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Scottish Government
Riaghaltas na h-Alba

Richard Leonard MSP
Convener Public Audit Committee
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30 October 2025

Dear Convener,

Thank you for the opportunity to respond to Audit Scotland's report 'NHS in Scotland – Spotlight on Governance'. As stated during the committee session, I welcome the continued scrutiny and constructive challenge that Audit Scotland provides.

The Committee asked for further clarification on several key issues, which I have set out in this letter.

Population-Level Planning

The Audit Scotland report highlighted that the Scottish Government had not fully explained what is meant by 'population-level planning', and the Committee asked for specific examples of Scotland-wide population-level plans for specific specialties.

The current planning framework was set out in November 2024 in the Director's Letter *A Renewed Approach to Population-Based Planning Across NHS Scotland* (DL(2024)31). It was designed to support NHS Boards in moving towards population-level planning, as outlined in the *National Clinical Strategy*. Services should be planned at the level most appropriate to the population they serve, and this should be done collaboratively and coherently. Depending on the nature of the service, this may be at a national, sub-national, place-based (locality or Health Board), or specific population group level. This approach was further reinforced in the *Population Health Framework 2025–2035*, published in June 2025.

We want Health Boards to work together to jointly plan service delivery, where appropriate, at the level that best meets the needs of both the population and the service. For example:

- Some services (e.g. highly specialist care, screening) are best planned nationally.
- Others (e.g. urgent care, community services) may be more effective at a sub-national or place-based level.

Following the recent NHS Accountability Review, we have developed a new approach to sub-national service planning, building on existing arrangements. I intend to write to you separately about this, as it will be central to achieving sustainability and coherence across NHS Scotland. It also supports the delivery of the *Health and Social Care Service Renewal Framework (2025–2035)*, the *Programme for Government*, and the broader ambitions of *Public Sector Reform*.

The Committee asked about our approach to learning and evaluation of the planning framework, and whether this change in approach is working across all levels of planning. Rather than evaluating the framework as a static product, we are focusing on the impact of the change in approach, with learning embedded through governance, data, and shared practice. Examples include:

- A learning infrastructure, including the Learning Review presented to the Planning & Delivery Board in September and subsequently updated for discussion at the NHS Scotland Executive Group. This review captured insights from early implementation and informed adjustments to the planning approach.
- System-level indicators to track whether planning is becoming more integrated, efficient, and equitable.
- Collaborative governance across NHS Scotland to ensure oversight and alignment.

This approach aligns with the *Population Health Framework 2025–2035*, which commits to comprehensive evaluation and monitoring to measure the impact and value of system-wide change, including planning reform.

Blueprint for Good Governance Guidance

The Committee asked whether we intended to refresh the Blueprint for Good Governance. The *Blueprint for Good Governance* remains a high-level guidance document. However, we recognise the need for greater operational support and external validation of self-assessments. We are actively exploring options to promote consistency and shared learning across Boards, including how we take forward independent assessment.

Boards' feedback from their self-assessments will help determine whether the current guidance remains fit for purpose. Territorial Boards also use the *Framework Document for NHS Boards* (DL(2025)13), which outlines how NHS Boards and my Directorates work together.

NHS Executive Group Membership

The Committee asked about the NHS Executive Group and I undertook to provide further information about membership. Please find attached to this letter, the Terms of Reference (ToRs) for the Group, as well as a list of members. We also publish this information, as well as the minutes of meetings, on the Scottish Government website here NHS Scotland Executive Group - gov.scot.

Number of Actions in the Operational Improvement Plan

There are 17 actions listed in the NHS Scotland Operational Improvement Plan, which is publicly available online.

The Scottish Government, in collaboration with Health Boards, is tracking progress through weekly data collection across key metrics. A report on the plan will be presented to

Parliament during 2025–26, coinciding with the next annual update on the *NHS Recovery Plan 2021–26*.

NHS Board Chair Appointments and Remuneration

There was a discussion about the difficulties that we have had recruiting to certain NHS Board Chair positions and the Committee sought to understand more about Chair appointments, specifically about their appraisal and remuneration.

The appraisal process for members of Health Boards is robust. All of our members receive an annual appraisal. Appraisals for NHS Chairs are conducted by me, on behalf of the Cabinet Secretary. This process also informs recommendations to the Cabinet Secretary regarding reappointment suitability.

NHS Chair appraisals incorporate 360-degree feedback and Chairs are set both mandatory and personal objectives which are aligned with the *Blueprint for Good Governance*. In addition, all non-executive appraisals are submitted to the Scottish Government for quality assurance and to identify national learning and development needs.

All Board Members should have a personal learning plan and, at a minimum, a discussion about development needs during their appraisal. Ongoing development discussions between the Chair and non-executive members should continue throughout their appointment term.

I noted the committee's interest in the time commitment and remuneration of NHS Board Members and Chairs. Over the past year, this has been reviewed by Ministers to ensure remuneration is appropriate and comparable with other public sector bodies. Ministers are also keen to attract highly qualified individuals to these vital roles.

Following this review, NHS Bodies have been reclassified as Tier 1 Public Bodies. This reclassification enabled an uplift in remuneration rates, bringing daily fees for health appointments closer to those of other public body appointees. Implementation will take place over four years.

Director Letter 2024(30) Remuneration Increase 2024-25: Chairs and Non-Executive Members outlines the reclassification of NHS Bodies and provides information about the 3 different rates - reflecting span of control, budgetary responsibility and public profile. DL 2025 (06) contains the rates for the years 2025/26, 2026/27 and 2027/28. For ease, I have attached this information at **Annex A**.

The standard time commitment for Chairs is three days per week, except for NHS Greater Glasgow and Clyde, where the Chair undertakes four days per week. Time commitments are reviewed during each appointment round to ensure they reflect the role's requirements. This is central to our regulated appointment process.

Director General Health and Social Care's Visits to the health and care system

My role covers both the health and care system in Scotland and I need to ensure both I and my Directorates engage regularly and meaningfully with both the NHS and our social care partners.

I am set to visit Dumfries and Galloway on 31 October and I plan to visit a number of other hospital sites now that I have completed my evidence sessions at the UK Covid Inquiry.

I also visited NHS Shetland for their annual review on 18 August and NHS Orkney on Monday 6 October. Whilst these are not hospital visits, they represent significant engagement with Boards, staff and patients.

I fully recognise the importance of visiting and engaging with teams across NHS Scotland, while balancing this with my Director General role as Portfolio Accountable Officer. I will continue to look for the valuable opportunities to conduct informal visits with staff across the system. I recently did this while attending the NHS Scotland Executive Group on 15 October 2025, when I was able to see the work that takes place within NHS National Services Scotland on prescribing,

A full list of my engagements, is attached at **Annex B**.

Integration Joint Board Staff Turnover

Finally, you also asked for further information on the number of senior staff from Integration Joint Boards (IJBs) who have left to take up positions within the NHS. The table below shows where Chief Officers, who left IJBs, moved on to in 2023 and 2024. This reflects the period discussed in the Audit Scotland Report.

There were 4 Chief Officers at IJBs who moved to NHS Chief Executive roles in the years 2023 and 2024.

Destination of COs 2023 & 2024	
Retirement	2
Chief Exec Appointment – NHS	4
Chief Exec Appointment – Local Authority	2
Other Chief Officer Role (HSCP) (move between IJBs)	1
Other senior Director role NHS/SG LA	2

I trust this letter provides the clarity requested by the Committee and demonstrates our commitment to continuous improvement, transparency, and collaborative governance across NHS Scotland. We remain focused on delivering sustainable, equitable, and high-quality care for the people of Scotland and I welcome ongoing engagement with the Committee as we progress this work.

Please do not hesitate to get in touch should you require any further information or clarification.

Caroline Lamb
Director General Health and Social Care, Chief Executive of NHS Scotland

Annex A

Board Chair Renumeration

The rates apply from 1 April 2024

NHS Chairs (remuneration is based on a time commitment of 156 days per year or 3 days per week)			
Tier 1	**2023/24 Daily rate**	**Increase**	**2024/25 Daily Rate**
NHS Greater Glasgow and Clyde, NHS Lanarkshire, NHS Lothian and NHS Grampian	£ 287.39	£ 64.61	£ 352.00
NHS Ayrshire and Arran, NHS Fife, NHS Forth Valley, NHS Highland and NHS Tayside	£ 229.42	£ 60.58	£ 290.00
NHS Borders, NHS Dumfries and Galloway, NHS Orkney, NHS Shetland, NHS Western Isles, Healthcare Improvement Scotland, NHS 24, NHS Education for Scotland, NHS Golden Jubilee, NHS National Services Scotland, Public Health Scotland, Scottish Ambulance Service and The State Hospitals Board for Scotland	£ 213.79	£ 46.21	£ 260.00

The rates from 2025 - 2028

NHS Chairs (remuneration is based on a time commitment of 156 days per year or 3 days per week)*			
Tier 1	**2025/26 Daily rate**	**2026/27 Daily Rate**	**2027/28 Daily Rate**
NHS Greater Glasgow and Clyde, NHS Lanarkshire, NHS Lothian and NHS Grampian	£ 431.00	£ 497.00	£ 562.00
NHS Ayrshire and Arran, NHS Fife, NHS Forth Valley, NHS Highland and NHS Tayside	£ 341.00	£ 422.00	£ 492.00
NHS Borders, NHS Dumfries and Galloway, NHS Orkney, NHS Shetland, NHS Western Isles, Healthcare Improvement Scotland, NHS 24, NHS Education for Scotland, NHS Golden Jubilee, NHS National Services Scotland, Public Health Scotland, Scottish Ambulance Service and The State Hospitals Board for Scotland	£ 311.00	£ 362.00	£ 412.00

***unless specified in your terms of condition appointment letter**

Annex B

Breakdown of health facility visits by the Director General for Health and Social Care / Chief Executive of NHS Scotland

Date	Event/Meeting
7th October 2024	NHS Lothian Ministerial Annual Review
21st October 2024	NHS Grampian Ministerial Annual Review
4th November 2024	NHS Lanarkshire Ministerial Annual Review
5th November 2024	Chief Officers and Public Protection Leadership Event (Virtual)
7th November 2024	Scotland Health Awards
14th November 2024	UK Covid Inquiry Hearing
27th November 2024	Scotland Policy Conference: Next steps for tackling NHS Waiting Times in Scotland (Virtual)
5th December 2024	Reception to celebrate Scotland's progress towards eliminating cervical cancer
13th January 2025	Dinner with Glasgow University and Officials
27th January 2025	FM NHS Speech at National Robotarium
24th March 2025	UK Covid Inquiry Hearing
2nd April 2025	The Race for a Covid-18 Vaccine: Injecting Hope Exhibition Tour in National Museum of Scotland
29th May 2025	UK Covid Inquiry Hearing
9th June 2025	NHS Scotland Event at Strathclyde University
25th June 2025	FM Leadership Event (Whole Family Support- Getting it right through collaborative leadership)
22nd July 2025	UK Covid Inquiry Hearing
18th August 2025	NHS Shetland Annual Review
4th September 2025	Scotland Solace Conference
3rd October 2025	Re-imagining the North Event (Virtual)
6th October 2025	NHS Orkney Annual Review
8th October 2025	NHS Lanarkshire Board Award Event

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NHS Scotland Executive Group

Terms of Reference

Approved 13 November 2024

NHS Scotland Executive Group

This proposal sets out a new approach to the system leadership of NHS Scotland. It advocates a shift away from existing engagement structures and a move to provide collective leadership, strategic decision making, prioritisation and assurance of delivery through performance and accountability. It will be a collaborative and purposeful construct that supports the implementation of one service model across more than one NHS Board, excluding services that individual Boards are doing themselves and will create an important pillar of our NHS Scotland Executive.

The NHS Scotland Executive Group aims to enhance the effectiveness and efficiency of healthcare services, improving patient outcomes, by:

- Improving co-ordination: allowing multiple Health Boards to work together, to enhance coordination and streamline services across different regions.
- Improving how we use resources: combining efforts which may lead to improved efficiency and productivity, for example, sharing of resources such as specialised medical equipment and staff, which might be underutilised if confined to a single Health Board.
- Standardising Practices: enabling a more standardised approach to healthcare practices and policies, reducing variability in patient care.
- Innovation and Best Practice: fostering an environment where best practices and innovative solutions are shared and implemented more widely, benefiting a larger population.

The focus of the NHS Scotland Executive Group will cover productivity and efficiency, as well as enabling the recovery and reform work through the Care and Wellbeing Portfolio, that is pivotal to the sustainability of the NHS. It signals an intent, not simply to maintain an effective NHS, but to ensure it thrives.

The recent review of the planning and delivery arrangements through the NHS Scotland Planning and Delivery Board has set out the value of planning at a national level. While NHS Boards are discrete legal entities and accountable and responsible for how they carry out their functions and services - and the various duties and responsibilities that arise from this (permitting local decision-making to respond to local circumstances) - we need a new approach to support boards and our senior leaders to work cooperatively both regionally and nationally.

Central to this approach will be the continued understanding that the NHS Boards cannot, on their own, drive the pace of recovery and momentum of reform that is required across the health system. A renewed focus on implementation will be required in all that we are doing, including prevention and population health improvement; our continued work to support integration of health and social care; and the implementation of our national strategies and policies.

Taking a new approach, that involves our most senior leaders, is a mechanism that can be used to support these ambitions. As Accountable Officers for their health boards, Chief Executives have a personal responsibility for the propriety and

regularity of the public finances of their Board, and ensuring that the resources of the Board are used economically, efficiently, and effectively.

This new approach also supports the measures in the 1978 Act which relate to co-operation and assistance in the context of planning and providing health services, health boards must cooperate with each other, as well as with special health boards, NSS and Integration Joint Boards to promote and enhance the health of the people of Scotland. Under Section 12(J) of the NHS Scotland Act 1978 Arrangements for Service Provision:

- A Health Board may undertake to provide or secure services in the area of another Health Board.
- Health Boards can jointly provide or secure services across their respective areas.
- Health Boards undertaking such services can enter into arrangements with other Health Boards, Special Health Boards, or the Agency.

NHS Scotland Executive Group Terms of Reference

1. Purpose

The NHS and the communities it serves have changed. The NHS Scotland Executive Group will develop and agree proposals that will be recommended to NHS Boards, recognising that Boards remain responsible for the exercising of functions on behalf of Scottish Ministers. This will support the DG Health and Social Care and Chief Executive NHS Scotland to:

- jointly lead the development of national strategy and policy development;
- demonstrate delivery and implementation of NHS Recovery and Reform priorities, including productivity and the duty of best value, on an all-Scotland basis;
- discuss and agree the prioritisation and implementation of Scottish Government national policies;
- collaborate on regional and national delivery of reform and recovery, where services are not sustainable or can be delivered more effectively and efficiently;
- create capacity of our senior leaders, freeing up time by establishing a clear reporting system and limiting the number of ‘discussion groups’;
- develop strong collective leadership with NHS Chief Executives, working to strengthen services locally, regionally and nationally;
- promote and enable a co-ordinated approach (Once for Scotland) to achieve better outcomes, eliminating unwarranted variation and enable Chief Executives as Accountable Officers to deliver their general and specific responsibilities, which includes making arrangements to secure Best Value; and
- collaborative working with the NHS Board Chairs Group to ensure alignment across NHS leaders.

Reform will be a key theme throughout all agenda items. Standing items will include:

- Quality and safety;
- Performance – For example, planned care, unscheduled care, cancer waiting times – led by the system leaders with issues taken for decision, not for information;
- Finance – For example, fifteen box grid (requiring development to cover all Boards), Quarterly updates, Budget and Allocation prioritisation discussions;
- Workforce – including our culture, values, and wellbeing of our colleagues.

2. Approach

The meetings are conducted in an atmosphere of respect. The following guidelines provide ground rules to support this environment:

- a single shared space where discussion and decision take place. A subcommittee structure will be created to support this but there will be a single, protected, space where system leaders come together;
- no surprises – this is the NHS Scotland Executive Group of NHS Scotland, which will focus discussions on the priorities for our health and care system, within the scope of Ministerial priorities;
- recognise, respect, and optimise the collective roles of Boards, their Accountable Officers, Ministers and civil servants and their respective responsibilities for the health and care system;
- maintain confidentiality of discussion – enabling a free and open exchange of views before agreeing a collective approach. A culture of openness and engagement will underpin this, as set out in the sponsorship model framework; and,
- minutes of meetings and an action log of decisions will be maintained by the Secretariat, with minutes published on the SG web pages (as currently happens for CE meetings).

3. Scheme of delegation

NHS Scotland Executive Group (NHSEG) is a key lever to deliver transformation at a national level. The group will make decisions and recommendations on what should be delivered at a national level across relevant Health Boards.

Once a decision is made on a recommendation at the Executive Group, there are 2 ways this work can be taken forward. Either it requires further development and a commission is agreed to be taken forward through the supporting substructure and working groups or it is agreed that the recommendation should be communicated to Boards for consideration.

Recommendations to Health Boards

Recommendations to Health Boards are communicated through the distribution of the Minutes of the NHSEG and Action letter but also through each Chief Executive ensuring their Chair and Board are aware of the group's recommendations and discuss the implementation of proposals.

Timescales for consideration at Board level are set through the NHSEG action letter. If a Board is rejecting a recommendation, the Health Board must clearly outline why that decision has been reached and what risks they require to be addressed in order for the Board to accept the recommendation. The Chief Executives, as a representative of their Board, will be expected to bring this back to the NHSEG for discussion. This process should continue until all Boards can accept a recommendation and implement appropriately. Where necessary, a

Ministerial Direction may also be considered.

Commissions to Supporting Substructure

Commissions to the supporting substructure of the NHSEG will be agreed by the NHSEG and communicated to the lead CE representative on the subgroup. They will then take the action to the group for further work and a timescale will be agreed for the action to come back to NHSEG. This will be communicated formally through the Minutes of the NHSEG and Action letter and informally through the lead representative as appropriate.

A diagram setting out the flow of recommendations and decisions is included in **Annex A.**

4. Membership

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 deputies to cover absence.

SG membership will be the Chief People Officer, the Director of Finance, Director of Social Care, Chief Medical Officer and Chief Nursing Officer and Director of Population Health. Other Directors/Officials may be invited, as required.

All NHS Board Chief Executives attend the meeting. Other professional groupings may be invited but it will be important that outside these meetings, Board CEs are working with the full range of professional leads within the NHS, so that decisions reflect the critical input from the broad director cohort.

The principle is to minimise attendance and build the appropriate space to support our system leaders.

Full membership can be found in **Annex B**.

Roles and responsibilities

The NHS Scotland Executive Group is operationally focused and about implementing changes that have undergone substantial national engagement on agreed priority areas. It is the responsibility of Chief Executives at the meeting to ensure their Boards are aware of the discussions taking place and the pipeline of recommendations that will be coming to Boards for agreement.

The meeting Minutes and Action Letter will be shared with NHS Chief Executives and NHS Chairs for knowledge. This is to ensure NHS Chairs are aware of the business being discussed at the Executive Group.

NHS Chairs will continue to engage with the Cabinet Secretary on strategic issues and will be updated by their Chief Executive on the operational matters that are under consideration by the NHS Scotland Executive Group. As appropriate, NHS

Chairs may also be asked to input to the development work taking place through sub-committees.

5. Meetings

The meeting schedule will be controlled by the Board but will initially be scheduled at 6 weekly intervals.

The venue for NHS Scotland Executive Group meetings is to be agreed but the preference that these will be in-person, with hybrid arrangements for island Boards and others, when necessary.

These will be supported by an appropriate sub-committee programme, that will also provide an opportunity for any deep dives into issues.

The sub-committees will be co-chaired by a Chief Executive and SG Director/Deputy Director, with wider membership still to be confirmed, but should include individuals who can take work forward and provide relevant briefings as requested by the NHS Scotland Executive Group.

The NHS Scotland Executive Group will commission the relevant Sub-Committee to take forward work and will advise the Sub-Committee Chair of any relevant briefings/papers required. Sub-committees will take place at least 2 weeks prior to the NHS Scotland Executive Group meeting, to ensure that there is sufficient time for the committee to consider and approve papers before they are submitted to the NHS Scotland Executive Group.

These new committees will replace the work that was being taken forward under the portfolio structure set up under the Chief Executives Group and will bring together clinical leaders from multi-disciplinary teams. This is not an additional layer of groups/committees for our Senior Leaders to attend, instead these will be the only key committees and other groups will be stood down or become sub-committees as appropriate.

We will also undertake work to look at the range of groups established across SG which CEs attend and remove any duplication. A simplified structure with clear reporting lines will be created. This will enable Senior Leaders to focus on what we do collectively to drive forward improvements.

These are subject to review but will come together to establish a coherent and cohesive framework of governance.

The sub-committee structure will ensure space to consider:

- Planning and Delivery Board (planning and resources)
- Planned Care Programme Board
- Unplanned Care Programme Board
- Quality and Safety
- Finance and Risk
- Digital and Innovation

- Population Health/Care and Wellbeing Portfolio
- Integrated Care
- People and Workforce

UNDER DEVELOPMENT- A proposed structure outlining the scope of each committee is in development.

These mirror broadly what is in place for our largest territorial Boards and will support better alignment between SG and NHS Boards.

6. Agenda Items

The guiding principles and process for requesting items for the agenda is as follows:

- Where practicable, the agenda items will be aligned to implementation of the agreed strategic priorities for the Group, Programme for Government and keeping with the principles set out within the Group's terms of reference;
- Agenda items should be agreed during planning meetings with DGHSC/CE NHS Scotland and Chair/Vice Chair of Chief Executives;
- Agenda items must have a clear aim, objective and outcome which can be articulated to members and stated within supporting documentation. For information and update issues will be by correspondence; and,
- This will be a decision-making board, supporting the DG/CE and all members would attend with appropriate delegated authority.

7. Accountable Officer Meetings

These meetings will continue in any month where the NHSEG does not meet and will continue to be supported by NSS secretariat.

8. Quorum and Attendance at Meetings

It is expected that each NHS Board will be represented by the Chief Executive or nominated deputy at each meeting. The nominated deputy will act on behalf of the person they are representing during attendance at the NHS Scotland Executive Group.

9. Secretariat

Agendas, associated papers, and previous minutes will be distributed at least three clear days prior to each meeting, in line with Model Standing Orders used by NHS Boards. An Action Log will be created to ensure momentum is maintained.

Secretariat for the NHS Scotland Executive Group will be provided by the Office of the Chief Operating Officer within the SG. They will work closely with NSS Executive Support Team colleagues on ensuring effective meeting scheduling and development of the required sub-committee structure. This will ensure that work is commissioned to the appropriate committee and that actions are progressed and reported back to the NHS Scotland Executive Group within the required timescale.

10. Document Preparation

Standard templates will be used, similar to those currently used by Boards. Papers will be quality assured by the Secretariat and Joint Chairs, where necessary.

11. Annual Cycle of Business

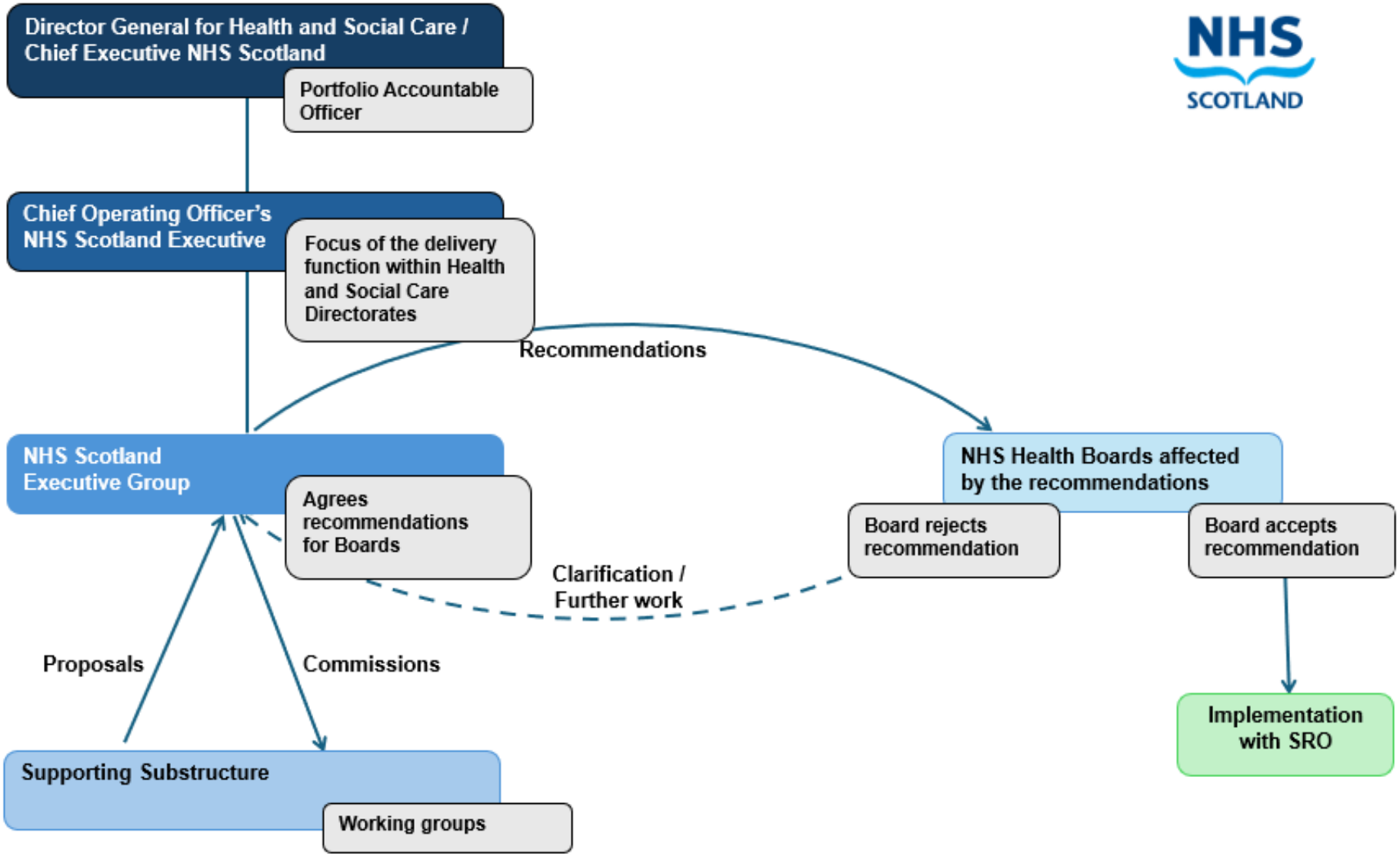
Dates for the NHS Scotland Executive Group are set out below and the Planning and Delivery Board will be aligned with these.

These are:

- 22 January 2025
- 5 March 2025
- 16 April 2025
- 28 May 2025
- 9 July 2025
- 20 August 2025
- 1 October 2025
- 12 November 2025

The NHS Scotland Executive Group will be reviewed after the first 12 months of operation.

Flow of recommendations and decision making **Annex A**



Annex B

NHS Scotland Executive Group

NHS Representatives

Role	NHS Board
Chief Executive	NHS Ayrshire and Arran
Chief Executive	NHS Borders
Chief Executive	NHS Dumfries and Galloway
Chief Executive	NHS Fife
Chief Executive	NHS Forth Valley
Chief Executive	NHS Grampian
Chief Executive	NHS Greater Glasgow and Clyde
Chief Executive	NHS Highland
Chief Executive	NHS Lanarkshire
Chief Executive	NHS Lothian
Chief Executive	NHS Orkney
Chief Executive	NHS Shetland
Chief Executive	NHS Tayside
Chief Executive	NHS Western Isles
Chief Executive	Healthcare Improvement Scotland
Chief Executive	NHS Education for Scotland
Chief Executive	NHS Golden Jubilee
Chief Executive	NHS 24
Chief Executive	Public Health Scotland
Chief Executive	NHS National Services Scotland
Chief Executive	Scottish Ambulance Service
Chief Executive	State Hospitals Board

Scottish Government Representatives

Role	Scottish Government
DG/CE NHS Scotland	Health and Social Care Directorates
Chief Operating Officer NHS Scotland	Chief Operating Officer Directorate
Director of Health and Social Care Finance	Directorate for Health Finance
Chief People Officer	Directorate for Health Workforce
Director of Social Care Resilience and Improvement	Directorate for Social Care Resilience and Improvement
Co-Director of Population Health	Directorate of Population Health
Chief Medical Officer	Directorate for Chief Medical Officer
Interim Chief Nursing Officer	Directorate for Chief Nursing Officer

Additional Scottish Government Attendees as required

Role	Scottish Government
Deputy Chief Operating Officer – Planning and Sponsorship	Chief Operating Officer Directorate
Deputy Chief Operating Officer – Performance and Delivery	Chief Operating Officer Directorate
National Clinical Lead for Quality & Safety	Directorate for Healthcare Quality and Improvement
Director of Health Workforce	Directorate for Health Workforce
Director of Social Care and NCS Development	Directorate for Social Care and NCS Development
Co-Director of Population Health	Directorate for Population Health
Director of Primary Care	Directorate for Primary Care
Director of Mental Health	Directorate for Digital Health and Care
Chief Pharmaceutical Officer	Directorate for Chief Medical Officer
Chief Dental Officer	Directorate for Primary Care
Director for Children and Families	Directorate for Children and Families

Additional Service Representatives as required

Role	Functional Group Directors
Can be drawn from NHS Director cohort – but can include the following eg	
Medical Director/Co-Chair of SAMD	NHS Highland
Medical Director/Co-Chair of SAMD	NHS Golden Jubilee
Executive Nurse Director/Chair of SEND	NHS Grampian
Chair, Directors of Finance (DoFs)	Scottish Ambulance Service
Chair, Directors of HR (HRDs)	NHS Lanarkshire
Chair, Directors of Planning (DoPs);	NHS Ayrshire and Arran
Directors of Public Health (DPH)	NHS Grampian

Other Representatives

Role	Secretariat
OCENHS Team	Scottish Government
Executive Support Team	NHS NSS