Healthcare
Improvement
Scotland

Integrated Delivery Plan 2025-26

Incorporating the annual delivery
plan and financial budget

March 2025

NHS
SCOTLAND

Contents

Planning context

The principles and priorities outlined in our [Three Year Plan 2024-27](#) remain in place for 2025-26. These are:

1. Driving a stronger and more consistent focus on safety at a national level and ensuring safety is at the heart of all we do
2. Proactively supporting the recovery and renewal of our health and social care system
3. Reducing inequalities in care by making sure the views of diverse and seldom heard groups are listened to and acted upon
4. Supporting care that improves health and wellbeing outcomes, provides value for money and supports a sustainable health and care service

For 2025-26, we will continue with delivery of these overarching priorities, being guided by:

- A relentless focus on high quality and safe healthcare
- Greater alignment across all that we do using a Quality Management System approach
- Focussing on more flexible and responsive delivery programmes

We are also responding in our planning to the Scottish Government (SG)'s priorities for reform and renewal, announced by the First Minister in January 2025. This includes improving access to treatment, reducing pressures in our hospitals and engaging with the public around reform.

We will support the system to ensure that reform is underpinned by a clear and coherent approach to change, in our leadership role as the national improvement agency for health and care.

We will actively engage at every level in the health and social care system and work with the public sector, the third sector, the public and communities to make and share improvements.

Integrated position

We remain in a challenging position, which asks us to do more with less. This has required us to consider how to make best use of our resource and expertise and ultimately ensure we are delivering our greatest impact.

We will be shifting our approach to a focus on fewer, more integrated themes, which will allow us to create efficiencies and greater coordination across programmes. This will better join up individual programmes of work to enable a cross-disciplinary and more holistic focus

on key areas of the health and social care system. The method we will use to do this is described further in this document.

We will ensure we remain flexible and responsive to the needs of the system, which could require pausing, stopping or reprofiling work throughout the year. We will keep the priorities of the system and organisation under review and amend our plans accordingly.

Financial context

The financial context and associated uncertainty create a challenging set of circumstances for Healthcare Improvement Scotland (HIS) in developing the annual budget and associated delivery plan. We have had to make key decisions in the following areas:

- How we will achieve our savings and deliver a balanced budget
- How we will use our baseline funding, including repurposing and prioritising funding
- How we will maintain a flexible budget to ensure there is sufficient capacity to react to demand and responsive support
- How we ensure investment in areas of innovation and modernisation

To deliver this, we may at times need to stop, pause and/or repurpose both existing and new work programme commissions.

Workforce context

Following the development and publication of the Workforce Plan 2022-25, a further interim Workforce Plan has been developed for 2024-2025 featuring detail on how we aim to support and develop our staff to remain a flexible, agile and high performing workforce with the right skills and expertise to support changing organisational and national priorities. Further work has taken place to provide an update to SG in March 2025 on our workforce planning activity to support and build on the knowledge provided within our delivery plans.

The Quality Management System (QMS) as our overarching approach

HIS exists to lead improvement in the quality and safety of health and care for the people of Scotland by using our skills and knowledge to tackle the quality challenges being faced. Our role is to be at the heart of national efforts to understand and shape the quality of health and care, and with partners, to embed quality management across the provision of health and care.

As well as supporting health and care systems across Scotland to embed quality management, HIS has committed to this as the method by which the organisation will operate.

The key elements are:

- **Planning for quality**: identifying priorities for improvement and designing appropriate changes to achieve them
- **Improving quality**: practical implementation of changes through repeated testing and measurement
- **Maintaining quality**: proportionate routine monitoring of "day to day" quality of services to ensure they're good enough
- **Quality assurance**: independent assessment of the quality of care and the enablers of high quality care
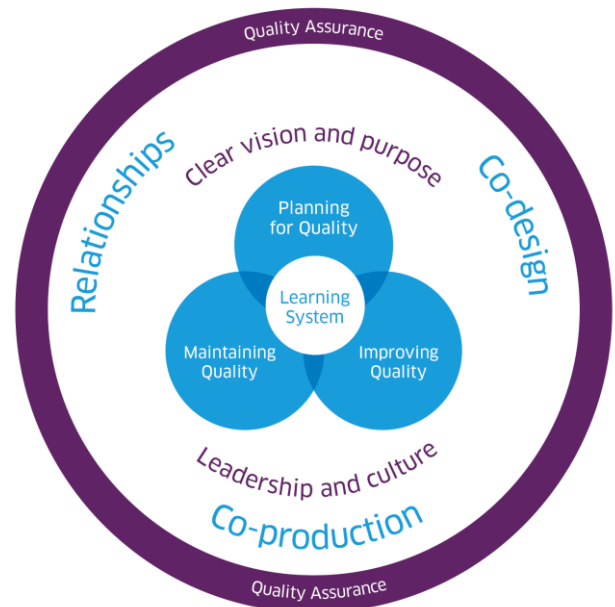

Figure 1: The Quality Management System framework

We believe this is the right direction for HIS, as an organisation comprised of staff with a wide range of expertise. The QMS approach allows us to harness this in a way that is greater than the sum of its parts, ultimately enabling us to lead improvement in the quality and safety of health and care for the people of Scotland.

Supporting high quality and safe care

We will embed a QMS approach to safety and quality for the whole of HIS, with intelligence at its heart. This will enable early detection of quality and safety issues, drive improvements in care and ensure a consistent approach to achieving quality.
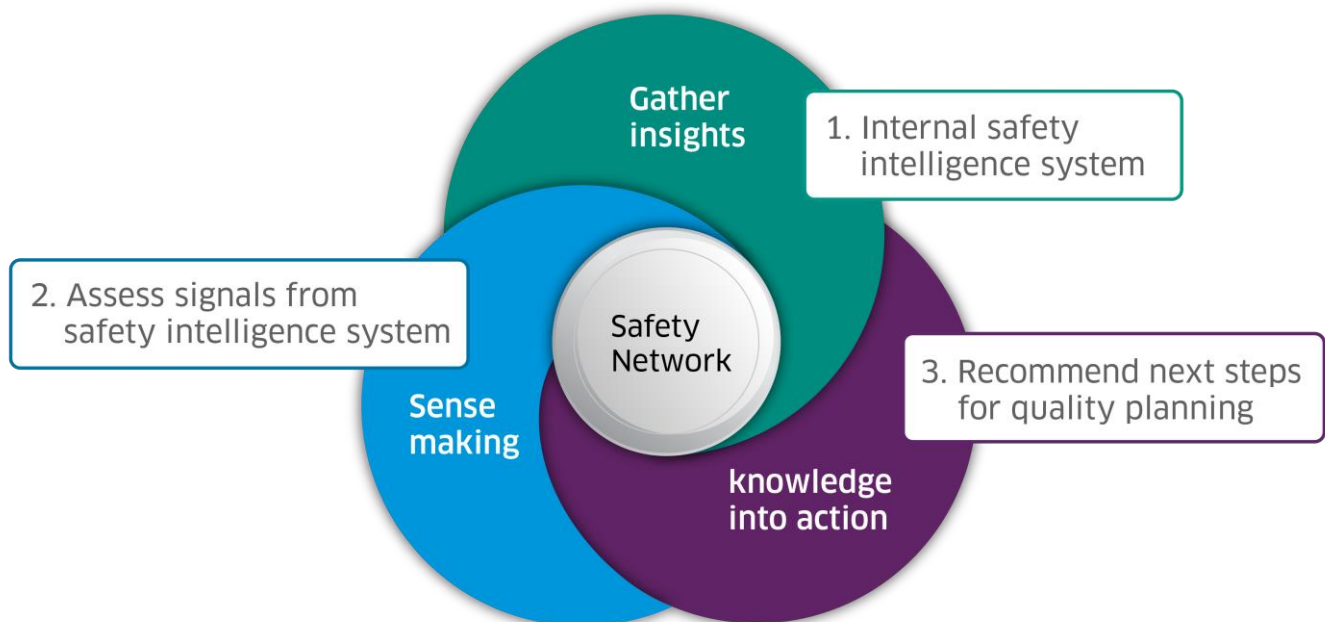
Figure 2: A QMS approach to quality and safety

Putting knowledge into action could include activities such as dissemination of information (for example via a Safety Bulletin), development of standards, guidelines or evidence, board-specific responsive support and inspections or changes to inspection.

Internally, our aims are to develop a systemic approach to managing quality and safety using the full range of HIS functions, as well as assurance that we have a full understanding of the status of the system.

Our external aims are to:

- Provide system leaders with oversight of national issues and trends in patient safety
- Provide system leaders with information and support to understand patient safety issues in their own local context
- Influence patient safety policy within SG

Work programmes across the organisation contribute to our understanding and delivery of safety and quality in the system. Further information on these is detailed throughout this plan.
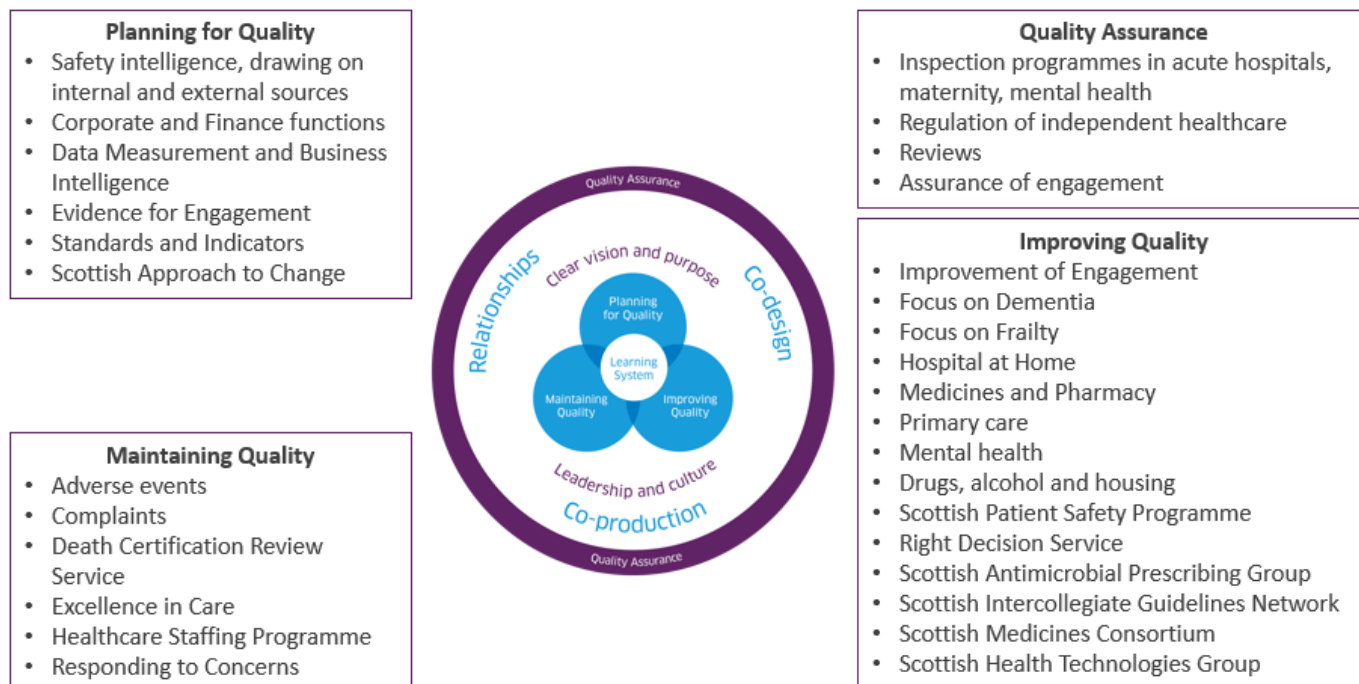
Planning for Quality
- Safety intelligence, drawing on internal and external sources
- Corporate and Finance functions
- Data Measurement and Business Intelligence
- Evidence for Engagement
- Standards and Indicators
- Scottish Approach to Change

Quality Assurance
- Inspection programmes in acute hospitals, maternity, mental health
- Regulation of independent healthcare
- Reviews
- Assurance of engagement

Improving Quality
- Improvement of Engagement
- Focus on Dementia
- Focus on Frailty
- Hospital at Home
- Medicines and Pharmacy
- Primary care
- Mental health
- Drugs, alcohol and housing
- Scottish Patient Safety Programme
- Right Decision Service
- Scottish Antimicrobial Prescribing Group
- Scottish Intercollegiate Guidelines Network
- Scottish Medicines Consortium
- Scottish Health Technologies Group

Maintaining Quality
- Adverse events
- Complaints
- Death Certification Review Service
- Excellence in Care
- Healthcare Staffing Programme
- Responding to Concerns

Figure 3: Examples of HIS programmes supporting key elements of a QMS approach to quality and safety

Our 2025-26 delivery plan

We are working to embed the QMS approach to support the following themes which we have identified for 2025-26.

Perinatal	Mental health	Primary and community care
Frailty	Drugs and alcohol	NHS reform and renewal

We will also continue to undertake our **statutory functions** including providing national leadership for evidence-based advice and guidance, assurance and engagement.

The themes we have identified align directly to the planning priorities that SG has set for HIS for 2025-26:

- Supporting the shift in balance in relation to care closer to people's homes
- Supporting more sustainable primary care
- Maternal healthcare assurance
- Mental healthcare assurance
- National Mission to reduce drug related deaths and harms
- National leadership in intelligence sharing
- Maintaining agility and responsiveness to changing pressures and risks
- Anchor planning

Our work will also support delivery of the planning priorities that SG has set for territorial boards for 2025-26, including:

- Planned care
- Urgent and unscheduled care
- Cancer care
- Mental health
- Primary and community care
- Women and children's health
- Population health and reducing health inequalities

This shift will take time—our experience has shown us this requires a change both in how we work as an organisation and how we work with our stakeholders.

Statutory work

Our statutory work, outlined below, will ensure continued delivery of our national leadership role delivered through our statutory duties. Some of these will be cross-cutting and contribute directly to our priority themes (for example, inspections in maternity and mental health, and Healthcare Staffing Programme tools across a range of settings).

More broadly, different elements of our statutory work will contribute to elements of quality management, for example **planning for quality** by identifying opportunities for improvement and ensuring these are informed by engagement, **maintaining quality** by using data, tools and standards and **improving quality** by providing national evidence-based advice. They will form an important element of developing our integrated approach to quality and safety.

Assurance

We will publish our Quality Assurance and Regulation Plan for 2025-26 which outlines our planned inspection, regulation and review activity for 2025-26. Our scrutiny and assurance activities may need to change in-year to be responsive to system challenges and ministerial requests. We will work to retain flexibility in our plans, including consideration of areas which may need to be reduced or deprioritised.

We are also considering a revised and renewed Safe Delivery of Care inspection operating model to create a more flexible and agile approach, with the ability to release capacity for themed or reactive inspections arising from intelligence such as Responding to Concerns, Safety Networks or through wider sharing intelligence routes.

Evidence

HIS is a trusted source of evidence for both clinical and policy decision making. Our extensive experience in this, along with our strong partnerships with other organisations, means we have a lead role in supporting transparent and consistent decision making across Scotland. We have outlined key activity below as well as throughout this plan.

This includes providing advice on medicines and health technologies. The Scottish Medicines Consortium (SMC) will continue to provide advice for new medicines on a 'once for Scotland' basis with the aim of ensuring the people of Scotland have timely access to medicines that demonstrate value and provide most benefit based on best available evidence. The Scottish Health Technologies Group (SHTG) provides advice on non-medicine health technologies and working with other partners, HIS is committed to playing a stronger role in building a more cohesive and visible gateway for the evaluation of new and emerging technologies and which reflect national priorities, providing assurance to both the service and potential industry partners. The evidence that we gather through meaningful

engagement is core to our evidence base further strengthens our ability to ensure that the voices of people and communities inform decision making.

Engagement

HIS has a statutory duty to support, monitor and assure NHS boards and health and social care partnerships (HSCPs)' duty of public involvement, which are outlined in the Planning with People: community engagement and participation guidance. Our quality assurance approach assesses major service change activity to ensure that engagement is carried out with people at the outset, and is inclusive, proportionate and robust.

Programmes for 2025-26

Programmes	Key deliverables and timescales
NHS inspections Delivery partners: • His Majesty's Inspectorate of Prisons for Scotland (HMIPS) • His Majesty's Inspectorate of Constabulary in Scotland (HMICS)	**Safe Delivery of Care inspections** • **Acute hospital**: ten inspections planned • **Maternity**: eight inspections planned • **Mental health**: ten inspections planned. Additionally, SG announced in February 2025 that HIS and the Mental Welfare Commission (MWC) will be asked to undertake reviews of all adolescent inpatient units as well as the national child inpatient unit. These are currently being planned. Reports for each inspection and associated improvement action plans will be published on our website. **Joint inspections of prisons**: four inspections planned. A report will be published for each inspection. Follow-up activity (eg inspections) will also take place where required. **Joint inspections of police custody centres**: three inspections planned. Follow-up activity (eg inspections) will also take place where required. *To note–the business case for this work is currently being considered through the commissioning process.*
Multi-agency inspections Delivery partners: • Care Inspectorate • Education Scotland • HMICS	**Joint inspection of adult support and protection (ASP)**: At present, phase 2 of this work ends in July 2025, and discussions are ongoing with SG regarding next steps. **Joint inspection of children's services**: Undertake development work to develop and implement a joint methodology for inspections with a new focus on children looked after at home.

Programmes	Key deliverables and timescales
	The first of six planned inspections will commence in autumn 2025. **Joint inspection of adult services (integration and outcomes)**: two inspections planned, on the theme of mental health. These joint inspections will focus on the effectiveness of partnership working in creating seamless services that deliver good health and wellbeing outcomes for people and their unpaid carers, through the lens of different service user groups. An inspection report and improvement action plan will be published.
Ionising Radiation (Medical Exposure) Regulations IR(ME)R	• Undertake a programme of inspections, moving to a service-based graded approach to inspection frequency to align with the International Atomic Energy safety standard. The current programme target is ten inspections per year, and this will be reviewed once the preferred model for a graded approach has been agreed. • Respond to all statutory notifications, as outlined in the significant accidental or unintended exposures (SAUE) guidance (approximately 150 per year) • Take forward recommendations from the Integrated Regulatory Review Service mission
Regulation of independent healthcare (IHC)	Our regulatory functions for IHC include: • Registering IHC services • Proactive inspections of registered services • Investigating complaints about registered IHC services • Responding to notifications from registered IHC services • Taking enforcement action of registered IHC services where necessary, continuing with development work to support the regulation of independent healthcare We will complete the internal deep dive review of systems and process for the regulation of IHC services to ensure sustainability and functionality of the approach. Our IHC inspection programme, including the planned number of inspections, will be informed by the outputs of the review. This year's delivery plan will also include the registration of Independent Medical Agencies (IMAs) and extension of

Programmes	Key deliverables and timescales
	legislative changes to include some pharmacy services. Work is ongoing for implementation in June 2025. We will also continue to engage with SG regarding further proposed changes in legislation, which would require a significant period of implementation.
Responding to Concerns (RTC) Delivery partners: • NHS boards • National partner organisations • Independent National Whistleblowing Officer (INWO) • SPSO • MWC	• RTC case handling: assess and investigate concerns raised and communicate with those raising concerns • Implement RTC programme redesign following outputs of the review undertaken in 2024 and undertake evaluation of implementation. This will include development and implementation of case assessment documentation, assessment and judgement framework, professional input/advice, roles and responsibilities, technology, key performance indicators (KPIs) and outcome measures, and programme governance.
Death Certification Review Service (DCRS) Delivery partners: • National Records of Scotland • NHS boards • NHS Education for Scotland (NES)	• Review of approximately 12% of Medical Certificates of Cause of Death (MCCD) • Support certifying doctors to accurately complete MCCDs via the DCRS enquiry line • Review all applications for repatriation to Scotland

Healthcare Staffing Programme (HSP)
 	
Delivery partners:
• NHS National Services Scotland (NSS)
• RL Datix
	• Monitor and maintain staffing tools for quality planning within:
	  • Acute hospitals (inpatients and emergency departments)
	  • Community (community nursing and Hospital at Home)
	  • Children and young people (health visiting, school nursing, paediatrics inpatient and children's community teams)
	  • Learning disabilities
	  • Maternity and neonates
	  • Mental health

Programmes	Key deliverables and timescales
	• Undertake monitoring and development of the Common Staffing Method (CSM) and NHS boards' compliance with staffing duties under the Health and Care (Staffing) Scotland Act • Build knowledge and capability in the system through provision of improvement support
Assurance of engagement • Service change • Quality Framework assurance support	**Service change** • Provide advice and support for all service changes, including the implementation of nationally determined service changes for NHS boards and HSCPs. This work includes harnessing strategic and local intelligence. • For major service changes this includes approval of the consultation phase and development of an evaluation plan including feedback from members of the public participating in formal consultation. We will collate and analyse findings of assurance of engagement work against Planning with People guidance, to inform quality assurance reports on Major Service Change consultations. • For service changes that do not meet the threshold for major change, we will review engagement and consultation plans and provide feedback. We will develop an engagement assurance plan in agreement with partners to support improving planning of services in partnership with service users. • Deliver workshops for partners covering statutory duties, option appraisal, ongoing engagement and Planning with People. **Quality Framework assurance support** • Provide responsive and tailored advice and support to NHS boards and HSCPs on use of the Quality Framework for Community Engagement and Participation • Facilitate consensus discussion with external stakeholders followed by provision of support to boards to create improvement plans
Scottish Medicines Consortium (SMC)	**Core business including medicines assessment and horizon scanning** • Provide early intelligence on new medicines in development including contribution to the new SG-led Horizon Scanning Advisory Board

Programmes	Key deliverables and timescales
	• Provide advice on the clinical and cost effectiveness of new medicines for NHS Scotland **Innovation Licensing Access Pathway (ILAP)** • Work with partners on ILAP, which aims to reduce the time to patient access to innovative medicines, integrating the evidence base required for approval and access, involving both regulatory and Health Technology Assessment (HTA) agencies • Delivery partners: Medicines and Healthcare Products Regulatory Agency (MHRA), National Institute for Health and Care Excellence (NICE), All Wales Therapeutics and Toxicology Centre
Scottish Health Technologies Group (SHTG)	• SHTG expects to produce advice on approximately ten health technologies per year (including Accelerated National Innovation Adoption (ANIA) outputs). • Technology reviews planned for publication in 2025-26 include chronic pain interventions (for the SG Pain Management Task Force) in secondary care and home blood pressure monitoring (for the cardiovascular disease (CVD) workstream of the Preventative and Proactive Care Programme Board). • We are in discussion with SG regarding an expanded commission for Hospital at Home, which would include an HTA for virtual wards (further described in the frailty theme).
Controlled drug governance Delivery partners: • SG • Department of Health and Social Care • Home Office • Care Quality Commission (CQC) • Controlled Drug Accountable	• Work in collaboration with SG and CDAO Executive to strengthen governance arrangements for safe and effective use of controlled drugs in all healthcare settings • Collaborate with SG, Home Office, Department of Health and Social Care, CDAO Executive and CQC Cross-Border Controlled Drugs Group to contribute to a post-implementation review of the Controlled Drug regulations • Implement the recommendations from the report on self-declaration and assessment of controlled drugs governance arrangements • Manage the process for annual returns for CDAO arrangements in all designation bodies

Programmes	Key deliverables and timescales
Officers (CDAO) Executive • Designated Bodies in Scotland	• Develop an interactive website to allow HIS to discharge statutory duties in relation to a contemporaneous register of CDAOs

Safety

As noted above, programmes across the organisation contribute to the management of safe, high quality services. The following programmes are central to our management of safety in the system.

Programmes for 2025-26

Programmes	Key deliverables and timescales

Sharing Health and Care Intelligence Network (SHCIN)	• The SHCIN focuses on prioritisation of emerging issues in the health and care system which supports a more agile and responsive approach, taking early action on new risks as individual network members or as a collaborative across the SHCIN.
	• The group will meet on a quarterly basis during 2025-26, with the option to convene a review panel meeting should an emerging concern arise. HIS will provide the secretariat for these meetings and produce the Annual Statement.
	Network members:
	  • Audit Scotland
	  • Care Inspectorate
	  • General Chiropractic Council
	  • General Dental Council
	  • General Medical Council
	  • General Optical Council
	  • General Osteopathic Council
	  • General Pharmaceutical Council
	  • Health and Care Professions Council
	  • Mental Welfare Commission for Scotland
	  • NHS Education for Scotland
	  • Nursing and Midwifery Council
	  • Public Health Scotland
	  • Scottish Public Services Ombudsman
	  • Scottish Social Services Council

Adverse events Delivery partners: • NHS boards • Scottish Fatalities Investigations Unit (SFIU)	• Deliver the revised adverse events national framework for all NHS boards by early 2025. A toolkit will be launched in April 2025 • Develop and implement the process for monitoring and evaluation of the framework • Continue the programme for national standardisation of the commissioning of Significant Adverse Event Reviews (SAERs)

Programmes	Key deliverables and timescales
• Scottish Public Services Ombudsman (SPSO) • Mental Welfare Commission for Scotland (MWC)	• May 2025: Review of the HIS SAER Notification System. Embed the Community of Practice platform across NHS Scotland. • Implement improved methodology for qualitative and quantitative analysis and implementation of revised data management protocol, working with National Hub for Reviewing and Learning from the Deaths of Children and Young People • We will work with SG to embed the revised approach across boards and ensure clarity regarding roles and responsibilities

The Scottish Patient Safety Programme (SPSP) continues to provide a foundation of safety across what we do and is comprised of several workstreams.

Scottish Patient Safety Programme workstreams

Scottish Patient Safety Programme workstream	Key deliverables and timescales
Essentials of Safe Care and Learning System Delivery partners: • NHS boards • HSCPs • Care Inspectorate • SCHIN	• Review and publish refreshed SPSP Essentials of Safe Care change package and measurement framework • Deliver a programme of SPSP learning events and activities throughout the year to support learning spread
Paediatrics Delivery partners: • NHS boards • Royal College of Paediatrics and Child Health • SCHIN	• Offer improvement support to all NHS Scotland health boards informed by emerging priorities identified in the safety risk management system (for example, review of Paediatric Early Warning Score in line with evidence base and application in other UK nations)
Medicines Delivery partners: • NHS boards • SCHIN	• Offer improvement support to all NHS Scotland health boards informed by emerging priorities identified in the safety risk management system and key topics relating to medicines safety (for example, high risk medicines, time critical medicines, medicines dispensing)

Scottish Patient Safety Programme workstream	Key deliverables and timescales
Acute adult	• Offer improvement support to all NHS boards, informed by emerging priorities identified through HIS's safety risk management system as well as key topics for the safety of adults in hospital (medicines, falls, deteriorating patients and pressure ulcers)

Deliverables in SPSP perinatal and SPSP mental health are included within relevant themes.

We will also respond to the findings and recommendations from the NHS Greater Glasgow and Clyde Emergency Department review published in March 2025. It is likely that further work will need to be undertaken in relation to emergency care.

Cross-cutting work

The following programmes will also support delivery across multiple themes as well as the different elements of the QMS approach.

We support the service to make evidence-informed decisions through the provision of advice, guidance and recommendations that use internationally accredited methodologies to assess published research. This means that our work in evidence flexes to meet needs and sits across the multiple themes outlined in our work programme.

Programmes for 2025-26

Programmes	Key deliverables and timescales
Excellence in Care (EiC) Delivery partners: • Public Health Scotland	EiC has prioritised developing quality and safety measures for perinatal and mental health as part of a QMS approach for HIS. This will provide data on the Care Assurance and Improvement Resource (CAIR) dashboard for monitoring how boards are maintaining quality and meeting the standards for perinatal and mental health. Additionally, EiC now regularly provides data from CAIR to inform HIS inspections, HIS monitoring of the Health and Care Staffing Act and in response to requests from RTC. EiC is currently monitoring and supports assurance and improvement within: • Acute hospitals • Community (community nursing) • Children and young people (health visiting and school nursing) • Learning disabilities • Custodial healthcare/secure environment • Maternity • Mental health • Medicines safety • Infection prevention and control
Right Decision Service (RDS)	RDS is a 'Once for Scotland' source of digital tools that enable people to make safe decisions quickly 'on the go' based on validated evidence. It provides health and social care organisations with tools to build decision-ready guidance, pathways, risk scoring tools, shared decision aids and other decision support resources. It has an important role to play in both planning for and improving quality, and supports

Programmes	Key deliverables and timescales
	implementation of outputs from across the organisation. Examples of deliverables for 2025-26 include: **Improving population health and inclusion** • Roll-out of new UK CA marked ASSIGN tool for CVD risk assessment in primary care in parallel with new coding system • Initiate integration of ASSIGN into Vision primary care system • Expand use of Prevent progress of diabetes app across at least two NHS boards, building on successful evaluation • Work with public library services in at least three local authorities to promote and embed use of RDS patient/public-facing apps. Continue strategic collaboration with the ALLIANCE and the Scottish Library and Information Council to strengthen partnership working between NHS boards and public library partners to build the role of public libraries as enablers of community health and wellbeing, self-management and preventative and proactive care. **Consistent evidence-based practice** • Deliver all Scottish Intercollegiate Guidelines Network (SIGN) guidelines, standards and technology assessment recommendations as decision-ready RDS tools. **Addressing workforce challenges** • Develop delivery plan and first phase of implementation of learning programme for end-users and creators of RDS decision support tools. We are also working with NHS Lanarkshire to develop a Planned Date of Discharge Decision Support System in the RDS platform. It builds on the existing RDS tools for delirium, frailty, early signs of deterioration and malnutrition. Piloting will begin in June 2025. If this is successful then the potential to adapt and spread across Scotland will be explored. In addition, we will explore what existing RDS tools could be promoted and expanded to reduce delayed discharge, for example through spreading their use in social care settings. *The RDS business case for 2025-26 is currently under discussion with SG.*

Programmes	Key deliverables and timescales
Standards Delivery partners • Royal Colleges • Scottish Screening Committee • Third sector • NES • Care Inspectorate	• Breast screening standards • Clinical governance standards Additional standards are outlined within relevant themes.
SIGN guidelines	• Antibiotic prophylaxis in surgery guideline (delivery timescale dependent on publication of international guideline) • Palliative care guidelines updates to include, choosing and changing opioids, bone pain, out-of-hours handover, people with learning difficulties and palliative care needs (to be delivered by March 2026) • Epilepsy in children guideline update (to be delivered by October 2025) • Deliver a series of national position statements that summarise the state of play in areas of key clinical importance for NHS Scotland Additional guidelines are outlined within relevant themes. Our processes for selecting topics are set up to ensure alignment to national priorities.
Research and Information Service (RIS)	Evidence for external stakeholders • Tailored evidence services delivered to external stakeholders, supporting the broad healthcare system and fulfilling HIS's remit to promote improvement across Scotland. Includes reviews for other public sector bodies.

Equality and inclusion

Our work will be underpinned by a focus on equality and ensuring people and communities are at the heart of what we do.

As we outline in our three-year plan, one of our priorities is to focus on reducing inequalities in care by making sure the views of diverse, including seldom heard, groups are listened to and acted upon. We will undertake this through our statutory assurance of engagement work outlined above.

While we mainstream equality considerations throughout all our programmes of work, we have planned specific work to target key areas of inequality in healthcare and health outcomes. This will be undertaken as part of our refreshed Equality Outcomes and Anti-Racism Plan covering 2025-29. These all have associated actions and measures relevant to our external facing work as well as our workforce.

For example, as part of our commitment to improve the safety and quality of perinatal care we have set an outcome that by March 2029, through our perinatal QMS, including new standards and inspections for maternity care, we will improve the quality and safety of maternity care for everyone, with a specific focus on improving outcomes for people from protected characteristic groups.

We have also set an outcome that by March 2029, HIS employees who are disabled, neurodivergent and/or have a long-term condition experience an inclusive work environment and opportunities for professional development.

Furthermore, our Equality, Inclusion and Human Rights programme provides assurance that HIS is meeting its Public Sector Equality Duties. For 2025-26, the programme's outputs will be a quarterly HIS KPI on Equality Impact Assessment (EQIA) completion, HIS's Anti-Racism Plan and Corporate Parenting Action Plan, as well as revised resources, induction training and a refreshed handbook for Public Partners.

Perinatal

Our approach

Building on work initiated in 2024-25, our aim is to deliver a programme of assurance, evidence-based standards and improvement support for perinatal services. We are also developing a learning system to support collation of data, insights and intelligence to inform our ongoing work in this area. The learning system provides an opportunity for teams across HIS to come together to share, learn and understand our contribution to perinatal services and build knowledge, inform decisions about how we deploy resource and to accelerate improvement in outcomes.

Our vision is that perinatal services in Scotland can systematically manage and improve the quality and safety of care delivery.

The intended impacts of this work are improved outcomes for service users and their families across the domains of reduced stillbirth and neonatal deaths, reduced risk of preterm births, increased focus on inequalities (including via our Equality Outcomes) and increased recognition of deteriorating woman/birthing person. Families will benefit from a healthy mother, parent and baby returning to their home environment and contributing to a healthier Scotland. Women/birthing people and the wider public will have confidence in perinatal services in Scotland based on evidence.

Programmes for 2025-26

This work is supported by the following statutory functions highlighted earlier in our delivery plan:

- Safe delivery of care inspections–maternity
- Healthcare Staffing Programme–maternity staffing level tool

Programmes	Key deliverables and timescales
SPSP Perinatal	13 NHS boards have joined the SPSP Perinatal Collaborative, which launched in November 2023. - SPSP Perinatal aims to reduce stillbirths, reduce neonatal morbidity and mortality, understand variation in caesarean birth rates and improve the recognition, response and review of the deteriorating woman/birthing person. - Progress and learning from the programme will be shared through the HIS Perinatal QMS learning system. - New priorities for improvement identified through the HIS QMS will inform revisions of SPSP Perinatal content as appropriate.

Programmes	Key deliverables and timescales
Standards Delivery partners: • Public Health Scotland (PHS) • NES • Third sector • Royal Colleges • Scottish Screening Committee • National Screening Oversight Board (NSOB)	• Maternity/perinatal standards are being developed in parallel to core clinical and care governance standards, and are due for publication in September 2025. • Newborn bloodspot screening standards are due for publication in December 2025.
National Hub for Reviewing and Learning from the Deaths of Children and Young People ("National Hub") Delivery partners: • Care Inspectorate	• Process data on the deaths of children and young people, from National Records Scotland, on a weekly basis. • Receive and quality assure relevant data from NHS boards and local authorities. • Provide child death data numbers and themes from child death reviews from the National Hub portal to NHS boards and Local Authorities. (May and November 2025). • Publication of Data Release report for 2023-24 in May 2025. • Implement improved methodology for qualitative and quantitative analysis and implementation of revised data management plan. • Production of sudden unexpected death in childhood (SUDC) and care experienced child or young person data subsets.

Mental health

Our approach

We have consolidated our mental health work programmes and funding into a single HIS-wide offer focused on mental health standards, reform, assurance and responsive support. In 2025-26 we will further embed the QMS approach to this work to ensure a whole organisation, multi-layered impact to the design and delivery of the work. It will be facilitated through regular meetings across the organisation, to increase communication and knowledge, and build partnership approaches.

We are seeking to address the increased complexity and demand on fragile NHS mental health services.

Our aims are to:

- Reduce preventable harm and unwarranted variation for people accessing mental health services
- Reduce stress and distress in hospital that leads to self-harm, suicide and violence, through the Mental Health SPSP programme
- Reduce escalation of crisis in mental health, through the Mental Health Reform programme
- Support people to get access to the right care, in the right place, at the right time, with equitable experience across Scotland, by improving and creating new pathways of care and inclusion for currently poorly served marginalised groups who experience complex mental health issues
- Improve outcomes for people with co-occurring substance use and mental health conditions through ensuring each area in Scotland has an interface protocol between mental health and substance use services
- Respond to emerging requirements within the external Mental Health System, identified through SG and key stakeholders

Our intended impacts are:

- An increase in achievement of mental health quality standards from baseline
- A reduction in waiting lists for community, specialist and acute services
- A reduction in delayed discharges and inappropriate placements
- A reduction in harms within inpatient settings (suicide, safety incidence and violence)
- A reduction in detentions under the Mental Health Act
- An increase in people able to be in sustainable education and employment

KPIS and measurement plans for the programmes outlined below have been agreed with SG are in place until end March 2026.

This supports SG's priorities for NHS reform and renewal including reducing pressure on hospitals through reducing delayed discharges.

Programmes for 2025-26

This work is supported by the following statutory functions highlighted earlier in our plan:

- Safe delivery of care inspections – mental health
- Joint inspections of adult services
- Healthcare Staffing Programme – mental health staffing level tool

Our provision of assurance for mental health services will consider safety and quality of care and focus on identifying areas for improvement as well as sharing and promoting good practice.

Programmes	Key deliverables and timescales
Mental health improvement standards and SPSP Mental Health Delivery partners: • NHS boards • Third sector • People with lived and living experience • Royal College of Psychiatry	• Support the development and implementation of improvement plans in line with the core mental health quality standards and in line with a newly purposed SPSP for mental health within all mental health services by 31 March 2026 • Build upon previous work within SPSP Mental Health (for example seclusion, restraint, coercive practice, observation, safety at transition) and use data to support identification of national improvement priorities to be addressed with SPSP Mental Health
Mental health reform Delivery partners: • NES • PHS • HSCPs • Third sector • See Me	• Work with a minimum of six local sites focused on developing pathways and change in their system • Make a national offer of support to NHS Scotland boards who wish to develop evidence-based services and pathways for those who are poorly served within areas of complexity • Use the launch of the implementation guide (and Essentials of Early Intervention in Psychosis (EIP) module on Turas) to influence and support the development of evidence-based EIP services and lend support to managing other cohorts of people and conditions better

Programmes	Key deliverables and timescales
Mental health responsive support Delivery partners: • National health and care organisations and bodies • "Coming Home" leads • COSLA • Third sector	• Respond to emerging high risk or high-profile priorities within the mental health system, identified through the safety intelligence system, SG, and/or key stakeholders (MWC or boards), prioritised though HIS's responsive support process. • Work nationally to optimise and accelerate opportunities for change. • The current programme of work focused on reducing delays in discharge in both mental health and learning disabilities services will continue. The focus of this work is to reduce the length of delays, total number of delays and to prevent delays from occurring. • Continue to develop of peer network for "Coming Home". This brings together a range of experts from across Scotland to share good practice and focus collectively upon challenges to care of people with highly complex needs.
Mental health and substance use Delivery partners: • PHS • NES • MAT Implementation Support Team • 31 Alcohol and Drug Partnerships • Local mental health leads • Drugs and Alcohol Unit	• Ensure all local areas have a protocol in place by spring 2026 • Support local areas to refine and implement protocols throughout 2025-26 • Test, refine and embed best practice around the implementation of these protocols • More in depth work with six localities to capture and utilise learning about the process of implementation • Develop and deliver a national learning system focused on the needs of those with co-occurring conditions. This will connect with the drugs and the mental health learning system work, to ensure maximum impact in the system. • In partnership with NES review education modules on mental health and substance use available to NHS Scotland staff This also supports work within our drugs and alcohol theme.

Primary and community care

Our approach

We have been commissioned to deliver practical support that accelerates delivery of sustainable improvements across key areas in primary and community care. We will do so by bringing together work in system improvement and improving access, underpinned by evidence-based guidelines and recommendations. The key deliverables for HIS are outlined in the table below.

This will support SG's intended impacts of the commission, which are that independent contractors, health boards and HSCPs can deliver:

- Improved access to primary care services and support
- Improved continuity of care
- Increasing the number of people supported by GP out-of-hours services and improved experience for people working in GP out-of-hours services
- Reduction in attendance at emergency departments through better access
- Improved early identification and intervention in multiple areas including frailty and dementia
- Improved medicines management in primary care, which reduces prescribing costs and improves efficiency
- Reduced inequalities in primary care
- Reduced antibiotic prescribing in primary care
- Improvements in appropriate staffing across multidisciplinary teams (MDT)
- Reducing demand on GP service for musculoskeletal (MSK)-related issues
- Improved patient experience through more timely access to community MSK services
- Reduction in number of people on orthopaedic waiting list
- Provision of evidence-based recommendations to support treatment in primary care and community settings
- Improved management of long-term conditions, which improve patient outcomes and quality of life as well as reducing avoidable admissions to hospital

This also supports the recently announced priorities for NHS reform and renewal by improving access to care closer to home and increasing general access to primary care services.

Programmes for 2025-26

Programmes	Key deliverables and timescales
Primary Care Phased Investment Programme Delivery partners: • SG • HSCPs • NHS boards • GP practices • PHS • NSS	• Work with demonstrator site areas to improve implementation of Community Treatment and Care (CTAC) and Pharmacotherapy Services across six HSCPs by September 2025 • Design and lead a national primary care collaborative, which support teams to use Quality Improvement (QI) to improve aspects of access, workflow, CTAC, pharmacotherapy services and inequalities in primary care • Develop service principles with primary care teams through a national learning system based on learning from demonstrator sites and collaborative teams • Develop standards and advice through the creation of a standard set of national measures for ongoing monitoring and future evaluation of the impact of the MDT component of the general medical services (GMS) contract as part of the final evaluation in December 2025 • Build evidence on implementation through the data, measurement and evaluation component of the programme which includes QI data, evaluation data and SG assurance data and make recommendations based on this by December 2025
Primary care learning system	• Share learning and insights from the Primary Care Phased Investment Programme through webinars, events and progress updates • Develop topic specific opportunities for shared learning through our national webinar series • Work with people leading and supporting GP cluster work to share learning that improves the implementation and development of GP Clusters • Work with healthcare professionals implementing CTAC services to share learning that improves the delivery of CTAC services • Maintain the Primary Care QI Faculty to provide clinical support and leadership for our programmes • Capture learning about impact of QI in primary care. Synthesise and disseminate learnings into tools and resources that enable spread

Programmes	Key deliverables and timescales
	• Deliver national learning events to assist with scale up and spread.
Future care planning	• Maintain guidance and resources on all aspects of future care • Identify appropriate support for health and social care professionals throughout the care planning process • Develop the evidence base for future activities
Primary care access	Develop an extended primary care national collaborative to implement local delivery of the Primary Care Access Programme. This will include: • Supporting change through QI sprints • Redesign and transformation of primary care access via cascaded model of QI delivery • Building evidence on implementation • Developing guidelines and advice on improving access • Collaborating with citizens' panel to ensure effective engagement
Primary care inequalities Delivery partners: • NES • PHS • Deep end GPs	• Test redesign of primary care systems in general practice teams • Build on and implement current evidence on inequalities in primary care • Involve patients in our work at each stage through the evaluation of the Primary Care Phased Investment Programme • Improve meaningful engagement of populations affected by inequalities in primary care • Develop guidelines for wider primary care system on how to reduce inequalities
Primary care medicines Delivery partners: • PHS • NES	We will design a programme of work to support change and redesign primary care medicines management with a focus on reduction of antimicrobial prescribing in collaboration with Scottish Antimicrobial Prescribing Group (SAPG). This programme will include: • Review of evidence base • Initial test of change with primary care teams • Patient engagement approaches to co-design improvement programme specific to primary care settings

Programmes	Key deliverables and timescales
	• Development of guidelines and advice to scale up and spread improvement
Improving access to GP out-of-hours	• Undertake a short improvement sprint with three services to test and refine the GP Access and Access QI improvement methods to improve access to GP out-of-hours • Offer a national improvement collaborative to all GP out-of-hours services in Scotland to support changes to maximise use of their capacity to improve access to out-of-hours services • Deliver a national learning system to enable peer-to-peer learning to enable knowledge mobilisation and surface evidence that can be used for future transformation of out-of-hours services
Improving access to planned care Delivery partners: • Centre for Sustainable Delivery (CfSD) • NHS boards • HSCPs • Care Inspectorate • NES • PHS	• Deliver practical improvement support that accelerates the delivery of sustainable improvements in access to musculoskeletal (MSK) services in Scotland • Continue to share learning from Access QI which developed robust methods for improvement in access to planned care • Capture, synthesise and share evidence on changes that can successfully improve access to care with publication of advice and toolkits to enable spread of evidence-based change ideas • Support changes in pathways and processes through the delivery of improvement sprints. This will enable the identification of high impact opportunities to improve timely access to care and application of QI methods to rapidly improve access to care. • Enable services to redesign community pathways that sustainable reduce demand into secondary care elective care specialties • Align with Focus on Frailty programme for synergistic impact related to falls reduction in older people • Reduce attendance at emergency departments
SIGN guidelines	• Asthma guideline updates • Chronic pain guideline • Migraine guideline • Non-pharmaceutical management of depression guideline

Programmes	Key deliverables and timescales
	• Risk estimation and the prevention of CVD guideline • Obesity guideline

Frailty

Our approach

Our aims are to work across the health and social care system to manage the safety and quality of care and accelerate improvement of outcomes and experiences for people experiencing frailty, their families and carers. This will build on the successes of programmes such as Focus on Frailty, Focus on Dementia and Hospital at Home for adults and older people.

We will continue our support for the expansion of Hospital at Home beds. We recognise that there is some variation in the application of Hospital at Home in Scotland and that there is scope to ensure it is delivered in the most efficient and cost-effective way. The deputy Chief Medical Officer has commissioned us to undertake an HTA for virtual wards to provide evidence and support a consistent approach to the new and emergent clinical teams and this work is currently under discussion.

Our national work to develop an integrated approach to the identification, assessment and care coordination of frailty across community and hospital settings has identified opportunities to reduce length of stay and to allow individuals to be supported for longer at home. HIS is working in collaboration with SG and the CfSD to determine how the expansion of frailty pathways in unscheduled care across NHS Scotland can be supported across national organisations.

We have also been providing local improvement support to reduce delayed discharges for adults with incapacity. This work will be completed in April 2025, and in addition to work in mental health outlined above, we will continue to support reducing delayed discharges through the frailty theme.

Our intended impacts are:

- A reduction in time older people spend in hospital
- A reduction in avoidable hospital admissions for older people
- A reduction in number of older people experiencing delayed discharge
- A reduced demand on GP, acute and care home settings

This supports the recently announced priorities for NHS reform and renewal including shifting the balance of care by expanding the number of Hospital at Home beds available across Scotland and delivering direct access to frailty teams in emergency departments.

Programmes for 2025-26

This work is supported by the following statutory functions highlighted earlier in our ADP:

- Healthcare Staffing Programme–Hospital at Home staffing level tool

Programmes	Key deliverables and timescales
National implementation of Hospital at Home for older people/acute adult Delivery partners: • Territorial boards • HSCPs • NES • UK Hospital at Home Society • CfSD • PHS	*To note–HIS is currently in discussion with SG regarding an expanded Hospital at Home commission including implementation on a broader scale, evidence (HTA) to underpin future development of monitoring through virtual wards and development of data, reporting and quality assurance. This will require formal commissioning and additional resource.* Key deliverables (in current budget) include: • Support existing older people/acute adult Hospital at Home services to transform from pilot services to sustainable services • Support changes within boards to scale up existing services to serve older people/adults living in geographical areas not currently covered by existing services • Deliver a national data collection process for older people/acute adult Hospital at Home services while working with PHS to develop a PHS-owned national data collection mechanism and publications to generate official statistics for scrutiny and assurance of services. This will enable HIS to begin transitioning national older people Hospital at Home data reporting to PHS. • Continue to build evidence base of value for Point of Care Testing equipment to enable publication of advice and guidance for services' investment in equipment and their role to maximise use of capacity in services • Progress engagement work with care home providers to understand the barriers care home residents have accessing care from Hospital at Home services and identify what changes are required to enable care home residents to avoid hospital admission. • Increase engagement activity with Hospital at Home patients, and their carers, to better understand impact of Hospital at Home on their lives compared to traditional hospital admissions • Facilitate a national learning system to enable peer-to-peer knowledge mobilisation across Hospital at Home services in Scotland to accelerate pace of change • Work with SG, CfSD and PHS to contribute towards development of national policy for a range of "Hospital at

Programmes	Key deliverables and timescales
	Home" services beyond the traditional adult/older people services.

Focus on Frailty
 	
Delivery partners:
• NHS boards
• HSCPs
• CfSD
	• The programme is open for expressions of interest and will focus on providing improvement support to teams seeking to:
	    o Set up hospital front door frailty pathways
	    o Improve integrated care coordination across community, primary and acute care.
	• Focus on Frailty is an integrated programme which builds upon previous frailty improvement programmes and the evidence base. It aligns with the principles of Getting it Right for Everyone and will support teams to implement the Ageing and Frailty Standards. It will also provide a phased approach to support NHS boards to meet ambitions for frailty teams in 2025.

Focus on Dementia: Post-diagnostic support (PDS) Delivery partners • Alzheimer Scotland • NES • NHS boards • HSCPs	This programme is presently being co-designed with stakeholders. It will focus on improvements in the three high impact areas: 1. The quality of PDS provision 2. The development of personal plans as part of PDS 3. Improved care co-ordination for people with more complex needs either at diagnosis or if their needs change during PDS.
Focus on Dementia: Reducing stress and distress for people living with dementia Delivery partners • NES • Care Inspectorate • NHS boards and care homes	• We will work with teams across hospitals and care home settings to support improvement in the prevention and support of stress and distress for people living with dementia. • A reducing stress and distress Self Evaluation (SE) Tool has been developed and prototyped. We are also developing additional resources. • The SE tool and additional resources will be used to support the delivery of the improvement programme where we will work with over 50 teams across hospital and care home settings to identify and implement improvement activity. • We will capture evidence and learning from improvement activity and share this with our networks to support wider spread.

Drugs and alcohol

Our approach

For 2025-26, we will develop a new HIS-wide QMS approach to reducing emerging harms from drugs and alcohol, with a focus on three programmes of work: improving quality in services, continuation of the Pathways to Recovery programme, and reducing inequality in healthcare driven by housing.

Our aims are to:

- Embed pathways to residential rehabilitation based on good practise for Alcohol and Drug Partnerships in Scotland
- Ensure services provided by Alcohol and Drug Partnerships meet the elements of quality and safety to ensure care is of the highest quality for those using drug and alcohol services
- Reduce in healthcare driven by housing aims to support QMS approach for HIS

Our intended impact is a reduction in harms associated with drugs and alcohol and delivery of the National Drugs Mission.

Programmes for 2025-26

Programme	Key deliverables and timescales
Improving quality in drug and alcohol services Delivery partner: - PHS	- Host two face-to-face and two digital learning sessions for Alcohol and Drug Partnership leaders - Identify specialist Planning with People guidance - Review partnership approaches to recovery locally - Evaluate the effectiveness of advocacy and integrated care models
Pathways to Recovery: Redesigning residential rehabilitation pathways Delivery partner: - 31 Alcohol and Drug Partnerships	- Support six national improvement hubs to build effective relationships and codesign improvements to local care pathways across 2025-26 - Produce 31 thematic analyses, one national analysis on pathways to residential rehabilitation, deliver six hub meetings per year, and a toolkit for Alcohol and Drug Partnerships in Scotland to determine demand - Produce guidance that outlines critical success factors for effective pre-care and aftercare to support QMS approach to care - Support the development of a national data set to explore demand and capacity of residential rehabilitation to address inequalities

Programme	Key deliverables and timescales
	• Nurture regional improvement hubs to establish a self-sustaining learning system with the long-term aim of expanding improvement hubs to be inclusive of the whole system of care in treatment and recovery • Support building of local QI capacity to undertake continuous quality improvement work in relation to residential rehabilitation from
Reducing inequality in healthcare driven by housing	• Support the understanding and interpretation of 'Ask and Act' as part of Housing to 2040 homeless prevention duties • Provide expert advice and connections to the local and national housing system • Provide subject matter expertise to "Coming Home" and connected programmes focused on maximising community-based care

NHS reform and renewal

Our approach

To deliver the NHS reform and renewal agenda, there is a need for a clear and coherent method for change. As the national improvement agency for health and care, HIS has an essential national leadership role to develop this approach and to provide cross-functional support for specific aspects of NHS reform and renewal. This includes both planned work and responsive support for national priorities and is set within the context of the [Planning with People: community engagement and participation guidance](#) created by SG and COSLA.

SG recognised the need to underpin NHS renewal with a clear change approach in 2024 and commissioned HIS to develop the [Scottish Approach to Change](#) for health and social care. The Scottish Approach to Change articulates the steps that are needed for successful change to happen and the essentials that underpin the change process. It is not about replacing any of the existing methodologies used in change (such as QI, service design and engagement); all are vital, however they are frequently siloed from each other, so their benefits are not maximised. The Scottish Approach to Change brings them together into a clear, practical and systematic approach using simple, shared language. Following this approach will help achieve high quality, effective, safe and person-centred services and support change to happen at pace.

We will build on our work to date on the Scottish Approach to Change to enhance the high-level framework we have published, test and develop the approach further with pathfinder sites that focus on key elements of NHS renewal, create a digital resource and a learning system to support people to use the approach, and collaborate with other organisations. We will work with NES to develop the learning pathways for leadership in change which will help embed the Scottish Approach to Change across health and care.

As further delivery plans for NHS renewal are produced by SG, we will target our responsive support to specific areas of NHS renewal. We will share examples of good practice where this happens already and we will build further evidence through our improvement work, taking a structured approach based on whole system thinking, evidence-based practice and good engagement. We will share this learning through the case studies we are developing to underpin the Scottish Approach to Change.

Furthermore, HIS will support meaningful public engagement in NHS reform and renewal by gathering insights, strengthening research collaborations and providing responsive support for engagement on national priorities. Additionally, HIS will help NHS organisations improve engagement practices through structured frameworks, responsive guidance and a learning system that supports knowledge mobilisation into practice. Efforts will also focus on enhancing volunteering in NHS Scotland by improving management systems, expanding training and assessing the impact of volunteering experiences.

Our intended impact for our NHS reform and renewal work is to provide a clear and coherent approach to delivering change that will drive forward high quality change at pace, and to provide responsive support to areas of high priority/pressure.

Programmes for 2025-26

This work is supported by the following statutory functions highlighted earlier in our ADP:

- Assurance of engagement (Service change, Quality Framework assurance support)

Programmes	Key deliverables and timescales
Scottish Approach to Change (SATC) Delivery partners: • NES • NHS board pathfinder sites	• Develop and run communities of practice (profession/discipline based) that give opportunities to embed discipline specific tools, methods and approaches into a consistent, national approach to change • Prototype and test the SATC approach in local boards and HSCPs (through pathfinder sites) and supporting the development of case studies providing examples of the approach in use in different settings • Create and share a digital resource setting out an approach for change. This will include the steps that are needed for successful change, guidance about how to apply the apply the approach. Descriptions of how different methodologies and tools can be used and case studies providing examples. • Capture and share knowledge, examples, tools and resources to help those in health and social care deliver change and enhance the digital resource
Evidence for engagement	• Undertake three Citizens' Panels and four Gathering Views exercises by 31 March 2026. Topics for 2025-26 include medicines safety, long-term health conditions, and preconception health and care, and NHS reform and renewal. We will use this engagement activity to build on our Citizens' Panel Report on Reform published in November 2024. We propose considering use of digital innovation, shifting from acute to community, diagnostics, outpatient services and expanding on previous findings about people's preferences for accessing services (eg timely and local access). • Use Gathering Views activity to gather detailed qualitative data to better understand people's views on when timely access to services is most important and when continuity of care takes precedence. We will test models of care

Programmes	Key deliverables and timescales
	informed by these findings within our improvement work, adapting as we learn, to provide further evidence for how to deliver person-centred care. • Provide high quality and robust evidence on how to undertake effective engagement with the public to support improvements and advances in social research practice • Re-establish the Participation Research Network, provide responsive support on engagement practice for HIS programmes, develop relationships with the higher education sector, and generate bespoke research during 2025-26
Improvement of engagement Delivery partners: • NES • Scottish Social Services Council (SSSC) • Care Inspectorate	**Volunteering in NHS Scotland** • Develop and implement in 100% of NHS boards a national Volunteer Management System (VMS) • Provide 12 volunteer management development and learning opportunities • Measure the impact of volunteering in NHS Scotland, and volunteer and volunteer manager experiences, with a goal of 50% participation in the staff and volunteering experience surveys **Quality Framework improvement support** • Provide focused support for NHS Scotland organisations wishing to improve aspects of engagement practice following self-assessment using the Quality Framework for Community Engagement and Participation • Develop and implement an accessible responsive support request pipeline, deliver a minimum of three responsive support responses in relation to the Quality Framework action plans, deliver two engagement practice responsive support webinars **Learning and improvement system** • Enable communities and people with lived and living experience to meaningfully inform and influence care, support and services • Create an evidence-based Engagement Practice Learning System that supports knowledge mobilisation into practice, develop an internal and external engagement practice responsive support programme, deliver three cohorts of the Care Experience Improvement Model (CEIM)

Programmes	Key deliverables and timescales
	Improvement Leaders learning programme, co-design and evaluate a national engagement practice change package within a learning collaborative, and develop and evaluate a new improvement approach to What Matters to You? conversations

Once for Scotland medicines support

(Not including SMC statutory function)

Programmes for 2025-26

Programmes	Key deliverables and timescales
Health and justice Delivery partners: • NHS boards • Scottish Prison Service (SPS) • NSS • Community Pharmacy Scotland • Cegedim • Cohesion Medical • SG Pharmacy and Medicines Division	**Prison pharmacy contract** • Lead a collaborative of NHS boards, National Procurement and current contractor to confirm compliance with prison pharmacy contract KPIs • Lead the Prison Pharmacy Group (PPG) Collaborative to deliver QI initiatives to maximise the safe and effective use of medicines in agreed therapeutic areas • Lead a collaboration of PPG and other NHS stakeholders in prison healthcare to identify options for future service provision • Leada collaboration between PPG and National Procurement to update service specification for inclusion in a future re-tender exercise. **GP Prison IT (GPIT)** • Chair a Subgroup of the National Prison GPIT Programme Board dedicated to confirming prescribing and administration requirements. • Agree requirements for development to provide a minimally viable product, as well as requirements for development at a later stage. • Lead engagement with alternative prescribing and administration platform providers as a contingency arrangement. This work also supports the joint inspection programmes of police custody and prisons.
Voluntary scheme for branded medicines Pricing, Access and Growth (VPAG) Investment Programme Delivery partners: • NSS • PHS	SMC, SIGN and RDS will work with partners (PHS and NHS National Procurement) to deliver the HTA component of the VPAG investment programme for Scotland. During 2025-26, all three workstreams of VPAG (streamlined HTA methods, digital pathways and implementation and data-driven approach) will be established.

Programmes	Key deliverables and timescales
Scottish Antimicrobial Prescribing Group (SAPG)	**Educational output** • Work closely with clinical staff in NHS boards to promote the safe and effective use of antibiotics across hospital and community settings to tackle antimicrobial resistance **Guidance** • SAPG provides national guidance to support antimicrobial stewardship across Scotland. A variety of subgroups have a specific focus on improving prescribing in an identified area of antimicrobial stewardship. **QI tools** • Work to influence policy and guidance around antimicrobial stewardship at national and international level
Area Drugs and Therapeutics Committee (ADTC) Collaborative Forum	• Maintain a collaborative relationship with the ADTCs across Scotland to enhance and ensure the sharing of learning • Consider approaches to reduce variation in routes to access medicines via engagement and collaboration with Boards and key stakeholders
Early Access to Medicines Scheme (EAMS) Delivery partners: • MHRA	• Develop and promote the MHRA EAMS in NHS Scotland • Deliver EAMS operational Guidance on 'Once for Scotland' basis • Liaison with Pharmaceutical companies to agree Operational Guidance • Liaise with clinical experts from NHS Scotland
National Review Panel	• Maintain and deliver a consistent approach to medicines that are not routinely available for patients in Scotland by ensuring monthly National Review Panels are accessible
National Cancer Medicines Advisory Group (NCMAG) Delivery partners • Cancer Medicines Outcome Programme Public Health Scotland (CMOP-PHS) • University of Strathclyde	• Working to the agreed guiding principles and methodology, issue national advice for off-label and/or off-patent use of cancer medicines that is consistent and meets specific criteria and standards, publishing 8-12 advice statements per year • Complete the annual horizon scanning exercise with clinicians for identification of off-label uses of cancer medicines and with national procurement for off-patent uses • Continue to work with CMOP-PHS to establish processes for accessing real world evidence from NHS Scotland which

Programmes	Key deliverables and timescales
• SG Medicines and Pharmacy and Cancer Policy divisions	supports proposal reviews and assessment of NCMAG decisions uptake across Scotland • Continue to work with SG medicines and cancer policy teams to ensure NCMAG advice is embedded in medicines access policy
Systemic Anti-Cancer Therapy (SACT) governance Delivery partners: • SACT Programme Board • Regional Cancer Networks • NHS boards • Directors of Pharmacy • Scottish Cancer Network	• Lead on review of CEL30 on behalf of SG cancer policy to incorporate risk-stratified approach to management of SACT within Scotland • Lead on establishment of national SACT risk stratification review group • Update of HIS SACT Governance framework and planning for next review cycle of SACT services within NHS Scotland and IHC • Update of SACT Consent Framework • Provide expert SACT and pharmacy leadership and support to national groups and work programmes • Improve capacity and service planning across National SACT services through leadership in the development of a National SACT Workforce and Capacity planning/monitoring tool
Medicines safety	• Support the shared learning to ensure the safe use of valproate (and potentially other teratogenic medicines) in Scotland

Planning priorities for all boards

Anchor planning

HIS remains committed to the Anchor principles, through the delivery of our strategic priorities, and that our work as a national board will supplement the activity of territorial boards. We will continue to focus on delivery of our Anchors Strategic Plan 2023-26, where we note that as a national board, our contributions may differ to those of other Anchor institutions, as the impact of our work is felt across Scotland. Within this unique position in the health and care system, we view our greatest contributions as an Anchor institution as being in the following areas.

Procurement

HIS's procurement services are provided by the Scottish Ambulance Service (SAS) under a shared service arrangement (the Shared Procurement Service). SAS's Procurement and Logistics Service Strategy 2023–2026 outlines how the service will undertake activities to maximise local, progressive procurement of goods and services, and HIS is committed to supporting this.

Employment

Ongoing development of our Workforce Plan is described above in "Workforce Context". Our Workforce Plan includes detailed actions on how we will plan, attract, train, employ, retain and nurture our workforce to deliver sustainable high quality services that achieve our strategic and operational priorities. HIS is an accredited Living Wage Employer, and our actions are aligned to the ambition of Scotland becoming a Fair Work Nation. Living Wage accreditation highlights employers that choose to go further than the government minimum, by paying the real Living Wage to all relevant workers.

In 2025-26 we will begin work to develop an Employability Strategy which sets out how we will develop a considered and cohesive approach to employability/work-based learning programmes.

Equalities

As an Anchor institution, we will strive to place equity at the centre of all decision making, and we note earlier in our plan that a focus on equalities cuts across our work programme, and outline key activities we are undertaking. One of our strategic priorities is to enable the health and care system to place the voices and rights of people and communities at the heart of improvements to the safety and quality of care. We will provide independent assurance of the quality and safety of the care provided by Scotland's health and care system and measure how outcomes for people are improving and inequalities are reducing.

With partner organisations, we will consider how services are working together as an integrated system to implement improvements.

We have also developed our Equality Outcomes and Activities for 2025-29 which support our role as an Anchor institution.

Community empowerment and involvement in service design

Our statutory role to support, ensure and monitor NHS legal responsibilities around public involvement is one way we help ensure health and care services co-design changes with those who rely on them to ensure we place their needs, rights and preferences at the heart of the delivery of services. We have outlined our work in this area for 2025-26 under our statutory functions.

Value-based health and care

HIS will continue to support the SG Value-Based Health and Care team and programme. This includes sourcing and summarising the evidence to support the development and implementation of national guidance for procedures of low and limited clinical value. RDS will offer support in translating this guidance into decision support tools for clinical use and shared decision making at point of care.

RDS will continue to develop and embed use of the national web and mobile app for Realistic Medicine for professionals and of the *Being a partner in my care–Realistic Medicine together*–app for citizens. RDS will further support Value-Based Health and Care through its lead role in:

- Collaborating with the SG Value-Based Health and Care team to implement national use of Patient-Reported Outcome Measures (PROMs) across health and care, including national digital infrastructure and knowledge mobilisation approaches to engage practitioners and citizens in the transformational change associated with widespread use of PROMs. This builds on the feasibility study which the RDS team delivered in 2024.
- Delivering and embedding use of digital tools for shared decision making and person-centred care decisions.
- Translating national and local guidance into decision support tools for use at point of care to reduce unwarranted variation, waste and harm and spread consistent evidence-based practice.

SAPG, SIGN, and SMC recommendations are noted in the SG guidance on achieving value and sustainability in prescribing, including items of low and limited clinical value and effective use of antimicrobials. Appropriate use of antibiotics helps to reduce unwarranted variation in prescribing and maximise value of healthcare, achieving better outcomes for the individual and leading to the creation of a more sustainable health care system.

Digital and innovation

We are currently developing a HIS Digital and Intelligence Strategy for 2025-28, which describes how we will deliver on the digital commitments outlined in our organisational 2023-28 strategy. It also sets the direction for our organisation-wide approach to using intelligence about the safety and quality of care.

It sets out a digital vision for HIS, that by 2028 HIS will be a digitally empowered, data-driven, intelligence-led organisation. It also outlines four digital essentials to underpin this vision.

It details the systems-wide approach that is required to provide the infrastructure, integrated systems and skills base needed to drive maximum return from the intelligence and evidence we receive and to bring together knowledge and skills from across the organisation to have most impact in reducing waste, variation and harm.

It also acknowledges that an essential building block to transformation is empowering our staff with the skills and confidence to allow digitalisation to be led by teams.

The strategy outlines key actions for us to take forward for implementation once the strategy has been finalised and approved.

Below, we have also outlined key activities in relation to the priorities set out in the 2025-26 planning guidance.

Adoption and implementation of the national digital programmes

Within HIS, we will continue the work to ensure we have secure, resilient and sustainable systems and that our staff are digitally empowered. We will also focus on planning the development of a digitally connected, accessible information system that will inform our work and stakeholders, including our intelligence and web presence.

Improving cyber resilience and compliance with the Refreshed Public Sector Cyber Resilience Framework

Cybersecurity requirements will be provided by SG Department of Health and Care and NHS Cybersecurity Centre of Excellence. We will further explore this once additional detail is available and will continue to work with the Competent Authority on the Network and Information Systems (NIS) regulations.

How analysis of Digital Maturity Assessment updates informs planning, priority setting and progress reporting aligned to the Board's Digital Strategy

We have completed the Digital Maturity Assessment update and are using the results to inform the development of our Digital and Data Strategy.

Improving access to innovations

We will evaluate promising technological and service innovations and practices that improve health and wellbeing outcomes, provide value for money, support a sustainable health and care service.

RIS and RDS will develop their role as leaders in using digital technology to translate evidence into action through:

1. Use of AI tools (Nested Knowledge) to support and augment research and information specialist expertise in sourcing and screening evidence, and extracting data to support evidence review
2. Using and further developing RDS technology to:
   - Support health and social care reform, improving population health, prevention and early intervention, provision of safe, high quality health and care services, underpinned by a person-centred approach
   - Deliver digital tools to support safe and consistent evidence-informed decision making based on research, insights into people's lived experience and real world practice experience
   - Widen use of digital decision support tools for shared decisions
   - Deliver first stages of a national digital infrastructure for gathering PROMs as a basis for person-centred and shared decision making
   - Continue to explore and evaluate use of artificial intelligence for RDS search technology, and augmenting specialist expertise in sourcing and updating evidence to inform guidelines and other evidence products

Accelerated National Innovation Adoption (ANIA)

SHTG will continue to provide evidence support for ANIA and Innovation Design Authority (IDA) decision making via three specialist delivery roles:

- Horizon scanning: a quarterly report capturing new health technologies of potential interest for national scale and adoption
- Evidence assessment and economic/cost modelling: initial evidence summaries and modelling frameworks for ANIA Strategic Cases; detailed evidence reviews and modelling for ANIA Value Cases
- Benefits realisation (SHTG providing support to CfSD): data/evidence measurement plan for technologies approved at Value Case; subsequent impact reports and final evaluation

Reducing the environmental impact of healthcare

HIS has a role in the delivery of the NHS Scotland Climate Change and Sustainability Strategy, as well as in the consideration of how we incorporate sustainability as a core element that underpins our work. Our key activity in this area for 2025-26 includes:

- Developing our route map to achieving net zero status by 2040. This will be informed by data from Corporate Travel Management (CTM) on carbon emissions from business travel, as well as eSight Energy Management System on building water and energy usage.
- Progressing with implementation of the SG Environmental Management System (EMS).
- Leadership and collaboration alongside national stakeholders to streamline climate change and sustainability reporting requirements to reduce duplication and overlap and ensure this process is more effective and efficient.
- Linking environmental considerations into our business continuity planning and reporting.

We will deliver technology assessment reports to support implementation of the National Green Theatre Programme. RDS will continue to support implementation of the national Quality Prescribing Guides through provision of web and mobile decision support tools for professionals and patients and through embedding patient-specific evidence-based prompts for safe and sustainable prescribing within electronic care record systems.

We continue to carry out methodological work on the potential role of HTA in mitigating the environmental impacts of new technology adoption by the healthcare system. SHTG collaborates with partner HTA agencies within the UK–Health Technology Wales and the National Institute for Health and Care Excellence–to explore best practices in ensuring that environmental sustainability is a key component for health technology decision making within Scotland.

Our 2025-26 budget

The financial context and associated uncertainty create a challenging set of circumstances for HIS in developing the annual budget and associated delivery plan. We are presenting a balanced budget for 2025-26, but with reliance on a £1.5m savings target.

Overall position

The table below shows the consolidated budget position for the organisation.

Table 1: Consolidated HIS budget 2025-26

Reporting category	2025-26 budget £000s	2024-25 actuals £000s	Variance £000s
Baseline income	38,249	37,084	1,165
Allocation income	8,955	7,126	1,829
IHC income	1,694	1,382	312
Other income	182	182	-
Grant income	220	88	132
Total income	**49,300**	**45,862**	**3,438**
Total pay costs	**42,868**	**38,965**	**(3,903)**
Total non-pay costs	**6,432**	**6,897**	**465**
Total operating expenses	**49,300**	**45,862**	**(3,438)**
Reported underspend/ (overspend)	-	-	-
Whole Time Equivalents (WTE)	**565**	**570**	**5**

We are forecasting to start the year in a position of financial balance, with recurring savings of £1.5m being achieved during 2024-25 and non-recurring savings of £1.0m being carried into 2025-26 as an additional cost pressure.

Baseline funding

Our baseline funding for 2025-26 is anticipated to be £38.2m, this includes:

- The budget funding letter received from SG on 4 December 2025 of £37.6m, which included an uplift of £2.5m for the 2024-25 pay award and a further uplift of £1.1m for the anticipated 2025-26 pay award.
- A further £0.3m for the SG funded portion (60%) of the National Insurance increases from April 2025.
- An additional unconfirmed amount is anticipated as part of a £10m recurring sustainability uplift to be applied pro-rata to National Boards. For planning purposes, we are assuming this is in the region on £0.3m.

Other key assumptions include:

- Non-pay inflation of 2.2%
- 3% pay increase fully funded by SG (with the exception of Board member pay awards)
- No change to capital allocation from 2024-25 levels
- No financial impact from IFRS15 relating to service level agreements
- National insurance increase is partially funded by SG (60%) with the remainder as a

Additional allocation funding

Additional allocations have been included in the budget in line with the 2024-25 values. These are outlined in the table below. Funding confirmation is expected from SG before the end of Q1 2025.

Table 2: Additional allocation funding

Funding category	2025-26 funding £000s	2024-25 funding £000s	WTE
Expected to be baselined in 2025-26	2,078	2,085	24.8
Expected to be baselined in 2026-27	2,711	2,683	35.0
Non-recurring	4,166	2,358	51.2
Grand Total	**8,955**	**7,126**	**111.0**

Table 3: Additional allocations expected to be baselined in 2025-26

Expected to be baselined in 2025-26	2025-26 funding £000s	2024-25 funding £000s	WTE
Healthcare Staffing Programme	1,235	1,235	12.4
Excellence in Care	520	460	6.9
Hospital at Home for Older People	290	290	5.4
Sudden Unexpected Death in Infancy (SUDI)/Perinatal Lead	33	100	0.1
Total	**2,078**	**2,085**	**24.8**

Table 4: Additional allocations expected to be baselined in 2026-27

Expected to be baselined in 2026-27	2025-26 funding £000s	2024-25 funding £000s	WTE
Scottish Medicines Consortium	450	450	4.7
National Review Panel	64	64	1.0
ASP Joint Inspection Programme	250	250	2.5
National Cancer Medicines Advisory Group	230	210	3.6
Volunteer Management System	239	231	1.3
Drugs & Alcohol	1,478	1,478	21.9
Total	**2,711**	**2,683**	**35.0**

Table 5: Non-recurring funding

Non-recurring funding	2025-26 funding £000s	2024-25 funding £000s	WTE
Primary Care Phased Investment Programme	1,674	1,062	23.2
Right Decision Service	688	688	3.9
Mental Health Care–Community Engagement and Transformational Change (CETC)	476	476	7.1
Mental Health Care–Quality Assurance and Regulation Directorate (QARD)	455	455	6.1
Mental Health–Responsive Support	185	185	2.8
Police Custody	178	178	2.1
Scottish Palliative Care Guidelines	160	160	2.0
Maternity Standards/Caesarean Section	-	94	-
SG Adjustment–Policy v Budget Difference	-	(1,290)	-
VPAG	350	350	4.0
Total	**4,166**	**2,358**	**51.2**

Allocations which were notified as 'baseline recurring' and 'earmarked recurring' by SG we expect to be baseline funded in 2025-26 and 2026-27 as shown in the table above.

Cost pressures, with uncertain sources of funding at this stage, include:

- Pay award: £0.2m
- National Insurance increase: £0.1m

Independent healthcare (IHC)

An agreed 7% increase in fees, alongside an anticipated 18% increase in registered services, is expected in 2024-25 for our regulation of independent healthcare work. This increase is primarily caused by the extension of legislative changes to include the registration of IMAs. This is outlined in the table below.

Table 6: Independent healthcare budget

Reporting category	2025-26 budget £000s	2024-25 actuals £000s	Variance £000s
Baseline income	-	252	(252)
IHC income	1,694	1,382	312
Total income	**1,694**	**1,634**	**60**
Total pay costs	1,818	1,420	(398)
Total non-pay costs	252	216	(36)
Savings target	(376)	-	376
Total operating expenses	**1,694**	**1,636**	**(58)**
Reported underspend/ (overspend)	-	**(2)**	**2**

Our bad debt provision is expected to fall from 9.5% to 7.7% during the year, because of an increased focus on bad debt management and we continue to hold a £0.6m provision for possible financial claims. There are no reserves to carry forward in 2025-26.

Pay costs and WTE

Total pay costs have increased from £38.7m to £42.9m (3%) as a result of:

- 2024-25 pay awards and pension increase (£2.5m)
- 2025-26 baseline pay awards uplift (£1.1m)
- 2025-26 national insurance uplift of 60% (£0.2m)

The remaining increase relates to additional allocations and the expectation we will be fully resourced by 1st April 2025.

The 2025-26 budget includes staff turnover at a value of £1.0m (24-25: £1.1m) which represents a 2.5% vacancy factor overall against our pays budget. This is slightly lower than prior year (2.6%) and is consistent with our current staff turnover rate.

Total WTEs are budgeted to increase by from 560 to 565 during the year (increase of 5 WTEs, 1%), mainly because of an increase in non-recurred funded programmes.

Non-pay costs

Non-pay costs are expected to increase by £0.9m in 2025-26 mainly because of Professional Fees relating to the Volunteer Management System (£0.1m) and the Primary Care Improvement programme (£0.3m). Other key cost increases are in IT costs for RDS (£0.2m) and licence increases (£0.1m).

Table 7: Non-pay costs

Non-pay category	2025-26 budget £000s	2024-25 actuals £000s	Variance £000s
Payments to other organisations	1,878	1,888	10
IT costs	1,576	1,966	390
Professional fees & charges	995	852	(143)
Rent & occupancy costs	753	800	47
Miscellaneous	437	638	201
Travel & subsistence	314	231	(83)
Depreciation	241	218	(23)
Communications	120	96	(24)
Training	118	208	90
Total non-pay costs	**6,432**	**6,897**	**465**

Savings targets

While our preferred position is to avoid generic savings targets, achieving a balanced budget in 2025-26 will still necessitate a savings target. However, this target has decreased from £2.5m (8%) to £1.5m (3%) in 2025-26 because of recurring savings made in-year.

Recurring savings not made in-year will be carried forward into 2025-26 at a directorate level. The plans to achieve the £1.5m savings target will rely heavily on identifying recurring efficiencies. We will continue to take a One Team approach to the savings targets, with corporate wide, strategic initiatives rather than incremental one-off savings.

Detail plans on how to achieve the savings remain in progress and therefore there remains a risk in achieving financial balance. To mitigate against this, tighter financial controls may need to be implemented during the year. This includes vacancy freezes and declining discretionary spend by the Finance Team. It is recognised this is a crude approach, but one required until the work programme is in an affordable position.

In addition, a £1.0m vacancy factor is included in the budget. The vacancy factor is not a savings target, but a consequence of staff turnover, representing on average three months of vacancy before the post is filled. The vacancy factor in the budget has reduced from 17% to 10% in 2025-26.

Areas for investment

At this time there is limited funding available for new areas for investment in 2025-26 because of recurring commitments made in 2024-25. We have been careful to ensure all areas of work in our delivery plan is affordable, however, there is minimal contingency remaining in the plan to accommodate any unforeseen changes or additional work.

We will continue to review throughout the year and reconsider areas for investment if and when funding becomes available.

Five-year plan

Our five-year financial plan is based on several assumptions and extrapolated from the 2024-25 budget. This plan assumes financial balance in all the years, in line with the previous five-year plan.

Key assumptions include:

- 3% funding uplift from SG per year
- Staff wage inflation of 3% per year
- Fixed costs consumer price index (CPI) of 3% per year
- IHC income increases by 3% year on year
- Pay uplifts are fully funded by SG
- Allocations earmarked to be baseline are included in recurring funding for respective years

Table 8: Five-year plan

Reporting category	24/25 actuals £000s	25/26 budget £000s	26/27 budget £000s	27/28 budget £000s	28/29 budget £000s	29/30 budget £000s
Baseline income	37,084	38,249	41,537	45,658	47,028	48,439
Allocation income	7,126	8,955	7,083	4,420	4,553	4,689
IHC income	1,382	1,694	1,650	1,650	1,650	1,650
Other income	182	182	198	198	198	198
Grant income	88	220	209	209	209	209
Total income	**45,862**	**49,300**	**50,677**	**52,135**	**53,638**	**55,185**
Total pay costs	**38,965**	**42,931**	**44,219**	**45,545**	**46,912**	**48,319**
Payments to other organisations	1,888	1,878	2,224	2,291	2,359	2,430
IT costs	1,966	1,576	1,413	1,455	1,499	1,544
Professional fees & charges	852	995	1,019	1,049	1,081	1,113
Rent & occupancy costs	800	764	736	758	781	805
Miscellaneous	638	374	403	415	428	441
Travel & subsistence	231	303	353	363	374	386
Depreciation	218	241	771	794	817	842
Communications	96	120	51	52	54	55
Training	208	118	198	203	210	216
Non-pay savings Target	-	-	(709)	(792)	(877)	(965)

Reporting category	24/25 actuals £000s	25/26 budget £000s	26/27 budget £000s	27/28 budget £000s	28/29 budget £000s	29/30 budget £000s
Total non-pay costs	6,897	6,369	6,458	6,590	6,726	6,866
Total operating expenses	45,862	49,300	50,676	41,135	53,638	55,185
Reported underspend/ (overspend)	-	-	-	-	-	-
Percentage underspend/ (overspend)	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Capital expenditure	60	79	79	79	79	79
WTEs	570	565	565	565	565	565

To achieve financial balance, savings of £3.3m are required over the next five years (6%). This is reliant on savings made in 2025-26 being recurring to bring ourselves into a position of financial balance.

Infrastructure planning

Our plans for service delivery in 2025-26 will not be impacted by developing infrastructure plans. We do not have any large estate or IT projects. We undertook an internal review and concluded that for phase 1 of the infrastructure planning, we would be able to manage all capital expenditure through our normal capital allocation.

Workforce

Below, we have outlined key activities in relation to the priorities set out in the 2025-26 planning guidance.

Increasing efficiencies across administrative and support services

HIS have employed a cohort of 20 staff across Administrative Officers and Project Officers as part of a new model of working in 2024-25. They are permanent staff who have been appointed to support the need to be flexible and responsive to the changing demands within HIS. This minimises our reliance on fixed term contracts and will create a more flexible and agile workforce model. This model will support staff development as well as delivery needs and over 2025-26, consideration will be given to other groups of staff where this model could be extended.

HIS has carried out a series of Listening Sessions with project support staff, encouraging open dialogue about how to improve and enrich roles; find common ways of working; promote the 'One Team' ethos, and share resources. We will continue to build on this work to ensure lines of communication are open and feedback acted upon where appropriate.

In HIS, the aim is to develop more agile ways of working, and it is envisaged that the Awesome Network will enable this process within the field of administration and support.

Support for attendance

Managers receive monthly absence reports for their teams. Working closely with human resources (HR) Advisors, the managers review and support their staff in accordance with the national Attendance Policy, with the emphasis on supporting people who are in work and especially supporting staff back to work after a spell of absence.

Through HIS Campus, we offer specific courses (Supporting Attendance and Supporting Capability) aimed at ensuring line managers recognise the key role they have in supporting attendance and capability matters to ensure that they have the confidence to use the associated policies as a framework for supporting staff.

Support is also available through several routes:

- Occupational Health Services, via self and manager referrals.
- Employee Assistance Programme (EAP) which offers face-to-face, online and telephone counselling, wellness seminars, legal advice, a virtual gym and information on many more health and wellbeing topics. This can be via self or manager referral.

- Bespoke support services are available through our EAP, and have been tried, tested and found to be very beneficial.
- Health and Wellbeing section on the HIS intranet site, which is dedicated to promoting many events, workshops, websites, charities, the National Wellbeing Hub and other external organisations from whom support and guidance can be reached.
- Several initiatives are in place via our Health and Safety Committee to support staff mental health and wellbeing. Regular sessions include weekly meditation and wellbeing support drop-in sessions, alongside our various networks who have regular sessions for staff (eg Menopause Café, Carers Network, Disability Network and Race and Ethnicity Network).
- Working in partnership, we are currently undertaking a 'deep dive' exercise focussing on the current sickness absence levels, reasons for absence, identifying any trends and areas whether further support may be required. The data will help to inform future actions and areas of focus.
- We have introduced a Reasonable Adjustments Passport, agreed in partnership, which aims to help support staff to remain in work, and to be able to move around the organisation without having to repeat conversations and re-negotiate adjustments which may be needed to enable them to carry out their roles effectively.

In the coming year HIS will continue to support employees–both at work and those absent because of health issues–to have a healthy working life. The Attendance Policy is the mainstay of this support and will be used as appropriate to each situation.

We are in the process of training facilitators through PHS to provide in-house training in Mentally Healthy Workplace Training for Managers. Once this cohort is in place, we are looking to roll out a programme of training for managers across HIS.

We are also reviewing the potential to provide refresher training for our Mental Health First Aiders, alongside offering this opportunity for new staff to be trained in this area. As this would be delivered by an external provider, consideration is being given to how this could be funded.

Additionally, we are considering introducing See Me in the Workplace which supports employers and individuals to tackle mental health stigma and discrimination. Signing up to the portal would enable HIS to access advice, tools and support to improve the working lives of employees experiencing mental health problems; encourage an equal and fair recruitment process for those seeking employment, support people to stay in work, wherever possible and ensure those returning to work following mental ill-health are fully supported back into the workplace.

Starting in January 2025, we will deliver several sessions specifically for those with managerial responsibility. At the sessions, managers will have the opportunity to consider their role in developing individuals and teams, providing feedback, holding good conversations and creating psychological safety. This aims to increase managers confidence in creating a positive culture in their own area of influence.

eRostering

In line with national timeframes, HIS assigned dedicated resource throughout 2024-25 to successfully manage the full implementation of eRostering. Having met all project milestones, our status has been confirmed as being complete by the eRostering National Programme Team when the national implementation phase drew to a close in November 2024.

During 2025-26, we will continue to work closely with eRostering national groups to facilitate the direct to payroll integration programme when timeframes and requirements become clearer during the year. Further work will also be undertaken to accommodate the reduced working week adjustments necessary in 2025-26 and 2026-27.

Working with Further and Higher Education institutions

Working alongside Edinburgh Napier University, we are exploring the opportunities for student placements in 2025-26. This will involve establishing a talent pipeline with access to driven and talented students for computing placements. Discussions will take place with Partnership Forum and colleagues in 2025 to determine if we are in a position to offer a placement opportunity to provide students with relevant and structured work experience that enhances their employability and skills.

HIS participates in the (NHS) National Employability Leads Group, and so far, this has involved gaining an understanding of how employability is approached and resourced, predominantly within territorial boards. Currently, the approach to wider employability in HIS tends to be addressed at directorate level, and in response to an opportunity being made available via NES, such as securing a candidate via the Graduate Career Advantage Programme, and the Management Trainee Scheme (for Finance and General Management Trainees). This is a developmental area for HIS and future plans include:

- Identifying existing internal groups which can inform/influence employability activity (such as the Children and Young People Working Group)
- Assessing the range of employability programmes available, and their fit/value for HIS
- Assessing employability opportunities through workforce planning processes
- Assessing potential for developing partnerships with universities/other NHS boards to support the growth of particular clinical/professional skills

Risks

The HIS Board maintains an overview of the main issues that impact on our operating environment and the risks to the achievement of our organisational objectives. There are several high-level risks to delivery of the Plan as follows.

Strategic delivery risks

The most significant emerging risk as we move into 2025–26 is that we fail to identify risks to the safety and quality of care through our scrutiny and assurance activity, potentially resulting in patient harm and reputational damage. We are responding by ensuring we provide a flexible and agile response, improving cross-organisational-intelligence sharing with the aim of identifying areas of particular concern at the earliest opportunity.

Further risks relate to our capacity to deliver as follows:

- Organisational resilience is thin. Prolonged periods of cost-saving measures have significantly reduced resources, along with additional work, creating a heightened risk to our capacity to deliver.
- There are challenges around balancing deliverables to ministerial priorities against a backdrop of constrained funding.
- There is a risk of financial instability because of national funding challenges resulting in changes to the organisational priorities, impact on staffing levels and a potential over/under spend.
- There is currently limited national implementation support given pressures in the system.
- There are risks regarding independent healthcare. The growth in the independent sector, for example delivery of non-surgical cosmetic procedures, has potentially significant implications for the scope and resourcing of our regulatory activity.
- There is increased pressure from NHS boards to provide support, particularly around community engagement and redesign in light of increasing service change.
- Additional capacity and expertise are required to deliver increasing demand regarding public inquiries.

Financial risks

There are several assumptions in the 2025-26 budget submission that could have an impact on the annual delivery plan within the financial envelope. These scenarios range from a £5.3m overspend (-10%) to a £2.5m underspend (+5%).

Table 9: Financial overspend risks

Overspend risks	£m	Probability
Savings targets not met (50%)	(0.8)	High
Higher pay awards on baseline (2%)	(0.7)	High
IHC unable to breakeven	(0.2)	High
Unfunded 2025-26 pay award on allocations (3%)	(0.2)	High
Non-receipt of allocations (25%)	(2.3)	Medium
Lower staff vacancy rates (5%)	(0.5)	Medium
Non-receipt of recurring sustainability payment	(0.3)	Medium
Cost of change	(0.3)	Medium
Higher inflation (2%)	(0.1)	Low
Total overspend risk	**(5.4)**	-

Table 10: Financial underspend risks

Underspend risks	£m	Probability
Additional allocation slippage (20%)	1.8	High
Higher sustainability payment	0.2	Low
Higher staff vacancy rate (5%)	0.5	Low
Total underspend risk	**2.5**	-

Workforce risks

Our staff remain the largest asset to the organisation and a key enabler in delivering this plan. Our workforce model must be flexible and agile to focus our strengths and resources on addressing challenges to secure positive, sustainable change in the health and care system. Risks include:

- **Financial pressures**: A proportion of the work commissioned by SG from HIS is funded annually on an additional allocation basis. Delays to date in receiving

allocation letters present a risk to our ability to commence and deliver certain programmes of work within planned timescales.

- **Workforce shortages/competition**: Within HIS we recruit to a range of specialist roles that are not replicated elsewhere within NHS Scotland, for example in improvement, service redesign and health economics. We are often in competition with private industry, such as large pharmaceutical companies, or seeking to employ to these roles from a smaller skills base than other roles.
- **Recruitment employment challenges**: Given the nature of our funding, we are reliant on a proportion of fixed term contract appointments and the need to attract individuals on secondment from other NHS boards. The One Team approach to developing a new framework to manage fixed term posts and a new workforce model should support us to overcome these challenges by minimising the reliance on the use of fixed term contracts and having greater scope to flexibly deploy and develop staff across the organisation as work priorities change.