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Dear Colleagues

## FRAMEWORK DOCUMENT FOR NHS BOARDS

### Purpose of this DL

1. The purpose of this Directors Letter is to provide an updated Framework document for NHS Boards which sets out how the Scottish Government and territorial NHS Boards work together. Please be aware that this DL supersedes the previous DL (2024) 08 issued for this Framework document.
2. The main updates made to the Framework document include:
  - Updating Annex A to reflect the most recent Programme for Government.
  - Paragraphs 35-37 have been added to reflect the new NHS Scotland Executive Group.
  - Minor amendments have been made to wording and information throughout the document.
3. As Director-General Health and Social Care and Chief Executive of NHS Scotland, I am required, as Accountable Officer, to put a Framework document in place as set out in the [Accountability section of the Scottish Public Finance Manual](#).
4. The Framework document is hosted on the NHS Board Governance website Health Sponsorship page: [Health Sponsorship - NHS Scotland](#)

Yours sincerely

**Caroline Lamb**  
Director-General Health and Social Care

**From the Director-General Health and Social Care**

**DL (2025) 13**

29 May 2025

### Addresses

For action  
NHS Board Chief Executives

For information  
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**Framework Document for NHS Boards**  
**May 2025**

## Introduction and context

1. This Framework document (hereafter referred to as the *Framework*) sets out how the Scottish Government and NHS Boards work together. The [Director-General Health and Social Care](#) (who is also the Chief Executive of NHS Scotland) is required, as Portfolio Accountable Officer, to put a framework in place for each public body she sponsors, as set out in the [Accountability section of the Scottish Public Finance Manual](#). This is to ensure there is clear understanding of the respective responsibilities of the Portfolio Accountable Officer and the appointed Accountable Officer (Chief Executive) of the NHS Board, and the relationship between the Scottish Ministers / Scottish Government and the NHS Board.
2. The NHS Boards covered by the *Framework* are: NHS Ayrshire & Arran; NHS Borders; NHS Dumfries & Galloway; NHS Fife; NHS Forth Valley; NHS Grampian; NHS Greater Glasgow & Clyde; NHS Highland; NHS Lanarkshire; NHS Lothian; NHS Orkney; NHS Shetland; NHS Tayside; and NHS Western Isles.
3. NHS Boards and the Scottish Government will collaborate and co-operate to deliver safe, person-centred and effective care to the people of Scotland this collaboration and cooperation should drive progress towards the delivery of the four key priorities described in the [Programme for Government](#) in May 2025. These priorities are: growing the economy, eradicating child poverty, tackling the climate emergency, and ensuring high quality and sustainable public services.
4. The *Framework* will be subject to continuous review. Any proposal to amend the *Framework*, either by the Scottish Government or a territorial NHS Health Board, will be taken forward collaboratively, taking account of latest priorities and policy aims. The law takes precedence over any part of the *Framework*.
5. The *Framework* will support:
  - clear two-way communication between the organisations, supported by working arrangements that allow both parties to identify and alert the other to risks and potential areas of tension at an early stage;
  - a robust system for aligning the Scottish Government's priorities and the NHS Board's planning processes, which includes a view of the priorities and resources for the future;
  - improving the involvement of NHS Boards in the formulation of Scottish Government policy and decision-making, drawing from the NHS Boards' intelligence and evidence of the needs of the population they serve and the functions and services they are carrying out; and
  - the further strengthening of relationships based on openness, honesty, learning support and constructive challenge.

## **Relationship between the Scottish Ministers, Scottish Government and NHS Boards**

6. NHS Boards exercise, on behalf of Scottish Ministers, responsibilities in relation to planning, commissioning and delivering healthcare services, and take overall responsibility for the health and wellbeing of the populations they serve. This is underpinned by the Functions of the Health Boards (Scotland) Order 1991 (as amended), and other legislation. NHS Boards are discrete legal entities and legally accountable and responsible for how they carry out their functions, services, duties and responsibilities.
7. Scottish Ministers determine policy and are accountable to Parliament for policy decisions and actions of the Scottish Administration (which includes the Scottish Government). Scottish Ministers determine and approve Scottish Government policy. NHS Boards and Accountable Officers have a key role in the development and delivery of Scottish Government policy through carrying out their functions and services; and discharging their duties and responsibilities.
8. The Cabinet Secretary for Health and Social Care is accountable to the Scottish Parliament for the degree of independence that NHS Boards have. The Cabinet Secretary creates NHS boards, appoints board members, etc and is ultimately accountable for the performance of NHS Boards and the use of resources as agreed through the annual Budget (Scotland Act).
9. The Scottish Government's role is to carry out the Scottish Ministers' priorities. The Permanent Secretary is the most senior civil servant, and the "Principal Accountable Officer" under the [Public Finance & Accountability \(Scotland\) Act 2000](#). The Permanent Secretary designates the Director-General Health & Social Care / Chief Executive of NHS Scotland as "Portfolio Accountable Officer", and designates NHS Board chief executives as the "Accountable Officer" for their NHS Boards. Accountable Officers at all levels have personal responsibilities for the propriety and regularity of public finances, and ensuring resources are used economically, efficiently and effectively. Accountable Officers are to serve their NHS Boards. The NHS Board in turn is responsible to Parliament in respect of its actions and conduct. Accountable Officers may be called to give evidence before the Public Audit Committee. Board decisions should always comply with the law, including Ministerial directions (where provided for in statute), and Ministerial guidance and the objectives of the Scottish Government's Health & Social Care Directorates. Section 2(5) of the National Health Service (Scotland) Act 1978 gives Ministers the general power of direction to direct Boards on any function conferred on them under the Act. Given the different but related responsibilities that individuals and organisations have within the whole system, it is essential that the Scottish Government, Accountable Officers and the whole of NHS Scotland work together effectively.

10. NHS Board Chief Executives should assure themselves, that there are adequate and effective systems in place within the NHS Board, to discharge their general and specific responsibilities as Accountable Officer, as described in the [Memorandum to Accountable Officers](#). Chief Executives should use those systems to inform the work of the Executive Leadership Team and the Board, to ensure that the Board has the right information, advice and support to facilitate the Board carrying out its role, as described in the [Blueprint for Good Governance](#). Doing so will facilitate organisational success, and properly inform the ongoing relationship between the Chief Executive and other NHS Chief Executives and the Scottish Government. Those systems will also inform any engagement that NHS Board Chairs may have with other Board Chairs and the Cabinet Secretary.

### **Scottish Government Strategic Ambition**

11. Annex A summarises the key legal reporting duties of NHS Boards, aligning them to the four main priorities of the [Scottish Government's Programme for Government](#):
- growing our economy
  - eradicating child poverty
  - tackling the climate emergency
  - ensuring high quality and sustainable public services
12. Chief Executives should ensure that these reporting duties are carried out, and the information is published and easily accessible on their Board's website. Chief Executives should inform Health Sponsorship where the reports can be found. If Chief Executives consider that any publication is particularly relevant to the application of the Framework and system-wide learning, they can inform the Health Sponsorship Unit ([HealthSponsorship@gov.scot](mailto:HealthSponsorship@gov.scot)).

### **Governance and Accountability**

13. The Scottish Government published the second edition of [The Blueprint for Good Governance in NHS Scotland](#) on 23 December 2022 (through DL (2022) 38). The *Blueprint* sets out what good governance is and how it operates in the NHS in Scotland; including the respective roles of Boards, Board members, the Executive Leadership Team, and the Scottish Government. Rather than repeat the content, Boards should refer to the *Blueprint*, as required and where highlighted.
14. The *Blueprint* highlights the need for NHS Boards to adopt both active and collaborative approaches to governance. Ownership of the *Blueprint for Good Governance* rests with the Scottish Government, and accountability for

reviewing and refreshing the healthcare model sits with the NHS Scotland Chief Operating Officer.

15. To ensure that good governance is being delivered across NHS Scotland in a consistent manner, the Directorate for Chief Operating Officer, NHS Scotland works with NHS Boards to achieve continuous improvement in their governance arrangements. This includes commissioning and approving national induction and training & development material on governance in healthcare, which NHS Education for Scotland and other providers deliver.
16. The Scottish Government also supports this continuous improvement approach by providing advice and guidance to NHS Boards on specific governance issues. The [NHS Scotland Health Board Governance Website](#) contains valuable information to support Board Members in delivering their roles and responsibilities.

## **Staff Governance**

17. [Section 12I of the National Service \(Scotland\) Act 1978](#) requires NHS Boards to carry out a duty in relation to the governance of staff. In practice, this means implementing the requirements of the [Staff Governance Standard](#). Section 5 of the standard summarises the roles and responsibilities of Scottish Government partnership forums and NHS Boards in implementing the standard. Information from a range of sources informs this work and NHS Boards have the flexibility to agree and set their own priorities. The [Scottish Workforce and Staff Governance Committee \(SWAG\)](#) reviews performance on behalf of the [Scottish Partnership Forum \(SPF\)](#).
18. The following websites contain key information to support good staff governance:
  - [Home — NHS Scotland Staff Governance](#)
  - [NHS Workforce Policies | NHS Scotland](#)
  - [MSG | Management Steering Group \(scot.nhs.uk\)](#)

## **Clinical Governance**

19. NHS Boards have a duty to put and keep in place arrangements to monitor and improve the quality of care they provide to individuals. All boards will have established a clinical (or healthcare) governance committee to oversee clinical governance, rather than deliver it. [NHS Management Executive Letter \(2000\) 29](#) set out four roles explaining how clinical governance is carried out in practice:
  - **Overseeing Role** - Clinical Governance Committee

- **Delivering Role** - The responsibility for the delivery of clinical governance, and safe, person-centred, effective care, rests with the Chief Executive.
- **Supporting Role** - Staff employed in roles underpinning clinical governance, such as those involved in clinical effectiveness, audit, complaints handling, and risk management.
- **Practising Role** - Clinical and support staff.

20. Ensuring that the voices of people who use healthcare services are heard and can influence the design and delivery of healthcare services is a priority for the Scottish Government. Meaningful engagement matters as it leads to high quality, safe services that are person-centred. Each NHS Board is committed to improving the services it provides, and Scottish Government expects NHS Boards to listen to, and take account of, feedback from people about their experience of care.

21. The topic of clinical governance and quality improvement has evolved significantly since clinical governance committees were introduced into NHS Scotland. Further information is available at:

- [Health and Social Care](#)
- [Improvement and implementation support](#)

## Information Governance & Management

22. NHS Boards are required to prepare a '[records management plan](#)' and present it to the Keeper of the Records of Scotland. The benefits include:

- increase efficiency and effectiveness, delivering savings in administration costs;
- improve and develop service delivery;
- achieve business objectives and targets;
- ensure compliance with the Public Records (Scotland) Act 2011 and other legislative requirements, standards and codes of conduct;
- support transparency and open government;
- underpin business resilience.

23. NHS Boards should at all times adhere to their obligations under the [NHS Scotland Code of Practice – Protecting Patients Confidentiality](#) and [Records management code of practice for health and social care \(scot.nhs.uk\)](#).

24. NHS Boards are required to comply with the [Freedom of Information \(Scotland\) Act 2002](#) and the [Environmental Information \(Scotland\) Regulations 2004](#). These are key to the principles of openness and



transparency. The Scottish Government has published two Codes of Practice relevant to this law:

- [Section 60 Code of Practice: Best Practice Guidance on Discharging Functions under the FOI Act and Environmental Information Regulations](#).
- [Section 61 Code of Practice: Records Management](#)

25. Further information is available on the Scottish Information Commissioner's website:

- [Duties under Freedom of Information law](#)

26. The NHS Board should ensure that it has a clear understanding of the key national and local risks, threats and hazards it may face in the personnel, physical and cyber domains, and take action to ensure appropriate organisational resilience arrangements are in place and reviewed regularly. The approach should be in line with the UK National Security Risks Assessment and Scottish Risk Assessment and published guidance including [Business Continuity: Strategic Guidance for NHS Health Boards in Scotland \(November 2023\)](#), [Preparing for Emergencies: Guidance for Health Boards in Scotland \(November 2023\)](#), and [National Incident Response Levels: guidance for health boards in Scotland](#)

27. All NHS Boards are considered to be Operators of Essential Services and must comply with the [Network and Information Systems Regulations 2018](#). These regulations cover managing security risk, defending systems against cyber-attack, detecting cyber security events and minimising the impact of cyber security incidents. Compliance includes reporting improvements to resilience and capabilities to the [Scottish Health Competent Authority](#) (SHCA) through Network and Information (NIS) regulatory audits. In doing so, the SHCA is able to monitor continual improvements by Boards against the Scottish Public Sector Cyber Resilience Framework.

28. A range of useful resources setting out the requirements and guidance for information assurance and cybersecurity are available on the Digital Healthcare Scotland website: [About Us - Digital Healthcare Scotland \(digihealthcare.scot\)](#). The National Cyber Security Centre has published a [Cyber Governance Code of Practice](#).

29. NHS Board Chief Executives should demonstrate leadership and commitment with respect to information security management by ensuring that the Board-level information security policy, security objectives and Information Security Management System (ISMS) are established and are compatible with the strategic direction of both the organisation and NHS Scotland as a whole. This includes assigning the role of Senior Information Risk Owner (SIRO) at executive level to ensure measures in the frameworks described are undertaken and performance on the ISMS is reported to the management



board at regular intervals. The responsibilities of the SIRO are established in the SIRO Manual: [Introduction-to-Risk-Management-for-SIROs-and-IAOs-Workbook](#)

## **Sponsorship management**

30. The NHS Scotland Chief Operating Officer and Deputy Chief Operating Officers have responsibility for overseeing and ensuring effective sponsorship management between Scottish Government and NHS Boards. The Chief Operating Officer is answerable to the Director-General Health & Social Care / Chief Executive of NHS Scotland. The Chief Operating Officer and Deputy Chief Operating Officers will be responsible for maintaining and developing positive relationships characterised by openness, trust, respect and mutual support.
31. The Chief Operating Officer and Deputy Chief Operating Officers will work closely with NHS Board Chief Executives to promote the co-operation of NHS Boards in order to plan and provide services to secure and advance the health of the people of Scotland. The Chief Operating Officer can create groups to facilitate this goal.
32. The Chief Operating Officer has established a Health Sponsorship Unit who will support the effective sponsorship management between Scottish Government and NHS Boards. The specific responsibilities of the Health Sponsorship Unit are:
  - develop, maintain and strengthen relationships and communications with NHS Boards to support progress towards delivery of the Government's four key priorities;
  - provide support to the Deputy Chief Operating Officers and Chief Operating Officer by providing timely and relevant information to enable them to carry out their role;
  - management of the Ministerial Annual Review process as a focal point for public accountability, including formally writing to the NHS Board setting out the key areas covered and agreed actions;
  - utilising data and intelligence gathered via the [Creating Insights from Data programme](#), including the Whole System & Winter Dashboard, to provide advice and briefing for the Chief Operating Officer on NHS Board performance.
33. If you require access to the Whole System & Winter Dashboard, please send a request to: [nss.neartimedata@nhs.scot](mailto:nss.neartimedata@nhs.scot)
34. As part of the overall sponsorship relationship with NHS Boards, other Scottish Government Health and Social Care Policy leads and budget holders may have direct relationships with NHS Boards in relation to specific

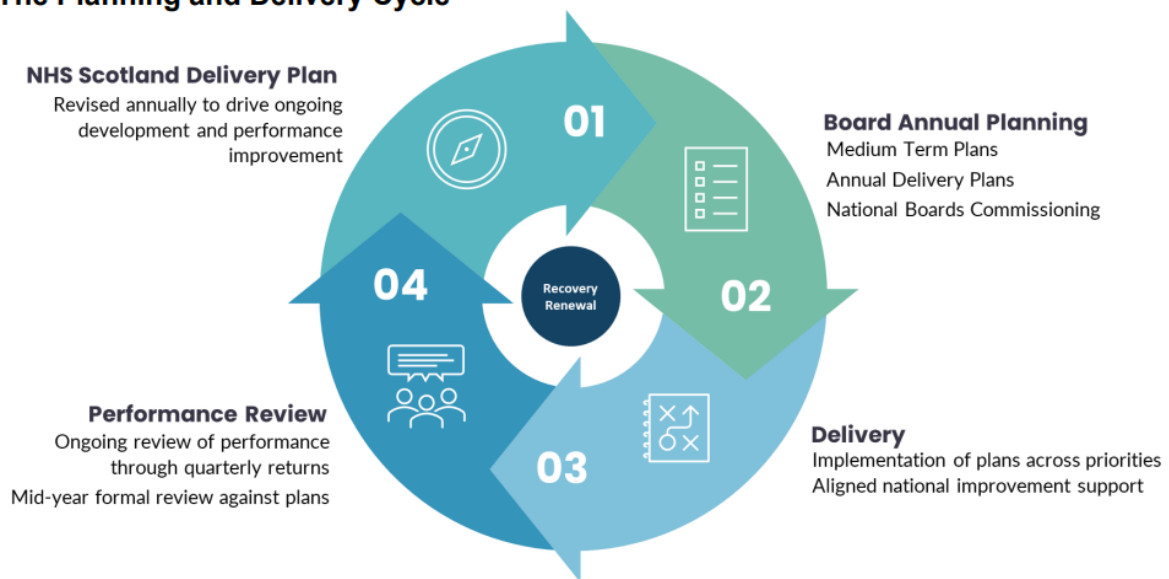
programmes of work, projects and policy areas. This includes meetings of the Chief Executives' Group, Directors of Finance, HR Directors, Directors of Planning, etc. The primary sponsorship mechanism will be the day to day working relationship between the Health Sponsorship Unit and NHS Boards. In addition to the work of the Health Sponsorship Unit, there will be scheduled Mid-Year and Annual Reviews.

35. While NHS Boards are discrete legal entities and accountable and responsible for how they carry out their functions and services, the NHS Scotland Executive Group has been created to support boards and our senior leaders to work cooperatively both regionally and nationally.
36. The NHS Scotland Executive Group is jointly Chaired by the Director General/Chief Executive for NHS Scotland or Chief Operating Officer and the Chair or Vice Chair of the NHS Chief Executives Group, with meetings running on a 6 week cycle.
37. Items brought to the NHS Scotland Executive Group are joint owned by Scottish Government and NHS Scotland Chief Executives and together the group will make decisions and recommendations to the affected boards on what services should be delivered over more than one health board area.
38. The Chief Operating Officer will ensure Scottish Government Health and Social Care Policy Leads and budget holders will liaise with the Health Sponsorship Unit and NHS Boards early on in any legislation or policy development cycle in order that any implications for all parties can be understood and next steps mutually agreed. The relevant Scottish Government Health and Social Care Policy Leads will advise NHS Boards colleagues on how best to engage with the policy development process.

## Planning and Delivery

39. The Planning and Delivery Cycle, outlined in the visual below, summarises the ongoing collaborative process between Scottish Government and NHS Boards to support planning and delivery of priorities:

### The Planning and Delivery Cycle



**Scottish Government Delivery Planning Guidance issues to Boards - End of November**

**Health Boards submit draft plans to Scottish Government for Review - End of February**

**Scottish Government confirms to Boards they are content with Delivery Plans - April**

**Quarterly review of performance - July; October; January; April (approx.)**

40. This responsive planning and delivery cycle supports NHS Boards to develop their planning assumptions and intelligence, based on whole-system capacity and capability insight. Annually updated Delivery Plans are a key component of NHS Board annual planning and form the basis of the working relationship between Scottish Government and the NHS Board. The NHS Board should set out in detail through the Delivery Plans what the Board will achieve with regard expected levels of operational performance, particularly in relation to patient waiting times.

## Delivering Planned Services

41. NHS Boards carry out functions and services on behalf of Scottish Ministers. The law does not specifically identify which health care services each Board

directly delivers in practice. In this context it won't be practical for every Board to directly deliver the same services. Issues such as geography, physical location, availability of workforce and facilities, and the need to access specialist expertise, may lead to arrangements where one Board is delivering services on behalf of other Boards to ensure there is a sustainable solution in place. For clinical services, this will be most relevant in areas of secondary and tertiary care. NHS Boards also carry-out non-clinical / support functions for other Boards, for example, payroll, recruitment, etc.

42. Health care services could be delivered in a number of ways, for example:

- On a cross-boundary basis. This can mean services provided by one health board to more than one health board area.
- For integration functions, services provided over several local authority areas to carry out the strategic plans of more than one integration authority.
- Nationally commissioned services, such as liver transplantation and paediatric heart transplants.

43. Regardless of why a Board is carrying out a particular service, the Accountable Officer of the delivering Board has to apply their duties to those services as summarised in the [Memorandum to Accountable Officers](#). This will ensure that there is a single point of accountability for the delivery of such services.

44. If you have any queries regarding NHS Board Planning and Delivery, please contact: [dcoohealthplanning@gov.scot](mailto:dcoohealthplanning@gov.scot).

## **Service Change**

45. NHS Boards have a statutory duty to involve people and communities in the planning and development of care services, and in decisions that will significantly affect how services are run. The Scottish Government and COSLA have produced national [guidance](#) which sets out the process that NHS Boards and Integration Joint Boards should follow when they are involving people in decisions about local services.

46. When an NHS Board proposes *any* service change, it should work with Healthcare Improvement Scotland (HIS), to ensure that people and communities potentially affected have the information and support they need to play a full part in the consultation process. Where appropriate, they should collaborate in the delivery of these duties. NHS Boards will continue to make most decisions about the services that should be delivered locally. The outcome of community engagement and other relevant information must inform these decisions. HIS provides [a range of information and support](#) to NHS Boards on public engagement elements of all service change; as noted,

the vast majority is non-major, so does not directly involve Scottish Ministers.

## **Major Service Change**

47. There is an established process for proposed major service change in the NHS, as set out in sections 5.3 and 5.4 of the [Planning with People](#) guidance. All proposals for major service change must be subject to at least three months of formal public consultation; and, ultimately, to Ministerial approval.
48. HIS play a key role in working with Boards to identify potential major change (template on their site [here](#)). NHS Boards should contact HIS at the outset for preliminary discussions on the approach. NHS Boards can categorise proposals as major service change themselves and then follow the established process. HIS will offer the Board a view based on the completed template and associated discussions. In the absence of an agreed consensus between the NHS Board and HIS on whether specific proposals constitute major change, the NHS Board should seek a final decision from the Scottish Government.
49. In confirmed cases of major change, NHS Boards should not move to consultation until HIS has agreed that the engagement up to that point has been in accordance with the national guidance. HIS is required to quality assure the public consultation aspects of the major change process and so can provide advice on the nature and extent of the process being considered.
50. Following the public consultation, a full meeting of the NHS Board will consider the proposal/s and reach a decision. A range of information, including responses to the consultation and a report from HIS on the consultation process, will help inform the Board's decision. For information, HIS reports for previous major change examples can be found [here](#). Following the Board's decision, the major service change proposal must be submitted to Scottish Ministers for final approval. Ministers will take all the available information and representations into account, including the HIS report. The proposals may be approved or rejected by Scottish Ministers. Where appropriate, Ministers may also instruct the relevant NHS Board to conduct further engagement activity. Once Scottish Ministers have concluded their considerations, they will write to the Board to set this out and Parliament will also be notified. The Board can then be formally assured on the outcome of Ministers' considerations and agree the next steps. Any further advice on Scottish Ministers' role in this process can be sought via: [healthsponsorship@gov.scot](mailto:healthsponsorship@gov.scot).

## **Performance management**

51. In order to ensure high quality, continuously improving health and social care in Scotland, it is important to strike the right balance between improvement,

performance management and scrutiny. The Scottish Government will undertake monitoring of progress reporting against NHS Board Delivery Plans to support ministerial and executive level discussions with Boards on performance. These discussions will take place through at least two whole-system planning and delivery meetings per year with the Chief Operating Officer and Deputy Chief Operating Officers.

52. The [NHS Scotland Support and Intervention Framework](#) is one of the key elements of the Scottish Government's evidence-based approach to monitoring performance across NHS Scotland. A copy of the Framework is available on the [Board Governance website](#). Please refer to the section of the Framework: *Stages of Support and Intervention in practice*, which will be helpful in explaining what escalation means in practice for NHS Boards who are escalated at stages 2 or above on the Framework. A listing of NHS Boards who are escalated on the Framework is here: [NHS Scotland: support and intervention framework - gov.scot](#)

53. NHS Boards should provide data as required to [Public Health Scotland](#) as the official statistics producer of statistics across Health and Social Care.

### **Integration of Health & Social Care: Strategic Planning and Performance**

54. [Public Bodies \(Joint Working\) \(Scotland\) Act 2014](#) requires NHS Boards, and the local authorities in their area, to develop an integration scheme for each local authority area. The scheme creates an "integration authority" for the local authority area.

55. The NHS Boards and local authorities are primarily responsible in law for their functions and services, but the 2014 Act requires them to 'delegate' some of their functions to integration authorities. Regulations set out which functions the bodies 'must' delegate, and those which they may delegate. The delegated functions are the 'integration functions' for the integration authority.

56. The 2014 Act gives NHS Boards and local authorities a choice regarding the type of integration authority they may use. The integration authority can also cover more than one local authority area. The two types of integration authority are:

1. A lead agency model.
2. Integration Joint Board (IJB). This involves creating a new distinct legal entity, which is established by order under section 9 of the Public Bodies (Joint Working) (Scotland) Act 2014.

57. Once an integration authority is established, its role is to carry out the strategic planning of those integration functions, and issue directions to the NHS Board and local authority to carry them out.

58. The 2014 Act gives the NHS Boards and local authorities certain duties and powers:

- in certain circumstances, where an integration joint board exists, the NHS Board and local authority can jointly direct the integration joint board to prepare a replacement strategic plan.
- they are required to periodically review the integration schemes, and either party may request a review of the scheme at any time.
- the NHS Board and local authority revising the integration model as part of a review. This means an integration joint board could be replaced with a form of a lead agency, or vice versa.

59. The 2014 Act gives the NHS Board choices, and the NHS Board is ultimately accountable to Scottish Ministers as to how it exercises those choices. If the integration arrangements are not having the desired impact on the relevant functions & services and outcomes, then NHS Boards should take appropriate action.

60. The NHS Board's system of governance should provide it assurance that the system of integration is operating effectively. This includes getting assurance through the Board's system of governance that:

- the NHS Board provides information that the integration authority requires to prepare its strategic plan and any subsequent directions.
- the NHS Board receives a copy of the strategic plan.
- the NHS Board receives the integration authority's annual financial statement (which it must publish under Section 39 of the 2014 Act), which sets out the amount that the integration authority intends to spend to implement the strategic plan. The NHS Board should incorporate the annual financial statement into its own financial planning processes.
- the NHS Board has a system to receive and account for all directions from integration authorities, and assure itself that the Board is implementing those directions.
- the NHS Board's performance management system allows it to monitor the impact of the directions on the performance of the relevant integration functions, and the NHS Board's overall performance.
- the NHS Board is providing information that the integration authority may require for its own performance management requirements, and for the integration authority to prepare its annual performance report (Section 42 of the 2014 Act).
- the NHS Board receives a copy of the integration authority's annual performance report, and uses this within its own systems for planning and performance management.



61. NHS Boards and integration authorities are required to produce annual accounts. NHS Boards should provide integration authorities with the information they require for this purpose, and follow the NHS Board Annual Accounts Manual which is published by the Scottish Government Health & Social Care Directorates.

## **Financial Management**

62. Annex B identifies the relevant guidance NHS Boards are required to follow to apply the Scottish Public Finance Manual (SPFM) in the NHS. The Scottish Government translates the application of the SPFM to the NHS through specific Government circulars and detailed guidance/ frameworks/ instructions.

## **Risk management**

63. Risk management is an integral part of the active and collaborative approaches to delivering good governance in the NHS. This is set out in [Annex B of the Blueprint for Good Governance](#)

## **Communications**

64. Clear and effective communication channels between NHS Boards and Scottish Government on emerging risks/issues are integral to effective sponsorship relationships. The general approach in determining such interactions should be a local judgement of the most senior Board staff whilst respecting Boards' own operational space and governance arrangements.

65. The following schedule details the communication channel on emerging risks / issues between NHS Boards and Scottish Government:

- in the first instance, all key *routine* subject matter and reporting from NHS Boards should be in line with any instruction or guidance from the Scottish Government.
- Reporting of urgent local issues/risks that the NHS Board wish to raise should be done via SBAR wherever possible to relevant SG policy contacts, and signed off at Board Director level; copied to the Health Sponsorship Unit mailbox ([HealthSponsorship@gov.scot](mailto:HealthSponsorship@gov.scot)). The Health Sponsorship Unit will maintain an up-to-date list of policy contacts – please see Annex C for the latest list.
- Emergency or major incidents (e.g. power failure or flooding which impact the delivery of services) should be considered against established [Scottish Government Emergency Preparedness, Resilience and Response \(EPRR\)](#) processes (as detailed in paragraph 26 above) .

- Board Chief Executives and Directors can of course still raise the most urgent and/or sensitive issues directly via their Scottish Government senior/accountable officer counterparts, e.g. DG Health and Social Care /Chief Executive NHS Scotland, Chief Operating Officer NHS Scotland, etc. but must ensure the appropriate process noted above is pursued in parallel.

**This document has three supporting annexes:**

**Annex A - Key legal reporting requirements**

**Annex B - Financial Management**

**Annex C - List of policy contacts**

*This document will next be reviewed in November 2026.*



## **Framework Document for NHS Boards**

### **Document Annexes**

#### **ANNEX A – Key legal reporting requirements**

**May 2025**

## Annex A – Key legal reporting requirements, Framework Document for NHS Boards

<b>Growing Our Economy</b>				
No.	Purpose	Legal Reference	Relevant Guidance	Date of Last Change
1.	<b>Promoting and Increasing Sustainable Economic Growth</b>  Public bodies (listed in the Act) must publish a statement of the steps it has taken during the financial year to promote and increase sustainable economic growth through the exercise of its functions. The statement should be published as soon as is reasonably practical after the end of the financial year.	<a href="#">Section 32 (1) (a) of the Public Services Reform (Scotland) Act 2010</a>	<a href="#">Duties on public bodies to provide information: guidance - gov.scot</a>	19/12/23
2.	<b>Improving Efficiency, Effectiveness and Economy</b>  Health boards must publish a statement of the steps it has taken during the financial year to improve efficiency, effectiveness, and economy in the exercise of its functions. The statement should be published as soon as is reasonably practical after the end of the financial year.	<a href="#">Section 32 (1) (b) of the Public Services Reform (Scotland) Act 2010</a>	<a href="#">Duties on public bodies to provide information: guidance - gov.scot</a>	19/12/23
3.	<b>Gaelic Language</b>  Bòrd na Gàidhlig may give notice to any relevant public authority requiring the authority to prepare a Gaelic Language Plan. Once the Bòrd has approved the Plan, it may monitor its implementation. The public authority is required to periodically review the plan.  Currently NHS Highland and NHS Western Isles are the only territorial NHS Boards required to have a Gaelic Language Plan. The Scottish Ambulance Service also must have a plan.	<a href="#">Gaelic Language (Scotland) Act 2005 (legislation.gov.uk)</a>	<a href="#">Gaelic Language Plans – Bòrd na Gàidhlig (gaidhlig.scot)</a>	7/3/24
4.	<b>Good Procurement Practice</b>  All health boards are required follow the 2014 Act and associated regulations. This includes having a procurement strategy are to produce an annual report on regulated procurement activity after the end of the financial year.	<a href="#">Procurement Reform (Scotland) Act 2014.</a>  <a href="#">The Public Contracts (Scotland) Regulations 2015</a>	<a href="#">Procurement Reform (Scotland) Act 2014: statutory guidance - gov.scot (www.gov.scot)</a>  <a href="#">Procurement benefits reporting: guidance - gov.scot</a>	13/01/25

## Annex A – Key legal reporting requirements, Framework Document for NHS Boards

<b><u>Growing Our Economy</u></b>				
No.	Purpose	Legal Reference	Relevant Guidance	Date of Last Change
5.	<p><b>Right for community bodies to request the transfer of land and buildings from a range of public bodies</b></p> <p>The Act and the regulations require health boards to publish decision notices for each asset transfer request, as well as an annual report on asset transfer requests.</p> <p>Health boards must also maintain and publish a register of land (under Section 94 of the Act).</p>	<ul style="list-style-type: none"> <li>• <a href="#">Part 5 of the Community Empowerment (Scotland) Act 2015</a></li> <li>• <a href="#">Asset transfer: legislative regulations</a></li> <li>• <a href="#">Community Empowerment (Registers of Land) (Scotland) Regulations 2016</a></li> </ul>	<a href="#">Asset transfer - Community empowerment - gov.scot</a>	19/12/23

## Annex A – Key legal reporting requirements, Framework Document for NHS Boards

<b><u>Eradicating Child Poverty</u></b>				
No.	Purpose	Legal Reference	Relevant Guidance	Date of Last Change
1.	<b>Tackling Child Poverty</b>  A local authority and each relevant health board must annually after the end of each reporting year, jointly prepare and publish a local child poverty action report.	<a href="#">Section 13 of the Child Poverty (Scotland) Act 2017</a>	<a href="#">Child poverty - Poverty and social justice - gov.scot (www.gov.scot)</a>  <a href="#">Developing a local child poverty action report: guidance (6 December 2022)</a>	19/12/23
2.	<b>Tackling Poverty</b>  When making a 'strategic decision' health boards must actively consider how they can reduce inequalities of outcome caused by socio-economic inequalities. This should happen well before a decision is made and it should influence that decision.  The health board is required to publish the assessment for each strategic assessment, or a statement explaining that the decision is not 'strategic' and assessment isn't required.	<a href="#">Part 1 of the Equality Act 2010.</a>	<a href="#">Fairer Scotland Duty: statutory guidance for public bodies (last update 19 August 2022)</a>  <a href="#">Fairer Scotland Duty   Improvement Service</a>	19/12/23
3.	<b>Community Planning for a local authority area</b>  Health boards are community planning partners, and are required to carry out community planning with local authorities and other community planning partners.  <a href="#">Section 5 of the Act</a> says that a community planning partnership must act with a view to reducing socio-economic inequalities, unless the partnership agrees that it would be inappropriate to do so.  Community Planning Partnerships will have a Local Outcome Improvement Plan and at least one locality plan.	<a href="#">Part 2 of Community Empowerment (Scotland) Act 2015</a>	<a href="#">Community planning - Improving public services - gov.scot (www.gov.scot)</a>	19/12/23
4.	<b>Advancing Equality through carrying out the Public Sector Equality Duty</b>  The Public Sector Equality Duty exists to address these needs:	<a href="#">Part 11 of the Equality Act 2010</a>	<a href="#">The Public Sector Equality Duty (PSED)   EHRC (equalityhumanrights.com)</a>	19/12/23

## Annex A – Key legal reporting requirements, Framework Document for NHS Boards

<b><u>Eradicating Child Poverty</u></b>				
No.	Purpose	Legal Reference	Relevant Guidance	Date of Last Change
	<ul style="list-style-type: none"> <li>Eliminate unlawful discrimination, harassment and victimisation and other conduct prohibited by the Act.</li> <li>Advance equality of opportunity between people who share a protected characteristic and those who do not.</li> <li>Foster good relations between people who share a protected characteristic and those who do not.</li> </ul> <p>The 'specific duties' regulations require health boards to publish a wide range of information.</p>	<a href="#">The Equality Act 2010 (Specific Duties) (Scotland) Regulations 2012 as amended</a>	<a href="#">Technical Guidance on the Public Sector Equality Duty in Scotland</a>	
5.	<p><b>Children's rights reporting</b></p> <p>The United Nations Convention on the Rights of the Child (Incorporation) (Scotland) Act 2024 repealed and replaced the UNCRC reporting duties set out in the Children and Young People (Scotland) Act 2014. Part 3, section 18 of the UNCRC Act places a duty on certain public authorities, including Health Boards, to report every 3 years on the following:</p> <ul style="list-style-type: none"> <li>Actions taken and planned to ensure compliance with the UNCRC requirements, as set out in Section 6 of the UNCRC Act</li> <li>Actions taken and planned to give further or better effect to children's rights.</li> </ul> <p>Listed authorities will also be required to present a copy of the report to Scottish Ministers and to produce a child friendly version of the report.</p> <p>Scottish Government has published statutory guidance in relation to these UNCRC reporting duties and will continue to provide support to ensure Health Boards are able to prepare and publish their children's rights reports.</p>	<a href="#">United Nations Convention on the Rights of the Child (Incorporation) (Scotland) Act 2024 (legislation.gov.uk)</a>	<a href="#">UNCRC (Incorporation) (Scotland) Act 2024 - part 3: statutory guidance</a>	7/02/25
6.	<p><b>British Sign Language</b></p> <p>Health boards are to publish an 'Authority Plan' on the use of British Sign Language.</p>	<a href="#">British Sign Language (Scotland) Act 2015</a>  <a href="#">British Sign Language Act 2022</a>	<a href="#">British Sign Language - Languages - gov.scot (www.gov.scot)</a>  The Scottish Ministers also produced a new British Sign Language National Plan 2023-29:	30/10/24



Annex A – Key legal reporting requirements, Framework Document for NHS Boards

<b><u>Eradicating Child Poverty</u></b>				
No.	Purpose	Legal Reference	Relevant Guidance	Date of Last Change
			<a href="https://www.gov.scot/publications/national-plan-2023-to-2029/pages/10-12.aspx">British Sign Language (BSL): national plan 2023 to 2029 - gov.scot (www.gov.scot)</a>	

## Annex A – Key legal reporting requirements, Framework Document for NHS Boards

<b><u>Tackling the Climate Emergency</u></b>				
No.	Purpose	Legal Reference	Relevant Guidance	Date of Last Change
1.	<b>Furthering the Conservation of Biodiversity</b>  All public bodies have to produce a report every three years setting out their compliance with their duty to further the conservation of biodiversity.	<a href="#">Section 2A of the Nature Conservation (Scotland) Act 2004</a>	<a href="#">Biodiversity Duty   NatureScot</a>	19/12/23
2.	<b>Reducing Emissions</b>  Health boards are to report their progress in delivering their emissions reduction targets.	<a href="#">Climate Change (Scotland) Act 2009</a>  <a href="#">The Climate Change (Duties of Public Bodies: Reporting Requirements) (Scotland) Amendment Order 2020</a>  <a href="#">The Climate Change (Duties of Public Bodies: Reporting Requirements) (Scotland) Order 2015 (as amended)</a>	<a href="#">Public bodies climate change duties: putting them into practice, guidance required by part four of the Climate Change (Scotland) Act 2009 - gov.scot</a>	19/12/23
3.	<b>A Policy for NHS Scotland on the Global Climate Emergency and Sustainable Development</b>  Each NHS Scotland body must publish a report on its public website by November each year summarising its progress against the aims of this policy using a template approved by the SGHSC for that purpose.	This is relevant to all law referred to in this section.	<a href="#">A policy for NHS Scotland on the climate emergency and sustainable development</a>	10/10/24

## Annex A – Key legal reporting requirements, Framework Document for NHS Boards

<b>Ensuring High Quality and Sustainable Public Services</b>				
No.	Purpose	Legal Reference	Relevant Guidance	Date of Last Change
1.	<b>Protecting Public Health: Managing Public Health Incidents</b>  Each health board is to make provision for the protection of public health in its area.	<a href="#">Section 2 of the Public Health etc (Scotland) Act 2008</a>	<a href="#">Management of Public Health Incidents: Guidance on the Roles and Responsibilities of NHS led incident management teams (version 12.1, July 2020)</a>	19/12/23
2.	<b>Protecting Public Health: Designating Competent Persons</b>  Each health board is to designate competent persons relating to the protection of public health.	<a href="#">Section 3 of the Public Health etc (Scotland) Act 2008</a>  <a href="#">The Public Health etc. (Scotland) Act 2008 Designation of Competent Persons Regulations 2009 (legislation.gov.uk)</a>	<a href="#">Management of Public Health Incidents: Guidance on the Roles and Responsibilities of NHS led incident management teams (version 12.1, July 2020)</a>	19/12/23
3.	<b>Protecting Public Health: Joint Health Protection Plans</b>  Each health board must prepare (after consulting relevant local authorities) and publish a joint health protection plan. The plan should cover a two-year period and be reviewed after two years.	<a href="#">Section 7 of the Public Health etc (Scotland) Act 2008</a>	There is no extant guidance available on the web.	19/12/23
4.	<b>Preparing for Emergencies</b>  Health boards are required to plan and prepare for emergencies.	<a href="#">Civil Contingencies Act 2004</a>  <a href="#">The Civil Contingencies Act 2004 (Contingency Planning) (Scotland) Regulations 2005</a> , as amended.	<a href="#">The national guidelines, Preparing Scotland (ready.scot)</a>  <a href="#">Preparing for Emergencies Guidance - gov.scot</a>  <a href="#">National Incident Response Levels: guidance for health boards in Scotland</a>	02/04/25
5.	<b>Plan for Pharmaceutical Care Services in the area of a health board</b>  Each health board must annually produce a 'pharmaceutical services care plan' comprising a summary of the pharmaceutical services provided in the area of the Board together with an analysis by the Board of where in its area it believes there is a lack of adequate provision of pharmaceutical services.	The National Health Service (Pharmaceutical Services) Regulations 2009 (as amended).	No guidance has been issued.	19/12/23

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<b>Ensuring High Quality and Sustainable Public Services</b>				
No.	Purpose	Legal Reference	Relevant Guidance	Date of Last Change
6.	<p><b>Effective Planning and Delivery of Children's Services</b></p> <p>Health boards and local authorities have to produce children's services' plans so that those services:</p> <ul style="list-style-type: none"> <li>i) best safeguards, supports and promotes the wellbeing of children in the area concerned,</li> <li>(ii) ensures that any action to meet needs is taken at the earliest appropriate time and that, where appropriate, action is taken to prevent needs arising,</li> <li>(iii) is most integrated from the point of view of recipients, and</li> <li>(iv) constitutes the best use of available resources.</li> </ul> <p>Health boards and local authorities must also jointly produce an annual progress report on their children's services plan.</p>	<p><a href="#">Part 3 of the Children and Young People (Scotland) Act 2014</a></p>	<p><a href="#">Section 9: Aims of Children's Services Plans - Children's services planning: guidance - gov.scot (www.gov.scot)</a></p>	19/12/23
7.	<p><b>Corporate Parenting</b></p> <p>Health boards are corporate parents. Corporate parents are to produce reports setting out how they have carried out their corporate parenting responsibilities. This can be done as part of any other document.</p>	<p><a href="#">Part 9 of the Children and Young People (Scotland) Act 2014</a></p>	<p><a href="#">Corporate parenting - Looked after children</a></p>	19/12/23
8.	<p><b>Developing a local strategy for carers</b></p> <p>The health board and local authority are required to jointly develop a carer strategy which deals specifically with the exercise of all functions relating to carers. This will allow matters to be dealt with more comprehensively than can be the case in the integration strategic plan or children's services plan.</p>	<p><a href="#">Carers (Scotland) Act 2016</a></p> <p><a href="#">Public Bodies (Joint Working) (Prescribed Local Authority Functions etc) (Scotland) Amendment (No 2.) Regulations 2017.</a></p>	<p><a href="#">Carers (Scotland) Act 2016: statutory guidance - updated July 2021 - gov.scot (www.gov.scot)</a></p> <p><b>Note:</b> Integration law obliges local authorities to delegate this responsibility for adult carers to the integration authority. Health boards may do so.</p>	20/12/23
9.	<p><b>Community Justice Outcomes Improvement Plan</b></p> <p>Health boards are 'community justice partners', along with other organisations. Community justice partners are required to produce a community justice outcome</p>	<p><a href="#">Community Justice (Scotland) Act 2016</a></p>	<p><a href="#">National Strategy for Community Justice - gov.scot</a></p> <p><a href="#">Aim 4 - Strengthen the leadership, engagement, and partnership working of local and national community justice partners - Community justice strategy: delivery plan - gov.scot (www.gov.scot)</a></p>	20/12/23

Annex A – Key legal reporting requirements, Framework Document for NHS Boards

<b>Ensuring High Quality and Sustainable Public Services</b>				
No.	Purpose	Legal Reference	Relevant Guidance	Date of Last Change
	improvement plan, keep it under review and produce performance reports.  The community justice partners are required to produce a participation statement, which they can do as part of the improvement plan.		<a href="#">What we do - Community Justice Scotland</a>	
10.	<b>Integration Authorities: Strategic Planning</b>  This only applies if a health board is an 'integration authority' as a result of using the lead agency integration model. Where this applies, then the health board has to prepare a strategic plan for its 'integration functions' for the local authority area.  Where the integration authority is not a health board, the health board is required to give the integration authority whatever information it may reasonably require to prepare the strategic plan.	<a href="#">Public Bodies (Joint Working) (Scotland) Act 2014</a>	<a href="#">Health and social care - strategic plans: statutory guidance - gov.scot</a>	16/01/25
11.	<b>Integration Authorities: Annual Financial Statement</b>  If a health board is an integration authority, then it must produce an annual financial statement setting out what it intends to spend to implement the integration authority's strategic plan.	<a href="#">Section 39 of Public Bodies (Joint Working) (Scotland) Act 2014</a>	<a href="#">Health and social care - annual financial statement: advice note - gov.scot</a>	19/12/23
12.	<b>Integration Authorities: Annual Performance Report</b>  If the health board is an integration authority, it is required to produce a performance report for the reporting year, relating to the planning and carrying out of 'integration functions' of the local authority area.	<a href="#">Section 42 of the Public Bodies (Joint Working) (Scotland) Act 2014.</a>	<a href="#">Health and social care - annual performance reports: statutory guidance - gov.scot</a>	25/11/24
13.	<b>Improving Community Participation in Improving Outcomes for Communities</b>  Health boards are required to promote the use of participation requests by community participation bodies.	<a href="#">Part 3 of the Community Empowerment (Scotland) Act 2015</a>  <a href="#">The Participation Request (Scotland) Regulations 2017</a>	<a href="#">Participation Requests under the Community Empowerment (Scotland) Act 2015 guidance (April 2017)</a>	19/12/23

## Annex A – Key legal reporting requirements, Framework Document for NHS Boards

<b>Ensuring High Quality and Sustainable Public Services</b>				
No.	Purpose	Legal Reference	Relevant Guidance	Date of Last Change
	When participation requests are made (and the request was accepted), and the associated outcome improvement process has been completed, then health boards are to produce a report.  Health boards also are to produce annual reports on all participation requests.			
14.	<b>Health and Care Staffing</b>  New law comes fully into force on 1 April 2024. It places a duty on health boards to ensure appropriate staffing is in place, to enable high quality care and outcomes.  Health boards will be required to submit annual reports to Scottish Ministers on their compliance with the Act.	<a href="#">Health and Care (Staffing) (Scotland) Act 2019</a>	<a href="#">Overview - Health and Care (Staffing) (Scotland) Act 2019: overview - gov.scot</a>  <a href="#">3. Guiding Principles in Health Care - Health and Care (Staffing) (Scotland) Act 2019: statutory guidance - gov.scot</a>  <a href="#">Healthcare Staffing Programme (healthcareimprovementscotland.org)</a>  <a href="#">Health and Care (Staffing) (Scotland) Act 2019: Guidance Chapters Webinar 1 - YouTube</a>	25/11/24
15.	<b>Delivering inpatient and day case service according to the treatment time guarantee</b>  When a health board has not complied with the treatment time guarantee, it must provide the patient with an explanation as to why treatment did not start within the maximum waiting time, as well as other information.  Health boards are required to receive a report on compliance with the guarantee at every public board meeting.	<a href="#">Patient Rights (Scotland) Act 2011</a>  <a href="#">The Patient Rights (Treatment Time Guarantee) (Scotland) Regulations 2012 (as amended)</a>  <a href="#">Patients' Rights (Treatment Time Guarantee) (Scotland) (No 2) Directions 2022</a>	<a href="#">About waiting times   NHS inform</a>  The regulations prescribe how waiting times are to be calculated for planned treatment on an inpatient or day case basis.  The directions provide further detail on monitoring and recording waiting times, and communications with patients. Para 3 (2) also requires a report on compliance with the guarantee to be presented at every public Board meeting.	19/12/23
16.	<b>Responding to and learning from feedback and complaints</b>  Health boards are required to encourage patient feedback, and produce quarterly reports on complaints activity, and an annual report on action taken as a result of feedback, complaints or concerns.	<a href="#">Scottish Public Services Ombudsman Act 2002</a>  <a href="#">Patients' Rights (Scotland) Act 2011</a>	Section 16B of the 2002 Act allows the Ombudsman to publish model complaints handling procedures for public bodies. The SPSO's Complaints Standards Authority has taken this forward. NHS Boards adopted the model procedures with effect from 1 April 2017.	5/1/24

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<b>Ensuring High Quality and Sustainable Public Services</b>				
No.	Purpose	Legal Reference	Relevant Guidance	Date of Last Change
		<a href="#">The Patients' Rights (Complaints Procedure and Consequential Provisions) (Scotland) Amendment Regulations 2016</a>  <a href="#">The Patients' Rights (Feedback, Comments, Concerns and Complaints) (Scotland) Directions 2017</a>  <a href="#">The Patient Rights (Feedback, Comments, Concerns and Complaints) (Scotland) Amendment Directions 2024</a>	<a href="#">The Model Complaints Handling Procedures   SPSO</a>  Section 14 (5) of the 2011 Act together with Directions issued through <a href="#">DL (2017) 6</a> requires relevant NHS bodies to produce quarterly reports on complaints activity, and an annual report on action taken as a result of feedback, complaints or concerns by 30 September each year.	
17.	<b>Duty of Candour: Learning from Unexpected Events</b>  The Duty of Candour relates to openness and accountability to the public when an unintended or unexpected event leads to certain outcomes defined in the Act (which relate to harm or death).  A health board is a 'responsible person' as defined in the Act. The health board must produce an annual report on the Duty of Candour as soon as practicable after the end of the financial year.	<a href="#">Part 2 of the Health (Tobacco, Nicotine etc and Care) Scotland Act 2016</a>  <a href="#">The Duty of Candour Procedure (Scotland) Regulations 2018</a>	<a href="#">Organisational duty of candour: guidance - gov.scot (www.gov.scot)</a>	19/12/23
18.	<b>Responsiveness to staff concerns regarding patient safety or malpractice - whistleblowing</b>  NHS Boards must publish an annual report setting out performance in handling whistleblowing concerns. This should summarise and build on the quarterly reports produced by the board, including performance against the requirements of the Standards, Key Performance Indicators, the issues that have been raised and the actions that have been or will be taken to improve services as a result of concerns The	<a href="#">Scottish Public Services Ombudsman Act 2002</a>	<a href="#">The National Whistleblowing Standards (April 2021)</a>	20/12/23



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<b>Ensuring High Quality and Sustainable Public Services</b>				
No.	Purpose	Legal Reference	Relevant Guidance	Date of Last Change
	information must cover all NHS services, and Boards must work with all service providers (inc. primary care, integration authorities) to get the information.			
19.	<b>Reporting of Trade Union Facility Time</b>  Health boards are to publish prescribed information on the amount of money spent on facility time for trade union work.	<a href="#">The Trade Union (Facility Time Publication Requirements) Regulations 2017</a>	<a href="#">Report trade union facility time data - GOV.UK</a>	19/12/23
20.	<b>Disclosure of Certain Expenditure</b>  Health boards are to publish as soon as is reasonably practicable after the end of each financial year a statement of any expenditure they have incurred during that financial year on or in connection with the following matters:  <ul style="list-style-type: none"> <li>• public relations</li> <li>• overseas travel</li> <li>• hospitality and entertainment</li> <li>• external consultancy</li> </ul>	<a href="#">Section 31 (1) &amp; (2) of the Public Services Reform (Scotland) Act 2010</a>	<a href="#">Duties on public bodies to provide information: guidance - gov.scot (www.gov.scot)</a>	19/12/23
21.	<b>Payments &gt; £25,000</b>  After the end of each financial year, publish a statement of any payments made during the year which are in excess of £25,000 (amount, date, payee, subject matter).	<a href="#">Section 31 (3) &amp; (5) of the Public Services Reform (Scotland) Act 2010</a>	<a href="#">Duties on public bodies to provide information: guidance - gov.scot (www.gov.scot)</a>	20/12/23
22.	<b>Individuals who receive remuneration greater than £150,000</b>  After the end of each financial year, health boards must publish a statement of the number of individuals who, during that year, received remuneration in excess of £150,000, in relation to be member of the body or one of its staff.	<a href="#">Section 31 (4) of the Public Services Reform (Scotland) Act 2010</a>	<a href="#">Duties on public bodies to provide information: guidance - gov.scot (www.gov.scot)</a>	19/12/23
23.	<b>Health Board Annual Accounts, including NHS endowment funds.</b>	<a href="#">National Health Service (Scotland) Act 1978</a>	The Scottish Government publishes a health board annual accounts manual every year	20/12/23

## Annex A – Key legal reporting requirements, Framework Document for NHS Boards

<b>Ensuring High Quality and Sustainable Public Services</b>				
No.	Purpose	Legal Reference	Relevant Guidance	Date of Last Change
	<p>Health boards have to produce annual accounts which will be laid before the Scottish Parliament. The annual accounts include extensive information, including a Performance Report and an Accountability Report.</p> <p>Health Boards hold endowment funds which are registered charities. This requires Boards to govern them as charities, and produce separate audited annual accounts as well as providing prescribed information to OSCR. Health Boards are consolidate these endowment fund annual accounts into their own annual accounts.</p>	<p><a href="#">Public Finance &amp; Accountability (Scotland) Act 2000</a></p> <p><a href="#">Charities and Trustee Investment (Scotland) Act 2005</a></p>	<p><a href="#">OSCR   Guidance and forms</a></p> <p><a href="#">Chapter 1: Introduction and Background - Governance of NHS endowment funds: review report - gov.scot (www.gov.scot)</a></p>	
24.	<p><b>Ethical Standards in Public Life (Scotland) Act 2000</b></p> <p>All Board members are expected to observe standards of conduct in line with the key principles of public life, as set out in the Board's Code of Conduct.</p> <p>This includes maintaining a publicly accessible Register of Interests for board members.</p>	<p><a href="#">Ethical Standards in Public Life etc (Scotland) Act 2000</a></p> <p>Register of Interests Regulations 2003 (as amended)</p>	<p><a href="#">Home   The Standards Commission for Scotland (standardscommissionscotland.org.uk)</a></p>	20/12/23
25.	<p><b>Records Management Arrangements</b></p> <p>Health boards are required to prepare a 'records management plan' and present it to the Keeper of the Records of Scotland. The benefits include:</p> <ul style="list-style-type: none"> <li>• Increase efficiency and effectiveness, delivering savings in administration costs</li> <li>• Improve and develop service delivery</li> <li>• Achieve business objectives and targets</li> <li>• Ensure compliance with the Public Records (Scotland) Act 2011 and other legislative requirements, standards and codes of conduct</li> <li>• Support transparency and open government</li> <li>• Underpin business resilience</li> </ul>	<p><a href="#">Part 1 of the Public Records (Scotland) Act 2011</a></p>	<p><a href="#">Model Records Management Plan   National Records of Scotland (nrscotland.gov.uk)</a></p> <p><a href="#">Health and social care - records management: code of practice - gov.scot</a></p>	04/03/25
26.	<p><b>Due regard to preventing people from being drawn into terrorism</b></p>	<p><a href="#">Counter Terrorism and Security Act 2015</a></p>	<p><a href="#">Prevent duty guidance: England, Scotland and Wales (2015) - GOV.UK</a></p>	20/12/23

# Annex A – Key legal reporting requirements, Framework Document for NHS Boards

<b>Ensuring High Quality and Sustainable Public Services</b>				
No.	Purpose	Legal Reference	Relevant Guidance	Date of Last Change
	The key challenge for healthcare services is to ensure that, where there are signs that someone has been or is being drawn into terrorism, NHS staff are trained to recognise those signs correctly and are aware of and can locate available support, including making a referral, when necessary to Prevent Professional Concerns via their Health Boards Prevent Lead. Preventing someone from being drawn into terrorism is substantially comparable to child protection and the protection of vulnerable adults.	<a href="#">The Counter-Terrorism and Security Act 2015 (Risk of Being Drawn into Terrorism) (Guidance) Regulations 2015 (legislation.gov.uk)</a>		
27.	<b>Gender Representation on Public Boards</b>  Health boards are required to produce a report every 2 years setting out activities to encourage women to apply for non-executive Board positions, and to achieve the gender representation objective.	<a href="#">The Gender Representation on Public Boards (Scotland) Act 2018 (Reports) Regulations 2020</a>	<a href="#">Gender Representation on Public Boards (Scotland) Act 2018: statutory guidance (19 April 2022)</a>	19/12/23
28.	<b>Redress For Survivors (Historical Child Abuse In Care)</b>  A relevant person (a person included in the <a href="#">contributor list</a> ) must send an annual report to Scottish Ministers a report on the actions which the person has taken during the reporting period to redress the historical abuse of children.	<a href="#">Redress for Survivors (Historical Child Abuse in Care) (Scotland) Act 2021</a>	<a href="#">Redress For Survivors (Historical Child Abuse In Care) (Scotland) Act 2021: statutory guidance – annual reports by Redress Scheme contributors - gov.scot</a>	17/03/25
29.	<b>Consumer Duty Guidance for Public Bodies</b>  A relevant public authority must, when making decisions of a strategic nature about how to exercise its functions, have regard to – (a) the impact of those decisions on consumers in Scotland, and (b) the desirability of reducing harm to consumers in Scotland.  A relevant public authority must publish information about the steps which it has taken to comply with the	Section 21 of <a href="#">Consumer Scotland Act 2020</a> . The Consumer Scotland Act 2020 (Relevant Public Authorities) Regulations 2024.	<a href="#">how-to-meet-the-consumer-duty-guidance-for-public-authorities.pdf</a>	17/03/25

## Annex A – Key legal reporting requirements, Framework Document for NHS Boards

<b><u>Ensuring High Quality and Sustainable Public Services</u></b>				
No.	Purpose	Legal Reference	Relevant Guidance	Date of Last Change
	duty imposed under section 21. A relevant public authority: (a) may publish the information - (i) in relation to such period as it determines of up to a maximum of 12 months, (ii) in such manner as it considers appropriate (for example, in an annual or other report), (b) must publish the information no later than 12 months after the end of period to which it relates to the steps they have taken to comply with the duty.			

# **Framework Document for NHS Boards**

## **Document Annexes**

### **ANNEX B – Financial Management**

**May 2025**

## Introduction

The table reviews key areas relating to finance which NHS Boards should be aware of, including sections of the [Scottish Public Finance Manual](#), (SPFM) which applies to all NHS Boards. This is not intended to replace this guidance or cover every area of the SPFM, it simply sets out the main expectations of NHS Boards and how this should be used in day-to-day management. NHS Boards should be aware that there are periodic [Finance Guidance Notes](#) which can be either stand-alone guidance, or announcements of substantive updates to SPFM chapters (which will be reflected in the chapters). Not all Finance Guidance Notes are relevant to NHS Boards.

The table below summarises the relevant guidance or instructions that NHS Boards should follow relating to finance. The detailed content will be in the latest version of the guidance or instructions. If you have any queries, please contact [NHSFinanceReturns@gov.scot](mailto:NHSFinanceReturns@gov.scot)

No.	Area	Relevant Guidance for NHS Boards	Date of Last Change
1.	<b>Annual Accounts</b>  <b>Governance Statement</b>  <b>Certificates of Assurance</b>	<p>The NHS Scotland Technical Accounting Group updates the Annual Accounts Manual and Capital Accounting Manual for each financial year. Updated Manuals will be sent to Directors of Finance each year and copies can be obtained from <a href="mailto:nhsaccounts@gov.scot">nhsaccounts@gov.scot</a></p> <p>The Board Chief Executive, as Accountable Officer, has a personal responsibility to sign the annual accounts - and the associated governance statement - for the body, and in doing so accept personal responsibility for their proper presentation as prescribed in legislation and/or in the relevant Accounts Direction issued by the Scottish Ministers.</p> <p>NHS Board Chief Executives should receive certificates of assurance from their direct reports, and this should inform the preparation of their Governance Statement within the Board's annual accounts.</p> <p>NHS Boards should always follow appropriate records management procedures for financial documents including Certificates of Assurance and Annual Accounts.</p>	17/10/24

No.	Area	Relevant Guidance for NHS Boards	Date of Last Change
		<a href="https://scot.nhs.uk/records-management/code-of-practice-for-health-and-social-care">Records management code of practice for health and social care (scot.nhs.uk)</a>  <a href="https://gov.uk/vat-notice-70021">Record keeping (VAT Notice 700/21) - GOV.UK</a>	
2.	<b>Annual Budgeting Process</b>	<p>Scottish Government sets its budget annually, typically mid-December. This is the Stage 1 budget and is subject to further amendments before being passed by Parliament at Stage 3 by end February. The use of resources by the Scottish Administration and other bodies funded directly from the Scottish Consolidated Fund must be authorised on an annual basis by Budget Act. This includes the funding provided to NHS Boards and budgets delegated to Directorates.</p> <p>NHS Boards will be informed of their indicative budget at the announcement of Stage 1 which shows their National Resource Allocation Formula (NRAC) share of core budgets. It is important to note at this point it does not include in year allocations which will be additional to the amount set out in the published budget document.</p> <p>Page 27 of the published 2024-25 budget sets out detail for the NHS Health and Social Care Portfolio. <a href="#">Scottish Budget: 2025-26</a></p>	21/04/25
3.	<b>Appraisal and Evaluation</b>	<p>The Board Chief Executive, as Accountable Officer, has a personal responsibility to ensure that arrangements have been made to ensure that, in the consideration of policy proposals relating to the resources for which you have responsibilities as Accountable Officer, all relevant financial considerations, including any issues of propriety, regularity or value for money, are taken into account, and where appropriate brought to the attention of the body.</p> <p>The Accountable Officer also has a personal responsibility to ensure that:</p>	13/02/24



No.	Area	Relevant Guidance for NHS Boards	Date of Last Change
		<ul style="list-style-type: none"> <li>managers at all levels have a clear view of their objectives, and the means to assess and measure outputs, outcomes and performance in relation to those objective;</li> <li>managers at all levels are assigned well defined responsibilities for making the best use of resources (both those consumed by their own commands and any made available to third parties) including a critical scrutiny of outputs, outcomes and value for money; and</li> <li>managers at all levels have the information (particularly about costs), training and access to the expert advice which they need to exercise their responsibilities effectively.</li> </ul>	
4.	<b>Audit Committees</b>	<p>Audit Committee Chairs should notify the Scottish Government at the earliest opportunity if they have identified a significant issue which may have wider financial implications.</p> <p><a href="#">Annex D of the NHS Scotland Blueprint for Good Governance (Second Edition)</a></p>	13/02/24
5.	<b>Auditor-General for Scotland</b>	<p>NHS Boards should provide any information the external auditor requires in a timely manner, to facilitate the efficient conduct of the audit of the annual accounts, or any other reviews which the external auditor or the Auditor-General may carry out as part of their duties.</p> <p><a href="#">Annex D of the NHS Scotland Blueprint for Good Governance (Second Edition)</a></p> <p><a href="#">Our work   Audit Scotland (audit-scotland.gov.uk)</a></p>	13/02/24

No.	Area	Relevant Guidance for NHS Boards	Date of Last Change
6.	<b>Best Value</b>	<p>The Board Chief Executive, as Accountable Officer, has a personal responsibility to ensure that arrangements have been made to carry out the Duty of Best Value in Public Services</p> <p><a href="https://www.gov.scot/publications/best-value-in-public-services/guidance-for-accountable-officers/pages/1-introduction.aspx">Best value in public services: guidance for accountable officers - gov.scot (www.gov.scot)</a></p>	13/02/24
7.	<b>Borrowing, Lending and Investments</b>	<p>NHS Boards may not borrow from or lend money to another organisation. The Scottish Government Health &amp; Social Care Directorates may provide an advance of funding (“brokerage”) to an NHS Board. This is repayable funding given to ensure the NHS Board meets its statutory obligation to break even.</p> <p>A letter should be sent to Scottish Government in the final month of the financial year formally requesting brokerage. SG keeps a central tracker of brokerage amounts which will become repayable when the NHS Board returns to financial balance.</p> <p>NHS Boards should contact <a href="mailto:NHSFinanceReturns@gov.scot">NHSFinanceReturns@gov.scot</a> regarding any proposals for brokerage.</p>	13/02/24
8.	<b>Checking Financial Instructions</b>  <b>Expenditure and Funding</b>  <b>Income Receivable and Receipts</b>	<p>The Board Chief Executive, as Accountable Officer, has a personal responsibility to ensure that arrangements have been made to ensure that:</p> <ul style="list-style-type: none"> <li>• appropriate financial systems are in place and applied and that procedures and controls are reviewed from time to time to ensure their continuing relevance and reliability, especially at times of major changes;</li> <li>• proper financial procedures are followed and that accounting records are maintained in the form prescribed for published accounts;</li> <li>• the public funds for which the Accountable Officer is responsible are properly managed and safeguarded, including independent and effective checks of any cash balances in the hands of an official; and</li> </ul>	13/02/24

No.	Area	Relevant Guidance for NHS Boards	Date of Last Change
		<ul style="list-style-type: none"> <li>assets for which the Accountable Officer is responsible such as land, buildings or other property, including stores and equipment, are controlled and safeguarded with similar care, and with checks as appropriate.</li> </ul> <p>All NHS Boards are required to have Standing Financial Instructions and a Scheme of Delegation. The approval of these policies is a matter reserved to the Board within the Standing Orders, as set out in the model <a href="#">Standing Orders for NHS Boards</a> issued through <a href="#">DL (2019) 24</a>. These policies should be accessible on the Board's website.</p> <p>NHS Boards are also required, by the <a href="#">National Health Service (Financial Provisions) (Scotland) Regulations 1974</a> to appoint an officer as a "treasurer". The treasurer will be the Board's Director of Finance (or equivalent).</p>	
9.	<b>Delegated Authority</b>	<p>All NHS Boards are required to have Standing Financial Instructions and a Scheme of Delegation. The approval of these policies is a matter reserved to the Board within the Standing Orders, as set out in the model <a href="#">Standing Orders for NHS Boards</a> issued through <a href="#">DL (2019) 24</a>. These policies should be accessible on the Board's website.</p> <p>This has been a long-standing requirement, historically summarised in <a href="#">MEL (1994) 80: Corporate Governance in the NHS: Supplementary Guidance</a>. They are a part of the suite of operating guidance that Boards should have, as described (from para 4.175) in the <a href="#">Blueprint of Good Governance</a>.</p> <p>The SPFM sets out guidance on novel or contentious spend. This will require a degree of judgement to identify where spend is novel or contentious. Broadly speaking, if it is a financial transaction different to the type the Board normally enters into, if there is concern within the Board about the public or staff reaction to the spend, if it is materially out with budgets set and therefore is out with regularity</p>	13/2/24

No.	Area	Relevant Guidance for NHS Boards	Date of Last Change
		or assessment by the Accountable Officer deems this could be politically sensitive, further advice can be sought from SG. Please contact <a href="mailto:NHSFinanceReturns@gov.scot">NHSFinanceReturns@gov.scot</a> to discuss further.	
10.	<b>Expenditure without Parliamentary Authority</b>  <b>Expenditure without Statutory Authority</b>	<p>NHS Boards only have authority to commit expenditure which has been approved through Parliament, in other words, their communicated budget. It is understood this poses challenges with funding which is allocated in year rather than through the annual budget process through parliament. Anticipated allocations are included in financial plans.</p> <p>NHS Boards submit three-year financial plans to Scottish Government – see <b>section 11</b>. When this plan is approved, that is the expected delivery agreed, and any deviations from that plan must be notified to Scottish Government before expenditure is committed above the agreed plan.</p> <p>Simply put NHS Boards and the Scottish Government can only undertake particular activities if the law gives them the authority them to do so. All expenditure needs to arise from those activities.</p>	13/2/24
11.	<b>Financial Planning</b>	<p>NHS Boards submit three-year financial plans to Scottish Government setting out their anticipated revenue and capital resources, and performance against this. Where a Board submits a deficit plan, meaning it has not set out how it will be able to deliver services within its anticipated budget, a revised plan is requested by Scottish Government.</p> <p>Scottish Government may not approve the financial plan where the deficit is out with previously communicated expectations.</p> <p>Financial plans will then be tracked throughout the year to understand actual delivery, and any deviation from these plans.</p>	13/2/24

No.	Area	Relevant Guidance for NHS Boards	Date of Last Change
		The model <a href="#">Standing Orders for NHS Boards</a> issued through <a href="#">DL (2019) 24</a> , requires the Board to approve its financial plan for the forthcoming year, and the opening revenue and capital budgets.	
12.	<b>Fraud</b>	<p>NHS Boards should work with NHS Counter Fraud Services Scotland, in line with the CFS Partnership Agreement (issued on 23 March 2022 through <a href="#">DL (2022) 06</a> to implement the Counter Fraud Standard and the <a href="#">NHS Scotland Counter Fraud Strategy 2023-26</a>.</p> <p>Further information can be viewed here:  <a href="#">Countering fraud   National Services Scotland</a></p>	13/2/24
13.	<b>Insurance</b>	<p>NHS Boards must participate in the Clinical Negligence and Other Risks Indemnity Scheme ('CNORIS'). Information on CNORIS is available here:  <a href="#">Guide to the Clinical Negligence and Other Risks Indemnity Scheme (CNORIS)   National Services Scotland</a></p> <p>NHS Boards must take out commercial insurance where there is a legal obligation to do so. When NHS Boards are considering taking out any further commercial insurance, they should carry out a cost-benefit analysis, and that analysis should demonstrate a positive benefit before taking out the insurance. As with all expenditure, taking out insurance should meet the needs of the Duty of Best Value in Public Services.</p>	13/2/24
14.	<b>Internal Audit</b>	The appointment of the Board's Chief Internal Auditor is a matter reserved to the Board, as set out in the model <a href="#">Standing Orders for NHS Boards</a> issued through <a href="#">DL (2019) 24</a> .	13/2/24

No.	Area	Relevant Guidance for NHS Boards	Date of Last Change
		<p>The Board's internal auditors should operate in line with <a href="#">The Public Sector Internal Audit Standards</a>.</p> <p>See also <a href="#">Annex D of the NHS Scotland Blueprint for Good Governance (Second Edition)</a></p>	
15.	<b>Losses and Special Payments</b>	<p>Boards must follow the Losses and Special payments guidance which includes the forms Boards need to complete for any losses or special payments above their delegated thresholds. This guidance is subject to review.</p> <p>Delegated financial limits for gifts, losses and special payments can be found in the Chief Executive Letter, ref: <a href="#">CEL 10 (2010)</a>.</p> <p>For clarity, when applying <a href="#">CEL 10 (2010)</a>, the category for each board is:</p> <p>Category 1: NHS Greater Glasgow &amp; Clyde, and NHS Lothian,  Category 2: NHS Ayrshire &amp; Arran, NHS Borders, NHS Dumfries &amp; Galloway, NHS Fife, NHS Forth Valley, NHS Grampian, NHS Highland, NHS Lanarkshire, and NHS Tayside.  Category 3: NHS Orkney, NHS Shetland, and NHS Western Isles</p> <p>For copies of special loss guidance contact <a href="mailto:nhsaccounts@gov.scot">nhsaccounts@gov.scot</a></p>	11/11/24
16.	<b>Major Investment Projects</b>	<p>On 12 February 2024, the Scottish Government published <a href="#">DL (2024) 02: Whole System Infrastructure Planning</a>. This introduced a requirement for Boards to prepare a deliverable, whole-system infrastructure plan for the next 20-30 years. This DL introduced a revised Scottish Capital Investment Manual, which sets out the processes and techniques to be applied in the development of all infrastructure and investment programmes and projects within NHS Scotland. The principles are to be applied to all developments by NHS bodies and IJBs requiring NHS investment support.</p>	13/2/24

No.	Area	Relevant Guidance for NHS Boards	Date of Last Change										
		<p>If the project involves land and buildings transactions, then boards also have to comply with the <a href="#">Property Transactions Handbook</a> concurrently with the business case process.</p> <p><a href="#">Frameworks Scotland 3</a> provides a mechanism for health boards to select and contract with previously approved Principal Supply Chain Partners for major capital projects. This engagement happens after the project has been approved and funded, and avoids the need for boards to run a distinct procurement exercise.</p> <p>NHS Boards have delegated authority to approve capital business cases. They currently are:</p> <table><tr><th>Board</th><th>Limit</th></tr><tr><td>Grampian, Greater Glasgow &amp; Clyde, and Lothian</td><td>£10 m</td></tr><tr><td>Lanarkshire</td><td>£7.5 m</td></tr><tr><td>Ayrshire &amp; Arran, Fife, Forth Valley, Highland, and Tayside</td><td>£5 m</td></tr><tr><td>Borders, Dumfries &amp; Galloway, Orkney, Shetland, and Western Isles.</td><td>£3m</td></tr></table> <p>Source: <a href="#">DL(2019)5 - Delegated limits: capital investment projects (scot.nhs.uk)</a></p> <p>For capital investment projects above the boards' delegated limits, the project has to be referred to the Scottish Government's Capital Investment Group.</p> <p>Chief Executives must ensure that the above requirements are reflected in the Board's Standing Financial Instructions and Scheme of Delegation.</p> <p>Please contact <a href="mailto:alan.morrison@gov.scot">alan.morrison@gov.scot</a> for further questions.</p>	Board	Limit	Grampian, Greater Glasgow & Clyde, and Lothian	£10 m	Lanarkshire	£7.5 m	Ayrshire & Arran, Fife, Forth Valley, Highland, and Tayside	£5 m	Borders, Dumfries & Galloway, Orkney, Shetland, and Western Isles.	£3m	
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No.	Area	Relevant Guidance for NHS Boards	Date of Last Change
17.	<b>Procurement</b>	<p>The Board's Accountable Officer has a specific responsibility to ensure that procurement activity is conducted in accordance with the requirements in the Procurement section of the Scottish Public Finance Manual. This has been translated into practice in the NHS in Scotland as follows:</p> <p><a href="#">National Procurement and Logistics   National Services Scotland</a></p> <p><a href="#">Procurement Reform (Scotland) Act 2014: statutory guidance - gov.scot</a></p> <p><a href="#">CEL 5 (2012) - Key procurement principles</a></p>	13/2/24
18.	<b>Property acquisition, disposal, and management.</b>	<p>See section <b>on Major Investment Projects</b>.</p> <p>If a project involves land and buildings transactions, then NHS Boards have to comply with the <a href="#">Property Transactions Handbook</a> concurrently with the business case process.</p> <p>NHS Boards must maintain a register of land and maintain it on its website:</p> <p><a href="#">Community Empowerment (Registers of Land) (Scotland) Regulations 2016: amended version - gov.scot</a></p> <p><a href="#">Community Empowerment (Scotland) Act 2015: asset transfer guidance for authorities - gov.scot</a></p> <p>Please contact <a href="mailto:alan.morrison@gov.scot">alan.morrison@gov.scot</a> for further questions.</p>	13/2/24
19.	<b>Risk Management</b>	<p>All Boards are expected to maintain a risk register and it is likely finance risks will feature on this.</p> <p>Please refer to <a href="#">Annex B of the Blueprint for Good Governance</a>.</p>	13/2/24



No.	Area	Relevant Guidance for NHS Boards	Date of Last Change
20.	<b>Scottish Parliament Public Audit Committee</b>	The Board's Accountable Officer may be required to provide evidence to the committee or any of its sub committees relating to finance matters or financial performance. For any advice and support on this, please contact <a href="mailto:ocenhs@gov.scot">ocenhs@gov.scot</a>	13/2/24
21.	<b>Settlement, severance, early retirement, redundancy</b>	Boards are to follow the <a href="#">NHS Scotland: guidance on settlement and severance arrangements</a> (DL 2019 15).	13/2/24
22.	<b>The National Fraud Initiative in Scotland 2024</b>	The National Fraud Initiative (NFI) is a proactive data matching exercise designed to identify and prevent fraud. It remains vitally important during a time of ongoing financial pressure as public bodies continue to recover from the Covid-19 pandemic and to deal with the impact of the cost-of living crisis.  <a href="#">The National Fraud Initiative in Scotland 2024 (audit.scot)</a>	17/10/24

## **Framework Document for NHS Boards**

### **Document Annexes**

#### **ANNEX C – List of key policy contacts**

**May 2025**

Section of the Framework Document	Contact Point
People, Governance and Appointments (paragraphs 13-16)	<a href="mailto:ocenhs@gov.scot">ocenhs@gov.scot</a>
Staff Governance (paragraph 17-18)	<a href="mailto:directorofhealthworkforce@gov.scot">directorofhealthworkforce@gov.scot</a>
Digital policy (paragraphs 22-29)	<a href="mailto:dhcpolicyhub@gov.scot">dhcpolicyhub@gov.scot</a>
Health sponsorship (paragraphs 30-35)	<a href="mailto:HealthSponsorship@gov.scot">HealthSponsorship@gov.scot</a>
Whole system & winter dashboard (paragraphs 32-33)	<a href="mailto:nss.neartimedata@nhs.scot">nss.neartimedata@nhs.scot</a>
Health planning (paragraphs 39-44)	<a href="mailto:dcoohealthplanning@gov.scot">dcoohealthplanning@gov.scot</a>
Performance management (paragraphs 51-53)	<a href="mailto:Performanceanddeliveryhub@gov.scot">Performanceanddeliveryhub@gov.scot</a>
Emergency Preparedness, Resilience and Response (EPRR) (paragraph 65)	<a href="mailto:health.epr@gov.scot">health.epr@gov.scot</a>

## Framework Document, Annex B – Financial Management

Annual Accounts (entry no. 1)  <i>Losses and Special Payments</i> (entry no. 15)	<a href="mailto:nhsaccounts@gov.scot">nhsaccounts@gov.scot</a>
Borrowing, Lending and Investments (entry no. 7)  <i>Delegated Authority</i> (entry no. 9)	<a href="mailto:NHSFinanceReturns@gov.scot">NHSFinanceReturns@gov.scot</a>
Major Investment Projects (entry no. 16)  Property acquisition, disposal, and management. (entry no. 18)	<a href="mailto:Alan.Morrison@gov.scot">Alan.Morrison@gov.scot</a>
Scottish Parliament Public Audit Committee (entry no. 20)	<a href="mailto:ocenhs@gov.scot">ocenhs@gov.scot</a>