Freedom of Information (FOI): FOI2026-3506 – Annex A
Public Services Delivery Scotland (PSD Scotland)

1. Programme remit and status

Please provide the current commission, remit, service agreement, programme specification or equivalent document setting out:

- **the purpose and objectives of the NHS Board Development programme;**
- **the respective responsibilities of NES and the Scottish Government;**
- **the programme's governance and accountability arrangements; and**
- **how delivery and performance are reported.**

Purpose and objectives: The Board Development programme provides national and tailored support as part of support governance across NHS Scotland. It provides support with induction, Turas resources, masterclasses, mentoring and peer learning, support for board secretaries, aspiring chairs, and bespoke Board development.

Responsibilities: The Scottish Government commissioned PSD Scotland (previously NHS Education for Scotland) to deliver Board Development support to NHS Scotland Boards and sets out national priorities. PSD Scotland routinely engages with the Scottish Government, and others, on the contents of the programme. The commissioning relationship is evidenced by Scottish Government funding, allocation correspondence, and wider Annual Delivery Plan (ADP) arrangements. The following documents are attached:

- Annex B NES Board Development Funding letter 09 July 2024.
- Annex C Board Development 2026-27 Indication of Funding letter 07 May 2026.

Under section 38(1)(b) of the Freedom of Information (Scotland) Act 2002 (FOISA), personal information has been redacted.

Programme governance: The PSD Scotland Board governs the programme, to ensure that the programme delivers in line with the Annual Delivery Plan (ADP). NHS Scotland Boards remain responsible for their own governance and induction, appraisal and continuing development of their members. Information on funding arrangements can be seen in Annexes B and C. The Board Development Reference Group (BDRG), acts as a reference group for the work, and consists of Non-Executive Directors, Scottish Government representatives and others involved in governance. It provides a forum for advice on programme delivery, evidence, priorities and follow up. Its connections with the NHS Board Chairs Group and the Board Secretaries Group support consideration and sharing of relevant developments.

The NHS Scotland Blueprint for Good Governance (Second edition) and its covering Director Letter (DL(2022) 38, set expectations for all NHS Scotland Boards. Additional information about Board self-assessment and action planning, is available on the Board Governance site. Under Section 25 of the Freedom of Information (Scotland) Act 2002 (FOISA), this information is otherwise accessible, as linked. Individual NHS Scotland Boards remain accountable for applying the Blueprint and assessing their own governance arrangements. The Board Development Programme supports this wider framework by providing national learning,

Reporting of delivery and performance: The delivery of Scottish Government commissions is included as part of routine reporting against the organisation's ADP. The plan is discussed with the Scottish Government and the BDRG. Priority actions and evaluation findings are also shared with the Board Development Reference Group (BDRG), with the most recent report provided in Annex D Board Development Report. Under Section 38(1) of the FOISA, data of five and under have been redacted, as denoted by asterisks symbols. Secondary suppression has also been applied, where applicable. Individuals have a reasonable right that their personal information is not shared.

2. Mandatory, expected and optional learning

Please provide any current policy, guidance or recorded decision identifying which elements of national induction, e-learning, masterclasses or continuing development are:

- **mandatory;**
- **expected or strongly recommended; or**
- **optional**

for newly appointed and established NHS Board Non-Executive Directors.

PSD Scotland does not hold a formal written procedure identifying which elements of national induction, e-learning, masterclasses or continuing development are mandatory, expected, or optional within the Board Development Programme. Under Section 17(1) of the FOISA this information is not held.

The various support offered is optional and is to be used according to learning need. While it is not mandated, we strongly encourage non-executives to complete the modules, use our resources and take part in Masterclasses. We liaise with Chairs about this and they routinely pick this up through appraisals with their non-executives. However, we note that experienced non-executives may not require every module or support offer, dependant on their background, professional experience etc.

All new non-executives are expected to take part in a three-stage induction as set out in the following document: Induction Approach What NHS Non-Executive Directors can expect from induction. Under section 25 of the FOISA, this information is otherwise accessible, as linked. Local Boards may set additional expectations for their own members.

3. Participation and completion

Please provide any existing aggregate reports, dashboards or datasets showing participation or completion during the relevant period, including, where already recorded:

- **participation or completion by NHS Board;**
- **participation or completion by module, masterclass or development activity;**
- **participation by newly appointed and established Non-Executive Directors; and**
- **non-completion or incomplete participation.**

I am requesting aggregate information only. I do not require the names or personal learning records of individual Board members. I am not asking NES to create a new analysis if the information is not already held in the requested form.

The Board Development Report was produced in April 2026 as a programme performance and development report. This is attached as Annex D.

This report brings together information on delivery, participation. Turas analytics, evaluation findings, Board-level variation and proposed improvement priorities. This report was shared with the Board Development Reference Group (BDRG) at its meeting on 04 August 2026, for discussion and awareness, inviting advice on the evidence, future direction and follow up.

This report is dated April 2026, but the working copy includes later activity.

- The masterclass summary totals in this working copy have been updated by summing the ten existing session columns through to September 2026, including two September sessions.
- No new learner-level analysis or unique person breakdown has been created.
- The report includes completed programme activity and prospective sessions.
- The October 2026 entry records advance bookings, not actual attendance, and is excluded from the attendance totals.

The paper included participation and completion by module, masterclass, or development activity by NHS Scotland Board. This was broken down by percentage which shows overall completion rates.

PSD Scotland does not record participation by those newly appointed or established Non-executive Directors. It is possible this more detailed information is held at local board level. Under Section 17 of the FOISA this information is not held by PSD Scotland.

4. Monitoring and reporting

Please provide records showing:

- **how participation and completion are monitored;**
- **whether this information is reported to NHS Board Chairs, Board Secretaries, Scottish Government sponsorship teams or other national governance groups;**
- **whether Boards or Chairs are notified about non-participation or incomplete learning; and**
- **whether national or Board-level variation has been identified.**

How participation and completion are monitored: Participation is monitored through Turas learning records, attendance records for live events and other programme activities, and Turas site analytics. For the seven e-learning modules, records show whether each Non-Executive Director has completed or started a module. For masterclasses, mentoring, action learning, bespoke Board sessions and governance-team support, the programme records attendance or participation rather than formal completion. Turas analytics also record site use, page views and downloads. These sources are brought together in programme performance reports and Board-level engagement summaries.

There is not a formal recorded process in how participation and completion are monitored. Under Section 17 of the FOISA this information is not held by PSD Scotland.

Whether this information is reported to NHS Board Chairs, Board Secretaries Scottish Government sponsorship teams or other national governance groups: Board-level engagement summaries, identifying individuals, have been issued routinely to NHS Board Chairs and Board Secretaries and are intended to support local discussion and non-executive appraisal. Bi-annual reporting has been provided to Board secretaries, for example, e-Learning completion information to 31 March 2026, and masterclass attendance for the preceding six months.

Whether Boards or Chairs are notified about non-participation or incomplete learning: Programme-level activity, uptake, feedback and variation are reported to the Board Development Reference Group and discussed with Scottish Government sponsors, with relevant updates shared with the NHS Board Chairs Group.

Whether national or Board level variation has been identified: Records indicate that awareness, use of Turas and participation, vary across and within Boards. The updated April 2026 programme report identified Board-level variation, while noting that direct comparison is affected by Board size, appointments and local need. This information is detailed within Annex D.

5. Evaluation of effectiveness

Please provide evaluation reports, evaluation frameworks, findings papers or summary reports assessing the programme's effectiveness.
I am particularly interested in whether evaluation has examined:

- **changes in participants' knowledge, skills or confidence;**
- **the ability to understand and question Board data;**
- **the quality of scrutiny and constructive challenge;**
- **confidence in escalating unresolved concerns;**
- **the effectiveness of committee chairing;**
- **application of learning within Clinical Governance Committees or NHS Boards; and**
- **any effect on the quality of Board assurance or governance practice.**

Please distinguish, where possible, between measures of attendance or participant satisfaction and evaluation of learning, behaviour or organisational impact.

PSD Scotland holds standard evaluation questions, individual participant responses, programme performance reports and existing evaluation summaries for all individual activities, including masterclasses, national induction, mentoring, action learning, bespoke Board sessions, governance minute-taking and the Aspiring Chairs Programme.

It is not based on a single programme-wide evaluation framework and is weighted towards attendance, usage and participant feedback. PSD Scotland does not routinely assess governance performance; responsibility for wider governance, as oversight rests with the Scottish Government.

PSD Scotland does not hold a single programme-wide evaluation framework or comprehensive evaluation report assessing overall programme effectiveness against criteria detailed above. Under Section 17 of the FOISA this information is not held by PSD Scotland.

The most recent report on the programme is included in Annex D.

6. Appraisal and continuing development

Please provide any guidance or records describing how participation in the programme relates to:

- **the six-month appraisal of newly appointed Non-Executive Directors;**
- **continuing appraisal or personal development planning;**
- **the identification of individual or collective Board capability gaps; and**
- **action taken where development needs remain unresolved.**

The appraisal system for NHS Board Chairs and Non-Executive Directors is set by the Scottish Government. The Board Chair is responsible for Non-Executive appraisal, supported locally by the Board Secretary or the governance team.

PSD Scotland may provide or signpost development support within the programme but has no formal performance-management role.

PSD Scotland provides the national Non-Executive appraisal form, six-month appraisal support and related Turas resources. New Non-Executives are also contacted at six and 12 months by the Board Development Team and signposted to relevant learning and support. Appraisal is the route through which the Chair and the Non-Executive can review performance, identify learning needs and agree continuing development, including use of e-learning, masterclasses, mentoring, action learning or other support. Board-level engagement summaries are provided to Chairs and Board Secretaries and can inform appraisal discussions, although participation in the national programme is optional.

Individual development needs are identified and managed locally through appraisal and personal development planning. Where a development need remains unresolved, responsibility for follow-up rests with the Chair and the relevant NHS Scotland Board, with escalation to the Scottish Government where appropriate. PSD Scotland may provide or signpost development support, but has no formal performance-management or enforcement role.

Under Section 17 of the FOISA PSD Scotland does not hold any guidance or records relating to individual appraisal records or a central record of unresolved development needs or action taken by NHS Boards.

7. Clinical governance, data and effective challenge

Please provide the current course outlines, learning outcomes, curricula or programme descriptions for national development covering:

- **clinical governance;**
- **quality and safety assurance;**
- **Making Data Count or interpretation of Board performance data;**
- **effective questioning and constructive challenge;**
- **escalation of concerns;**
- **triangulation of different sources of assurance; and**
- **the role of Non-Executive Directors on Clinical Governance Committees.**

Where these materials are already publicly available, links to the current versions will be sufficient.

The below table describes which module, programme or curricula the above topics are captured within, if held.

Table 1: Responses to question seven.

Topic	Programme Descriptions
Clinical Governance	The May 2026 Clinical Governance Masterclass session plan, presentation and recording cover the purpose of clinical governance, Board accountability for quality and patient safety, the role of Clinical Governance Committees, assurance and escalation arrangements, deep dives, intelligence, culture and the practical contribution of Non-Executive Directors. A Clinical Governance Committee Chair induction pack was subsequently developed to support new committee Chairs.
Quality and Safety Assurance	
The role of non-executive directors on Clinical Governance committees	
Making Data Count or interpretation of Board performance data	The Active Governance programme, Making Data Count masterclass materials, Good Practice Integrated Performance Reporting examples, and the "Understanding and Interpreting Data for Good Governance" resources cover statistical process control, variation, clearer presentation and narrative, and using data to support scrutiny, assurance and Board action.
Effective questioning, constructive challenge and assurance	The Essential Learning Modules page provides access to the Effective Board Member, Effective Audit and Risk, Active Governance, Blueprint for Good Governance and related modules. These resources, together with Board Assurance Questions, Effective Use of Data Questions, Three Lines of Assurance, Three Lines of Assurance, assurance tools and Board-reporting guidance, cover the respective roles of executives and Non-Executives, evidence-based scrutiny, risk, assurance rather than reassurance, and effective challenge.
Escalation and triangulation	PSD Scotland does not hold separate standalone curricula specifically for escalation of concerns or triangulation of assurance. Under section 17(1) of the FOISA there is no separate curriculum held for those two topics.

Topic	Programme Descriptions
	These are addressed across the clinical governance, active governance, assurance, risk, whistleblowing and Board-reporting materials. They cover connecting committee scrutiny to the Board, recording and following through actions, escalating unresolved issues, and using performance, risk, audit, patient, staff, culture and other intelligence together rather than relying on a single source.

8. Identified gaps and improvement action

Please provide any programme reviews, risk reports, lessons-learned papers or improvement plans that identify:

- **gaps in the development or capability of NHS Board Non-Executive Directors;**
- **barriers to participation or completion;**
- **variation between NHS Boards;**
- **weaknesses in the available curriculum or evaluation arrangements; or**
- **planned improvements to the programme.**

The recorded information held within scope of this part of the request is provided within the attached Annex D, Board Development Report.

It identifies variation in engagement and module completion between NHS Scotland Boards; barriers including limited time, differing learning needs, awareness of the offer and difficulty navigating Turas; variable use of some resources; and limitations in the current evaluation approach, which is weighted towards uptake, attendance and participant feedback.

The paper also sets out the planned improvement actions. The report was produced prior to the Programme for Government publication in September 2026: Programme for Government - gov.scot and it is possible these plans will change over time.

Plans set out in the paper include a more integrated governance-improvement offer; targeting support using self-assessment, engagement information and wider governance evidence; shorter and more role-specific learning; improved Turas navigation and signposting; clearer intended outcomes and follow-up for masterclasses; stronger support for Board Secretaries and governance teams; and a more rigorous approach to tracking adoption, implementation and observable changes in governance practice.

Further relevant recorded discussion and actions are held in the Board Development Reference Group (BDRG) notes of 08 April 2026 and 04 August 2026. These include development needs around audit, risk and planning; follow up with Boards making less use of the programme; engagement with employee directors and stakeholder members; and sharing report-writing guidance. These two documents are attached:

- Annex E: note of 08 April 2026.
- Annex F: note of 04 August 2026.

Under Section 38(1) of the FOISA, personal information has been redacted. Information out-of-scope has been redacted.

There are no separate risk reports, lessons-learned papers or other improvement plans held by PSD Scotland. Under section 17(1) of FOISA this information is not held.