

# Public Services Delivery Scotland

## BOARD ASSURANCE FRAMEWORK

DRAFT

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## Foreword

As Chair of the Board for Public Services Delivery Scotland (PSD Scotland), I am pleased to present our Board Assurance Framework. This essential document underscores our commitment to delivering the principles within the NHS Blueprint for Good Governance, providing PSD Scotland and its Board with the routes of assurance required for active governance and management. The Framework sets out our means of ensuring structures are in place to identify and assess gaps in control and assurance which may impact on our ability to deliver our strategic objectives.

The PSD Scotland Board Assurance Framework, as part of the PSD Scotland Corporate Governance Framework, brings together the critical elements of PSD Scotland assurance and control over risk, financial, clinical, workforce, service delivery, and performance matters. It details the roles and responsibilities of the Transitional Leadership Group, the Board and its Standing Committees, and the mechanisms and tools employed internally and externally to proactively deliver good governance.

As we navigate our evolving landscape and our commitment to support the Scottish Government's ambition for the Public Sector, I am assured that together we have the Governance and Assurance Frameworks needed to lead with control, confidence, compassion, and resilience.



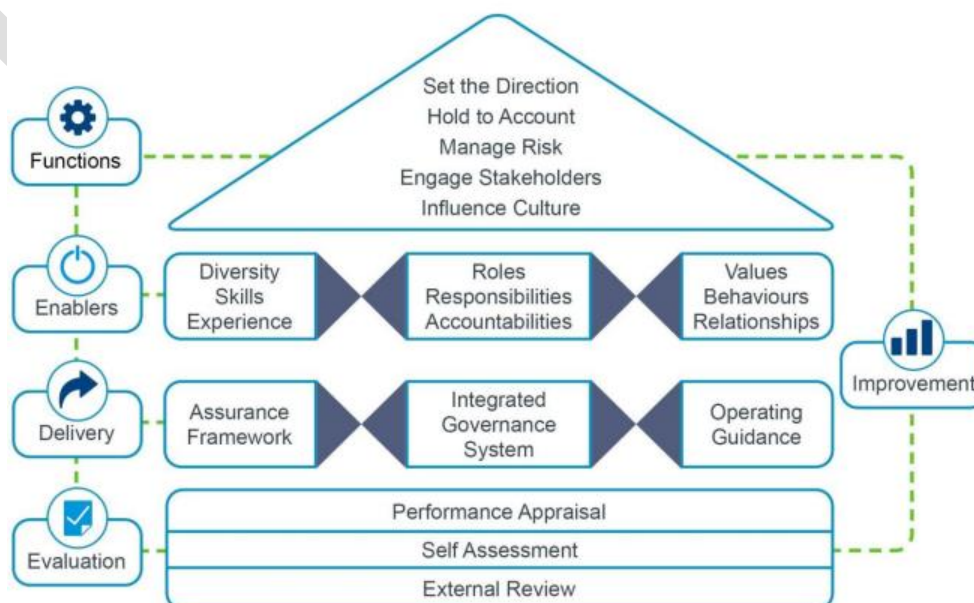
**Keith Redpath**

Chair of Public Services Delivery Scotland

# 1. Introduction

- 1.1 The NHS Scotland Health Boards and Special Health Boards – [Blueprint for Good Governance Second Edition](#) (issued through [DL \(2022\) 38](#)) sets out the promotion and delivery of good governance starting with the development of an assurance framework. This brings together the organisation’s purpose, aims, values, corporate objectives and risks with the strategic plans, change projects and operating plans necessary to deliver the desired outcomes.
- 1.2 The purpose of the Framework is to enable the Board to understand the levels and sources of assurance it receives in relation to work, systems and processes to enable identification of areas where current levels of assurance are considered excessive, or where further assurance mechanisms need to be identified and implemented. The Public Services Delivery Scotland (PSD Scotland) Board have adopted this Board Assurance Framework (BAF) to support them in the discharging of their duties. It describes the high-level system of assurance that operates within PSD Scotland, aligned to the NHS Scotland Blueprint for Good Governance and enables the Board to identify where and how assurance is tested, controls are implemented, and how performance is monitored against the strategic objectives.
- 1.3 Assurance should provide evidence-based confidence that internal controls are in place and effective in supporting the achievement of objectives. The Board Assurance Framework sets out lines of accountability across the Transitional Leadership Group, the Board and its Standing Committees which enable oversight and control of assurance mechanisms. The framework is also used to:
- identify and resolve any gaps in control and assurance;
  - identify any areas where assurance is not present, insufficient, or disproportionate in relation to the delivery of the PSD Scotland’s corporate objectives or operational priorities; and
  - provide evidence to support the Governance Statement published within the Annual Report and Accounts.

**Figure One – The Blueprint for Good Governance**

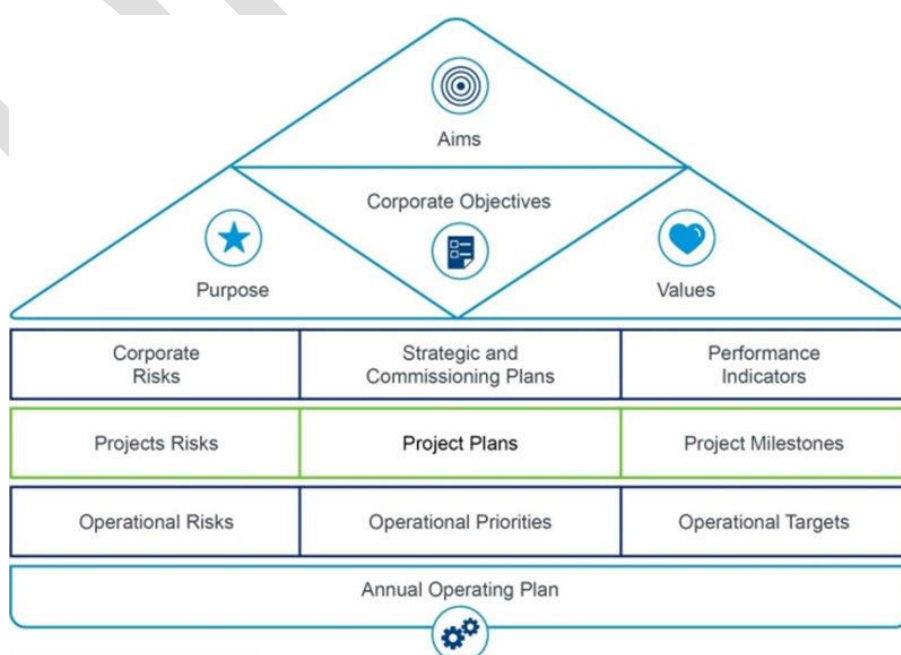


## 2. The Assurance Framework within PSD Scotland

2.1 The approach to governance within PSD Scotland is aligned to the principles of good governance as defined by the Blueprint for Good Governance and the Audit and Assurance Handbook. It specifies where the Board will require assurance regarding management, quality and performance:

- Board and Standing Committee Arrangements – how the Board will discharge its duties;
- Strategic Planning and Service Delivery – setting the organisation’s strategic direction and monitoring and managing performance against related objectives.
- Quality Management – monitoring quality, making improvements and rectifying quality deficits
- Financial Sustainability and Governance – ensuring the organisation’s financial resources are managed effectively
- Change Management – gaining assurance that organisational and service change is efficient and effective
- Clinical and Research Governance - gaining assurance that public health, safety, and quality outcomes remain at the forefront of service delivery
- Education – ensuring safe, effective and compliant delivery of high-quality health and social care and where appropriate broader public service education and training.
- Staff and Workforce Governance – working in partnership to ensure employees are recruited, developed and managed fairly and effectively;
- Information and Data Governance - the policies, processes and for collecting, holding, using and sharing information safely and effectively;
- Management of risk – processes and practices for identifying and managing operational, strategic, and other risks are effective.
- Sustainability / Climate Governance – supporting Scottish Governments ambitions to achieve Net Zero greenhouse gas emissions by 2045

Figure two – The Assurance Framework



2.2 This integrated approach brings together the functions and enablers available to the Board. It offers clear definitions in relation to the areas of control, assurance and governance frameworks used by PSD Scotland and their supporting policies which are essential for delivering good governance.

### **3. The PSD Scotland Board Assurance Framework**

- 3.1 The Board Assurance Framework provides a clear picture of the links between the outcomes expected by the Board and the strategic plans, transformational change projects and operational plans developed by the Transitional Leadership Group to deliver those outcomes.
- 3.2 The Board operates within a Corporate Governance Framework comprising Standing Orders, Standing Financial Instructions, Scheme of Delegation, Terms of Reference for Board Standing Committees, and the Board Assurance Framework. Board meetings are held in public, with private sessions permitted for confidential or sensitive matters, as per the Board's Standing Orders. The Board reserves approval of the Corporate Governance Framework, Annual Delivery Plan, Risk Management Strategy, Financial Plan, Annual Report & Accounts, major business cases, and the appointment of the chief internal auditor. Authority is delegated to Standing Committees, individual Board members, or employees as appropriate and detailed in the Standing Orders and Terms of Reference.

#### **The PSD Scotland Board and Standing Committees**

3.3 The PSD Scotland Board is comprised of publicly appointed Non-Executive Directors, Chief Executive, and Employee Director (s). The Board is led by the Chair. All appointments to the Board are approved by the Scottish Minister. The Board sets the organisations strategic direction and monitors its delivery. The Board sets the approach to governance and assurance in relation to risk management, financial and internal controls within the organisation and its services. The approach is aligned to national frameworks (such as the NHS Blueprint for Good Governance); regulations and standards; and legislative requirements. The Board is accountable to the Scottish Government and Scottish Ministers. The expectations for PSD Scotland are set out in the PSD Scotland and Scottish Government Framework Document. The Standing Committees of the PSD Scotland Board are:

- Audit & Risk Committee (ARC)
- Clinical Governance Committee (CGC)
- Education Committee (EC)
- Finance & Resource Committee (FRC)
- Remuneration Committee (RC)
- Service & Digital Transformation Committee (SDTC)
- Staff Governance Committee (SGC)

- 3.4 Other than those powers reserved for the Board and its Standing Committees (as set out in the Scheme of Delegation, Standing Orders, and respective Terms of Reference) the Board delegates authority for operational delivery, management, and decision making to the Chief Executive (Accountable Officer). The Chief Executive in turn, delegates authorities to the Executive Directors and Directors comprising the Transitional Leadership Group (TLG) who may delegate further to their senior leaders/managers . The TLG has established key governance and reporting groups to monitor performance and progress delivery across the organisation.
- 3.5 The Board and Standing Committees have agreed a suite of annual Work Plans aligned to the Board Assurance Framework which underpin the delivery of active governance to support the Board in the discharging of their duties.

### **Strategic and Operational Planning**

- 3.6 The PSD Scotland Strategy sets out the organisation's purpose, vision, values, and contribution, and was developed in consultation with service users and approved by the PSD Scotland Board. The Strategic Framework is reviewed and revised biennially. Operational plans are produced annually to deliver on strategic objectives, taking into account Scottish Government guidelines and statutory requirements. These include the Annual Delivery Plan (ADP) , The Capital Plan and Annual Budget, and the Workforce Plan. Each plan is considered by the relevant Governance Committee and approved by the Board. Performance reporting against these plans is described below.

### **Performance Monitoring and Reporting**

- 3.7 Reporting against performance is structured around quarterly cycles, with mid-year and annual reports. All Board and Committee papers include a Director Assurance Statement, explicitly addressing:
- What assurance confirms the system of control achieves its purpose
  - What assurance confirms actions will deliver the required outcomes within an acceptable timescale
- 3.8 Reporting Standing Committees scrutinise these reports, the detail of which is recorded within the meeting minutes and presented to the Board for assurance. As well as these reports, the Board and its Committees receive a wide range of regular and ad-hoc reports that provide assurance of delivery against objectives and specific statutory functions.
- 3.8.1 Committee minutes (except Remuneration) are included in public Board packs, and reporting standards are aligned to the NHS Scotland model meeting paper template.

## The Corporate Governance Framework

- 3.9 The PSD Scotland Corporate Governance Framework incorporates all aspects of good governance and practice through an integrated approach. It sets out the Standing Orders for the Board, the Terms of Reference (ToR) for its Standing Committees including the remits delegated to them by the Board and the Standing Financial Instructions. The Corporate Governance Framework is underpinned by the NHS Scotland Blueprint for Good Governance.

## Scheme of Delegation

- 3.9 The PSD Scotland Scheme of Delegation delegates power to individual officers within the management structure. The holders of the positions identified in the Scheme of Delegation are accountable for their areas and for providing assurance to the Board as required.

## Management Assurance

- 3.10 Assurance is provided to the Board through standard reporting formats which align to [the NHS Scotland model meeting paper template](#). The NHS Blueprint for Good Governance describes the use of active governance which enables members to focus on the right things, consider the right evidence and respond in the right way. This is supported in PSD Scotland by the [Assurance Routes](#) described in appendix 1 in conjunction with the processes described for reporting on performance and risk.

## Assurance Model and Lines of Defence

- 3.11 The Board Assurance Framework applies the three lines of defence model:
- First Line: Operational management and controls within directorates and services.
  - Second Line: Oversight by the Transitional Leadership Group and Standing Committees, using performance dashboards, risk registers, and scheduled reporting.
  - Third Line: Independent assurance via Internal Audit, External Audit, and regulatory bodies.

Assurance is mapped to specific domains, with clear identification of responsible officers, reporting frequency, evidence sources, and committee/Board roles. The Board Assurance Framework enables the Board to challenge, direct, and improve assurance mechanisms as needed.

## Risk Management

- 3.12 The Board approves the Risk Management Strategy and Risk Appetite. The strategy ensures that all categories of strategic, corporate, and programme or project risks are captured, mitigated, and controlled. It also sets out roles and responsibilities in relation to risk management across the organisation

- 3.13 The Audit and Risk Committee scrutinise effectiveness of risk management, red corporate Transitional Leadership Group risks, and significant new risks/issues. The Board receives strategic risk update at least annually. The review corporate risks regularly and direct mitigations. Regular reporting through the Board Committees provides assurance to the Board that corporate risks are being appropriately managed.

### **Internal Audit**

- 3.13 The Internal Auditors report directly to the Audit and Risk Committee and provide independent assurance that the organisation's risk management, governance and internal control framework are operating effectively. The Internal Auditor provider sets out an annual work plan based on the key risks facing the organisation which also tests the main internal controls. This plan is approved by the Audit and Risk Committee who receive progress reports throughout the year. The Audit and Risk Committee and Transitional Leadership Group also receive all internal audit reports and updates on progress with recommendations arising from those reports. Internal audit reports are shared with other Board Standing Committees, for scrutiny and assurance, where the topic falls within or links to their remit. In addition to the programme of annual internal audits, PSD Scotland carries out a number of additional audits for assurance and compliance. This includes the annual plan for Service Audits. The Service Audit programme and outcomes are scrutinised by the Audit and Risk Committee. Some of these audit outcomes then progress to Boards that have services provided by PSD Scotland for their own internal audit purposes.

### **External Audit**

- 3.14 The External Auditor provides an objective assessment of the financial statements and related processes. An opinion is provided by an independent third party, appointed by the Auditor General for Scotland. The Audit and Risk Committee receive from the External Auditor the annual audit plan, the independent auditors report and other information in the Annual Report and Accounts. The Annual Report and Accounts are approved by the Board in private session (usually in June following the end of the financial year) and are then laid before Parliament in advance of being published on the Board website.

### **Workforce, Partnership, and Staff Governance**

- 3.15 Workforce and Staff Governance plans are aligned to the PSD Scotland Strategic Framework, NHS Scotland Workforce Strategy for Health and Care, Scottish Government's Care and Wellbeing Portfolio, the NHSScotland Staff Governance Standard, and the NHS Scotland national priorities in relation to workforce. It falls under the remit of the Staff Governance Committee, supported in scrutiny by the PSD Scotland Partnership Forum.

- 3.16 The PSD Scotland Partnership Forum has a key role in the delivery and implementation of the Staff Governance Standards through the Staff Governance Action Plan. Regular reports from the Partnership Forum are received by the Staff Governance Committee to provide the necessary evidence and assurance that partnership working is implemented appropriately across PSD Scotland.

## Clinical Governance

- 3.17 PSD Scotland has a Clinical Governance Framework which describes the national policy and guidance, and the organisational context and approach to ensuring effective clinical governance is embedded at all levels across PSD Scotland. It is aligned to the Scottish Government Clinical and Care Governance Framework and the NHS Scotland Healthcare Quality Strategy, supporting PSD Scotland to achieve the healthcare quality strategy ambitions of safe, effective, and person-centred care.
- 3.18 The Framework sets out the responsibilities of all PSD Scotland staff at all levels in executing clinical governance by following the arrangements in place to achieve safe, effective, value based, person centred care and in contributing to the quality of care for people who use PSD Scotland products and services including the services provided by education and training and the Scottish National Blood Transfusion Service. The PSD Scotland Clinical Governance Framework falls under the direction and scrutiny of the PSD Scotland Clinical Governance Committee.
- 3.19 The Clinical Governance Framework aligns with the PSD Scotland Quality Management Framework and focuses on how quality management is implemented and governed in the context of PSD Scotland clinical and care services and our clinical professional staff.

## Educational Governance

- 3.20 PSD Scotland is responsible for ensuring the safe, effective and compliant delivery of high-quality health and social care education and training across Scotland, meeting all statutory and regulatory requirements and embedding equality, human rights and person-centred principles throughout its work. It maintains robust quality-assurance, performance-monitoring and evaluation systems to oversee internally regulated activity, credit-rated programmes, leadership development and commissioned training, ensuring continuous improvement informed by learner and service-user feedback and supported by the identification and spread of good practice.
- 3.21 The organisation sets and implements strategic education and learning policies, governance structures and research programmes, ensuring they are forward-looking and aligned with future workforce and service needs. It also leads strong, effective partnerships with universities, regulators, health and social care partners, learners

and pathway providers to enhance quality and support integrated service delivery. PSD Scotland further identifies, mitigates and reports strategic risks relating to education, including those associated with compliance, quality, performance and technology-enhanced delivery. For the NHS Scotland Academy, it holds responsibility for ensuring accredited, high-quality education that is well governed, performance-managed and continuously improving, with clear reporting through established Board processes.

### **Information Governance (IG), Cyber, and Digital**

- 3.22 Information Governance and Security is governed by a suite of related policies and procedures with role-based access controls in place to mitigate risks and monitor access. SIRO and Caldicott Guardian provide leadership, with annual Caldicott reporting. Quarterly IG/security reports (including incidents) are scrutinised by the Audit and Risk Committee for oversight and assurance. Business continuity/disaster recovery processes maintained and reviewed.
- 3.23 Digital and AI developments follow quality planning, control, and improvement processes, including risk identification and monitoring aligned to Scotland's AI Strategy. Evaluation and benefits evidence is reported via relevant committees.

### **Change Management and Transformation**

- 3.24 Service redesign and organisational change are governed through structured business case processes covering impact, efficiency and stakeholder engagement which are scrutinised by the Executives, Senior management, and the Finance and Resource Committee. Programme-level risk registers are actively maintained, with clear escalation to support early identification and mitigation of issues.
- 3.25 The Service & Digital Transformation Committee provides oversight of the transformation portfolio, including technology development and adoption and benefits realisation, strengthening governance and assurance across all change activity.

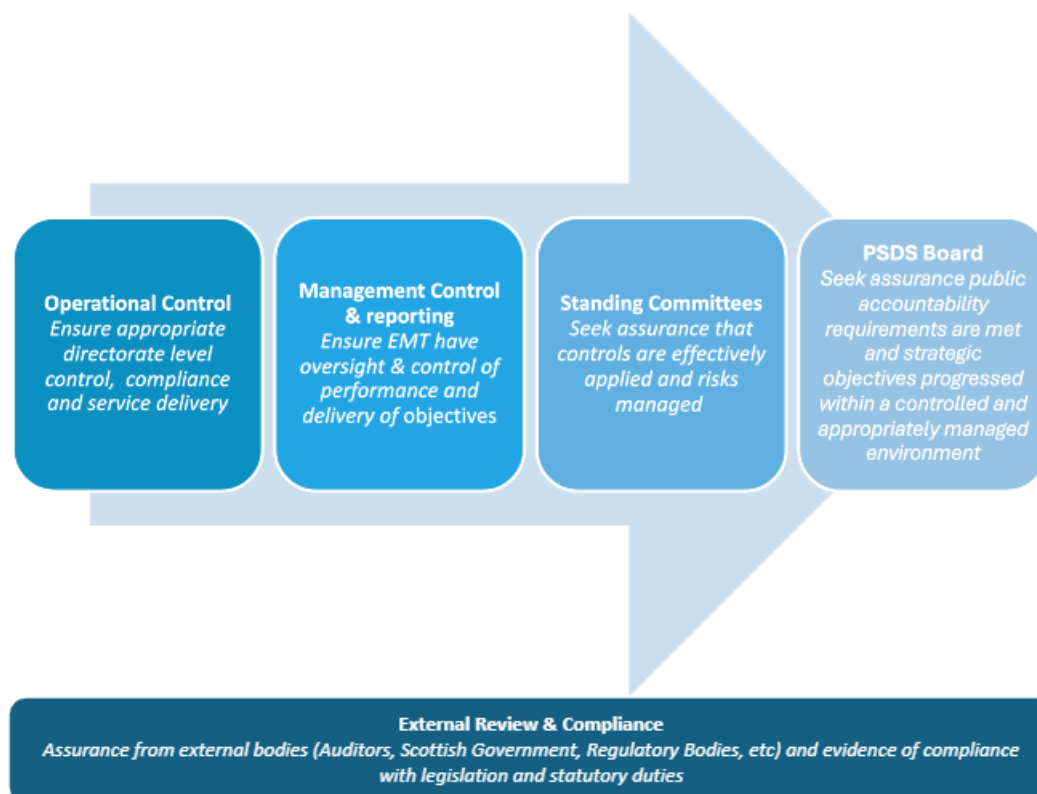
### **Quality Management**

- 3.24 PSD Scotland works within a Quality Management Framework to ensure Quality Management Systems and embed a culture of quality improvement and continuous learning across PSD Scotland. It is supported by a Quality Improvement Strategies and Delivery Plans. Quality Improvement is addressed across all areas of service delivery and monitored via service area and performance reporting by appropriate standing committees.

## Climate Sustainability

- 3.25 Sustainability and achievement of environmental and sustainability targets is monitored by the Finance, Procurement, and Performance Committee.

## 4. Assurance Routes



**Figure Three – Assurance in PSD SCOTLAND**

- 4.1 The Assurance Routes at Appendix 1 set out the main areas of assurance required by PSD Scotland and the Board as set out in the Blueprint for Good Governance. They inform the business of the Board and its Standing Committees. Each has an annual programme of work which sets out the business to be delivered in order to meet the assurance requirements and satisfy the responsibilities as set out in the PSD Scotland Corporate Governance Framework. Many of the items in the Assurance Routes are supported by relevant strategies and policies which are submitted through appropriate governance routes for approval.
- 4.2 Each Standing Committee submits an annual report to the Board that specifies how it has met its remit during the year against its responsibilities as outlines in its ToR and the Board Standing Orders. A high-level overview of the Committees and their remits are set out in the table below. These are not exhaustive, and full detail should be sought from the relevant ToR.

| <b>Committee</b>                            | <b>Principal Function</b>  |
|---|--|
| <b>Audit &amp; Risk</b>                     | Oversees risk management, internal control, financial systems, and governance arrangements. Scrutinises Internal and External Audit plans, opinions, and follow-up. Reviews information governance compliance, the Governance Statement, and annual reports from other committees. May meet privately with auditors and commission specialist advice.      |
| <b>Remuneration</b>                         | Ensures fair and equitable pay systems for executives. Sets and approves executive objectives, performance assessments, and reward outcomes. Governs settlement agreements and business cases in line with DL (2019) 15 and SPFM. Oversees Consultants' Discretionary Points. Reports to the Board in private session as appropriate.                      |
| <b>Education</b>                            | Assures statutory and regulatory requirements for health and social care education and training. Monitors quality, performance, and impact of education programmes, thematic/directorate reviews, accreditation, and regulator feedback. Oversees NHS Scotland Academy governance and annual reporting. Assures education research governance.             |
| <b>Finance &amp; Resource</b>               | Provides oversight of financial position, procurement, sustainability, and performance management. Reviews and recommends Delivery Plans and Financial Plans. Scrutinises SKPI performance, complaints, climate objectives, and resilience. Approves property and investment decisions within delegated authority.   |
| <b>Clinical Governance</b>                  | Assures safety, quality, and effectiveness of clinical activities. Scrutinises clinical adverse events, Duty of Candour, HAI, medical devices governance, and patient safety risks. Oversees adult/child protection responsibilities and national clinical functions. Receives annual reports on infection prevention, Duty of Candour, IR(ME)R, and PGDs. |
| <b>Staff Governance</b>                     | Holds PSD Scotland to account for the Staff Governance Standard. Oversees workforce strategy, organisational development, health, safety & wellbeing, equality, diversity & human rights, and whistleblowing. Receives Partnership Forum reports, reviews staff-related risks, and annual iMatter results.   |
| <b>Service &amp; Digital Transformation</b> | Holds the portfolio governance for service redesign, digital transformation, data & analytics enablement, technology development and assurance, and benefits realisation. Assurance inputs and frequencies will be codified once remit is finalised.   |

## 5. Internal Controls

- 5.1 A comprehensive system of internal controls is in place within the organisation and the main route of assurance for these is the Audit & Risk Committee. In addition, all Standing Committees monitor and advise the Board on the appropriateness of internal controls within those areas they have been delegated authority to. The Staff Governance Committee assures activity to support achievement of the Staff Governance Standard as well as other workforce controls. The Clinical Governance Committee assures activity and controls in relation to quality, safety, and compliance in PSD Scotland clinical settings.
- 5.2 The terms of reference for the Audit & Risk Committee as well as the financial management controls in operation within PSD Scotland align to the [Government Financial Reporting Manual](#), the [Scottish Public Finance Manual](#) and the [Audit & Assurance Committee Handbook](#). In line with these, the purpose of the Audit and Risk Committee is stated as assisting the Board to deliver its responsibilities for the issues of risk, control and governance and associated assurance through a process of constructive challenge and scrutiny.
- 5.3 The Annual Report and Accounts includes a summary of the internal control environment and details any instances where controls have not been met. The Accounts also include a summary of the main controls in relation to staff governance. The Accounts in the first instance are assured by the Audit & Risk Committee before being provided for approval by the Board and finally laid in Parliament.

### Reporting Principles

- 5.4 PSD Scotland has identified a number of principles to support the delivery of comprehensive reporting arrangements which provide the information and assurance required at all levels. The PSD Scotland reporting principles require all reports to focus on key indicators and exceptions (under performance or by request from the Board or committee).
- 5.5 Reports cover the latest quarter, with more detailed performance reporting at mid-year and full year. Statistical Process Control (SPC) charts are used for reporting non-financial performance information when possible. Reports are made available through online internal systems and in offline formats for the public record.

### Policy and Governance Documents

- 5.6 The detailed description of governance arrangements and the guidance on implementing these arrangements are contained in a portfolio of documents which includes Standing Orders, Standing Financial Instructions and the Schemes of

Delegation that provide our senior leadership and management with their principal operating guidance. These are reviewed by the Board annually.

- 5.7 The Board Assurance Framework will be reviewed every three years but will be updated should assurance requirements need to change in line with national guidance, statutory duties, or organisational delivery.

## 6. Levels of Assurance

- 6.1 The Blueprint for Good Governance requires that there are effective assurance information systems in place to enable the Board to deliver its assurance function and to be clear on their role in the assurance process. To support this, PSD Scotland has introduced the use of Director Assurance Statements in Board and Committee reports, as well as mapping the purpose and remit of reports and functions within respective Committee Forward Programmes.
- 6.2 The responsible Director will provide a statement of assurance within their report to the Board or Committee providing the focus required to support the review of that assurance. Where papers are being provided for approval, the Assurance Statement should be seeking to answer the following questions:

### Focus of Assurance Statement

| Focus of assurance   | Question  |
|--|---|
| <b>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.</b> | What assurance do you take that the system of control achieves or will achieve the purpose that it is designed to deliver?  |
| <b>To achieve a defined level of organisational performance or impact in terms of outcomes for stakeholders.</b>   | What assurance do you take that the actions described will deliver the outcomes you require within an acceptable timescale? |

## Appendix 1 – Assurance Routes

| BAF Ref #                   | Self-assess link | Board Assurance Role and Requirement  | First Line Assurance Mechanism           | Second Line Management Information and Oversight  | Oversight and Approval  | Third Line External and Independent Review       | Statutory/ Other Deliverables             |                               |
|-----------------------------|------------------|---|--|---|-------------------------|--|---|-------------------------------|
| <b>1. Setting Direction</b> |                  |   |  |   |                         |  |   |                               |
| 1.1                         | 2a.              | Setting strategic direction and organisational priorities                       | PSD Scotland Strategy                    | Development and Approval of PSDS Strategy   | Executive / Board       | Approval of Strategy by Scottish Government (SG) | Development and Approval of PSDS Strategy |                               |
| 1.2                         | 2b.              | Development and Performance of Operational Plans including Annual Delivery Plan | PSD Scotland Annual Delivery Plans (ADP) | Approval of Annual Delivery Plan (ADP)  | Executive / FRC / Board | Approval of ADP by SG                            | PSD Scotland ADP Published                |                               |
|                             |                  |   |  | External Audit review of Performance in Annual Report and Accounts                      | Executive / ARC / Board |  |   | External Auditors             |
|                             |                  |   |  | Quarterly Performance Reports inc progress against Strategic Key Performance Indicators | Executive / Board       | SG Sponsors                                      |   | Annual Review with SG Sponsor |
|                             |                  |   |  | Monthly Service Area Reports  | Executive               |  |   |                               |
|                             |                  |   |  | Quarterly Service Area Report   | FRC                     |  |   |                               |
|                             |                  |   |  | Quarterly ADP Progress Report   | Executive / FRC / Board |  |   |                               |
|                             |                  |   |  | Annual ADP Progress Report  | Executive / FRC / Board |  |   |                               |
| 1.3                         | 2c.              | Financial Plans   |  | Approval of Whole System Infrastructure Plan & BCP                                      | Executive / FRC         |  | Regular                                   |                               |

| BAF Ref # | Self-assess link | Board Assurance Role and Requirement | First Line Assurance Mechanism   | Second Line Management Information and Oversight   | Oversight and Approval  | Third Line External and Independent Review  | Statutory/ Other Deliverables   |
|-----------|------------------|--------------------------------------|--|--|---|---|---|
|           |                  |                                      | PSD Scotland Annual Financial Plans (aligned with ADP)<br><br>Annual Service Development and Investment Bids (with annual financial plan)<br><br>Whole System Infrastructure Plan (WSIP) and Business Continuity Plan (BCP)  | Approval of Finance Plans inc. Investment Bids<br><br>Monthly Finance Report<br><br>Quarterly Finance Report   | Executive / FRC / Board<br><br>Executive<br><br>Executive / FRC / Board                             | Approval of budgets and financial plans by SG   | engagement with SG and NHSS Directors of Finance  |
| 1.4       | 3f. 6a.          | Workforce Plans                      | PSD Workforce Plan (including Key Performance Indicators and workforce metrics)<br><br>Staff Governance Annual Action Plan (including Key Performance Indicators (and workforce metrics)<br><br>Implementation of Safe Staffing Health and Care (Staffing) (Scotland) Act 2019 | Approval of Workforce Plan<br><br>Monthly People Report<br>Quarterly People Report<br>Talent Management and Succession Plan Reporting<br>Staff Governance and Workforce Plan Quarterly Report<br>Staff Governance and Workforce Plan Annual Report<br>Quarterly Safe Staffing Report | Executive / PF / SGC<br><br>Executive / PF<br>SGC<br>Executive / SGC<br>PF / SGC<br>PF / SGC<br>CGC | Scottish Government review of Staff Governance Monitoring data<br><br>Trade Unions review of workforce and staff governance plans and performance reporting | Health and Care (Staffing) (Scotland) Act<br><br>Equal Pay Gap Report<br><br>Alignment to National Workforce Strategy for Health and Social Care in Scotland (2022) |
| 1.5       | 2e.              | Project and Programme Oversight      | Annual Delivery Plans (ADP)<br><br>Change Oversight Group (COG)  | Quarterly Integrated Performance<br><br>Organisational Change Policy and Procedures<br><br>Quarterly ADP Progress Report<br><br>Service Excellence Reports   | Executive / Board<br><br>Executive / FOC<br><br>Executive / FRC<br><br>Executive / Board            | Regular engagement with Scottish Government   |   |

| BAF Ref #                    | Self-assess link | Board Assurance Role and Requirement | First Line Assurance Mechanism             | Second Line Management Information and Oversight   | Oversight and Approval         | Third Line External and Independent Review                                 | Statutory/ Other Deliverables                                   |
|------------------------------|------------------|--------------------------------------|--|--|--------------------------------|--|---|
|                              |                  |                                      | Portfolio Management Group (PMG)           | Quarterly PMG Report   | Executive / FRC                |  |   |
|                              |                  |                                      | Programme Boards                           | Quarterly COG Report   | Executive / FRC                |  |   |
|                              |                  |                                      | Business Cases (as required)               |  |                                |  |   |
| 1.6                          | 2d.              | Quality Improvement and Education    | PSD Scotland Clinical Governance Framework | Clinical Governance Framework Delivery Plan Reports  | CGC                            | Internal Audit   | Clinical Governance & Quality Improvement Leadership Forum      |
|                              |                  |                                      | Quality Improvement Strategy               | Quality Improvement Network Toolkit and Events   | Executive / Committees / Board | Formal Review by the GMC (every 5 years) of Medical Education in Scotland. | Alignment with Scotland's Artificial Intelligence (AI) Strategy |
|                              |                  |                                      | Learning and Education Strategy            | Approval of Learning and Education Strategy  | Executive / EG / Board         |  |   |
|                              |                  |                                      |  | Learning and Education Strategy Implementation and impact reports                                    | Executive / EG                 |  |   |
|                              |                  |                                      |  | Thematic Review Reports  | Executive / EG                 |  |   |
|                              |                  |                                      | Quality Policy Framework for Learning      | Review of local quality management outcomes, including those from trainee surveys                    | Executive / EG                 |  |   |
|                              |                  |                                      | Research Governance Policy                 | Research Governance Policy Approval  | Executive / CGC / EG           |  |   |
|                              |                  |                                      |  | Quality Policy Framework for Learning and Implementation Reports                                     | Executive / EG                 |  |   |
|                              |                  |                                      |  | NHS Scotland Academy Education and Quality Governance Annual Report including National Youth Academy | Executive / EG                 |  |   |
| <b>2. Holding to Account</b> |                  |                                      |  |  |                                |  |   |
| 2.1                          | 3a.              |                                      | PSD Scotland Strategy                      | Development and Approval of PSD Scotland Strategy  | Executive / Board              |  | Strategy Publishing   |

| BAF Ref # | Self-assess link | Board Assurance Role and Requirement                           | First Line Assurance Mechanism                                  | Second Line Management Information and Oversight  | Oversight and Approval  | Third Line External and Independent Review        | Statutory/ Other Deliverables                 |
|-----------|------------------|--|---|---|-------------------------|---|---|
|           |                  | Monitoring of Organisational Strategy Delivery and Performance | PSD Scotland Annual Delivery Plans (ADP)                        | Quarterly Performance Reports   | FRC                     | Annual Review with Scottish Government            | Procurement Report Publication                |
|           |                  |  |   | External Audit review of Performance in Annual Report and Accounts                      | Executive / ARC / Board | External Audit and Annual Report                  |   |
|           |                  |  |   | Quarterly Performance Reports inc progress against Strategic Key Performance Indicators | Executive / Board       | Quarterly Delivery Reports to Scottish Government |   |
|           |                  |  |   | Monthly Service Area Reports  | Executive               |   |   |
|           |                  |  |   | Quarterly Service Area Report   | FRC                     |   |   |
|           |                  |  |   | Quarterly ADP Progress Report   | Executive / FRC / Board |   |   |
|           |                  |  | Learning and Education Strategy                                 | Annual ADP Progress Report  | Executive / FRC / Board |   |   |
|           |                  |  | Procurement Strategy  | Learning and Education Strategy Implementation and impact reports                       | Executive / EG          |   |   |
|           |                  |  |   | Learning and Education Research and Innovation Plan/Report                              | Executive / EG          |   |   |
|           |                  |  |   | Quarterly and Annual Procurement Report   | FRC                     |   |   |
| 2.2       | 3b.              | Financial Stewardship/Best Value                               | Best Value Duty Biennial Mapping Exercise                       | Best Value Duty Reporting   | Executive / FRC         | External Audit                                    | Annual Report and Accounts laid in Parliament |
|           |                  |  | External Audit  | Annual Best Value Review within Annual Accounts & Report                                | Executive / ARC / Board | Internal Audits                                   | Annual Procurement Report Published           |
|           |                  |  | Internal Audits   | Internal Audit Reports  | Executive / ARC         | Service Audits                                    |   |
|           |                  |  | Service Audits  | Service Audit Reports   | Executive / ARC         |   |   |
|           |                  |  |   | Quarterly Procurement Report  | FPC                     |   |   |
| 2.3       | 3b.              | Budget and budgetary control                                   | PSD Scotland Financial Plans Procurement Strategy and Reporting | Losses and Special Payments Report  | ARC                     | External Audit                                    | Annual Report and Accounts laid in Parliament |
|           |                  |  |   | Annual Corporate Purchasing/ Procurement Card Report                                    | ARC                     |   |   |

| BAF Ref # | Self-assess link | Board Assurance Role and Requirement | First Line Assurance Mechanism   | Second Line Management Information and Oversight   | Oversight and Approval  | Third Line External and Independent Review  | Statutory/ Other Deliverables  |
|-----------|------------------|--------------------------------------|--|--|---|---|--|
|           |                  |                                      | Audit Scotland External Audit  | Review of Consultancy Spend<br>Quarterly and Annual Procurement Report<br>Gifts and Hospitality Annual Report  | ARC<br>FRC<br>ARC   |   | Annual Procurement Report Published  |
| 2.4       | 3b.              | Financial Control                    | PSD Standing Financial Instructions (SFI)<br>Annual Accounts Part B - Accounting Policies<br>Audit Scotland External Audit | Annual review of PSD Scotland Standing Financial Instructions (SFI)<br>Annual Review of Annual Accounts Part B - Accounting Policies<br>Annual Accounts and Report                     | Executive / ARC<br>Executive / ARC<br>Executive / ARC / Board | External Audit  | Annual Report and Accounts   |
| 2.5       |                  | Clinical Governance                  | Clinical Governance Framework<br>Caldicott Guardianship<br>Research Governance Policy & Framework                          | Clinical Governance Framework Delivery Plan Quarterly Report<br>Caldicott Guardianship Annual Report<br>Annual Research Governance Report<br>Medicine Quality and Safety Annual Report | CGC<br>CGC<br>CGC<br>CGC                                      | External Bodies (e.g. MHRA)<br>Ionising Radiation (Medical Exposure) Regulations (IR(ME)R) 2017<br>Healthcare Associated Infection (HAI) governance | NHS Scotland Healthcare Quality Strategy<br>Scottish Government Clinical and Care Governance Framework |
| 2.6       | 3e.              |                                      | Executive Appraisals and Mid-year Reviews  | Mid-year Review of Performance<br>Annual Review of Performance   | Remm Com<br>Remm Com  | Sponsor Team  |  |

| BAF Ref # | Self-assess link | Board Assurance Role and Requirement      | First Line Assurance Mechanism       | Second Line Management Information and Oversight     | Oversight and Approval                       | Third Line External and Independent Review                 | Statutory/ Other Deliverables   |
|-----------|------------------|---|--------------------------------------|--|--|--|---|
|           |                  | Transitional Leadership Group Performance |                                      | PSD Scotland Remuneration Committee Annual Report    | Board  | National Performance Management Committee Assurance Letter | Remuneration Report within Published Annual Accounts                                    |
| 2.7       | 12b.             | Non-executive Performance                 | Non- Executive Appraisals            | Mid-year Review of Performance                       | PSD Scotland Board Chair                     | Sponsor Team   | Non-executive performance is assessed through annual/mid-year appraisals with the Chair |
|           |                  |   |                                      | Annual Review of Performance                         | PSD Scotland Board Chair                     |  |   |
| 2.8       | 3d.<br>3f.       | Staff Performance and Support             | Staff Appraisals and Objectives      | Monthly People Report                                | Executive / PF                               |  | Publication of iMatter comparative data by Scottish Government and thematic review      |
|           |                  |   |                                      | Quarterly People Report                              | SGC  |  |   |
|           |                  |   | Mandatory Training                   | Talent Management and Succession Plan Reporting      | Executive / SGC                              |  |   |
|           |                  |   | Staff Governance Standards           | Staff Governance and Workforce Plan Quarterly Report | PF / SGC                                     |  |   |
|           |                  |   |                                      | Staff Governance and Workforce Plan Annual Report    | PF / SGC                                     |  |   |
|           |                  |   |                                      | Review of iMatter Results                            | Executive / PF / SGC                         |  |   |
|           |                  |   | iMatter                              | iMatter Action Plans                                 | Executive / PF / SGC                         |  |   |
|           |                  |   |                                      | Staff Related Policy Approval (as required)          | Executive / PF / SGC                         |  |   |
| 2.9       | 11d.<br>12c.     | Internal Audit and Control                | Audit and Risk Committee ToR         | Annual internal Audit Plan                           | Executive / ARC                              | Internal Audits  |   |
|           |                  |   |                                      | Internal and Service Audits and Reports              | Executive / ARC                              |  |   |
|           |                  |   | PSD Scotland Framework Agreement     | Internal and Service Audit Progress Plans            | Executive / ARC                              | Service Audits   |   |
|           |                  |   |                                      | Blueprint for Good Governance                        | Appointment of Internal and Service Auditors |  |   |
| 2.10      | 8b.              | Sustainability (Reducing                  | PSD Scotland Sustainability Strategy | Quarterly Sustainability Report                      | FRC  | Scottish Government  |   |

| BAF Ref #               | Self-assess link | Board Assurance Role and Requirement  | First Line Assurance Mechanism   | Second Line Management Information and Oversight  | Oversight and Approval  | Third Line External and Independent Review  | Statutory/ Other Deliverables   |
|-------------------------|------------------|---|--|---|---|---|---|
|                         |                  | Emissions/ Climate Change Act 2009)   | Sustainability and Infrastructure Board  | Quarterly and Annual Performance Reports<br>Service Area Reports<br>Annual Climate Emergency and Sustainability Report                                      | Executive / Board<br>Executive/ All Committees / Board<br>FRC |   | Non-Executive Sustainability Champion<br><br>Annual Climate Emergency and Sustainability Report Submissions |
| <b>3. Managing Risk</b> |                  |   |  |   |   |   |   |
| 3.1                     | 4a.              | Strategic Risk Management   | Risk Appetite<br><br>Risk Management Strategy  | Annual Risk Appetite Review<br>Annual Risk Management Strategy Review<br>Resilience Plan Review and Reporting   | ARC / Board<br>ARC / Board<br>ARC / Board                     | Scottish Government<br><br>Audit  | Shared risks and register with Sponsor Team   |
|                         |                  |   | Resilience Strategy ND Business Continuity / Resilience Plans  |   |   |   |   |
| 3.2                     | 4b.<br>4c.       | Risk Oversight, monitoring, and assurance                                   | Strategic Risk Register and Issues Log   | Quarterly Risk and Issues Report<br>Quarterly Resilience Report   | Executive / All Committees / Board<br>ARC                     | External Audit  | Included in Annual Report and Accounts  |
| 3.3                     | 3c.              | Information Governance and Records Management (Public Records Scotland Act) | PSD Scotland Records Management Plan<br>PSD Scotland Records Management Policy<br>Information Asset Register<br>Mandatory Training | Triennial Corporate Records Management Policy Review<br>Quarterly Information Security and Governance Report<br>Service Excellence Reports<br>People Report | ARC<br>ARC<br>Executive / Board<br>Executive / SGC / PF       | Scottish Information Commissioner (SIC)/ National Records Scotland (NRS)<br>The Public Records (Scotland) Act 2011 (PRSA)<br>Regulator Audits | Quarterly reports on Freedom of Information activity to SIC<br><br>Records Management Plan to NRS           |
| 3.4                     | 3c.              |   | Data Protection & Data Governance Policies   | Quarterly Information Security and Governance Report  | ARC   | Regulator Audit   |   |

| BAF Ref #                                | Self-assess link         | Board Assurance Role and Requirement  | First Line Assurance Mechanism  | Second Line Management Information and Oversight                                       | Oversight and Approval                        | Third Line External and Independent Review  | Statutory/ Other Deliverables  |
|--|--------------------------|---|---|--|---|---|--|
|  |                          | Cyber and Information Security  | Data Protection Impact Assessments<br>Mandatory Training  | Policy reviews and Approvals<br>People Report  | ARC<br>Executive / SGC / PF                   | Public Sector Cyber Resilience Framework  | Network & Information Systems Regulations Audit  |
| 3.5                                      | 3c.<br>3b.               | Counter Fraud   | NHSScotland National Counter Fraud Strategy   | Fraud Annual Report and Action Plan<br>Fraud Report                                    | ARC<br>ARC                                    | Audit and Risk Committee  | NHS Scotland Counter Fraud Standard & Fraud Prevention Guide Self-assessment   |
| <b>4. Engaging with Key Stakeholders</b> |                          |   |   |  |   |   |  |
| 4.1                                      | 11d.                     | Annual Report and Accounts including Governance Statement                                 | Audit Scotland<br>Annual Audit and Report   | Review and approval of Annual Report   | Executive / ARC / Board                       | External Audit/ Internal Audit  | Annual Report and Accounts   |
| 4.2                                      | 5a.<br>5b.<br>5c.<br>5e. | Assurance of the engagement of stakeholders and service users in the work of PSD Scotland | Anchor Strategic Plan<br>Planning with People<br>referrals to the General Medical Council and General Dental Council relating to doctors and dentists in training | Approval of Anchor Strategic Plan<br>Anchor Reporting<br>Consultations                 | Executive / Board<br>FRC<br>As required       | Service User and Stakeholder Surveys<br>Anchor Organisation<br>Anchor Reporting Submission to Scottish Government | <a href="#">planning-people-community-engagement-participation-guidance-updated-2024.pdf</a><br><br><a href="#">Participation Toolkit   HIS Engage</a> |
| 4.3                                      | 5d.                      | Complaints and Feedback   | PSD Complaints Handling Procedure<br>SPSO Model Complaints Handling Procedure   | PSD Scotland Annual Feedback and Complaints Report<br>Service Area Complaint Reporting | Executive / ARC<br>Executive / All Committees | Scottish Government/ Scottish Public Services Ombudsman   | Annual feedback and complaints Report Published  |
| 4.4                                      | 5d.                      | Duty of Candour   | Adverse Event Policy<br>Duty of Candour   | Duty of Candour Reporting  | Executive / CGC                               |   | Health and Social Care Act 2008  |

| BAF Ref #                     | Self-assess link | Board Assurance Role and Requirement   | First Line Assurance Mechanism  | Second Line Management Information and Oversight  | Oversight and Approval                               | Third Line External and Independent Review  | Statutory/ Other Deliverables  |
|-------------------------------|------------------|--|---|---|--|---|--|
|                               |                  |  |   |   |  |   | (Regulated Activities) Regulations   |
| <b>5. Influencing Culture</b> |                  |  |   |   |  |   |  |
| 5.1                           | 6e. 3d.          | Staff Governance Standard  | Joint Local Negotiating Committee<br><br>Partnership Forum<br><br>Staff Governance Monitoring Framework   | JLNC Quarterly Briefing<br><br>PF Quarterly Briefing<br><br>Annual Staff Governance Monitoring Exercise | SGC<br><br>SGC<br><br>PF / SGC                       | Scottish Government response to PSD Scotland's Staff Governance Monitoring Return   | Annual Staff Governance Monitoring Return submission   |
| 5.2                           | 6f.              | Equality, Diversity, and Inclusion & Equality Monitoring (Equality Act 2010 Specific Duties)                                     | Diversity Steering Group<br><br>Staff Networks<br><br>Public Sector Equalities Duty Outcome Setting and Report<br><br>Anti-Racism Plan<br><br>Equality Impact Assessments<br><br>Mandatory Training | Equal Pay Gap Report and Statement<br><br>Equality Mainstreaming Report<br><br>People Report            | PF / SGC<br><br>PF / SGC<br><br>Executive / PF / SGC | Scottish Government<br><br>Ethical Standards Commissioner<br><br>Equality and Human Rights Commission<br><br>Membership of NHSScotland Equality Professional Lead Network | Publish Equality Mainstreaming Report including Equality Workforce Equality Monitoring Report<br><br>Publish Anti Racism Plan<br><br>Publish Gender Pay Gap report |
| 5.3                           |                  | Corporate Parenting/ Children's Rights/ United Nations Convention of the Rights of the Child (Incorporation) (Scotland) Act 2024 | Corporate Governance Oversight Group (sub of EMT)<br>Equality Steering Group  | Corporate Governance Oversight Group<br><br>Equality Steering Group                                     | Executive / PF / SGC                                 | Scottish Government   | UNCRC Report to Scottish Ministers, first due 2026 and then every 3 years<br>Children's Rights and Corporate Parenting Report                                      |

| BAF Ref #            | Self-assess link | Board Assurance Role and Requirement        | First Line Assurance Mechanism   | Second Line Management Information and Oversight   | Oversight and Approval       | Third Line External and Independent Review                           | Statutory/ Other Deliverables  |
|----------------------|------------------|---|--|--|------------------------------|--|--|
| 5.4                  | 6c.              | Whistleblowing/ Safe to Speak Up            | National Whistleblowing Standards  | Quarterly Whistleblowing Report                    | Executive / PF / SGC         | Reports submitted to the Independent National Whistleblowing Officer | Non-Executive Whistleblowing Champion  |
|                      | 6d.              |   | Whistleblowing Policy and Procedures   | Annual Whistleblowing Report                       | Executive / PF / SGC / Board |  |  |
| 5.5                  | 6e.              | Staff Survey/ iMatter                       | Participation in iMatter Survey  | Review of iMatter Results                          | Executive / PF/ SGC          | n/a  | Publication of iMatter comparative data by Scottish Government and thematic review |
|                      |                  |   | Results of iMatter Survey  | Annual iMatter Action Plan                         | Executive / PF/ SGC          |  |  |
|                      |                  |   | iMatter - Comparison of Health and Social Care                                   | iMatter - Comparison of Health and Social Care     | Executive / PF/ SGC          |  |  |
| 5.6                  | 6e.              | Health and Safety/ Health and Wellbeing     | Transitional Leadership Group  | People Reports                                     | Executive / PF/ SGC          | Health and Safety Executive  | Report to Health and Safety Executive if accident resulted in absence              |
|                      |                  |   | Occupational Health and Safety Advisory Committee                                | Adverse Event Reporting                            | Executive                    |  |  |
| 5.7                  |                  | Gender Representation on Public Body Boards | Transitional Leadership Group  | Biennial Review and Return                         | PF / SGC                     | Scottish Government/ Ethical Standards Commissioner                  | Published within Equality Duty Report  |
| <b>6. Governance</b> |                  |   |  |  |                              |  |  |
| 6.1                  | 8e.              | Register of Interests                       | Board Register of Interest<br><br>Executive and Directorate Register of Interest | Quarterly Update and Publication of Board Register | Board                        | Standards Commission   | Publication on website   |

| BAF Ref # | Self-assess link | Board Assurance Role and Requirement  | First Line Assurance Mechanism   | Second Line Management Information and Oversight  | Oversight and Approval                         | Third Line External and Independent Review  | Statutory/ Other Deliverables   |
|-----------|------------------|---------------------------------------|--|---|--|---|---|
| 6.2       |                  | Register of Gifts and Hospitality     | Corporate Register of Gifts and Hospitality  | Gifts and Hospitality Annual Report   | Executive / ARC                                | External Auditors                           | Publication on website  |
| 6.3       | 8d.<br>11f.      | Corporate Governance Systems          | Corporate Governance Framework   | Annual Review and Approval of Corporate Governance Framework  | Executive / Committees / Board                 | External Auditors                           | Publication on website<br><br>Triennial Board Self-assessment against Blueprint for Good Governance |
| 6.4       | 10a.             | Board Assurance                       | Corporate Governance Framework<br><br>Board Assurance Framework (BAF)                            | Annual Review of Corporate Governance Framework<br><br>Annual Review of BAF                                     | Executive / Committees / Board<br><br>Board    | External Auditors                           | Triennial Board Self-assessment against Blueprint for Good Governance                               |
| 6.5       | 6b.              | Code of Conduct                       | Board Standing Orders<br><br>Board Code of Conduct   | Annual Non-Executive Appraisals<br><br>Annual Review of Board Standing Orders & Code of Conduct                 | Board Chair<br><br>Board                       | Standards Commission/ Model Code of Conduct | Publication on website  |
| 6.6       | 7d.<br>12a.      | Board Self-Assessment & Skills matrix | Board Skills Matrix<br><br>Triennial Board Self-assessment against Blueprint for Good Governance | Annual Review of Board Skills Matrix<br><br>Annual Standing Committee Reports<br><br>Annual ARC Self-Assessment | Board<br><br>All Committees / Board<br><br>ARC | Independent Review                          | Triennial Board Self-assessment against Blueprint for Good Governance                               |

*Note: Where n/a is marked under an Assurance Route it does not automatically indicate a lack or gap in assurance. While the Board has overall responsibility for setting the direction for the organisation and for all areas of assurance, the routes are intended to indicate the routine assurance line for items and where they are not routinely provided, this is marked n/a. This does not exclude the Board from receiving reports in these areas*

*when appropriate or from considering matters escalated to it by a Standing Committee. Several items including statutory requirements are reserved for decision by the Board, and this is covered in the Corporate Governance Framework and its documents.*

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<sup>i</sup> Figure – p.12, Blueprint for Good Governance in NHS Scotland - Second edition, Scottish Governance 2023

<sup>ii</sup> Figure – p.38, Blueprint for Good Governance in NHS Scotland - Second edition, Scottish Governance 2023

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