which had been provided for information.

Decision: To note the report

9. ANY OTHER BUSINESS

9.1 There was no other business to report

10. DATE OF NEXT MEETING

10.1 Thursday 12th November 2026, 09:30 – 12:00

Public Services Delivery Scotland

APPROVED MINUTES OF THE FINANCE AND RESOURCE COMMITTEE MEETING HELD ON TUESDAY 9th JUNE 2026, VIA TEAMS DIGTAL PLATFORM AT 0930 HRS

Present:
Gordon Greenhill, Committee Chair
Lisa Blackett, Non-Executive Director
Paul Buchanan, Non-Executive Director
Annie Gunner Logan, Non-Executive Director

In Attendance:
Christina Bichan, Director of Planning, Performance and Transformation
Jim Boyle, Director of Finance
Kyle Clark-Hay, Associate Director of Corporate Governance (Board Secretary)
Julie Crithcley, Director of NHSScotland Assure
Chris Duffy, Senior Admin Officer [Minute-taker]
Rachel Kavish Wheatley, Executive and Governance Manager
Kris Lindsay, Head of Strategic Sourcing & Commercial
Carolyn Low, Director of Finance, Corporate Governance and Legal Services (FCGLS)
Drew McGowan, Board Secretary and Principal Lead – Corporate Governance
Andrew McLean, Deputy Director of Finance
Lee Neary, Director of Strategy, Performance and Service Transformation (SPST)
Karen Reid, Chief Executive

Apologies:
Olga Clayton, Non-Executive Director
Keith Redpath, Board Chair
Chris Sanderson, Director of National Procurement

1. Welcome and Introductions

1.1 The Committee Chair welcomed all to the first meeting of the PSD Scotland Finance and Resource Committee.

2. Apologies for absence

2.1 Apologies for absence were noted from Committee members, Olga Clayton and Keith Redpath.

2.2 Apologies were noted from regular attendee Chris Sanderson, Director of National Procurement. Kris Lindsay deputised for this meeting and spoke to item 5.4, the National Procurement Report.

3. Declarations of interest

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

4. Items for Decision

4.1 There were no items for decision tabled at this meeting.

5. Items for Scrutiny

5.1 PSDS Service Excellence and Performance Report [PSD/FRC/26/02]

5.1.1 The report was taken as read and it was confirmed that members had previously scrutinised the detail within this report at the 15 May Public Board meeting.

5.1.2 The Committee queried the accuracy of the statement within the report at section 4.8 that indicated that environmental and climate sustainability work undertaken by PSD Scotland is reported to the Audit and Risk Committee and queried if this should read that it is reported to the Finance and Resource Committee. It was confirmed that it should state the Finance and Resource Committee.

5.1.3 The Committee welcomed the presentation of the report, noting the format was clear, concise and easy to follow. The Committee commended on the straightforward articulation of performance against targets and the clarity of the indicators, emphasising the importance of retaining this succinct and accessible approach.

5.1.4 **Action:** Update the report to state that environmental and climate sustainability work is reported to the Finance and Resource Committee.

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

5.2 PSDS Annual Delivery Plan 2026/27 [PSD/FRC/26/03]

5.2.1 Christina Bichan and Lee Neary advised that updates to the Annual Delivery Plan had focused on removing duplication across corporate deliverables, reducing the overall number while incorporating a limited number of new areas, including strategy development and coordination of external scrutiny activity; they noted that the plan remains iterative with further refinement ongoing, and that overall progress since the previous iteration had been positive, with the report otherwise largely unchanged.

5.2.2 The Committee sought clarification on the timing of the funding breakdown in the Annual Delivery Plan and expressed concern that a significant proportion of digital deliverables remained subject to funding, highlighting the need for sustained investment given the time-critical nature of these programmes. Carolyn Low advised that discussions with the Scottish Government had reached agreement in principle to baseline a substantial portion of digital funding, though formal confirmation was still awaited and, until received, the position would remain recorded as subject to funding; she further noted that overall risk was considered low but dependent on confirming detailed coverage. Karen Reid reiterated the expectation that most funding would be baselined shortly and confirmed that a tender would be initiated for a comprehensive review of digital services to assess requirements, align with the national digital roadmap, and inform the future target operating model and organisational structure.

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

5.3 PSDS Risk and Issues Report [PSD/FRC/26/04]

5.3.1 Jim Boyle advised that the Risk and Issues Report remained largely unchanged from that previously presented to the Board and currently reflected only a subset of relevant corporate and strategic risks. He highlighted ongoing work to establish a single, integrated approach to risk identification, management and reporting, moving away from legacy-aligned arrangements, and noted that a Board development session was planned to support this transition, with a unified framework to be presented in due course alongside continued monitoring of risks, mitigations and actions.

5.3.2 The Committee queried the variation in cyber risk ratings between legacy organisations, noting the higher score attributed to NSS and seeking clarification on whether this reflected differences in risk appetite, methodology, or exposure. Jim Boyle advised that the variance was likely due to the differing nature of services delivered, resulting in distinct risk exposures, and confirmed that work is underway to align methodologies to provide a consistent organisational view. Carolyn Low added that the higher NSS rating reflects its role in hosting the National Cyber Centre of Expertise and its system-wide responsibilities, which provide heightened visibility of the persistent cyber threat environment and necessitate a sustained high level of risk awareness and preparedness.

5.3.3 The Committee acknowledged the potential benefits of the Bill, including improved recruitment efficiency and reduced locum expenditure, but emphasised the importance of supporting and reassuring international medical graduates currently working within the system that the policy does not diminish their contribution. She noted that the full impact of the changes will require ongoing evaluation over time.

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

5.4 Resilience Report [PSD/FRC/26/05]

5.4.1 Lee Neary introduced the Resilience Report, providing assurance that the organisation's resilience position remained stable and effectively managed, with no incidents requiring escalation and a single priority 2 incident resolved without lasting impact. He highlighted the organisation's response to a cyber attack on a key supplier as evidence of effective incident management, while noting ongoing system vulnerabilities. Learning from Exercise Pegasus identified the need for stronger national coordination, variation in regional preparedness, and challenges in PPE logistics. He confirmed that business continuity plans had been refreshed across all directorates and advised that key risks are increasingly external, including supply chain pressures and dependencies on national programmes, while overall resilience arrangements remain robust.

5.4.2 The Committee welcomed the report and queried whether PSD Scotland could play a role in providing a more centralised emergency mortuary capability, which Lee Neary acknowledged as a valid point but confirmed was not currently within scope and would be considered internally. Karen Reid added that any consideration of a centralised mortuary function would require alignment with organisational strategy and regulatory requirements.

5.4.3 The Committee raised concerns regarding the absence of explicit reference to local government and social care within pandemic preparedness, particularly in relation to

PPE and joint working. Karen Reid advised that PPE procurement arrangements had strengthened, with coverage now extended to multiple local authorities and ongoing engagement with partners.

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

5.5 Procurement Report [PSD/FRC/26/06]

5.5.1 Kris Lindsay introduced the National Procurement Report as a quarterly update providing assurance on procurement activity across NHS Scotland, outlining delivery against an annual programme of approximately 130 projects and highlighting key performance metrics. He reported strong financial performance, with £42 million in savings and £26 million in cost avoidance achieved in 2025/26, particularly through medicines procurement and capital equipment coordination, and noted that the report also identifies forthcoming contracts requiring Chief Executive approval and demonstrates the broader contribution of procurement to service capacity and access to innovation.

5.5.2 The Committee welcomed the report and commended the level of savings achieved, querying the precision of temporary agency spend figures for Allied Health Professionals given variable workforce demand, and seeking assurance on the compliance of contract extensions. Kris Lindsay advised that spend projections are based on historic demand, noting a recent reduction in agency usage as Boards shift to internal staff banks, and confirmed that all referenced extensions were within existing contractual provisions and compliant.

5.5.3 The Committee sought assurance regarding Committee visibility of procurement exercises subject to challenge and their outcomes, emphasising governance transparency and it was confirmed that if there was challenge they would be included within the report. The Committee also welcomed the inclusion of education and training within the report. Karen Reid thanked the procurement team and advised that future reporting would be enhanced to reflect the organisation's anchor institution role, including clearer articulation of its impact on local communities and priorities such as child poverty, providing a broader view of procurement outcomes beyond financial performance.

5.5.4 **Action:** Future procurement reports to include PSDS' role as an anchor institution.

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

5.6 NES Q4 Complaints Report [PSD/FRC/26/07]

5.6.1 Christina Bichan introduced the Complaints Report, advising that the quarter four position reflected a low volume of complaints within legacy NES, with three complaints arising from two cases, including one escalation to stage two, noting that while numbers were small, cases tended to be more complex. She confirmed that work is underway to produce the 2025/26 annual report and to integrate reporting into a single, unified PSD Scotland position going forward.

5.6.2 The Committee queried whether whistleblowing cases were included within complaints reporting or reported separately. Christina Bichan confirmed that whistleblowing is managed and reported through a separate process, with

mechanisms in place to cross-check cases to ensure the appropriate legislative and reporting pathway is applied.

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

7. Items for noting

7.1 Finance Update

7.1.1 Jim Boyle provided a finance update, advising that the immediate priority is to firm up the detail of funding allocations from the Scottish Government. He noted that a revised schedule of expected funding has been received and is currently being subject to due diligence to ensure alignment with delivery expectations. It was confirmed that the first formal allocation letter has been issued, covering approximately £1.5 billion, largely consisting of core baseline revenue funding, alongside around £120 million of non-recurring allocations. It was added that there were no significant financial issues to report at this stage, with the organisation still working through the first financial reporting period, and that any emerging issues would be reported to the Committee in due course.

7.1.2 Carolyn Low advised that she had nothing substantive to add to Jim's update, noting that the reporting cycle means that data for the first two months is not yet available. She confirmed that no immediate risks were evident at this point and emphasised ongoing engagement with Scottish Government finance colleagues, with regular meetings already underway. Carolyn further highlighted the intention to move towards a more integrated approach to engagement with government, reflecting the transition to operating as a single organisation rather than through separate legacy arrangements.

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

7.2 Committee Meeting Dates and Schedule of Business [PSD/FRC/26/08]

7.2.1 The Committee raised concerns regarding the formatting and content of the schedule of business, noting issues with readability, perceived gaps, and the continued inclusion of items no longer considered relevant, and sought clarification on these points. Kyle Clark-Hay acknowledged the concerns and confirmed that formatting would be reviewed, explaining that the current schedule reflects transitional arrangements and ongoing consolidation of legacy reporting, and is intended to transparently capture activity rather than indicate underperformance. Karen Reid supported this position, highlighting the need to move beyond legacy structures and proposed an offline review of the schedule, including timing, content and ownership, while emphasising the importance of aligning financial reporting with Committee cycles and ensuring formal finance papers are presented where possible.

7.2.2 **Action:** Review of Committee Schedule of Business and Meeting Dates.

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

8. ANY OTHER BUSINESS

8.1 There was no other competent business to discuss.

9. Date and time of next meeting

9.1 The Committee meeting dates are currently under review and the next meeting date will be confirmed in due course.

Public Services Delivery
Scotland

PSDS-SDTC-26-10

Minutes approved at SDTC meeting on 27 August 2026

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

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)

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.

Public Services Delivery
Scotland

Draft Minutes of the PSD Scotland Service and Digital Transformation Committee (SDTC) meeting held on 27 August 2026 at 10:00 via MS Teams

PSDS/SDTC/26/18

Non-Executive SDTC Members:

Paul Buchanan	Non-Executive Director, Committee Chair
George Valiotis	Non-Executive Director and Committee Vice-Chair
Jean Ford	Non-Executive Director
Gordon Greenhill	Non-Executive Director
Annie Gunner-Logan	Non-Executive Director
Keith Redpath	Board Chair

Regular Attendees of the SDTC:

Jenn Allison	Committee Secretary
Christina Bichan	Director of Planning, Performance and Transformation (PPT)
Jim Boyle	Director of Finance
Kyle Clark-Hay	Associate Director Corporate Governance (Board Secretary)
Clare Graham	Head of Service, Digital and Security (DaS)
Rachel Kavish Wheatley	Executive and Governance Manager
Debbie Lewsley	Risk Manager (items 7.2-7.3)
Carolyn Low	Director of Finance, Corporate Governance and Legal Services (FCGLS)
Caroline McDermott	Head of Planning (items 7.2-7.3)
Lee Neary	Director of Primary and Community Care/Strategy, Performance and Service Transformation (PaCC/SPST)
Marisa Wedderspoon	Head of Service, Technology Service (TS)
Christopher Wroath	Director of Technology Service (TS)

Depute Attendees:

Clare Graham	Head of Service, Digital and Security

Observers:

Julie Dick,	Chief of Staff
Paula McLeay	Programme Director at the UK Cabinet office

Apologies:

Steven Flockhart	Director of Digital and Security (DaS)
Peter McBride	Associate Director DaS, Information Technology
David McColl	Deputy Director of Technology Service (TS)
Karen Reid	PSD Scotland Chief Executive

1 Introduction

1.1 The Chair welcomed everyone to the Service and Digital Transformation Committee (SDTC) meeting, confirming that it was quorate.

2 Apologies

2.1 Apologies were noted as above.

3 Declaration of Interest

3.1 No relevant declarations of interest were made in relation to the business of the meeting.

4 Draft Minute of Previous Meeting, 19 May 2026 PSDS/SDTC/26/10

4.1 **Decision**: The SDTC approved the previous minute.

5 Matters Arising and SDTC Action Log PSDS/SDTC/26/11

5.1 The SDTC confirmed that two actions from the previous meeting were presented, noting that both actions would be future developments.

5.2 It was noted that the income generation action was to consider future opportunities only, not to actively pursue them.

5.3 **Decision**: The SDTC approved the action log.

6 Items for Decision

6.1 There were no items presented to the SDTC for decision.

7 Items for Scrutiny

7.1 Lead Executive Report PSDS/SDTC/26/12

7.1.1 The Director of Primary and Community Care /Strategy, Performance and Service Transformation (PaCC/SPST) presented the report which provided the SDTC with a strategic overview of PSD Scotland’s transformation activity, complementing the more detailed programme, risk and digital reports.

7.1.2 The Committee noted the progress on Phase Two, including the organisational strategy development, the target operating model and key national programmes.

7.1.3 The Director of Technology Service (TS) highlighted the commission of a major initiative to implement a single digital health and care record for Scotland, noting its potential to transform the health and care information landscape.

7.1.4 The Committee welcomed the quality and breadth of the report but suggested greater prioritisation to help the Committee focus on areas of strategic importance and any time-critical and high-risk issues.

7.1.5 The Director of Planning, Performance and Transformation (PPT) highlighted the need to further strengthen PSD Scotland's governance of major transformation programmes. Progress has been made, including adoption of a portfolio approach for the National IT Contract, with further development of

operational oversight arrangements required.

7.1.6 The Director of Finance, Corporate Governance and Legal Services (FCGLS) advised that PSD Scotland has assumed responsibility for the NHS Scotland Business Systems Programme and is resetting governance arrangements to strengthen oversight. The Committee noted the associated risks in relation to the scale of digital and service transformation required across NHS Scotland, in order to support delivery by October 2028.

7.1.7 The Committee suggested that detailed briefings on major programmes would help members understand the scale, risks and delivery challenges associated with these significant transformation initiatives.

7.1.8 The Committee welcomed the report and requested that future reporting should provide clearer dashboard-style information on programme priorities, milestones and red amber green (RAG) status. It was noted that distinguishing between internal transformation activity and national delivery programmes would strengthen oversight and support more effective scrutiny of key priorities.

7.1.9 The Director of PPT advised that the organisational strategy will provide a clearer framework for priorities and future reporting and confirmed that the Executive Lead Report will be reviewed to better support Committee scrutiny.

7.1.10 The Committee discussed workforce capacity and digital capability as a key strategic risk to delivery of the expanding transformation portfolio. Members noted ongoing challenges in recruiting and retaining specialist digital staff, welcomed the use of delivery partners to supplement capacity, and noted that an independent review is underway to assess future workforce requirements, capability and alignment with national priorities.

7.1.11 The Committee discussed the reporting of temporary GP practice closures during system migrations, noting the need for greater context to support assessment of the scale, impact and associated risks. Members agreed that future reports should provide sufficient detail to enable effective strategic scrutiny and maintain an appropriate focus on governance and oversight.

7.1.12 The Committee reflected on the scale and complexity of PSD Scotland's transformation portfolio and emphasised the need for robust oversight, effective scrutiny and alignment between organisational ambition and delivery capacity. Members acknowledged the quality of the report and agreed that it had been appropriately scrutinised.

7.1.13 **Action**: Future reporting to provide clearer dashboard-style information on strategic priorities, including milestones and RAG status and distinguish between internal and national programmes. **CBi/LN/SF/CW**

7.1.14 **Action**: Schedule detailed briefings on major programmes to future SDTC meetings. **CBi/LN/SF/CW**

7.1.15 **Action:** Schedule an update to a future SDTC meeting, highlighting the results of the independent review to assess future workforce requirements, capability and alignment with national priorities. **CBi/LN/SF/CW**

7.1.16 **Decision**: The Committee scrutinised the report and were content with the information provided.

7.2 SDTC Delegated Performance Report PSDS/SDTC/26/13

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

7.2.2 The Director of PPT introduced the Quarter 1 Performance Report, noting that it is the final report under legacy NES and NSS arrangements before transition to an integrated PSD Scotland performance framework. She highlighted that three of the four measures within the Committee's remit were rated green and that future reporting will align to PSD Scotland's Integrated Performance Framework.

7.2.3 The Committee noted the need for future performance reporting to be more outcome-focused and aligned to the Committee's strategic and transformational role.

7.2.4 Members discussed the development of the Integrated Performance Framework, highlighting the need for SKPIs to align with organisational accountability, strategic priorities and workforce planning.

7.2.5 The Committee noted strong organisational performance during a period of significant transformation and emphasised the importance of clearly distinguishing between areas within PSD Scotland's control and those dependent on wider system partners.

7.2.6 **Action**: Strengthen future reports to be more out-come focused, to align with PSD Scotland's organisational accountability, strategic priorities and workforce planning and transformational roles, and strengthening context in relation to areas outwith PSD Scotland's control. **CBi/LN**

7.2.7 **Decision**: The Committee scrutinised the report and were content with the information provided.

7.3 Delegated Strategic Risk Report PSDS/SDTC/26/14

7.3.1 The Director of PaCC/SPST introduced the report which presented the transitional strategic risk position inherited from NES and NSS, pending implementation of a unified PSD Scotland risk management framework and risk appetite.

7.3.2 The Committee noted that cyber security remained the highest-rated risk, while several legacy risks, including those relating to learning platforms, data

and technology, and nationally commissioned programmes, remained above risk appetite due to ongoing dependencies and external factors.

7.3.3 The Committee discussed whether current strategic risks sufficiently reflected cross-cutting concerns regarding organisational capacity, affordability, workforce availability and capability. It was noted that these issues are currently captured within the strategic risk relating to delivery of nationally commissioned programmes, although their visibility could be strengthened.

7.3.4 The Committee was advised that the development of a unified PSD Scotland Risk Management Framework would provide an opportunity to better articulate and monitor these interconnected organisational risks, while detailed programme-level risks would continue to be managed through individual programme risk and issue registers.

7.3.5 The Committee noted that a single PSD Scotland Risk Framework would be presented to the Board in September.

7.3.6 **Action**: Review Strategic risk in relation to nationally commissioned programmes to ensure cross-cutting concerns regarding organisational capacity, affordability, workforce availability and capability and sufficiently reflected. **CBi/LN**

7.3.7 **Decision**: The Committee scrutinised the report and were content with the information provided.

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

7.4 Quarterly Technology Service Programme Oversight Report

PSDS/SDTC/26/15

7.4.1 The Director of TS introduced the report which updated the Committee with a consolidated overview of the current delivery status of Technology Service programmes.

7.4.2 The Committee noted the strategic considerations, including PSD Scotland's increasing reliance on cloud-based infrastructure and the need to balance digital transformation ambitions with affordability, sustainability and environmental responsibilities.

7.4.3 The Committee discussed the strategic implications of increasing reliance on cloud-based technologies and the development of AI, noting wider national challenges relating to digital infrastructure, data centre capacity and technology dependency.

7.4.4 The Committee were advised that work is underway to assess the long-term implications of cloud service usage and digital infrastructure and that a coordinated organisational AI strategy is being developed to support the responsible adoption of emerging technologies.

7.4.5 Members requested a briefing on AI, highlighting opportunities and risks, to support the Committee's understanding and oversight of this evolving area.

7.4.6 The Committee discussed workforce pressures and staff wellbeing risks associated with technology services delivery, particularly within the MyCare.Scot programme. Members sought assurance that existing mitigations remained effective given the recurring nature of workforce-related risks.

7.4.7 The Director of TS advised the Committee that the most significant pressures arose during the delivery of key programme milestones and that, following their completion, service delivery was operating within a more sustainable environment. The Committee noted that ongoing wellbeing monitoring and existing mitigation measures were considered effective in managing current workforce pressures.

7.4.8 The Committee welcomed the dashboard reporting format, noting its value in supporting effective scrutiny through concise programme summaries, milestone tracking and RAG ratings.

7.4.9 **Action**: Schedule briefings regarding AI to future SDTC meetings. **CW/SF**

7.4.10 **Decision**: The Committee scrutinised the report and were content with the information provided.

7.5 Quarterly Digital & Security Programme Oversight Report

PSDS/SDTC/26/16

7.5.1 The Digital and Security (DaS) Head of Service introduced the report which updated the Committee with a consolidated overview of the current delivery status of Digital and Security programmes.

7.5.2 The Committee noted that commissioning challenges continued to affect programme governance and reporting, with some red-rated programmes linked to commissioning and supplier-related issues being actively managed.

7.5.3 Members discussed the impact of delayed commissioning and funding decisions on delivery and workforce planning, and noted ongoing work with Scottish Government to improve certainty and strengthen commissioning arrangements.

7.5.4 The Committee received assurance that appropriate governance and financial controls were in place to manage commissioning risks, while recognising funding uncertainty as an ongoing strategic risk requiring continued oversight.

7.5.5 Members highlighted the importance of adopting a consistent approach to RAG ratings to support effective scrutiny, oversight and performance reporting. They noted that further enhancements to the presentation and

accessibility of future reports will be made.

7.5.6 **Decision**: The Committee scrutinised the report and were content with the information provided.

8 Items for Noting

8.1 Meeting Dates and Scheule of Business

8.1.1 The Committee noted the SDTC Schedule of Business.

9 Any Other Business

6.1 Members had no further business to raise.

There being no further business, the meeting closed at 10:51.

Public Services Delivery Scotland

PSDSGC/26/XX

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

Draft Minute of the PSD Scotland Staff Governance Committee meeting held on Tuesday 16 June 2026 at 09:30 – 11:30am on MS Teams.

Non-Executive Staff Governance Committee Members:

Lisa Blackett	Chair of Staff Governance Committee
Lynnette Grieve	Vice Chair of Staff Governance Committee, Employee Director
Ian Cant	Employee Director
Shona Cowan	Non-Executive Director, Employee Director
Arturo Langa	Non-Executive Director
Keith Redpath	Board Chair

Co-Opted Members:

David Allan	Trade Union Representative; Unite
Gerry McAteer	Trade Union Representative
James McCann	Staff Side (Unison Rep); Unison Rep - Ex-Officio
Alex Morrison	Trade Union Representative

Executive Lead Members:

Serena Barnatt	Director of HR & Organisational Development
Sybil Canavan	Director of People & Culture

Regular Attendees of the Staff Governance Committee:

Ameet Bellad	Principal Lead, People & Culture
Kathryn Brechin	Director of Nursing
Kyle Clark-Hay	Associate Director Corporate Governance (Board Secretary)
Nancy El-Farargy	Specialist Research Lead, Planning, Performance & Transformation
Jane Fewsdale	Head of People Insights, Performance & Systems
Ann Gallacher	Committee Secretary
Janice Gibson	Associate Director; Organisation Development, Leadership and Learning (ODLL)
Katy Hetherington	Equality Lead, Equality, Diversity and Human Rights
Elaine Hughes	Senior Specialist HR Advisor
Nelson Kennedy	Associate Director, Service Improvement
Debbie Lewsley	Risk Manager, Planning, Performance & Transformation
Laura Liddle	Associate Director of People & Culture
Matthew Neilson	Associate Director of Customer & Stakeholder Engagement
Gordon Paterson	Director of Social Care & Communities
Karen Reid	Chief Executive & Accountable Officer
Aileen Stewart	Associate Director of HR

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Observers:

Pamela Renwick	General Manager, People & Culture

Apologies:

Christina Bichan	Director of Planning, Performance & Transformation
Tam Hiddleston	Trade Union Representative
Karen Reid	Chief Executive & Accountable Officer left the meeting at 11am

1 Introduction

1.1 The Chair welcomed everyone to the first Public Services Delivery (PSD) Scotland Staff Governance Committee meeting and confirmed that the meeting 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 were made.

4 Matters Arising and Notifications of any Other Business

4.1 The Chair noted that no new matters had been raised.

5 Items for Scrutiny

5.1 **Great Place to Work Plan Year End Update 2025-26 (NSS)**
PSDSGC/26/02

5.1.1 The Director of HR & Organisational Development introduced the report. She invited the Senior Specialist HR Advisor to highlight the key deliverables and associated activity detailed in the report.

5.1.2 The Senior Specialist HR Advisor reported that 89% of the key deliverables had been achieved, with three amber actions identified for continued focus.

5.1.3 The Committee sought assurance on progress with the staff Personal Development Plans. The Director of HR and Organisational Development advised that further progress was required and would be addressed in the

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People Report later in the agenda.

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

5.2 Organisational Development Strategy and Plan Closing Report (NES) PSDSGC/26/03

5.2.1 The Associate Director, Organisation Development, Leadership and Learning (ODLL) introduced the report, noting significant progress in strengthening culture, workforce capability, engagement and wellbeing across NES, and provided a strong foundation for the new People Plan and future PSD Scotland culture work.

5.2.2 The Employee Director asked how legacy NES and NSS colleagues would be involved in the transition to PSD Scotland. The Associate Director of ODLL advised that core values would remain central and support the development of a PSD Scotland approach.

5.2.3 The Chief Executive & Accountable Officer reported that a Cultural Transition Plan would be developed to support a PSD Scotland approach to organisational development and culture.

5.2.4 The Committee welcomed the report layout, noting that expectations, progress, actions and measures were clearly presented and suggested that this format be used for future PSD Scotland reports.

5.2.5 The Committee queried the stakeholders involved in the Line Managers Network. The Associate Director of ODLL advised that the Network included managers and leaders at all levels of the organisation and provided a programme of events and activities to support them.

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

5.3 Staff Governance Report (NES) PSDSGC/26/04

5.3.1 The Director of People & Culture introduced the report, which provided assurance on compliance with the Staff Governance Standards and highlighted activity across organisational development, learning and development, wellbeing, recruitment and employee relations.

5.3.2 The Employee Director welcomed the rollout of Viva Engage to all PSD Scotland staff.

5.3.3 The Committee sought further information on trainee disciplinary numbers. The Associate Director of People & Culture advised that engagement with managers had strengthened support for Doctors and Dentists in Training (DDiTs). The increase in case numbers reflected earlier intervention and the support being provided.

5.3.4 The Chief Executive & Accountable Officer gave the SGC assurance that there were no significant conduct issues. She advised that early and additional support was provided to ensure DDiTs are supported throughout their training programme and highlighted that positive feedback had been received from DDiTs. She also noted that attributes and behaviours had been incorporated into the recruitment process for DDiTs entering training.

5.3.5 The Employee Director welcomed the earlier intervention approach and the available resources to support DDiTs to remain in work.

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

5.4 Delegated Performance Measures Report (NES) PSDSGC/26/05

5.4.1 The Principal Lead, People & Culture introduced the report, which provided assurance on the application of the Staff Governance Standard in NES and Quarter 4 performance against the revised Key Performance Indicators.

5.4.2 There were no questions raised at the meeting.

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

5.5 Annual People Report (NSS and NES) PSDSGC/26/06

5.5.1 The Director of HR & Organisational Development and the Director of People & Culture introduced the reports.

5.5.2 The Employee Director asked for further information on the NSS sickness absence figure. The Director of HR & Organisational Development advised that targeted local support and wellbeing initiatives were underway to reduce sickness absence.

5.5.3 The Committee sought assurance on the Employment Rights Act 2026 .The Director of HR & Organisational Development advised that national work was ongoing, with guidance from the Scottish Terms and Conditions Committee (STAC) informing employer requirements and implementation. The Director of People & Culture added that the Central Legal Office (CLO) also provides support and awareness.

5.5.4 The Committee welcomed the downward trend in NSS staff turnover and asked about the contributing factors. The Director of HR & Organisational Development advised that sponsor-led and workforce planning activity had supported the reduction.

5.5.5 The Committee noted the low NES sickness absence figure and sought comparison with pre-Covid data, asking whether the lower rate reflected hybrid working arrangements. The Chief Executive & Accountable Officer

advised that NES had historically maintained low sickness absence levels. The Principal Lead, People & Culture reported that work had been undertaken to improve sickness absence reporting, and that the current figures were considered to provide a more realistic position. The Chief Executive & Accountable Officer added that hybrid working may contribute to lower sickness absence levels, with some staff potentially working from home when unwell and not fit to work.

5.5.6 The Committee noted that access to the NES analytics dashboard was available to members.

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

5.6 Delegated Strategic Risk Report PSDSGC/26/07

5.6.1 The Head of People Insights, Performance & Systems and the Risk Manager, Planning, Performance & Transformation introduced the report. They advised that the report provides assurance on the management of legacy NSS and NES strategic workforce risks transferred to PSD Scotland and outlined plans to align legacy approaches into a PSD Scotland risk management system and reporting format.

5.6.2 There were no questions raised at the meeting.

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

5.7 Equality, Diversity & Inclusion Annual Report (NES) PSDSGC/26/08

5.7.1 The Equality Lead, Equality, Diversity and Human Rights (ED&HR) introduced the report, which provided an end-of-year update on progress against the legacy NES Equality, Diversity and Inclusion Strategy 2025–2029. The report highlighted progress across equality outcomes, anti-racism, staff learning, staff networks, survey findings and employment reporting.

5.7.2 The Committee welcomed the transparency of the report and sought further information on the difference in recruitment conversion rates between White and minority ethnic applicants. The Equality Lead, ED&HR advised that this was being reviewed, including visa status considerations and noted the ongoing work to strengthen mandatory training and awareness of bias in recruitment.

5.7.3 The Employee Director asked how the recruitment conversion rates would appear if visa-related applications were excluded from the analysis. The Equality Lead, ED&HR agreed to provide further analysis by race and ethnicity.

5.7.4 The Committee asked about future staff surveys. The Equality Lead, ED&HR advised that this was under review to meet PSD Scotland's needs.

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5.7.5 **Action:** The Equality Lead, ED&HR will provide further analysis of recruitment conversion rates by race and ethnicity, including the impact of excluding applications from candidates without the required UK work visa status.

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

5.8 Anti-Racism Action Plan EYR (NSS) PSDSGC/26/09

5.8.1 The Associate Director, Service Improvement and Associate Director of Customer & Stakeholder Engagement introduced the report and acknowledged the work of Louise McLennan, Head of Equality, Engagement and Experience, in preparing the report.

5.8.2 The Committee received a presentation which highlighted the first-year progress against the Anti-Racism Action Plan and the refreshed priorities to support alignment within PSD Scotland.

5.8.3 The Employee Director welcomed the alignment of staff networks during the transition to PSD Scotland.

5.8.4 The Director of HR & Organisational Development thanked colleagues for their work on the report.

5.8.5 There were no further questions.

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

5.9 Quarterly Prevent Reporting Verbal Update

5.9.1 The Director of Social Care & Communities provided a verbal update on Prevent reporting activity. He advised that no Prevent referrals had been received by either NES or NSS during the last quarter and that work was underway to develop a PSD Scotland approach.

5.9.2 There were no questions raised at the meeting.

5.9.3 **Decision:** The Committee noted the update.

5.10 Whistleblowing Quarterly Reports (NES and NSS) PSDSGC/26/10

5.10.1 The Planning, Performance & Transformation (PPT) Specialist Research Lead introduced the NES Whistleblowing Report, noting that no whistleblowing concerns had been raised during Quarter 4, including a nil return for contractor services. She highlighted key areas from the report, including compliance training figures, the Equally Safe at Work award and the Cabinet Secretary's letter.

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5.10.2 The Committee welcomed the level of detail provided in the report and sought assurance that actions and learning arising from concerns would be reported back once finalised. The PPT Specialist Research Lead confirmed that, once a concern had concluded, any associated actions and learning would be reported through the governance structure and brought back to the Committee.

5.10.3 The Director of Nursing introduced the NSS Whistleblowing Quarterly Report, noting that no whistleblowing concerns had been raised during Quarter 4, including a nil return for contractor services. She highlighted the increased compliance training figures and the work completed in this key focus area.

5.10.4 The Committee welcomed that actions and learning from both organisations would be amalgamated in future PSD Scotland reporting.

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

5.11 Whistleblowing Annual Reports (NES) and (NSS) PSDSGC/26/11

5.11.1 The PPT Specialist Research Lead introduced the NES Whistleblowing Annual Report, noting that one whistleblowing concern had been raised during 2025-26 and was nearing completion. She highlighted key areas from the report, including high training completion figures, staff compliance by band, and the highest iMatter scores in NHS Scotland.

5.11.2 The Committee welcomed the commitment demonstrated by both organisations to the standards and looked forward to future PSD Scotland reports. The Committee noted the report provided assurance and no system gaps were identified in supporting people to speak up.

5.11.3 The Committee welcomed the supporting narrative, noting that it strengthened the assurance provided alongside the data.

5.11.4 The Director of Nursing introduced the NSS Whistleblowing Annual Report, noting that seven contacts and one whistleblowing concern had been raised during 2025-26. She advised that, while the 20-day response target had not been met, a robust investigation and supportive action plan had been completed. She highlighted that no contractor concerns had been raised, with contractor reporting remaining a focus area. Other key areas from the report, included increased training compliance, Speak Up Week activities and the iMatter score. She thanked Lyn Morrow for preparing the report and the Associate Director Corporate Governance (Board Secretary) and Confidential Contacts.

5.11.5 The Committee acknowledged the significant work undertaken to ensure the standards continued to be met and welcomed a future PSD Scotland report.

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

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6 Items for Noting

6.1 JLNC 13 May 2026 Briefing (NSS) PSDSGC/26/12

6.1.1 The Director of HR & Organisational Development introduced the Joint Local Negotiating Committee (JLNC) minute of 13 May 2026, noting that Public Health Scotland (PHS) would establish its own JLNC arrangements, and a PSD Scotland approach would be developed for legacy NES and NSS. She highlighted that policy work and discretionary points activity had commenced through the PSD Scotland Partnership Forum.

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

6.2 Partnership Forum 12 March 2026 Minutes (NES), 17 March 2026 (NSS) and 21 April 2026 (PSD Scotland) PSDSGC/26/13

6.2.1 The Employee Director acknowledged the significant work undertaken to establish the PSD Scotland Partnership Forum at pace.

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

6.3 Meeting Dates and SGC Schedule of Business PSDSGC/26/14

6.3.1 The Chair noted that the September meeting date had been updated and that the SGC Terms of Reference reflected the number of trade union representatives serving as co-opted members of the Committee.

6.3.2 The Associate Director Corporate Governance (Board Secretary) advised that the Schedule of Business remained under review to ensure that relevant business was brought to this Committee.

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

7 Any Other Business

7.1 Members had no further business to raise.

8 Date and Time of Next Meeting

8.1 The next meeting of the Staff Governance Committee will be held on Thursday 24 September 2026 at 1:00pm.

8.2 The Chair thanked all for their reports and contributions to the meeting and closed the Staff Governance Committee meeting at 11:30am.

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