

Agenda

B/25/32

NSS BOARD FORMAL
FRIDAY, 26th SEPTEMBER 2025 COMMENCING 1000HRS, JACK COPLAND
CENTRE, EDINBURGH AND VIA TEAMS

NSS Chair: Keith Redpath

Apologies:

1000 – 1200 hrs

1. Welcome and Introductions – Keith Redpath, NSS Chair

Quarterly Highlight Presentation: **NHS CP4/3 Prescription Form Transition Project,**
Tina Robertson, Service Delivery Manager

2. Items for Approval

- 2.1 Minutes of the previous meeting held on 27th June 2025 and Matters Arising **[B/25/33 and B/25/34] – Keith Redpath, NSS Chair**
- 2.2 NSS Board Forward Programme **[B/25/35] – Keith Redpath, NSS Chair**
- 2.3 Amendment to Remuneration Committee Terms of Reference **[B/25/36] – Kyle Clark-Hay, Assoc Director Corporate Governance (Board Secretary)**
- 2.4 NSS Annual Feedback and Complaints Report 2024-25 **[B/25/37] – Lee Neary, Director, Primary & Community Care (P&CC) (Interim)/Strategy, Performance & Service Transformation (SPST)**
- 2.5 Scottish National Blood Transfusion Strategy **[B/25/38] – Marc Turner, Director SNBTS**

3. Items for Scrutiny

- 3.1 Chairs Report (verbal) – **Keith Redpath, NSS Chair**



Chair
Chief Executive

Keith Redpath
Mary Morgan

- 3.2 Chief Executive's Report (verbal) – **Mary Morgan, NSS Chief Executive**
- 3.3 Finance Report (2025/26: Month 5 – August 2025) **[B/25/39]** – **Carolyn Low, Director Finance, Corporate Governance and Legal Services**
- 3.4 Integrated Performance Report **[B/25/40]** – **Lee Neary, Director, Primary & Community Care (P&CC) (Interim)/Strategy, Performance & Service Transformation (SPST)**
- 3.5 NSS Risk Report (as at end M4, 31.7.25) **[B/25/41]** – **Lee Neary, Director, Primary & Community Care (P&CC) (Interim)/Strategy, Performance & Service Transformation (SPST)**

4. Items for Information

- 4.1 Public Inquiries Update **[B/25/42]** – **Lee Neary, Director, Primary & Community Care (P&CC) (Interim)/Strategy, Performance & Service Transformation (SPST)**
- 4.2 NSS Committees Approved Minutes and opportunity for Committee Chair's to highlight material items **[B/25/43]**
 - NSS Audit and Risk Committee (Approved)
 - NSS Clinical Governance Committee (Approved)
 - NSS Finance, Procurement and Performance Committee (Approved)
 - NSS Staff Governance Committee (Approved)
- 4.3 NSS NHS Delivery Implementation Board Update **[B/25/44]**

5. Any other business

End of public session.

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

5.22.1 The Board is still in the process of developing proposals or its position on certain matters and needs time for private deliberation.

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

- 6. Minutes of the In Private Board meeting held 27th June 2025 **[IPB/25/04]** - **Keith Redpath, NSS Chair****

Date of next meeting: Friday, 19th December 2025 at 10.00am, In person, Boardrooms Gyle Square, Edinburgh (and via Teams)

Minutes

(DRAFT)

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NHS NATIONAL SERVICES SCOTLAND BOARD

B/25/33

MINUTES OF MEETING HELD ON FRIDAY 27 JUNE 2025 IN BOARDROOMS 1&2, GYLE SQUARE, EDINBURGH, AND VIA TEAMs DIGITAL PLATFORM AT 0930 HRS

Present:

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

In Attendance:

Serena Barnatt, Director of HR and Organisational Development
Kathryn Brechin, Director of Nursing
Susi Buchanan, Director National Specialist Services & Screening Division
Kyle Clark Hey, Associate Director Corporate Governance (Board Secretary)
Steven Flockhart, Director Digital & Security
Katie Hands, Consultant Haematologist, Associate Medical Director, SNBTS
Simon Mollart, Head of Strategic Sourcing (Depute for Gordon Beattie, Director National Procurement)
Lee Neary, Director of Strategy, Performance and Service Transformation (SPST)
Neil Redhead, Assistant Director Facilities Services (Depute for Julie Critchley, Director NHS Assure)
Marc Turner, Director Scottish National Blood Transfusion Service (SNBTS)
Karen Summers, Committee Services Manager [Minutes]

Apologies:

Julie Critchley, Director NHS Assure
Gordon Beattie, Director National Procurement

Observers:

Lisa Duthie (Audit Scotland) (TEAMs)
Grace Symes, (Audit Scotland) (TEAMs)
Leon Campbell, Scottish Government (SG)
Viktorija Jemeljanova, Scottish Government (SG)
John Innes, Aspiring Chairs Programme
NSS Staff (TEAMs)



Chair
Chief Executive

Keith Redpath
Mary Morgan

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

1. WELCOME AND INTRODUCTIONS

- 1.1 The Chair welcomed all to the meeting and noted those in attendance and apologies as set out above. All reports presented during the meeting were to be taken as read.

2. BOARD QUARTERLY HIGHLIGHT PRESENTATION – REDUCING PLASMA WASTAGE NINEWELLS HOSPITAL BLOOD BANK

- 2.1 Members welcomed K Hands, Consultant Haematologist, Associate Medical Director, SNBTS, to the meeting.
- 2.2 K Hands took Members through a presentation detailing the improvements that had been made to reduce plasma waste in the Ninewells Blood Bank in Dundee. Members noted that this had been a data driven quality improvement project and was already seeing major reductions in wasted product. This was part of the work of the NSS Supply Chain Improvement Group (SCIG). Findings were shared with other non-NSS controlled blood banks so that the learning could be used across NHS Scotland and beyond. Members were encouraged to attend the end of project closeout events held by the SCIG which gave an overview of all programmes of work.
- 2.3 Members thanked K Hands for her informative presentation

Action: To offer Members the opportunity to attend future end of session events of the SCIG – Boards Services

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

3. DECLARATIONS OF INTEREST

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

4. MINUTES OF THE PREVIOUS MEETING HELD 26 MARCH 2025 AND MATTERS ARISING [B/25/16 and B/25/17]

- 4.1 Members reviewed the draft minutes and approved them as an accurate record of the meeting.
- 4.2 Members discussed the action list and noted those that were marked for closure and the updates and recommendations in relation to items still in progress:
- 4.2.1 Action 31: Integrated Performance Report: Members asked that this item be kept open and an update provided to the next meeting.
- 4.2.2 Action 32: Visit to Cyber Centre of Excellence – Members asked that this item be kept open until final date for visit by the Cabinet Secretary had been confirmed.

Decision: To approve the minutes of the Board meeting held on 26 March 2025.

Decision: To note the actions from the 26 March 2025 Board meeting and updates provided.

5. BOARD FORWARD PROGRAMME [B/25/18]

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

Decision: To approve the Board Forward Programme

6. NSS ONE YEAR DELIVERY PLAN [B/25/19]

- 6.1 Members reviewed the plan which was presented to the Board for approval and noted that all deliverables contained within the Plan had funding approved. Where new deliverables and funding are agreed at a later stage, or changes need to be made to an existing deliverable, NSS can either use the new commissioning process with SG (new items) or use the Scottish Government Change Control Process (existing items).
- 6.2 It was noted that, as in previous years, monitoring of the plan implementation and progress would be via the NSS Executive Management Team (EMT), the NSS Finance, Procurement and Performance Committee (FPPC), the Board and via quarterly meetings with Scottish Government Sponsors.
- 6.3 Members were advised that the formal approval letter from SG had been received on 20th June 2025.
- 6.4 Further clarification relating to how targets had been calculated was sought and received. Members noted that these also included stretch targets and identified trajectories and additional narrative relating to this would be included in the quarterly reporting.
- 6.5 Members were advised that the services identified in the plan would continue to be the main focus for NSS for the coming year alongside the work required to prepare for the changes to the organisation resulting from the announcement by the First Minister on 17th June 2025.
- 6.6 With these assurance Members approved the plan and noted the updates discussed.

Decision: To approve the NSS One Year Delivery Plan.

Action: To include additional narrative in relation to how targets/trajectories had been calculated - Director of Strategy, Performance and Service Transformation (SPST)

7. NSS WHISTLEBLOWING ANNUAL REPORT [B/25/20]

- 7.1 Members reviewed the NSS Whistleblowing Annual Report 2024-2025 which was presented for approval prior to publication.
- 7.2 Members discussed the report and noted the figures for NSS were low. K Brechin advised that although there were 17 instances where the Whistleblowing process had been initiated, only three met the guidelines with the remainder dealt with under difference workforce policies. Three were submitted unnamed and one anonymous, none of which met the thresholds to report to INWO. However, they had all been reviewed in line with the policy. Of these, one had progressed to a stage two but was

not upheld. However, lessons learned and improvements identified during the process had been reviewed and acted upon.

- 7.3 It was noted that one of the improvements during the period had focused on internal training opportunities to strengthen understanding of the process. Members noted that the next 'Speak Up' week would take place in October 2025.
- 7.4 Members asked for clarity on the role of third-party contractors and were advised that no contacts had been recorded under the protocol and this was monitored quarterly by the team.
- 7.5 Members asked that their thanks be passed to the Whistleblowing team for another excellent report and approved it for publication.

Decision: To approve the NSS Whistleblowing Annual Report 2024-2025 for publication.

8. APPOINTMENT OF COOPTED MEMBER OF THE FINANCE, PROCUREMENT AND PERFORMANCE COMMITTEE (FPPC) [B/25/21]

- 8.1 Members noted the report and were content to approve the appointment of John Innes, Non-Executive Director (NHS Lothian) as a co-opted member of the NSS FPPC as per the recommendation.

Decision: To approve the co-option of J Innes as a member of the FPPC.

9. CHAIR'S REPORT

- 9.1 The Chair provided a verbal update for Members and highlighted the following:
- Update on the timing and content of the recent announcement made by the First Minister on the creation of a new organisation, NHS Delivery and the requirement for NSS and NHS National Education Scotland (NHS NES) to merge.
 - The focus for NSS remained on meeting the targets and services contained in the One Year Plan.
 - Work was ongoing in relation to a communications strategy for all staff led by the Associate Director for Strategy, Performance and Communications.
 - Recruitment for the vacant Non-Executive Director position on the Board had now been stopped.
 - Attendance at a joint meeting with NHS Chief Executives and Chairs had focused on the wider opportunities reform may present.
 - Meetings with the Chair and CE of NHS NES were ongoing and further discussions would take place to look at common areas and plans for the merger which would be shared with Members throughout the process.
 - An all-staff SharePoint site had been established and would contain the most up to date information in relation to the changes.
- 9.2 Members expressed some concern that it was important to ensure all involved understood the breadth of services provided by NSS. The Employee Director added

that a statement from the joint Unions would be made on the SharePoint site to reassure all staff that any discussions would be done in partnership.

Decision: To note the verbal update provided.

10. CHIEF EXECUTIVE'S UPDATE

10.1 The Chief Executive provided Members with a verbal update on activities since the last Board meeting, and this was intended to augment other substantive Board agenda items. Members noted the following:

- There were no personnel updates or changes to be notified to the Board.
- Events attended:
- 2nd April 2025 – Attended Procure for Health (P4H) at Murrayfield Stadium.
- 29th April 2025 - National Procurement Excellence Awards recognising Health and Safety champions and work undertaken – leadership at all levels of the organisation
- 30th April 2025 – Veterans Awards at Prestonfield House in Edinburgh – Bronze Role Model (Craig Murney), Bronze Employer of the Year and Silver for Reservist of the Year (Graham McEwan).
- 29th May 2025 - Gave evidence at the UK Covid Inquiry;
- 3rd June 2025 – Provided witness evidence to Public Finance and Administration Committee on Cost effectiveness of Public Inquiries.
- 9th June 2025 – Attended NHS Scotland event in Glasgow
- 11th June 2025 – Attended Community Pharmacy Scotland Board meeting to present re role of NSS and to report against pharmacy payments
- 12th June 2025 – Attended Scottish Vaccination Improvement Programme Annual Conference
- 17th June 2025 – Publication of the Public Health Framework and Service Renewal Framework, which included the announcement that NSS and NES would merge to create a new organisation
- 22 June 2025 (Sunday) – Celebration of International Yoga Day (United Nations) at Mother Earth Hindu Temple, East Renfrewshire
- 24th June – Flag Raising at the Gyle to mark Veteran's week.

10.2 Additionally, NSS had been awarded Payroll Assurance Scheme (PAS) accreditation, from the Chartered Institute of Payroll Professionals (CIPP) the first in NHS Scotland.

Decision: To note the verbal update provided.

11. NSS FINANCE REPORT [B/25/22 and B/25/22a]

- 11.1 Members discussed the report in full, which indicated that NSS was on track to achieve all statutory financial targets by year end.
- 11.2 The Director of Finance, Corporate Governance and Legal Services (FCGLS) also provided an update on the final position as of 31 March 2025 which detailed a very strong performance during the 2024-2025 period. Members noted that unexpected funding had been received late and there had not been an opportunity to use this money in year and it was therefore returned to Scottish Government (SG). The Director of FCGLS assured Members that there would be a renewed focus on ensuring any additional projects were implementation ready to use such unexpected funding and were monitored throughout the year to ensure best use.
- 11.3 NSS had received confirmation that the pay awards would be met in full by SG. Members noted that NSS continued to engage fully with sponsors to monitor funding and additional allocations to ensure these were used appropriately.
- 11.4 In terms of shared services for payroll, after discussion with customer Boards, NSS would focus on operational matters going forwards rather than money management on behalf of the Boards.
- 11.5 It was noted that the capital plan submitted for consideration to SG had received additional funding. This would allow NSS to support the Hassockrigg site to ensure it would be operationally ready as a unique facility for NHS Scotland (as per item **B/25/22a** presented to Members).
- 11.6 Members asked for further clarity in relation to SNBTS spend on advertising. They were advised that discussions were on going as this was essential to maintain the donor base.

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

12. NSS FINANCE REPORT – HASSOCKRIGG [B/25/22a]

- 12.1 Members discussed the report in full and noted the recommendations.
- 12.2 After a short debate Members approved the spend in full to ensure resilience for Scotland in terms of waste management.

Decision: To approve the recommendations presented.

13. INTEGRATED PERFORMANCE REPORT [B/25/23]

- 13.1 Members were taken through the report and noted the successful delivery of 90% of the Annual Delivery Plan targets.
- 13.2 Members sought and received reassurance that the Staff Turnover figures were monitored via the NSS People Report with any identified risks managed under the Risk Management guidelines.

Decision: To note NSS performance at the end of quarter 4 2023/24.

14. ANNUAL REPORTS FROM COMMITTEES 2024-2025 [B/25/24, B/25/25, B/25/26, B/25/27, B/25/28, and B/25/29]

- 14.1 Members considered the reports from NSS Board Committees and were content that due process and adherence to the individual Terms of Reference had been met.

Decision: To note the Annual Reports from Committees 2024-25.

15. ITEMS FOR INFORMATION

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

15.1.1 Public Inquiries [B/25/230]

15.1.2 NSS Committees Minutes [B/25/31]

Decision: To note the items provided for information.

16. ANY OTHER BUSINESS

- 14.1 There was no other competent business to discuss.

The public session of the Board meeting concluded at 1120.

In Private Session –

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

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

17. AUDIT SCOTLAND NSS ANNUAL AUDIT REPORT [IPB/25/01]

- 17.1 Members discussed the item and noted that an In Private session minute would be completed for Members only.

18. ANNUAL REPORT AND ACCOUNTS 2023-2024 [IPB/25/02]

- 18.1 Members discussed the item and noted that an In Private session minute would be completed for Members only.

19. NSS COMMERCIALISATION STEERING GROUP

- 19.1 Members discussed the item and noted that an In Private session minute would be completed for Members only.

Meeting closed at 1210 hours.

NSS BOARD FORMAL MEETINGS ACTIONS

B/25/34

Meeting type: Formal

No	Date	REPORT TITLE	ACTION	ACTION OWNER	DEADLINE	CURRENT STATUS
31	28.3.25	NSS Integrated Performance Report [B/25/11]	To provide an update in relation to the IT provision for clinical services in prisons, including prescribing.	Associate Director Strategy, Performance and Communications	Future reporting	<p>Update: 17.9.25 - We will deliver improvements to the IT provision for clinical services, including prescribing within Scotland's prisons'. Parts of this were progressing up to the end of year 24 25, however there were delays particularly to prescribing and administration due to the Administration of INPS.</p> <p>SME = subject matter expert.</p> <p>Meeting with DaS to take place 25.6.25 – verbal update to be provided.</p> <p>Recommend for closure</p>
32	28.3.25	NSS Integrated Performance Report [B/25/11]	To arrange an opportunity for all Board Members to attend the Cyber Centre for Excellence.	Board Services	As soon as possible depending on availability	Visits to be arranged individually via Board Services. In progress.

37	27.6.25	NSS One Year Delivery Plan [B/25/19]	To include additional narrative in relation to how targets/trajectories had been calculated	Associate Director Strategy, Performance and Communications		Update 2.9.25: The 65% relates to the target percentage (65%) of NHSScotland Climate Emergency and Sustainability Programme workstream charter deliverables attributable to the NHSScotland Assure Climate Change, Sustainability and Environment Team across six workstreams. over the programme cumulatively from 2022 – March 2026. A number of deliverables in these six workstreams are either not delivered, or not solely delivered, by NHSScotland Assure. Upon further review, it is considered that is 65% target is not the most appropriate approach to measurement to enable reporting in a straightforward and transparent manner. This is due to: joint deliverables;
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						<p>deliverables running beyond the year end; and cumulative measurement.</p> <p>A change control has been requested and is ongoing through the approval process to ensure that the deliverable description is clearer and the measurement against the deliverable can be clearly demonstrated.</p> <p>Recommend for closure.</p>

NSS BOARD

B/25/35

	19.12.25				27.3.26		
	Paper	Exec Lead	Author		Paper	Exec Lead	Author
For Consideration	Board Quarterly Highlight Presentation - topic tbc				Board Quarterly Highlight Presentation - topic tbc		
Standing Items	Minutes	Director of Finance, Corporate Governance & Legal Services	Board Services		Minutes	Director of Finance, Corporate Governance & Legal Services	Board Services
	Actions	Director of Finance, Corporate Governance & Legal Services	Board Services		Actions	Director of Finance, Corporate Governance & Legal Services	Board Services
Items for Approval	Board Forward Programme	Director of Finance, Corporate Governance & Legal Services	Board Services		Board Forward Programme	Director of Finance, Corporate Governance & Legal Services	Board Services
	Risk Strategy, Integrated Risk Management Approach, and Risk Appetite	Director, Primary & Community Care (P&CC) (Interim)/Strategy, Performance & Service Transformation (SPST)	Head of Planning		Board Assurance Framework	Director of Finance, Corporate Governance & Legal Services	Assoc Director Corporate Governance (Board Secretary)
					Annual governance report & Governance Framework	Director of Finance, Corporate Governance & Legal Services	Assoc Director Corporate Governance (Board Secretary)
	-	-	-		Annual Finance Plan 26/27	Director of Finance, Corporate Governance & Legal Services	
Items for Scrutiny	Chairs Report (verbal)	NSS Chair	Verbal update		Chairs Report (verbal)	NSS Chair	
	Chief Executive's Report (verbal)	NSS Chief Executive	Verbal Update		Chief Executive's Report (verbal)	NSS Chief Executive	
	-	-	-				
	NSS Finance Report	Director of Finance, Corporate Governance & Legal Services			NSS Finance Report	Director of Finance, Corporate Governance & Legal Services	
	Integrated Performance Report	Director, Primary & Community Care (P&CC) (Interim)/Strategy, Performance & Service Transformation (SPST)	Associate Director Strategy, Performance & Communications		Integrated Performance Report	Director, Primary & Community Care (P&CC) (Interim)/Strategy, Performance & Service Transformation (SPST)	Associate Director Strategy, Performance & Communications
	Commercialisation Steering Group Business Case (In Private Session)	Director, SNBTS			Risk and Issues Report	Director, Primary & Community Care (P&CC) (Interim)/Strategy, Performance & Service Transformation (SPST)	Associate Director Strategy, Performance & Communications
Items for Information					Annual delivery plan 26/27 (timelines TBC)	Director, Primary & Community Care (P&CC) (Interim)/Strategy, Performance & Service Transformation (SPST)	Associate Director Strategy, Performance & Communications
	Public Inquiries Update	Director SPST	Public Inquiries Team		Public Inquiries Update	Director SPST	Public Inquiries Team
	Capital Funding - Building and Fleet Decarbonisation	Carolyn Low, Director Finance, Corporate Governance and Legal Services	Kathryn Brady, Andy McLean				
	NSS Committee Approved Minutes and Opportunity for Committee Chair's to highlight material items	Director of Finance, Corporate Governance & Legal Services	Associate Director Corporate Governance (Board Secretary)		NSS Committee Approved Minutes and Opportunity for Committee Chair's to highlight material items	Director of Finance, Corporate Governance & Legal Services	Associate Director Corporate Governance (Board Secretary)

NHS National Services Scotland

Meeting:	NSS Board
Meeting date:	26 September 2025
Title:	Amendment to Remuneration Committee Terms of Reference
Paper Number:	B/25/36
Responsible Executive/Non-Executive:	Carolyn Low, Director Finance, Corporate Governance and Legal Services
Report Author:	Kyle Clark-Hay, Associate Director Corporate Governance (Board Secretary)

1. Purpose

- 1.1 This paper sets out a proposed change to the Terms of Reference for the NHS National Services Scotland (NSS) Remuneration Committee to reflect the reporting requirements in line with the current levels of pay under Agenda for Change (AfC). As a consequence of the proposed change to the Terms of Reference for the Remuneration Committee, the paper further proposes a change to the Standing Financial Instructions (SFIs).

2. Recommendation

- 2.1 As Executive Director, I am assured that the proposed changes to the Terms of Reference for the Remuneration Committee and Standing Financial Instructions are aligned to the NSS Corporate Governance Framework.
- 2.2 It is recommended that the Board:
- 2.2.1 Approve the changes as set out in paragraph 3.6 to the Terms of Reference for the Remuneration Committee;

- 2.2.2 Approve the changes as set out in paragraph 3.7 to the Standing Financial Instructions;
- 2.2.3 Approve the changes to the reporting requirements in respect of the Annual Remuneration Profile to as set out in paragraph; and
- 2.2.4 Delegate responsibility to the Associate Director Corporate Governance (Board Secretary) to make the necessary changes to the documents and republish these effective from the 26 September 2025. Further the Associate Director Corporate Governance is instructed to ensure that these changes are cascaded across the organisation through the Executive Management Team.

3. Executive Summary

- 3.1 The Board is asked to exercise its power to make the changes set out in this paper under the auspices of the NSS Board Standing Orders specifically those matters reserved for the Board under paragraph 6.2.1:

‘Corporate Governance Framework, including the Board Assurance Framework, Board Code of Conduct, Standing Orders, terms of reference of all its committees and appointment of committee members, Standing Financial Instructions, and the Scheme of Delegation’

- 3.2 The current Terms of Reference for the NSS Remuneration Committee state that:
‘6.1.7 To approve all new or additional jobs created for AfC band 8c, 8d, 9 and Executive Grades. In addition, they will agree all appointments where the lower half of the range, will not secure the preferred candidate. The Committee can delegate authority to the Chair to approve the functions noted above to prevent delays in appointments. A report on decisions will be submitted to the next meeting of the Committee;’
- 3.3 The Remuneration Committee also receives an annual report in relation to the remuneration profile of the organisation which currently captures all roles with earnings above £80,000.
- 3.4 At its meeting in June 2025, the Remuneration Committee instructed the Associate Director to review the Terms of Reference in relation to the level of jobs that require approval by the Committee and further to confirm the reporting requirements in respect of the remuneration profile – specifically to ensure that both were harmonised.
- 3.5 As a result of this review, it would appear that a large number of NHS Scotland Boards only request approval of roles for new or additional jobs created for AfC band 8d, 9 and Executive Grades. Specifically NHS National Education Scotland (NES) adopt this approach and therefore coupled with aligning to the national way of working there is a benefit in aligning to NHS NES given the merger of the two organisations.

- 3.6 Therefore it is recommended that Board approve a change to the Remuneration Committee Terms of Reference (removing the reference to AfC Band 8c) as follows:

'6.1.7 To approve all new or additional jobs created for AfC band 8d, 9 and Executive Grades. In addition, they will agree all appointments where the lower half of the range, will not secure the preferred candidate. The Committee can delegate authority to the Chair to approve the functions noted above to prevent delays in appointments. A report on decisions will be submitted to the next meeting of the Committee;'

- 3.7 In consequence of this recommended change, and if the Board are minded to approve the change set out in paragraph 3.6, it is further recommended that the Board approve the following change to the NSS Standing Financial Instructions removing the reference to AfC Band 8c in respect of the powers of the Remuneration Committee:

7.02 Staff Appointments

The Board will delegate responsibility to a manager for:

- a) ensuring that all employees are issued with a Contract of Employment in a form approved by the Board; and*
- b) dealing with variations to, or termination of, contracts of employment.*
- c) both in a form which complies with employment legislation.*

No officer of the Executive Management Team or employee may engage, re-engage, or regrade employees, either on a permanent or temporary nature, or hire agency staff, or agree to changes in any aspect of remuneration:

- a) unless within the limit of their approved budget and funded establishment; or*
- b) in exceptional circumstances if authorised to do so by the Chief Executive.*

Prior to the filling of any vacant position within NSS, approval must be sought from the Vacancy Management Group (VMG). Following VMG approval, recruitment to an open role can commence. Open roles should not be filled by Agency staff without the express approval of VMG, and the use of Agency staff should only be sought in exceptional circumstances.

Where short term capacity is required over and above the funded establishment, Agency staff may be utilised, subject to VMG approval, and only in exceptional circumstances.

The Board will approve or delegate to a Board Committee the approval of procedures presented by the Chief Executive for the determination of commencing pay rates, condition of service, etc, for employees.

All employee contracts will conform to relevant standard NHS terms and conditions.

Any variation from standard terms and conditions will require prior approval of the Director of Human Resources and Workforce Development.

The Remuneration Committee will approve all new or additional jobs created for Agenda for Change band 8d, 9 and Executive grades. In addition, they will

agree all senior appointments where the lower half of the salary range will not secure the preferred candidate.'

- 3.8 Given that the Agenda for Change Pay Offer 2025-27 would bring roles at AfC band 8b within the reporting bracket for the annual remuneration profile report (not previously reported on), it would seem sensible to harmonise the reporting requirement in line with the roles that Remuneration Committee has oversight of. Therefore it is proposed that Board approve a change to the reporting requirement for the annual remuneration profile report to reflect AfC roles 8d, 9 and Executive Grades only.
- 3.9 On the basis that the Board are minded to approve the recommendations set out in this paper, the Board are further recommended to delegate responsibility to the Associate Director Corporate Governance (Board Secretary) to make the necessary arrangements to update the relevant documents (Terms of Reference for the Remuneration Committee and Standing Financial Instructions) and to ensure that this update is cascaded through the Executive Management Team. Further it is recommended that the Associate Director Corporate Governance (Board Secretary) make the appropriate arrangements to ensure that the Annual Remuneration Profile report to Remuneration Committee is reflective of the decision in this report.

4. Impact Analysis

4.1 Quality and Value

- 4.1.1 The Remuneration Committee is charged with ensuring the application and implementation of fair and equitable pay systems on behalf of the Board. The Committee will work within the principles of the Blueprint for Good Governance – Second Edition, to ensure effective management, improved performance, and good outcomes for all stakeholders.

4.2 Equality and Diversity, including health inequalities

- 4.2.1 An Equality Impact Assessment is not required in relation to the decision the Board is being asked to make.

4.3 Data protection and information governance

- 4.3.1 There are no specific data protection and information governance issues to be addressed as a result of the recommendations contained within this paper.

5. Risk Assessment/Management

- 5.1 There is no requirement to carry out a specific risk assessment as a result of the recommendations contained within this report and as a consequence there is no requirement to add any risks to the Risk Register.

6. Financial Implications

- 6.1 There are no direct financial implications as a result of the recommendations contained within this report. There may be financial implications as a result of the specific decisions that the Remuneration Committee is required to make and these will be highlighted on a case-by-case basis.

7. Workforce Implications

- 7.1 There are no direct workforce implications as result of the recommendations contained within this paper. There may be specific implications in relation to the decisions that the Remuneration Committee is required to make and these will be highlighted on a case-by-case basis.

8. Climate Change and Environmental Sustainability Implications

- 8.1 There are no climate change or environmental sustainability implications as a result of the recommendations contained within this report.

9. Route to Meeting

- 9.1 This report is being presented directly to the Board for decision.

10. List of Appendices and/or Background Papers

- 10.1 N/A

NHS National Services Scotland

Meeting:	NSS Board Meeting
Meeting date:	26th September 2025
Title:	NSS Feedback and Complaints Annual Report 2024-25
Paper Number:	B/25/37
Responsible Executive/Non-Executive:	Lee Neary, Director of Primary and Community Care (Interim), Director of Strategy Performance and Service Transformation
Report Author:	Louise MacLennan, Head of Equality, Engagement and Experience and Gavin Paterson, Customer Relations Manager Strategy, Planning and Communications
	Reviewed by Matthew Neilson, Associate Director Strategy, Performance and Communications

1. Purpose

- 1.1 The purpose of this report is to publish our annual complaints and feedback data and to comply with the NHS Model Complaints Handling Procedure (MCHP).

2. Recommendation

- 2.1 The Board is asked to approve the report.

3. Executive Summary

- 3.1 This report provides a summary of the service user feedback and complaints recorded by NHS National Services Scotland (NSS) during the period from 1 April 2024 to 31 March 2025.

- 3.2 NSS welcomes and values all forms of feedback, recognising it as a key input into our governance and quality improvement frameworks. Insights from feedback are systematically reviewed by directorate-level leads, reported to the Executive Management Team, and inform our quarterly Service Excellence reports and associated improvement plans. Receiving feedback ensures that our services have the maximum impact for our service users by driving continuous service and quality improvement. There are currently three main measures of regular feedback:
- Customer Engagement Index¹ (CEI) annual surveys
 - Compliments
 - Complaints
- 3.3 Insights from all feedback routes such as complaints, compliments, and CEI, inform directorate-level quality improvement planning and are escalated through governance structures to ensure NSS remains responsive and accountable to our service users.
- 3.4 In 2024 to 2025, four of our directorates carried out surveys with external stakeholders and customers, Human Resources, Counter Fraud Services, National Contact Centre and Finance, Corporate Governance and Legal Services.
- 3.5 NSS received 239 compliments and 624 complaints during the same period. This represents a 17.8% decrease in complaints compared to the previous year.
- 3.6 Two complaints were referred to the Scottish Public Services Ombudsman² (SPSO), and neither was upheld.
- 3.7 NSS resolved 90% of complex complaints within the guidelines set out by the Model Complaints Handling Procedure (MCHP), a slight decrease from 94% the previous year. The average response time remained consistent at 10.2 days, compared with 10.3 days in the previous year.

4. Impact Analysis

4.1 Quality and Value

- 4.1.1 The analysis and learning from the complaints and feedback data informs our improvement and learning actions. Learning from the complaints and feedback received will contribute to the quality and value of the experience of our service users.

4.2 Equality and Diversity, including health inequalities

- 4.2.1 The equality impact assessment screening process has identified that there is no requirement to carry out a full equality impact assessment.

¹ [UK Customer Satisfaction Index \(UKCSI\)](#) * [Institute of Customer Service](#)

² [About us | SPSO](#)

4.3 Data protection and information governance

- 4.3.1 All complaints data is handled in accordance to data protection and information governance legislation and guidance. The Annual Complaints Report is published on the NSS website on the 30 September and will be accessible to the public.

5. Risk Assessment/Management

- 5.1 There are no risks associated with this report.

6. Financial Implications

- 6.1 The complaints handling procedure in NSS is managed within current resources and finances.

7. Workforce Implications

- 7.1 There are no workforce implications.

8. Climate Change and Environmental Sustainability Implications

- 8.1 There are no climate change and environmental sustainability implications.

9. Route to Meeting

- 9.1 NSS Directorate Complaints Leads
- 9.2 NSS Directors
- 9.3 EMT
- 9.4 NSS Audit and Risk Committee
- 9.5 NSS Board

10. List of Appendices and/or Background Papers

- 10.1 NSS Feedback and Complaints Annual Report 2024-25
- 10.2 Screening EQIA Document



NSS Feedback and Complaints Annual Report



2024 - 2025

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1. Executive Summary

This report provides a summary of the service user feedback and complaints recorded by NHS National Services Scotland (NSS) during the period 1 April 2024 to 31 March 2025.

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- Compliments
- Complaints

Insights from all feedback routes inform directorate-level quality improvement planning and are escalated through governance structures to ensure NSS remains responsive and accountable to our service users.

In 2024/25, four directorates carried out surveys with external stakeholders and service users, Human Resources, Counter Fraud Services, National Contact Centre and Finance, Corporate Governance and Legal Services.

NSS received 239 compliments and 624 complaints during the same period. This represents a 17.8% decrease in complaints compared to the previous year.

Two complaints were referred to the Scottish Public Services Ombudsman² (SPSO), and neither was upheld.

NSS resolved 90% of complex complaints within the guidelines set out by the Model Complaints Handling Procedure (MCHP), a slight decrease from 94% the previous year. The average response time remained consistent at 10.2 days, compared with 10.3 days in the previous year.

¹ [UK Customer Satisfaction Index \(UKCSI\)](#) ★ [Institute of Customer Service](#)

² [About us | SPSO](#)

2. Introduction

2.1 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 Reform³(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 2014⁴ reinforced this requirement.

NSS works across Scotland. You can learn more about our budget, workforce and sites in our latest Annual Accounts⁵.

Table 1: Key facts about NSS

Aspect	Fact
Budget:	1,105 million
Workforce:	3,166 Whole Time Equivalent (WTE) staff
Sites:	22

3. Introduction to the Report

This report is the annual feedback and complaints report for 2024/25. The report provides information on our performance against the NHS Model Complaints Handling Procedure⁶.

NSS continues to work in partnership with the Community Engagement team at Healthcare Improvement Scotland (HIS) to review and improve feedback methods. As a National Board, our approach differs from Territorial Boards.

We use feedback, comments, and complaints to improve services. Our three main insight sources are:

- Directorate and service user surveys
- Compliments
- Complaints data

³ [Public Services Reform \(Scotland\) Act 2010](#)

⁴ [Public Bodies \(Joint Working\) \(Scotland\) Act 2014: statutory guidance - gov.scot](#)

⁵ [Annual report and Accounts 2023–2024 | National Services Scotland](#)

⁶ [The Model Complaints Handling Procedures | SPSO](#)

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

We follow best practice approaches, including the Planning with People guidance⁷, the Scottish Approach to Change, the NHSScotland Quality Management System Framework⁸ and the NHS Model Complaints Handling Procedure (MCHP).

4.1 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 4.

In 2024/25, the MCHP was updated to require full accuracy checks of complaints data before submission.

4.2 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 ServiceNow⁹ 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 also ensures complaints are handled by those with service-specific knowledge and professionalism, improving the responsiveness to complaints and the learning from complaints received.

⁷ [Health and social care - Planning with People: community engagement and participation guidance - updated 2024 - gov.scot](#)

⁸ [Scottish Approach to Change – Healthcare Improvement Scotland hisengage.scot/quality-framework](#)

⁹ [Customer Service Management - CSM - ServiceNow](#)

5. Service User Feedback

5.1 Encouraging and gathering feedback

We are committed to delivering high-quality services while protecting health and the environment. All feedback¹⁰ is welcomed and is viewed as an opportunity to learn and improve our services.

NSS is registered with Care Opinion¹¹. However, stories related to national programmes (e.g. breast screening) are responded to by the local NHS Boards. We are currently developing a user experience strategy to further improve how we gather and act on feedback. Service excellence is a strategic objective for NSS, with complaints and compliments directly aligned to support and measure progress against this goal.

5.2 Compliments

Positive feedback provides valuable insight into the services and behaviours our users appreciate. Capturing compliments across a large, diverse organisation presents challenges. Staff often receive praise informally and through various channels. Furthermore, there is no mandatory reporting requirement.

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 2024/25 NSS recorded 239 compliments, a decrease from 368 the previous year.

The main themes from compliments recorded are:

- Professionalism and expertise
- Person-centred approach
- Responsiveness and efficiency
- Teamwork and collaboration

Other themes included:

- Positive experiences at training courses
- Knowledge sharing
- Loyalty towards those accessing services

¹⁰ [NHSMCHPMarch2021.docx](#) – definition of Feedback

¹¹ [Care Opinion](#)

Chart 1: Number of Compliments Received by Theme 2024/25

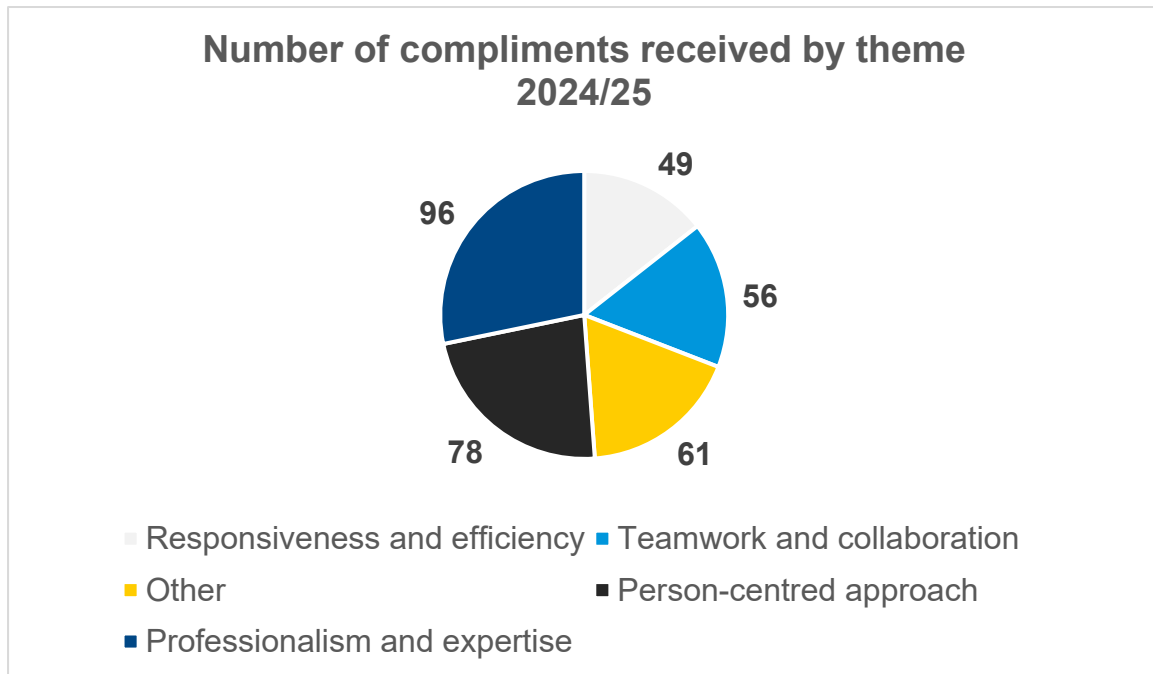
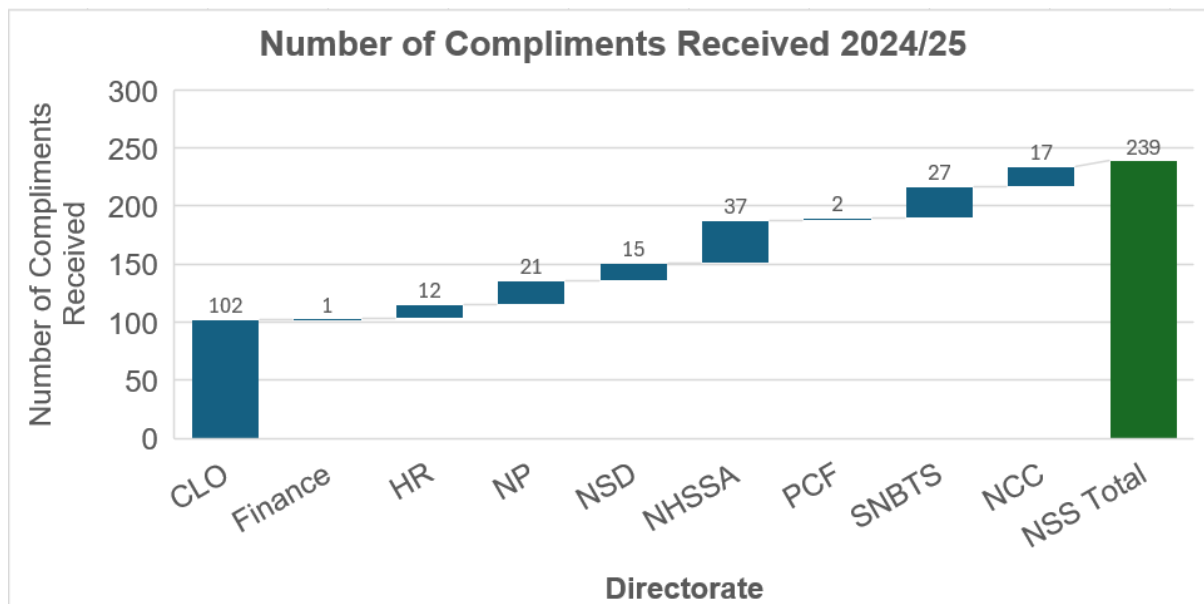


Chart 2: Number of Compliments received 2024/25



The number of recorded compliments decreased by 34.6% compared to the previous year total of 368. This is due to a decrease in compliments within CLO and more details can be found in the FCGLS directorate summary later in the paper.

Table 1 in appendix two provides some examples of the compliments NSS Directorates have recorded in the reporting period of 2024/25.

6. Complaints Overview

Between 1 April 2024 and 31 March 2025, NSS received 624 complaints. This represents a reduction of 135 (17.8%) when compared to the 759 complaints received in 2023/24. This reduction occurred during a period in which overall service delivery activity remained stable across directorates. This suggests that improvements to our complaints handling processes and quality interventions may have contributed to the downward trend in complaints.

The combined total in 2024/25 includes:

- 160 stage 1 complaints (26%)
- 189 stage 2 complaints (30%)
- 273 complaints related to third party suppliers (44%)

Of the 160 stage 1 complaints received:

- 60 were not upheld
- 17 were partially upheld
- 83 were upheld

Of the stage 2 complaints received:

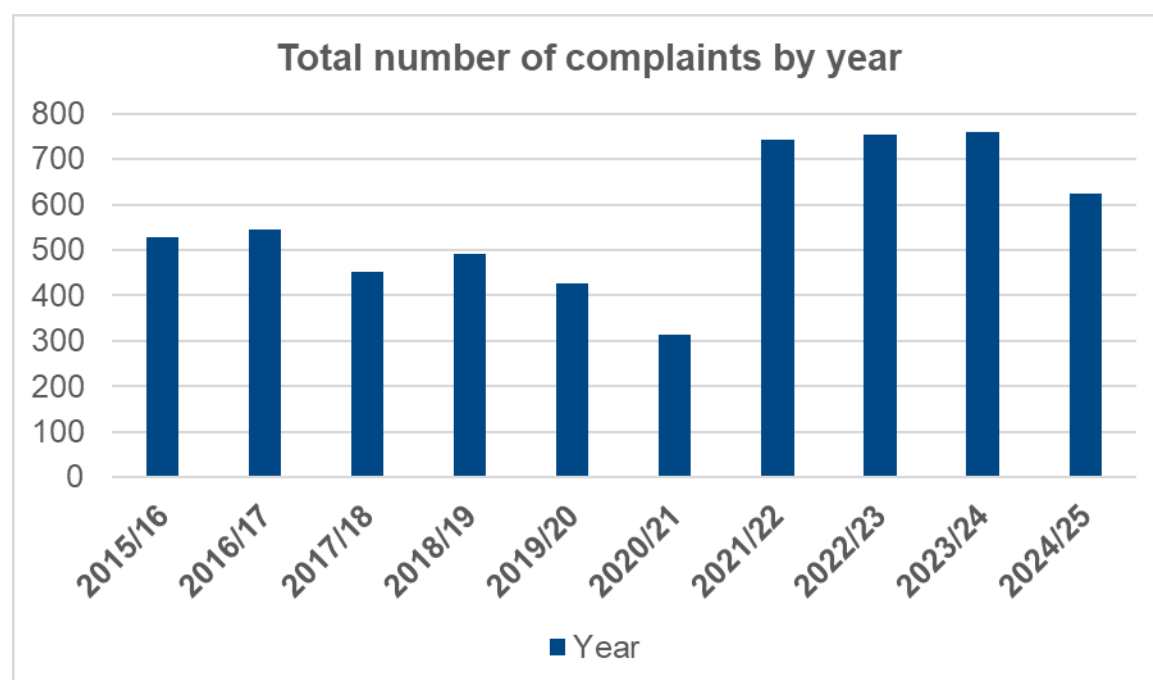
- 51 were not upheld
- 41 were partially upheld
- 97 were upheld

In 2024/25 two complaints were referred to the SPSO. Out of those two, none were upheld. This is compared to five complaints reported to SPSO in 2023/24, none of which were upheld. This reduction in referrals to the SPSO reflects a strengthened focus on the quality of our handling and response to complaints and adoption of the MCHP.

In 2024/25, 89% of Stage 2 complex complaints were resolved within the MCHP guideline of 20 working days, compared to 94% the previous year. The average response time was 10.3 days, consistent with last year's 10.2 day average.

The chart below provides a comparison of total complaints received each year, from 2015 to 2025.

Chart 3: Total number of complaints received by year from the period 2015 to 2025



The table below shows the number of complaints received each quarter from 2022 to 2025.

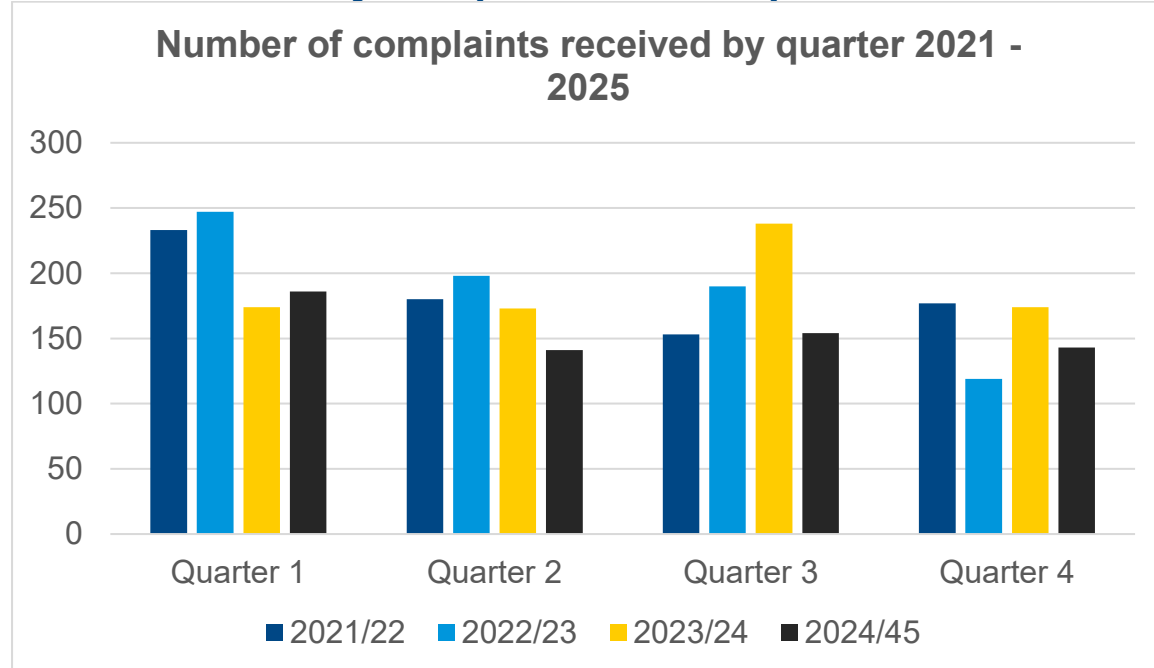
Table 1: Total quarterly and cumulative totals for 2024/25 with a comparator with 2023/24 and 2022/23

	Quarterly Total 2024/25	Cumulative Total 2024/25	Quarterly Total 2023/24	Cumulative Total 2023/24	Quarterly Total 2022/23	Cumulative Total 2022/23
Quarter 1	186	186	174	174	247	247
Quarter 2	141	327	173	347	198	445
Quarter 3	154	481	238	585	190	635
Quarter 4	143	624	174	759	119	754
Total		624		759		754

Except for quarter one (where complaint numbers were slightly higher), the quarterly data shows that complaints volume has remained at similar levels across the financial year. Further analysis is provided within the Directorate Summaries (beginning at section 8 from page 16) of this report.

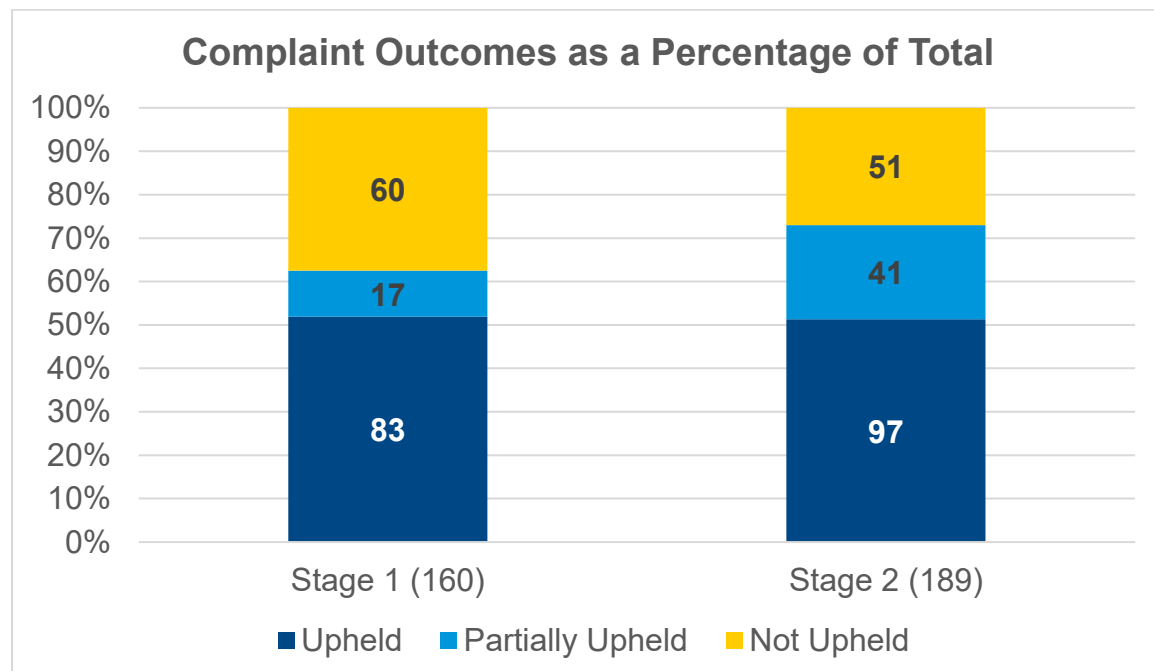
The first chart on page 14 provides a comparison of quarterly complaints between 2021 and 2025.

Chart 4: Quarterly complaints for the period 2021 to 2025



The chart below illustrates the stage 1 and 2 complaint outcomes.

Chart 5: Stage 1 and Stage 2 Complaint Outcomes



With 32.2% of complaints upheld and a further 23.4% partially upheld, over half of the complaints received led to full or partial agreement with the complainant's concerns. This suggests that complaints remain a valuable mechanism for identifying service challenges, whilst informing corrective action and driving service improvement.

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.

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

Table 2: Handling complaints – average response times for all complaints in days

	Q1 2024/ 25	Q2 2024/ 25	Q3 2024/ 25	Q4 2024/ 25	Annual 2024/25	Annual 2023/24
Average response time against target response time of five working days (less complex)	2.9	2.9	2.4	2.5	2.7	3.2
Average response time against target response time of 20 working days (more complex)	8.7	9.8	9.8	12.9	10.3	10.2
Responses within target (20 working days)	92%	91%	92%	80%	89%	94%
Number of responses out with target (20 working days)	4	4	4	9	19	19

The year-on-year decrease in complaint volumes, alongside lower SPSO referral rates and a high proportion of upheld complaints, indicates that our resolution and quality assurance processes are contributing to more timely and effective responses.

6.1 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.

Two NSS complaints were referred to the SPSO in 2024/25. Of those two, none were upheld. Indicating that the SPSO was satisfied that NSS handled the two complaints according to the MCHP. This is compared to five complaints reported to SPSO in 2023/24, where none were upheld.

7. Directorate Summaries

Each NSS directorate is responsible for recording, responding to, and learning from feedback relevant to its unique service area. The following summaries highlight complaint volumes, thematic insights, and examples of service improvements or assurances undertaken in 2024/25.

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

- Scottish National Blood Transfusion Service (SNBTS)
- National Procurement (NP)
- National Contact Centre (NCC)
- Human Resources (HR)
- Digital and Security (DaS)
- Finance, Corporate Governance and Legal Services (FCGLS)
- Contractor Finance and Counter Fraud Services (CF and CFS)
- National Services Directorate (NSD)
- Practitioner Services (PSD)
- NHSScotland Assure (NHSSA)

Not all directorates and service areas receive complaints. Directorates with no complaints data have provided narrative regarding their feedback, service improvement and ways in which they resolve any service issues, in line with the expectations of the MCHP.

8. Scottish National Blood Transfusion Service (SNBTS)

Table 3 shows the number of complaints SNBTS has received from blood donors, with a comparison from the previous year.

Table 3: SNBTS donor complaints

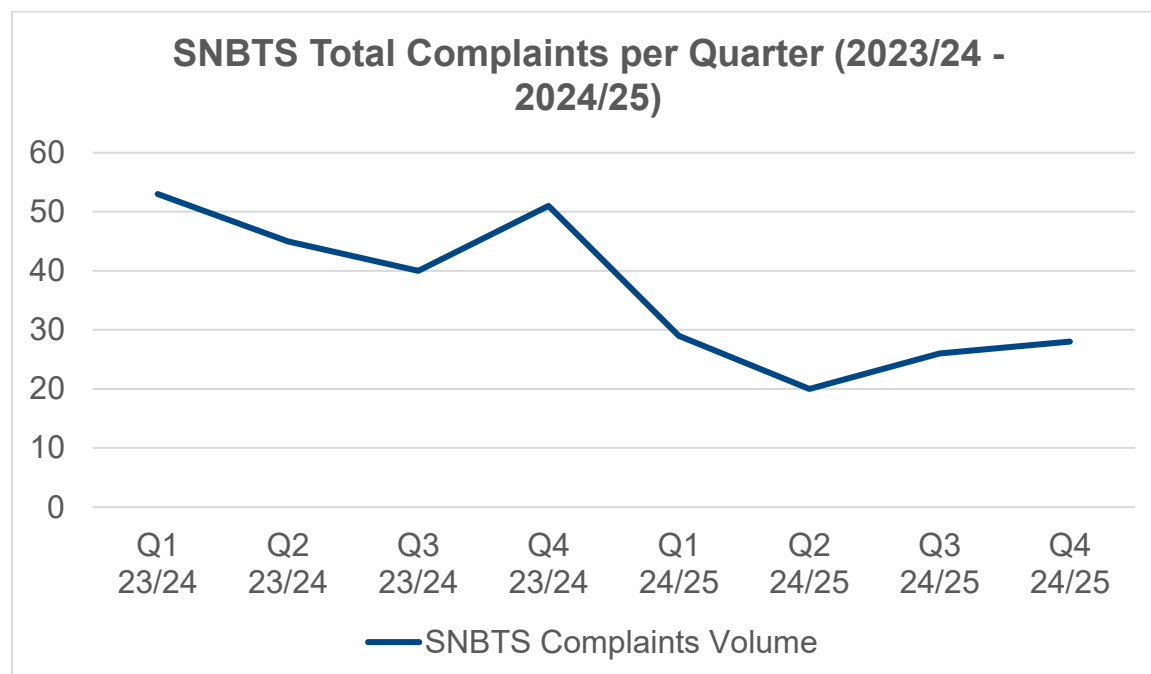
Code/Type of Complaint*		Q1 24/25	Q1 23/24	Q2 24/25	Q2 23/24	Q3 24/25	Q3 23/24	Q4 24/25	Q4 23/24
1	Anti-HBc Lookback	1	0	0	0	0	0	0	1
2	Appointment Availability	1	1	0	2	0	6	0	2
3	Appointments	3	3	5	10	4	6	1	8
4	Adverse Events	0	0	3	0	3	1	0	3
5	Disruption	0	0	0	0	0	0	0	2
6	Documents and Records	0	4	1	3	0	0	0	2
7	Donor Communication	2	4	1	9	4	13	5	5
8	Donor Selection	5	7	0	2	1	2	2	5
9	Donor Web Portal	4	3	1	1	2	1	3	3
10	Facilities (incl. Parking)	2	0	0	1	3	1	2	1
11	Health & Safety	1	1	1	0	1	0	1	1
12	Legal claim	0	0	0	1	0	0	0	0

13	New Regulatory Change	0	17	1	2	0	4	0	1
14	Opening Hours	0	0	0	0	0	0	1	0
15	Opportunity to donate	7	5	1	5	1	4	3	7
16	Special Needs (DDA)	0	0	0	0	0	0	1	1
17	Special Redesign/ change	0	2	0	0	0	0	0	0
18	Staff Attitude & Behaviour	3	4	3	9	6	2	9	9
19	Vexatious	0	1	0	0	0	0	0	0
20	Voluntary Organiser Attitude & Behaviour	0	0	0	0	0	0	0	0
21	Waiting Times	0	0	2	0	1	0	0	0
	Total	29	53	20	45	26	40	28	51

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

The line graph below compares the total number of complaints received in each quarter for the financial years 2023/24 and 2024/25.

Graph 1: SNBTS complaints per quarter 2023/24 – 2024/25



Overall, there has been a downward trend in total complaints since last year. Key complaint categories include:

- Staff Attitude & Behavior
- Appointments
- Donor Communications
- Opportunity to Donate

There were thirteen complaints related to appointments in 2024/25, which is a decrease from twenty-seven appointment-related complaints in 2023/24. This can be attributed to the trial reintroduction of walk-in appointments in some donor centres in response to donor feedback. These have proved to be successful, and there are plans underway to roll this out further.

There is also a review underway of the customer care standards for the Scotblood website¹², aimed at further improving donor experience and communication.

¹² [Scotblood | Homepage](#)

Table 5: SNBTS staff attitude and behaviour complaints 2024/25 and 2023/24

Q1 24/25	Q1 23/24	Q2 24/25	Q2 23/24	Q3 24/25	Q3 23/24	Q4 24/25	Q4 23/24
3	4	3	9	6	2	9	9

Complaints related to staff attitude and behaviour have reduced, from twenty-four received in 2023/24, to 21 in 2024/25. In context, this represents less than 0.01% of all donor/patient attendances.

Where staff complaints have been received, they are discussed with individuals and teams where appropriate and focused feedback and training is put in place.

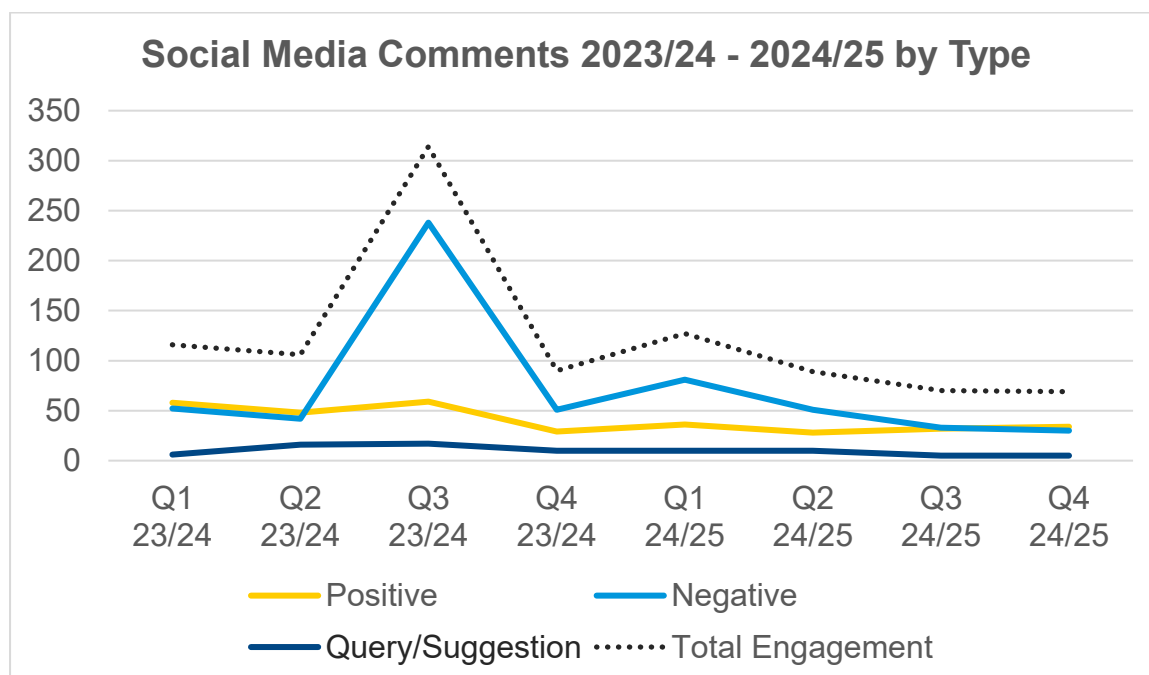
All staff need to complete customer care training when they commence employment with SNBTS. This is supported by the ongoing values and behaviours training that the Heads of Territory and Senior Nurses run with their teams. All teams have also had training in 'civility saves lives'¹³.

Table 6: SNBTS social media comments

Type of Social Media Comment	Q1 24/25	Q1 23/24	Q2 24/25	Q2 23/24	Q3 24/25	Q3 23/24	Q4 24/25	Q4 23/24
Positive	36	58	28	48	32	59	34	29
Negative	81	52	51	42	33	238	30	51
Query	8	3	5	16	2	10	4	7
Suggestion	2	3	5	0	3	7	1	3

¹³ [Home | Civility Saves Lives](#)

Graph 2: SNBTS social media comments



Social media engagement is reviewed and reported quarterly. Where appropriate, individuals are responded to directly. Although there has been an overall reduction in social media engagement since 2023/24, there is a very active donor marketing and engagement team who continuously engage with donors through social media posts, radio and tv adverts.

There is consistent positive feedback about donor staff, highlighting the level of care donors receive.

Other top themes include:

- Opportunity to donate
- Appointments
- Requests to reinstate 'walk-in' appointments, which are being addressed through the 'walk-in' trials.

9. National Procurement

In 2023, the Procurement, Commissioning and Facilities (PCF) strategic business unit (SBU) was reorganised. This SBU previously brought together the National Services Directorate (Specialist Healthcare Commissioning), National Procurement (NP), and NHSScotland Assure under a single SBU. Following the change, these three divisions became separate directorates. Despite this organisational change, there was no disruption to service delivery. Each service continued to operate as before, maintaining their existing roles and commitments to customers. The Quality Team continues to support all three directorates in managing complaints.

National Procurement received 427 complaints in 2024/25, of which 304 (71%) were related to 3rd party suppliers.

This is compared with 393 complaints in 2023/24, giving an increase of 34 complaints. Given the scale of NP's operations the volume of complaints remains proportionately low. NP handled 4,562,901 transactions in 2024/25, meaning that only 0.009% of these resulted in a complaint.

This suggests that existing contract management and escalation pathways are generally effective in resolving issues early.

New quality control measures in Logistics have contributed to a sustained reduction in complaints throughout 2024/25. Stock is assessed and given a red, amber or green status based on shelf life. Any stock with a red status is written off, whereas stock with an amber status indicates it will be approaching the end of its life, the process minimised waste by closely monitoring expiry dates, prioritising usage and redistributing stock where possible.

An improvement project is underway to further improve monitoring, engagement, and performance with 3rd party suppliers, taking a tiered, risk-based approach. The work is aimed at improving quality and should reduce the number of complaints related to 3rd party suppliers in future.

Where any trends are identified with 3rd party complaints, NP work quickly to engage with the suppliers and customers to resolve issues quickly. Close relationships are maintained with suppliers and Health Boards to trace and resolve any quality issues, whilst promoting a culture of continuous improvement.

NP regularly publicise all complaints received, holding staff briefings to share findings and promote best practice. Staff retraining is implemented as necessary, and improvement projects are initiated to reverse any wider complaint trends. For example, new printers were introduced to address labelling issues, consignment checks were reinforced to address delivery complaints, and new signage was introduced to clarify packaging practices.

NP closely monitors complaints received and, where an adverse trend is identified, will work with suppliers and relevant NHS Boards, to develop and agree a recovery, corrective action, and improvement plan. As part of any corrective and preventative action (CAPA) plan, NP will issue a product alert or recall notice to NHS boards. National Procurement's National Distribution Service accounts for most of the NP complaints.

The overall error rate is regularly reported at between 0.001% and 0.002%.

Table 7: NP complaints by cause (excluding 3rd party suppliers)

Cause	Q1	Q2	Q3	Q4	2024/25 Total
Late/Incorrect/No Delivery	10	8	13	6	37
Product Out of Date	11	4	5	6	26
Wrong/confusing/missing information	3	12	1	4	20
Other	13	8	13	6	40
Sub Total	37	32	32	22	123

Line graph 3: NP quarterly complaints by cause (excluding 3rd party suppliers)

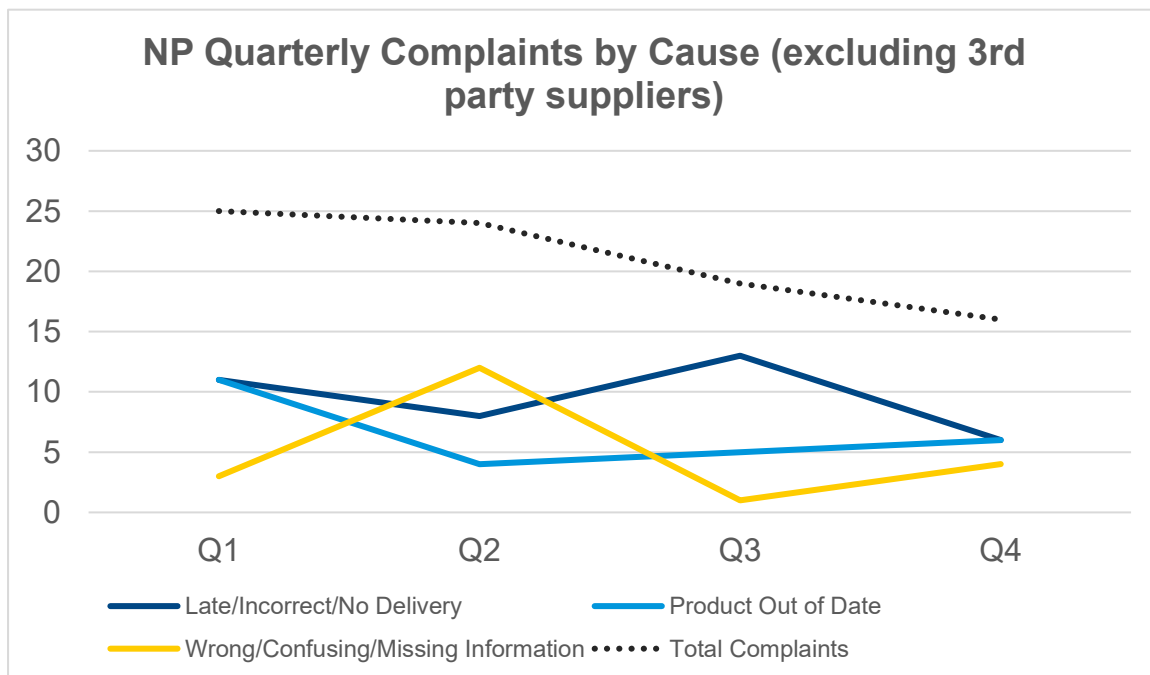
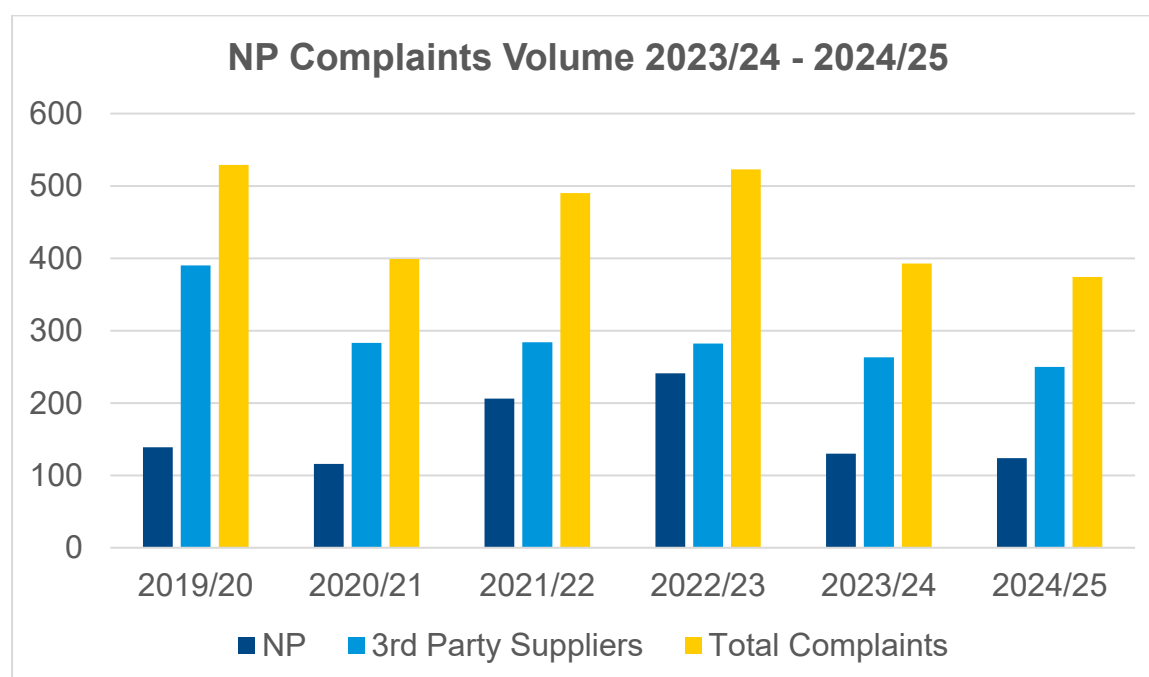


Table 8: 3rd Party supplier complaints by cause

Cause	Q1	Q2	Q3	Q4	24/25 Total
Product not performing as expected	58	49	36	52	195
Damaged Product	5	8	7	8	28
Late/Incorrect/No Delivery	10	5	6	7	28
Other	19	13	12	9	53
Sub Total	91	75	61	78	304

Chart 6: NP complaints volume 2023/24 – 2024/25



10. National Contact Centre

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, as well as providing information, guidance, and support. Information and guidance provided includes signposting to other NHS services, vaccine eligibility, locations of vaccination centres. We also offer support during calls, including talking the caller through resetting passwords to the vaccination booking portal, allowing them to then self-serve.

In the most recent reporting period, NCC received 54 complaints - a 49.5% reduction compared to 2023/24.

During 2024/25 NCC continued to deliver several services including:

- Covid/Flu Vaccination programme¹⁴
- Testing
- Warm Scottish Welcome¹⁵
- Child Health
- NECU (National Elective Coordination Unit¹⁶) support

Child Health support did not involve phone interactions, however, all other workstreams have done so.

The 54 complaints NCC received represents less than 0.0001% of call interactions (493,499 calls) across NCC, compared to 109 complaints, representing 0.0002% of call interactions (524,479 calls) during the previous year.

NCC has continued to improve its call quality review (CQR) process which was rolled out in August 2023. Calls are scored against questions covering Values, Security and Process. Across 2024/25, 2214 CQRs were completed scoring on average of 95.67%.

Through the CQR process, we identified key areas within our staff onboarding training that required renewal. An extensive review of all training materials and onboarding training sessions was completed. This was first used during the Spring 2025/26 campaign and has helped improve quality, reducing adverse events and complaints.

NCC continues to offer service users the option of a 'post call survey' at the end of all calls. Scoring from this remains excellent for the year across all areas.

Table 9: NCC complaints data

NCC	Number of complaints	Upheld	Partially upheld	Not upheld
2024/25	54	19	3	32

NCC handled a total of 54 complaints between 1 April 2024 – 31 March 2025. This total was split evenly between NCC complaints and external complaints.

¹⁴ [Winter Programme – Seasonal Flu and COVID-19 Vaccination](#)

¹⁵ [Warm Scots Welcome - Scotland's support for displaced people from Ukraine: Super Sponsor Scheme review - gov.scot](#)

¹⁶ [National Elective Coordination Unit | The national Centre](#)

Chart 7: Breakdown of NCC feedback categories

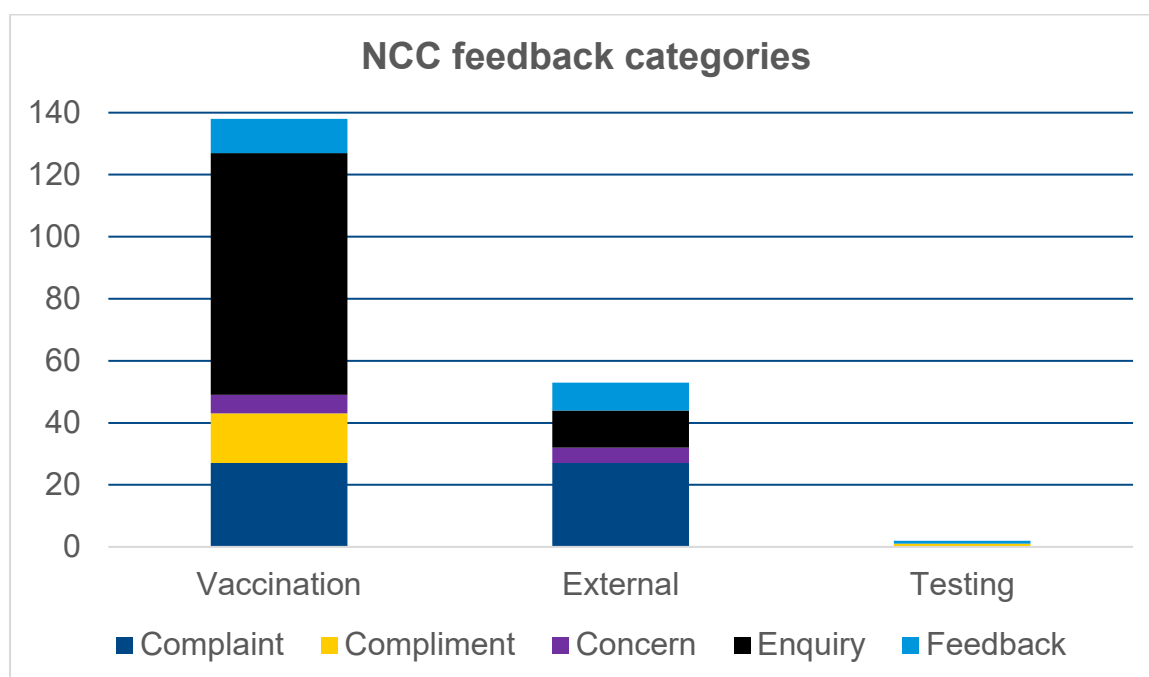


Table 10: Number of NCC complaints by theme

Complaint Themes		Vaccination	Testing	Warm Scottish Welcome	Child Health	NECU (National Elective Coordination Unit) Support
1	Professionalism – Staff Behaviour	17	0	0	0	0
2	Eligibility	2	0	0	0	0
3	Portal	2	0	0	0	0
4	No appointment communication received	3	0	0	0	0
5	Misinformation	3	0	0	0	0

Table 11: Number of NCC external complaints and organisation

Complaint Themes		NHS Lanarkshire	NHS Forth Valley	NHS GGC	NHS Tayside	NHS Fife
1	Clinic location/Clinic venue	4	0	1	0	0
2	System Error	3	0	0	0	0
3	Staff behaviours	3	0	1	1	0
4	No appointment communication	0	1	0	0	0
5	Scheduling	0	1	0	1	0
6	Eligibility	0	0	0	0	1
7	Section 47 process	0	0	0	1	0

Table 12: Number of NCC external complaints and organisation (continued)

Complaint Themes		NHS Lothian	NHS Highland	NHS Grampian	NHS A&A	PHS
1	Clinic location/Clinic venue	0	1	0	1	0
2	System Error	1	0	0	0	0
3	Staff behaviours	2	0	0	0	0
4	No appointment communication	0	0	0	0	0
5	Scheduling/No appointments	0	1	1	0	0
6	Eligibility	1	0	0	0	0
7	Section 47 process	0	0	0	0	0
8	Opt out	0	0	0	0	1

Table 13: Yearly Call comparison split between NCC workstreams

Helplines	2022/23	2023/24	2024/25
Vaccination	910k	509k	448k
Covid Status	267k	15k	0
Contact Tracing	37k	0	0
Testing	2k	8k	5k
Warm Scottish Welcome	5k	176	82
NECU	0	0	2.5k
Outbound across NCC	305k	100k	67.5k
Total Call Interactions	1,527k	632k	523k

11. Human Resources (HR)

Human Resources provide a range of shared corporate services to Public Health Scotland¹⁷ and Occupational Health Services to NHS Healthcare Improvement Scotland (HIS)¹⁸, the Scottish Ambulance Service (SAS)¹⁹ and NHS Education for Scotland (NES)²⁰.

Over the course of the year HR received one complaint, compared with five in 2023/24. The complaint related to a delayed response to ServiceNow calls and was closed within five working days. This led to an investigation to determine the cause of the delay and provisions were put in place to prevent recurrence.

The reduction in complaints since 2023/24 can be attributed to the continuous review that is undertaken of HR services and a focus on utilising feedback for improvement.

12. Digital and Security (DaS)

Digital and Security (DaS) provides a range of external digital shared services to NHS Boards across Scotland. These include desktop IT, networking, web hosting, and information security. In addition, DaS delivers management services and continuous quality improvement for major national digital systems and programmes.

¹⁷ [Public Health Scotland](#)

¹⁸ [Healthcare Improvement Scotland](#)

¹⁹ [Scottish Ambulance Service](#)

²⁰ [NHS Education for Scotland | NES](#)

Complaints and Feedback

During this reporting period, DaS received zero complaints and zero compliments. Due to the nature of the DaS service provision, there are multiple established routes for raising and resolving issues before they escalate to complaints. This also applies to compliments and feedback, which is often addressed through informal channels, resulting in minimal complaints or compliments being received.

Service Improvement and Assurance

DaS are committed to continuous improvement. Over the past year, DaS has initiated a transformation programme focused on the totality of its operating model. This multi-year initiative aims to enhance how we work across all dimensions of service delivery and support. As the programme progresses, it will continue to strengthen our assurance, governance, and feedback mechanisms, ensuring they remain robust, responsive, and aligned with evolving organisational needs.

13. 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 co-ordinating the handling of complaints and the results for each area are reviewed on a quarterly basis.

The FCGLS Directorate experienced a modest increase in complaints in 2024/25 compared to previous years, with a total of 18 complaints received. CLO saw a rise in complaints, particularly in Quarter 4, attributed mainly to parties involved in claims/liasing with CLO lodging complaints due to not fully understanding legal processes.

Patients or relatives of patients who have raised a claim against Health Boards may not have legal representation during the process of such claim. Due to lack of knowledge of legal procedures and timescales, they may raise complaints against the legal staff that represent the Health Boards. The responses to these complaints provide information in relation to the legal processes followed.

Table 14: Number of complaints received within FCGLS by status 2023/24.

Finance	Number of complaints	Upheld	Partially upheld	Not upheld
2024/25	18	0	3	10

Table 15: Total number of quarterly complaints received by service

Quarter	CLO	Finance	CF	CFS
Q1	1	2	2	0
Q2	1	1	0	0
Q3	2	1	0	0
Q4	6	0	2	0

Table 16: Number of complaints received by quarter and status

Quarter	Complaints	Upheld	Partially upheld	Not upheld
Q1	5	0	3	2
Q2	2	0	2	0
Q3	3	0	3	0
Q4	8	0	7	1

14. Contractor Finance and Counter Fraud Services (CF and CFS)

Counter Fraud Services (CFS) is a specialist reporting agency working in partnership with the NHS in Scotland to prevent, detect and investigate fraud, bribery and corruption in NHS Scotland.

They provide a full service to all NHSScotland Health Boards, through a centrally based, professionally qualified team of specialists, dedicated to counter fraud work. CFS are determined to combat fraud wherever it arises and aim to ensure, as far as possible, that healthcare funding is used for legitimate patient care. They are also responsible for checking patient exemptions in respect of NHS Scotland patient charges and collecting payments for incorrectly claimed exemptions.

Contractor Finance (CF) provides payment, reporting, and payment verification services to all Health Boards. Contractor finance reimburses various primary care practitioners/contractors for the services they provide and these practitioner payments totalling approximately £3.5bn are made by NSS and recorded in the NHS Boards' financial statements through NHS Board Reporting which is performed monthly for each NHS Board for whom we make payments on behalf. Contractor Finance acts on behalf of NHS Boards when making payments to Primary Care Contractors and there are four contractor groups which NSS provide payments to for their services to NHSScotland:

- General Medical Services (GMS)
- General Pharmaceutical Services (GPS)
- General Dental Services (GDS)
- General Ophthalmic Services (GOS)

Additional responsibility includes the management of patient compensation schemes, such as the Scottish Infected Blood Support Scheme (SIBSS).

CF and CFS received 4 complaints in 2024/25. This is a reduction of 71% when compared to the 14 complaints received in 2023/24.

All four complaints relate to the Contractor Finance service, three of which were partially upheld and one fully upheld. Issues ranged from missing COVID-19 top-up payments and unresolved General Dental Practice Allowance (GDPA) calculations to delayed maternity leave payments and dissatisfaction with refund handling. In each case, apologies were issued for poor communication and delays. Investigations confirmed payment correctness or identified missing payments, which were subsequently processed. Additionally, a 'lessons learned' session was held with staff, to ensure prompt responses to any communication in future.

15. National Services Directorate (NSD)

National Services Directorate (NSD) currently commission more than 60 national designated specialist services on behalf of Scottish Government and NHSScotland Health Boards.

Specialist and highly specialist healthcare services treat patients living with a rare condition or who have specialist needs. These services are therefore not available in every hospital because they can only be delivered by teams of doctors, nurses and other health professionals who have the necessary training, skills and experience. However rare the condition, we strive to create fair and effective care pathways that offer the best support to patients.

NSD received 6 complaints in 2024/25, which is a slight reduction on the 8 complaints received in 2023/24.

There was a recurring issue with travelling reimbursements in Quarter 1 and Quarter 2 which caused an increase in complaints. Remedial actions were put in place to resolve this, including full reviews and partial reimbursements.

Table 17: Number of complaints received by status

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

16. Practitioner Services (PSD)

Practitioner Services (PSD) supports the delivery of better care by providing essential services to primary care practitioners across Scotland, including GPs, dentists, opticians, and community pharmacies. Key functions include:

- Supporting dispensing contractors in delivering care.
- Ensuring clinical governance across Scotland's community dental services.
- Operating a high-volume scanning service, processing approximately 6 million paper prescriptions per month. This scanning function initiates a complex pharmacy payment process, ensuring accurate reimbursement to community pharmacies, dispensing doctors, and appliance suppliers.
- Managing patient registration and medical records transfer.

While complaint volumes remain low, a number of concerns were raised regarding delays in retrieving medical records. In response, PSD reviewed and enhanced its processes. A standardised approach has now been implemented across all sites and operators, featuring improved logging and auditability to reduce the risk of future complaints.

Table 18: Number of complaints received by status

PSD	Number of complaints	Upheld	Partially upheld	Not upheld

2024/25	7	3	0	4
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Chart 8: Number of complaints received by quarter

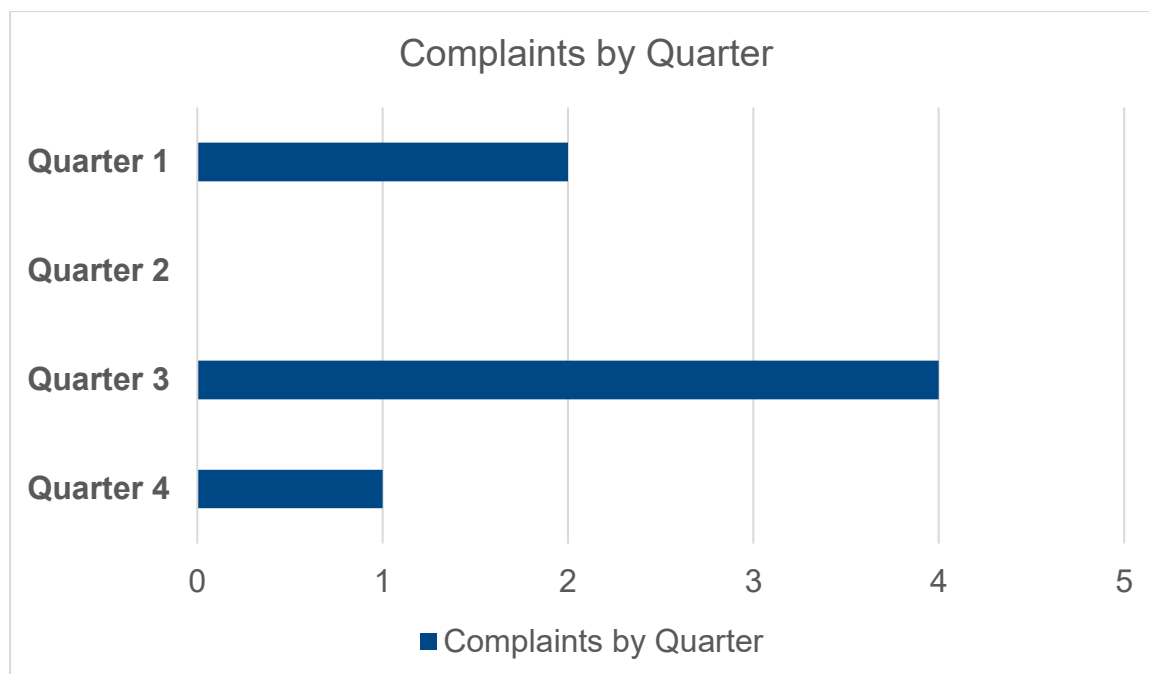
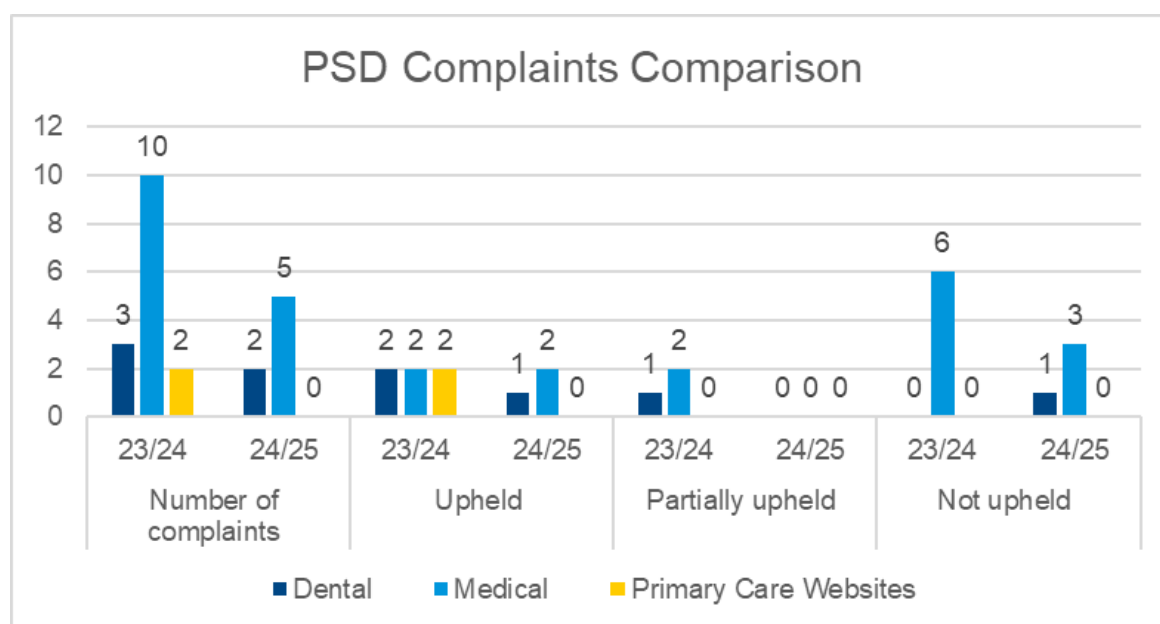


Table 19: Complaints comparison with 2023/24

Service area	Number of complaints		Upheld		Partially upheld		Not upheld	
	23/24	24/25	23/24	24/25	23/24	24/25	23/24	24/25
Dental	3	2	2	1	1	0	0	1
Medical	10	5	2	2	2	0	6	3
Primary Care Websites	2	0	2	0	0	0	0	0
Total	15	7	6	3	3	0	6	4

PSD received 7 complaints in 2024/25. This is a reduction of 53% when compared to the 15 complaints received in 2023/24.

Chart 9: Complaints status by service area



17. NHSScotland Assure (NHSSA)

NHSScotland 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

No complaints were registered against NHSSA during 2024/2025.

18. User Feedback Driven Improvement

18.1 Good practice

Understanding the views and experiences of our service users continues to be a powerful way to ensure that our services are fit for purpose and deliver value added benefit for the people of Scotland. To welcome and respond to feedback and complaints ensures that our service users feel valued.

To continue our commitment to the Customer Engagement Index (CEI) survey and the Model Complaints Handling Procedure (MCHP) all directorates of NSS feature in the quarterly reports and agreed improvement plans are adopted and implemented as part of the quality improvement service model.

18.2 Improvement

Valuing all feedback, both positive and negative is a key driver in developing service plans and informing quality improvement activities.

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, and Customer Experience Insight (CEI) data are routinely analysed alongside operational performance, with findings reported to directorate leadership teams and the Executive Management Team. This integrated approach has supported targeted service improvements, including updated communication methods at the National Contact Centre and enhanced donor experience initiatives by SNBTS.

A number of cross-cutting themes emerged during 2024/25, including the importance of clear public communication, the need for timely follow-up on external dependencies (e.g., courier services), and the value of user trust in shaping service reputation. These insights have informed directorate-level planning and reinforce NSS's commitment to continuous quality improvement across all services.

18.3 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:

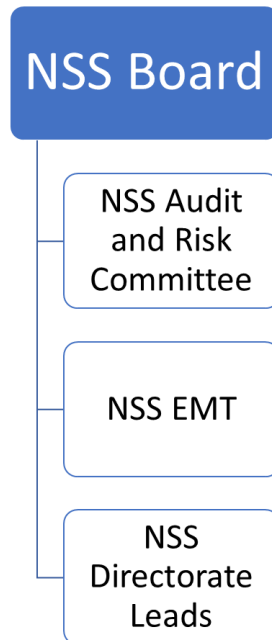
- Directorate level
- Executive Management Team
- Audit and Risk Committee
- Staff Governance Committee
- Clinical Governance Committee (for clinical complaints)

All NSS complaints are first reviewed within the directorates. Complaints performance is then reviewed at Executive Management Team meetings and the complaints reports are scrutinised at the Audit and Risk Committee.

Staff related complaints are integrated into the People Report presented to our Staff Governance Committee. The EMT receive the performance figures against the NHS Model Complaints Handling Procedure Key Performance Indicators. The Audit and Risk Committee receives the annual report.

Those relating to clinical services or the professional behaviour/practice of NSS clinical staff are reviewed by the Clinical directorate team. The Clinical Governance Committee (CGC) review clinical complaints.

Hierarchy of governance arrangements for feedback and complaints reporting



18. 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.

NHSScotland 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: Table 1: Examples of Compliments received 2024/25

Includes quotes from service users across SNBTS, NP, HR, CLO, NSD and NHSSA. These are the words of those providing the compliments and are verbatim.

Directorate	Compliments
SNBTS	Inverness: "I just wanted to pass on my thanks to all of the team for being so nice, despite everyone having had a long day. The process of donating was simple, friendly and the atmosphere was calm and professional. ... Overall, thanks to the team for all the hard work and I look forward to donating again!!" (Donor)
National Procurement (NP)	"I just wanted to take this opportunity to thank everyone at NDS for all their help and support over the past year. It has been a particularly difficult one for me on a personal level but each and every one of you offered help and support throughout the year. I couldn't do my job without your help which is always given in a friendly and professional manner, so thank you all." (NHS Health Board staff member)
Human Resources (HR)	"(HR staff member) was brilliant and really supportive - understood what the issue was and worked quickly to get it resolved - making sure there was ongoing support until the issue was closed off. Many thanks - really appreciated." (Public Health Scotland staff member)
FCGLS CLO	"I am extremely satisfied with the Central Legal Office's (Commercial Property) service and advice. The team consistently provides high-quality legal support, combining professionalism with a friendly, approachable manner. It is always easy to work with them, as they are responsive and clear in their communication, ensuring a smooth and efficient process." (NHS Fife)
SNBTS	Ayrshire: "I donated blood in Beith and just wanted to say what a lovely experience it was. The chap at the door was

	so friendly and professional, and the woman who took my blood was amazing - there is barely a mark! ... Such a lovely encounter and a lovely team!" (Donor)
Human Resources (HR)	"Answer to my query was quick, but more importantly - precise. It gave complete clarity on what I was previously unsure of."
National Procurement (NP)	"The communication from (NP staff member) from customer service to the warehouse team picking the goods and also the delivery aspect of delivering x4 wagons double amount of cages to site was very impressive and appreciated by all, especially during this busy period. I would like to thank everyone involved for going the extra mile and I have linked in with our System team to highlight the impact to our teams and NDS teams." (NHS Greater Glasgow and Clyde staff member)
National Services Division (NSD)	"I just wanted to say a very BIG thank you for all your support and guidance over the past several weeks to get everything ready and in place for the audits and coming away with great outcomes from both. With all the recent unexpected vacancies in management within the inventory department it would have been extremely difficult(Impossible) to have achieved what we needed on all the new processes and changes in forms without all of you going above and beyond and I'm so grateful for all your help." (National Procurement Inventory Supervisor)
FCGLS CLO	"Throughout the years I have dealt with a number of CLO staff. I have always found them to be approachable, hardworking, diligent, helpful, informative and knowledgeable. I have frequently recommended and encouraged others the use of the CLO services." (NHS 24)
NHS Scotland Assure (NHSSA)	"Many thanks for the excellent course which you gave us....

	<p>This was a very helpful reminder and a useful update.</p> <p>It was lovely to meet with you and the rest of the team face to face for this important core CPD event.” (Course participant)</p>
FCGLS CLO	<p>“CLO has worked closely with me and other board colleagues, this has been wide reaching has included supporting attending court. Advice is clear and concise and they have taken the time to enhance and ensure understanding. CLO colleagues have also developed education sessions for colleagues to support career development and understanding of the legal process.” (NHS Ayrshire & Arran)</p>
NHS Scotland Assure (NHSSA)	<p>“Thanks for everyone’s time and attention to try to resolve this issue for us.</p> <p>Thanks so much for this. Greatly appreciated.” (NHS Greater Glasgow and Clyde)</p>

Appendix three: Customer Engagement Index Scores

A customer engagement score is a quantitative measure used to assess the level of interaction, involvement, and satisfaction of individual customers with our brand, products, and services. The following summarises Customer Engagement Index scores for directorates that completed surveys in 2024/25.

Table one: Counter Fraud Services (CFS) Customer Engagement Index results

CEI measure	CEI score
Customer Satisfaction	74%
Net Promoter Score	20%
Customer Effort Score	64%

Table two: FCGLS (Central Legal Office) Customer Engagement Index Results

CEI measure	CEI score
Customer Satisfaction	98%
Net Promoter Score	82%
Customer Effort Score	98%

Table three: FCGLS (Finance) Customer Engagement Index Results

CEI measure	CEI score
Customer Satisfaction	89%
Net Promoter Score	68%

Customer Effort Score	88%
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Table four: National Contact Centre (NCC) Customer Engagement Index Results

CEI measure	CEI score
Satisfaction of Service	93%
Satisfaction with Staff	96%
Recommend Service	94%

Table five: Human Resources Customer Engagement Index Results

CEI measure	CEI score
Customer Satisfaction	88%
Net Promoter Score	62%
Customer Effort Score	85%

Appendix four: Scottish Government performance indicator form. NSS submission 2024/25

NSS's submission to the Scottish Government for 2024 to 2025.

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	624
4b. Number of complaints received by NHS Primary Care service contractors (<i>territorial boards only</i>)	n/a
4c. Total number of complaints received in the NHS Board area	624

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 (<i>Boards with prisons in their area only</i>) 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	160	45.85%

5b. Stage two – non escalated	183	52.43%
5c. Stage two – escalated	6	1.72%
5e. Total complaints closed by NHS Board	349	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	83	51.87%
6b. Number of complaints not upheld at stage one	60	37.5%
6c. Number of complaints partially upheld at stage one	17	10.63%
6e. Total stage one complaints outcomes	160	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	96	50.79%
6g. Number of non-escalated complaints not upheld at stage two	47	24.87%
6h. Number of non-escalated complaints partially upheld at stage two	40	21.16%
6j. Total stage two, non-escalated complaints outcomes	183	96.83%

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	1	16.67%
6l. Number of escalated complaints not upheld at stage two	4	66.67%
6m. Number of escalated complaints partially upheld at stage two	1	16.67%
6n. Total stage two escalated complaints outcomes	6	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.	160	100%
8b. Number of non-escalated complaints closed at stage two within 20 working days		
8c. Number of escalated complaints closed at stage two within 20 working days		
8d. Total number of complaints closed within timescales	160	100%

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 %
9b. Number of complaints closed at stage two where extension was authorised (this includes both escalated and non-escalated complaints)	0	0 %
9c. Total number of extensions authorised	0	0%

***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.



Screening Assessment



National
Services
Scotland

Section 1: Information Gathering

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

NSS Annual Complaints Report 2024-25

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

Aim To comply with the reporting requirements for the NHS Model Complaints Handling Procedure (MCHP)

Purpose: To publish a report in line with the requirements outlined above

3. Desired outcomes: to meet the legal requirement
4. Who is intended to benefit from the change highlighted in question 1?

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

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

- a. Staff ☒
- b. Service Users ☒
- c. Public ☒
- d. Children and young people ☒
- e. Blood/Plasma/Tissue/Cells Donor ☒

f. People or services in rural areas ☒

g. Other – **type here** ☐

Section 2: The type of impact identified

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

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

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

Protected Characteristic	What is the impact? There could be several or none for each protected characteristic	Are these impacts positive or adverse
Age <i>Children and young people, adults, older people etc</i>	There is no intended impact on Age the MCHP is accessible and available to all age ranges	positive
Disability <i>Mental health, physical disability, learning disability, deaf, hard of hearing, sight loss etc</i>	There is no intended impact on disability the MCHP is an accessible process and alternative formats and translation are provided to those who need this	positive

Marriage and civil partnership <i>Workforce, inpatients visiting rights, etc</i>	There is no intended impact on marriage and civil partnerships	positive
Pregnancy and maternity including paternity <i>Workforce maternity leave, breast feeding, illness suffered as a result of pregnancy etc</i>	There is no intended impact on pregnancy , maternity and paternity	positive
Race <i>Mixed or multiple ethnic groups</i>	There is no intended impact on race. The MCHP has provision in place to provide information in alternative languages and for those where English is not their first language	positive
Religion or belief <i>Christian, Muslim, Buddhist, Atheist etc</i>	_There is no intended impact on religion or belief	positive
Sex <i>Male and/or female, intersex, gender-based violence</i>	There is no intended impact on sex	positive
Sexual orientation <i>Heterosexual, lesbian, gay, bisexual, pansexual, asexual, etc</i>	There is no intended impact on sexual orientation	positive

Gender reassignment <i>Transgender, gender fluidity, nonbinary, agender etc</i>	There is no intended impact on gender reassignment	positive
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7. Has the screening assessment demonstrated any of the below? (yes or no)

Adverse impact: no

Positive impact: yes

No potential impact identified: yes

Section 3: Stakeholder engagement

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

Section 4: Impact Assessment Matrix

9. Equality Impact Assessment Matrix

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

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

Low Relevance	Screening Assessment Only	Screening Assessment Only	Consider completing EQIA
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Definitions:

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

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

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

10. Is an Equality Impact Assessment Required?

Section 5: Sign off and contact details

11. The following signatures are required:

Owner/person of those responsible for completing the assessment

Signed: Louise MacLennan Name: Louise MacLennan Date: 08/08/2025

Directorate Director or deputy

Signed: Louise MacLennan Name: Louise MacLennan Date: 08/08/2025

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

NHS National Services Scotland

Meeting:	NSS Clinical Governance Committee and Board
Meeting dates:	26th September 2025
Title:	SNBTS Strategy 2025-2030
Paper Number:	B/25/38
Responsible Executive/Non-Executive:	Marc Turner, Director, SNBTS
Report Author:	Marc Turner, Director, SNBTS

1. Purpose

- 1.1 The SNBTS Strategy 2025-2030 is presented to the Board for approval, following on from the previous SNBTS Strategy.
- 1.2 The SNBTS Strategy Discussion Document 2025-2030 was discussed by informal Executive Management Team (EMT) on 2nd December 2024 and, subsequent to stakeholder engagement, an abbreviated SNBTS Strategy Slide Deck was discussed by NSS Board Clinical Governance Seminar 31st July 2025. The Strategy received formal EMT approval on 25th August 2025.

2. Recommendation

- 2.1 It is recommended that the NSS Board approve the SNBTS Strategy 2025-2030 for implementation.

3. Executive Summary

- 3.1 SNBTS has for many years developed a five-year rolling strategic plan, the most recent of which spanned the period between the onset of the COVID pandemic through to 2024. A strategic review has been carried out to cover the period 2025-2030 predicated on the Guiding Principles agreed by the Board, namely:
 - Our clinical duty to ensure sufficiency of supply of blood, tissue and cell products and services for the treatment of patients in Scotland.
 - Our ethical duty to ensure the safety of our products and services.
 - Our legal duty to ensure the quality and regulatory compliance of those products and services.

- 3.2 We have identified key challenges which may impact on our ability to fulfil these key responsibilities and have developed a set of strategic objectives to address these, establishing a platform to ensure the future resilience of the organisation and maximise the contribution we make to the health of the people Scotland.
- 3.3 The challenges and strategic objectives are laid out by service in the SNBTS Strategy Discussion Document (SDD) (discussed by informal EMT 2nd December 2024) and the SNBTS Strategy Slide Deck (discussed by NSS Board Clinical Governance Seminar 31st July 2025 and EMT on 25th August 2025) namely Blood Component Donation, Blood Testing, Processing and Supply Chain Management, Plasma Derived Medicinal Products, Tissues and Cells, Advanced Therapy Medicinal Products and Patient Services. In addition we call out specific strategic objectives around Ensuring the Safety of our Products and Services and Ensuring Quality and Regulatory Compliance. Finally, we consider the essential underpinning issues relating to Workforce, Infrastructure, Financial and Environmental Sustainability.
- 3.4 Subject to Board approval on 26th September 2025, this Strategy will be implemented through the established SNBTS annual Operational Implementation Plan and Quarterly Service Review processes accountable to SNBTS Senior Management Group (SMG).

4. Impact Analysis

4.1 Quality and Value

- 4.1.1 The Strategy focusses on the key strategic objectives required to ensure the sufficiency, quality and safety of SNBTS products and services over the next five years.

4.2 Equality and Diversity, including health inequalities

- 4.2.1 A full Equality Impact Assessment on the SNBTS Strategy (2025-2030) was discussed and approved at the May EMT meeting detailing the statistical and graphical information supporting our strategic direction for the next 5 years. There were no negative impacts found, and the positive impacts identified will enhance the opportunity to donate blood, tissues and cells across all of Scotland's communities, improve the quality of products and services we provide to patients with Sickle Cell Disorder and other hemoglobinopathies.

4.3 Data protection and information governance

- 4.3.1 A full refresh of the SNBTS digital infrastructure will be required over the timeframe of this strategy. This will require detailed discussion and planning across NSS. Data protection and information governance will be key considerations in this process.

5. Risk Assessment/Management

- 5.1 Risks associated with the delivery of this Strategy will be considered in the annual Operational Implementation Plans and monitored through the Quarterly Service

Review process. They will be captured within SNBTS' comprehensive risk register and owned by SNBTS SMG.

6. Financial Implications

- 6.1 We aim to manage SNBTS in a financially sustainable way whilst ensuring our ability to respond to new and emergent challenges and the quality, safety and sufficiency of our products and services. Digital Infrastructure Transformation will require significant staff and financial investment and needs to be considered as part of the wider NSS planning processes.

7. Workforce Implications

- 7.1 SNBTS benefits from a highly committed and professional workforce. We will maintain safe staffing levels and develop a workforce plan for the future, by investment in careful workforce planning, advanced practitioner roles, digital transformation and development of new analytic, manufacturing and informatics platforms.

8. Climate Change and Environmental Sustainability Implications

- 8.1 As part of this Strategy we aim to optimise our energy usage, introduce electric vehicles and infrastructure and minimise our wastage through 'green laboratory' initiatives.

9. Route to Meeting

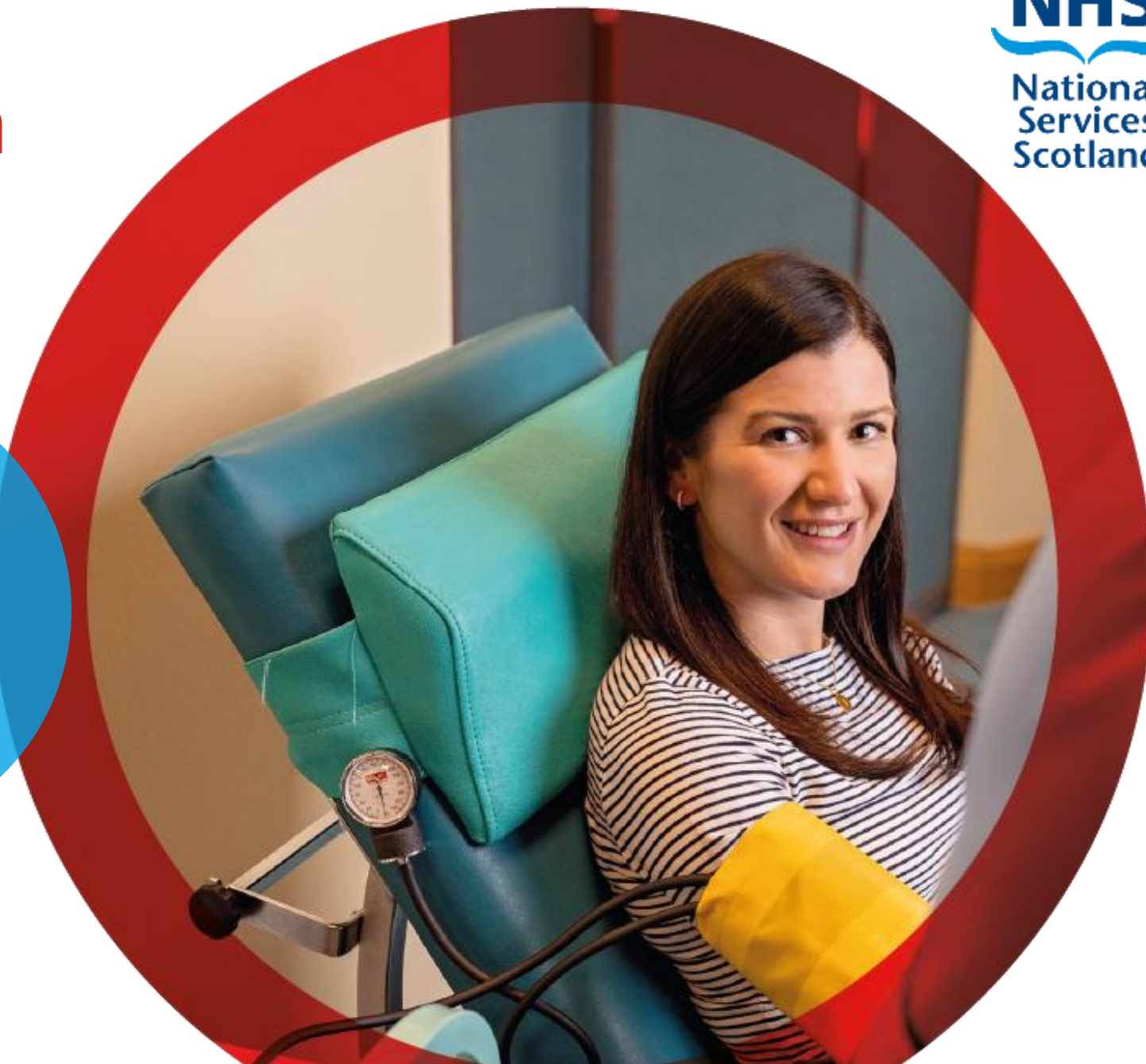
- SNBTS SMG 20th November 2024
- Informal EMT 2nd December 2024
- NSS Board Clinical Governance Seminar 31st July 2025
- Formal EMT 26th August 2025
- Clinical Governance committee 11th September 2025

10. List of Appendices and/or Background Papers

- 10.1 SNBTS Strategy Slide Deck V8.0

Scottish National Blood Transfusion Service Strategy

2025-2030
and beyond



Introduction

One of the first blood services in the world was established in Edinburgh by JR Copland in 1930. People across Scotland have donated c:10 million blood, plasma, tissue and cell products to save or enhance patient's lives and enable treatment.

It is becoming more difficult to meet clinical demand on a 24/7/365 basis due to:

- Scotland's ageing demography, health inequalities and high burden of disease (1)
- Increasing financial, workforce and infrastructure pressures (2)
- Quantitative and qualitative changes in the donor base

In addition, the Infected Blood Inquiry has highlighted the tragic consequences of failing to ensure the quality and safety of products

Advances in integrated analytics, therapeutics and informatics offer the opportunity to improve the sustainability, quality and safety of our products and services and our ability to diagnose and treat the diseases impacting on the health of the people of Scotland (3).

1. Scottish Government (SG). Population Health Framework: Evidence Paper. June 2025.
2. Scottish Fiscal Commission. Financial Sustainability Report. April 2025.
3. Rand Europe. Novel Treatment Paradigms and their transformative potential for the NHS. June 2025



Strategic Review

SNBTS has carried out a strategic review in line with its primary focus:

Our Duty of Care to patients and donors

Guiding Principles

- Our clinical duty to ensure sufficiency of supply of blood, tissue and cell products and services for the treatment of patients in Scotland.
- Our ethical duty to ensure the safety of our products and services.
- Our legal duty to ensure the quality and regulatory compliance of those products and services.

Work was carried out to develop a set of strategic objectives which address current challenges, establish a platform to ensure the future resilience of the organisation and maximise the contribution we make to the health of the people Scotland.



Introduction and Strategic Review

Blood Component Donation

Ensuring the Safety of Products
and Services

Blood Testing, Processing and
Supply Chain Management

Ensuring Quality and Regulatory
Compliance

Plasma Derived Medicinal Products

Workforce Sustainability

Tissues, Cells and Gametes

Infrastructure Sustainability

Advanced Therapy
Medicinal Products

Financial Sustainability

Patient Services

Environmental Sustainability



Blood Component Donation

Why this matters

- To build a sustainable donor base for whole blood, platelets and plasma.
- To ensure a high-quality service for donors and ensure a resilient and safe supply of products for the patients of Scotland.

Current situation

- Like other blood services globally, SNBTS has seen a decrease in the donor base and a demographic shift towards older donors.
- Challenges in recruiting and retaining donors and in meeting specific red cell and platelet immunological requirements need to be addressed to ensure resilience of supply over the coming years.

Our aim

- To ensure a robust and diverse donor base which will allow for sufficiency of red cell, platelet and plasma supply for the patients of Scotland today and in the years to come.

Blood Component Donation

We intend to do this through:

- Recruitment and retention of younger donors, those from minority ethnic communities, platelet and plasma donors
- Ensuring resilience of supply over the coming years and addressing the needs of patients with specific red cell and platelet immunological requirements
- Implementing our community collection footprint strategy, reconnecting with donors in rural areas, workplaces and educational establishments and our minority ethnic communities
- Developing 'Live Connectivity' on sessions, allowing donors to book their appointments on the day and enabling development of the donor online health check
- Improving our remote digital communication systems through which we can increase recruitment, reduce on session deferral rates and improve retention by providing donors with information on how their donation is being used and loyalty awards,



Blood Testing, Processing and Supply Chain Management

Why this matters

- SNBTS is required to continuously meet our clinical, ethical and legal duties to ensure security of supply and the quality, safety and regulatory compliance of our products and services.

Current situation

- Across Europe the current key challenges facing blood establishments are staffing levels, funding, IT support and plasma sufficiency for fractionation .
- We are using continuous quality improvement, lean and activity-based costing to improve the efficiency and sustainability of our core manufacturing functions.

Our aim

- We will leverage the technological advances offered by both new equipment and data collection processing systems to enable increased automation and reduction of waste and ensure continuing improvements in efficiency within Manufacturing and across the Supply Chain.

Blood Testing, Processing and Supply Chain Management

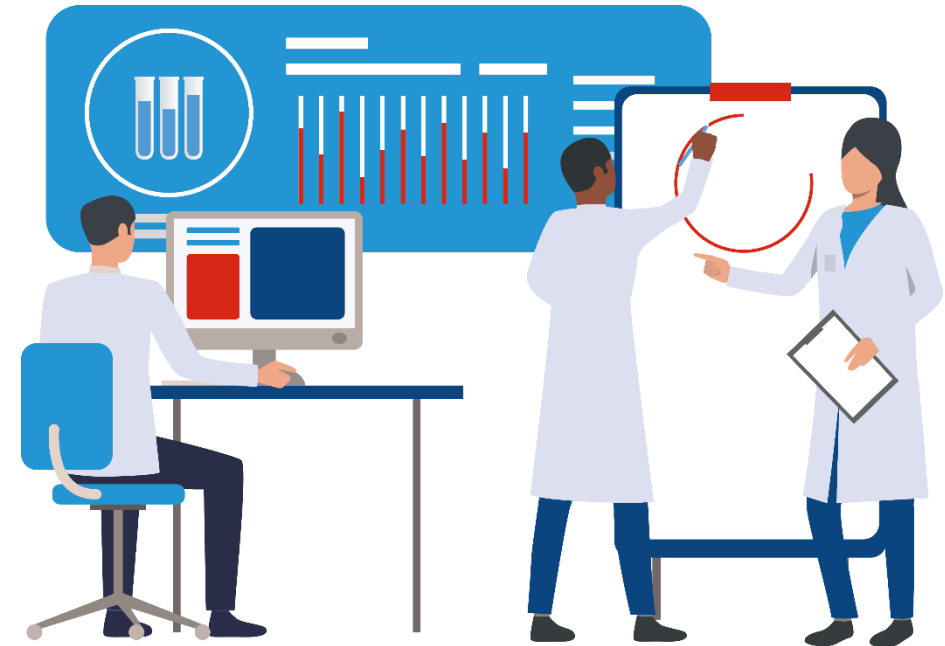
Precision Transfusion / Transplantation Medicine

- SNBTS carries out nearly 3 million blood grouping, microbiology and quality control tests each year.
- We will look to invest in pre-analytics within the testing laboratory to automate sample handling and loading.
- Blood group genotyping, use of DNA testing to predict antigen expression on red blood cells and platelets, is now an accepted and integral component of donation and pre-transfusion testing.
- The testing strategies employed by Blood Services in manufacturing and patient services are evolving to incorporate these new technologies improve the resolution and precision of testing and reduce the risk of adverse immunological reactions particularly in patient with complex red cell transfusion requirements such as Sickle Cell Disorder and other haemoglobinopathies.
- Some testing platforms also allow for genotyping of other systems relevant in transfusion such as Human Leucocyte, Platelet and Neutrophil Antigens.
- SNBTS will consider how to incorporate these technologies into our current routine donor and patient testing pathways to provide a single comprehensive antigen genotype / phenotype for all donors.

Blood Testing, Processing and Supply Chain Management

Blood Component Processing

- SNBTS manufactures just under 400,000 blood components each year.
- Significant modernisation of manufacturing occurred during the relocation to Jack Copland Centre in 2017 including standardisation and consolidation of staffing and processes.
- Continuous quality improvement and learning is a key focus including critically mapping and analysing informatics touchpoints and further integration of operational equipment into an updated laboratory information system to expand reporting and linkage to the donation process. This will be powerful in predicting issues like equipment replacement / maintenance schedules, managing staff training / competency in specific processes and improving efficiency and environmental sustainability.
- We need to replace our Gamma ray irradiators over the next few years and will explore potential replacements including X ray irradiators or the introduction of pathogen inactivation technologies which may have broader benefits in respect of improving efficiency and blood safety whilst potentially reducing workload in blood processing and testing.



Blood Testing, Processing and Supply Chain Management

Supply Chain Management

- SNBTS manages a complex series of supply chains across donors, manufacturing, hospital blood banks and clinical patient transfusion, requiring differential storage and transport conditions for different labile blood components and immunological matching requirements.
- At any one time around half the blood components in Scotland are within the 27 hospital blood banks.
- Our supply chain analytics underpin the improvement work, providing informatics solutions such as dashboards and stock analysis, and is enabled by the NSS Digital & Security (DaS) Business Intelligence platform (Seer). There are several areas where development can further improve control across the supply chain.
- The ordering and fulfilment of blood components, including specialist components and orders for special patient groups needs a digital solution for greater visibility and control of order and demand management.

We need to:

- Scope and invest in a digital ordering system.
- Develop and implement machine learning algorithms to optimise and support decision making throughout the supply chain.
- Facilitate better understanding, benchmarking and surveillance on transfusion outcomes, efficacy and compliance with guidelines (Account for Blood 2.0).

Plasma Derived Medicinal Products (PDMP)

Why this matters

- Plasma is used to manufacture a variety of Plasma Derived Medicinal Products (PDMP) including coagulation factors, immunoglobulins and albumin.
- There is considerable concern across Europe in respect of our collective reliance on US paid plasma donors and a strategic emphasis on greater self-sufficiency.

Current situation

- The ban in place from 1998 on the use of UK plasma for manufacture of PDMP was revoked in 2021; UK plasma can now be collected for immunoglobulin and albumin manufacture.
- SNBTS commenced collection of source plasma in April 2024 and recovered plasma in August 2024. These products will be available in Scotland from April 2025.

Our aim

- We will ensure sufficiency of plasma supply from the whole blood and apheresis donor programmes to support security of supply of albumin and immunoglobulin products in Scotland.

Plasma Derived Medicinal Products

- NHSScotland aims to collect sufficient plasma to achieve circa: 20% self-sufficiency in immunoglobulin and 75% in albumin.
- Global trend analysis and expert advice indicates that the demand for immunoglobulin is likely to continue to rise by a compound annual growth rate of 7% per annum over next decade, putting further upward pressure on prices, eroding strategic supply resilience and suggesting that we will need to match this simply in order to maintain self-sufficiency.
- It is intended that the programme will be self-funding through the differential between the cost of the medicinal products manufactured under the framework contract and the cross-charge to Territorial Boards benchmarked against a basket of commercial comparator products.
- Since the whole blood programme is near capacity, we will develop and implement a plan for expansion of the plasmapheresis programme to meet the increasing demand for PDMP over the coming five years.
- We will deliver UK derived plasma products at a commercially competitive rate.



Tissues, Cells and Gametes

Why this matters

- SNBTS procures and processes tissue and cell products from deceased and living donors. We must continue to expand our service to meet demand and improve clinical outcomes for the patients of Scotland

Current situation

- Process improvements are implemented across the tissue and cell service.
- Islet cell processing equipment requires urgent replacement, a problem facing the international islet community.
- We are currently moving tissue and hematopoietic stem cell processing into grade C and D cleanroom environments to improve capacity and manufacturing efficiency.
- The UK is currently unable to meet the demand for corneas.

Our aim

- We will continue to lead the work to identify replacement technology for islet isolation and collaborate with colleagues across the UK to develop a resilient service delivery model for islet isolation.
- We will expand our haematopoietic stem cell throughput to support patients and UK stem cell transplant registries
- We will streamline our manufacturing efficiency of tissues to increase our capacity and product portfolio.

Tissues, Cells and Gametes

Tissues

SNBTS provides a variety of tissue and cell products donated by both deceased and living donors and patients.

- For musculoskeletal tissues, bone donation from patients undergoing elective primary hip replacement is currently meeting the clinical demand for redo hip replacement, complex spinal scoliosis surgery or cancer surgery. However, the donation rate does not always meet demand and additional hospitals are therefore being brought online for bone donation.
- For donated tendons, the clinical demand is currently being largely met from the deceased donation programme.
- For cardiovascular tissues, supply of heart valves remains challenging such that the clinical demand has never yet been fully met on a UK-wide basis despite the introduction of Deemed Authorisation legislation and a UK-wide heart valve sharing scheme. Further work is needed to increase donation of these life-saving products.
- For ophthalmic tissues, the donation rate of corneas is significantly less than the clinical demand for corneal transplantation, both in Scotland and the rest of the UK. We will invest the resource required to improve donor assessment and corneal retrieval and evaluate the feasibility of establishing corneal manufacturing in Scotland over the duration of this strategy.
- We provide storage of reproductive tissue products (ovarian and testicular) for patients in Scotland requiring fertility preservation due to an underlying condition or treatment that is likely to render them prematurely infertile. The demand for this service has increased significantly over the last few years. We will look to invest in expansion of this service.

Tissues, Cells and Gametes

Cells

- SNBTS provides autologous and allogeneic haematopoietic stem cell procurement and storage for patients in Scotland and the international transplant registry DKMS. Our intent is to expand our offering in respect of procurement for the international donor registries and advanced therapy starting materials over the coming years.
- The supply of pancreatic islets from deceased multiorgan donors for the treatment of diabetic patients with life-threatening clinical need due to hypoglycaemia unawareness is challenging. It is linked to wider issues of sufficiency of organ donation as well as donor-recipient matching and sufficiency of cell dose per kilogram body weight of the intended recipient.
- A replacement for a key piece of processing equipment needs to be implemented across the global islet manufacturing community by the end of 2025 and we will be working with commercial and international partners to evaluate two potential solutions. Given the cost of specialised staff, facilities and quality management, a more efficient model for provision of this service across UK is urgently required.



Tissues, Cells and Gametes

Gametes

- SNBTS is supporting colleagues in the Assisted Conception Units (ACUs) across NHS Scotland who are responsible for the donation, processing, labelling, storage and transport of gametes (eggs and sperm) and embryos, both from altruistic non-directed donors and for fertility preservation.
- Further work is required to ensure that all centres involved are working towards a similar Quality Management System across this network to move forward with instituting a central storage system for NHS Scotland. We will work with the Scottish Government and the Scottish ACUs to support the quality, safety and sufficiency of these reproductive products.



Advanced Therapy Medicinal Products (ATMPs)

Why this matters

- The current complex financial, workforce and clinical healthcare challenges across NHS Scotland are related to our ageing demography, socioeconomic and health inequalities and a high burden of chronic disease.

Current situation

- SNBTS has a 25-year history of research, development and manufacture of ATMPs including dendritic cells, virus-specific T lymphocytes, corneal epithelial stem cells, macrophages and pluripotent stem cells.
- We have developed the integrated operational and quality experience required to provide ATMPs for academic clinical trials and have become increasingly involved in providing contract commercial consultancy, development and manufacturing.

Our aim

- We need to reinvest some of the surplus generated from commercial work in staff, estate and equipment in order to keep pace with the evolution of this fast-developing field.
- Integration of next generation analytics, equipment and informatics will improve quality and safety, and enable improvements in efficiency and affordability of these highly complex medicinal products.

Advanced Therapy Medicinal Products

Leverage our expertise in research, development and manufacture of advanced analytics and therapeutics

- Leverage our expertise in the research, development and manufacture of Advanced Therapy Medicinal Products (ATMPs) for academic and commercial collaborators and for timely, cost effective and affordable delivery of treatment.
- This work has come to an inflexion point as we move to generating more complex genetically modified and pluripotent stem cell derived medicinal products and manufacturing that requires greater throughput, efficiency and concurrent manufacturing.

Leverage our expertise in complex supply chain management to provide end to end solutions for the delivery of ATMPs.

- The quality and safety of ATMPs administered to patients is dependent on the integrity of complex precision supply chains involving procurement of starting materials by clinical apheresis or tissue donation from the patient or a matched donor, delivery to the manufacturing facility, manufacturing itself and delivery and administration of the medicinal product to the correct patient – expertise which SNBTS has from its long history in blood transfusion.
- We will continue to work with the Advanced Therapy Treatment Centres in these broader issues relating to ATMP delivery both in clinical trials and during adoption.

Advanced Therapy Medicinal Products

Collaborate across organisational boundaries

- We will continue to collaborate with academic institutions in Scotland and across the rest of the UK to facilitate the translation of first-class research into medicinal products.
- We will continue to collaborate with companies in Scotland, UK and internationally and with the Cell and Gene Therapy Catapult to facilitate the development and manufacture of ATMPs for clinical trial.
- We will continue to collaborate with NHS partners to support the clinical trialling and adoption of ATMPs in Scotland and the rest of the UK.

Establish a company structure which allows greater freedom to operate.

- SNBTS intends to bring forward proposals to the board for establishment of a not-for-profit company in order to create the freedom to operate and agility required to operate in this environment.
- These measures will enhance the delivery of ATMPs to ensure NSS income generation, support of the life sciences industry in Scotland and, most importantly, facilitate access for NHSScotland patients to the next generation of cell and gene therapies.

Patient Services

Why this matters

- Improving the efficiency of blood, tissue, cell and organ matching will enhance the quality, safety and security of clinical delivery and better outcomes for our patients.

Current situation

- We are developing plans to embed next generation analytical systems into our service delivery along with scoping the components required for the digital integration of NHS Scotland clinical transfusion pathways.

Our aim

- We will improve patient outcomes by enhancing and delivering the digital infrastructure to support good clinical transfusion practice.

Patient Services

Sustainability of NHS Scotland Hospital Blood Banks

- Many, if not most, NHS Scotland hospital blood banks, including those of SNBTS, are experiencing systemic challenges due to financial pressures, increased workload, appropriate levels of staffing to sustain safe 24/7/365 cover, maintaining quality management standards and regulatory compliance.
- Serious Hazards of Transfusion (SHOT) and the Infected Blood Inquiry have highlighted an increase in errors in the transfusion process, at least in part due to inadequate staffing in hospital blood banks.
- We will improve the quality, safety and sustainability of hospital blood banking across NHS Scotland by making the best use of automated analysers, digital technologies and remote support in the design and delivery of services.
- We will work with the NHS Scotland Planning and Delivery Board and colleagues across the diagnostics networks to develop an improved Target Operating Model for Hospital Blood Banks.
- This will include greater digital inter-operability between SNBTS and Territorial Boards.

Patient Services

Advanced Analytics: Reference Immunohaematology and Histocompatibility / Immunogenetics (H&I) Laboratories.

- Advances in science and technology are facilitating increased precision medicine through detailed immunological genotyping of donors and patients.
- An increasing number of patients in Scotland have conditions requiring long-term red cell transfusions including Sickle Cell Disorder and Thalassaemia. These patients often require repeated and emergency transfusions or red cell exchange. Compatible red cell matching for these patients can be extremely complex.
- A critical number of Human Leucocyte Antigen (HLA) typed platelet apheresis donors is required to provide matched products for patients with platelet refractoriness.
- There are a wide range of next generation genotyping techniques available for predicting blood group antigens and also HLA and Human Platelet Antigens (HPA) to support appropriate matched transfusions.
- We will leverage our existing expertise to support introduction of next generation testing platforms and AI tools to ensure precision transfusion / transplantation medicine across NHS Scotland.
- We will expand our Clinical Scientists in Immunohaematology and H&I to provide sufficient expertise to support this work.

Patient Services

Clinical Apheresis Services

- SNBTS provides the clinical apheresis services for NHS Scotland from its units in Glasgow, Edinburgh and Aberdeen.
- Two of these services are provided on a 24/7/365 basis.
- There is increasing clinical demand including red cell exchange for patients with Sickle Cell Disorder and procurement of starting material for ATMP manufacture.
- There are serious capacity limitations including nursing and medical staffing, business and quality support, equipment and facilities. We will explore transformational roles such as Advanced Nurse Practitioners.
- The Service is significantly underfunded due to shortfalls in SLA income. This will need to be addressed in order to provide a sustainable service and accommodate continuing expansion in demand.

Ensuring the Safety of Products and Services

Why this matters

- The Infected Blood Inquiry (IBI) relates to events, predominately in the 1980s, which led to transmission of HBV, HIV and HCV by blood components and plasma products.
- The Final Report published on 20 May 2024, identified a number of key failings in respect of product safety and the clinical transfusion process leading to a series of 'Lessons to be Learned' and 'Recommendations'.

Current situation

- While blood component and plasma products safety is significantly improved, and the risk of transfusion transmitted infection is very low, there is an ongoing risk from existing, new and emergent infections and other agents.
- The most recent SHOT report (2023) identified that the risk of death and serious harm relating to clinical transfusion is increasing.

Our aim

- We will continue to address the importance of vigilance and proactive responsiveness to new and emergent threats to blood, tissue and cell safety.
- We will deliver the specific IBI recommendations pertaining to the safety of hospital blood bank laboratories, the clinical transfusion process and patient blood management.

Ensuring the Safety of Products and Services

The Safety of our Products and Services

- The Penrose Inquiry and Infected Blood Inquiry investigated events predominately between the mid-1970s and early 1990s which led to the transmission of HBV, HIV and HCV by blood components and plasma products.
- The Final Reports identified a number of historic failings in respect of donor selection and screening which might have mitigated the impact on patients and their families.
- There are over 70 potential transfusion transmitted infections only some of which can be selected and screened for.
- In addition new and emergent infections pose an increasing risk due to the impacts of increasing urbanisation, globalisation and climate change.
- It is essential that SNBTS maintains a high degree of vigilance around transfusion transmitted infection risk including participation in horizon scanning, research and surveillance of patient outcomes.
- We will continue to collaborate with other UK and European Blood Services and the Advisory Committee on the Safety of Blood, Tissues and Organs in ensuring that the most up to date safety guidance is implemented.
- We will invest in strengthening our Clinical Scientist in Virology staffing
- We will also upgrade Account for Blood 2.0 to facilitate active surveillance of transfusion transmitted infection in Scottish patients.

Ensuring the Safety of Products and Services

The Safety of the Clinical Transfusion Process

- Clinical transfusion practice and governance has significantly improved over the past few decades.
- However the most recent SHOT report (2023) has identified that the risk of death and serious harm relating to clinical transfusion has started to increase again.
- The Infected Blood Inquiry Final Report made a number of Recommendations relating to (inter alia) improvement in Patient Blood Management and the safety of the clinical transfusion process.
- The Scottish Government (SG) Oversight and Assurance Group is overseeing these proposals.
- SG has funded an expansion in the SNBTS Transfusion Team to support the Territorial boards in improving their patient blood management and clinical transfusion practices.
- We will support existing governance structures including the Scottish National Blood Transfusion Committee.
- We will bring forward a new Transfusion strategy and delivery plan by the end of FY26.
- We will invest in the upgraded of the Account for Blood 2.0 system in order to monitor patient outcomes.
- We will take forward work on integrated digital systems and sustainability of the hospital blood banks.

Quality and Regulatory Compliance

Why this matters

- SNBTS operates within a complex regulatory framework to ensure donor, patient and product safety

Current situation

- SNBTS is regularly inspected by Regulatory Authorities and Accreditation Bodies with consistently successful inspections outcomes demonstrating compliance to expected standards.
- The regulatory landscape is continually evolving and SNBTS must adapt and keep pace to changing legislation and expectations.

Our aim

- We will further develop an organisational-wide culture of quality, established and underpinned by an efficient pharmaceutical Quality Management System to ensure ongoing and continual compliance and improvement within the regulatory landscape

Ensuring Quality & Regulatory Compliance

- We will maintain the highest standards of legal and regulatory compliance to ensure the quality and safety of our products and services, to remain compliant with the law and to uphold the confidence of stakeholders.
- We will maintain a proactive approach to the continuing evolution of the complex regulatory environment and improve the function and efficiency of the Quality Management System.
- We will improve the efficiency of our Quality Management System.

The regulatory environment within which SNBTS operates is complex, multifaceted and continuously evolving. The organisation holds multiple regulatory licences for the continued supply of blood, plasma products, tissues, cells gametes and advanced therapies.



Ensuring Quality & Regulatory Compliance

There is significant complexity in the multiplicity of regulatory, accreditation and guidance organisations, the evolving requirements and standards within each and the competing and sometimes conflicting asks on our unitary Quality Management System.

The legal and regulatory environment continues to evolve on both a UK and international level

We also need to be responsive to the evolution of guidance provided by the Advisory Committee on the Safety of Blood, Tissues and Organs, the UK Blood Services Joint Professional Advisory Committees and the Serious Hazards of Transfusion.

We will focus on maintaining currency, enhancing compliance and improving efficiency with our Quality Management System. In part this is contingent on increased utilisation of digital tools and specifically we need to take forward re-procurement of an electronic Quality Management System.



SNBTS holds accreditation from a number of other bodies including UK Accreditation Service (ISO15189), the European Federation of Immunogenetics and the Joint Accreditation Committee of International Society for Cell and Gene Therapy and European Blood and Marrow Transplantation.

Workforce Sustainability

Why this matters

- A sustainable and flexible workforce enabling safe and high-quality care and improved outcomes for service users.

Current situation

- We have a highly professional and dedicated workforce.
- We have experienced staffing shortages due to high turnover, vacancy factor and sickness absence across all clinical SNBTS professional groups and services.

Our aim

- We will maintain safe staffing levels and develop a workforce plan for the future, by investment in careful workforce planning, advanced practitioner roles, digital transformation and development of robotic analytic, manufacturing and informatics platforms.

Workforce

The Infected Blood Inquiry (IBI) states that ‘transfusion laboratories should be staffed (and resourced) adequately to meet the requirements of their functions’.

We need to ensure compliance with the Health and Care (Staffing) (Scotland) Act 2019.

Recruitment is challenging in some specialist areas such as Consultant Haematologists, Specialist Nurses and Scientists.

Agenda for Change reduced working week will result in a functional reduction in staffing availability.

SNBTS has at least 16 24/7/365 shift and on call rosters which require a critical mass of staff.

In the short term we will undertake restructuring of clinical rotas in Donor and Transport Services, Manufacturing, Tissues, Cells and Advanced Therapies and Patient Services.

In the longer term we will explore digital enablement and transformational roles.



Whole System Infrastructure

Why this matters

The quality, safety and regulatory compliance of our products and services is dependent on current equipment, facilities and IT infrastructure.

Current situation

Most equipment is on managed service contracts or is listed on the 10 year capital replacement programme. Some of the SNBTS estate is in very good condition but some requires upgrade or replacement. Most of the specialist IT infrastructure is ageing and will require replacement over the next 5 years.

Our aim

To ensure equipment, facilities and IT infrastructure are of appropriate quality, safety and regulatory compliance and enhance the efficiency and sustainability of the organisation.

Whole System Infrastructure

Equipment requirement projection:

Project Name Description	2025.26 £	2026.27 £	2027.28 £	2028.29 £	2029.30 £
Medical Equipment replacement - end of life	1,672,633	1,848,973	2,699,314	1,200,949	1,496,867
Fleet replacement end of life vehicles	735,636	638,957	805,600	987,211	824,925
Software updates to enable transformation	260,120	176,609	141,132	-	-
Potential core systems re procurement replacements	-	-	-	-	5,423,712
Total	2,668,389	2,664,539	3,646,046	2,188,160	7,745,504

Whole System Infrastructure Estates

**SNBTS currently
occupies 12 facilities**

NSS owned - Aberdeen,
Gartnavel;

Service Provider – JCC;

NHS bodies -RIE, WGH
mortuary, Lauriston Donor
Centre, Dundee,
Inverness; University
(IRRN);

Commercial companies
(Possil Garage,
Athaneum, PSP).



**NHS Assure has recently reviewed
SNBTS facilities as part of the Whole
Infrastructure Plan:**

Maintenance - JCC, RIE, Inverness,
Athenaeum

Infrastructure work - Aberdeen,
Gartnavel, Lauriston, Dundee and IRRN

Lease renewal within the next two years
-PSP by August 2025 and IRRN by
September 2026

Relocation - Possil Garage by 31 May
2026 and CAU Glasgow.

Whole System Infrastructure

Digital Transformation

SNBTS is currently operating on an IT infrastructure which has served us well historically but has not kept up with advances in the digital environment.

We will replace the IT infrastructure for managing blood donors.

We will repocure our the main eProgesa, eTraceline and TCS MAK systems infrastructure

We will address lack of digitalisation of patient and donor medical records (an IBI recommendation)

We will facilitate integration of NHS Scotland hospital blood banks laboratory and clinical information systems which precludes interoperability and vein to vein control over the transfusion process.

We will upgrade our Quality Management System to a full electronic Quality Management System.

We will bring forward a digital transformation strategy to address this critical infrastructure over the next 5 years.

Financial Sustainability

Why this matters

- The banking crisis of 2007/08 and the subsequent global recession caused a period of austerity in the public sector finances exacerbated by the SARS-CoV-2 pandemic and subsequent increase in clinical demand on the healthcare system.

Current situation

- Whilst NSS is projecting a balanced budget over the next three financial years, the overall public sector financial position remains under significant pressure.
- It is essential that we manage SNBTS in a financially sustainable way whilst ensuring our ability to respond to new and emergent challenges and the quality, safety and sufficiency of our products and services.

Our aim

- We will ensure sufficient revenue and capital investment required over the next five years in order to leverage advances in analytics, manufacturing and informatics to improve the quality, safety, efficiency and sustainability of SNBTS products and services.

Ensure Financial Sustainability

Baseline Funding

- Around 80% of SNBTS funding is baseline from NSS board allocation.
- Restructuring of the budget hierarchy was carried out to reflect the current organisational structure, improve clarity around pay and non-pay allocation and budgetary spend and provide a platform on which to roll out Activity Based Costing (ABC) across SNBTS over the coming years.
- We will agree realistic baseline funding plans each year which reflect the financial pressures facing the organisation, cash releasing efficiency savings, workload, staffing and clinical demand pressures, and revenue and capital investment needed to reset SNBTS.



Ensure Financial Sustainability

External Income

Around 10% of SNBTS income is linked to clinical services provided and cross-charged to NHSScotland health boards.

Service Level Agreements with boards are challenging due to the variable and legacy nature of the cross-charging arrangements, long delays in the agreement of annual SLAs and the payment of invoices.

Currently there is a c: £2m shortfall in cost recovery from Territorial Boards for clinical services.

An NSS-wide review of SLAs will be undertaken in FY26.

In FY26 £2.8m of Scottish Government allocations will be baselined to SNBTS.

Around £585k for opt out and gametes remains as allocations and we will request that these are baselined in due course.

In addition the islet manufacturing needs to be baselined.



Ensure Financial Sustainability

Commercial income projection:

Year	Income	Notes
FY26	£7,736k	Projection of total income of £7,736k with total costs of £5,153k leaving a surplus of £2,583k.
FY27	none	it is not possible to give an accurate projection as development and manufacturing programmes over the next 2 years will have come to completion.

In previous FYs much of the surplus generated through commercial work has been used to support CRES or other cost pressures in the organisation.

There is a need to deploy some of the surplus generated in the next two financial years to invest in the pipeline by supporting business development and invest in equipment, facilities and staff.

A business plan on commercial development will be presented to NSS Finance, Procurement and Performance Committee in Spring 2025 proposing a framework for establishing a structure that will facilitate this.

Environmental Sustainability

Why this matters

- We have an ethical responsibility to minimise our impact on the environment and support climate sustainability.

Current situation

- We use large amounts of energy in the course of delivering our products and services.
- Our fleet is currently still dependent on fossil fuels.
- We generate a significant amount of waste as a result of single use plastics in our testing and manufacturing processes.

Our aim

- We will work to optimise our energy usage, introduce electric vehicles and infrastructure and minimise our wastage through 'green laboratory' initiatives.

Stakeholder Engagement, Approval and Implementation

The Strategic Discussion paper was the subject of formative discussion by SNBTS SMG on 20th December 2024 and by informal EMT on 2nd December 2024. Several refinements were made as a result of these discussions including the summarisation of the strategy presentation.

A comprehensive programme of stakeholder engagement has been carried out and will be ongoing as indicated in the SNBTS Strategy Stakeholder Engagement slide deck.

Approval by SNBTS SMG 15th April 2025, discussed at NSS Clinical Governance Committee Seminar on 31st July and approved by EMT on 25th August 2025.

Implementation will be through the established annual SNBTS Operational Implementation Plans and Quarterly Service Review processes reported to SNBTS SMG.



Scottish National Blood Transfusion Service Strategy

Stakeholder
Engagement
June 2025



Stakeholder Engagement

SNBTS carries out considerable stakeholder engagement across all our business areas.

This document captures the high-level stakeholder engagement carried out during the creation of this SNBTS strategy for 2025 –2030 and beyond.

It also details specific engagement on the strategy.

SNBTS will continue to carry out engagement with our key stakeholders to ensure their views are considered and reflected in our work going forward.

SNBTS is represented on the OneNSS User Facing Services project.

Completed Stakeholder Engagement

Ministerial Engagement

- Russell Findlay MSP - Parliamentary drop in event at Scottish Parliament (June 2023)
- Minister for Social Care, Mental Wellbeing and Sport, Maree Todd MSP – Annual Review (November 2023)
- First Minister, Humza Yousaf MSP - blood donation (December 2023)
- First Minister, John Swinney MSP – informal meeting at Faith & Belief inaugural event (October 2024)
- Minister of Public Health and Women's Health, Jenni Minto MSP – Annual Review (November 2024)
- First Minister, John Swinney MSP and Cabinet Secretary for Health and Social Care, Neil Gray MSP – JCC visit (January 2025)
- Cabinet Secretary for Health and Social Care, Neil Gray MSP – blood donation (January 2025)
- Orkney MSP and Deputy Speaker, Liam McArthur – blood donation (May 2025)
- Minister of Public Health and Women's Health, Jenni Minto MSP – Plasma for Medicines (June 2025)
- Dr Sandesh Gulhane MSP – blood donation (June 2025)

Completed Stakeholder Engagement

Corporate

- UK Forum meetings - UK Blood Services Medical Directors/Directors (quarterly)
- UK Forum Infected Blood Inquiry Steering Group (quarterly)
- SNBTS/Scottish Government Policy team meetings (quarterly)
- Scottish Government Infected Blood Inquiry Oversight and Assurance Group (SNBTS Director) (quarterly)
- National Plasma Products Expert Advisory Group (NPPEAG) (quarterly)
- NHS Scotland Tactical Implementation Group (SNBTS/PHS co-chairs) for implementation of anti-Hepatitis B core testing and associated lookback (2022-2024)
- Stakeholder engagement in the development of Plasma for Medicine Patient and Clinician Leaflets via National Plasma Products Expert Advisory Group (NPPEAG) (2024)

Completed Stakeholder Engagement

Donor & Transport Services

- Top Box research (annual survey). Focus on donation experience
- Young Peoples Thoughts on Blood Donation survey (2020)
- Qualitative research including focus groups with donors and non-donors (2021)
- SNBTS Omnibus (2021 and 2022). Probing service improvement, advertising awareness, plasma awareness, blood group awareness and opportunity to donate
- SNBTS/ Haemochromatosis UK survey of GH individuals in Scotland (Spring 2023)
- Survey of clinical refers of their experience when referring individuals with Genetic Haemochromatosis (GH) to become blood donors with SNBTS (2024)
- Opening hours – Survey probing opening hours aiming to make them more accessible at popular times e.g. after work for Collection Footprint strategy (Northern Arch Summer 2024)
- Survey of SNBTS Blood Donors with GH (Oct 2024)

Completed Stakeholder Engagement

Donor & Transport Services

- Imam Hussein Blood Donation campaign with representation from multiple faith groups in Scotland (Aug 2024)
- The Scottish Blood Donor Association meetings (Regular meetings and Edinburgh AGM held in Nov 2024)
- Webinar in association with Haemochromatosis UK - GH: Becoming a blood donor with SNBTS (Dec 2024)
- Educational talk to GH health professionals – GH and Blood Donation Q&A (Feb 2025)
- Contributed to NHS Scotland Centre for Sustainable Development GH Pathway (Feb 2025)
- Donor Award Ceremonies (Aberdeen: May 2025, Dundee: March 2025)

Supply chain

- Pre-amber alert communications survey (Hospital Blood Banks) (Feb 2025)

Completed Stakeholder Engagement

Patient services

- Blood Bank customer survey (annual)
- Histocompatibility & Immunogenetics customer survey (annual)
- Reference Laboratory customer survey (annual)
- Clinical Apheresis Unit Patient Experience Survey (annual)
- Attendance at Scottish National Blood Transfusion Committee (quarterly)
- Attendance at Haematology and Transfusion Network (quarterly)
- Attendance at Scottish Paediatric and Adult Haemoglobinopathy Network (SPAHS) (quarterly)
- Blood Banking and Manufacturing surveys on electronic ordering systems

Completed Stakeholder Engagement

Patient services

- Annual Service Level Review meetings with all NHS Boards (15 meetings)
- Annual East of Scotland Kidney Transplant Programme Meeting
- External facing meetings with stakeholders in NHS Scotland Health Board Blood Banks with representation from SNBTS Blood Bank teams and clinical leads
- External engagement sessions re Account for Blood Dashboard and transport review
- Scottish Government led Scottish Donation and Transplantation Group
- Multi-Disciplinary Team meeting with the Kidney Transplant Team (monthly)

Completed Stakeholder Engagement

Transfusion team

- Transfusion Team Customer Service Survey (annual)
- Transfusion Awareness Weeks (Sept 2024 – Feb 2025)
- 'Once for Scotland' surgical blood ordering framework (2024 – current)
- Patient engagement (via NHS Blood and Transplant and NHS Wales forums) during the development of the UK wide blood transfusion patient information leaflets (2024)
- Engagement with NHS Grampian and NHS Lothian maternity voices partnership platforms during the development of the patient information leaflet for anti-D (2024)
- Framework for the provision of blood transfusion out of the acute hospital setting

Transfusion Team are key stakeholders in national initiatives such as:

- UK & Ireland wide consent resources for healthcare professionals and patients/public
- UK & Ireland wide national digital education programme
- Transfusion Team national transfusion record
- UK clinical transfusion standards

Completed Stakeholder Engagement

Tissues and Cells

- Deceased Donor Family Memorial service (2024 and held every two years)
- Meetings with stakeholders in reproductive tissue cryopreservation (twice yearly)
- Meetings with stakeholders in stem cell collection and cryopreservation (twice yearly)
- Scottish Government led Scottish Donation and Transplantation Group meeting (quarterly)
- NSS/SG led National Fertility meeting (quarterly)
- Multi-Disciplinary Team meeting with the Islet Transplant Team (monthly)
- Regular one-to-one engagement in deceased tissue donating hospitals
- Teaching and awareness about bone donation in the bone donating hospitals

Completed Stakeholder Engagement

SNBTS wide

SNBTS has the largest social media estate of any Health Board in Scotland.

- Comments, feedback and complaints are formally reviewed to identify and respond to issues or trends.
- A quarterly report is compiled and reviewed to drive forward service improvement.

Infected Blood Inquiry

- **SNBTS contributed to the Archer Inquiry and was a core participant in the Penrose Inquiry and subsequent Scottish Government Short-Life Working Group**
- **The UK Infected Blood Inquiry (IBI) was announced in July 2017 and commenced in April 2019.**
- **NSS-SNBTS provided all the documentary evidence requested including:**
 - a summary of its position with regard to the Penrose Inquiry,
 - data on patient survival post-transfusion (to support the IBI Statistics Group)
 - two organisational written statements
 - responses and apologies to all criticisms made by infected or affected core participants
 - a submission on our recommendations (June 2022), written submissions (December 2022) and closing oral submissions (January 2023).
 - past SNBTS colleagues have provided 10 written statements and 8 provided oral testimony.
 - A closing oral statement (31st January 2024)
- **MLT attended the publication of the Final Report on 20th May 2024.**
- **SNBTS has participated in the Scottish Government Oversight and Governance Group for the IBI Recommendations**

Strategy Specific Stakeholder Engagement

Specific engagement has been carried out on the completed strategy with a range of key stakeholders including:

- ScotBlood conference (29 May 2025)
- Scottish Government (5 June 2025)
- UK Forum (13 June 2025)
- BloodLetter (Summer 25)

Roadshows are also planned for all staff:

- Athenaeum (8 July 2025)
- Gartnavel (8 July 2025)
- JCC (9 July 2025)
- Royal Infirmary Edinburgh (10 July 2025)
- Possil (5 August 2025)
- Lauriston, Edinburgh (27 August 2025)
- Aberdeen/Inverness (TBC)
- Dundee (TBC)

Planned Stakeholder Engagement

SNBTS Strategy

On-going stakeholder engagement will continue to be a key consideration and will form a core part of the delivery plan.

Planned engagement to date includes:

Donor & Transport services

- Donor Award Ceremonies – Glasgow (Sept 25)
- Quantitative omnibus planned for summer 2025 amongst donor and non-donor population.
- Qualitative research planned for summer 2025. Focus on testing perceptions re donor consent to support IBI recommendations.

Patient Services

- Stakeholder engagement in review of Transfusion Team delivery model
- Stakeholder engagement in review of Transfusion Team Strategy

NHS National Services Scotland (NSS)

Meeting:	NSS Board
Meeting date:	Friday 26 September 2025
Title:	Financial Performance: July 2025 (M4 2025/26)
Paper Number:	B/25/39
Responsible Executive/Non-Executive:	Carolyn Low, Director of Finance, Corporate Governance and Legal Services
Report Author:	Andy McLean, Deputy Director of Finance (Reviewed by: Carolyn Low, Director of Finance, Corporate Governance and Legal Services)

1. Purpose

- 1.1 This paper is presented for scrutiny.
- 1.2 The paper provides the Board with the detailed financial position for NSS as at 31 July 2025.

2. Recommendation

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

3. Executive Summary

- 3.1 Based on the financial position at end July 2025, NSS is projecting to fully achieve its statutory financial targets for FY25/26.

- 3.2 The Revenue budget is currently underspent by £4.2m overall – this is being across “hosted funds” (£2.6m) and the core budget (£1.6m). The main element of the hosted fund underspend (£1.8m) is within National Services Division (NSD) Risk Share. The core surplus position is being driven by vacancies across various services.
- 3.3 NSS continues to forecast a break-even position for FY25/26. The phasing of budgets and expenditure is difficult to accurately predict across various “hosted services” due to their nature and pattern, including Risk Share in NSD. It is expected that costs will be in-line with annual budgets. Any surplus would be returned to Scottish Government (SG)/ Boards, whilst any pressures would need to be met by SG / Boards as appropriate.
- 3.4 In terms of the NSS core revenue budget, a break-even position is also forecast. Whilst vacancies are driving most of the current under spend position, there are several material financial risks (and opportunities) which may impact on NSS’ overall financial position.
- 3.5 The NSS Reserves position has moved significantly since the plan was approved in March including a reduction in planned revenue to capital transfer due to additional SG capital funding being secured. There are emerging financial risks including procurement legal challenges which could result in damages being payable. No additional SG funding has been made available to cover the cost of NHS Delivery preparation (including the opportunity costs of other projects/work not progressed due to capacity). Business Finance continues to monitor and quantify financial risks and opportunities via various Reserves scenarios.
- 3.6 The Capital budget has increased by £6.5m since the Board approved the plan in March, with additional funding being received from SG. This means NSS’ planned revenue to capital transfer can reduce by £2.7m (unless NSS wishes to invest in further capital projects in-year). NSS also retains flexibility around the use of Ellen’s Glen Road proceeds in-line with its overall financial position and in agreement with SG.
- 3.7 The full, detailed M4 report can be found in Appendix 1 “FY25/26 M4 Financial Report”

4. Impact Analysis

4.1 Quality and Value

- 4.1.1 All expenditure prioritisation decisions have been focused on improving the quality and value of the services we deliver. Benefits management on an ongoing basis will demonstrate whether that aim has been achieved.

4.2 Equality and Diversity, including health inequalities.

- 4.2.1 Given this is a performance report, an EQIA screen and/or full assessment is not required.

4.3 Data protection and information governance

- 4.3.1 There is no impact on Data Protection in this report.

5. Risk Assessment/Management

- 5.1 In March, the NSS Board agreed the Financial Plan for FY25/26 which reflected its overall Risk Appetite, with specific consideration of financial risk mitigation in place.
- 5.2 Since Board Approval, it was reported that the level of financial risk for NSS had reduced where many existing and additional funding assumptions have been confirmed, across both revenue and capital budgets. However, it is advised that there is emerging and increasing risk, including the legal challenge to procurement (Aseptic Pharmacy) and costs in relation to NHS Delivery set-up do not yet have an agreed funding source. There is also a pressure in terms of the SG Test Kit budget (this has been factored into the NSS Reserves position)
- 5.3 Additional funding demands have emerged in-year including (1) Dilapidation works at Gyle up to £0.9m – this was considered by SIB on 18th August and (2) ITSOM business case – this was considered by FPPC on 16th September,
- 5.4 The A4C Pay Deal for FY25/26 and FY26/27 was approved on 16th May 2025, with a 4.25% increase agreed then a further 3.75% increase the following year. Although this is above the original planning assumption (3%) SG has confirmed that the additional impact will be funded centrally.
- 5.5 NSS has also received a funding letter for National Insurance from SG which covers the liability for FY25/26.
- 5.6 NHS Scotland Directors of Finance agreed to the £101m NSD Risk Share top slice for FY25/26 on 15th May 2025, protecting NSS' overall financial position. Since this decision, SG Finance has advised there is a £0.7m pressure in relation to uplift but it is forecast that this pressure can be accommodated within overall existing resource levels. If not, Boards would need to cover this pressure not NSS.
- 5.7 On-going discussions with the Payroll Quality Board progress in a positive manner with a view to Boards transferring baseline funds to NSS to cover the cost-of-service provision and mitigate NSS' financial risk, replacing current annual recharging arrangements.
- 5.8 For Capital, as above, NSS has secured significant levels of additional funding from SG. The additional funding will enable NSS to re-prioritise revenue funding currently directed towards capital.
- 5.9 In terms of NSS' Financial Sustainability, the formal Corporate Risk that was previously "Red" has been downgraded to "Amber" to reflect the mitigations that are in place.
- 5.10 The Cost-Conscious culture and Financial Management maturity of Budget Holders across NSS continues to strengthen and develop. The focus for FY25/26 is on pro-active work with Key Decision Makers in Directorates, as well as maintaining established arrangements with NSS Board; FPPC; EMT; and Partnership Forum.
- 5.11 As per previous years, the capacity of our work force is likely to be a problem to undertake more work and projects, should additional funding be available and agreed in-year.

6. Financial Implications

- 6.1 At M4, NSS is projecting to fully achieve its statutory financial targets for FY25/26 but this are various financial risks (and opportunities) which are being actively tracked and managed.

NSS Targets	YTD Budget	YTD Actuals	Variance	FY Budget	FY Forecast	Variance	Target
	£'000	£'000	£'000	£'000	£'000	£'000	
Revenue Total	(0)	(4,248)	4,248	-	(0)	0	Breakeven
Revenue Income	(378,713)	(378,805)	92	(1,186,895)	(1,170,826)	(16,069)	
Revenue Costs	378,713	374,557	4,156	1,186,895	1,170,826	16,069	
CRES Total	5,340	5,354	14	12,856	12,848	(8)	3% Recurring
NSS (exc NSD) CRES	3,913	3,927	14	9,612	9,604	(8)	
NSD CRES	1,427	1,427	-	3,244	3,244	-	
Direct Capital Total	-	80	(80)	-	-	-	Breakeven
Capital Income	(634)	(634)	-	(17,897)	(17,897)	-	
Capital Costs	634	714	(80)	17,897	17,897	-	

- 6.2 Additional monies may become available for investment - NSS must consider what and if it can deliver beyond the bids prioritised in the opening financial plan including the impact of NHS Delivery.

7. Workforce Implications

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

8. Climate Change and Environmental Sustainability Implications

- 8.1 There are no direct implications associated with this report.

9. Route to Meeting

- 9.1 The financial position at a Directorate level is reviewed and agreed between Directors and Finance Business Controllers, then a consolidated position produced for EMT. Actions agreed will be managed collectively by EMT.
- 9.2 The July financial position was discussed by EMT at its meeting on 25th August and by FPPC at its meeting on 16th September.
- 9.3 The August financial position will be scrutinised by EMT on 23rd September. There were no material changes to the reported position between July and August, although the level of underlying risk has reduced following effective mitigation / management of the testing cost pressure and approval of the proposed Logistics Service Charge for FY25/26.

10. List of Appendices and/or Background Papers

- 10.1 The following appendix is included with this report: Appendix No 1 - 2025/26 M4 Finance Report (July 2025)



NSS Financial Performance

NHS National Services Scotland

Financial Performance – July 2025

Executive Summary

NSS Targets	YTD Budget	YTD Actuals	Variance	FY Budget	FY Forecast	Variance	Target
	£'000	£'000	£'000	£'000	£'000	£'000	
Revenue Total	(0)	(4,248)	4,248	-	(0)	0	Breakeven
Revenue Income	(378,713)	(378,805)	92	(1,186,895)	(1,170,826)	(16,069)	
Revenue Costs	378,713	374,557	4,156	1,186,895	1,170,826	16,069	
CRES Total	5,340	5,354	14	12,856	12,848	(8)	3% Recurring
NSS (exc NSD) CRES	3,913	3,927	14	9,612	9,604	(8)	
NSD CRES	1,427	1,427	-	3,244	3,244	-	
Direct Capital Total	-	80	(80)	-	-	-	Breakeven
Capital Income	(634)	(634)	-	(17,897)	(17,897)	-	
Capital Costs	634	714	(80)	17,897	17,897	-	

Performance Summary

NSS is on track to achieve all statutory financial targets.

Revenue (£4.2M underspend and breakeven forecast)

The **current underspend** is driven by vacancies across the entire NSS budget. The **Core** underspend is driven by vacancies which are offset by lower than planned recharges. The **Hosted funds** under spend is due to phasing within Digital Programmes and is forecast to even out during FY25/26. The NDC service charge has since been agreed by Boards since the M4 position was finalised.

£161m of **SG allocations** received to date and £147M outstanding. The only high-risk allocation relates to Testing Kits.

CRES (£8K FY underachieved vs target)

Clinical is unlikely to achieve £41k within renegotiation of contracts and is considering order alternative options to achieve target

Capital (£0.1m overspend due to phasing and breakeven forecast)

Since Q1, additional funding has been confirmed by SG. **NSS should consider options to use revenue to capital transfer instead of Ellen Glen funds** in-line with its overall position.

Key Messages

The Scottish Government's (SG) Finance Delivery Unit has confirmed that **Health Boards continue to face significant financial challenges with increasing deficits forecast over the next three years.**

While NSS Board agreed a balanced budget for FY25/26, the wider financial climate across NHS Scotland remains challenging. In this context, it is essential that NSS continues to monitor costs closely and actively pursue recurring savings to ensure long-term financial sustainability for both NSS and the broader NHS.

The following slide summarises the main changes in the (underlying) financial position for NSS at M4 (since Board approval). **Whilst there has been some significant favourable movements, there is also significant financial risk and uncertainty** including a shortfall in expected funding from SG where an uplift had been assumed.

Budget Holders must ensure they continue to manage their delegated financial resources robustly during FY25/26.

NHS National Services Scotland

Financial Performance – July 2025

Executive Summary

Risks and Issues

Opening Financial Plan – Risk Appetite

In March, the NSS Board agreed the Financial Plan for FY25/26 which reflected its overall Risk Appetite, with specific consideration of financial risk mitigation in place.

Change in Risk – Post Board Approval of Financial Plan

Since the Q1 report, it is suggested that **the level of financial risk for NSS has increased** despite an improvement in the FY Forecast of c£2.4M. **Emerging financial risk has been reflected in the Reserves scenarios further in this report.**

- It should be noted that NSS currently has **£147M SG allocations outstanding** and there is a risk that some allocations may not be received in full/as planned which is currently estimated at £1.1M.
- The procurement legal claim remains and could be as high as £4.7m (although settlement at this level is unlikely as per Reserves scenarios).
- The development of the **ITSOM case for change was agreed by FPPC on 16th September**
- Option to reduce the Ellen's Glen draw down by £1.6M is being considered **(this needs to be considered in-line with the overall position)**
- **There is also no (SG or NSS) budget for “NHS Delivery” and NSS may be required to fund any costs in relation to this, including PGMS support. This may result in agreed development programmes being paused due to capacity constraints.**
- NHS Scotland Directors of Finance agreed to the £101m NSD Risk Share top slice for FY25/26 on 15th May 2025, protecting NSS' overall financial position. However, emerging pressures within UOP drugs are being closely monitored (£2.4M risk). **At this stage, it is still forecast that Risk Share costs can be contained within existing available resources (with £0.7m less uplift funding available than planned)**
- On-going discussions with the Payroll Quality Board progress in a positive manner with a view to Boards transferring baseline funds to NSS to cover the cost-of-service provision and mitigate NSS' financial risk, replacing current annual recharging arrangements.
- For Capital, as above, NSS has secured significant levels of additional funding from SG. The additional funding will enable NSS to re-prioritise revenue funding currently directed towards capital. **However, the material growth in capital funding brings an increased delivery risk to commit funds by 31st March 2026.**

In terms of NSS' Financial Sustainability, the **formal Corporate Risk that was previously “Red” has been downgraded to “Amber” to reflect the mitigations that are in place.**

The Cost-Conscious culture and Financial Management maturity of Budget Holders across NSS continues to strengthen and develop. The focus for FY25/26 is on pro-active work with Key Decision Makers in Directorates, as well as maintaining established arrangements with NSS Board; FPPC; EMT; and Partnership Forum.

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

NHS National Services Scotland

Financial Performance – July 2025

Operational Performance: Directorate Summary

Financial Performance (£'000) - Outturn vs Plan								
	Revenue Outturn						Other Financial Targets	
	YTD Actual Variance to Budget			FY Forecast to Budget				
Dir	Core	Hosted Funds	Total	Core	Hosted Funds	Total	CRES	YTD Capital VAR
NHS Assure	618	n/a	618	(31)	n/a	(31)	-	(93)
NSD	n/a	1,796	1,796	n/a	-	-	-	-
SNBTS	266	n/a	266	496	n/a	496	-	15
DaS	20	473	493	(62)	62	(0)	-	0
FCGLS	79	-	79	63	-	63	-	n/a
SPST	(323)	n/a	(323)	1	n/a	1	-	n/a
HR	270	n/a	270	296	n/a	296	-	n/a
Clinical	144	n/a	144	82	n/a	82	(42)	n/a
NP	(48)	398	350	320	219	539	-	(1)
PaCC	507	n/a	507	999	n/a	999	34	0
Subtotal	629	398	1,027	2,166	280	2,446	(8)	(1)
Reserves	49	-	49	(2,166)	(280)	(2,446)	-	n/a
Total	1,582	2,667	4,248	-	-	-	(8)	(80)

Performance Summary by Directorate

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

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

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

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

NHS National Services Scotland

Financial Performance – July 2025

Revenue Variance Analysis: Summary (£'000)

RAG



The YTD Revenue position for NSS as of M4 close is of **an underspend of £4.2M**. The table below summarises variances by category and type.

	Hosted Funds	NSS Core	Total
Income Budget	(255,920)	(122,793)	(378,713)
Movement	(2,170)	2,078	(92)
Income Actual	(258,090)	(120,715)	(378,805)
Cost Budget	255,920	122,793	378,713
Pay Savings	(1,228)	(3,812)	(5,040)
Non-Pay	1,822	128	1,950
Other Non-Pay	(1,090)	24	(1,066)
Cost Actual	255,423	119,134	374,557
Surplus	2,667	1,582	4,248

Slide 6 summarises the £1.6M favourable position in core.

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

Slide 8 has a breakdown of hosted funds by programme.

NHS National Services Scotland

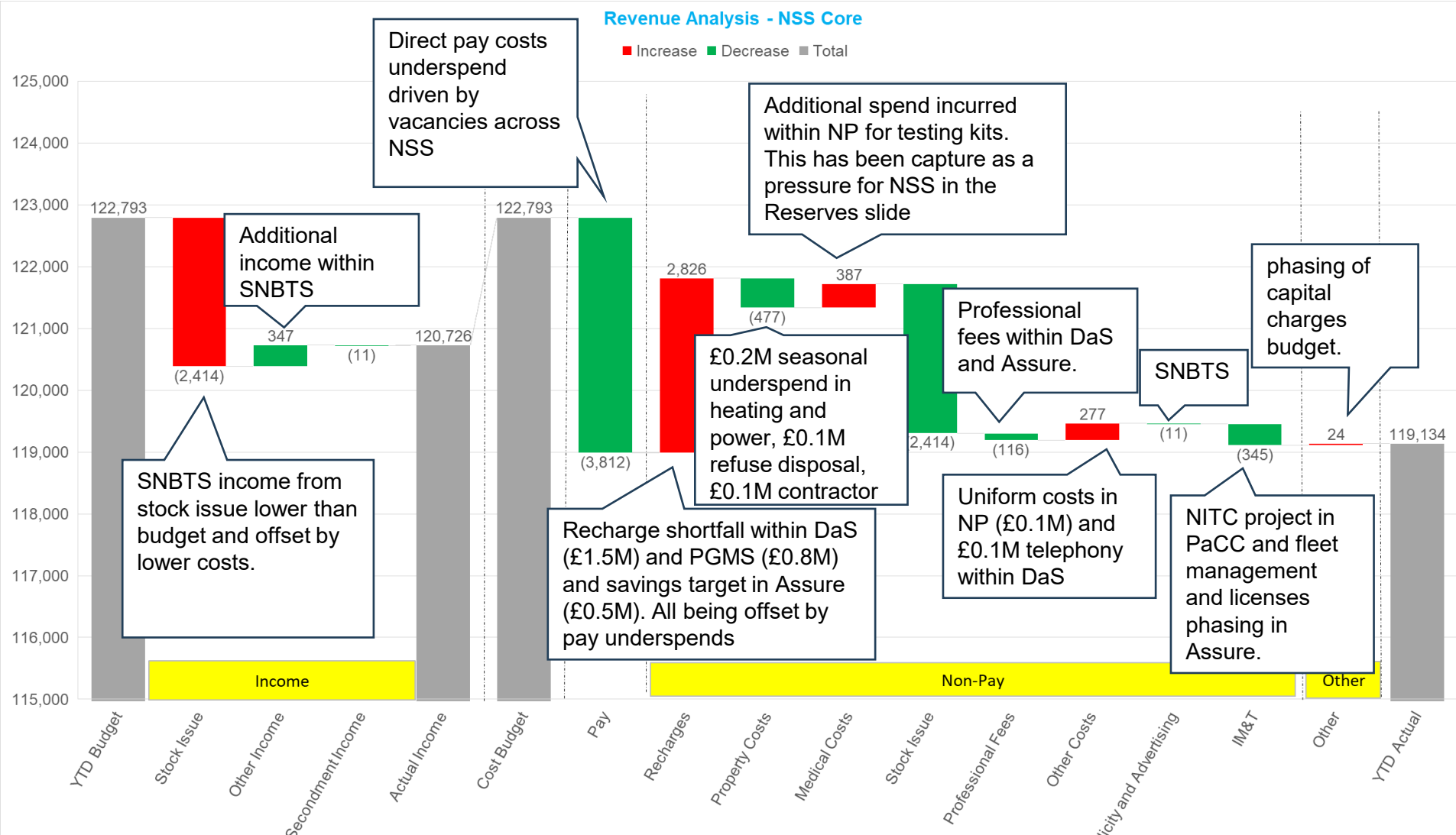
Financial Performance – July 2025

Revenue Analysis – NSS Core (£'000)

RAG

The table below details the key variances across NSS Core.

Overall NSS Core has underspent by £1.6M. The graph below gives a further breakdown of the variance.



NHS National Services Scotland

Financial Performance – July 2025

Revenue Analysis – Pay Deep Dive (£'000)

RAG

The table below details the pay spend per Directorate and by category and it includes income from Secondment and recharges.

Directorate	YTD Budget	25-26 Actuals					Budget vs Actual	Budget vs Actual (NSS Core)	Budget vs Actual (Hosted Funds)	PY YTD Spend	24/25 vs 23/24
		Pay	Overtime & Enhanced Pay	Seconded Costs, Income and recharges	Agency	YTD Actual					
SNBTS	18,907	18,256	542	99	18	18,915	(8)	(8)		16,488	(2,427)
DaS	11,354	11,816	24	(558)	212	11,494	(140)	(489)	349	10,595	(899)
FCGLS	9,336	8,594	52	29	-	8,675	660	654	7	7,771	(904)
NP	8,513	7,277	385	48	650	8,361	152	76	76	7,341	(1,019)
NHSS Assure	7,623	6,856	29	(43)	26	6,869	754	754		6,352	(517)
PACC	7,243	6,595	119	24	21	6,759	483	483		6,199	(560)
SPST	1,640	4,755	5	(2,749)	(3)	2,008	(368)	(368)		2,450	442
NSD	3,417	2,874	-	(83)	-	2,791	626		626	2,874	83
HR	2,039	1,971	-	(90)	-	1,882	157	157		1,592	(289)
Clinical	1,701	1,707	2	(148)	-	1,561	140	140		884	(677)
Redeployment	29	90	-	(80)	-	11	18	18		(37)	(48)
Total	71,800	70,792	1,158	(3,549)	924	69,325	2,476	1,418	1,057	62,510	(6,815)
% Total Spend		0	0	(0)	0						
PY Spend	65,345	62,717	1,028	(2,760)	1,525	62,510	2,835				

Since Q1 report, the impact of shortfall in recoveries has been included within DaS and SPST (PGMS).

NSS pay costs are tracking £2.58M under budget, due to tight vacancy controls, limited HR recruitment capacity, and ongoing difficulties in recruiting and retaining staff. While costs are up £6.8M year-on-year, the increase is driven by pay uplifts and National Insurance changes—not by a significant rise in WTE.

- SPST adverse position includes shortfall in income within PGMS, which is driven by seasonality. The Directorate has managed to maintain reduction in establishment taken the reduction in demand within PGMS and this may result in shortage in PM.
- **DaS** adverse position includes shortfall in income, which is partially due to recharges being incomplete. The Directorate continues face challenges in recruiting and retaining staff and will continue to review options with HR to attract and retain talent.
- **SNBTS** overspend is driven by additional hours caused by sickness in the collection teams and reduction in the working week.
- Vacancies within **FCGLS** and **Assure** are across the directorate. This is being reviewed with Directorates
- NP vacancies within NDS being partially offset by an increasing agency costs. An initial review has been carried out and it is anticipated that number of agency staff will reduce back to budgeted levels.
- NSD has had vacancies within management and networks. Surpluses will be ring-fenced to offset any future service pressure.
- PaCC vacancies within Service Delivery currently being filled.

NHS National Services Scotland

Financial Performance – July 2025

Services delivered on behalf of NHS Scotland

RAG



FY 25/26

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

The overall funding envelope has **decreased by £1.1M** since last month. This was driven by eRoosting (£1.5M) development funding not required from Boards and Resilience Funding in NDC (£0.9M) being reduced due to lack of SG confirmation/pause on recruitment. This has been offset by an increase in funding for NSD (£0.7M) Bowel Screening programme and eHealth (£0.6M) that now include all allocations and SLA funding.

Overall national programmes are reporting a **YTD underspend of £2.6M**. Any surplus or deficits will be managed at a Scottish Government level.

- **Spending plans are under active review** with Digital and Security (DaS) to ensure budget phasing aligns with forecasted activity and delivery timelines.
- Stock issued by **NDC** remain on plan. The surplus is driven by vacancies and reduced transport costs. This is being closely monitored particularly as the **Service Charge agreement with Health Boards** is still outstanding.
- NSD surplus – refer to slide 6

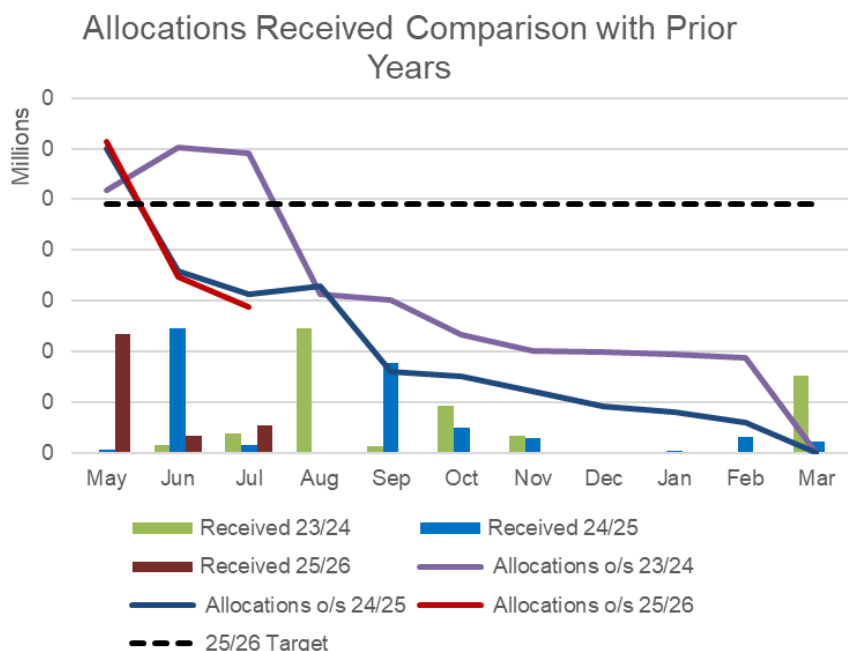
*The budget includes the recharges of £23.9M recorded is within non-pay.

Hosted Funds	FY PY	FY Bud	FY Act	YTD Var	% Budget Spent
O365	55,880	56,437	21,543	(482)	38%
ATOS	41,703	45,495	12,802	(99)	28%
eHealth	39,717	33,265	10,519	1,067	32%
PAC's	9,484	15,270	1,480	43	10%
eRoosting	5,674	3,434	1,079	66	31%
GP IT	4,777	10,395	2,252	219	22%
CHI	4,139	3,943	1,310	43	33%
SWAN Reprocare	7,731	3,500	673	(673)	19%
EESS National Systems	2,040	2,093	927	81	44%
Cyber Security Centre	2,980	6,128	777	210	13%
DaS Total	174,127	179,960	53,363	473	30%
NDC	238,745	248,792	80,820	398	32%
NSD	340,653	364,507	118,543	1,796	33%
SIBSS	128,731	28,560	10,222	0	36%
NSS Total	882,256	821,819	262,948	2,667	32%

NHS National Services Scotland

Financial Performance – July 2025

Scottish Government Funding Allocation Tracker (£'000)



SG Allocations - Outstanding

As of the end of July, NSS received £161M/53% of allocations due. Directorates are asked to review outstanding allocations and ensure SG confirmation letter has been received for the amount expected.

Business Finance are reviewing all outstanding allocations with Directorates so that any risk can be confirmed. Where no information has been made available, amber status has been assumed and review will continue during the month.

The table below summarises the allocations which are potentially at risk. **Since July, the residual risk in NP is c£0.7m following review, mitigation and management within NSS and supported by SG**

Directorate	Green	Amber	Red	Total	Comment
NSD	83,902	680	-	84,582	Amber: Riskshare and AO allocation uplift expected not received
NHSS Assure	2,697	-	-	2,697	
NP	27,933	1,671	3,759	33,362	Amber: additional funding for Logistics Service Charge and allocations below £100k Red: Testing Kits
DaS	1,140	7,151	-	8,292	Amber: hosted funds allocations
SPST	251	1,435	-	1,686	Amber: international engagement and TEC programme
Reserves	(1,907)	32	-	(1,875)	Credit allocation being revenue to capital transfer. This include EG funded programme
SNBTS	(157)	78	-	(78)	Amber: balance of allocation expected that has been baselined
CD	1,315	625	-	1,940	Amber: Scan for Safety Programme Management allocation, PCI data extraction
FCGLS	15,709	567	-	16,276	Amber: PCF staff
Total	130,883	12,239	3,759	146,882	

NHS National Services Scotland

Financial Performance – July 2025

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

RAG



	Starting CRES Budget	YTD Achieved			Forecast by Risk Level			Total CRES Forecast
		Recurring	Non-Recurring	Non-recurring Measures	Low	Medium	High	
Clinical	101	60	-	-	-	-	-	60
DAS	945	253	63	-	630	-	-	945
FCGLS	1,108	142	227	-	305	433	-	1,108
HR	145	17	32	-	97	-	-	145
NHSAssure	1,732	195	1,307	-	-	230	-	1,732
NP	1,085	107	140	-	35	604	200	1,085
PaCC	1,462	157	546	-	548	133	111	1,496
Reserves	1,380	-	-	-	1,380	-	-	1,380
SNBTS	539	73	-	-	304	163	-	539
SPST	1,115	39	572	-	505	-	-	1,115
NSD	3,244	1,227	200	-	400	1,417	-	3,244
NSS Total	12,856	2,268	3,086	-	4,203	2,981	311	12,848



NSS CRES Performance Summary

The table above shows **reported achievement** of CRES for 25/26. The NSS CRES target for 2025/26 is £12.9M, representing 3% of the baseline budget. **As of Month 4, NSS has achieved £5.4M, equating to 42% of the annual target.** A forecast shortfall of £10K is currently projected, due to anticipated savings from a third-party contract renegotiation in Clinical not being realised this year. The Clinical Directorate is actively reviewing alternative options to meet its savings target.

An initial review by Finance has identified potential for £1.4M in recurring CRES during 2025/26. Discussions with Directorates will continue throughout Q2 to validate and progress these opportunities.

NSD CRES

CRES achieved within NSD will be retained to address service pressures. A new process has been developed to manage this, and once embedded, it will be incorporated into the overall NSS CRES plan.

NHS National Services Scotland

Financial Performance – July 2025

Capital Programme Delivery – Plan (£'000)

RAG



Directorate	YTD			FY			YTD Actual as % of FY
	Budget	Actual	Var	Budget	Forecast	Var	
DaS	246	246	0	2,234	2,234	-	11%
NHS Assure	-	93	(93)	11,596	11,596	-	1%
NP	-	1	(1)	-	-	-	
NSD	-	-	-	824	866	(42)	0%
Reserves	-	-	-	212	170	42	0%
SNBTS	372	357	15	3,007	3,007	-	12%
PACC	16	16	0	25	25	-	65%
Grand Total	634	714	(80)	17,897	17,897	-	4%

FY25/26

At the close of M4, capital was £0.1M overspent with a balanced forecast.

The YTD adverse position is driven by phasing of budget vs spend and slippage.

There has been a material increase in funding provided by SG, which has resulted in budget increasing from £8.8M to £17.9M. Given most programmes will be starting in Q2/H2, **there is a risk that programmes will slip and NSS will not fully benefit of the funding available in-year.** As always there is limited scope for a funding carry forward from one financial year to the next, all programmes leads must work closely with finance to advise of any changes in their spending plans.

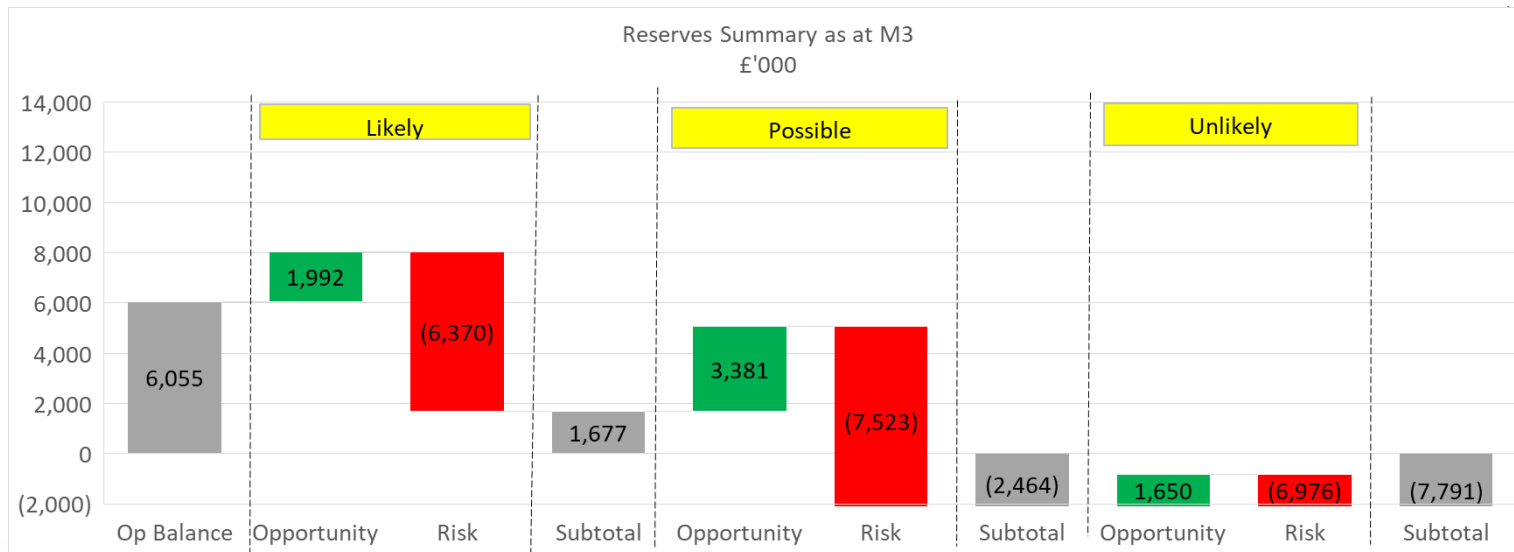
NSS received a further £448k from SG sustainability funds. This included additional funding for further EV chargers, solar panels at Possilpark and increased solar & battery power at Possilpark. This is within the £17.9m total above.

NHS National Services Scotland

Financial Performance – July 2025

Reserves (£'000)

RAG



NSS Reserves

The graph shows projected movement in reserves under different scenarios

The actual Reserves Balance is **£6.1M** – which is driven by (1) the favourable impact on revenue position in NSS since the Budget Summit and additional capital funding confirmed since March-25 and (2) the timing of the 365 VAT decision, which meant costs were accrued into FY24/25 Accounts via SG Finance.

When all **potential** opportunities and risks are considered, **NSS has a material deficit position**, driven by procurement legal claim, shortfall in SG funding for Testing Kits, one off work required to be undertaken in Hassockrigg, and risk within NSD.

However, this is **unlikely** and as it stands **NSS is likely to have a small amount of additional funding beyond the Financial Plan**. No estimate has currently been made for any costs relating to NHS Delivery set-up costs during FY25/26 but there is a likelihood that some developments already agreed may need to pause to release capacity

NHS National Services Scotland

Meeting:	NSS Board
Meeting date:	Friday, 26 September 2025
Title:	Integrated Performance Report: Quarter 1 2025/26
Paper Number:	B/25/40
Responsible Executive/Non-Executive:	Lee Neary, Director of Primary & Community Care (interim), Strategy, Performance and Service Transformation
Report Author:	Matthew Neilson, Associate Director Strategy, Performance, Communications; Caroline McDermott, Head of Planning; NSS Planning team and Corporate and Directorate Planning Leads

1. Purpose

- 1.1 The Integrated Performance Report (IPR) summarises NSS service excellence, finance, people, and environmental performance at the end of quarter 1, 2025/26.

2. Recommendation

- 2.1 As *responsible executive*, I am assured that the performance contained within this report is being appropriately managed and escalated as necessary through established NSS processes.
- 2.2 It is recommended that the Board scrutinise and note NSS performance at the end of quarter 1, 2025/26.

3. Executive Summary

- 3.1 The report assesses performance during quarter 1 2025/26 – March to June.
- 3.2 NSS performance is mostly on track, as shown in the period to date:
- 83% completion of Annual Delivery Plan (ADP) deliverables.
 - On track to meet all statutory financial targets and exceeded cash releasing efficiency savings targets.
 - Sickness absence is at 4.39%, slightly above the NHSScotland 4% standard.
 - All environmental sustainability indicators have reduced between first quarter of 2024/25 and 2025/26.
- 3.3 The aim of the report is to give a more complete picture of performance.
- All performance information covers the same period.
 - All assurance indicators use the 4-question approach for improvement.
 - All indicators are mapped to strategic and corporate risks.
 - It provides a forward look to the next quarter.

4. Impact Analysis

4.1 Quality and Value

- 4.1.1 The Clinical Governance Committee provides oversight for all quality and patient care performance. The Integrated Performance Report provides an assessment of the effectiveness of our performance against our strategic objectives.

4.2 Equality and Diversity, including health inequalities

- 4.1.2 There are no specific issues arising from this performance paper.

4.3 Data protection and information governance

- 4.1.3 This paper contains management information only. All projects and programmes of work covered by this paper are reviewed for any data protection or information governance risks or implications and are therefore reported at a programme/project level.

5. Risk Assessment/Management

- 5.1 Risks are managed in line with the Integrated Risk Management Approach and are noted within the paper.

6. Financial Implications

- 6.1 As noted above at 3.2.

7. Workforce Implications

7.1 As noted above at 3.2.

8. Climate Change and Environmental Sustainability Implications

8.1 As noted above at 3.2.

9. Route to Meeting

9.1 Papers reporting performance for each strategic objective were scrutinised at the Finance Procurement and Performance Committee (service excellence, financial sustainability, climate sustainability) and Staff Governance Committee (workforce sustainability). All reports are subject to review by the Executive Management Team.

10. List of Appendices and/or Background Papers

Appendix 1 – NSS Integrated Performance Report: Quarter 1 2025/26.

Integrated Performance Report

Quarter 1, 2025/26



Strategy, Performance & Communications

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Risk details	22
Appendices	24

Executive summary

Quarterly performance

Overview

- **We are on track with 83% of our 2025/26 Delivery Plan**
At the end of Quarter 1, (Q1), 83% of deliverables were on track or achieved against an end of year target of 90%. Examples of service achievements include, promotion of the NHS Scotland Procurement Strategy with the buyer and supplier community; survey of flood risk assessment in three properties and CFS delivering £1.02m fraud prevented and fraud recovered savings in Q1 against a target of £1.05m. Information on deliverables that are not likely to be achieved are included on page 8.
- **We are on track to deliver our statutory financial targets for 2025/26**
At the end of M3, the overall revenue budget is under spent by £2.1m. This is being driven by "Hosted Funds" with National Digital Programmes underspent by £1.8m across the Portfolio. The year end forecast is break-even in-line with the profile of expenditure across certain programmes as well as the requirement for NSS to return any genuine surplus to SG and/or Boards at Year End. Capital and Cash Releasing Efficiency Savings (CRES) requirements are on track. £17m of SG allocations were received in June and £135M (44%) are outstanding. A detailed risk assessment of the outstanding SG allocations is currently underway, but none are identified as high risk (red) at this stage.
- **We are undertaking targeted marketing to improve blood donation rates**
There has been a slight dip in blood donation rates following a period of positive increase, however the number of active donors is higher than the same period last year. Although there is a seasonality to blood donations, with a dip typically experienced over the summer months, targeted marketing activity is underway in to improve rates. There continues to be 100% availability of three-day blood supply. (See Appendix 1).
- **NSS will merge with NHS Education for Scotland to form a new national organisation**
On 17 June 2025, the Cabinet Secretary for Health and Social Care announced the Health and Social Care Renewal Framework 2025-2035 to ensure the sustainability, efficiency, quality, and accessibility of health and social care services in Scotland. It included a commitment to bring together the existing functions of NSS and NHS Education for Scotland (NES) to provide a single point of accountability and delivery for a wide range of support, training and digital services to the Health and Care system in Scotland. NSS staff are now involved in several workstreams with colleagues from NES and Scottish Government to ensure the establishment of the new organisation on 1 April 2026.

Executive summary

Performance highlights

Completed key activities	Upcoming key activities
Counter Fraud Services work on Operation Tweed (personal protective equipment theft) and Operation Ariston (telecommunications contract fraud) resulted in custodial sentences for all those accused.	Following the announcement of NHS Delivery in June, representatives from NSS and NHS Education for Scotland (NES) will be working with Scottish Government to progress the merger of the two organisations. A new intranet site has been created to support NSS staff engagement and involvement in the activity.
The NHSScotland Climate Mapping Tool is now complete. This web-based, interactive platform will support climate risk assessment and adaptation planning across the NHSScotland estate by bringing together national datasets to help users visualise and understand climate-related hazards at NHSScotland locations.	The Cabinet Secretary for Health and Social Care, Neil Gray, will visit the Cyber Centre of Excellence in August to learn about the Centre and its role in enhanced and innovative cyber security solutions for the NHS in Scotland in collaboration with Abertay University and the Cyber Quarter.
CoPilot Chat , an artificial intelligence tool, has been made available to Microsoft 365 users to assist with daily tasks by providing useful insights, drafting and summarising content, offering help with documents, exploring new ideas, and more.	The HR People Insight and Systems team will complete detailed planning for the implementation of the reduction in working week to 36 hours from 1 April 2026 . This will ensure system changes and reporting are updated without impacting services.
The National Pandemic Stockpile Service (NPSS), managed by National Procurement, has been extended to organisations wider than health and now covers social care departments in local authorities Police Scotland, the Scottish Fire and Rescue Service and the Scottish Prison Service.	The NSS Clinical Governance Framework and Duty of Candour guidance is to be reviewed and a workshop in August will allow directorate leads to ensure their corporate governance agendas align with new national standards and help improve reporting.
As part of our celebrations for World Blood Donor Day in June, the Minister for Public Health and Women's Health, Jenni Minto, visited a patient receiving immunoglobulin at the Royal Infirmary of Edinburgh and spoke to the importance of plasma donation.	The General Ophthalmic Service (GOS) Specialist Supplementary (SS) implementation that will support up to 20,000 patients being seen in community optometry rather than by the Hospital Eye Service will commence in August with 9 anterior eye conditions being supported.

Executive summary

Assurance indicators performance

Service Excellence	<p>Performance: 0 of 3 indicators met. This objective is scrutinised by the Finance, Procurement and Performance Committee.</p> <p>83% (24) of our Delivery Plan deliverables are on track or achieved (green). Of the remaining 17% (5) are behind schedule (amber). Freedom of Information performance for the first quarter of 2025/26 was 96% for 3-day acknowledgements and 97% for 20-day responses, marginally below the 100% standard required of us. We are continually reviewing all open requests, engaging with directorates on deadlines, and reviewing closed requests to monitor compliance. The Senior Information Responsible Officer (SIRO) issued an all-staff communication during July to highlight the importance of responding to FOI responses within legislation timescales.</p>
Financial Sustainability	<p>Performance: 3 of 3 indicators met. This objective is scrutinised by the Finance, Procurement and Performance Committee.</p> <p>NSS continues to be on track to achieve all financial targets. The current revenue position is being driven by “Hosted Funds” with several National Digital Programmes under spent against profiled budgets. Any under spend at year end will be returned to Scottish Government and/or Health Boards in accordance with original funding levels.</p>
Workforce Sustainability	<p>Performance: 1 of 5 indicators met. This objective is scrutinised by the Staff Governance Committee.</p> <p>Sickness absence, at 4.39% for the financial year, remains above the NHSScotland standard of 4%, and is mainly driven by anxiety, stress, and depression. Case Management continues to work with managers to support attendance issues and progress cases in line with policy. Staff turnover at 1.93% is lower than expected, with age retirement being the primary reason for leaving. All TURAS compliance rates are below the 90% standard but expected to improve over the next quarter with Directorates supporting staff to comply with requirements.</p>
Climate Sustainability	<p>Performance: 5 of 5 indicators met. This objective is scrutinised by the Finance, Procurement and Performance Committee.</p> <p>We are seeing continued reductions in our electricity, gas, waste and water usage across NSS sites. This is largely due to smarter use of space at Gyle Square and rationalisation of our estate and in particular the disposal of 10 South Gyle, Bain Square and Livingston Donor Centre. The benefits of driver training, new zero emission vehicles, and double decker trailers continues to drive reductions in our fuel-related carbon dioxide emissions.</p>

Executive summary

Assurance indicators performance



Service Excellence

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



Financial Sustainability

Performance Indicator	Forecast	Variance This quarter	Variance Last quarter
Revenue NSS total	Breakeven	£2,115k	£498k
Cash Releasing Efficiency Savings total (NSS)	3%	£(4)k	£(1,760)k
Capital outturn	£6.364k	£(60)k	£105k



Climate Sustainability

Performance Indicator	Standard	Q1 2025/26	Q1 2024/25
Waste total (tonnes)	Reduce	52.42	118.6
Fleet Fuel (CO ₂) emissions	Reduce	366	369
Gas CO ₂ metered sites (tonnes)	Reduce	320	425
Electricity CO ₂ metered sites (tonnes)	Reduce	383	418
Water M ³ metered sites (volume)	Reduce	4602	5174



Workforce Sustainability

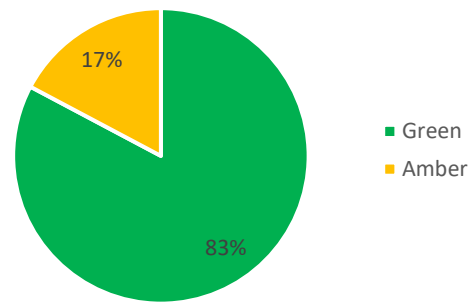
Performance Indicator	Standard	This quarter	Last quarter
Sickness absence (year to date)	4%	4.39%	4.37%
Staff turnover (year to date)	12%	1.93%	7.93%
Appraisal compliance	90%	80%	79%
Objective setting compliance	90%	78%	84%
Personal development plan compliance	90%	80%	83%

Assurance Indicators

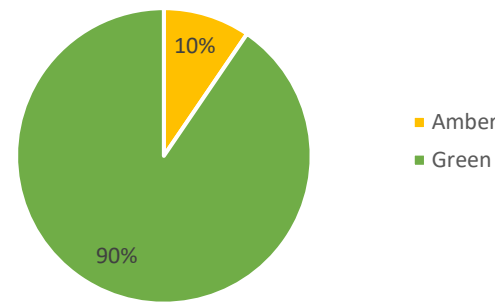
Quarter 1 2025/26

Service Excellence: One Year Plan 2025/26

Q1 RAG Status

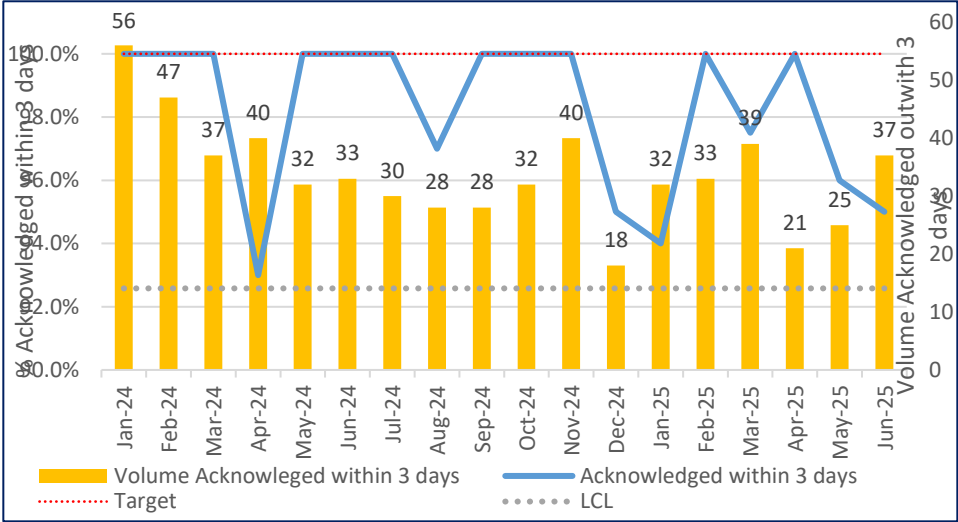
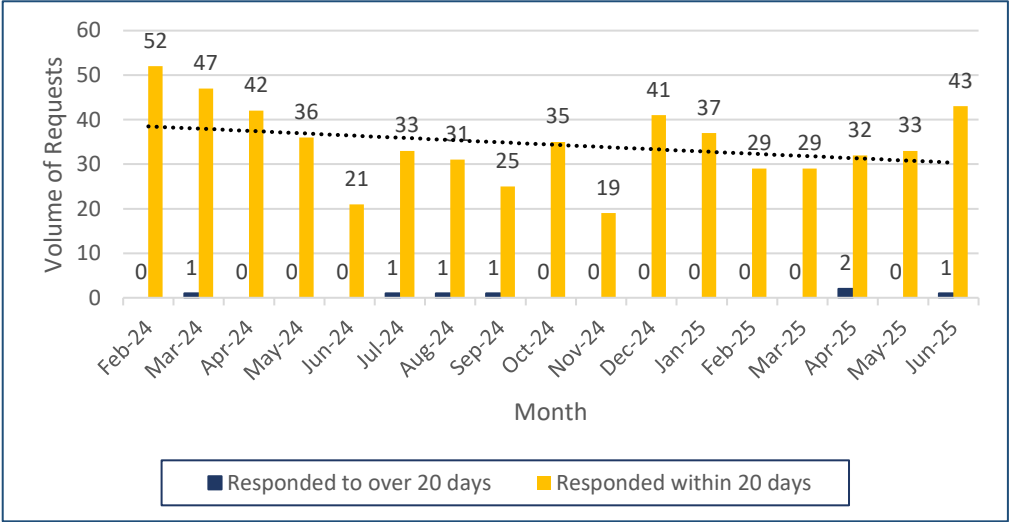


Q4 RAG Status



Summary position	Performance highlights	Behind Schedule	Risks
<p>83% (24) of our One-year Plan deliverables are on track or achieved (green).</p> <p>17% (5) are behind schedule (amber).</p> <p>There were no red(unlikely to be achieved) deliverables.</p>	<ul style="list-style-type: none">To support achievement of the NSS Anchor Institution Strategy, National Procurement have been actively engaging with local suppliers through events such as Meet the Buyer and Procurement for Health as well as engaging further with supported businesses.Climate Change Flood Risk Assessments complete (3 assessments).Business case for Possil Garage disposal complete.HR has pulled together and provided Scottish Government with the high-level implementation plan for the Reduced Working Week to 36 hours by April 2026 for the May deadline.Counter Fraud Services delivered £1.02m of fraud prevented and fraud recovered savings in Q1 against a target of £1.05m.	<ul style="list-style-type: none">Genetics Point of Care Testing (POCT) – Recruitment delayed for POCT co-ordinators but being progressed.Scan for Safety – Point of Care Scanning live in one Board. The challenges of implementation have impacted implementation in two further Boards. The Medical Device Data Hub (MDDH) project is behind schedule for two Boards, but we are on schedule for three other Boards. The National Medical Equipment Management System (NMEMS) data harmonisation across all Boards is almost complete. Project timescales have been reprofiled due to dependencies. Timescale extended from September till March. This is amber due to delays in recruitment to posts.Sickness Absence – Sickness absence levels are currently 4.39% and slightly above the 4% target. Please see slide 11 for more details.Reduction of 15% waste aligned with the 2014/15 baseline – As our estate has changed over this timescale along with lack of data this reduction cannot be accurately measured. The new waste contractor has been sending more than 5% of NSS waste to landfill, presenting a risk of NSS not achieving its ADP target. Engagement is ongoing with the supplier to identify a solution, in advance of regulation changes associated to landfill ban coming into place 31 December 2025.HVO (hydrogenated vegetable oil) tank is installed and operational, however not operating as the Standard Operating Procedure with the transport contractor has not been finalised. The target reduction is 50% in fossil fuels which has not yet been achieved.	<p>Strategic: 658 659 669 655</p> <p>*Risk relating to individual deliverables are recorded in the One Year Plan and NSS Risk Register</p>

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



Summary position	Analysis	Actions being taken	Improvement opportunities	Risks
<p>Our overall performance position for three-day acknowledgements for Freedom of Information (FOI) requests in the last 3 months was 96%.</p> <p>There were 3 requests (out of 108 in the last 3 months when the 20-day standard was not met the last quarter. This equates to a compliance level of 97%.</p>	<p>The 3-day acknowledgement target was breached three times in Quarter 1.</p> <p>There were three 20-day response breaches.</p>	<p>There has been communications with all Directorate FOI Leads to ensure they are aware of the process and guidelines.</p> <p>Internal process reviews have taken place within specific Directorates.</p> <p>The Senior Information Responsible Officer (SIRO) issued all-staff communication during July to highlight the importance of responding to FOI responses within legislation timescales.</p>	<p>A continuous improvement programme is in place. It includes regular review of all open requests, dialogue with directorates regarding deadlines, and the review of closed requests to monitor compliance.</p> <p>Additionally, we continue to communicate with all staff about their responsibilities in relation to Freedom of Information requests.</p>	<p>Strategic 666</p> <p>Corporate: 790</p>

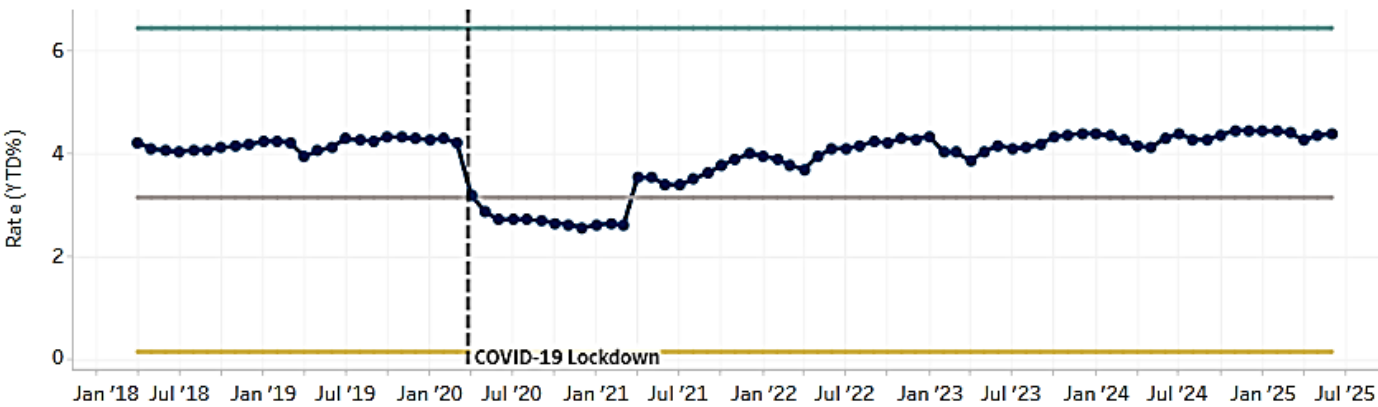
Financial Sustainability

NSS Targets	YTD Budget	YTD Actuals	Variance	FY Budget	FY Forecast	Variance	Target
	£'000	£'000	£'000	£'000	£'000	£'000	
Revenue Total	0	(2,115)	2,115	-	-	-	Breakeven
Revenue Income	(278,018)	(277,181)	(837)	(1,187,589)	(1,187,589)	-	
Revenue Costs	278,018	275,066	2,952	1,187,589	1,187,589	-	
CRES Total	4,744	4,740	(4)	12,856	12,849	(7)	3% Recurring
NSS (exc NSD) CRES	3,367	3,363	(4)	9,612	9,605	(7)	
NSD CRES	1,377	1,377	-	3,244	3,244	-	
Direct Capital Total	-	60	(60)	-	-	-	Breakeven
Capital Income	(352)	(352)	-	(16,968)	(16,968)	-	
Capital Costs	352	412	(60)	16,968	16,968	-	

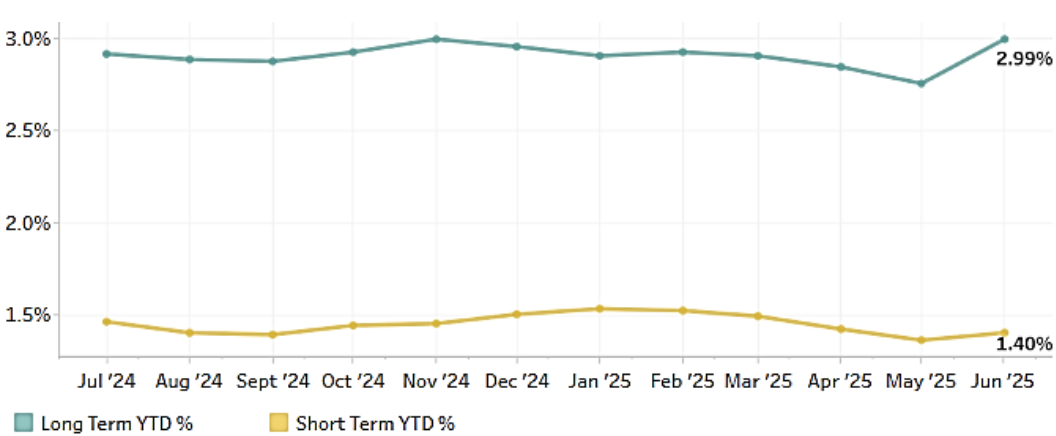
Summary position	Analysis	Actions being taken	Improvement opportunities	Risks
<p>NSS is on track to achieve its statutory financial targets in 2025/26.</p> <p>NSS has 3 statutory targets, to achieve breakeven within resource limit for:</p> <ol style="list-style-type: none"> Revenue Capital Cash <p>Scottish Government also requires all health boards to deliver at least 3% cash releasing efficiency savings (CRES) on a recurring basis.</p>	<ul style="list-style-type: none"> The year to date revenue underspend is being driven by spend levels across National Digital Programmes. A balanced budget is forecast for year-end on the basis certain expenditure is not phased evenly whilst any genuine underspends will be returned to SG and/or Boards. CRES is £4k year to date and £7K anticipated full year position underachieved against target). Capital £0.1m overspend is due to phasing with a breakeven forecast. 	<ul style="list-style-type: none"> Given the financial climate across NHSScotland and restricted budgets, NSS must continue to remain vigilant – monitor costs closely and actively seek opportunities for recurring savings which will ensure the long-term financial sustainability of NSS and NHSScotland. Budget holders have been asked to continue to robustly manage their delegated resources. £17m of SG allocations received in June and £135M (44%) outstanding. A risk assessment of the outstanding SG allocations is currently underway. 	<ul style="list-style-type: none"> NSS is delivering its Financial Sustainability strategic objective through the achievement of the Financial Sustainability Action Plan (FSAP). Finance drives and co-ordinates the overall delivery of the FSAP, with staff and services responsible for the delivery of specific actions. Finance are working with directorates to identify and review CRES savings and opportunities. The cost-conscious culture and financial management maturity of NSS budget holders continues to strengthen. Improvements in 2025/26 will focus on key decision makers in directorates and maintaining arrangements with the NSS Board, Finance, Procurement and Performance Committee, Executive Management Team, and Partnership Forum. 	<p>Strategic: 655</p>

Workforce Sustainability: Sickness absence

Year to date sickness absence



Rolling short and long term sickness absence



Summary position	Analysis	Actions being taken	Improvement opportunities	Risks
The sickness absence rate of 4.39% for the financial year is slightly above the NHSScotland standard of 4%.	<ul style="list-style-type: none">The total sickness absence rate for the month of June is 4.67% with 4.11% in May.With the current WTE sitting at 3,161.8, approximately 147 WTE equivalent staff were off due to sickness in June (129 last month).Sickness absence is mainly driven by anxiety, stress, and depression.	<ul style="list-style-type: none">HR continues to work with managers to support attendance issues and progress cases in line with policy.A report showing all employees who have reached a trigger in the month and are still absent is encouraging active management and increased attendance cases.Weekly meetings take place between HR and Occupational Health to review complex cases and ensure delays are kept to a minimum and supportive interventions are being considered by managers.	<ul style="list-style-type: none">Sickness absence rates historically rise after each reporting month due to retrospective absence updates from line managers. HR re-run sickness absence reports each month to maximise accuracy and capture retrospective changes.NSS senior management are working with their line managers, HR case management, and HR Business Partners to address absence issues across their respective areas.	Strategic: 658

Workforce Sustainability: Staff turnover

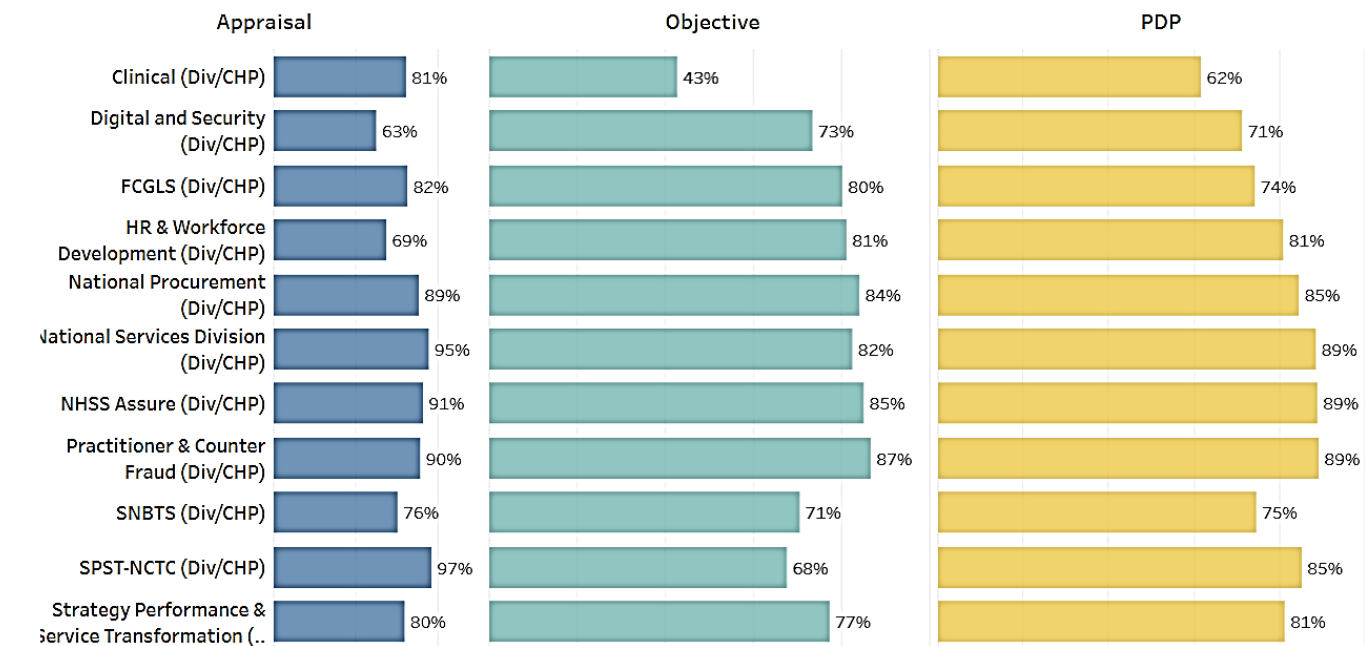
Directorate	Previous Month	Current Month
Clinical	2.22%	0.00%
DaS	0.43%	1.06%
FCGLS	0.27%	0.52%
HR	0.00%	1.01%
NP	0.25%	1.50%
NSD	0.67%	0.67%
Assure	0.35%	0.35%
P&CF	0.26%	0.77%
SNBTS	0.31%	0.40%
SPST-NCTC	0.00%	2.56%
SP&ST	0.46%	0.46%

Top 3 Reasons for leaving (full year)

Reason	Leavers
Retirement – Age	16
New Employment with NHS Scotland	9
Other	8

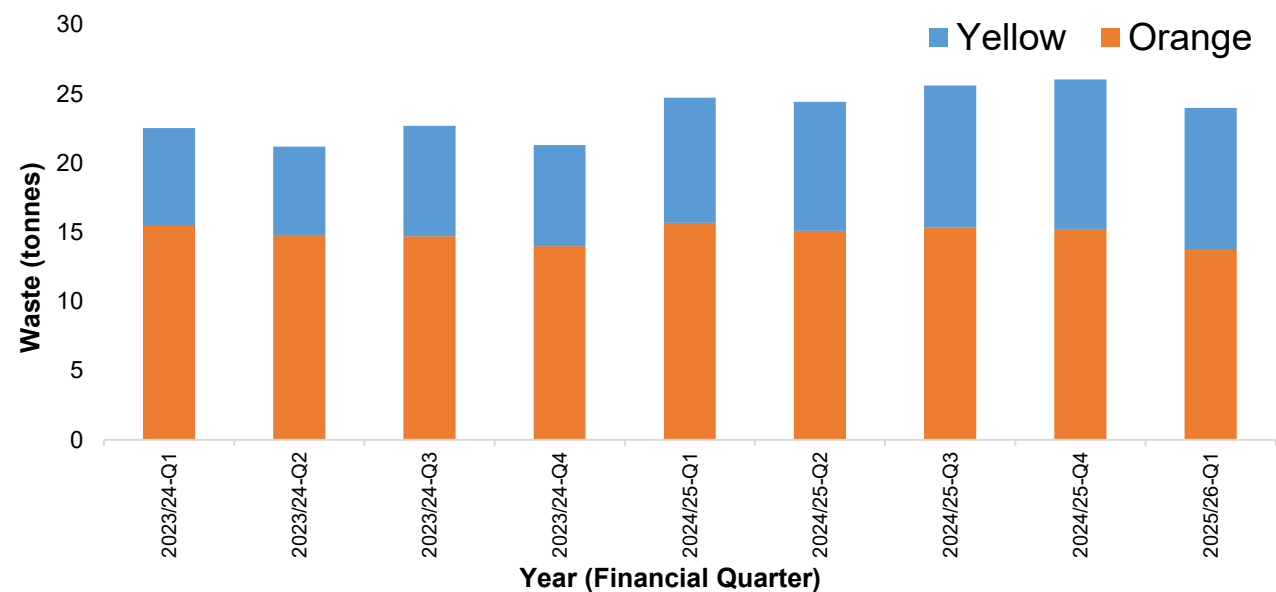
Summary position	Analysis	Actions being taken	Improvement opportunities	Risks
<p>NSS has recorded 74 new starts, 53 leavers and a turnover rate of 1.93% this financial year which is lower than the agreed target of 10.00%.</p> <p>Of the 53 employees who left, 15% were on a Fixed Term contract and 85% were on a Permanent contract.</p>	<ul style="list-style-type: none">The main reason for staff leaving the organisation is due to age retirement, followed by the “new employment with NHS Scotland” category.It should be noted that the “other” category relates to opportunities within the wider public sector, education and training, or no further employment.	<ul style="list-style-type: none">HR monitor turnover rates with Senior Management Teams and information is readily available in management dashboards.We are proactively encouraging leavers to complete an exit interview questionnaire. This helps us to capture meaningful insights and make relevant interventions.We are monitoring and improving the accuracy of our turnover forecast as we progress through the year.	<ul style="list-style-type: none">HR has implemented a change in the reports to use ‘Last day of Working’ instead of ‘Effective End Date’ for the new starts and leavers table counts. This provides more accurate data, for example, accounting for changes to fixed term contracts.	<p>Strategic: 658</p>

Workforce Sustainability: TURAS appraisal



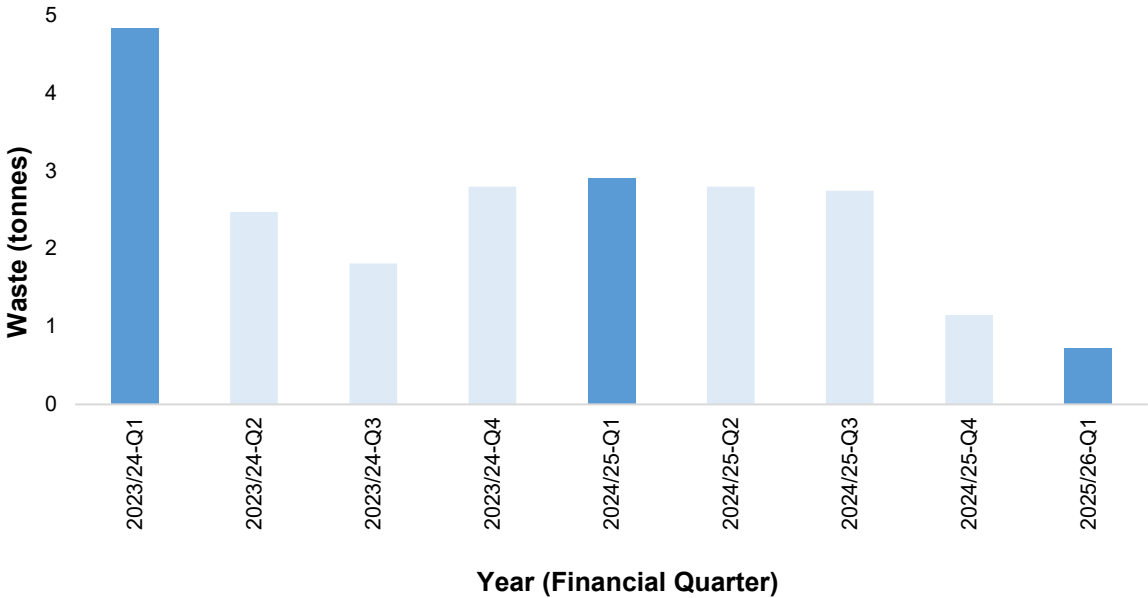
Summary position	Analysis	Actions being taken	Improvement opportunities	Risks
<p>Compliance across all three measures was below the 90% standard we set ourselves,</p> <ul style="list-style-type: none">• 80% for appraisals• 78% for objectives• 80% for personal development plans <p>Please note: Compliance rates are calculated by excluding staff groups that are on maternity leave, long term sick, or career breaks. It also excludes new starts, medical staff, bank staff, and movers within the organisation.</p>	<ul style="list-style-type: none">• Appraisals are showing a similar position to last quarter, with a fall from 84% for objectives and 83% for personal development plans..	<ul style="list-style-type: none">• The need for compliance and considerations for how it can be achieved by directorates has been raised with senior management teams. They will be responsible for ensuring actions are in place to meet agreed standards.	<ul style="list-style-type: none">• Staff are responsible for ensuring they have had an appraisal and that objectives and a personal development plan is in place.• Staff have been reminded of the importance of planning in end of year reviews, and objective and personal development planning setting meetings.	<p>Strategic: 658</p>

Climate Sustainability: Clinical Waste



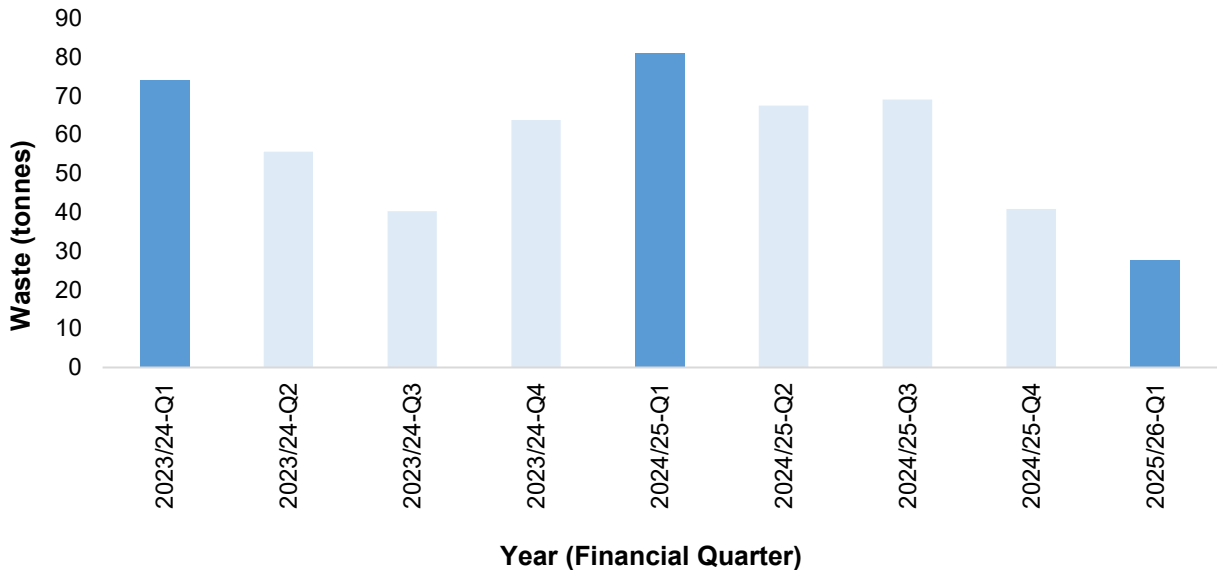
Summary position	Analysis	Actions being taken	Improvement opportunities	Risks
<p>Scottish Government have set a new target for a 15% reduction in clinical waste from all health boards. Work is ongoing with the Waste Delivery Group to create an action plan to support this target. There has been a 3% decrease in clinical waste compared to 2024/25-Q1.</p> <p>Yellow waste consists of pharmaceutical, chemical contaminated, anatomical, large volume blood, unautoclaved material and gypsum waste, which is incinerated.</p> <p>Orange waste consists of orange bags and orange lidded sharps which is shredded, heat treated and sent to energy from waste.</p>	<ul style="list-style-type: none">There has been an increase in yellow waste from 9 tonnes in 2024/25-Q1 to 10.1 tonnes in latest quarter.The 1.1 tonnes increase is attributed to 0.5 tonnes increase from Laurieston donor sessions and 0.6 tonnes from Possil Park community donor collections.Clinical waste trends remain consistent with waste production trends.Please note: Data is only available for sites where clinical waste is collected by our contractor. Clinical waste data comes from five NSS sites – Gartnavel/Beatson, Gyle Square, Lauriston, Jack Copland Centre (JCC) and Possilpark – and community donor sessions.	<ul style="list-style-type: none">Business as usual pre-acceptance audits are carried out annually at all sites and on track.Exploration of copper wafer metal recovery is underway, being led by the Waste Delivery Group.Discussions are taking place to address any gaps in our clinical waste data.	<ul style="list-style-type: none">Changing from orange lidded sharps containers to metal recovery containers will allow NSS to implement metal recovery – when the waste supplier is able to provide the service – and support circular economy ambitions.	<p>Strategic: 660</p>

Climate Sustainability: Food Waste



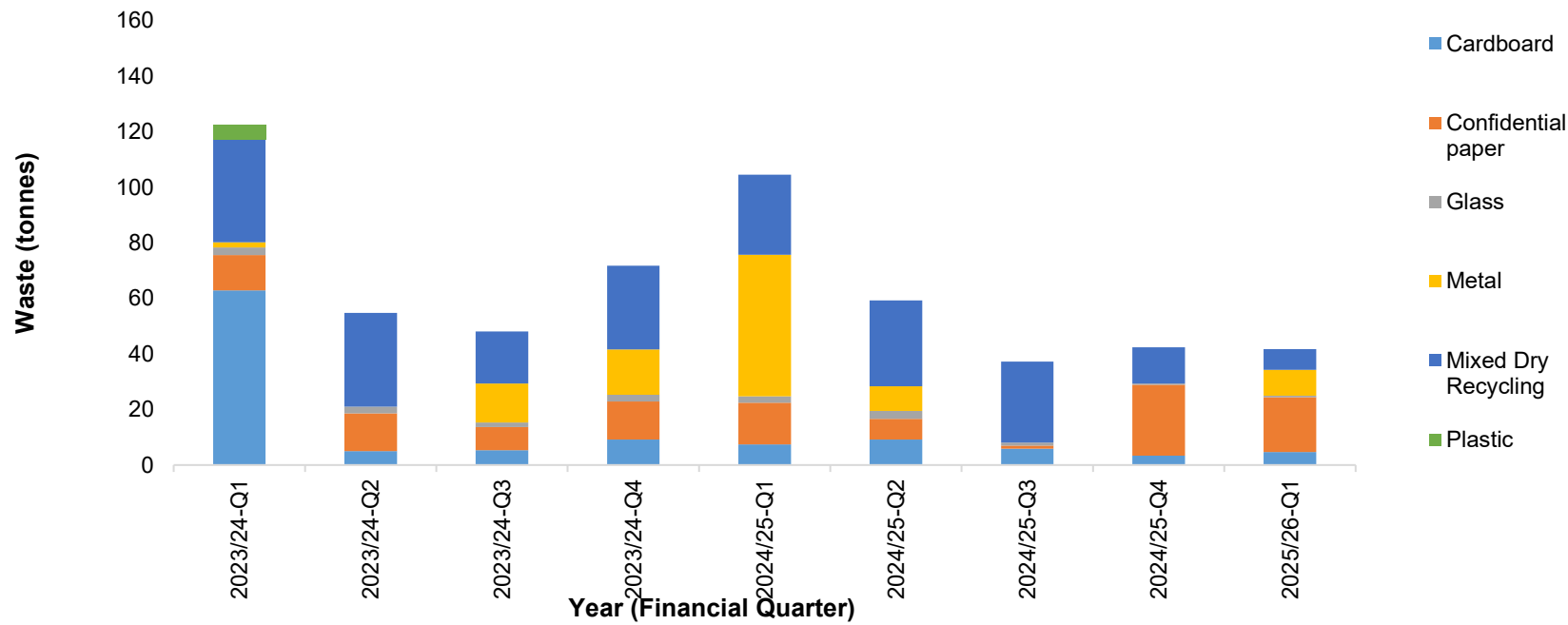
Summary position	Analysis	Actions being taken	Improvement opportunities	Risks
<p>There has been a decrease in the recorded weights for the latest quarter.</p> <p>This in is due to change in contracted supplier data provision.</p>	<ul style="list-style-type: none">Food waste weight decreased by 2.2 tonnes in 2024/25-Q1 to 0.72 tonnes in latest quarter.Further interrogation and discussion with supplier to take place to understand the integrity of the data	<ul style="list-style-type: none">Ongoing waste auditing continues to identify poor segregation and sites/areas where improvements need to be made.NSS have started a catering review to better understand current needs and minimise waste where possible.Engagement with waste contractor to interrogate the integrity of the data.	<ul style="list-style-type: none">A catering review has the opportunity to further reduce food waste.	<p>Strategic:</p> <p>660</p> <p>664</p>

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



Summary position	Analysis	Actions being taken	Improvement opportunities	Risks
<p>There has been significant decrease in residual waste. This in is due to change in contracted supplier data provision.</p> <p>The 2024/25 Q4 figures contain data from previous contractor and a new contractor.</p>	<ul style="list-style-type: none">The data shows that residual waste dropped by 53.3 tonnes from 80.96 tonnes in 2024/25-Q1 to 27.73 tonnes in latest quarter.	<ul style="list-style-type: none">Work to improve waste segregation improvements has now been completed across all three warehouses. Actions to be created and implemented by logistics.Engagement with waste contractor to interrogate the integrity of the data.	<ul style="list-style-type: none">Business as usual waste auditing continues with a second round of waste auditing to take place at warehouses post action implementation.	<p>Strategic:</p> <p>660</p> <p>664</p>

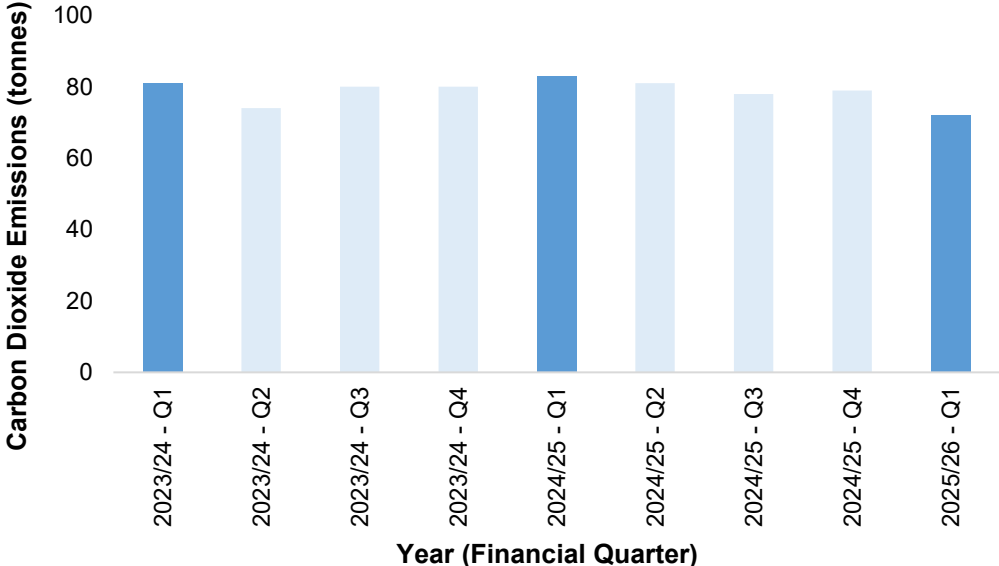
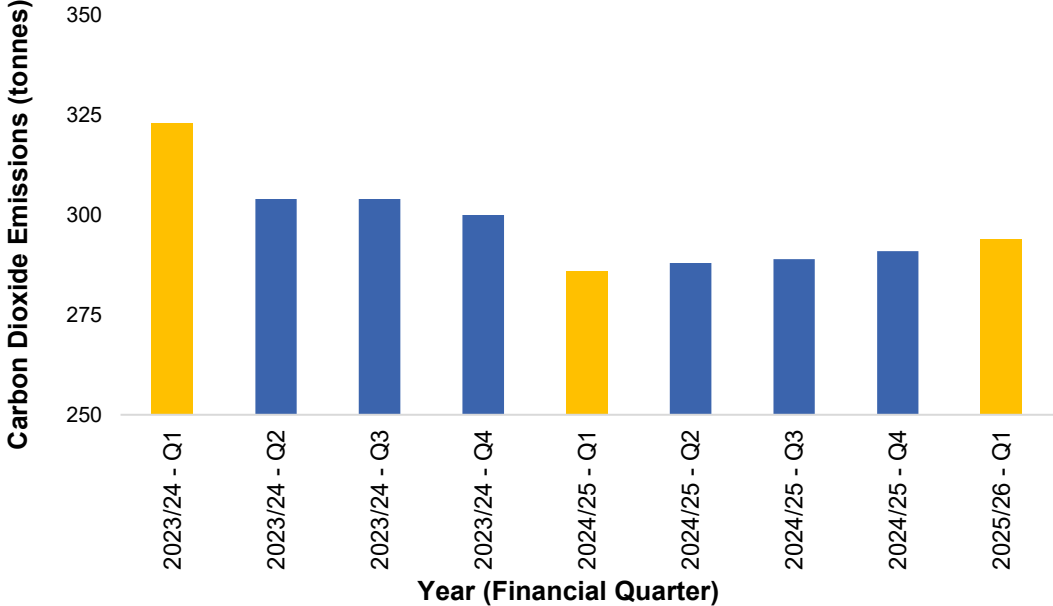
Climate Sustainability: General Waste Recycled or Composted



Summary position	Analysis	Actions being taken	Improvement opportunities	Risks
<p>There has been a decrease in waste weights for the latest quarter. This in is due to change in contracted supplier data provision.</p>	<ul style="list-style-type: none">Waste tonnes reported have dropped from new contracted supplier compared to previous contractor.Further interrogation and discussion with supplier to take place to understand the integrity of the data	<ul style="list-style-type: none">Business as usual waste auditing continues to identify improvement opportunities in segregation at sites/areas.Waste minimisation policy awaiting final sign-off for implementation.Furniture short life working group commenced in July. Work is to improve the processes to reduce furniture waste and spend.	<ul style="list-style-type: none">We expect general site waste performance to improve with the availability of more accurate data through the new contract. Interrogate the integrity of the data if first required.	<p>Strategic: 660 664</p>

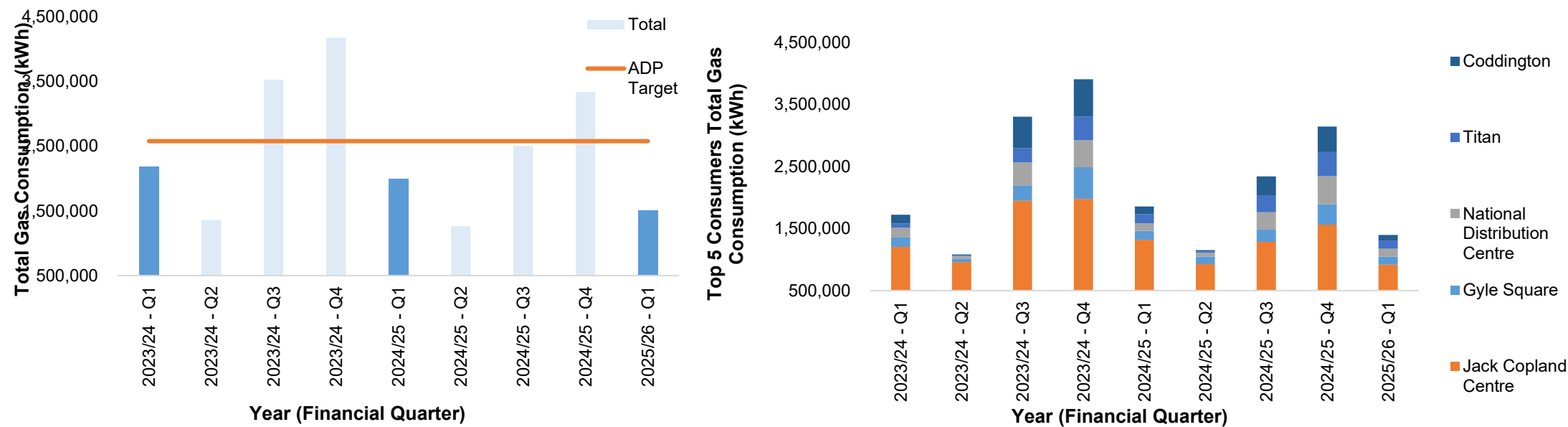
Climate Sustainability:

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



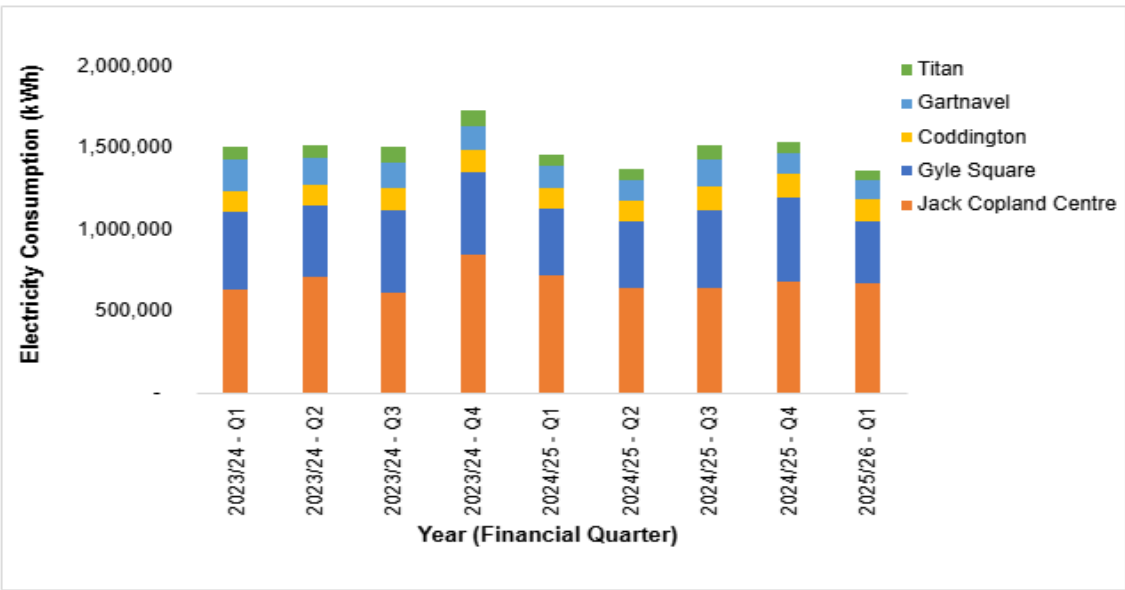
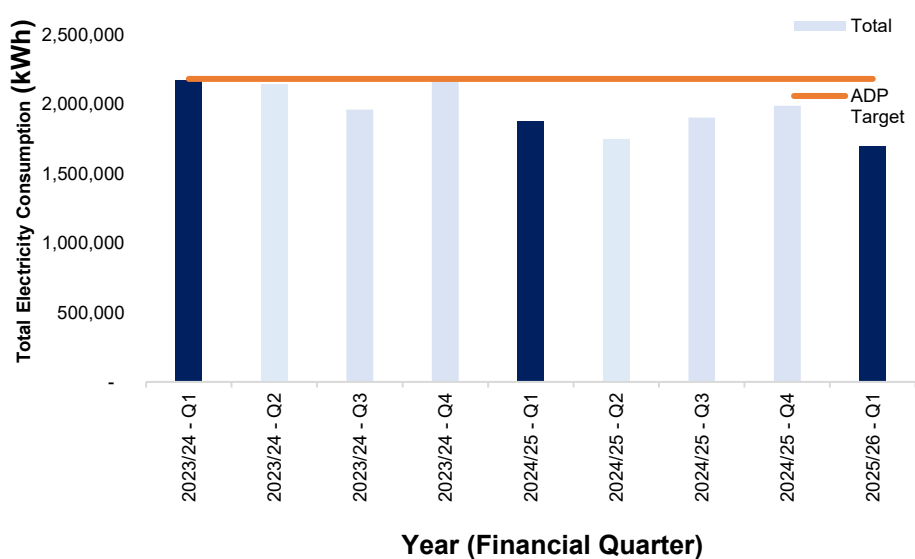
Summary position	Analysis	Actions being taken	Improvement opportunities	Risks
<p>Scottish National Blood Transfusion Service (SNBTS) have reduced carbon dioxide (CO₂) emissions when compared to 2024/25-Q1. National Distribution sites have increased carbon emissions compared to the previous 4 quarters.</p> <p>The graphs above highlight the carbon dioxide (CO₂) emissions produced across the National Distribution Sites (NDS) on the left and on the right-hand side the Scottish National Blood and Transfusion Service (SNBTS).</p>	<ul style="list-style-type: none">At 2025/26-Q1 the National Distribution Centre had increased CO₂ emissions by eight tonnes when compared to quarter 1 in 2024/25.SNBTS reported decrease of eleven tonne over the same period.	<ul style="list-style-type: none">NSS has been awarded £385,000 to further the support the transition to zero emission SNBTS fleet. This funding is getting allocated for EV charging infrastructure implementation at sites in the North, East and West of Scotland.The introduction of Hydrotreated Vegetable Oil will act as a stepping stone technology towards net-zero for the National Procurement fleet. The installation is complete but the utilisation to commence very soon after training of the asset has been complete.	<ul style="list-style-type: none">Further work is required to support SNBTS with fleet transition post infrastructure implementation.Discussions to take place for future planning of NDS fleet transition to zero emission vehicles.	<p>Strategic: 660</p>

Climate Sustainability: Gas Metered Sites



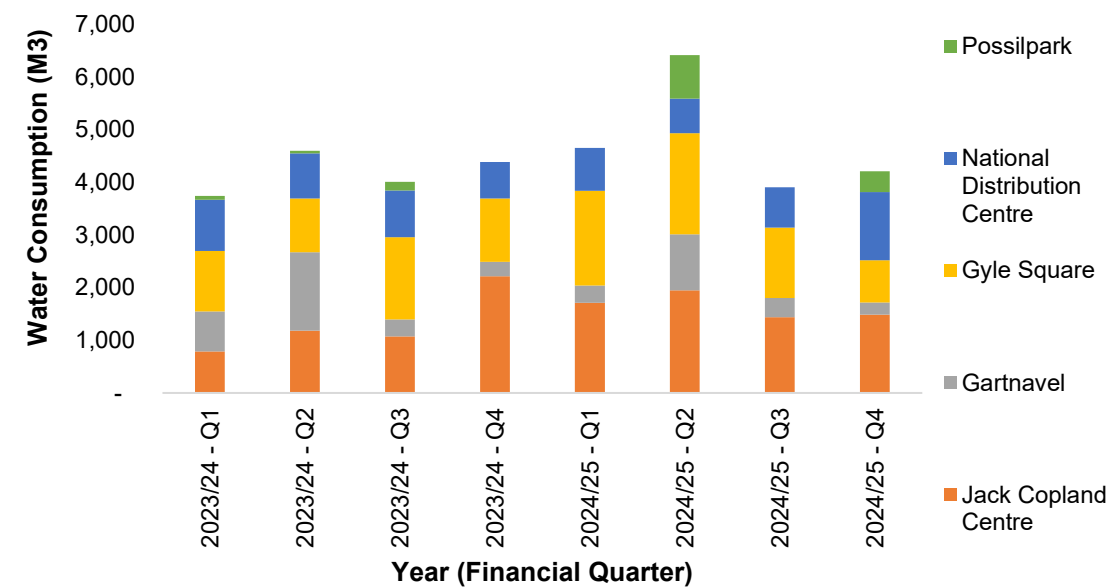
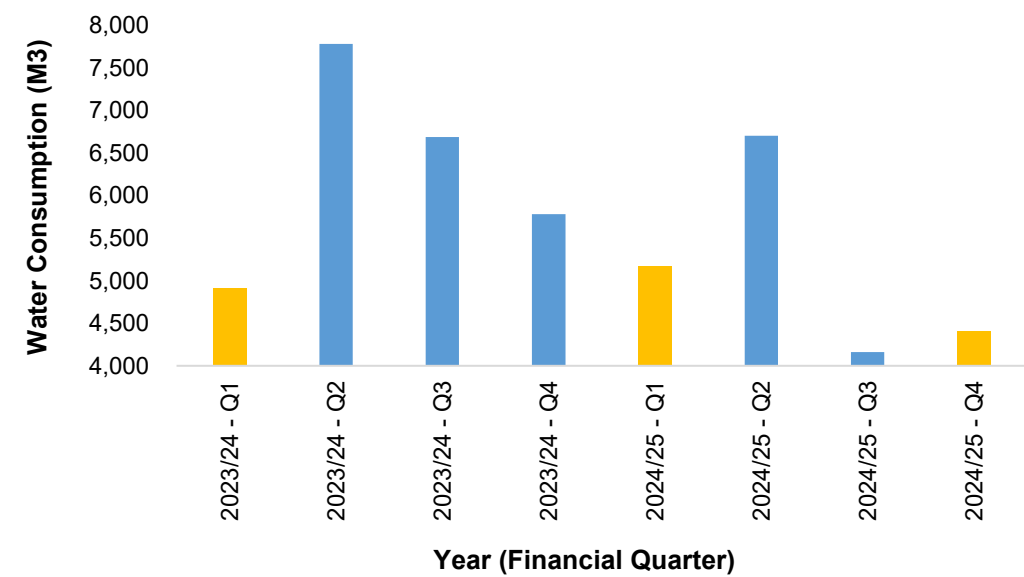
Summary position	Analysis	Actions being taken	Improvement opportunities	Risks
<p>Gas consumption at metered sites has reduced by 491,665 kWh's when comparing 2024/25-Q1 to 2025/26-Q1.</p> <p>The total number of sites included in our current analysis is six. We do not include sites which we share with other NHS Boards and where another Board is the site host.</p>	<ul style="list-style-type: none">Consumption has decreased by 491,665 kWh compared to the previous Q1. This is due to a decrease in usage of 400,000 kWh at Jack Copland Centre, a reduction of 17,500 kWh at Gyle Square and the closures of 10 South Gyle and Bain Square accounting for a further reduction of 11,200 kwh between quartersGas consumption varies depending on the time of year, with higher levels of consumption in Quarter 3 and Quarter 4.	<ul style="list-style-type: none">We are working with external stakeholders to better understand methods to improve our gas consumption and improve efficiency of use at Jack Copland Centre.Recent building closures, including 10 South Gyle and Bain Square, has helped reduce our CO₂ emissions further.	<ul style="list-style-type: none">Please note: The summary table reports carbon emissions in line with Scottish Government requirements. However, NSS assesses consumption, which determines our carbon emissions, to help understand what can be done to achieve net zero.	<p>Strategic: 660 664</p>

Climate Sustainability: Electricity Metered Sites



Summary position	Analysis	Actions being taken	Improvement opportunities	Risks
<p>NSS continues to decrease its electricity use across the estate, with 2025/26-Q1 174,229 kWh below 2024/25-Q1.</p> <p>The graphs show quarterly electricity consumption for the top five electricity consuming buildings, total and by site. We do not include sites which we share with other NHS Boards and where another Board is the site host.</p> <ul style="list-style-type: none">Please note: The summary table reports carbon emissions in line with Scottish Government requirements. However, NSS assesses consumption, which determines our carbon emissions, to help understand what can be done to achieve net zero.	<ul style="list-style-type: none">The 174,229 kwh reduction between the current Q1 and Q1 of 2024/25 has been achieved due to the closure of 10 South Gyle, Bain Square and Livingston Donor Centre along with a reduction at Gyle Square through the Smarter Use of Space Project.Jack Copland Centre (JCC) electricity consumption includes any electricity generated on site by solar.	<ul style="list-style-type: none">We are working with external stakeholders to better understand methods to improve our electricity consumption and efficiency of use at Jack Copland Centre.The Gyle Square rationalisation project will also reduce our energy use within the building. Continual monitoring of project benefits.JCC has now fully installed LED lighting across the estate, installation complete end of April 2025. We anticipate seeing consumption decreasing over the financial year. Continual monitoring of project benefits.	<ul style="list-style-type: none">Implementation of automatic meter readers will help us to better understand the use of electricity in NSS sites and enable us to identify improvement areas and pathways for transitioning to more sustainable alternatives. Sites remaining AMRs implementation are Foresterhill and Gartnavel.	<p>Strategic: 660 664</p>

Climate Sustainability: Water Metered Sites



Summary position	Analysis	Actions being taken	Improvement opportunities	Risks
<p>Water consumption has decreased by 765 cubic metres (M3) when compared to the same period last year.</p> <p>The graph above (left) shows total water consumption across all NSS metered sites.</p> <p>The graph on the right show's consumption for the top five water consuming buildings.</p> <p>Historically, water has been poorly reported. As bills appear at different times reporting can be inconsistent.</p>	<ul style="list-style-type: none">Two buildings, Gyle Square and Jack Copland Centre (JCC) have decreased use by approximately 1,272 M³ between them.JCC is the highest water consuming building in NSS. Factors that may be causing this include the heating, ventilation and air conditioning system, and specialist laboratory practices.Overall reduction was mainly due to an over estimated usage report for Hassockrigg, this has now been resolved and credits received.	<ul style="list-style-type: none">We continue to monitor and make improvements using reporting tools.Tickets are raised with Business Stream for the installation of water AMRs at 6 NSS sites.	<ul style="list-style-type: none">The implementation of automatic meter readers will help us to better understand the use of water in NSS sites and enable us to identify improvement areas and pathways for transitioning to more sustainable alternatives.	<p>Strategic: 660 664</p>

Risk details

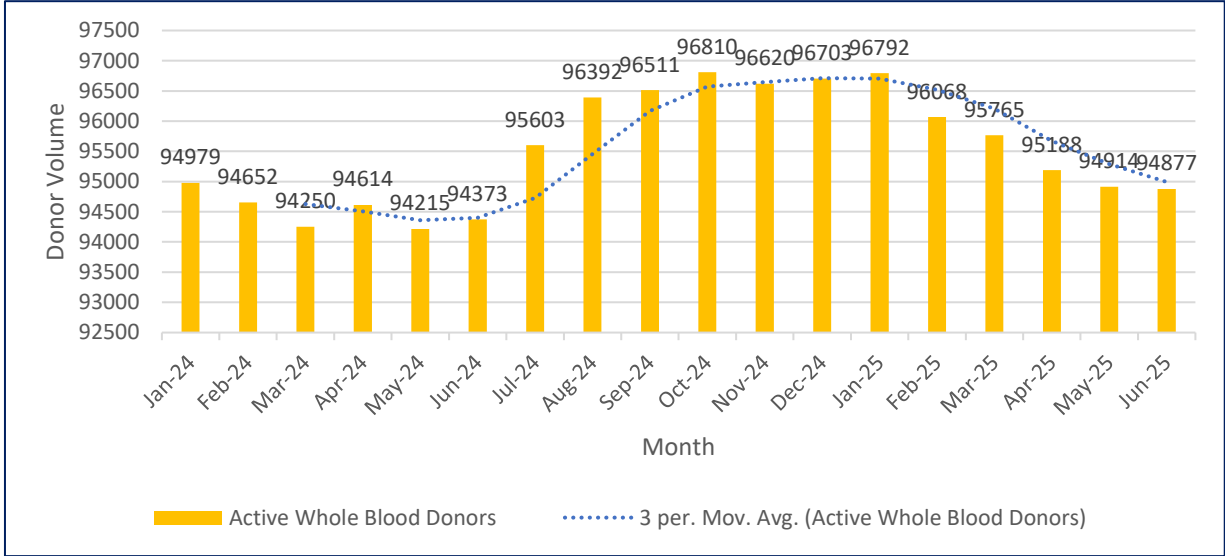
Risks featured in this report

Risk No./ RAG	Title	Summary	Owner	Strategic/ Corporate
656	Clinical and Patient Safety	There is a risk that preventable harm may occur to patients and service users resulting in a negative outcome.	Clinical Director	Strategic
658	Workforce Sustainability	There is a risk that NSS will not have a sustainable workforce that is diverse, knowledgeable, and skilled to support the organisation to remain resilient and responsive to meet its strategic ambitions and service needs.	HR Director	Strategic
659	Service Excellence	There is a risk that NSS is unable to deliver effective services for its users. (Subsequently changed to Amber.)	Director of Primary & Community Care (interim), SPST	Strategic
660	Climate Change	There is a risk that we do not reduce our impact on the environment in line with government climate change targets.	Director of NHS Scotland Assure	Strategic
663	Delivery of National Programmes	There is a risk that NSS is unable to deliver the planned benefits, including service improvements and cost reduction, from the NHS Scotland national programmes it has been tasked to deliver.	Director of Finance	Strategic
664	Rationalisation of Office Accommodation	There is a risk that NSS is unable to fully realise savings and service improvements from the rationalisation of its office accommodation.	Director of Finance	Strategic
655	Financial Sustainability	There is a risk that NSS is unable to deliver its statutory obligation to deliver services within approved funding limits, whilst delivering cash releasing efficiency savings targets.	Director of Finance	Strategic
666	Governance and Regulatory Compliance	There is a risk that we fail to meet appropriate corporate legal, governance and regulatory requirements.	Director of Finance	Strategic
790	IG Legislation Breach	There is a risk that NSS breaches relevant legislation in relation to information due to incomplete organisational preparation and inadequate staff awareness.	Director of Digital and Security	Corporate

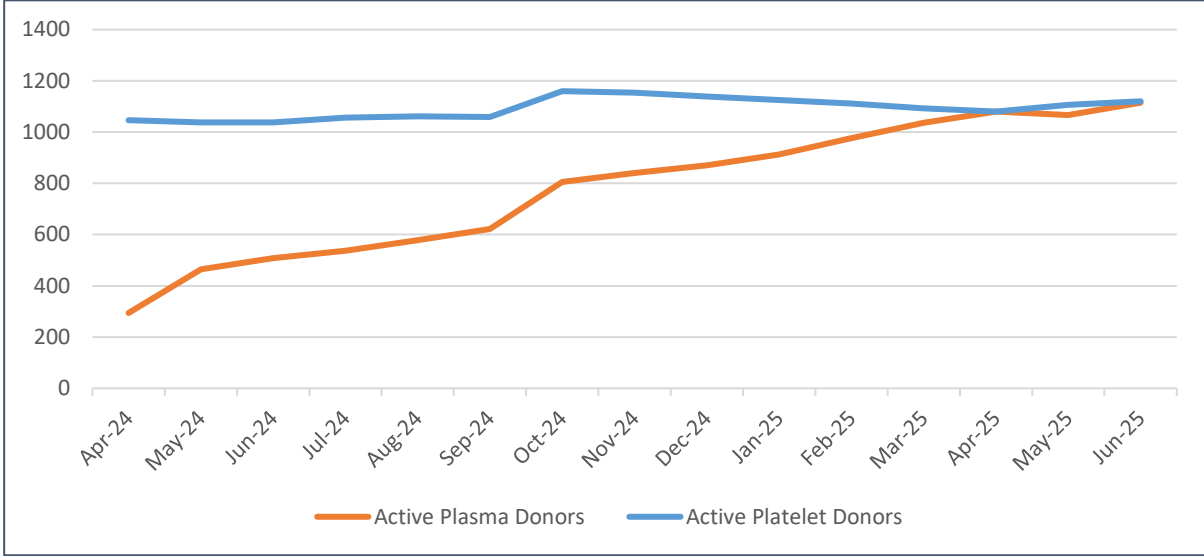
Appendices

Appendix 1: Blood Donation and Supply

Active Blood Donors



Active plasma and platelet donors



Summary position	Analysis	Actions being taken	Improvement opportunities	Risks
<p>There has been a slight dip in blood donation rates following a period of positive increase, however the number of active donors is higher than the same period last year.</p> <p>The Scottish National Blood Transfusion Service (SNBTS) provide all blood and blood products to patients in Scotland.</p>	<ul style="list-style-type: none">There continues to be 100% availability of three-day blood supply.There is always seasonal fluctuation in donor levels, with decline in the summer.Plasma donors are increasing in line with the requirement to secure the provision of UK Plasma Derived Medicinal Products.	<ul style="list-style-type: none">Focus on blood donor week planned activity, TV and radio interviews, social media features with testimonials from patients, clinicians as well as stem cell patients.Targeting younger donors – schools, universities.Focus on ethnic minorities to increase donors base for specific patient blood products.	<ul style="list-style-type: none">Increasing social media engagement to help grow base of younger donors.	<p>Operational risks are identified in relation to these areas.</p>

NHS National Services Scotland

Meeting:	NSS Board
Meeting date:	Friday 26 September 2025
Title:	NSS Risk Report (as at end M4, 31 July 2025)
Paper Number:	B/25/41
Responsible Executive/Non-Executive:	Lee Neary, Director Primary & Community Care/Strategy, Performance & Service Transformation
Report Author:	Tracy Maxwell, Planning and Performance Manager; Caroline McDermott, Head of Planning

1. Purpose

- 1.1 This paper is presented for scrutiny and provides the Board with the latest position for very high and high corporate risks, corporate issues and strategic risks at the end of month four, 31 July 2025.

2. Recommendation

- 2.1 As the responsible Executive, I am assured that the risks contained within this report are being appropriately managed and escalated as necessary through established NSS processes.
- 2.2 It is recommended that the Board scrutinise the risks contained within this report to assure itself they are being managed appropriately and to suggest any improvements if they are not assured.

3. Executive Summary

- 3.1 This paper provides details on the latest position for corporate very high and high risks, corporate issues, and strategic risks. All risks and issues are being managed by owners with actions in place to mitigate the likelihood and impact of risks occurring and to resolve issues. Each corporate risk, issue and strategic risk is scrutinised at the relevant Board Committee, based on their primary risk category.
- 3.2 **Corporate issues:** There are currently 3 corporate issues recorded on the NSS Risk Register.
- 3.3 **Corporate risks:** At 31 July there were 10 corporate risks, consisting of 1 very high risk, 4 high risks and 5 medium risks. This shows an increase since last reported (6 corporate risks were reported in March). This may be attributed to the continued review of risks as they are migrated to the new system.
- 3.4 **Strategic risks:** All strategic risks are being managed, with action plans and controls in place to mitigate against occurrence. Board Committees scrutinise mitigating actions and risk performance. 6 risks have reduced scores following a detailed review at a Board session in April:
- 658 - Workforce Sustainability – score reduced from 12 to 9
 - 659 - Service Excellence – score reduced from 16 to 12
 - 661 - Public Scrutiny and Inquiries – score reduced from 12 to 9
 - 664 - Rationalisation of Office Accommodation – score reduced from 15 to 12
 - 665 - Financial Sustainability – score reduced from 15 to 10
 - 666 - Governance and regulatory Compliance – score reduced from 12 to 8.
- 3.5 **New Digital Risk System:** The new digital risk system was launched on 1 July 2025. The Integrated Risk Management Approach (IRMA) has been reviewed and updated to reflect new and improved procedures and alignment with recently agreed NHSScotland risk categories. The updated IRMA will be presented to the Board in December for approval following scrutiny by the Audit and Risk Committee.
- 3.6 The change in approach means that risks are now plotted across four RAG levels (previously three), which are low, medium, high and very high.
- 3.7 A Board/EMT workshop is being organised in Quarter 3 to review NSS risk appetite.

4. Impact Analysis

4.1 Quality and Value

4.1.1 The Clinical Governance Committee (CGC) review risks and issues that are assigned the categories of Injury and Illness, Healthcare Experience and Health Inequalities. Clinical staff related Health and Care Staffing Act (2019) risks and issues are also overseen by the CGC.

4.1.2 There are no corporate very high or high risks with either of these categories.

4.1.3 1 high rated strategic risk has healthcare experience as a primary category:

- 656 – Clinical and Patient Safety (Clinical Directorate)

4.2 Equality and Diversity, including health inequalities

4.2.1 An Equality Impact Assessment has not been completed as the requirement to complete does not apply to performance papers.

4.3 Data protection and information governance

4.3.1 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.

5. Risk Assessment/Management

5.1 All risks discussed in this report are being managed in line with our Integrated Risk Management Approach.

6. Financial Implications

6.1 There is 1 high strategic risk considered within this report with a financial impact of over £1,000k and is subject to review at the Finance, Procurement and Performance Committee (FPPC):

- 665 – Financial Sustainability (Finance, Corporate Governance and Legal Services)

6.2 2 very high and 3 high corporate risks, have a financial impact of over £1,000K:

- 745 – NSS Payroll Service Sustainability (Finance, Corporate Governance and Legal Services)
- 790 – IG Legislation Breach (DaS)
- 791 – Information Asset Register – GDPR Obligations (DaS)
- 800 – Confidential Risk reviewed by FPPC.

- 813 – Covid Testing Budget Shortfall

6.3 1 corporate issue has a financial impact of over £1,000K:

- 788 – NP805 – Healthcare Waste – Contamination in the Waste Stream (National Procurement)

7. Workforce Implications

7.1 Workforce and Injury/Illness risks are considered by the Staff Governance Committee (SGC).

7.2 There are no corporate very high or high risks with a primary category of Workforce or Injury/Illness.

7.3 There is 1 medium strategic risk with a primary category of Workforce:

- 658 – Workforce Sustainability (HR)

8. Climate Change and Environmental Sustainability Implications

8.1 Work which NSS is undertaking to mitigate climate change and environmental sustainability is reported to the FPPC.

8.2 1 medium strategic risk relates to climate change:

- 660 – Climate Change (NHSScotland Assure)

9. Route to Meeting

Detailed review of corporate and strategic risks takes place at relevant Committees.

10. List of Appendices and/or Background Papers

- Appendix 1, Risk Report as at Month 4, 31 July 2025.

Definitions

Please note the following terms, as agreed within our Integrated Risk Management Approach (IRMA), 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.

Initial RAG: The very high, high, medium or low rating of the risk when it was first raised.

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.

Appendix 1

Risks Report (Month 4, 31 July 2025)

This paper presents the Board with the latest position on risk management activity across all corporate very high and high risks, corporate issues, and strategic risks. It is an opportunity for the Board to review these risks and issues in line with the reporting requirements set out in the Integrated Risk Management Approach (IRMA).

Key updates since the end of the period have been added to the report to ensure the Board has sight of the latest risk and issues position. These changes reflect the continuing management of risks within the risk register.

Corporate Issues

On 31 July 2025 there were 3 Corporate Issues.

627 NP ADP Fleet Fossil Fuel Reduction

Issue Impact	Date Opened	Primary Category	Owner
Moderate	12/05/23	Service Delivery / Business Interruption	Head of Logistics

Summary: There is an issue around the completion of the 20% reduction in fossil fuel consumption as this may not be achieved in 2025/26 due to planned equipment and infrastructure changes not being implemented following delays with the installation of the Hydrogenated Vegetable Oil (HVO) fuel tank.

Impact: National Procurement could be seen as ineffective at delivering policy ambitions regarding CO2 emissions in the eyes of Scottish Government and the public.

Update: This issue was escalated to corporate level as part of the process of reviewing and migrating risks to the new risk system. Work continues with the tank installation, e.g. line marking, signage and CCTV.

788 NP805 Healthcare Waste - Contamination in the Waste Stream

Issue Impact	Date Opened	Primary Category	Owner
Catastrophic	28/05/25	Service Delivery / Business Interruption	Head of Strategic Sourcing

Summary: There is an issue that contamination (e.g. metal and batteries) within the orange bag healthcare waste stream across NHSScotland is causing damage to the waste contractor's plant and facility. This is resulting in damage to their processing equipment and/or building, resulting in delays or lack of

processing capability for healthcare waste as well as a potential requirement of contingency measures.

Impact: Any disruption in collection and processing of healthcare waste could impact upon our ability to undertake routine and emergency care at healthcare facilities. Build-up of waste at NHS facilities could have health and safety impacts for NHSScotland staff. Delays in care for patients due to waste processing delays could result in a negative public opinion for NHSScotland/National Procurement/ NSS. Catastrophic damage to the waste processing site that results in contingency measures would expose NHSScotland to costs of circa £30m per annum.

Update: This issue was escalated to corporate level as part of the process of reviewing and migrating risks to the new risk system. A communications pack has been approved and issued to Boards. Meetings have been held with resilience teams at Boards, and a communication has been issued to Board Chief Executives. The incident management process has been reviewed and updated with the contractor and all episodes of non-conformances are now being recorded on Datix. This helps target training requirements. The contractor is inviting Boards to the site as part of a knowledge sharing exercise and reviewing where technology can be used to support detection of non-compliant waste prior to it entering the factory process.

795 Public MS Teams

Issue Impact	Date Opened	Primary Category	Owner
Moderate	13/11/21	Compliance	Director of DaS

Summary: There is an issue that there is poor user knowledge and system configuration issues in relation to MS Teams.

Impact: This may lead to an unauthorised disclosure of personal data in breach of data protection obligations, resulting in enforcement action and financial penalties by the Regulatory Authority (ICO) and possible compensation claims by affected individuals. This could have a negative impact on the reputation of NSS as an employer, and as a trusted custodian of NHSScotland personal data.

Update: This issue was escalated to corporate level as part of the process of reviewing and migrating risks to the new risk system. The National Microsoft 365 Team are working towards setting up a 'Request a Team' app. This will mean staff need line manager approval to set teams up and ensuring naming conventions and private/public settings are correct, which will minimise potential data breaches. Active engagement with directorates is ongoing to review and update existing public/private and location settings.

Corporate Risks

At Month 4, 10 corporate risks and 3 corporate issues were identified. This included 1 very high risk and 4 high risks.

Figure 1: Overall Corporate Risk Position at M4 FY26

		Impact					Total
		Negligible	Minor	Moderate	Major	Extreme	
		1	2	3	4	5	
Likelihood	Almost Certain	5	0	0	0	0	0
	Likely	4	0	0	1	1	2
	Possible	3	0	1	4	1	7
	Unlikely	2	0	0	0	1	1
	Rare	1	0	0	0	0	0
Total		0	1	4	2	3	10

Corporate Very High Rated Risks

There is 1 corporate very high risk, which was reviewed at FPPC.

Additionally, a new very high corporate risk was added to the risk register on 6 August:

813 Covid Testing Budget Shortfall

Current RAG	Initial RAG	Residual RAG
20 Very High	20 Very High	15 High

Review Date	Opened Date	Proximity Date
29/08/25	08/08/25	30/11/25

Primary Category	Mitigation Strategy	Risk Owner
Financial	Transference	Head of Strategic Sourcing & Commercial

Summary: There is a risk that the funding provided by Scottish Government to support Covid Testing may not cover the full 2025/26 financial year, resulting in a shortfall of circa £3.3m. This is mainly due to VAT not being included in the funding request and some residual 2024/25 spend being invoiced in 2025/26.

Impact: If the £3.3m is not funded by Scottish Government or negated then a decision to stop supply may be made by December 2025. This will transfer financial responsibility onto health boards who would be required to fund the activity or Covid testing will be impacted. Alternatively, NSS may be required to fund this from our own budget. If Covid testing is impacted, this would have reputational damage for NSS.

Update: As a new risk, actions plans are being developed, including engagement with the Scottish Government Sponsor Team, and identifying opportunities to reduce spend on Covid Testing.

Corporate High Rated Risks

There were 4 corporate high risks at 31 July.

712 Hassockrigg Clinical Waste Treatment Facility Not Operational

Current RAG	Initial RAG	Residual RAG
15 High	15 High	9 Medium

Review Date	Opened Date	Proximity Date
29/08/25	09/10/24	30/09/25

Primary Category	Mitigation Strategy	Risk Owner
Climate Sustainability	Reduction	Assistant Director Facilities Services

Summary: There is a risk that if a major incident occurred at the waste recycling facility, then NHSScotland does not have a contingency option as Hassockrigg Clinical Waste Treatment Facility cannot operate without additional funding.

Impact: Without a back-up site, any major incident at the current facility would require clinical waste to be sent to England, increasing NHSScotland costs and harming its reputation, due to an unsuitable building, incurring expenditure.

Update: This risk was escalated to corporate level during the review and migration of risks to the new risk system. A request for additional funding from the Scottish Government was unsuccessful, therefore £1.1m of additional funding has been agreed to be funded by NSS this financial year. This is on top

of £700k recurring funding from health boards. Discussions are being held with the Central Legal Office (CLO) about a compliant procurement route. Key project updates and strategic direction were discussed with the contractor along with contracting arrangements, permit, equipment replacement and costs.

745 NSS Payroll Sustainability

Current RAG	Initial RAG	Residual RAG
16 High	16 High	12 High

Review Date	Opened Date	Proximity Date
30/09/25	04/02/25	31/03/26

Primary Category	Mitigation Strategy	Risk Owner
Service Delivery / Business Interruption	Prevention	Associate Director of Payroll Services

Summary: There is a risk that NSS is unable to deliver timely and effective payroll services for health boards and staff. Due to the increased demands placed on payroll staff to maintain the delivery of weekly and monthly payments to 80,000 staff using legacy technologies, while progressing organisational change, managing new demands and implementing service improvements.

Impact: Potential staff payment delays, financial concerns and impacting NSS credibility for delivering a payroll shared service.

Update: Ongoing monitoring of the Payroll Service Transformation programme plan is in place to ensure any required escalation goes through the appropriate governance, which is the Change Oversight Group, to which regular updates are provided. Quality improvement plans are in place.

790 IG Legislation Breach

Current RAG	Initial RAG	Residual RAG
12 High	12 High	8 Medium

Review Date	Opened Date	Proximity Date
29/08/25	25/05/17	31/12/25

Primary Category	Mitigation Strategy	Risk Owner
Compliance	Prevention	Director of DaS

Summary: There is a risk that NSS breaches relevant legislation in relation to information due to incomplete organisational preparation for new and existing laws, e.g. in data protection, and inadequate staff awareness of these laws, their responsibilities, and understanding of policies, procedures and safeguards that are in place.

Impact: NSS may face fines of over £1,000K. Adverse publicity leading to the loss of trust and confidence of our stakeholders and customers. Staff knowledge and skills and level of awareness of their duties and responsibilities result in breaches of confidentiality and data protection law. People are exposed to clinical risk due to reduced confidence in clinical services supported by NSS or subject to individual distress caused by disclosure of sensitive information.

Update: The Information Asset Register (IAR) is being reviewed in line with new governance, risk and compliance tools. Planning for requirements implementation is underway. The 2024 Records Management Improvement Plan (RMIP) exercise was completed in June with an overall compliance score for NSS of 85%. The 2025 exercise has started and will run until September. An all-staff email was issued in July signposting the Freedom of Information (FOI) policy and guidance, and to remind staff of their duty to complete mandatory training and their legislative obligations in responding to FOIs. Compliance to responding to FOIs was 100% in July.

791 Information Asset Register – GDPR Obligations

Current RAG	Initial RAG	Residual RAG
10 High	10 High	5 Medium

Review Date	Opened Date	Proximity Date
29/08/25	08/10/18	31/12/25

Primary Category	Mitigation Strategy	Risk Owner
Compliance	Prevention	Associate Director of Corporate Governance

Summary: There is a risk that all personal and special category personal data information assets within NSS are not entered on to the Information Asset Register (IAR) resulting in NSS failing in its General Data Protection Regulation (GDPR) documentation obligations under the Accountability Principle.

Impact: Breach of the GDPR attracts a maximum financial penalty of £30M. Additional discovery work may be required to identify missing assets. Should NSS be the subject of enforcement action by the Information Commissioner's Office (ICO) our reputation would be adversely affected.

Update: This risk was escalated to corporate level and ownership transferred from DaS to Finance, Legal Services and Corporate Governance, as part of the process of reviewing and migrating risks to the new risk system. The Information Asset Register will be migrating to a new platform, with dates to be confirmed. The implementation of a peer review system has been paused until this migration has taken place.

Strategic Risks

There were 10 strategic risks at 31 July. These risks are being managed using the Integrated Risk Management Approach and are reported to Committees based on their primary risk category.

654 Cyber Security

Current RAG	Initial RAG	Residual RAG
20 Very High	20 Very High	12 High

Review Date	Opened Date	Proximity Date
29/08/25	15/12/23	30/09/25

Primary Category	Mitigation Strategy	Risk Owner
Service Delivery / Business Interruption	Reduction	Director of DaS

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: The first two Key Performance Indicators (KPIs) for cyber have been approved, and these will be developed into Key Risk Indicators (KRIs) by the end of Quarter 3. This will allow cyber risks to be articulated and measured consistently. NSS are driving a national approach to security controls testing and measurement. Our initial approach is to communicate to Boards the roadmap and their expected commitments. This will combine technical testing on a hub and spoke basis coordinated by the Cyber Centre of Excellence (CCOE) and contextual evidence gathering from each Board regarding their cyber position and preparedness. While agreement had been reached to increase the frequency of mandatory cyber training, it will remain at the current level of every 3 years as a national group is reviewing all mandatory training modules. A recommendation has been made by the Chief Information Security Officer (CISO) that this be mandated annually across NHSScotland.

Current RAG	Initial RAG	Residual RAG
12 High	12 High	8 Medium

Review Date	Opened Date	Proximity Date
28/08/25	20/12/23	31/03/26

Primary Category	Mitigation Strategy	Risk Owner
Healthcare Experience	Prevention	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, NSS 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 nature of NSS as a national board, 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 NHSScotland. Ability to recruit and retain staff in a challenging and competitive environment across NHSScotland could have a negative impact on the ability to deliver services.

Update: Quality improvement activity continues across NSS, with another cohort completing the Quality Improvement and Value Skills (QIVS) course and several bite size sessions have taken place. Preparation is underway for a QIVS Future State course.

The Clinical Governance Delivery Plan will be presented for approval to the September Clinical Governance Committee, with work under way for the revised Clinical Governance Framework.

Scottish Government have confirmed funding for several elements of the Infected Blood Inquiry recommendations, including Account for Blood Development, NHS Scotland transfusion digitisation scoping/discovery work by DaS, and Scottish National Blood Transfusion Service (SNBTS) Transfusion Team Workforce. Programme Management support is being provided for 3

months initially. Monitoring of compliance of the Health and Care Staffing Act remains unchanged with 54/57 actions scored as green.

658 Workforce Sustainability

Current RAG	Initial RAG	Residual RAG
9 Medium	12 High	4 Medium

Review Date	Opened Date	Proximity Date
29/08/25	11/01/24	31/03/26

Primary Category	Mitigation Strategy	Risk Owner
Workforce	Prevention	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: The impact score on this risk was reduced from 4 to 3, resulting in an overall reduction in score from 12 to 9. There was an initial proposal, following the Board session in April, to reduce the likelihood score to 2, but due to an emerging situation relating to the recruitment of haematologists, it was agreed the score should be 3. As part of the review of this risk and following the transition to InPhase, most actions have now been closed. Several new high-level actions have been agreed, and key workforce and delivery plans are in place to support our overall management of the risk, including NSS Workforce Plan and 5 Pillar Action Plan.

659 Service Excellence

Current RAG	Initial RAG	Residual RAG
12 High	16 High	6 Medium

Review Date	Opened Date	Proximity Date
30/09/25	15/01/24	31/03/26

Primary Category	Mitigation Strategy	Risk Owner
Service Delivery / Business Interruption	Prevention	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 NHSScotland 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: Following the Board review session in April the impact score for this risk was reduced from 4 to 3, resulting in a reduction in the overall score from 16 to 12. The new digital incident, risk management and patient safety system has been launched for risk, and directorates are in the process of reviewing and updating risks in the new system. Further work is underway to assess the full potential of the InPhase system across other areas of assurance, specifically Freedom of Information in the first instance. This will enable us to improve how we assess, manage, and report performance for several governance areas in line with best practice. We are undergoing training and working with the risk leads to create dashboards for risk.

The NSS Delivery Plan for 2025/26 has been approved by Scottish Government and progress against milestones will be reported quarterly.

660 Climate Change

Current RAG	Initial RAG	Residual RAG
9 Medium	9 Medium	6 Medium

Review Date	Opened Date	Proximity Date
30/09/25	16/01/24	30/09/25

Primary Category	Mitigation Strategy	Risk Owner
Service Delivery / Business Interruption	Prevention	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 NSS 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. If targets are not achieved, NSS could face criticism from stakeholders and lose credibility as we host the national team responsible for NHSScotland environmental and climate sustainability.

Update: A first draft of the Electric Vehicle (EV) Policy has been accepted at the NSS Sustainability and Infrastructure Board (SIB) with some amendments required before submission via the HR Governance structure.

Key stakeholders met in June to feed into the new Modern Slavery Agreement draft before the document goes through the internal governance and HR governance structure.

The NSS Waste Minimisation Policy was approved at SIB and will go through the governance route for final sign off and publication. A review of the current waste contract is under way.

Flood risk assessments have been completed for eight NSS estates, with two estates identified as potential risks (Hassockrigg and Gartnavel). Assessment of remaining estates continues using updated Scottish Environment Protection Agency (SEPA) flood risk maps.

Content for a mandatory eLearning module relating to environmental management and sustainability has been developed. NHSScotland Assure and other estates and facilities staff have completed EMS ISO 14001 training, which

will support the implementation and appropriate scrutiny of the NSS Environmental Management System.

Light-emitting diode (LED) lighting has been installed at the Jack Copland Centre. Funding bids have been submitted for sustainable infrastructure at NSS sites and the sustainability team have also supported NHS Tayside in a bid for EV charging points which would support the SNBTS fleet.

661 Public Scrutiny and Inquiries

Current RAG	Initial RAG	Residual RAG
9 Medium	12 High	9 Medium

Review Date	Opened Date	Proximity Date
30/09/25	16/01/24	31/03/26

Primary Category	Mitigation Strategy	Risk Owner
Compliance	Reduction	Director of SPST

Summary: There is a risk that NSS does not meet statutory requirements and requests from public inquiries and other forms of external scrutiny. Due to the devolved approach the organisation takes to respond.

Impact: Potential impact on quality of response, missed deadlines and media scrutiny, recognising the impact on workload for the staff who are responding to requests.

Update: The likelihood score has been reduced from 4 to 3, reducing the overall score from 12 to 9, following the Board review session in April. The OneNSS Programme has been tasked with standardising the approach and increase assurance around information requests, however following the announcement of the creation of NHS Delivery with NHS Education for Scotland, the only element of this action that will be taken forward will be the transition of Freedom of Information requests into InPhase. Reporting for all public inquiries is now coordinated centrally by the Public Inquiries Team and reported at individual programme level, the Executive Management Team (EMT) and NSS Board. There are established processes in place to provide support to staff involved in responding to inquiries, and witness support available to those who are required to give evidence.

663 Delivery of National Programmes

Current RAG	Initial RAG	Residual RAG
16 High	16 High	8 Medium

Review Date	Opened Date	Proximity Date
30/09/25	30/01/24	31/03/26

Primary Category	Mitigation Strategy	Risk Owner
Transformation & Innovation	Reduction	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 NHSScotland national programmes it has been tasked to deliver. Due to the opt-in rather than opt-out approach used by NHSScotland, 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: Monthly engagement with Scottish Government and ongoing interactions with other NHSScotland Boards continues through various groups. This helps to raise awareness of current projects and increases confidence in NSS' expertise and capabilities as lead Board in estate, infrastructure, and national digital programmes. We ensure that all business cases clearly articulate the cost to deliver and their value from a Once for Scotland approach. We continue to work with stakeholders to ensure clarity of roles and responsibilities in respect of national programmes, including when programmes transfer to business as usual.

664 Rationalisation of Office Accommodation

Current RAG	Initial RAG	Residual RAG
12 High	15 High	10 High

Review Date	Opened Date	Proximity Date
30/09/25	30/01/24	31/03/26

Primary Category	Mitigation Strategy	Risk Owner
Service Delivery / Business Interruption	Prevention	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: The impact severity on this risk was reduced from 5 to 4, resulting in a reduction in the overall score to 12. As part of the smarter use of space project at Gyle Square, NSS, Public Health Scotland, Scottish Ambulance Service and Health Improvement Scotland have consolidated their footprint. Work on long term capital planning is progressing.

665 Financial Sustainability

Current RAG	Initial RAG	Residual RAG
10 High	15 High	10 High

Review Date	Opened Date	Proximity Date
30/09/25	30/01/24	31/03/26

Primary Category	Mitigation Strategy	Risk Owner
Service Delivery / Business Interruption	Reduction	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: The likelihood score of this risk has reduced from 3 to 2, resulting in an overall reduction in score from 15 to 10. The Directorate Finance Charters outlined the importance of the Financial Sustainability strategic objective in the context of the unprecedented financial challenge affecting NHSScotland and engagement with directorates regarding these responsibilities continues.

Engagement with Scottish Government is ongoing, including regular update calls with Scottish Government Finance to communicate and flag upcoming plans along with any other Finance related topics.

666 Governance and Regulatory Compliance

Current RAG	Initial RAG	Residual RAG
8 Medium	12 High	6 Medium

Review Date	Opened Date	Proximity Date
30/09/25	31/01/24	31/03/26

Primary Category	Mitigation Strategy	Risk Owner
Compliance	Prevention	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: Following the Board Review session in April it was agreed to increase the impact score from 3 to 4 and to reduce the likelihood score from 4 to 2. This resulted in a reduction in overall score from 12 to 8.

The budgeting process is complete, having been approved by the NSS Board and Scottish Government. Monthly Senior Leadership Team meetings continue to be held to monitor and allocate resources, and the Corporate Oversight Governance Group meets bi-monthly to review proposed policy updates.

NHS National Services Scotland

Meeting:	NSS Board Meeting
Meeting date:	26th September 2025
Title:	Public Inquiries Update
Paper Number:	B/25/42
Responsible Executive/Non-Executive:	Lee Neary, Director of Primary and Community Care (Interim), Strategy, Performance and Service Transformation
Report Author:	Marie Brown, Head of Public Inquiries and Scrutiny

1. Purpose

- 1.1 The purpose of the paper is to make the NSS Board aware of the current situation regarding NSS' response to the ongoing public inquiries and investigation. NSS is currently responding to 3 public inquiries: the UK COVID-19 Public Inquiry, the Scottish COVID-19 Public Inquiry, and the Scottish Hospitals Public Inquiry. There are also two ongoing Crown Office investigations (COVID-19 Deaths and the Queen Elizabeth University Hospital) which NSS staff are assisting with.

2. Recommendation

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

3. Executive Summary

- 3.1 The key highlights report provided to the NSS Executive Management Team (EMT) on 18 August 2025 is attached as an appendix. NSS continues to liaise with the inquiry and investigation teams, manage the resource as appropriate, and look to ensure duplication of effort is minimised when there is overlap with evidence requests.

- 3.2 Included in the appendixes is correspondence between the Chair of the Scottish COVID Inquiry and NSS Chief Executive Mary Morgan noting the ongoing commitment of NSS to support the work on the inquiry.

4. Impact Analysis

4.1 Quality and value

- 4.1.1 Quality, value and patient care is a matter being considered through the public inquiries. There is no impact on quality/patient care to consider in this report, which provides an update on the NSS response to public inquiries.

4.2 Equality and Diversity, including health inequalities

- 4.2.1 Equality, diversity and health inequalities are being considered throughout the public inquiries' investigations. There is no impact on equality, diversity, and health inequalities to consider in this report, which provides an update on the NSS response to public inquiries.

4.3 Data protection and information governance

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

5. Risk Assessment/Management

- 5.1 Risk assessment and management is managed in line with the Integrated Risk Management Approach and Public Scrutiny and Inquiries Strategic Risk (7322).

6. Financial Implications

- 6.1 Financial implications of responding to the COVID-19 Inquiries remains a corporate pressure. The cost of NSS responding to the UK COVID-19 Public Inquiry in 2023/24 was £823,167. The cost for 2024/25 totalled £746,000. Budget provision of £738,000 has been allocated for 2025/26, with expenditure for the first four months totalling £222k.

7. Workforce Implications

- 7.1 Workforce implications continue to be managed locally through Directorates and the Programme Risk Register, with escalated risks or issues directed to the NSS Executive Management Team.

8. Climate Change and Environmental Sustainability Implications

- 8.1 There are no climate change and environmental sustainability implications.

9. Route to Meeting

- 9.1 EMT updated monthly on NSS' response to public inquiries. This report contains the most up to date information for the NSS Board including letter and response to the Scottish COVID Inquiry Chair.

10. List of Appendices and/or Background Papers

- 10.1 Update on Public Inquiries
- 10.2 Letter from Chair of the Scottish COVID Inquiry to NSS Chief Executive
- 10.3 Response to letter from Chair of the Scottish COVID Inquiry

Meeting	Board September 2025		
Reporting On	<ul style="list-style-type: none"> ➤ UK and Scottish COVID-19 Public Inquiries ➤ Scottish Hospitals Public Inquiry ➤ Consultations ➤ Criminal Investigations 	Period Covered	29 July – 11 August 2025

Upcoming Hearings (in order re substantive hearings, including Scottish Hospitals Inquiry)	
Public Inquiry	Dates
Scottish Hospitals Inquiry (This hearing has been split into 3 parts - Glasgow 4.1, 4.2 & 4.3)	Glasgow 4.2: 19 Aug – 29 Sep 2025 Glasgow 4.3: 16 Sep – 10 Oct 2025
Scottish COVID-19 Inquiry - Lockdown and infection prevention control measures	Autumn 2025
Scottish COVID-19 Inquiry - Evidential hearings	Throughout 2026

COVID-19 Public Inquiries - Executive Highlights

UK COVID-19 Public Inquiry

- Although active participation in the UK Inquiry is concluding, NSS may still be required to respond to warning letters, reports, and recommendations from Modules 2A to 7 over the next 12–18 months.
- Key timeline for the publications of reports and recommendations:
 - Autumn 2025 – Module 2A (Decision Making in Scotland)
 - TBC 2026 – Module 3 (Healthcare)

- TBC 2026 – Module 5 (Procurement)
- TBC 2026 – Module 7 (Test, Trace and Isolate)

Scottish COVID-19 Public Inquiry

- As activity from the UK COVID-19 Inquiry declines, engagement with the Scottish COVID-19 Inquiry (SCI) is expected to increase in the coming months, although specific timelines and scope remain uncertain.
- SCI is initially focusing on the overall impact of the COVID-19 pandemic across various themes, before progressing to an examination of the implementation of measures and key decision-making processes. SCI has split public hearings into three categories 1) Impact; 2) Implementation; and 3) Decision making. The expectation is that Implementation will generate the most activity for NSS.
- NSS responded to a Section 21 Order, providing all witness statements and supporting documents previously submitted to the UK COVID-19 Inquiry.
- In the autumn, the Inquiry will scrutinise the use of lockdown and other measures to prevent and control infection. In 2026, the Inquiry will then move into its final phase of hearings, looking at the implementation of policies and political decision-making during the pandemic.
- During the final set of hearings in 2026, the Inquiry would expect to gather evidence from senior politicians and public sector leaders who led the response to the pandemic in Scotland, the expectation is that NSS will be involved.

Best Practice Online Tool

- NSS aims to develop an online best practice tool and accompanying playbook to support future responses to public inquiries. This initiative will consolidate lessons learned and effective practices from NSS's involvement in the Infected Blood Inquiry, Scottish Hospitals Inquiry, UK COVID-19 Inquiry, and Scottish COVID-19 Inquiry.

- Next steps include:
 - Engaging stakeholders to gather and incorporate best practice insights
 - Overseeing development and testing of the tool
 - Ensuring alignment with user needs
 - Delivering a fully functional and accessible product by the end of 2025.

Finance

- The cost of NSS responding to the UK COVID-19 Public Inquiry in 2023/24 was £823,167. The estimated cost for 2024/25 was initially £1 million and was based on NSS needing to respond to both the UK and Scottish COVID-19 Inquiries simultaneously. This did not materialise and the cost in 2024/25 totalled £746k. A budget provision of £738k has been allocated for 2025/26, with expenditure for the first four months totalling £222k.

Freedom Of Information (FOI) Requests (public inquiries)

- There have been no FOI requests in relation to the COVID-19 public inquiries in the last period.

Scottish Hospitals Public Inquiry - Executive Highlights

Glasgow IV Hearings

Glasgow 4.2 Hearing

- The Glasgow 4.2 hearing is due to run from 19 August until 29 September 2025.
- Annette Rankin, Antimicrobial Resistance and Healthcare Associated Infection (ARHAI) Scotland will be providing oral evidence at this hearing on 19 August and Shona Cairns, ARHAI Scotland will be providing oral evidence on 20 August.
- The NSS Public Inquiry Team is managing the witness preparation process for this hearing as well as day-to-day Inquiry business including witness statement and expert report review.

Glasgow 4.3 Hearing

- The Glasgow 4.3 hearing is due to run from 16 September until 10 October 2025.

- Laura Imrie, ARHAI Scotland will be providing oral evidence at this hearing on 7 October and Julie Critchley, NHSScotland Assure will appear on 8 October.
- The NSS Public Inquiry Team will manage the witness preparation process for this hearing.

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

Consultations

NSS is gathering information to respond to:

- Public Health Scotland Consultation: Shaping our Strategy and the future of Scotland's health

Police Scotland / COPFS Investigations

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

Minutes (Approved)

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NHS NATIONAL SERVICES SCOTLAND AUDIT AND RISK COMMITTEE (ARC)

MINUTES OF MEETING HELD ON THURSDAY, 19 JUNE 2025 VIA TEAMS DIGITAL PLATFORM AT 0930 HRS

Members Present:

Beth Lawton – Non-Executive Director and Committee Chair
Paul Buchanan – Non-Executive Director
Arturo Langa – Non-Executive Director
Maria McGill – Non-Executive Director
Alison Rooney – Non-Executive Director

B/25/43

In Attendance:

Kyle Clark-Hay – Associate Director of Corporate Governance
Lisa Duthie – External Audit, Audit Scotland
Steven Flockhart – Director of Digital and Security (DaS)
Rachel Kavish Wheatley – Executive and Governance Manager
Carolyn Low – Director of Finance, Corporate Governance and Legal Services (FCGLS)
James Lucas – Internal Audit, KPMG
Liz Maconachie – External Audit, Audit Scotland
Brian McCabe – Associate Director of Finance Operations
Mary Morgan – Chief Executive
Lynn Morrow – Corporate Affairs and Compliance Manager
Matthew Neilson – Associate Director of Strategy, Performance and Communications
[deputising for L Neary]
Carys Ross – Internal Audit, KPMG
Grace Symes – External Audit, Audit Scotland
Lynsey Bailey – Committee Secretary (Minutes)

Apologies:

Gordon Greenhill – Non-Executive Director
Sharon Hilton-Christie – Executive Medical Director (and Caldicott Guardian)
Lee Neary - Director of Primary & Community Care (P&CC) (Interim)/Strategy, Performance & Service Transformation (SPST)

1. WELCOME AND INTRODUCTIONS

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



Chair
Chief Executive

Keith Redpath
Mary Morgan

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

2. DECLARATIONS OF INTEREST

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

3. MINUTES AND MATTERS ARISING [AR/25/43 and AR/25/43]

- 3.1 Members considered the draft minutes from the previous meeting on Thursday 29 May 2025 and agreed they were an accurate record of the meeting, pending clarification at 14.1 on the recommendation being referred to.

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

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

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

Action: To add clarification at 14.1 about which recommendation was being referred to – Board Services

4. FORWARD PROGRAMME [AR/25/44]

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

Decision: To note and agree the forward programme.

5. AUDIT AND RISK COMMITTEE ANNUAL REPORT TO THE BOARD 2024-2025 [AR/25/45]

- 5.1 Members considered the Annual Report and were content to approve it for presentation to the NSS Board.

Decision: To approve the ARC Annual Report 2024-2025 for presentation to the Board.

6. ANNUAL AUDIT REPORT 2024/25 [AR/25/46]

- 6.1 Members were taken through the report and given an overview of the audit process, the challenges encountered, and how these were addressed. Members sought and received clarification around how the Scottish Infected Blood Support Scheme had contributed to the increase in the materiality figures and its ongoing impact. Members discussed the staff secondments risk raised by Audit Scotland and received an overview of how NSS had mitigated as best it could. They acknowledged that some level of risk would remain but were assured that it was well understood and managed. Members sought and received assurance about the evidence still required as listed in the “Outstanding Matters” section, noting NSS had made all efforts to follow up on this. Members noted a discrepancy in the reporting of figures which Audit Scotland confirmed would be addressed in the updated and final version of the report.

Decision: To note:-

- **the proposed unmodified opinion;**
- **the proposed Annual Audit Report, to help inform the approval of the 2024/25 annual report and accounts;**
- **the conclusions in the proposed Annual Audit Report relating to the wider scope areas of financial management, financial**

sustainability, vision, leadership, and governance use of resources to improve outcomes.

Decision: To accept the assurance provided by the Responsible Executive and recommend the report is remitted to the NSS Board.

7. DRAFT NSS ANNUAL REPORT AND ACCOUNTS 2024/25 [AR/25/47]

- 7.1 Members welcomed 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. Members were advised that NSS had met financial targets for the year. Adjustments had been made following the Audit and Risk Committee Seminar on 12 June 2025 and Members were given an update on a further amendment required as a result of the announcement from Scottish Government (SG) on 17 June 2025 in relation to changes to NSS. Members agreed that the narrative would benefit from a final proofread ahead of presentation to the NSS Board but were otherwise satisfied with the content.

Decision: To recommend the NSS Annual Report and Accounts 2024/25 for approval to the NSS Board subject to the amendments discussed.

Action: To do a full proofread once the final amendments were made – Associate Director of Finance Operations

8. MANAGEMENT CONSULTANCY SPEND 2024/25 [AR/25/48]

- 8.1 Members were taken through the report, which updated on Management Consultancy expenditure in 2024/25, and given a brief reminder of how the definition of Management Consultancy was applied. Members were content to approve the report for publication but suggested including trend analysis in future reports.

Decision: To note Management Consultancy Expenditure for 2024/25 and approve the publication of this information to meet statutory reporting requirements.

Action: To look at adding trend analysis to future reports – Director of FCGLS

9. LOSSES AND SPECIAL PAYMENTS 2024/25 [AR/25/49]

- 9.1 Members considered the report, particularly noting the write-off of expired pandemic stock. Members asked about the increase in that write-off within the last quarter of 2024/25. They were assured this was largely due to having a clustering of stock expiry dates, and measures would be taken to better spread that across the year in future. Members also received an overview of how the value was calculated and managed, acknowledging levels of stock to be held were dictated to NSS and not under its control.

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

10. CLEAR DESK AND SCREEN POLICIES [AR/25/50]

- 10.1 Members briefly discussed the policies, which had been recently reviewed and revised, as per their revision schedule, and were content to approve.

Decision: To approve the Clear Desk and Screen Policies.

11. STRATEGIC RISK AND RISK MANAGEMENT APPROACH, DEVELOPMENT REPORT [AR/25/51]

- 11.1 Members scrutinised the paper which outlined changes to the residual scoring of the strategic risk on external scrutiny and provided a progress report on work to improve the Integrated Risk Management Approach (IRMA) and Risk Appetite ahead of their annual review. Members commended the report and confirmed that they were content with it.

Decision: To approve the changes to the residual score of risk 7322 (Public Scrutiny and Inquiries – Amber), and note the improvement work underway in relation to the NSS IRMA and Risk Appetite.

12. GIFTS AND HOSPITALITY ANNUAL REPORT FOR 2024/25 [AR/25/52]

- 12.1 Members were presented with the report which provided an overview of activity in relation to the acceptance, or otherwise, of Gifts and Hospitality during 2024-25. They asked about the risk of underreporting and were reassured about the mechanisms in place to ensure staff were aware of their responsibilities in this area. Members discussed the declaration involving 30 solicitors and were given assurance about what was being put in place to provide more detail on these declarations in future. Members also sought more detail in respect of procurement and how NSS ensured no potential conflicts of interest regarding suppliers and contracts were inadvertently created or missed. The Director of FCGLS advised that whilst appropriate mechanisms were in place for this, steps would be taken to provide Members with confirmation of the controls in place, and further steps would be taken to strengthen these controls within the NSS Standard Financial Instructions (SFIs).

Decision: To note the Gifts and Hospitality Annual Report and accept the assurance provided.

Action: To provide Members with confirmation of the mechanisms in place to manage conflicts of interest in Procurement and consider how to strengthen these controls within the SFIs – Director of FCGLS.

13. RESILIENCE REPORT [AR/25/53]

- 13.1 Members discussed the report which updated on resilience activities that had taken place between 1 January and 31 March 2025. Members discussed how this linked with organisational business continuity planning and the Associate Director of Strategy, Performance and Communications offered to share NSS's Business Continuity and Resilience Management plans for assurance with Members. The Director of DaS also highlighted that the Digital Disaster Recovery Plan was also relevant to this work. Members agreed that it would be useful to hold a development session on this, subject to clarity on the intended outcomes of that session. Members confirmed that they were keen to understand the background, more detail on the assurances provided within the report, and the Non-Executives' role in the event of any resilience incidents.

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

Action: To consider how best to share the resilience planning documents and plan a future development session on this topic – Committee Chair, Associate Director of Corporate Governance, Associate Director of Strategy, Performance and Communications and Director of DaS.

14. ANY OTHER BUSINESS

14.1 The Committee Chair thanked all for their work and contributions during the year. In particular, special thanks were extended to A Rooney for her work throughout her tenure as a Non-Executive since it was her last meeting.

14.2 Members had no further business to discuss.

There being no further business, the meeting closed at 1049hrs.

Minutes (Approved)

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NHS NATIONAL SERVICES SCOTLAND CLINICAL GOVERNANCE COMMITTEE (CGC)

MINUTES OF MEETING HELD ON THURSDAY 5 JUNE 2025 VIA TEAMS DIGITAL PLATFORM AT 0930HRS

Present:

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

In Attendance:

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

Apologies:

Beth Lawton – Non-Executive Director

1. WELCOME AND INTRODUCTIONS

- 1.1 M McGill welcomed all to the meeting, noting apologies as above. Members welcomed G Mills to first meeting and thanked A Rooney for her work as chair

2. DECLARATIONS OF INTEREST

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

3. MINUTES AND MATTERS ARISING [CG/25/14 and CG/24/15]

- 3.1 Members considered the draft minutes from the previous meeting on 27 February 2025 and were content to approve as an accurate record.
- 3.2 Members considered the outstanding actions, which were either recommended for closure or due for completion at a later date.



Chair
Chief Executive

Keith Redpath
Mary Morgan

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Common Services Agency for the Scottish Health Service.

Decision: To approve the minutes of 27 February 2025, as a true reflection of the meeting.

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

4. FORWARD PROGRAMME [CG/25/16]

- 4.1 Members discussed the forward programme which was presented. They had nothing further to suggest at this time other than the inclusion of the Nurse Director report, which would be subject to the discussions later in the meeting (see minute 9.1).

Decision: To approve the Forward Programme as presented.

Action: To update the forward programme as necessary following discussion of the Nurse Director Report – Board Services

5. CLINICAL GOVERNANCE ANNUAL REPORT TO THE BOARD 2024-25 [CG/25/17]

- 5.1 Members considered the report of the Committee's activities and approved it for submission to the NSS Board, subject to correction of some minor typographical errors and an error in the attendance table.

Decision: To approve the CGC 2024/25 Annual Report to be presented to the NSS Board, subject to correction of some minor typographical errors and an error in the attendance table.

Action: To make the identified corrections prior to presentation to the NSS Board – Board Services

6. SNBTS QUARTER 4 AND ANNUAL REPORTS ON INFECTION PREVENTION AND CONTROL (IPC) 2024/25 [CG/25/18]

- 6.1 Members discussed 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 commented that the points raised about the impact of elevated temperatures highlighted why climate change needed to be on the risk register.

- 6.2 Members briefly discussed the table on hand hygiene and suggested that including percentages and trend data would be helpful going forward and more consistent with other reports. They also received an overview of the escalation of the Ninewells ventilation issue and welcomed the additional detail provided. Going back to the statement about elevated temperatures, Members expressed concerns from a staff and patient wellbeing perspective but were reassured that mitigations were being looked at. Members commended the level of hand hygiene compliance achieved and suggested looking at benchmarking against previous years.

Decision: To: -

- **Scrutinise the SNBTS quarter 4 report;**
- **Approve NSS SNBTS IPC Annual Report 2024-25;**
- **Accept the professional assurances given that the service continues to meet all the requirements placed upon it.**

Action: To include percentages and trend information in tables within future reports – Director of Nursing

7. DUTY OF CANDOUR (DOC) ANNUAL REPORT: APRIL 2024 TO MARCH 2025 [CG/25/19]

- 7.1 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 2024/25 and this was consistent with previous years. Members welcomed the report and were content to approve it for publication.

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

8. MEDICAL DIRECTOR REPORT [CG/25/20]

- 8.1 Members noted the report, which provided an update on clinically related areas of NSS strategic/enabling activity and on relevant aspects of business-as-usual areas from a clinical perspective. Members sought and received clarification regarding the Golden Jubilee's internal review of the Scottish Adult Congenital Cardiac Service (SACCS) and how it would link with the external review that NSS has commissioned. Members sought and received assurance about how affected patients were being monitored and the plans in place for any interventions if necessary. Members discussed the Digital Prescribing and Dispensing Programme (DPDP) refresh and were reassured that the environmental sustainability continued to be a key consideration.

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

9. NURSE DIRECTOR REPORT [CG/25/21]

- 9.1 Members considered the report, which was proposed to be included as a standing item of the CGC to ensure appropriate governance and oversight of specific programmes within the Nurse Director portfolio. Members welcomed the reintroduction of this report to the forward programme and suggested inclusion of an additional section to allow for other relevant emerging issues to be covered as well.

Decision: To: -

- **scrutinise the report and confirm the introduction of a Nurse Director report as a standing item to cover;**
 - **Excellence in Care,**
 - **The NSS Nursing, Midwifery and Allied Health Professionals (NMAHP) Strategy delivery,**
 - **Progress against the Ministerial Nursing and Midwifery Taskforce (2025) Recommended Actions,**
 - **Health and Care Staffing Scotland Act 2019 activities and quarterly internal reports,**
 - **Child Protection and Adult Protection activities;**
 - **any other relevant, emerging issues/activities.**

- **note the Executive Leadership for the Health and Care (Staffing) (Scotland) 2019 has transitioned from the Human Resource Director to the Nurse Director from 1st May 2025.**
- **note the Executive Leadership for Child Protection and Adult Protection in NSS has transitioned from the Medical Director to the Nurse Director in April 2025.**

10. NSS CLINICAL GOVERNANCE FRAMEWORK (CGF) DELIVERY PLAN REPORT [CG/25/22]

- 10.1 Members were briefly taken through the report, which summarised the progress so far of the CGF delivery plan against the reporting timelines and milestones. Members sought and received clarification about complaints and what constituted a clinically-related complaint when there were multiple aspects to it.

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

11. BLOOD AND TISSUE QUALITY, SAFETY AND SUFFICIENCY REPORT [CG/25/23]

- 11.1 Members scrutinised the report, which confirmed that NSS continued to meet all requirements in respect of quality, safety and sufficiency. The SNBTS Medical Director highlighted that, since the report had been written, the enhanced Hepatitis B testing was implemented as planned and Members commended the work to achieve this. Members were also advised plasma derived medical products from UK donors were now available in Scotland as a result of SNBTS's successful commencement in a Plasma for Medicines project/programme in April 2025. They were given an overview of the planned publicity around Plasma for Medicines aligning with World Donor Day.

- 11.2 Members sought and received assurance about the timelines for the closure of actions from regulatory inspections, noting that engagement with regulators was ongoing and no concerns had been identified so far. They also recognised that the coinciding timing of inspections had created a higher burden than usual in this respect. Members discussed the donor base and stability of blood stocks and were advised that SNBTS was not in a unique position from this respect but was comparatively well-placed. They were given an overview of donor publicity planning and were assured there were both proactive and reactive plans in place. Members discussed the progress of the digitalisation work and how this was being managed.

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.

12. INITIAL ACTION PLAN IN RESPONSE TO THE INFECTED BLOOD INQUIRY (IBI): PROGRESS UPDATE [CG/25/24]

- 12.1 Members were briefly taken through the report which updated the Committee on the progress made in response to the IBI recommendations. Members noted that the UK Gov concluding report has been published – some recommendations had been accepted in full and others accepted in principle. Members received an update on the actions, noting that the outstanding actions were mostly complex, longer-term and wider

ranging in their scope. Members recognised the additional pressures created by the IBI and commended the work done to date.

- 12.2 Members sought and received clarification around what the digitalisation of transfusion involved, NSS's role in that, and the potential improvements it could enable in governance within the Boards. They discussed the impact on staff, acknowledging the temporarily increased pressures and the mitigations being taken to address them. Members also inquired about the involvement from an equality and diversity/patient involvement perspective and were assured that this was being considered and included.

Decision: To note that:

- **SNBTS were progressing the IBI recommendations relating directly and indirectly to SNBTS.**
- **An action plan was in place to track identified actions which was monitored by the SNBTS IBI Recommendations Steering Group and reported to SNBTS Clinical Governance and Safety Group.**
- **Due to capacity issues, and dependencies from external organisations, not all actions had been fully scoped. As a result, an anticipated completion date was not assigned to all actions.**
- **Reasonable progress had been made to date.**

13. NSS ANNUAL REPORT ON MEDICAL AND DENTAL STAFF REVALIDATION AND APPRAISAL 2024/2025 [CG/25/25]

- 13.1 Members discussed the report and received a brief verbal update on the one outstanding appraisal since the time of writing.

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 2024-25.

14. RESEARCH GOVERNANCE ANNUAL REPORT 2023/24 [CG/25/26]

- 14.1 Members were taken through the highlights of the report which updated on Research Governance within NSS and provided assurance that this was compliant with the principles of the UK policy framework. The Director of Healthcare Science wished to acknowledge the contributions of Ruth Campbell, Associate Director of Health and Care Innovation, and provided an overview of the work she had put into developing the network and resources to allow best practice to be shared. Members suggested following up any mentions of potential impact with a review for comparison, in a future report, once the full impact was known. Members commended and welcomed the report

Decision: To note the report setting out the results of a self-assessment against the principles of the policy framework, and the extent of the research activity carried out within NSS.

15. IONISING RADIATION (MEDICAL EXPOSURE) REGULATIONS 2017 [IR(ME)R] ANNUAL REPORT 2024/25 [CG/25/27]

- 15.1 Members discussed the report which updated on NSS compliance within the requirements of IR(ME)R. Members were given a brief verbal update on the upcoming breast screening programme regulatory inspection and the preparations being made for that. They were advised that the report and response following the inspection would be brought to a future meeting.

Decision: To note the report including the internal audit of IR(ME)R procedures

Decision: To agree that the management actions identified in the report provide assurance that compliance with the regulations is being appropriately managed.

16. CLINICAL ADVERSE EVENTS AND COMPLAINTS REPORT: QUARTER 4 2024-2025 (JANUARY TO MARCH 2025) [CG/25/28]

- 16.1 Members considered the report, which provided details of Clinical Adverse Events and Complaints. Members asked about the cervical screening adverse event (ADV0002317) and were advised that NSS was still awaiting an update from NHS Lothian.

Decision: To note the most recent information on clinical adverse events and complaints set out in the Clinical Adverse Events and Complaints Report.

Decision: To agree the management actions identified in the Clinical Adverse Events and Complaints report provide assurance that such events are being appropriately managed in accordance with NSS processes and best professional practice.

17. CLINICAL RISK REPORT: 1 FEBRUARY 2025 TO 30 APRIL 2025 – [CG/25/29]

- 17.1 Members acknowledged the report, which provided details of corporate clinical risks on the NSS Risk Register.

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

18. ANY OTHER BUSINESS

- 18.1 Members had no further business to raise

19. DATE OF NEXT MEETING:

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

The meeting finished at 1058hrs

Minutes

(Approved)

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

MINUTES OF MEETING HELD ON TUESDAY 17 JUNE 2025 VIA TEAMS DIGITAL PLATFORM AT 0930 HRS

Present:

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

In Attendance:

Kyle Clark-Hay – Associate Director of Corporate Governance (Board Secretary)
Rachel Kavish Wheatley – Executive and Governance Manager
Sharon Hilton Christie – Executive Medical Director
Kathryn Logan – Sustainability Manager [Item 14]
Carolyn Low – Director of Finance, Corporate Governance and Legal Services (FCGLS)
Brian McCabe – Associate Director of Finance Operations
Andy McLean – Deputy Director of Finance
Simon Mollart – Head of Strategic Sourcing, National Procurement [deputising for G Beattie]
Mary Morgan – Chief Executive
Matthew Neilson – Associate Director of Strategy, Performance and Communications [deputising for L Neary]
Helen Newlands – Head of Business Development, Scottish National Blood Transfusion Service (SNBTS) [In Private Item]
Neil Redhead – Assistant Director of Facilities Services [deputising for J Critchley, Items 1-13]
Marc Turner – Director of SNBTS [In Private Item]
Lynsey Bailey – Committee Secretary (Minutes)

Apologies:

Gordon Beattie – Director of National Procurement (NP)
Ian Cant – Employee Director
Julie Critchley – Director NHS Assure
Lee Neary – Director of Primary and Community Care (P&CC) (Interim)/Strategy, Performance and Service Transformation (SPST)



Chair
Chief Executive

Keith Redpath
Mary Morgan

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

1. WELCOME AND INTRODUCTIONS

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

2. DECLARATIONS OF INTEREST

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

3. MINUTES OF THE PREVIOUS MEETINGS HELD ON TUESDAY 11 MARCH 2025 AND MATTERS ARISING [FPP/25/19, FPP-IP/25/03 and FPP/25/20]

- 3.1 Members were content that each set of minutes presented was an accurate record of their respective meeting.
- 3.2 Members noted the updates provided on the action tracker and agreed those recommended for closure.

Decision: To approve the minutes of the FPPC meetings on 11 March 2025.

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

Action: To update action 29 with completion information – Board Services

4. FORWARD PROGRAMME [FPP/25/21]

- 4.1 Members noted the forward programme as presented and were content to approve it, noting the transfer of Resilience reporting to the Audit and Risk Committee.

Decision: To approve the forward programme.

5. NSS FPPC ANNUAL REPORT TO THE BOARD 2024-2025 [FPP/25/22]

- 5.1 Members briefly discussed the Annual Report. Members asked for sustainability to be referred to on the front cover, a check that risk and resilience had been covered appropriately, and for the Committee review of the Property and Asset Management Strategy to be updated.

Decision: To approve the Annual Report for submission to the NSS Board with the amendments identified.

Action: To update the Annual Report and cover note as identified – Board Services

6. FINANCIAL PERFORMANCE [FPP/25/23]

- 6.1 Members were taken through the report, which provided an update on financial performance against the current plan as at the end of April 2025. Members sought and received clarification about the Microsoft 365 position and whether that included the historic Value Added Tax (VAT) now that it had been confirmed this was not recoverable. They were assured that provision had been made for the VAT costs and the budget position had been protected while awaiting the outcome of the appeal to His Majesty's Revenue and Customs. Members briefly discussed the financial performance of the Scottish National Blood Transfusion Service (SNBTS). M McGill, as Chair of the NSS Clinical Governance Committee (CGC), and the Executive Medical Director agreed to discuss taking a paper on this to a future CGC meeting.

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

Action: To consider the need for a report to CGC on SNBTS finances – CGC Chair and Executive Medical Director

7. SFI ADVERSE EVENTS

7.1 The Director of FCGLS confirmed there had been no new SFI adverse events reported since the previous FPPC meeting on 11 March 2025.

Decision: To note that there have been no SFI Adverse Events reported since the previous update on 11 March 2025 and accept the assurances provided.

8. NATIONAL PROCUREMENT CONTRACT SCHEDULE [FPP/25/24]

8.1 Members were taken through the paper which provided an update on the national workplan for 2024-25. Members discussed the impact of latest global events and noted the current level of economic uncertainty. Members were given an overview of how the targets had been arrived at.

Decision: To:-

- Note the secured savings and cost avoidance achieved to date in the last financial year, 2024-25;
- Note the secured savings and cost avoidance projected for the current financial year, 2025-26;
- Note the list of awards at Appendix 1 requiring CEO approval and advise if the Committee would like to review at strategy stage;
- Note the NSS Contracts Awarded for more than £1m for the period details, as required by the NSS SFIs;
- Note the reporting period for this report as February 2025 to April 2025 unless otherwise stated.
- Accept the assurance provided.

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

Members were provided with an overview of the delivery status of key national programmes being delivered by NSS on behalf of NHS Scotland. Members noted that there were still a number of programmes reporting 'Red', with significant effort being made to progress to 'Green'. Members were given an overview of work underway to align PMG reporting with the Annual Delivery Plan. Members asked about the recruitment of the Technical Delivery Partner for DPDP and noted there was still uncertainty in this area. They welcomed the clarity now provided in the report between NSS's specific responsibilities and overall programme responsibilities. They also advised that, in future, they would be keen to see this used for greater scrutiny around NSS's contributions to the programmes.

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

10. CHANGE OVERSIGHT GROUP (COG) UPDATE [FPP/25/26]

- 10.1 Members were taken through the highlights of the report, which provided an overview of internal change programmes which would proceed during 2025/26 along with a progress update on previously reported developments to support governance of NSS internal change programmes. Members welcomed the report and had nothing further to add.

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

Decision: To correct HR Director's name – Board Services

11. SERVICE EXCELLENCE AND ONE-YEAR DELIVERY PLAN - Q4 (March 2025) [FPP/25/27 and FPP/25/28 refers]

- 11.1 Members considered the reports, which updated on Annual Delivery Plan performance to the end of March 2025 (annual and quarterly). Members were given more detail around the Freedom of Information response time breach and how this was being addressed. They were also updated on the survey scores, specifically in respect of primary care and the processes being put in place to address the issues identified.

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

12. ASSIST PROGRESS REPORT [FPP/25/29]

- 12.1 Members considered the paper which provided an overview of activity around NSS's strategic priority to 'assist other organisations involved in health and care.' Members wished to record their thanks and appreciation to the author Tom McHugh, recently retired Shared Services Manager, for the work completed in this area.

Decision: To note and agree the key points to be summarised in the NSS Integrated Performance Report; note the Assist Progress Report 2024/25 and agree its subsequent publication on the NSS website

13. CORPORATE BUSINESS RISK & ISSUES REPORT (1 NOVEMBER 2024 – 31 JANUARY 2025) [FPP/25/30]

- 13.1 Members were taken through the paper which updated on corporate red and new amber business risks and issues. Members commended and welcomed the report, especially the updates around the sustainability risk (Ref: 7321).

Decision: To note the Corporate Business Risk and Issues Report and accept the assurances provided, agreeing the update to sustainability risk 7321.

14. SUSTAINABILITY UPDATE [FPP/25/31]

- 14.1 Members noted the report, which provided an update on sustainability activity across NSS. Members commended and welcomed the work done, acknowledging that as well as environmental sustainability there were also financial sustainability benefits.

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

15. NSS ANCHOR ORGANISATION PROGRESS REVIEW AND SCOTTISH GOVERNMENT SUBMISSION [FPP/25/32]

- 15.1 Members noted the report, which highlighted NSS anchor activities and progress for 2024/25. This was being presented to the Committee for information following its submission to Scottish Government on 25 March 2025. Members were also given a brief overview of governance arrangements for this going forward.

Decision: To note the NSS Anchor Organisation Progress Review and Scottish Government Submission, accepting the assurance provided.

16. ANY OTHER BUSINESS

- 16.1 Members were updated on discussions at EMT regarding Hassockrigg and it was agreed that an update on this could be brought under the Finance Report to the NSS Board on 27 June 2025.
- 16.2 Members had no further regular business to raise and agreed to move on to the In Private item.

Action: To add an item on Hassockrigg under the Finance Report to the NSS Board on 27 June 2025 – Board Services

17. SCOTTISH NATIONAL BLOOD TRANSFUSION SERVICE (SNBTS) ADVANCED THERAPY MEDICINAL PRODUCTS, NEWCO [FPP-IP/25/04]

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

There being no further business, the meeting closed to move to an In Private Session at 1048hrs.

Minutes

(Approved)

Board Services
Area 27
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1 South Gyle Crescent
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NHS NATIONAL SERVICES SCOTLAND (NSS) FINANCE, PROCUREMENT AND PERFORMANCE COMMITTEE (FPPC)

DECISION VIA EMAIL WEDNESDAY 30 JULY 2025 - MONDAY 4 AUGUST 2025

Responded:

Gordon Greenhill – Non-Executive Director and Committee Chair (received 30 July 2025)
Lisa Blackett – Non-Executive Director (received 1 August 2025)
Ian Cant – Employee Director (received 30 July 2025)
Beth Lawton – Non-Executive Director (received 4 August 2025)
Keith Redpath – NSS Chair (received 30 July 2025)

In Attendance:

Kyle Clark-Hay – Associate Director of Corporate Governance (Board Secretary)
Rachel Kavish Wheatley – Executive and Governance Manager
Lynsey Bailey – Committee Secretary [Minutes]

Apologies:

Maria McGill – Non-Executive Director

The following matter was presented to the Committee for decision by electronic correspondence in accordance with NSS's Standing Orders – section 5.19 which states:

In relation to matters of urgency that cannot wait until the next available meeting of the Board or the relevant Board Committee, The Chief Executive or the Associate Director Corporate Governance (Board Secretary) in conjunction with the Board Chair or in the case of a Standing Committee, the Chair of the Committee, may authorise the matter to be resolved by electronic correspondence to the Board or Committee. Such matters will be presented to the Board or Committee in the usual fashion – i.e. a report stating the action required, coupled with any supporting documentation. Once the decision has been reached a minute will be produced and will be presented to the next available meeting of the Board or Board Committee for approval.

1. SIGNIFICANT PAYMENT OVER £1M [FPP/25/34]

- 1.1 Members considered the report regarding the requirement to make a £34.9m payment on account “without prejudice” to His Majesty’s Revenue and Customs (HMRC) in respect of a Value Added Tax (VAT) assessment made by them relating to Microsoft 365. They commended the clarity of the report and confirmed they were content to approve the payment.

Decision: To approve, subject to final formal approval being received from Scottish Government (SG), a “without prejudice” payment on account of £34,876,620 be made to HMRC.



Chair
Chief Executive

Keith Redpath
Mary Morgan

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

Minutes

(Approved)

Board Services
Area 27
Gyle Square
1 South Gyle Crescent
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NHS NATIONAL SERVICES SCOTLAND STAFF GOVERNANCE COMMITTEE (SGC)

MINUTES OF MEETING HELD ON TUESDAY 3rd JUNE 2025, COMMENCING 0930 HOURS VIA TEAMS

Present:

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

In Attendance:

Serena Barnatt, Director of HR and Organisational Development
Rachel Kavish-Wheatley, Executive and Governance Manager
Kyle Clark-Hay, Associate Director of Corporate Governance
Lynn Morrow, Corporate Affairs and Compliance Manager
Matthew Neilson, Associate Director of Strategy, Performance and Communications [Item 7 – deputising for L MacLennan]
Aileen Stewart, Associate Director of HR
Lynsey Bailey, Board Services [Minutes]

Apologies:

Tam Hiddleston, Trade Union Representative
Louise MacLennan, Head of Equality, Engagement and Experience
Mary Morgan, Chief Executive

1. WELCOME AND INTRODUCTIONS

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

2. DECLARATIONS OF INTEREST

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



Chair
Chief Executive

Keith Redpath
Mary Morgan

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

3. MINUTES OF THE PREVIOUS MEETING HELD ON THURSDAY 6 MARCH 2025, AND MATTERS ARISING [SG/25/19 and SG/25/20]

3.1 Members considered the draft minutes from the previous meeting held on 6 March 2025 and agreed they were an accurate record of the meeting.

3.2 Members considered the action updates provided and agreed the actions recommended for closure. However, Members asked that going forward, more context was included around the completion of the actions on the action list.

Decision: To approve the minutes as an accurate record of the meeting

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

Action: To add more context to action completion notes– Board Services

4. FORWARD PROGRAMME [SG/25/21]

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

Decision: To approve the Staff Governance Committee Forward Programme.

5. SGC 2024/25 ANNUAL REPORT TO THE BOARD [SG/25/22]

5.1 Members discussed the report, which summarised the SGC's activities in 2024/25 and were content to approve it for presentation to the NSS Board.

Decision: To approve the report for presentation to the Board.

6. NSS FACILITY TIME PUBLICATION RELEASE 2024/2025 [SG/25/23]

6.1 Members were taken through the paper, which provided an overview of the amount and cost of Facility Time from 1 April 2024 to 31 March 2025. Members were taken through the process for collating this information and the improvements which had been introduced since the previous year. Members wished to record their thanks to all involved and agreed it was a good indication of the value in partnership working.

Decision: To approve the NSS Facility Time Publication Release for 2024/2025 to include as part of the NSS Annual Accounts Report and publish on the NSS website by the end of July 2025.

7. REFRESH OF THE EQUALITY IMPACT ASSESSMENT (EQIA) PROCESS [SG/25/24]

7.1 Members discussed the paper, which presented the refreshed Equality Impact Assessment (EQIA) process and documents. Members were given an overview of the background to the refresh, which aimed to make the process more user-friendly. Members asked about instances where trends might be emerging across multiple areas which may be missed when looking at individual EQIAs in isolation and were assured that analysis would be done in this respect.

Decision: To approve the refreshed EQIA process and documents.

8. NSS PARTNERSHIP FORUM [SG/25/25]

- 8.1 Members were given a brief overview of the recent Partnership Forum discussions and were pleased to note that it continued to be a constructive meeting.

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

9. NSS GREAT PLACE TO WORK PLAN - 2024/2025 YEAR END REPORT [SG/25/26]

- 9.1 The Associate Director of HR spoke to paper, which summarised the year end position on the NSS Great Place to Work Plan 2024/25, highlighting the elements which had been carried forward to the following year and the reasons for that. Members commended the report. Members sought and received clarification of how the Red/Amber/Green (RAG) status was being used in this report (mainly an indication of whether an objective/action was on track for completion). Members observed that there was variation across reports as to what a RAG status meant but were advised that work was in progress to address this. Members expressed their appreciation for all the work done to achieve the positive position being reported.

Decision: To note the year end position on the Great Place to Work Plan and accept the assurance provided in the report.

10. ANNUAL PEOPLE REPORT [SG/25/27]

- 10.1 The Director of HR and Organisational Development spoke to the paper, which covered all key issues around compliance with the Staff Governance Standard and best employment practice. Members welcomed the progress being made, acknowledging the amount of work that had gone into achieving this. They discussed the Whistleblowing training compliance, specifically the gap between the senior managers and regular staff which they were disappointed to see. Members were reminded of the recent changes to the delivery of senior manager training and advised that the work being done to reconcile training records was still ongoing. Members looked forward to seeing improvement on this in future reports.

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

11. STAFF RISKS [SG/25/28]

- 11.1 Members were taken through the highlights of the Staff Risk report, which provided details of the current position for corporate red and amber staff risks recorded on the NSS Risk Register as of 31 May 2025. This report reflected the recent discussions at the Board seminar on risk and Members were content to note the report and accept the assurance provided.

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

12. WHISTLEBLOWING QUARTERLY REPORT [SG/25/29]

- 12.1 Members welcomed the report which updated on NSS's performance for the fourth quarter of 2024/25 (January to March 2025), demonstrating performance against the key performance indicators as required by the Independent National Whistleblowing Officer.

Members were pleased to note that there had been no named concerns raised and received an update on the anonymous concern raised. This was currently undergoing investigation, the outcome of which would be brought forward in future reporting, The Associate Director of Corporate Governance also highlighted confidential contacts and work being done to address previous investigation outcomes. In respect of previous concerns raised, Members were keen to see evidence of closure through reporting and were assured that this was the intention, recognising that the closure of some actions involved longer-term work.

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

13. WHISTLEBLOWING ANNUAL REPORT [SG/25/30]

- 13.1 Members were taken through the annual report which summarised the quarterly reports presented throughout the year. Members wished to record their thanks to the Corporate Affairs and Compliance Manager, Nurse Directors, Confidential Contacts and A Langa for their work in this area. The report indicated NSS had a positive standing in terms of what it would continue to do around whistleblowing. Members suggested potentially reframing the iMatter question around confidence in raising concerns to try and catch any missing concerns. However, they recognised that the questions were set nationally so there was limited opportunity to influence from that perspective. An overview of the holistic approach being taken in respect of whistleblowing assured Members that creating a culture where all staff felt able to speak up was not being taken for granted.

Decision: To note and endorse the draft annual report for onward approval by the NSS Board.

14. NSS PAY GAP REPORT AND EQUAL PAY STATEMENT (2025) [SG/25/31]

- 14.1 Members noted the Pay Gap Report and Equal Pay Statement. Members briefly discussed the number of staff who had not disclosed their demographic information and how this could be addressed. They were assured that that NSS was looking at what could be done to help staff feel as comfortable as possible to disclose this information.

Decision: To note the NSS Pay Gap Report and Equal Pay Statement (2025).

15. NSS REMUNERATION COMMITTEE ANNUAL REPORT [SG/25/32]

- 15.1 Members noted the Remuneration Committee Annual Report and had no further comments.

Decision: To note the Remuneration Committee Annual Report

16. JOINT LOCAL NEGOTIATING COMMITTEE (JLNC) BRIEFING [SG/25/33]

- 16.1 Members noted the JLNC briefing. The Employee Director welcomed the inclusion of Discretionary Points on the agenda and offered to help with encouraging eligible staff to apply in the coming year.

Decision: To note the JLNC Briefing.

17. ANY OTHER BUSINESS

17.1 Members agreed there was no other competent business to discuss.

Meeting closed 1038hrs.

NHS National Services Scotland (NSS)

Meeting:	NSS Board
Meeting date:	Friday 26 September 2025
Title:	NSS NHS Delivery Implementation Board (NHSDIB) Update
Paper Number:	B/25/44
Responsible Executive/Non-Executive:	Kathryn Brechin, Director of Nursing
Report Author:	Kathryn Brechin, Director of Nursing Simon Fleming, Project Manager

1. Purpose

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

2. Recommendation

- 2.1 As NSS Director of Nursing, Senior Responsible Officer (SRO) and Chair of the NSS NHSD IB I am assured that the agreed scoping and planned activity by the group is aligned with the direction from Scottish Government (SG) and delivered within the agreed resource and internal capacity.
- 2.2 The NSS Board is recommended to:
 - 2.2.1 Note the update provided, reflecting the activity to date, current position and direction by Scottish Government
 - 2.2.3 Note the contribution, leadership and engagement of members with the Scottish Government led NHS Delivery Project Group work streams.
 - 2.2.4 Note there are now agreed processes in place for the review, approval and publication of NSS FAQs and joined NSS and National Education Scotland (NES) FAQs.

3. Executive Summary

- 3.1 The NSS NHSD IB was established in July 2025, with the first meeting held on 31.07.2025 and meets every two weeks. There is positive engagement from all members, and due to the volume of information, updates and discussion, the meetings have been extended to 90 minutes to provide capacity for the information sharing, engaging and collaboration required.
- 3.2 The NSS NHSD IB has oversight of the FAQ process, with members advising on responses prior to sign off by Chief Executive and Employee Director. The process is now established, with published communications updates for staff.
- 3.3 The NSS NHSD IB receives updates from the Scottish Government led NHS Delivery Project Group and from the NSS representatives on the relevant work streams.

3.3.1 Key updates from Scottish Government via the NHS Delivery Project Group:

Scottish government colleagues confirmed at the Programme Board on 9th September 2025 the legal provisions that will support the establishment of NHS Delivery. Ministers are in support of a phased legislative route, enabling the legal establishment of NHS Delivery by April 2026, whilst retaining the ability to explore further powers after April, including in relation to social care (which may necessitate primary legislation). This will involve:

- Affirmative secondary legislation to transfer NES functions to the Common Services Agency (CSA) and formally abolish NES.
- Amendments to the 1991 CSA Membership Regulations via the negative procedure, to align Ministerial powers over appointments with those for all other Health Boards (this should be viewed as a tidying up of the statute book).

Scottish Government has confirmed a single programme SRO, Gillian Russell, Director of Health Workforce.

3.3.2 Key updates from Work Streams from constituent members:

Updates are provided by all members with detail in appendix 1, however all workstreams noted renewed focus is to review planned activities in view of announcement of legal position to ensure delivery supports and aligns with the announcement from SRO and Delivery Group (DG).

- 3.4 In view of the announcement and confirmed legal process, Scottish Government has requested information from the 7 work streams to inform a critical path, noting key milestones to achieve delivery. A 'plan on a page' with draft critical path will be agreed by the project team on 18 September for submission and agreement by the Programme Board.
- 3.5 Scottish Ministers have received advice following feedback on the name NHS Delivery and have requested further work to be undertaken by the Engagement & Communications workstream to consider ahead of a public consultation.
- 3.6 The NSS NHSD IB has identified significant and ongoing risk with current and future capacity to undertake the work required to ensure successful establishment

of NHS delivery for 1 April 2025. This risk has been highlighted by the workstreams, and leads attending the NHS Delivery Project Group meeting Scottish Government has advised they will progress with a Gateway Zero review. It is anticipated that this help determine work and resources required to deliver programme, although will require input from staff in NSS and NES to assist with the review.

4. Impact Analysis

4.1 Quality and value

- 4.1.1 NHS Delivery is an essential part of the Scottish Government Health and Care Service Renewal Framework (2025) and aims to bring together critical capabilities to support the delivery of high-quality safe and person-centred services in Scotland.
- 4.1.2 As part of implementation the working assumption is that there will be no impact on clinical service, or service delivery, however a key role of the NSS NHSD IB is to remain alive to any activities or decisions that may impact of quality or patient care, either directly or indirectly as a consequence of the creation of NHS Delivery.

4.2 Equality and Diversity, including health inequalities

- 4.2.1 A National Equality Impact Assessment (EQIA) is expected from SG. When available, the NSS NHSD IB will undertake an EQIA screening assessment of the National EQIA to identify any additional risks or considerations that require action.

4.3 Data protection and information governance

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

5. Risk Assessment/Management

- 5.1 The NSS NHSD IB holds a risk and issues log which will be reviewed either at or following each meeting, as appropriate.
- 5.2 There are 4 high level risks captured within the implementation boards risk log;
 - Risk ID 823 – Capacity to support the project
 - Risk ID 828 – Staff feel uncertainty with the project
 - Risk ID 832 – Scope of work
 - Risk ID 833 – De-prioritisation of BAU

Further detail of the risks and associated actions is detailed in appendix 1.

6. Financial Implications

- 6.1 There is no financial implications directly associated with this paper at this

time; however, finance is a critical workstream and an interdependency across the programme. Any specific finance considerations will have the oversight of the finance workstream, and relevant Directors of Finance as members of these groups, and updates shared as appropriate.

- 6.2 As part of the work of NSS NHSD IB time and associated costs will be recorded and tracked, and the process for undertaking this tracking is in development. It is likely there will be costs associated with additional capacity required to deliver the project, however this is being escalated to the Scottish Government.

7. Workforce Implications

- 7.1 As noted previously there are capacity limitations for those staff involved in the NSS NHD IB and project work streams.
- 7.3 The NHSD IB has agreed an FAQ review process, and there is now an established flow of feedback to FAQs received for staff.
- 7.4 Following confirmation of the legal processes that will support the creation of the new organisation, we understand that NES staff will transition to the Common Services Agency, however further work is being undertaken by the People Work Stream (led by Scottish Government) to determine the process for staff transfer and to assess any impact and implications for staff in both NES and NSS.
- 7.5 There has been a number of FAQs received about potential voluntary redundancy and updates have confirmed there is a no compulsory redundancy policy in place, and currently no consideration of voluntary redundancy being offered. Staff are reminded, that if there are changes to roles, they will be supported through the Once for Scotland Organisational Change Policy.
- 7.6 It is important to ensure the wellbeing of staff within NSS and NES remains a priority as we navigate the establishment of a new organisation and the potential anxiety and uncertainty felt by individual staff members. The communications and engagement team in NSS and the project workstream are working to ensure accurate, and timely updates are available to staff.
- 7.7 An all-staff meeting is planned for 18 September 2025 to provide feedback and opportunity for staff to engage with the Board Chair, Chief Executive and members of the NHSD IB.

8. Climate Change and Environmental Sustainability Implications

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

9. Route to Meeting

- 9.1 This paper reflects the activities and engagement of the NSS NHSD IB and is a direct report to EMT. A version of this paper has been submitted for review, scrutiny and approval to EMT on 23.09.2025 and for information to the NSS Partnership Forum on 24.09.2025.

10. List of Appendices and/or Background Papers

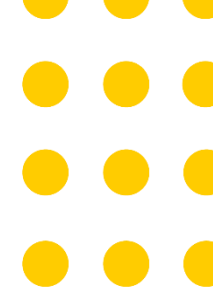
10.1 Appendix 1 – NSS NHSD IB Summary Update September 2025

NSS NHS Delivery Implementation Board - NSS Board update

26 September 2025



Summary Update - SG

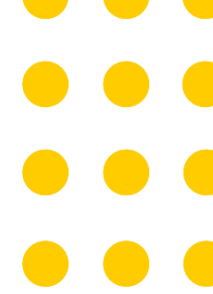


NHS Delivery Programme

- Ministers have confirmed an appetite for a phased legislative route, enabling Scottish Government (SG) to progress with the legal establishment of NHS Delivery by April 2026. This will involve: **Affirmative secondary legislation to transfer NES functions to the Common Services Agency (CSA)** and formally abolish National Education Scotland (NES), and **Amendments to the 1991 CSA Membership Regulations** via the negative procedure, to align Ministerial powers over appointments with those for all other Health Boards (this should be viewed as a tidying up of the statute book).
- SG expect to set out a timeline shortly to provide further clarity now that the Ministerial decision has been confirmed.
- Gillian Russell will take on the sole Senior Responsible Officer (SRO) for the wider programme
- Process for determining new set of naming options for new organisation being taken forward by Comms & Eng Workstream
- Next NHS Delivery Programme Board (NHSDPB) to take place on 01/10 with an aim to have confirmation at the meeting on:
 - Legislative process approved with public consultation to start early October
 - Final scope for Phase 1 (up until 01/04) for all workstreams approved
 - Clear critical path for programme agreed and approved

Summary Update - NSS

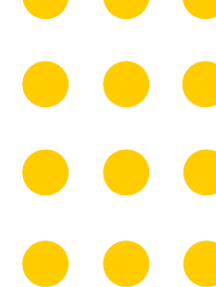
NSS NHS Delivery Implementation Board (NSS NHSD IB)



- **NSS NHSD IB established at the end of July** with meetings take place fortnightly from 31/07. A Terms of Reference has been agreed and there is representation from key colleagues from every programme workstream attending. Information and updates on delivery continue to be shared with support on cross-dependencies being impact NSS being discussed and actioned.
- **Joint FAQ Process agreed** with first set of Joint FAQs published on 29/08, with it now active and being run on a week-to-week basis *(will adapt and align to recommendations as they are made)*.
- NHS Delivery Communications Plan and Strategy in place with Teams in NES and NSS working closely. **NHS Delivery all staff event planned for NSS on 18/09.**
- Updates on key activity, priorities and actions for **7 key workstreams** established by Scottish Government and reported to the NHS Delivery Project Group form a core part of the fortnightly meetings to enable NSS collaboration, consultation & engagement.
- **Key Risks and issues** continuing to be developed and tracked for NSS as programme progresses. Highest rated risks (slide 6) sit with the **capacity to support the project** within the current tight timescales and the **de-prioritisation of BAU priorities** in order to support delivery of the wider programme.
- Subject Matter Experts (SMEs) in NSS to help with the progression of the necessary legislation through supporting the **review and completion of all required impact assessments**

'Day One' workstreams

Work streams reporting to NHS Delivery Project Group



Vision & Purpose

Defining the future ambitions and overall purpose of NHS Delivery

Legislative

Scoping, consulting on and drafting the legislation required to create NHS Delivery

Leadership & Governance

Appointing the leadership team for NHS Delivery as well as the creation of a governance framework

People

Delivering the technical and cultural aspects of transitioning NES and NSS staff into NHS Delivery

Finance

Establishing the necessary financial structures and controls to enable the effective functioning of NHS Delivery

Operational

Managing all activity required to support effective asset management, security, and contract management as part of the transition to NHS Delivery

Communications & Engagement

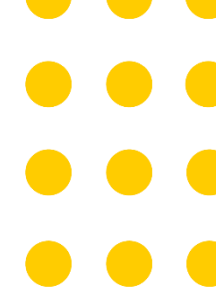
Managing and overseeing all communications needs and activity for the establishment of NHS Delivery

SG Led

NSS/NES Led

‘Day One’ workstreams

Work streams reporting to NHS Delivery Project Group

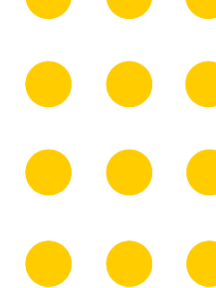


Work Stream	Key Updates
Vision & Purpose	SG sponsors / Lead Director's communications agreed and issued. Workstream membership and resourcing ongoing. Focus: confirmation from DG and ministers on scope, scale and timelines.
Legislative	Update as noted in slide 2 – confirmation of phased approach to the legislation establishing the new organisation, with phase 1 agreed through affirmative procedure to transition NES staff to the CSA and negative procedure to ensure ministers have the same powers to act within CSA as other NHS Boards.
Leadership & Governance	Group established with appropriate membership, project charts and assets agreed, and operating rhythm established. Key focus on activity to support public consultation, and phasing of staff consultation. Remit to include Board governance to the level of standing committees. Decisions required regarding the establishment of the new organisation's leadership structure. To agree a position regarding decision making for NES and NSS that will impact the new organisation in the interim period ahead of 1 April 2026.
People	Detailed delivery plan in development with target date 24.09.2025. Mapping interdependencies with other workstreams to understanding critical considerations, enablers and barriers. Understand current Board preparation, joint working and future requirements. Key dependency with L&G – to agree final position in relation to the assurance and oversight approach and audit trail for major decisions by NES and NSS, that have future impact.

**Except for Legislative, workstream updates reflect the position prior to the most recent announcement regarding the legal position*

‘Day One’ workstreams

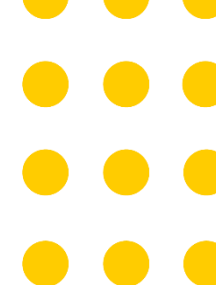
Work streams reporting to NHS Delivery Project Group



Work Stream	Key Updates
Finance	Work to review key financial requirements and phasing of critical activities underway to create key milestones and critical path. Critical links and support to estates activities. Work to review core assets for both organisations.
Operational <i>(meeting held 12.09.2025 – update reflects current position)</i>	<p>Subgroups / activities agreed:</p> <p>Digital (internal) – Assessment of requirements for D1 complete for presentation agreement at Project Group Meeting 24.09.2025</p> <p>Non-HR Policies – key activities, milestone, dependencies and risk identified – to be further developed based on legal position with delivery plan</p> <p>Estates – Following engagement with estates and finance, current position of assets noted and proposal with recommendations (as well as impact on other NHS Boards where applicable expected 22.09.2025 for review & scrutiny by workstream before submission to project group.</p> <p>Operational services – Initial scoping of service impact on delivery at D1 using (Red/Amber/Green) RAG approach – methodology agreed by work stream – NSS assessment underway & named lead for NES in place.</p> <p>Clinical & Education Governance – Additional sub work stream agreed by group to ensure impact of decisions considered and highlighted on clinical and education quality, safety and delivery. Recommendations to be developed for discussion 29.09.2025.</p>
Communications & Engagement	<p>Communications and Engagement Strategy issued to Programme Board on 09/09/25 for feedback and sign off. New joint FAQs published 28/08/2025. Further FAQs received being managed through the drafting and sign off process.</p> <p>Naming options work underway on behalf of the Programme Team for feedback. Scoping options/timing for staff/public consultation. Key focus: Aligning communications between Boards to ensure messages are consistent/coordinated.</p> <p>Aligning FAQs with updated information available.</p> <p>Considering the resource and requirements as set out in the Comms and Engagement Project Initiation Document (PID).</p>

**Except for Operational, workstream updates reflect the position prior to the most recent announcement regarding the legal position*

RED NSS risks



#823 – Capacity to support the Programme

Score - 16

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

Action Plan:

- Agreed roles and responsibilities
- Appointed and named workstream leads
- Backfill and funding provided where appropriate

#828 – NSS Staff feel uncertainty with the Programme

Score – 12

Risk: There is a risk that the uncertainty created by the project results in loss of key staff working on the Programme and wider teams impacting on ability to deliver the project, and the future skills, capability and capacity for the new organisation.

Action Plan:

- Early and ongoing stakeholder engagement as outlined in the Comms and Engagement Strategy

#832 – Scope of Work

Score - 15

Risk: There is a risk that lack of clarity in the scope of work and resource requirements may lead to misaligned expectations, inefficient resource allocation and delays in delivery.

Action Plan:

- Define and agree on scope and resource needs early in the programme
- Develop detailed scope document and ensure it is reviewed and signed off
- Regularly review projects resources and adjust accordingly

#833 – De-prioritisation of Business As Usual (BAU)

Score - 16

Risk: There is a risk that due to the lack of capacity and resources to support the delivery of the wider programme, BAU work will have to be de-prioritised and thus the potential for targets/plans to not be met for FY25/26.

Action Plan:

- Escalate what BAU work may be impacted
- Raise where resources need re-aligned and cost/effort for backfill