Healthcare Improvement Scotland

Agenda

Meeting: Board - Public
Date: 24 September 2025
Time: 10.30
Venue: MS Teams
Contact: Pauline Symaniak, his.boardadmin@nhs.scot

Item	Time	Topic	Lead	Report
1.		**Opening Business**		
1.1	10.30	Welcome and apologies	Chair	Verbal
1.2	-	Register of Interests	Chair	Paper
1.3	10.35	Minutes of the public Board meeting on 30 June 2025	Chair	Paper
1.4	-	Action Points from the public Board meeting on 30 June 2025	Chair	Paper
1.5	10.40	Matters Arising	Chair	Paper
1.6	10.45	Chair's Report	Chair	Paper
1.7	10.55	Executive Report	Chief Executive	Paper
2.		**Setting the Direction**		
2.1	11.15	Strategic Plan for Safety	Medical Director- Director of Safety	Paper
3.		**Holding to Account – including Finance and Resource**		
3.1	11.30	Organisational Performance Report	Deputy Chief Executive	Paper
4.		**Engaging Stakeholders**		
4.1	11.50	Death Certification Review Service Annual Report	Director of Quality Assurance and Regulation/ Senior Medical Reviewer	Paper
5.		**Assessing Risk**		
5.1	12.00	Risk Management: strategic risks	Deputy Chief Executive	Paper
	12.15	Lunch break		

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6.		**Governance**		
6.1	12.50	Board and Committee Schedule of Meeting Dates 2026-27	Deputy Chief Executive	Paper
6.2	12.55	Governance Committee Chairs: key points from the meeting on 13 August 2025	Chair	Paper
6.3		Audit and Risk Committee: key points from the meeting on 3 September 2025; approved minutes from the meeting on 23 June 2025	Committee Chair	Paper
6.4		Executive Remuneration Committee: key points from the meeting on 11 September 2025	Committee Chair	Verbal
6.5		Quality and Performance Committee: key points from the meeting on 27 August 2025; approved minutes from the meeting on 21 May 2025	Committee Chair	Paper
6.6		Scottish Health Council: key points from the meeting on 4 September 2025; approved minutes from the meeting on 15 May 2025	Scottish Health Council Chair	Paper
6.7		Staff Governance Committee: key points from the meeting on 6 August 2025; approved minutes from the meeting on 29 May 2025	Committee Chair	Paper
6.8		Succession Planning Committee: key points from the meeting on 7 August 2025; approved minutes from the meeting on 16 January 2025	Chair	Paper
7.	**13.10**	**Any Other Business**		
8.	**13.15**	**Close/Date of Next Meeting** The next meeting will be held on 2 December 2025		

Register of Interests

Meeting: Board Meeting - Public

Meeting date: 24 September 2025

Agenda item: 1.2

Responsible Executive: Ann Gow, Deputy Chief Executive

Report Author: Pauline Symaniak, Governance Manager

Purpose of paper: Decision

1. Purpose

The Register of Interests is provided to the Board for scrutiny and for approval to publish the latest version on the HIS website.

2. Executive Summary

Non-Executive Directors have a responsibility to comply with the HIS Code of Conduct which mirrors the Standards Commission Model Code of Conduct for Members of Devolved Bodies. This requires that declarations of interests and any changes to interests are notified within one month of them occurring. It also requires that a central Register of Interests is held which is published on the website. This Register must show all interests declared by Non-Executive Directors during the full period of their appointment. The Register is updated quarterly on the website. A more up to date version is maintained on file on an ongoing basis.

The Register is a key component of good governance, supporting the transparency of strategic decisions and reducing the risk of bribery and corruption.

The Register was last considered by the Board at its meeting on 30 June 2025.

Since the Register was last presented, the following changes have been declared or are required:

- Michelle Rogers declared she is a Panel Member for Redress Scotland with a start date of 4 August 2025. This is an independent body which makes decisions about applications to Scotland's Redress Scheme. The category of the interest is remuneration.
- Ann Gow declared two additional interests: trustee of the Queen's Nursing Institute from August 2025 (non – remunerated) and Independent Monitor for the Welsh Government on the Swansea Bay Maternity Oversight Board from 10 September 2025 for 18 months (category is remuneration as a secondment in her current role).
- Gillian Gall, Interim Chief People Officer, has been added to the Register with no declared interests.

- Robbie Pearson has declared an interest as the Co-Chair for NHS Employers in the Scottish Partnership Forum. The interest commences on 1 October 2025.
- Entries for Sybil Canavan, Director of Workforce and Janet Napthine, Interim Director of Finance and Corporate Services, will be removed from the published register as they have ceased employment with HIS.

3. Recommendation

The Board is asked to approve the Register of Interests for publication on the website. It is recommended that the Board accept the following Level of Assurance given that the Register is updated on an ongoing basis and scrutinised quarterly:

SIGNIFICANT: reasonable assurance that the system of control achieves or will achieve the purpose that it is designed to deliver. There may be an insignificant amount of residual risk or none.

Board Public Minutes – Draft

Public Meeting of the Board of Healthcare Improvement Scotland at

10.30, 30 June 2025, Gyle Square, Edinburgh/MS Teams

Attendance

Present

Evelyn McPhail, Interim Chair
Abhishek Agarwal, Non-executive Director (up to item 3.1 only)
Keith Charters, Non-executive Director
Suzanne Dawson, Non-executive Director/Chair of the Scottish Health Council/Vice Chair
Nicola Hanssen, Non-executive Director
John Lund, Non-executive Director
Nikki Maran, Non-executive Director
Doug Moodie, Chair of the Care Inspectorate
Robbie Pearson, Chief Executive
Michelle Rogers, Non-executive Director
Duncan Service, Non-executive Director
Rob Tinlin, Non-executive Director

In Attendance
Sybil Canavan, Director of Workforce
Eddie Docherty, Director of Quality Assurance and Regulation (QARD)
Ann Gow, Deputy Chief Executive
Mhairi Hastings, Interim Director of Nursing and Integrated Care (NIC)
Diana Hekerem, Associate Director, Community Engagement and Transformational Change
Angela Moodie, Director of Finance, Planning and Governance (FPG)
Janet Napthine, Interim Director of Finance and Corporate Services
Yvonne Semple, Chief Pharmaceutical Adviser
Simon Watson, Medical Director/Director of Safety

Apologies
Judith Kilbee, Non-executive Director
Clare Morrison, Director of Engagement and Change
Safia Qureshi, Director of Evidence and Digital

Meeting Support
Pauline Symaniak, Governance Manager

1. Opening Business

1.1 Welcome and apologies

The Chair opened the public meeting of the Board by extending a warm welcome to all in attendance including Janet Napthine, attending her first Board meeting as Interim Director of Finance and Corporate Services, and those attending as deputies. The Chair highlighted that this is the last meeting for Angela Moodie, Director of Finance, Planning and Governance, and Sybil Canavan, Director of Workforce, ahead of them moving to new positions. She thanked them for their contribution to the organisation. There were no apologies.

1.2 Register of Interests

The Chair asked the Board to note the importance of the accuracy of the Register of Interests and asked that any interests should be declared that may arise during the course of the meeting.

Decision: The Board accepted the moderate level of assurance offered and approved the register for publication.

1.3 Minutes of the Public Board meeting held on 26 March 2025

The minutes of the meeting were accepted as an accurate record. There were no matters arising.

Decision: The Board approved the minutes.

1.4 Action Points from the Public Board meeting on 26 March 2025

The updates were noted and closure accepted for those actions recommended for closure except action 1.6 from 25 September 2024 regarding the use of Artificial Intelligence. It was agreed that this should remain open until an assessment is completed.

Decision: The Board approved closure of the actions with the exception detailed above.
Action: Further update to be provided on action 1.6 above.

1.5 Chair's Report

The Board received a report from the Interim Chair updating them on strategic developments, governance matters and stakeholder engagement. The Interim Chair highlighted the following:

a) National groups are discussing two key documents recently published and presented to the Scottish Parliament, the Health and Social Care Service Renewal Framework (SRF) and the Population Health Framework (PHF).
b) The Chair advised that she along with the Chief Executive, had attended the Focus on Frailty event which was held in person and attended by the Cabinet Secretary as well as a broad range of colleagues.
c) The HIS annual review has been arranged for 24 November 2025.

The Vice Chair advised she attended the joint Board Chairs and Board Chief Executives meeting on 23 June 2025. Of note is the formation of the new body, NHS Delivery which will have implications for how HIS works with it.

Decision: The Board noted the update.

1.6 Executive Report

The Chief Executive provided the report and highlighted the following:

a) Regarding executives, he also thanked the two Directors moving to new posts for their contributions and welcomed the Interim Director of Finance and Corporate Services. He extended congratulations to the Deputy Chief Executive for her recognition in receiving the Chief Nursing Officer for Scotland Award for Excellence.
b) The iMatter results showed an 89% response rate and improvement across a number of indicators.
c) The organisation's contribution to the work to reduce waiting times to within 52 weeks has been given a lot of focus and is being progressed.
d) The Death Certification Review Service is celebrating 10 years of operation.

The Medical Director – Director of Safety provided an update on the Infected Blood Inquiry, noting that Scottish Government (SG) have established an assurance board to oversee implementation of recommendations from the report. HIS will be involved with those that link to our work.

The Director of Quality Assurance and Regulation advised that there are new international recommendations for inspections in relation to the Ionising Radiation (Medical Exposure) Regulations. HIS will fully implement these but they will increase the footprint of inspections. SG have been advised.

The questions from the Board and the additional information provided covered the following:

e) The finance dashboard is a good example of a model developed by HIS that is being adopted by some other Boards.
f) The work to address 52 week waits will link with our healthcare staffing programme and the initial focus will be outpatient programmes.

Decision: The Board noted the report.
Action: Share the Measuring Impact internal audit report with the Board.

2. Holding to Account including Finance and Resource

2.1 Annual Report and Accounts

Claire Gardiner, Audit Scotland, joined the meeting for this item.

The Director of Finance, Planning and Governance provided the draft accounts updated since last reviewed by the Board and noted there is a balanced position at year end. It was advised that the Audit and Risk Committee considered the accounts at their meeting on 23 June 2025 and recommended their adoption to the Board.

Audit Scotland provided their report on the external audit, noting the following:

a) An unqualified audit opinion is provided and achieving a balanced position is good in the current financial landscape.
b) Although the savings target was met, only 40% of savings were recurring.
c) There were minor issues in relation to the remuneration report which is a theme each year

but Audit Scotland are content with the resolution of these.

The Chair of the Audit and Risk Committee confirmed the Committee's endorsement of the accounts and the need to increase the level of recurrent savings.

Thanks were extended from all to the Finance Team for their work on the accounts.

Decision: The Board accepted the significant level of assurance offered and approved adoption of the Annual Report and Accounts for 2024-25.

2.2 Whistleblowing Champion Annual Report

This item was taken ahead of the Annual Accounts 2024-25.

The Non-executive Whistleblowing Champion, Keith Charters, presented the annual report, noting that there had not been any whistleblowing cases though more work will be done to promote whistleblowing awareness across the organisation. A moderate level of assurance is offered due to the uncertainty in relation to the resource needed to deal with a case should one arise.

Decision: The Board reviewed the report and accepted the moderate level of assurance offered.

2.3 Operational Performance Report including 2025-26 Key Performance Indicators

The Interim Director of Finance and Corporate Services and the Director of Workforce provided the performance report and highlighted the following:

a) Performance reports have already been considered by the relevant Committees.
b) The main theme is the financial challenge and the need for recurring savings.
c) The report lists achievements that demonstrate progress against strategic milestones.
d) Headcount is currently 581 with a whole time equivalent of 544.8.
e) Staff turnover is less than the same period last year and the sickness absence rate has dropped to 3.4% which is below the NHS Scotland average.

In response to questions from the Board, the following additional information was provided:

f) It was noted that it is difficult to compare the sickness absence rate in HIS with that of other Boards who deliver patient facing services.
g) Underspend is often caused by vacancies and delays to recruitment, and this has been covered in the internal audit of recruitment processes. Some posts inherently take longer to recruit due to their specialist nature.
h) Key performance indicators (KPIs) are set at a strategic level by delivery area rather than by funding which is a mix of baseline and additional allocations. They are reviewed at six monthly intervals and supporting resources are agile to enable flexibility.
i) The KPI for inspections is based on the number planned but work is being done to ensure they also reflect responsive support. They will need to take account of the regulation of independent medical agencies.
j) Rental income is guaranteed because a memorandum of terms of occupation is in place

which is tied to the HIS lease for Delta House.

k) £2m of additional allocations has been baselined and at this point 70% of allocations are confirmed though some at a lower value than anticipated. There is ongoing discussion with SG.

Decision: The Board considered the performance report and accepted the moderate assurance offered.
Action: KPIs to be reviewed in relation to adverse events, NHS inspections, mental health reform, Primary Care Improvement Programme and Scottish Health Technologies Group/Artificial Intelligence. Update to be provided to the next Quality and Performance Committee.

3.Setting the Direction

3.1 Integrated Planning 2025-26: Annual Delivery Plan and Financial Plan

The Interim Director of Finance and Corporate Services presented the Annual Delivery Plan (ADP) and the Financial Plan, noting that feedback from SG has been taken into account since they were last reviewed by the Board.

In response to a question from the Board, it was noted that a contribution analysis framework is not in place but work is ongoing to address this. It will also be important to demonstrate our contribution to the Operational Improvement Plan. It was also noted that there are challenges related to balancing planned activity with responsive activity within resources available.

Decision: The Board approved the plans subject to the actions below and accepted the moderate assurance offered.
Action: Update the ADP to reflect the flexibility that will be required to respond to the Health and Social Care Service Renewal Framework and the Population Health Framework and to be clear on collaborators.

4.Influencing Culture

4.1 iMatter Board Report

The Director of Workforce provided a paper and a presentation on the board level iMatter results. She noted that the Employee Engagement Index had increased by three points relative to last year's report and of the 28 questions, 17 increased by three points or more.

The Chair of the Staff Governance Committee advised that the Committee will examine variation at directorate level and the raising concerns outcomes which needed further action.

Decision: The Board noted the report and accepted the moderate level of assurance offered.

5.Assessing Risk

5.1 Risk Management: Strategic Risks

The Interim Director of Finance and Corporate Services provided the latest strategic risk register, advising that the review of the Board's risk appetite is reflected in the paper and there are two new strategic risks.

The Non-executive Cyber Security Champion advised that she had liaised with the Non-executive Fraud Champion given the intersection of these two risk areas. She highlighted that the risk appetite relating to Cyber Security has increased to minimal and is content with that given the organisation is not patient facing. However, it should be kept under review.

The Chair of the Risk Sub Committee advised that the group was now established and would provide assurance on risk to the Board with a focus initially on the highest out of appetite risks.

Decision: The Board gained assurance from management of the strategic risks and accepted a limited level of assurance on the strategic risks which are out of appetite. Regarding the risks which are within appetite, they accepted a significant level of assurance when the residual score is medium or low and a moderate level of assurance when the score is high.

6.Governance

6.1 Governance Committee Annual Reports Action Plan and Code of Corporate Governance Update

The Director of Finance, Planning and Governance provided the action plan arising from the Committee annual reports for 2024-25 and updates to the Code of Corporate Governance in relation to terms of reference and the Standing Financial Instructions. She confirmed that the changes were endorsed by the Audit and Risk Committee at their meeting on 23 June.

Decision: The Board noted the action plan, approved the updates to the Code subject to the action noted and accepted the significant level of assurance offered.
Action: To add to the Code the new requirement for Non-executive Directors to be members of the Protecting Vulnerable Groups scheme.

6.2 to 6.8 Committee Key Points and Minutes

Committee Chairs provided key points and approved minutes as follows:

- Governance Committee Chairs: key points from the meeting on 22 May 2025.
- Audit and Risk Committee: key points from the meeting on 23 June 2025; approved minutes from the meeting on 5 March 2025.
- Executive Remuneration Committee: key points from the meeting on 24 June 2025.
- Quality and Performance Committee: key points from the meeting on 21 May 2025; approved minutes from the meeting on 19 February 2025.
- Scottish Health Council: key points from the meeting on 15 May 2025; approved minutes from the meeting on 20 February 2025.
- Staff Governance Committee: key points from the meeting on 29 May 2025; approved

minutes from the meeting on 13 March 2025.

- Succession Planning Committee: key points and minutes were not provided as the next meeting will be held on 30 July 2025. The Chair advised the agenda will cover skills evaluation, the Blueprint for Good Governance diversity action and the Audit Scotland Spotlight on Governance report.

Decision: The Board noted the key points and minutes.

7.Any Other Business

There were no items of any other business.

8.Date of Next Meeting

The next meeting will be held on 24 September 2025.

Members of the press and public were excluded from the remainder of the meeting due to the confidential nature of the business to be transacted, disclosure of which would be prejudicial to the public interest.

Approved by:
Date:

Healthcare Improvement Scotland

Public Board Meeting Action Register

Minute Date and Ref	Report Heading	Action point	Timeline	Lead officer	Current Status
30/6/25 1.6	Executive Report	Share the Measuring Impact internal audit report with the Board.	Immediate	Director of Finance, Planning and Governance	**Recommend for closure.** Report shared on 30 June 2025.
30/6/25 2.3	Operational Performance Report including 2025-26 Key Performance Indicators (KPIs)	KPIs to be reviewed in relation to adverse events, NHS inspections, mental health reform, Primary Care Improvement Programme and Scottish Health Technologies Group/Artificial Intelligence. Update to be provided to the next Quality and Performance Committee.	27 August 2025	Head of Planning and Governance	**Recommend for closure.** The quarterly performance report presented to the Quality & Performance Committee at its meeting on 27 August included updates on KPIs addressing the comments at the June Board meeting.
30/6/25 3.1	Integrated Planning 2025-26: Annual Delivery Plan (ADP) and Financial Plan	Update the ADP to reflect the flexibility that will be required to respond to the Health and Social Care Service Renewal Framework and the Population Health Framework and to be clear on collaborators.	Immediate	Head of Planning and Governance	**Recommend for closure.** This is captured on the landing page for the ADP on the HIS website: Integrated delivery plan 2025 – 2026 – Healthcare Improvement Scotland

30/6/25 6.1	Governance Committee Annual Reports Action Plan and Code of Corporate Governance Update	Add to the Code the new requirement for Non-executive Directors to be members of the Protecting Vulnerable Groups scheme.	Immediate	Head of Planning and Governance	**Recommend for closure**. Line added to Standing Orders.
4/12/24 Item 2.2	NHS Greater Glasgow and Clyde Emergency Departments Review Progress Update	After action review to be completed of the full external review process.	January 2026	Deputy Chief Executive	In progress. A reviewer has been appointed and interviews with key individuals have commenced.
4/12/24 Item 3.1.3	Workforce Report	Absence deep dive to include benchmarking with similar organisations.	24 September 2025	Director of Workforce	**Recommended for closure** Available benchmarking information presented in Workforce report to the Board at September meeting.
25/9/24 Item 1.6	Executive Report	Regarding use of Artificial Intelligence (AI), national position statements are awaited. This to be followed up.	24 September 2025	Director of Evidence and Digital	**Recommend for closure.** Digital Services Group (DSG) are working on AI guidance for staff that is based on the national team's guidance on Microsoft Copilot and this is due to be issued shortly.

Matters Arising: Communications Strategy

Meeting: Board Meeting - Public

Meeting date: 24 September 2025

Agenda item: 1.5

Responsible Executive: Simon Watson, Medical Director

Report Author: Laura Fulton, Chief Pharmacist

Purpose of paper: Decision

1. Purpose

To seek agreement to postpone formal approval of the Communications Strategy to allow further refinement and enhancement of its content, ensuring greater relevance and alignment with the strategic priorities, operational context, and values of Healthcare Improvement Scotland. This will enable the strategy to more effectively support our organisational goals and stakeholder engagement.

2. Executive Summary

An initial draft of the Communications Strategy was developed by John McKee, Head of Communications, and was positively received at the Audit and Risk Committee. However, during the recent HIS Board Strategy session, significant emphasis was placed on deepening our understanding of key internal and external stakeholders, clarifying our organisational purpose, and identifying near-term priorities.

The discussion highlighted the need for the Communications Strategy to more explicitly reflect who we are, what we do, and the impact we make. A strengthened narrative is required—one that conveys confidence in our role and articulates our contribution to improving health and care in Scotland.

Additionally, the strategy must be refined, accompanied by a clear and actionable delivery plan, focussing on the key areas, to be presented at the December Board meeting.

The strategic context, which was also considered at the HIS Board Strategy Day, should also be updated to reflect the Scottish Government's recently published NHS Reform and Renewal documents, including:

- Population Health Framework
- Health and Social Care Service Renewal Framework
- NHS Scotland Operational Improvement Plan

In addition, there are emerging signals around the focus of national health boards, including:

- Opportunities for **collaboration and shared resourcing across national boards**, suggesting a move toward greater efficiency.
- A continued emphasis on **stakeholder engagement**, including closer working with the newly appointed **Patient Safety Commissioner for Scotland**.

These developments emphasise the need for HIS to clearly articulate its role, value, and impact within a changing system. The Communications Strategy must reflect this evolving policy direction and position HIS as a confident, collaborative, and forward-thinking organisation.

3. Recommendation

It is recommended that the approval of the Communications Strategy be postponed allowing further development work that will enhance its alignment and relevance to Healthcare Improvement Scotland. This will ensure the strategy is more clearly aligned with our organisational context, priorities, and stakeholder needs, thereby strengthening its effectiveness and relevance.

Next Steps

The Communications Team will work with key stakeholders to refine the strategy narrative and delivery plan.

Strategic context to be updated to reflect NHS Reform and Renewal documents.

A revised strategy, accompanied by a clear and actionable delivery plan, will be presented to the Board in December 2025.

Chair's Report

Meeting: Board Meeting - Public

Meeting date: 24 September 2025

Agenda item: 1.6

Responsible Non-Executive: Evelyn McPhail, Chair

Purpose of paper: This report provides the Healthcare Improvement Scotland (HIS) Board with information on key strategic and governance developments. The Board is asked to note the content of this report.

1. NHS Scotland Board Chairs Group

The Board Chairs met for their private meeting on 25 August 2025. I provided an update on the HIS Safe Delivery of Care inspection approach. The meeting also covered the Scottish budget and spending review, cyber security and an update from the population health portfolio. Looking ahead, the Board Chairs will hold their annual development session on 25 and 26 September 2025.

Since my June report to the Board, the NHS Board Chairs met with the Cabinet Secretary for Health and Social Care on 23 July and 10 September 2025. The meetings have covered the Operational Improvement Plan including planned care, unscheduled care and cancer care performance. We also discussed how Boards are supporting reform and population planning through their governance structures.

As part of my ongoing induction, I have started a series of meetings with the other Board Chairs and to date have met with the Chairs of NHS Greater Glasgow and Clyde, NHS Lothian, NHS Tayside, NHS Forth Valley and NHS Grampian. We have discussed the challenges and priorities for their Boards and where HIS might be able to support these.

I continue to join the fortnightly meeting for the National Chairs to discuss strategic priorities and identify opportunities for collaboration.

2. Stakeholder Engagement

External Engagement

I held my first meeting as Interim Chair with the Chair of the General Medical Council on 21 August 2025. We covered the Leng Review and regulatory reform in relation to the updating of the Medical Act. She also shared positive feedback about our Sharing Intelligence work.

Along with the Chief Executive, I held meetings with several of our key stakeholders:

- On 28 August 2025 we met with the Chair and Chair Executive of the Care Inspectorate to ensure ongoing engagement around our joint work.
- We held the latest quarterly strategic meeting with our Scottish Government Sponsor Division on 8 September 2025. The agenda included items on inspection activity, system safety and the financial position.

Internal Engagement

Along with the Chair of the Care Inspectorate, I joined the HIS PRIDE event on 9 July 2025. I enjoyed meeting people at the event and learning about the work of our equality networks. I am aiming to hold a board seminar session in the future to consider how we can gain most benefit from the networks across the organisation.

I provided an update on key governance developments at each of the all staff monthly huddles in July and August. Other board members and the role of our committees continue to feature at the huddles as opportunities arise. The Chief Executive and I continue to hold sessions open to all staff to join us for an informal discussion. The most recent of these was on 13 August 2025.

3. Governance

Annual Review

It has been confirmed with Scottish Government that our Annual Review will take place on 24 November 2025. It will be led by the Cabinet Secretary for Health and Social Care. National boards have received guidance from Scottish Government on expectations for the review and planning is being taken forward accordingly.

Non-Executive Directors

Nicola Hanssen, Non-Executive Director has been re-appointed for a further four year term, taking her appointment up to 31 July 2029. Mid-year reviews are scheduled through September and October for the Non-executive Directors.

Board Activity

Since the previous Board meeting, the Board held a seminar session on 25 August 2025. Along with the Executive Team and Senior Leadership Team, we undertook the Quality Management System self-evaluation toolkit that HIS will be delivering with NHS Boards. We will come together again in October to consider the results. We also received an update on the review of regulation and took part in a session delivered by the NHS Education for Scotland board development team to refresh our thinking around the role of the Board.

The Board will hold its annual strategy day on 17 September 2025 to consider progress since last year and agree strategic priorities for the coming year. These will inform the next cycle of our integrated planning process. We will also ensure that our plans and the associated governance around them align with key Scottish Government documents including the Operational Improvement Plan, the Population Health Framework and the Health and Social Care Renewal Framework.

Executive Report

Meeting: Board Meeting - Public

Meeting date: 24 September 2025

Title: Executive Report

Agenda item: 1.7

Responsible Executive: Robbie Pearson, Chief Executive

Purpose of paper: This report from the Chief Executive and Directors is intended to provide the Healthcare Improvement Scotland (HIS) Board with information on key developments, including achievements and challenges, as follows:

In addition to keeping the Board up to date with organisational developments, the content is intended to provide information on our stakeholder engagement and how we are working with delivery partners – key aspects of our strategic approach.

The HIS Board is asked to note the content of this report.

1. Report from Chief Executive

Executive Team Recruitment

Melissa Dowdeswell has been appointed Director of Nursing and Integrated Care and will take up her post on 6 October 2025. Melissa has extensive senior nursing leadership experience in England. I want to thank Mhairi Hastings for her leadership of the Nursing and Integrated Care Directorate since November 2024. Gillian Gall has been appointed Interim Chief People Officer with effect from 1 September following Sybil Canavan joining NHS Education for Scotland.

Leadership Lens

The first round of the Leadership Lens sessions took place during June and July with members of the Senior Leadership Team (SLT). Hosted by the Chief Executive and Employee Director, their purpose was to encourage conversations to re-energise our collective thinking and ultimately, our people and cultural practices. A report of the themes emerging from the discussions was produced and formed the basis of a discussion at a joint Executive Team/SLT

meeting on 12 August where actions were agreed to support the review of the current HIS leadership model.

Chief Executive appointment to Scottish Partnership Forum

The Chief Executive has been appointed as the Co-Chair for NHS Employers in the Scottish Partnership Forum. The Scottish Partnership Forum exists to provide the Scottish Government, NHSScotland employers and trade unions/professional organisations an opportunity to work together to improve health services for the people of Scotland.

iMatter

As previously advised our response rate was 89% with improvement across 26 of the 28 indicators. Within the eight-week action plan window, team discussions had taken place and 90% of action plans were completed and submitted to the system. With a further 6 % completed after the Scottish Government eight-week timeline. Further discussions are taking place with the iMatter Steering Group to put in place an action plan for 2025/2026.

Anti-racism plan

An anti-racism plan for HIS was developed concurrently with our 2025-29 equality outcomes and published on 1 April 2025. A delivery group has been established and identified the following thematic priorities for the first year of delivery: leadership, accountability and incident reporting. Early progress has been made, including a leadership statement from the Chief Executive, the Chair and Employee Director. The Executive Team each have anti-racism objectives and our plan is co-sponsored at executive level by the Director of Engagement and Change and Director of Evidence and Digital.

Complaints Handling

To date, for financial year 2025-26 HIS has handled two complaints, with one closed and one ongoing. Both complaints have been handled as stage two (escalated) due to their complexity. The first complaint was upheld at stage two. Both complaints are associated with the Quality Assurance and Regulation Directorate (QARD).

External Developments Including Stakeholder Engagement

Annual Review

Planning is underway for the Annual Review, which will take place on 24 November 2025. It will be led by the Cabinet Secretary for Health and Social Care, with additional Scottish Government (SG) officials in attendance. All NHS Boards have received guidance on Scottish Government's expectations for the day. The event will be hybrid, based in Delta House. It will include meetings with stakeholder groups including Partnership Forum and the Clinical and Care Staff Forum, a public session as well as a private session. We are also exploring options for a session with service users.

In addition, our Strategic Engagement Team has supported NHS Greater Glasgow & Clyde and NHS Shetland with the public involvement components of their ministerial annual reviews, helping to identify members of the public, meetings with the teams and attending the public meetings in person or online on the day. Ongoing support is being provided to NHS Orkney,

NHS Lothian and NHS Grampian for their ministerial annual reviews (due to take place in October, November and December).

Deputy Chief Executive appointment to the Swansea Bay Maternity and Neonatal Oversight Panel

Ann Gow, Deputy Chief Executive, has been appointed as an independent observer to sit on an oversight panel in relation to Swansea Bay University Health Board's maternity and neonatal services. The oversight panel has been established to provide assurance to the Welsh Government on the implementation of recommendations following the escalation of the service following three external reviews.

Eljamel inquiry

In May 2025 we updated via Board communications that HIS would not be seeking Core Participant Status in the Eljamel Inquiry but were open to seeking permission to apply in the future as the inquiry progressed. The Chair of the inquiry has since contacted HIS, via Central Legal Office (CLO), specifically inviting an application. After meeting with CLO and the inquiry team, HIS has decided to proceed with an application for Core Participant status. The inquiry has now confirmed that HIS has been granted Core Participant status.

HIS will attend a preliminary hearing for the inquiry on 10 September, along with CLO, for observation only, and is undertaking preparatory work in anticipation of future requests for evidence.

Operating Framework between HIS and Scottish Government

Our Operating Framework is due to be updated in line with timescales outlined within the Framework (as necessary and at least every four years). We are commencing a review of the Framework in line with this, and also to reflect recent internal audit recommendations. We are engaging with our sponsor team as well as colleagues across HIS to ensure the Framework reflects the current operating context, legislation, and ways of working between HIS, SG, and other stakeholders as appropriate.

Scottish Patient Safety Commissioner

Karen Titchener commenced her role as Scotland's first Patient Safety Commissioner (PSC) on 1 September 2025. The role advocates for systematic improvement in the safety of health and care in Scotland and promotes the importance of incorporating the views of patients and the public in relation to healthcare safety. HIS provided evidence to the Health & Sport Committee of the Scottish Parliament in support of establishing the PSC role and office. A meeting between the Director of Safety/Medical Director and Ms Titchener is scheduled for early September.

The 2025 **Jane Davies Award for Person Centred Practice** was presented in July to Ayisha Azam, Senior Improvement Advisor at the Glasgow Health & Social Care Partnership (HSCP) Family Wellbeing Hub. The hub supports parents and carers of children and young people facing challenges such as mental health issues, neurodiversity, school avoidance and bullying. What began as a peer support group has evolved into a comprehensive, person-centred and non-judgemental space for families to share experiences. By listening closely, Ayisha developed tailored support pathways and built strong partnerships with statutory and third sector services.The two runners up were Motherwell Health Centre District Nursing team for their outstanding person-centred approach to an individual's end-of-life care, and Elaine

Beswick, Senior Care Coordinator from Dumfries and Galloway HSCP Complex Care West team, for supporting a vulnerable adult through a period of profound personal loss and transition. The award was featured in media reports including Daily Record, Evening Times and Dumfries and Galloway News.

2. Achievements

Supporting the voices and rights of people and communities

We published the 15th report of the Citizens' Panel, covering medicines safety, long term conditions and pre-conception health and care. The report attracted significant media interest, following press releases that highlighted the risk of patients using online searches and artificial intelligence for medicines information, and the lack of public awareness of the Yellow Card Scheme. Recommendations were made to the Scottish Government and other relevant stakeholders based on these findings. Significant press coverage included BBC Radio Scotland's Good Morning Scotland (7 August 2025), STV online, the Daily Mail and the Inverness Courier.

A theming exercise was completed to capture points from previous Gathering Views and Citizens Panel reports to help inform the Healthcare Improvement Scotland response to the Scottish Government **Long Term Conditions** consultation.

We published an updated Evaluating Participation Guide in August to support the evaluation of public involvement and participation activities in health and care services.

We updated our guidance and templates to support NHS Boards and Integration Joint Boards to identify **major service changes** (published September).

We have relaunched the **People's Experience Volunteers** (PEV) with two information sessions to hear from the volunteers about what is important to them about the role. The PEVs have participated in two activities during the period: testing Citizens' Panel questions; and reviewing and commenting on the draft Death Certification Review Service Annual Report.

We have piloted a new **Voices Scotland** session (entitled *What is community engagement in the NHS?*) in June to equip members of the public to engage effectively with health and care services. 30 people attended and rated the session 88% for content, 92% for delivery and 78% for increasing their knowledge.

Scottish Intercollegiate Guidelines Network (SIGN) continues to build its **patient involvement network** by introducing a new, more inclusive approach to involving third sector organisations and people with lived experience in guideline development. Our Patient and Public Involvement Advisor recently met with 29 current and prospective members of the Patient and Public Involvement Network. The session emphasised embedding lived experience throughout the process, with a focus on "What matters to you?" Attendees welcomed the structured, proactive engagement and highlighted the need to reach smaller, community-led groups. Terms of reference were agreed upon at a follow-up meeting and opportunities to contribute to upcoming guidelines on topics such as leg ulcer, epilepsy in children and asthma were discussed. Members have been encouraged to submit topic referrals and as a result the Directorate has received a referral for the development of healthcare standards for people with Down's syndrome. A further meeting is planned with the aim of holding two to three meetings per year.

A safer NHS

The **Adverse Events** Team are working on two priority areas for national standardisation of adverse events and commissioning of adverse event reviews. Engagement is underway with national expert groups and subject matter experts for the categories of medicines and perinatal adverse events. Once implemented as standard national coding and reporting, along with agreement of which events lead to the commissioning of a Significant Adverse Event Review and other review types, this will aid improved analysis of data, identify areas and themes for learning and improvement and in addition equity for patients and families for the right review type commissioned throughout NHS Scotland.

Phase 2 of the **Adult Support and Protection (ASP)** programme reached its conclusion in summer 2025 with the successful delivery of the following four workstreams:

- **Workstream 1** – The six adult protection partnerships initially inspected in 2017 were re-inspected and all 32 partnerships have now had a full multiagency inspection. All published reports can be found here.
- **Workstream 2** – Publication of the Adult Support and Protection Quality Improvement Framework. The framework was developed by the multiagency scrutiny partners (the Care Inspectorate, HIS and His Majesty's Inspectorate of Constabulary in Scotland) in collaboration with the national ASP implementation group and sector stakeholders.
- **Workstream 3** – HIS led the work to develop a focused methodology for progress reviews in the six partnerships where phase 1 inspections identified that weaknesses significantly outweighed strengths. Six progress reviews were completed with all partnerships showing improvement. All published reports can be found here.
- **Workstream 4** – His Majesty's Inspectorate of Constabulary in Scotland led work to develop a multiagency supported self-evaluation methodology. Five partnerships were supported to use elements of the ASP quality improvement framework and core multiagency inspection tools and approaches to self-evaluate their local ASP early intervention and prevention initiatives. A further three 'learning partnerships' engaged in a tabletop focused self-evaluation on a proposed or recently implemented innovation. An overview report detailing the outcomes of this innovative work will be published in autumn 2025.

The Scottish Government ASP policy unit is currently engaging with the sector and multiagency scrutiny partners regarding a potential third phase of work focusing on national directed ASP self-evaluation for improvement.

The **Scottish Patient Safety Programme (SPSP) for Mental Health** relaunched on 3 September with a webinar introducing a new focus on improving safety at points of transition between acute and community care settings. This workstream was developed in response to findings from local assessments of the Mental Health Core Standards and a discovery phase that identified transitions of care as a key safety priority. Given the elevated risk of harm – particularly within the first 72 hours post-discharge, where suicide rates are highest – this workstream presents a significant opportunity to drive meaningful, cross-organisational improvements in patient safety.

SPSP Perinatal data shows a sustained national reduction in the rate of term babies being admitted to neonatal units in Scotland. This progress supports keeping more babies with their parents after birth, reducing unnecessary separation and the potential for associated harm.

Medicines safety remains a shared priority for improvement across Scotland's health Boards. A new workstream within the SPSP Adults in Hospital programme is focusing on this area. SPSP and the HIS Medicines and Pharmacy team are collaborating with a multidisciplinary group from across Scotland to identify an initial improvement topic where process changes at the point of care can deliver the greatest impact on patient experience and outcomes.

A two-year extension of the **prison pharmacy** contract has been secured, with work underway to review the specification ahead of retendering. Polypharmacy reviews have been introduced and prescribing requirements for the prison GP IT system have been finalised, with additional enhancements agreed. In parallel, a solution has been implemented to provide Controlled Drug Accountable Officers with data on privately prescribed controlled drugs in Scotland, fulfilling governance objectives set with the Scottish Government.

The **Healthcare Staffing Programme** is developing four new learning modules to support the rollout of updated staffing tools.

A structured methodology has been developed to guide and support the implementation of Common Staffing Method reviews. This includes defining review scope, establishing governance and reporting arrangements and planning for the formation of an Expert Working Group to support wider consultation.

The Mental Health and Learning Disabilities Nursing Inpatient Staffing Level Tool and the Professional Judgement Tool are now complete, with recommendation reports finalised and published on the HIS website. Both tools are expected to be included in the legislation and will go live on 30 October 2025.

The 10-year anniversary webinar for **Excellence in Care** took place at the beginning of September. The team hosted 350 delegates and was supported by speakers and stakeholders from across the country to celebrate the milestone.

A comprehensive communication plan is in development to support the release and promotion of key outputs, including the Impact and Evaluation reports for the Quality-of-Care review guidance, the Leading Excellence in Care Education and Development Framework, and the updated Excellence in Care Framework and Strategy for 2026-2028.

The Excellence in Care Learning System is in development with ongoing collaboration with SPSP to support the delivery of a joint network.

NHS recovery and supporting a sustainable system

The **Quality Management System (QMS) framework** has been updated and fully integrated with the Scottish Approach to Change, showing that the principles and enablers for managing quality and leading change are fundamentally the same and work together seamlessly.

Powerful testimonials received from across the health and care system reflecting the tangible impact of the **Scottish Approach to Change** programme and the exceptional value the systems unit brings in enabling system-wide transformation:

- "Your insight, facilitation, and credibility have helped shape a more ambitious and connected conversation across the system." (Alan Cooper, Planning Strategy, North Region and NHS Grampian)
- "The support implementing the Scottish Approach to Change has been invaluable. The team bring a range of knowledge and skills to the organisation that have been crucial in supporting us to develop our vision for the unscheduled and social care systems. The Scottish Approach to Change provides a very useful framework to design our change programme taking into account both practical change processes and developing the enablers to support the delivery of change across the organisation." (Gareth Marr, Interim Chief Officer, Dumfries & Galloway)

The **Residential rehabilitation programme** has now received 23 draft action plans from Alcohol and Drug Partnerships (ADPs). These identify the short, medium and long term actions required to support local improvements to residential rehabilitation pathways. Following our review of the drafts, three have now been approved by their local Board. Planning is now underway for the development of an in-system support package for 2 ADP areas, which will primarily be delivered within the Q3 period if approved.

The **Mental Health and Substance Use** programme developed two case studies: looking at integrating psychology into homelessness services, and community mental health teams working together to help people.

In August, the Quality & Performance Committee approved a bold vision for our **Drugs and Alcohol** programmes from April 2026 to March 2030. HIS will be at the forefront of transformational change centred around two priorities:

1. Developing a QMS approach to improve the **quality and safety** of care in the drug and alcohol system
2. Reducing health harms from addiction through **recovery orientated approaches,** connecting the services that achieve, and embedding human-rights based approaches.

We have entered discussions with key partners, including Scottish Government, about a HIS-wide approach that will realise this vision, improve care safety and quality and support people affected by addiction to recover and thrive.

The **Hospital at Home** annual report was published in July with the impact of our findings and reporting gaining wide media coverage highlighting the following impact of Hospital at Home:

- In 2024 – 2025, Hospital at Home prevented 15,470 people spending time in hospital, reducing pressure on unscheduled care and delayed discharges.
- An estimated 672 additional hospital beds and 477 care home admissions would have been required over the year if Hospital at Home services did not exist.
- An estimated £16.7 million in healthcare costs were avoided in 2024 – 2025 because Hospital at Home admissions cost less than traditional hospital admission.
- An estimated £39.4 million in healthcare costs were avoided due to reduced healthcare usage in the six months following a Hospital at Home discharge.

Scottish Government has asked HIS to become the lead national improvement organisation for Frailty with the potential for additional funding to increase the scope and pace of the **Focus on**

Frailty programme. A paper is being prepared for internal HIS governance process following this request.

The **Primary Care Portfolio** has delivered a range of learning sessions and outputs during Q2 and supported demonstrator sites and collaborative teams to deliver a range of improvements:

Pharmacotherapy:

- Care home polypharmacy reviews in NHS Ayrshire & Arran rose from 9% to 18%.
- Acute prescribing decision tree implementation led to reduced prescribing rates in East Ayrshire.

CTAC (Community Treatment and Care):

- Resilience staffing coverage increased from 39% to 59% across NHS Ayrshire and Arran.

Collaborative:

- 17 teams actively engaged in improvement work (workflow, care navigation, CTAC).
- Health Equity Sprint: 7 teams participated; evaluation and case studies in development.

Learning System:

- HIS Resources Published included Pharmacotherapy videos, patient experience webinar learning, and multiple case studies.
- HIS Webinars & Workshops delivered including multidisciplinary team working, continuity of care, and patient experience.

Data, Measurement & Evaluation:

- HIS Primary Care Phased Investment Programme Interim Report published on HIS website.

More Effective Care

Based on the Scottish Health Technologies Group (SHTG) assessment of the clinical effectiveness, safety and cost effectiveness of ambulatory electrocardiogram (ECG) patch monitors on behalf of the Accelerated National Innovation Adoption (ANIA) pathway, the Innovation Design Authority agreed to progress to rolling out the technology across NHSScotland. National rollout via ANIA is underway for genetic tests to prevent hearing loss in newborns, highlighting the impact of SHTG advice in informing NHSScotland decision making. The rapid point of care test will launch in September in NHS Greater Glasgow & Clyde and identifies a genetic variant that can cause permanent hearing loss when babies are treated with the common antibiotic gentamicin.

In August, SHTG published recommendations on the use home blood pressure monitoring for people with suspected or confirmed hypertension and recommended that Home Blood Pressure Monitoring should be available for patients with suspected and diagnosed hypertension. The recommendations have been welcomed by the Cardiovascular Disease Risk Factors Steering Group, part of the Scottish Government's Preventative and Proactive Care Programme. Work is underway to drive change in access to this technology.

The Scottish Medicines Consortium (SMC) received excellent feedback from a pharmaceutical company who worked with them, referencing their world-leading approach and structure which ensures that all-voices are heard in a balanced and respectful manner, while keeping the discussion aligned with the ultimate goal of delivering meaningful benefits to patients.

The Right Decision Service (RDS) launched the national Scottish Cancer Referral Guidelines in collaboration with the Centre for Sustainable Delivery (CfSD) on 6 August. RDS has also been awarded funding by Innovate UK to deliver a personalised shared decision aid for weight management pathways. This will support implementation of SIGN's type 2 diabetes prevention guideline and future obesity guideline.

RDS external developments include (a) working with CfSD to develop toolkits for their referral pathways, including Optimal Cancer Diagnostics, Endoscopy, Cancer Prehabilitation, Gynaecology, Gastroenterology and Endoscopy, (b) delivering a national toolkit with guidance and implementation support for HIV transmission elimination, in collaboration with Public Health Scotland and Scottish Government Chief Medical Officer and (c) supporting NHS Lothian in establishing its local service to deliver RDS toolkits, including an interactive tool for the venous thromboembolism (VTE) risk assessment to address patient safety issues resulting from decline in manual assessments since implementation of Hospital Electronic Prescribing and Medicines Administration (HEPMA); a toolkit to support new residents; guidelines for Cancer Centre nurses and for the Edinburgh Transplant Centre.

The final draft of the Scottish Antimicrobial Prescribing Group (SAPG) strategic aims for 2025-29 is out for consultation. These lay out the key areas of focus for SAPG in the coming years and outline how SAPG can support Scotland to deliver the commitments of the UK Antimicrobial Resistance Action plan: Confronting antimicrobial resistance 2024 to 2029 - GOV.UK.

The Standards and Indicators team has completed consultation on standards for Newborn blood spot screening with minimal amendments required ahead of publication of the final version due in November 25.

The standards team recently secured Executive Team approval for a Scottish Government commission to develop standards for domestic homicide and suicide reviews, recognising their significant experience of working with multiagency stakeholders including the NHS, Crown Office and Procurator Fiscal Service, Police Scotland and the third sector. The team will align this project with our perinatal network, QMS approach to drugs and alcohol and residential rehabilitation.

SIGN has secured funding from Scottish Government for 2025/26 for six further updates to the Scottish Palliative Care Guidelines.

Recruitment to new posts to support the Voluntary scheme for branded medicines, Pricing, Access and Growth (VPAG) Investment Programme is complete. Programme frameworks, trackers and reporting arrangements are now operational.

Organising Ourselves to Deliver

Safety Intelligence and Bulletins

Work is progressing rapidly to establish the Internal Safety Intelligence Network, the successor to the HIS Safety Network. This initiative will focus on gathering, sharing, and interpreting safety intelligence across the healthcare system. It will be a key component of the HIS Safety

Management System, providing intelligence-led support for safety improvement. A Safety Bulletin offering advice on weight loss medicines is scheduled for publication in September.

Medical workforce model

A paper was presented to the Executive Team in July 2025, recommending the development of a more integrated and cost-effective medical and clinical staff model within Healthcare Improvement Scotland. A Task and Finish Group has been established to assess needs, appraise options, and draft a Clinical and Care Workforce Plan by January 2026. The group includes representation from each Directorate and is jointly led by the HIS Chief Pharmacist and the Nursing Midwifery and Allied Health Professionals Director.

Reduction in the Working Week (Agenda for Change)

The Reduced Working Week Short Life Working Group has met on two occasions during July and August 2025, with a primary focus to consider the outstanding areas arising from the Agenda for Change 2023/24 pay agreement, which outlines the planned reduction to a 36-hour working week by April 2026. The group will, in partnership, develop the outline implementation plan for the next 60-minute reduction and circulate to the Partnership Forum for feedback. The final implementation plan is due for submission, following approval by the Executive Team, by 1 October 2025 to Scottish Government.

Once for Scotland Policy Launch Phase 2.2

A revised publication of phase 2.2 Once for Scotland Policies has been launched. In partnership, with the Partnership Forum, a programme is being developed to launch and raise awareness across Healthcare Improvement Scotland.

Core Strengths / Strengths Deployment Inventory (SDI)

SDI is a workplace personality assessment tool that provides insights into individuals' motivations, behaviours, and relationships dynamics in the workplace. Organisational investment was secured to make this available across HIS, to enhance our abilities to work collaboratively and responsively in line with our One Team ethos. Launched on 17 September 2024, almost 85% of HIS staff have chosen to complete an SDI assessment.

During June and July, the Organisational Development & Learning (ODL) Team supported the HIS SDI Facilitators to pilot three SDI Team Development sessions. These sessions have provided some valuable learning which will help to inform the formalisation of the organisational offer. Currently there are five further requests for team development sessions during September and November.

It has also been arranged for Steve Wood, Master SDI Facilitator from Crucial Learning to provide a Continuing Professional Development session to our SDI Facilitator Network in September.

Personal Development and Wellbeing Review (PDWR) process

During the HIS PDWR staff engagement period (1 April to 31 May), all Agenda for Change staff were encouraged to meet with their manager to conclude their PDWR Appraisal for 2024 – 2025, agree their objectives (including the agreed corporate objectives) and Personal

Development Plan (PDP) for 2025-2026. To support staff and managers, the ODL Team offered drop-in sessions, guidance documentation, and one-to-one support via the HIS Campus mailbox. As of 31 August, ***at organisational level***:

- 444 of 575 Agenda for Change staff (77.35 %) have completed and signed off their Appraisal Discussion for 2024/25
- 319 of 416 Agenda for Change staff (76.68 %) have agreed and confirmed their Objectives for 2025/26 (reporting shown as in progress)
- 160 of 416 Agenda for Change staff (38.46 %) have agreed and confirmed their learning needs (PDP) for 2025/26 (reporting shown as in progress)
- 416 of 575 Agenda for Change staff (72.34 %) have engaged in the Turas Appraisal system with their look forward for 2025/26 with updates to either their Objectives, Learning needs (PDP) or both.

HIS Campus

The Organisational Development and Learning team and HIS Campus Group have completed the annual Learning Needs Analysis (LNA) based on an aggregation of the Directorate learning needs emerging from the 2025 – 26 PDWR process.

The LNA process has identified the following top five learning themes: digital, communication, leadership and line management, programme and project management, and data management and analysis. This information will influence the learning programme on offer through HIS Campus, seeking to make best use of organisational resources and ensuring equality of access to learning and development opportunities.

3. Challenges and Issues

Delivery challenges

Strong collaborative working has been required across multiple teams and directorates to meet challenging timescales for migrating content to the new **HIS website** and to ensure consistent and high-quality messaging about our work.

SMC continues to receive a significantly higher than usual number of medicines submissions. As at the middle of August, 55 submissions had been received during 25/26 compared to 30 in 24/25, resulting in an increase in the number of medicines deferred for assessment. Mitigation measures are in place to minimise impact on timely access to new medicines for patients.

The **Primary Care** team is seeing the impact of ongoing high vacancy rates. To mitigate team members are using a 'teaming' approach, working across boundaries to support all elements of delivery beyond traditional role boundaries and we are borrowing staff and staff time from other parts of the organisation to help us meet our deadlines. As a result we will not be able to realise all of our original aims, particularly of the learning system.

All areas of **QARD** are currently reviewing internal processes, activity and risks. This, combined with an expansion in work requirements, including an expanded inspection portfolio, remains a pressure.

System capacity

The funding model for the **Right Decision Service** is under review, which creates risk to continuity of RDS beyond March 2026 when current Scottish Government funding ends. HIS has been engaging with Board stakeholder groups to seek views on the future approach.

Across all evidence teams, there is increasing concern about the ability of healthcare professionals to take part in **development work** (eg in relation to maternity standards). Group members have requested a slower pace with more time between meetings and have reported that it is becoming increasingly difficult for them to commit to regular meetings. Teams are reviewing how we work with development groups to ease workload for our stakeholders.

The **Shifting the Balance of Care** portfolio (including work on access, Hospital at Home, frailty and dementia) has also identified a risk of reduced engagement from Health and Social Care practitioners, driven by workforce capacity constraints and broader system pressures. This may impact the effectiveness of programme delivery and the implementation of improvement initiatives. Additionally, technical barriers – particularly in the use of digital communication platforms such as Microsoft Teams – are affecting frontline staff, including those in care home settings. These challenges are limiting their ability to collaborate effectively with programmes of work and may hinder the adoption of meaningful change. To mitigate these risks, targeted awareness and training on digital engagement tools may be required to support staff and strengthen system-wide collaboration.

During consultation on **Clinical Governance standards**, stakeholders including the Scottish Association of Medical Directors and risk management and Clinical Governance leads raised queries about the implementation, monitoring and measurement of the Clinical Governance standards. The Standards and Indicators team is exploring internally within HIS any role HIS might take to support monitoring, measurement and assurance of the Clinical Governance standards across the system.

A monitoring compliance dashboard is currently in development to provide HIS with critical data, evidence, and intelligence to assess how NHS Boards are, in part, discharging their responsibilities in relation to **Healthcare Staffing**. There is still ongoing work to further understand roster locations within the Boards to provide a full and comprehensive analysis of the level of compliance with staffing level tools. These insights will be fully captured and analysed as part of the upcoming Common Staffing Model review.

4. External Developments Including Stakeholder Engagement

Community Engagement and Transformational Change

Facilitated a **workshop** for Glasgow HSCP with 20 participants from Health and Social Care, sharing findings from our Delayed Discharge Adults with Incapacity (AWI) work and supporting stakeholders to plan actionable steps to reduce AWI delays and promote collaboration.

Delivered a **Service Design Community of Practice** session to 95 participants, showcasing transformational change through a whole-system, person-centred approach led by North Lanarkshire HSCP. Drawing learning from the Scottish Approach to Change Pathfinder sites, the session inspired deep reflection and practical takeaways, with participants praising its relevance and insightfulness in shaping co-design and cultural change across professional settings.

Initial implementation and customisation work has been completed on the new **Volunteer Management System** (VMS) and a phased rollout is underway. Six volunteer management staff from the Pilot one Boards (HIS and NHS Forth Valley) have completed training. A further nine HIS staff attended a VMS demonstration in June as part of Volunteers' Week.

Cohort 6 of the **Care Experience Improvement Model (CEIM) Leaders** programme – developing quality improvement and coaching skills – ran over four days in June, with 19 participants successfully completing the course. Evaluation demonstrated strong positive impacts, with 91% scoring it positively; 100% saying they were likely or very likely to change or improve their practice; 90% feeling confident to apply the learning; 100% agreeing the programme was a good use of their time; and 100% agreeing they would recommend the programme to a colleague.

The **CEIM Peer Network** supports the sustainability of CEIM coaching in organisations that have invested in developing CEIM Leaders. This network currently has 26 members and has hosted three virtual sessions to date, with the most recent held in July, attended by eight participants. This session received a 5/5 satisfaction rating, reflecting a strong engagement and value for attendees. Participant feedback: *"Very helpful great to connect and reconnect with other CEIM Leaders and knowing that there is a network to reach out to."*

- Facilitated **strategic learning sessions** with 20 participants, fostering engagement through open, reflective discussions on strategic gap analysis and systems thinking. These sessions supported skill development and empowered individuals to apply learning and strengthen capability across the system.
- Delivered an internal **HIS Campus session** on Quantified Impact Analysis to 39 colleagues, introducing a new Return on Investment tool. The session sparked strong engagement and positive feedback, equipping participants with practical skills to quantify the impact of their work and apply learning within their teams. *"Such an interesting topic, thanks so much for this, it's been eye opening! Lots to take back to my team."*
- The second edition of the **What Matters To You?** (WMTY) newsletter was distributed to 1,098 subscribers in July. It highlighted the Jane Davies Award prize winners and featured the national WMTY short film developed in partnership with NHS Tayside and The ALLIANCE. The Professional Nurse Lead at Queen's Nursing Institute Scotland shared this feedback:
    - *"I just wanted to say how much I enjoy reading your newsletter, the video from Ninewells around WMTY really inspiring, I've long been a believer in the power and poignancy of this simple question, and this was a great reminder of its value, no need to reply to me, I just wanted to say thanks."*

- Planned **webinars** for September include one hosted by the Mental Health Reform programme on 16 September on the topic of "Developing staff to work confidently with complex mental health needs". On 23 September, staff from NHS Borders will share their learning from engaging with over 1,000 people – including 700 members of the public – to inform the development of a new five-year organisational strategy.
- Continued engagement with key partners **Harbour Ayrshire** to look at the better inclusion of drug and alcohol recovery services and the people who use them, in the design and delivery of drug and alcohol services. This has resulted in the output of a system map.
- Continued engagement with **Scottish Independent Advocacy Alliance** to include Medication Assisted Treatment (MAT) Standards within HSCP Strategic Advocacy Plans. This supports the strategic planning and helps delivery advocacy support to people who access alcohol and drugs services as part of MAT Standard 8.

Evidence and Digital

The Standards and Indicators team is working with stakeholders in the approach to the consultation phase for the standards for maternity care. Several focus groups have been arranged to obtain feedback from service users, staff and third sector organisations, including a visit to the Mother and Baby Unit at His Majesty's Prison and Young Offender Institution, Stirling.

During the consultation on the Clinical Governance standards, we held focus groups in partnership with CELCIS to hear from their care experienced consultants. The General Medical Council, Royal College of Pharmacists, Optometry Scotland, Royal College of General Practitioners and many national and territorial NHS Boards have provided detailed and constructive feedback to improve the standards. There has been positive feedback on the structure, approach and alignment of the document including the potential to strengthen governance. The person-centred approach to development was well received and stakeholders have welcomed the document.

The Standards and Indicators team is further streamlining the prioritisation and review of screening standards with support from the National Screening Oversight Board. The new approach sees a reduction in timelines and capacity of frontline staff, whilst maintaining high-quality standards product.

During a review to discuss the Food, Fluid and Nutritional Care (2014) standards, we held a workshop with over 100 attendees who provided intelligence, evidence and expertise on the current use and potential future of the standards.

Medical and Safety

The Sodium Valproate Learning Network was held on 12 August 2025, featuring updates from the Medicines and Healthcare Products Regulatory Agency, Scottish Government, and Public Health Scotland. Two Boards shared their progress and challenges in meeting regulatory requirements and responding to the National Patient Safety Alert issued in 2023. One Board's use of a formal Quality Improvement approach was particularly valuable to observe.

Nursing and Integrated Care

Engagement with and submission rates to the Excellence in Care Care Assurance and Improvement Resource Dashboard remain a key outcome for the programme, with ongoing work to optimise functionality and improve stakeholder communication as new measures are introduced. While engagement fatigue has been a concern, proactive steps are being taken, including refreshed stakeholder mapping and a more targeted communications approach to safeguard engagement effectiveness.

Programme milestones for Improving Access to Integrated Care have been collaboratively mapped with stakeholders. There were 11 applications across six NHSScotland Boards to participate in cohort one of the programme, with Sprint for cohort one underway from August to December 2025. Cohort two is scheduled to begin in November 2025, reflecting the programme's phased and scalable approach.

Stakeholder engagement has expanded in response to the expanded scope of the Hospital at Home programme. The team continues to maintain strong relationships with Boards through regular site visits, support calls and a well-attended national event held earlier this year.

The Frailty and Dementia advisory group has been disbanded. The rationale for this was low engagement from stakeholders, meaning it represented low value activity for Healthcare Improvement Scotland. Feedback from the last meeting of this group will inform a new process to engage with external stakeholders.

Stakeholder engagement has been a key part of the Primary Care Phased Improvement Programme including:

- The use of CEIM Conversations across Ayrshire & Arran, Edinburgh, Shetland to gather patient experience insights. Reflective improvement meetings have been held with CTAC and Pharmacotherapy teams.
- Week of Care audit feedback sessions have been held with participating practices to discuss findings and implications.
- A survey was developed in Edinburgh City to understand Multi Disciplinary Team impact and patient experience in enhanced practices.

Quality Assurance and Regulation

The Independent Healthcare Team have been progressively re-engaging with stakeholders in the sector. Last month the Head of Regulation attended the Scottish meeting of the Independent Doctor's Federation. A presentation covering the fundamentals of regulation of healthcare in Scotland was well received and generated a lively question and answer session. After the formal presentation, the discussion continued during the networking event. Following this we plan to join the next British Association of Medical Aesthetic Nurses event in October and attend the next Scottish Aesthetics Conference.

A multiagency Public Protection Scrutiny Working Group (PPSWG) has been established to take forward the National Public Protection Leadership Group's priority 2 – 'Enhancing our culture of learning through independent scrutiny and inspection'. Over the summer months, members of the PPSWG are engaging directly with all Chief Officer Groups (COGs). The purpose of this engagement is to gain an initial understanding of what would best support COGs to both be

assured about public protection arrangements within their own partnership areas and what would provide assurance to the wider sector and the public. Further engagement is planned with COGs and other key stakeholders through the autumn.

People and Workforce

National Review of e-Learning Modules

Representatives from all NHS Scotland Boards are currently working together to review the existing 98 e-learning modules which relate to the nine nationally agreed Once for Scotland mandatory training modules.

- Counter Fraud (agreed as the national module and not required to be reviewed)
- Equality & Diversity
- Cyber Security
- Information Governance
- Moving and Handling
- Infection, Prevention and Control
- Public Protection (to include Adult and Child Protection)
- Prevention and Management of Violence and Aggression
- Fire Safety

It is likely that the outcome of this work will impact our HIS Mandatory Training programme. For instance, it has been agreed nationally that all modules will have a revalidation period moving forward and there will be a requirement for all staff to complete Infection Protection and Control and Prevention and Management of Violence and Aggression modules which previously did not sit under our HIS Mandatory Training Programme.

Strategic Plan for Safety

Meeting: Board Meeting - Public

Meeting date: 24 September 2025

Agenda item: 2.1

Responsible Executive: Simon Watson, Director Medical and Safety

Report Author: Fiona Glen, Joanne Matthews, Laura Fulton, Meghan Bateson

Purpose of paper: Approval

1. Purpose

To set out a clear, aligned framework for delivering Healthcare Improvement Scotland's (HIS) Strategic Safety Plan, linking our strategy to tangible deliverables for 2025/26 and pipeline priorities for 2026/27.

The Board are asked to:

- note progress and proposed phased approach to the Strategic Safety Plan,
- support directorate collaboration to establish a decision-making mechanism for safety governance and assurance,
- acknowledge interdependencies across HIS directorates and agree that regular updates return to Board as appropriate.

2. Executive Summary

This paper introduces the Strategic Safety Plan and outlines how it will support delivery of HIS's strategic priorities[1] through a coordinated and confident approach to safety. The plan builds on HIS's pivotal role in advancing patient safety in the UK and globally, including through the Scottish Patient Safety Programme[2]. The Dash review[3] reinforced the need to evolve national approaches to quality and safety, highlighting that systems across England continue to grapple with fragmented data, unclear accountability and variation in the way intelligence is used to drive improvement. In Scotland the need to strengthen an integrated intelligence-led approach to safety is well recognised, but its achievement will require coordinated leadership, investment and a shared commitment for change.

The Strategic Safety Plan represents the next evolution for Scotland. Following review, the HIS executive team (12 August 2025) and Quality and Performance Committee (QPC, 27 August 2025) supported progression of the plan to the Board for final approval. The plan adopts a quality management system approach to improve how safety intelligence is gathered, assessed

[1] Healthcare Improvement Scotland (2023) Leading quality health and care for Scotland: Our Strategy.
[2] Scottish Government (2016) Scottish Improvement Journey.
[3] Department of Health and Social Care (2025) Review of patient safety across the health and care landscape.

and acted upon across HIS to support delivery of safe care. Effective delivery of the plan will require the continued consultation and contribution of expertise from across HIS and external partners. The programme of work addresses national priorities within the 2025/26 Annual Delivery Plan (ADP) and supports HIS's statutory role in clinical and care governance (CCG), public assurance and improvement. It builds on commitments in the Digital and Intelligence Strategy and is aligned with our responsibilities under equality legislation including the Public Sector Equality Duty.

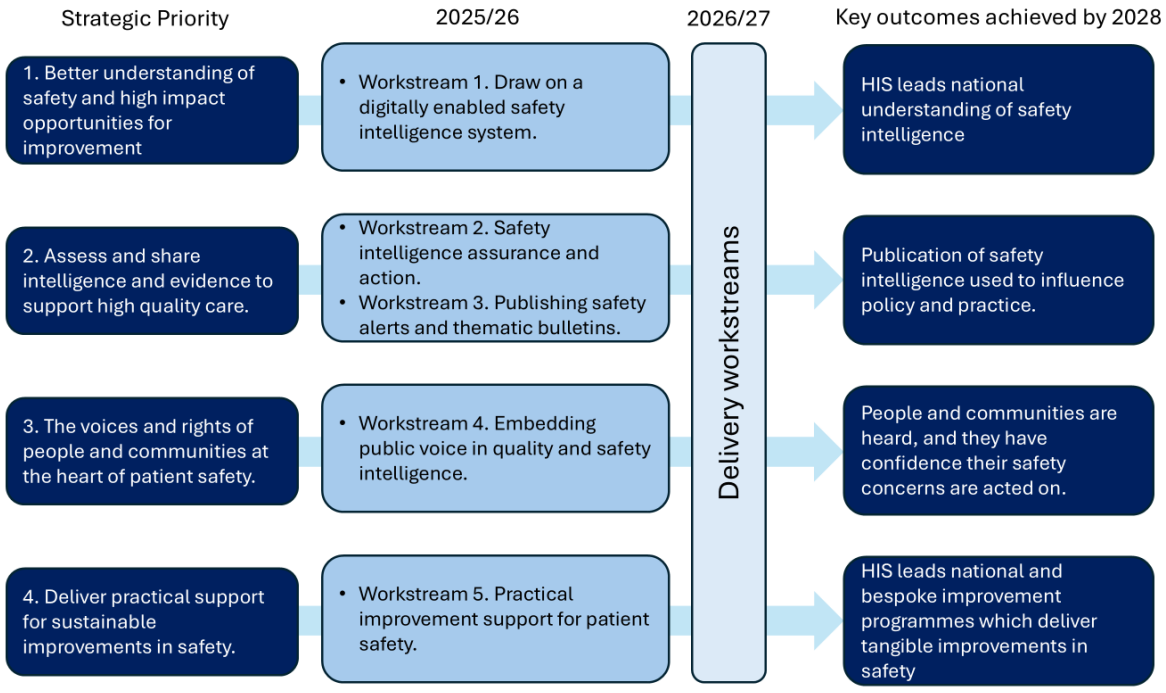
3. Background

Healthcare Improvement Scotland recognises the significant pressures facing the health and care system in Scotland, including the challenges these create for delivering safe, high-quality care. Our work across safety, including the recent review of NHS Greater Glasgow and Clyde Emergency Departments, highlights the complex system factors that contribute to safety issues. We understand that improving safety requires a whole system approach that balances national leadership, local accountability and a relentless focus on learning from evidence and lived experience. Our Strategic Safety Plan will ensure HIS has a clear and credible role in supporting the system to address these challenges, reduce unwarranted variation and prioritise the actions that will have the greatest impact on safety for people using services across Scotland.

4. Strategic Framework

The Strategic Safety Plan is rooted in HIS's 2023-28 strategy as seen in Figure 1 with further detail on deliverables per workstream in appendix 1, including next steps for Scottish Patient Safety Programme (SPSP) (workstream five). The plan aligns these commitments with the 2025/26 ADP and moves programme specific work towards a system wide quality management approach that integrates measurement, intelligence and improvement.

Figure 1. Strategic alignment



5. Delivery plan 25/26: Programme Approach

The operational delivery of the plan will be structured using the Scottish Approach to Change through two interlinked themes: intelligence and insight, and improvement and support. These

themes align directly with HIS's strategic priorities of enabling a better understanding of safety, sharing intelligence to support high-quality care and delivering practical support for sustainable improvement.

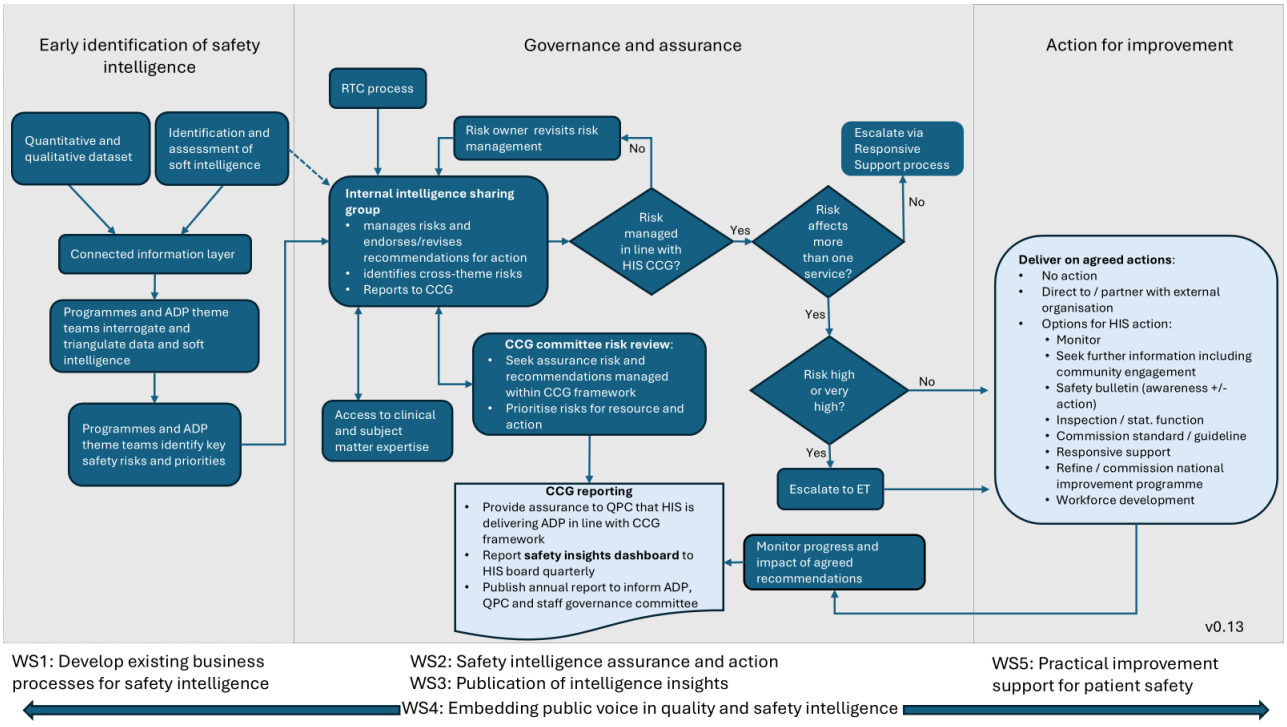
Intelligence and insight will ensure the system has access to high-quality safety data, and lived experience insights, enabling boards and partnerships to identify priorities and take informed action. Achieving this will require early engagement with system leaders and continued internal collaboration with colleagues across HIS.

Improvement and support will translate intelligence insights into practical, tailored programmes that address Scotland's priority safety challenges, supporting the system to reduce unwarranted variation and improve outcomes. Together these themes will position HIS as a credible, visible leader in safety, ensuring that our national role drives meaningful change while supporting local delivery.

To support delivery of the Strategic Safety Plan, we will prototype and test a structured Safety Intelligence and Action Process, shown in Figure 2. This process outlines how a range of safety data – from formal adverse event reports to anticipatory intelligence such as professional concerns and early warning signals - will be systematically collected, triaged, assured and acted on across all our workstreams. Development of this process will require internal and external engagement as outlined in section 6.

To support effective decision-making, a Safety and Action Oversight Function (SOAF: final name and approach to be determined once the CCG review is completed) will be established during 2025/26. The forum will receive the structured intelligence reviews and determine appropriate assurance or improvement responses, driving coordinated action across HIS.

Figure 2. Safety Intelligence and Action Process



6. Programme Governance, Risks and Interdependencies

Delivery of the Strategic Safety Plan requires joint governance across HIS. Three groups will contribute to delivery and oversight:

- The Intelligence and Implementation Group are leading on development of a business case for a digitally enabled intelligence system, including the collection, aggregation and triage of data as part of the organisation wide digital and intelligence strategy.
- The Safety and Oversight Function will provide clinical and strategic decision-making on that intelligence. It will consider signals and trends, agree actions and monitor follow-up, forming the central assurance mechanism of the system.
- A cross-directorate Programme Steering Group will oversee the delivery of the full safety plan. This group will include internal leads and external partners and will be responsible for ensuring progress against the Key Performance Indicators (KPIs) highlighted in appendix 1 and managing interdependencies across workstreams. It will drive delivery of the programmes ambition and report regularly into HIS' governance structures.

Key risks associated with each workstream have been identified in Appendix 1. However, three strategic risks in particular warrant attention here:

- Dependency on the digital platform, which is not yet in place and may constrain early delivery.
- Cross directorate delivery challenges, particularly in coordinating responsibilities between intelligence generation and assurance functions.
- Capacity limitations, especially for manual intelligence processes and analytical support.

To mitigate the dependency and maintain momentum, a manual (non-digital) version of the Safety Intelligence Action Process will be stood up during 2025/26. This interim solution is necessary to enable progress on assurance and oversight while the digital infrastructure, led by the Intelligence and Implementation Group, is under development. The interim solution will be jointly delivered across both directorates and is articulated in Appendix 1, workstream 1. Risks will continue to be monitored and managed through programme governance arrangements, with escalation via the SOAF where needed. QPC recommended that the assurance level for the plan be revised from limited to moderate and that future updates include progress on individual workstreams and their respective assurance levels.

7. 2026/27: Delivery Year 2 – Scaling and Systems Integration

By 2026/27 the Safety Plan will focus on realising the power of a safety systems approach using our maturing safety intelligence platform to identify trends, prioritise improvement for maximum impact and use our powers in a targeted and focused manner. The year will see a scaling of tailored improvement support, ensuring that boards and partnerships can act on intelligence and align local priorities with system learning. We will continue to engage internationally to strengthen benchmarking and best practice sharing, maintaining our already strong position within the global safety improvement community. Delivery of the safety plan will not only drive measurable improvements in priority safety areas by 2028 but will also inform and shape the content of HIS's next strategy, embedding safety intelligence and improvement as core pillars of system wide quality and safety in Scotland.

8. Recommendation

This paper sets how we will deliver the Strategic Safety Plan in response to organisational priorities around system learning, strengthened governance and improved safety outcomes. The Board is asked to endorse the direction of travel and note the interdependencies that must be manged to ensure success. In particular, the Board is asked to:

- Support the phased implementation approach, beginning in 2025/26 with a manual safety intelligence process, building on current business processes.
- Support the establishment of the Safety Oversight and Action Function to enable governance and decision-making on emergent safety risks.
- Acknowledge the interdependencies across directorates and agree that regular updates return to the Board as appropriate.

The Board is asked to accept a moderate level of assurance. While the programme structure and delivery intent are clear, progress is contingent on the delivery of the digital intelligence platform and the establishment of cross-directorate governance mechanisms. These dependencies will be actively monitored and addressed through risk management and governance.

Appendix 1

Workstream 1: Develop current business processes for safety intelligence

Workstream Purpose

To further develop current business processes to operationalise a safety intelligence process that integrates multiple sources of safety data to support system wide safety management. The workstream will collect safety data from multiple sources, aggregate and triage this data to identify safety signals and priority risks. Outputs will be regular, structured and validated intelligence provided to the Assure function of the Strategic Intelligence and Action Process.

This workstream will work in collaboration with the Intelligence and Implementation Group to deliver together on shared objectives and deliverables.

Workstream Lead: Safia Qureshi & Simon Watson

Strategic alignment

HIS Strategy 2023-28 Strategic Priority (SP) 1, HIS Digital and Intelligence strategy, ADP 25/26

Key Objectives

- Identify and agree core safety intelligence sources available to HIS now.
- Design and implement a repeatable manual process to aggregate synthesise and triage this information
- Develop structured outputs for escalation to the assurance function
- Generate early insights to inform improvement activity and test workflows

Key Deliverables

- Q2 Map priority safety data sources
- Q2 - Q3: Access, extract and aggregate multiple sources of safety data
- Q2 Develop and test triage methodology for signals. Agree structured reporting
- Q3 Begin monthly intelligence reporting into the Assure function

Metrics for success

- Manual process in place and running by Q3
- Number and diversity of data sources integrated
- Time from data ingestion to triage decision
- Number of safety signals triaged per quarter
- Positive feedback from end users

Dependencies

- Data access agreements
- Agreed governance with the Medical Directorate on:
    - Format of safety intelligence outputs
    - Frequency of reporting (minimum monthly)
    - Clear process handover points between directorates

Risks and mitigation

Risks	Mitigation

Resource constraints – approach is resource intensive	Prioritise key datasets and automate where possible
Incomplete / inconsistent data	Early agreement on sources of data; iterative testing and evaluation
Confusion with digital phase	Document clear boundaries and timeline for transition

Workstream 2: Safety intelligence assurance and action

Workstream Purpose

To ensure that safety intelligence is actively assessed, prioritised and translated into system wide actions. Establish a central mechanism for reviewing safety intelligence, making decisions on risk management and commissioning appropriate improvement actions or escalations.

Workstream Lead: Laura Fulton & Simon Watson

Strategic alignment

- HIS strategy 23-28: SP 1, SP2, SP4. ADP 2025/26: Priorities on safety intelligence & system learning

Key Objectives

- Provide a formal mechanism for oversight and decision-making on safety signals and risk
- Establish clear criteria for escalation, acceptance or commissioning of action
- Drive system level safety actions including targeted improvement support
- Monitor and report on the impact of decision taken ensuring learning is captured and shared.

Key Deliverables

- Q2: Develop and agree the Safety Intelligence and Action Process operating model and roles, including how it links to HIS governance
- Q3: Establish a central decision-making forum to review intelligence and agree actions.
- Q3: Develop templates for risk summaries, action commissioning and escalation pathways
- Q4: Implement routing reporting to QPC and Board on safety risks, actions taken and system learning

Metrics for success

- Number of safety risks reviewed and actioned by central decision-making forum
- Time from intelligence receipt to action decision
- Number and type of actions commissioned
- Evidence of closed safety loops and system learning

Dependencies

- Regular intelligence feeds from the HIS Safety Intelligence Platform (workstream 1)

- Agreement on decision-making thresholds and escalation criteria
- Sufficient clinical, analytical and improvement capacity to support decision-making
- Collaboration across directorates to deliver commissioned actions

Risks and mitigation

Risks	Mitigation
Decision-making delays	Implement monthly review cycle
Ambiguity on decision ownership	Define roles clearly and agree with Executive Team (ET) and Board
Duplication or overlap with existing groups	Map governance landscape and align with QPC/Board

Workstream 3: Publishing Safety Alerts and Thematic Bulletins

Workstream Purpose

To develop, test and implement a structured, systematic approach for publishing safety alerts, briefings and thematic bulletins to support safety improvement across Scotland

Workstream Lead: Laura Fulton and Fiona Glen

Strategic alignment

- HIS strategy 2023-28: SP 1, SP2, SP3
- ADP 2025/26: Priorities on safety intelligence and system learning

Key Objectives

- Establish clear criteria for when and how alerts and bulletins are issued
- Pilot and refine the safety alert process using real data
- Integrate lived experience insights where relevant
- Embed publication within HIS governance, ensuring clarity on ownership and sign-off
- Evaluate reach, uptake and impact on system and internally for the organisation

Key Deliverables

- Q1: Develop Standard Operating Procedure (SOP) and triage criteria. Agree governance and sign-off pathway.
- Q2: Pilot publication using identified test cases.
- Q3: Launch regular publication cycle.
- Q4: Evaluate and refine process based on system feedback.

Metrics for success

- Number and type of safety alerts/bulletins published
- Time from signal identification to publication
- Engagement metrics (open rates, downloads, stakeholder each)

- Evidence of system action or practice change

Dependencies

- Data flow and digital platform
- Clinical and analytical capacity
- Communications input for design and dissemination
- User feedback

Risks and mitigation

Risks	Mitigation
Inconsistent signal detection	Use CCG to validate and review
Delays in sign-off	Define clear governance and escalation
Low system uptake	Early stakeholder engagement and co-design

Workstream 4: Embedding public voice in quality & safety intelligence

Workstream Purpose

To ensure that people and communities are meaningfully engaged in shaping and informing quality & safety priorities and intelligence, building on existing national engagement insights and aligning with NHS Scotland's commitment to renewal, human rights, and trauma-informed approaches

Workstream Lead: Tony McGowan

Strategic alignment

- HIS Strategy 2023-28: SP3. ADP 2025/26 themes: NHS reform & renewal.

Key Objectives

- Draw on insights from previous national and health condition-specific engagement (e.g. Citizens' Panels, Gathering Views) to inform quality & safety priorities and risk perception.
- Align quality & safety-related engagement with wider commitments under the NHS Scotland renewal agenda.
- Test methods to incorporate lived experience into quality & safety intelligence analysis, escalation decisions, and improvement cycles.

Key Deliverables

- Q2: Collate existing national engagement insights relevant to quality & safety, risk, and trust in health services.
- Q3: Agree process for incorporating lived experience into quality & safety intelligence framework.
- Q3: Ensure linkage between the Safety Strategic Plan and the development of relevant parts of HIS' engagement offer for NHS renewal.
- Q4: Identify one or more test cases (e.g. from Perinatal, Mental Health or Frailty domains) to explore real-time engagement input into emerging safety themes.

Metrics for success

- Number of safety-relevant engagement insights reviewed & applied.
- Number of safety intelligence decisions or improvement actions influenced by public voice.
- Staff feedback on confidence and ability to integrate public perspectives.

Dependencies

- Available capacity within Community Engagement and Transformational Change – Engagement Practice given existing agreed priorities

Risks and mitigation

Risks	Mitigation
Lack of clarity on how public voice contributes to safety decisions.	Develop simple use cases and co-design with safety team.
Engagement insight is overlooked or siloed.	Integrate into the quality & safety intelligence framework.
Limited capacity to deliver further engagement.	Prioritise existing insights; align with NHS renewal engagement planning where possible.

Workstream 5: Practical improvement support for patient safety

Workstream Purpose

Provide targeted national improvement support and responsive support on ADP safety priorities.

Workstream Lead: Jo Matthews

Strategic alignment

- HIS strategy 2023-28: SP 4. ADP themes 2025/26: perinatal, safety, mental health, frailty

Key Objectives

- Provide practical, evidence-based support, which results in sustained improvement on defined patient safety priorities.

Key Deliverables

- Q2: Launch SPSP Adults in Hospital programme focused on medicines safety in hospital and continuing improvement in falls, deteriorating patient and pressures ulcers (further detail below).
- Q2: Launch SPSP Mental Health programme focused on continuing improvement in observation practice and improving transitions in care (further detail below).

- Q2: Complete co-design update of SPSP Essentials of Safe Care
- Q3: Publish updated SPSP Essentials of Safe Care
- Q3: Scope next phase of SPSP Paediatrics
- Q4: Scope next phase of SPSP Perinatal
- Q2-Q4: Deliver SPSP learning system, including publication of data reports.
- Q4: Further develop cohesive programme approach (for example, with Excellence in Care)

Metrics for success

- SPSP Adults in Hospital and SPSP Mental Health:
  - % eligible boards recruited to each programme.
  - % participating boards actively engaging (operational definition in measurement framework)
  - % participating teams with defined aim, submitting data and progress updates.
- SPSP Perinatal: % teams demonstrating improvement in at least one outcome measure.
- SPSP Essentials of Safe Care: Number of boards reporting completion of readiness assessment.

Dependencies

- Quality planning via the digitally enabled safety intelligence system
- Strategic National Clinical Lead capacity

Risks and mitigation

Risks	Mitigation
Reduced system capacity to participate	Programme agility through continuous stakeholder engagement.
HIS capacity and capability to deliver	Ongoing capacity planning and team development.

Workstream 6: Review and strengthen opportunities for international collaboration and learning

Workstream Purpose

To review and enhance HIS' role in international safety collaboration and learning, ensuring that Scotland contributes to, and benefits from, global safety improvement efforts. This workstream will identify opportunities to share learning, benchmark against international best practice and bring new insights into Scotland's safety system.

Workstream Lead: Jo Matthews

Strategic alignment: HIS strategy 2023-28: SP2 and SP4

Key Objectives

- Review current international collaborations and identify gaps or new opportunities
- Benchmark Scotland's safety improvement activities against international best practice

- Establish mechanisms for ongoing exchange and shared learning with international partners
- Bring international insights into national safety programmes to strengthen Scotland's improvement approaches

Key Deliverables

- Q2: Map international collaborations and partnerships
- Q3: Identify opportunities for enhanced engagement
- Q3-Q4: Establish processes to feed international learning into national safety priorities and improvement programmes
- Q4: Develop a report on opportunities and recommendations for sustained international collaboration beyond 2026

Metrics for success

- Number of active international collaborations and knowledge exchanges
- Evidence of international learning influencing HIS safety work
- Visibility of HIS in international safety forums and publications

Dependencies

- Existing relationships with international partners
- Capacity within HIS to participate in international learning activities
- Alignment with national safety priorities and improvement workstreams

Risks and mitigation

Risks	**Mitigation**
Limited capacity to engage internationally	Focus on high-value, high-impact opportunities
Learning not integrated into HIS work	Establish structured process to review and apply international insights

Organisational Performance Report

Meeting: Board Meeting - Public

Meeting date: 24 September 2025

Agenda item: 3.1

Responsible Executive(s): Robbie Pearson, Chief Executive and Ann Gow, Deputy Chief Executive

Report Author(s): Jane Illingworth, Head of Planning and Governance, Caroline Champion, Planning and Performance Manager, Karlin Rogers, Head of Finance & Procurement, and Gillian Gall, Associate Director of Workforce

Purpose of paper: Assurance

1. Purpose

This report provides the Board with a summary of our organisational performance, including our delivery performance report, our finance report and our workforce report.

2. Executive Summary

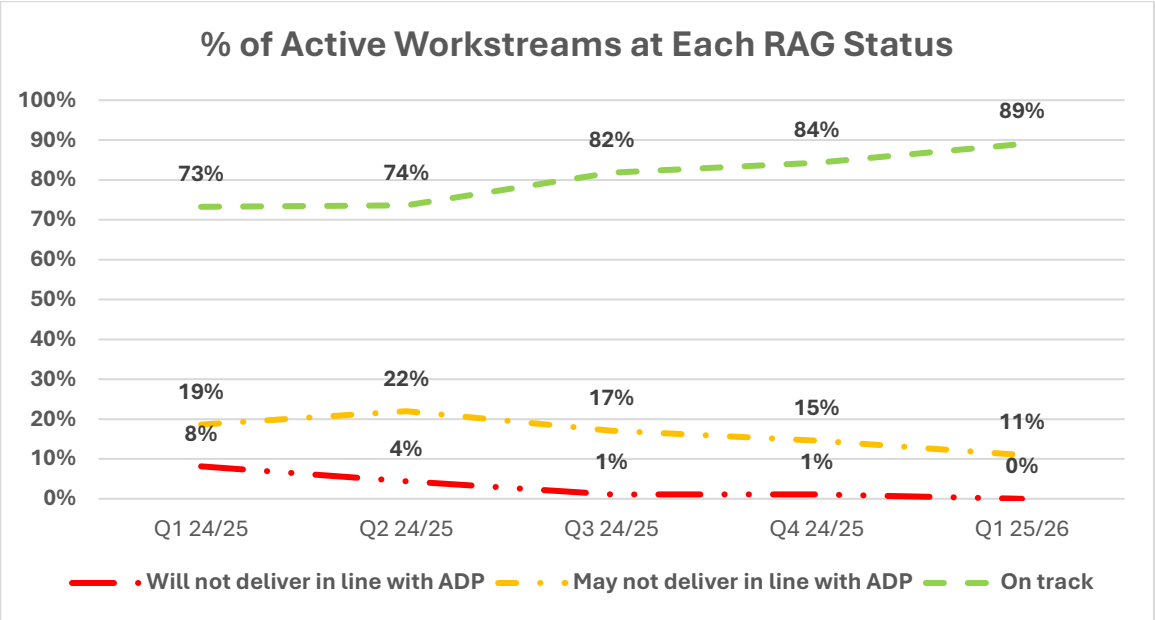
Detailed reports have been considered by the following governance committees:

- Performance report – Quality & Performance Committee (QPC)
- Finance report – Audit & Risk Committee (ARC)
- Workforce report – Staff Governance Committee (SGC)

These reports measure the performance against the Board's approved plans and also considers a forward look projection. While the Board delegates authority to the Committees to provide scrutiny and assurance across these areas, this report is a summary of the information presented and key discussions from each Committee.

Delivery Performance Report

In the first quarter of 2025/26 performance overall was strong with 89% of our work programmes reporting as 'green - on track to deliver in line with the Annual Delivery Plan (ADP)/commission'. There continue to be ongoing risks to delivery as a result of capacity. The organisation achieved a number of strategic milestones during the quarter and in terms of Key Performance Indicators (KPIs) we met 61% of corporate performance measures which is lower than anticipated (see Appendix 1).



The following achievements demonstrate progress against our strategic milestones during the first quarter of 2025-26.

- Publication of the first **inspection report for maternity services** at Ninewells Hospital, NHS Tayside.
- **Healthcare Staffing Programme Annual Report** submitted to Scottish Government and published on HIS' website. The programme reported an increase in levels of assurance of compliance to the legislation.
- **National Hub for Reviewing and Learning from the Deaths of Children and Young People** published first **Annual Data Release Report for 2023-24** in May 2025, this included an easy-read leaflet.
- Two **Scottish Palliative Care Guideline** updates published: malignant spinal cord compression, and nausea and vomiting.
- Developed **improvement resources to support people living with dementia and their carers**. These resources help to improve the delivery of support after a dementia diagnosis.
- **Pectus excavatum treatment advice** approved. This is a vacuum bell device for people with a condition which results in a sunken chest (Scottish Health Technologies Group).
- Published **resources to help organisations implement the Ageing and Frailty Standards** to ensure people consistently receive high quality of care.
- Published an assessment on **Digital Type 2 Diabetes Prevention**, and an Innovative Medical Technology Overview (IMTO) on **AI Assisted Endoscopy for Gastrointestinal Cancer**. Both support Accelerated National Innovation Adoption (ANIA).
- **Sexual Assault Response Co-Ordination Service (SARCS)** national standards refresh completed.
- Publication of **Citizen's Panel 15** report on long term conditions, medicines safety and preconception health.

- **Scottish Approach to Change**: work commenced with the pathfinder test sites (NHS Forth Valley, NHS Dumfries and Galloway, and NHS Grampian). This includes Phase 1 coaching to support the development of the Value Based Health and Care change programme with a focus on placing people at the centre of decision making through two focused workstreams: leadership and governance, and direct delivery support; and launch events to promote shared understanding and commitment to the programme, and developing a 'Road Map to Change'.
- Presentation at NHS Scotland Event 2025 on **HIS' frailty work** covering how to establish hospital front door frailty pathways; improving integrated care co-ordination across primary, community and acute care; importance of an integrated approach to improving frailty health and social care services; and how our ageing and frailty standards (2024) can support improvement.

The performance report included a best value assessment on Healthcare Staffing Programme (HSP), a key initiative for achieving the broader goals of Value Based Health and Care in Scotland. By focusing on essential elements like workload and workforce planning, it aims to ensure that the healthcare system has the right number of staff to deliver safe, effective, and person-centred care. The full assessment is available to Board members on request.

At the QPC on 27 August 2025, the Committee acknowledged the overall positive progress in the first quarter. The following points were discussed:

- The feasibility of providing a rolling position for KPIs to indicate changes and trends over a number of quarters. This will be considered going forward.
- Impact and outcome reporting was highlighted. Discussions are ongoing to develop a HIS wide framework to ensure consistency and application to measuring our impact across the health and care system.

Financial Performance Report

At 31 August 2025, total expenditure was £19.8m, driving a £1m underspend. This was driven by underspends in non-pay costs (£0.5m) and additional income received during the year (£0.5m).

Category	Annual Budget (£m)	YTD Actual (£m)	YTD Budget (£m)	YTD Variance Under/(over) (£m)
Income	£49.3	£20.8	£20.3	£.5
Pay	£42.9	£17.9	£17.9	-
Non-Pay	£6.4	£1.9	£2.4	£0.5
Under/(over) spend	-	£1.0	-	£1.0
Total WTE	562.8	547.6	566.2	18.6

We have received confirmation of £9.9m of our additional allocations, which is 91% of our expected non-recurring funding for the year, with the outstanding allocations being received in two tranches.

Our expected outturn at the end of the year is an underspend of £1.3m. The detailed Financial Performance Report at 31 August 2025 is available in Appendix 2.

At the ARC meeting on 3 September, the savings plan for 2025-26 was reviewed. Approximately half of the £1.5m target was expected to be achieved on a recurring basis. The Committee asked for further evidence and assurance of delivery to cash releasing savings and a further plan on how we will achieve recurring financial balance for 2025-26.

Delivery risk / 'RAG' status	Recurring Savings	Non-recurring savings	Total Savings	YTD Savings
High risk – 'red'	-	-	-	-
Medium risk – 'amber'	£420k	-	£420k	£50k
Low risk – 'green'	£310k	£841k	£1,151k	£491k
-	£730k	£841k	£1,571k	£541k
Number of initiatives	5	6	11	5

Workforce Report

Workforce indicators year to date (YTD) (April 2025 – August 2025):

- At 31 August 2025, our total workforce (payroll & non-payroll) was 612 headcount (556.7 whole time equivalent -WTE) - of this, 579 (542.6 WTE) were payroll staff.
- Total workforce turnover YTD was 4% (similar attrition to the same period last year of 3.9%)
- The sickness absence rate in this period was 3.1% which is lower than the same period last year (4.5% in August 2024) and less than the latest NHSScotland reported rates (6.4% in June 2025).
- The Workforce Strategy Group have reviewed 89 resource requests in total since April, of which 58 were recruitment related. The majority of recruitment requests (55%) were being funded from base allocations. All posts were reviewed in line with budget and service priorities.
- Of the 47 new recruitment campaigns commenced in 2025-26, 34 have been filled (15 by existing internal/NHS staff). We are committed to offer redeployment opportunities and recruit from within prior to advertising externally.
- We are seeking alternative opportunities for seven staff who are currently on redeployment, some are of a specialist nature which do not frequently arise through vacancies.

3. Recommendation

It is recommended that the Board accept the following Level of Assurance:

Moderate: reasonable assurance that controls upon which the organisation relies to manage the risk(s) are in the main suitably designed and effectively applied. There remains a moderate amount of residual risk.

4. Appendices and links to additional information

The following appendices are included in this report:

- Appendix 1: Q1 Corporate Key Performance Indicators
- Appendix 2: Summary Financial Performance Report at 31 August 2025
- Appendix 3: Workforce Report – year to date at 31 August 2025

Appendix 1: Q1 Corporate Key Performance Indicators

Corporate KPIs:	Number of KPIs	% of KPIs
Red (behind target >10%)	4	22%
Amber (within 10% of target)	1	5%
Green (ahead/on target)	11	61%
N/A	2	11%

Source	KPI Title	KPI Metric	25/26 Target	Quarter Target	Q1 Outturn	Notes for KPIs Behind Target
Health and Social Care Renewal **These directly support national Operational Improvement Plan Commitments*	**Hospital @ Home Beds**	Expansion of scope of existing programme (bed numbers)	800	600	600	Data collection for all pathways relating to the national 2,000 beds target will be overseen by Public Health Scotland but that will not begin until end of 2025/26. Currently we are reporting using our own data in relation to older people/acute adult services.
	Frailty Teams	Hospital sites with access to specialist staff in frailty teams (those with emergency departments and participating in the Focus on Frailty programme)	100%	40%	40%	
	Timely Access to Services	Primary care improvement programme participants demonstrating improved access to care	70%	20%	40%	Annual target split Q1 20%, Q2 40%, Q3 60%, Q4 70%. The metric is based on the Improvement Journey Tracker.
		Citizens' Panel (full reports and pulse surveys) and Gathering Views reports to consider NHS renewal and accessing services	8	1	1	

	National Position Statements	Delivery of national evidence statements on major priority areas	2	N/A	N/A	No national evidence statements were scheduled in Q1.
	Mental Health Reform	% of supported NHS boards with an improvement in design or delivery of services	80%	50%	50%	
External - Scottish Government '15 box grid'	**Sickness Absence Reduction**	In line with national target	4%	4%	3.3%	
	Recurring Savings	As approved in budget	£1.5m	TBC	£0.1m	Work continues across the organisation to action the recurring savings plans which were agreed at Audit & Risk Committee on 23 June 2025. Currently only half of the savings have been identified on a recurring basis.
Statutory Functions	**NHS Inspections (acute, maternity and mental health)**	Number of onsite inspections carried out	24	3	3	
	Independent Healthcare Inspections	Number of registered services inspections undertaken	129	32	28	Staff capacity impacting on the number of inspections being undertaken. Anticipate being back on track Q3.
	New Medicines Advice	% of decisions communicated within target timeframe	85%	85%	50%	Significantly higher than usual number of submissions received Q1; 39 submissions received equating to half the total number received 24/25. Situation being monitored.
	Service Change Engagement	Number of NHS Board/IJB service change engagement plans influenced by advice & assurance	60	60	51	39 active service changes, 12 on hold at the discretion of NHS boards/HSCPs. Annual number of service changes happening in boards/IJBs is outwith our control. Other changes likely to emerge over the year including nationally determined by Scottish Government but as yet unknown
	Healthcare Staffing	% of boards' compliance monitored by HIS through Board reporting & engagement	100%	100%	80%	The shortfall in calls for Q1 was due to challenges with scheduling rather than lack of engagement with all remaining boards having confirmed appointments

	Scottish Health Technologies Group (SHTG)	Number of advice outputs issued	12	3	3	
Safety in the System	**Adverse Events**	% NHS boards sharing learning summaries with HIS	100%	0%	0%	Annual target split Q1 0%, Q2 25%, Q3 50-75%, Q4 100%.
	Responding to Concerns	% of cases with initial assessment undertaken within agreed timescales	100%	100%	100%	
	High Quality & Safe Healthcare	Deliver inspection of Child and Adolescent Mental Health Services inpatient services & national inpatient unit	4	1	1	
		Publication of new national standards for clinical & care governance	Q4	Q4	N/A	Annual target Q4. Draft standards were published for consultation in Q1.

Appendix 2 Summary Financial Performance Report

Year to Date - Performance Summary – P5

At 31 August 2025 total income was £20.8m and total expenditure was £19.8m, driving a £1.0m underspend (5%).

The YTD underspend (including underspend banked at Q1) is primarily driven by the following:

- **NIC (£0.4m)** due to lower pay costs relating to PCIP (£0.2m) and Improving Access (£0.1m)
- **QAD (£0.3m)** due to CAMHS allocation, where costs to date have been incurred in baseline (£0.2m) and lower-than-expected costs for outside contractors (£0.1m)
- **CETC (£0.2m)** primarily due to lower pay costs relating to Drugs and Alcohol and Mental Health programmes (£0.2m)
- **Evidence (£0.2m)** underspend due to lower pay costs YTD in Eevit due to vacancies (£0.1m) and lower non-pay costs across various projects (£0.1m)

A full breakdown of the YTD position is available in **Appendix 1**.

	Annual Budget (£m)	YTD Actual (£m)	YTD Budget (£m)	YTD Variance (£m)
Income	£49.3	£20.8	£20.3	£0.5
Pay	£42.9	£17.9	£17.9	-
Non-Pay	£6.4	£1.9	£2.4	£0.5
Under/(over) spend	-	£1.0	-	£1.0
Total WTE	562.8	547.6	566.2	18.6

	YTD Actual WTE	YTD Budget WTE	YTD Variance WTE
Baseline WTE	418.3	432.2	13.9
Allocation WTE	104.3	114.0	9.7
Grant WTE	3.2	3.2	-
IHC WTE	21.8	16.8	(5.0)
Total	**547.6**	**566.2**	**18.6**

Total Whole Time Equivalents (WTEs) at the end of August were 547.6 – a decrease of 3.4 from July. A full breakdown of the YTD WTE position is available in **Appendix 1**.

YTD 25 people have left the organisation - representing an overall turnover rate of 4% YTD. YTD 19 people have joined the organisation.

There are currently 7 staff on the redeployment register and 10 roles that have live recruitment campaigns.

Performance by Funding Source

Year to Date – P5

	Baseline (£m)	Additional Allocations (£m)	Independent Healthcare (£m)	Grant and Other Income (£m)	Total (£m)
Income	£15.5	£4.0	£0.6	£0.7	**£20.8**
Pay	£14.0	£3.1	£0.7	£0.1	**£17.9**
Non-Pay	£1.0	£0.3	-	£0.6	**£1.9**
Under/(over) spend	**£0.5**	**£0.6**	**(£0.1)**	-	**£1.0**

Key areas of variance YTD are:

- Baseline underspend driven by NIC (£0.3m) due to vacancies in PCIP and Improving Access driving pay savings, underspend in Medical and Safety (£0.1m) due to lower pay costs within Medical Model due to lower WTE and savings from vacant Associate Director post and lower than expected contractor costs in QAD (£0.1m).
- Allocation underspend driven by CAMHS, where expenditure recognised against baseline (£0.2m), additional pay funding relating to AFC uplift funded by SG (£0.1m), pay underspends in the Primary Care and Drugs and Alcohol programmes (£0.2m) and lower IT costs YTD in RDS (£0.1m).
- IHC overspend primarily driven by unrealised savings targets YTD.

Full Year Forecast

	Baseline (£m)	Additional Allocations (£m)	Independent Healthcare (£m)	Grant and Other Income (£m)	Total (£m)
Income	£37.6	£11.1	£1.7	£1.5	**£51.9**
Pay	£33.7	£8.0	£1.8	£0.2	**£43.7**
Non-Pay	£3.5	£1.8	£0.1	£1.5	**£6.9**
Under/(over) spend	**£0.4**	**£1.3**	**(£0.2)**	**(£0.2)**	**£1.3**

Baseline income of £37.6m has been confirmed by SG for the full year.

We have received the Agenda for Change (AFC) and Medical pay uplifts from Scottish Government. We are still anticipating the funding for the ESM.

Other income includes rental income of £0.2m.

Grants and Other Income forecast to be overspent due to impact of prior period VAT adjustment and correction of IFRS 16 prior year accounting transactions.

Directors are reminded of the importance of reviewing submissions to ensure accuracy. This includes income which should match the income from Scottish Government.

Additional Allocations

Additional Allocations – P5

Funding Status	Sum of Funding Received (£)	Funding Expected (£)	Additional Allocations Totals	Actual Expenditure YTD	Over/Underspend YTD
Funding Received	**8,135,215**	**0**	**8,135,215**	**2,456,749**	**414,758**
151 - Recurring Allocation from 24/25	2,118,354	0	2,118,354	580,650	(5,393)
167 - RR & Medicated assisted treatment / Pathways & substance	1,561,472	0	1,561,472	547,653	125,815
50 - Mental Health Bundled Allocation	1,392,539	0	1,392,539	468,993	136,144
118 - Excellence in Care Programme expansion into multidisciplinary professions	520,000	0	520,000	224,985	(4,166)
180 - Scottish Medicines Consortium	450,000	0	450,000	209,324	7,039
138 - National Cancer Medicines Advisory Group	230,078	0	230,078	124,755	(24,813)
135 - ASP Joint Inspection Programme 2025-26	84,767	0	84,767	108,851	(19,227)
147 - Volunteer Management System	231,000	0	231,000	89,757	(23,163)
204 - Palliative Care Guidelines & Scottish Palliative Care Guidelines on Right Decision	168,212	0	168,212	53,450	(3,372)
486 - Voluntary Scheme for Branded Medicine Pricing, Access, and Growth – Life Sciences Investment Programme	449,303	0	449,303	29,596	4,624
92 - National Review Panel	63,797	0	63,797	18,735	558
51 - Ministerial Commission for independent assurance of CAMHS in-patient units and the National Child In-patient Unit	529,706	0	529,706	0	220,712
Held Back	225,489	0	225,489		
109 - SAPG	95,498	0	95,498		
277 - Scottish health technologies group	15,000	0	15,000		
Partially Received	**1,723,697**	**934,000**	**2,657,697**	**897,149**	**185,966**
72 - Primary Care Phased Investment Programme Tranche 1	1,020,000	654,000	1,674,000	625,960	97,024
27 - Right Decision Support	553,000	135,000	688,000	164,001	72,033
486 - Voluntary Scheme for Branded Medicine Pricing, Access, and Growth – Life Sciences Investment Programme	150,697	145,000	295,697	107,189	16,909
Total	**9,858,912**	**934,000**	**10,792,912**	**3,365,518**	**598,479**

At P5 we have received £9.9m versus expected total of £10.8m (91%).

Included within the £10.8m total is £0.2m of additional allocations received that have not been released to teams.

This balance of £0.2m is made up of the following:

- Mental Health bundled allocation - £1.47m income received versus £1.39m income identified across existing projects. Work required to identify where outstanding income should be allocated to (£81k).
- CETC allocations not required as resources included in baseline for Citizens Panel, What Matters To You and Volunteer Systems (£77k).
- SPSP Perinatal Mid Lead allocation received for work that will not be undertaken in 25/26 (£67k).

Appendix 3 Resource position summary

(31 August 2025)

People and Workplace

The monthly flash report summarises the workforce position at each month-end, year to date (YTD). Headcount (HC) and Whole Time Equivalent (WTE) are referenced, along with comparisons to previous periods where appropriate. Terms used include 'Payroll' (HIS staff with permanent or fixed term contracts) and 'non-payroll' (external secondees/associates from other NHS Boards). E-ESS is the primary source of workforce data unless otherwise stated and reports on the current operational workforce up to and including Chief Executive level (e-ESS data excludes HIS employees seconded out to other organisations, agency and bank workers).

Periods referenced:

YTD month end: 31 August 2025

YTD Period: 1 April 2025 – 31 March 2026

Previous Year End: 31 March 2025

Summary highlights

Workforce Mix

Our current workforce is:

- 612 total headcount
- 579 payroll headcount
- 33 non-payroll headcount

Directorate workforce:
(total headcount)

- CEO: 9
- CETC: 103
- Evidence & Dig: 158
- Finance P&G: 30
- Medical & Safety: 61
- Nursing & IC: 105
- Paw: 18
- QA & Reg: 126

Staff Changes

YTD, 25 people left the organisation in total - representing an overall turnover rate of 4% YTD.

19 people have joined the organisation since the beginning of the financial year.

Sickness absence

13868 hours or 1874 days were lost due to sickness absence this year, which represents a rate of 3.1% of available capacity.

59.5% of sickness has been due to long term conditions and the main reason given for absence is anxiety, stress or depression, which accounts for 41.4% (5742 hours or 776 days) of the total reported absence.

Vacancy Approvals

There have been 58 recruitment related posts that have been considered by the Vacancy Management Strategy Group (VMSG) since the start of the financial year - 56 have been approved.

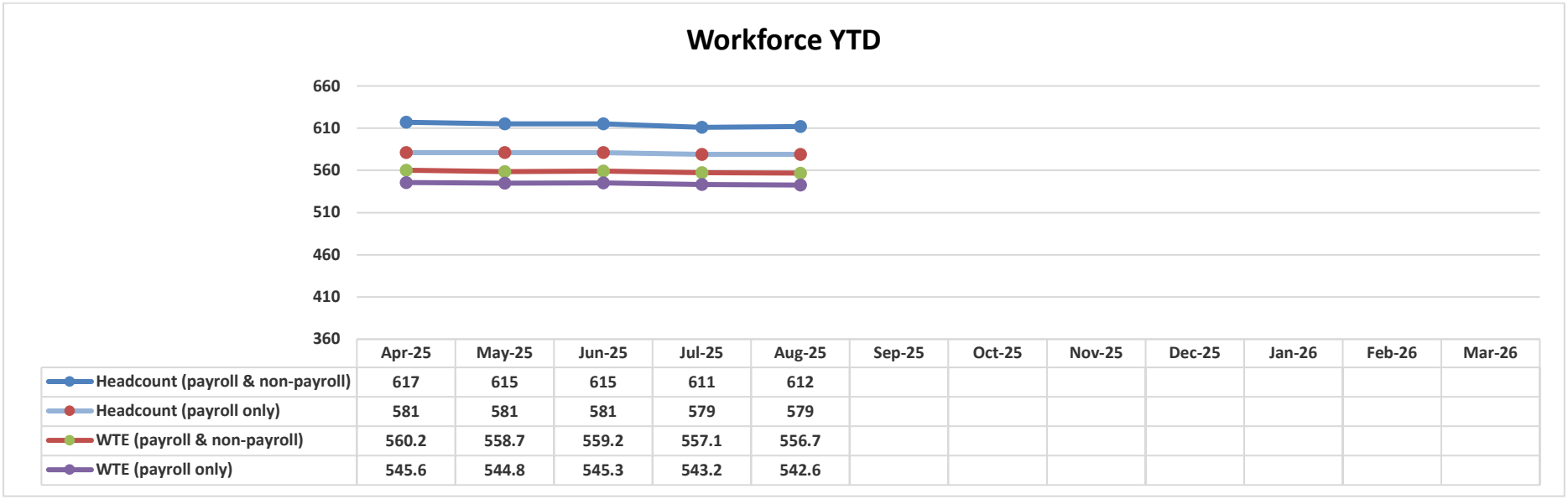
Recruitment

This year, 47 new recruitment campaigns have commenced, of which 34 have been filled (15 by internal/NHS staff) with others at various stages of recruitment.

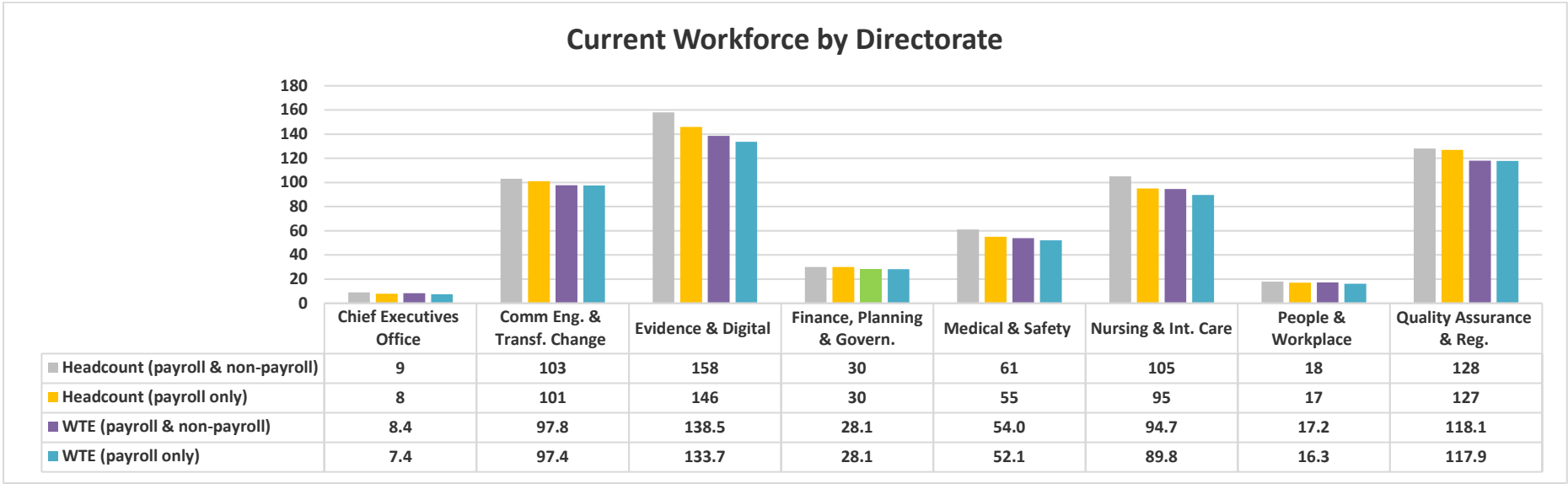
Thus far, it has taken 45 days to reach offer stage and 88.7 days to confirm a start date from the point of advertising a vacancy.

YTD workforce position

The total workforce in-post currently stands at 612HC/556.7 WTE with 579 HC/542.6 WTE being payroll staff and 33 HC/14.1 WTE non-payroll (i.e. Secondees-in).



	Apr-25	May-25	Jun-25	Jul-25	Aug-25	Sep-25	Oct-25	Nov-25	Dec-25	Jan-26	Feb-26	Mar-26
Headcount (payroll & non-payroll)	617	615	615	611	612							
Headcount (payroll only)	581	581	581	579	579							
WTE (payroll & non-payroll)	560.2	558.7	559.2	557.1	556.7							
WTE (payroll only)	545.6	544.8	545.3	543.2	542.6							



	Chief Executives Office	Comm Eng. & Transf. Change	Evidence & Digital	Finance, Planning & Govern.	Medical & Safety	Nursing & Int. Care	People & Workplace	Quality Assurance & Reg.
Headcount (payroll & non-payroll)	9	103	158	30	61	105	18	128
Headcount (payroll only)	8	101	146	30	55	95	17	127
WTE (payroll & non-payroll)	8.4	97.8	138.5	28.1	54.0	94.7	17.2	118.1
WTE (payroll only)	7.4	97.4	133.7	28.1	52.1	89.8	16.3	117.9

YTD Workforce Profile (job family & location)

Administrative Services is our largest job family consisting of 557 (91%) of the total workforce as shown along with a detailed breakdown of other job families below.

Hybrid working applies to most of our staff (96.9%) with the highest proportion substantively based in Delta House (328/53.6%), followed by those with a Gyle Square base (232/38%) as shown in the location breakdown below. There are currently 19 employees (3.1%) based at home.

Job Family	%	Headcount	WTE
ADMINISTRATIVE SERVICES	**91.0%**	**557**	**519.3**
FINANCE	**1.0%**	**6**	**5.7**
HUMAN RESOURCES	**2.3%**	**14**	**13.3**
INFORMATION SYSTEMS/TECHNOLOGY	**10.1%**	**62**	**58.0**
OFFICE/ADMINISTARTIVE SERVICES	**77.6%**	**475**	**442.3**
MEDICAL AND DENTAL	**4.6%**	**28**	**12.9**
OTHER THERAPEUTIC	**3.4%**	**21**	**18.5**
SENIOR MANAGERS	**1.0%**	**6**	**6.0**
Grand Total	**100.0%**	**612**	**556.7**

Substantive Base	%	Headcount	WTE
Office/hybrid	96.9%	593	539.6
Home worker	3.1%	19	17.1
Grand Total	**100.0%**	**612**	**556.7**

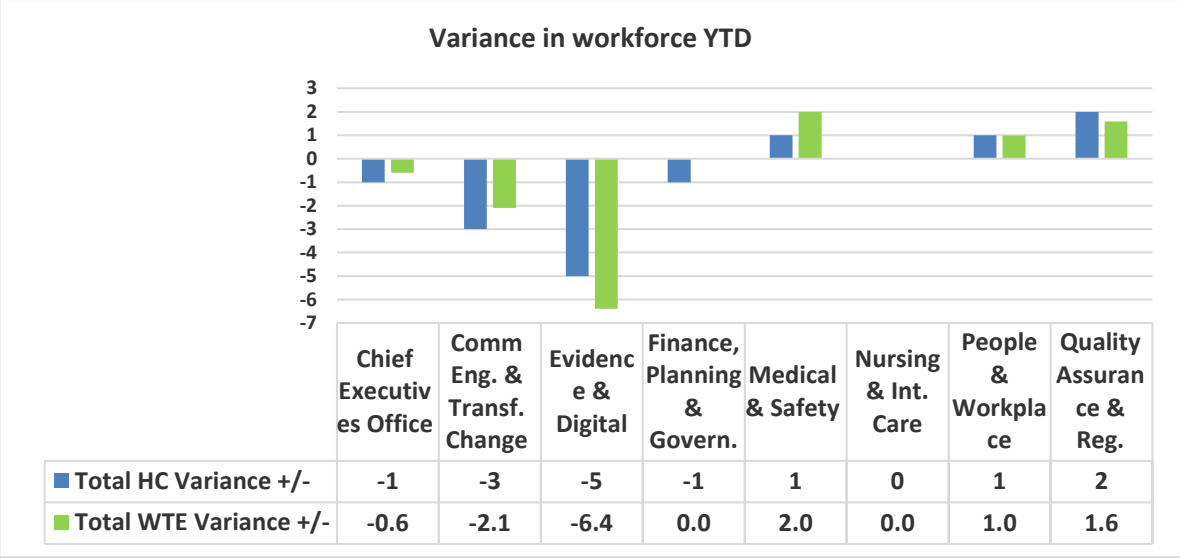
Location	% Split	Headcount	WTE
B010A CE Borders	0.2%	1	0.8
D009A NHS 24 - East Contact Centre	1.0%	6	4.5
D022A NHS 24 HQ & Cardonald Contact Ce	0.7%	4	3.0
F020A CE Fife	0.3%	2	2.0
H083A CE Highland	0.2%	1	1.0
L020A CE Lanarkshire	0.2%	1	1.0
N036A CE Grampian	0.8%	5	5.0
R008A CE Orkney	0.2%	1	1.0
T024A CE Tayside	0.3%	2	1.8
V017A CE Forth Valley	0.5%	3	3.0
W019A CE Western Isles	0.7%	4	4.0
X023A Aberdeen & North-East Scotland Blc	0.2%	1	0.6
Y007A CE Dumfries & Galloway	0.2%	1	1.0
Z012A CE Shetland	0.2%	1	0.8
ZZ001 Home based	3.1%	19	17.1
X056A Delta House	53.6%	328	294.0
X057A Gyle Square	37.9%	232	216.1
Grand Total	**100.0%**	**612**	**556.7**

Workforce mix and YTD changes

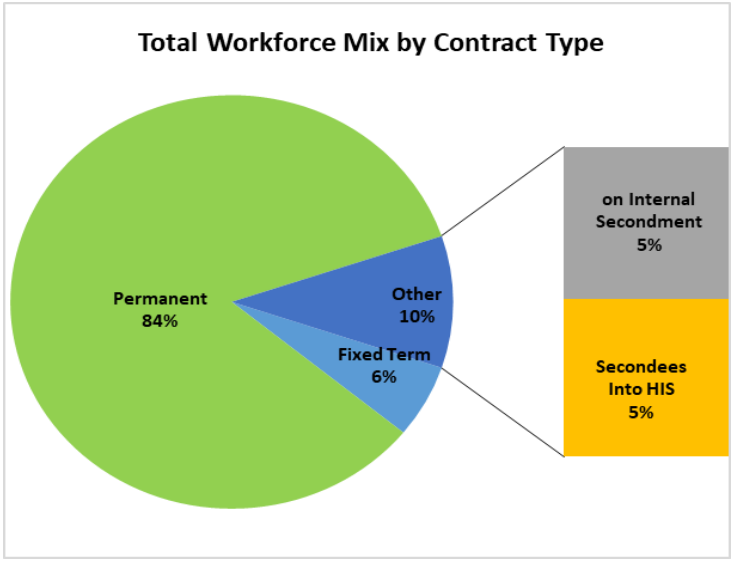
Since the start of this financial year, the overall workforce size has reduced by 6 (4.5 WTE). At Directorate level, the key net changes to staffing are shown below.

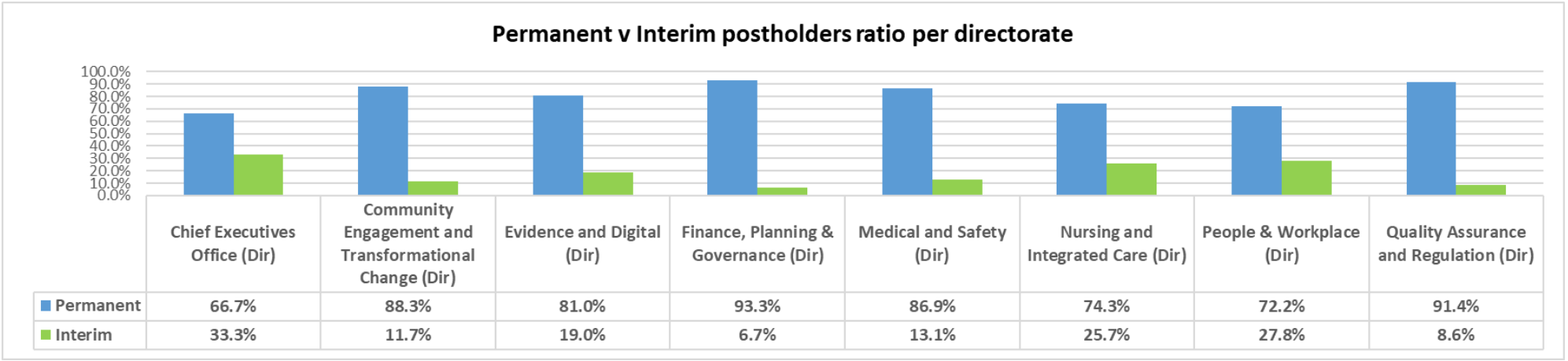
Both the total workforce mix and the ratio of permanent to interim postholders across the organisation have remained broadly consistent with previous periods. 4 directorates have higher ratios of interim posts compared to an organisational average of circa 16%.

Overall Workforce mix and net variance YTD this financial year



	Chief Executives Office	Comm Eng. & Transf. Change	Evidence & Digital	Finance, Planning & Govern.	Medical & Safety	Nursing & Int. Care	People & Workplace	Quality Assurance & Reg.
Total HC Variance +/-	-1	-3	-5	-1	1	0	1	2
Total WTE Variance +/-	-0.6	-2.1	-6.4	0.0	2.0	0.0	1.0	1.6





	Chief Executives Office (Dir)	Community Engagement and Transformational Change (Dir)	Evidence and Digital (Dir)	Finance, Planning & Governance (Dir)	Medical and Safety (Dir)	Nursing and Integrated Care (Dir)	People & Workplace (Dir)	Quality Assurance and Regulation (Dir)
Permanent	66.7%	88.3%	81.0%	93.3%	86.9%	74.3%	72.2%	91.4%
Interim	33.3%	11.7%	19.0%	6.7%	13.1%	25.7%	27.8%	8.6%

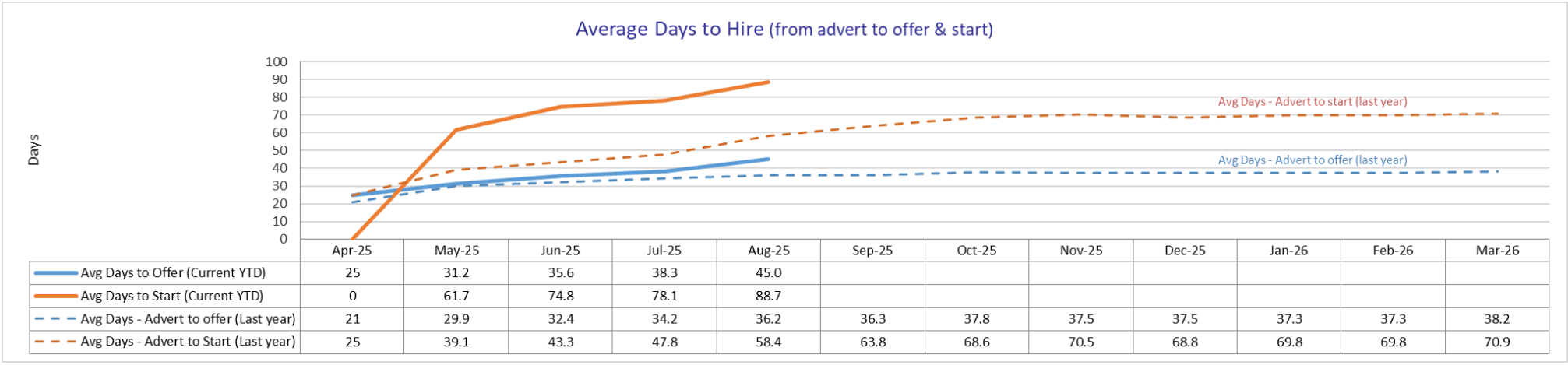
Recruitment Activity (YTD)

47 new campaigns have commenced so far this year – of these, 34 have been filled (15 by internal/NHS staff). Currently 1 is being advertised, 5 are at shortlisting/interview stage and 4 at offer/onboarding stage.

Recruitment Campaigns YTD Summary									
Vacancy Type	Total Campaigns YTD	Campaigns Filled YTD	Filled Internally	Filled Externally	On Hold/ Unfilled	Current Live Campaigns			
						1. Advert	2. Shortlisting	3. Interview	4. Offer
Fixed term/Secondment	15	11	3	8	2	0	0	0	2
Permanent	24	18	12	6	0	1	1	3	1
Secondment Only	8	5	0	5	1	0	0	1	1
Multiple post combinations	0	0	0	0	0	0	0	0	0
Grand Total	**47**	**34**	**15**	**19**	**3**	**1**	**1**	**4**	**4**

Recruitment Timelines

Recruitment data is shown for new campaigns commencing from 1 April each year and therefore take several weeks at the start of each financial year to complete the process and appear in time to hire data (reporting normalises from Q2 onwards). YTD, the average time for campaigns to reach offer stage is 45 days and 88.7 days to reach a confirmed start date. These are longer timeframes compared to last year and reflective of the increased scrutiny before positions are advertised externally as governed by the Vacancy Review Group.



	Apr-25	May-25	Jun-25	Jul-25	Aug-25	Sep-25	Oct-25	Nov-25	Dec-25	Jan-26	Feb-26	Mar-26
Avg Days to Offer (Current YTD)	25	31.2	35.6	38.3	45.0							
Avg Days to Start (Current YTD)	0	61.7	74.8	78.1	88.7							
Avg Days - Advert to offer (Last year)	21	29.9	32.4	34.2	36.2	36.3	37.8	37.5	37.5	37.3	37.3	38.2
Avg Days - Advert to Start (Last year)	25	39.1	43.3	47.8	58.4	63.8	68.6	70.5	68.8	69.8	69.8	70.9

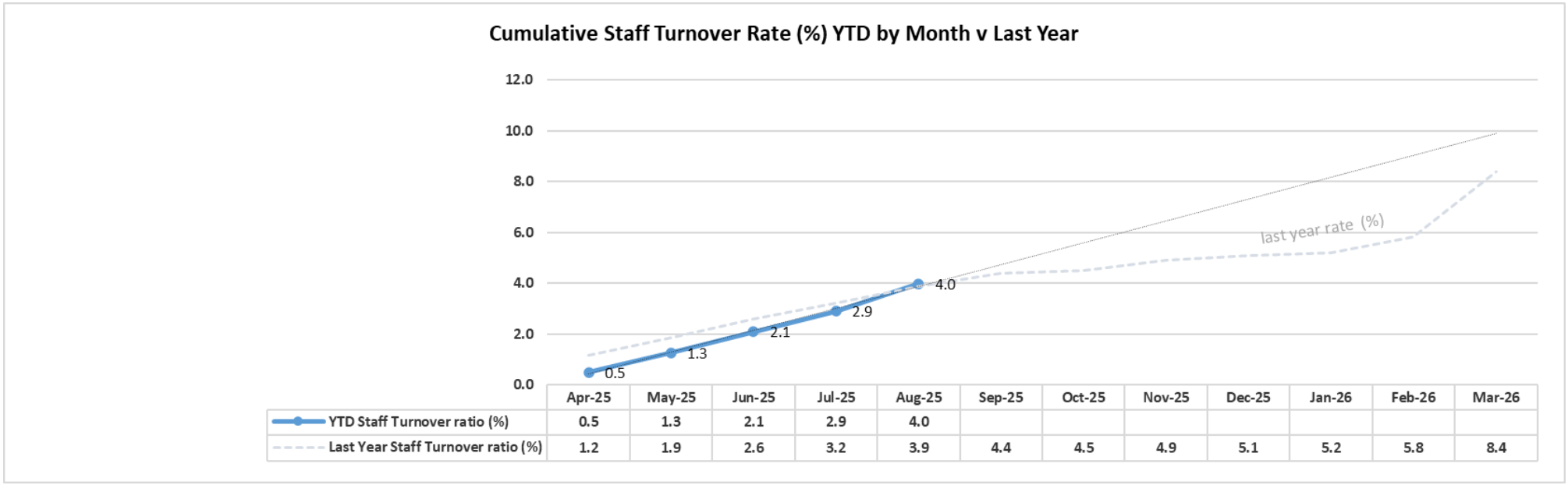
*Time to hire days are based on total days from when a post was advertised

Workforce Turnover (YTD)

This year, 19 people have joined the workforce and 25 have left as detailed below, representing an organisational turnover rate of 4% (similar to the same period last year). The attrition rate in relation to each category/type of contract (payroll & non-payroll) is shown below. Based on current trends, the attrition rate at the end of financial year is expected to be circa 10%.

YTD Turnover by Directorate	Starters	Leavers	Turnover Rate
Chief Executives Office (Dir)	2	3	12.8%
Community Engagement and Transformational Change (Dir)	1	4	3.8%
Evidence and Digital (Dir)	1	6	3.8%
Finance, Planning & Governance (Dir)	0	1	3.3%
Medical and Safety (Dir)	2	1	1.6%
Nursing and Integrated Care (Dir)	7	7	6.5%
People & Workplace (Dir)	1	0	0.0%
Quality Assurance and Regulation (Dir)	5	3	2.4%
Total	**19**	**25**	**4.0%**

YTD Turnover by Contract Type Contract Type	Starters	Leavers	Turnover Rate
Fixed Term	5	3	5.1%
Inward Secondment	2	5	13.9%
Permanent	11	15	3.1%
Internal Secondment	1	2	6.5%
YTD Organisational Turnover	**19**	**25**	**4.0%**



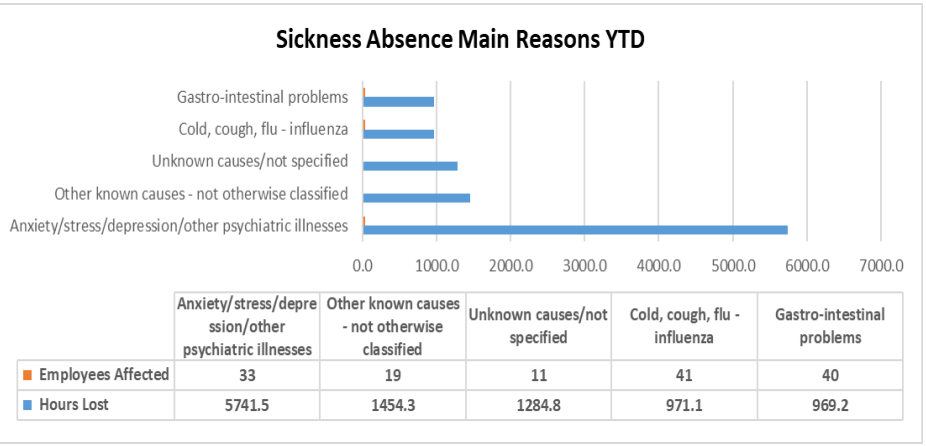
*Turnover calculation: total number of leavers (1 April to current YTD) divided by the average workforce headcount (1 April to current YTD)

Sickness Absence Rate (YTD)

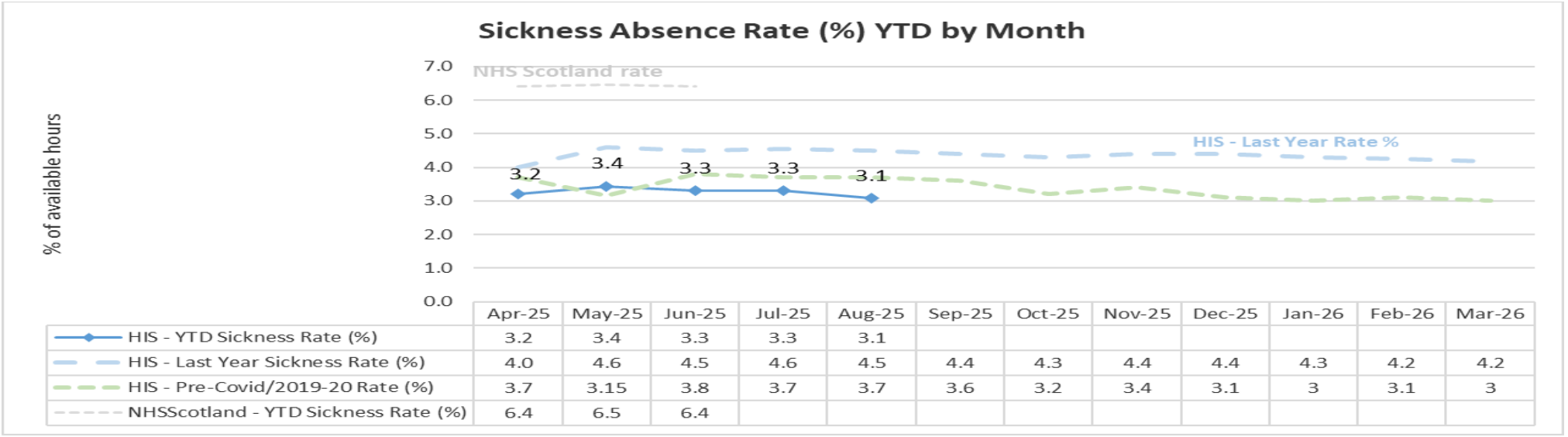
Cumulatively YTD, a total of 13868 hours (1874 days) were lost due to sickness absence, representing a sickness rate of 3.1% with 59.5% attributed to long term conditions. A breakdown of long and short-term sickness absence by directorate is shown below.

More hours were lost due to 'Anxiety/stress/depression/psychiatric illnesses' related sickness than any other reason, with 5742 hours (776 days) lost – affecting 33 staff members (other main reasons are shown below). The reported sickness rate remains lower compared to the same period last year (4.5 %) and significantly lower than the NHS Scotland average rate of 6.5% (compared to latest available data).

Directorate	Sickness Absence				Instances	
	Rate %	Long Term	Short Term	Hours Lost	Long Term	Short Term
Chief Executives Office (Dir)	0.6	0.0	40.8	40.8	0	1
Community Engagement and Transformational Change (D	3.2	856.7	1691.7	2548.5	4	51
Evidence and Digital (Dir)	1.8	899.0	1109.7	2008.7	3	45
Finance, Planning & Governance (Dir)	3.1	491.8	228.1	719.9	1	10
Medical and Safety (Dir)	5.8	2081.0	446.6	2527.6	6	22
Nursing and Integrated Care (Dir)	3.9	1939.7	1013.8	2953.5	6	42
People & Workplace (Dir)	3.5	320.0	167.6	487.6	2	9
Quality Assurance and Regulation (Dir)	2.7	1666.6	914.7	2581.3	5	37
Organisational Total	3.1	8254.8	5613.2	13867.9	27	217



	Anxiety/stress/depression/other psychiatric illnesses	Other known causes - not otherwise classified	Unknown causes/not specified	Cold, cough, flu - influenza	Gastro-intestinal problems
Employees Affected	33	19	11	41	40
Hours Lost	5741.5	1454.3	1284.8	971.1	969.2



	Apr-25	May-25	Jun-25	Jul-25	Aug-25	Sep-25	Oct-25	Nov-25	Dec-25	Jan-26	Feb-26	Mar-26
HIS - YTD Sickness Rate (%)	3.2	3.4	3.3	3.3	3.1							
HIS - Last Year Sickness Rate (%)	4.0	4.6	4.5	4.6	4.5	4.4	4.3	4.4	4.4	4.3	4.2	4.2
HIS - Pre-Covid/2019-20 Rate (%)	3.7	3.15	3.8	3.7	3.7	3.6	3.2	3.4	3.1	3	3.1	3
NHSScotland - YTD Sickness Rate (%)	6.4	6.5	6.4									

Vacancy Management & Approvals

So far this year, there have been 89 requests in total submitted to the vacancy group for approval (all reasons – including change in hours/duration etc.). 58 eRAFs were related to recruitment (incl. covering leavers/internal moves/secondments/sickness etc.) of which, 30 (55%) were being funded from base allocation and 27 (43%) from additional allocation and 1 (2%) carried external funding.

In line with ongoing vacancy scrutiny, the vacancy group continues to work closely with Finance to ensure all posts are fully funded in line with budget requirements.

Vacancy Group Outcomes YTD (Recruitment related eRAFs)

eRAfs by Directorate	Posts
Community Engagement and Transformational Change	6
Evidence and Digital	21
Finance, Planning & Governance	2
Medical and Safety	3
Quality Assurance and Regulation	5
People & Workplace	1
Nursing and Integrated Care	20
Total	**58**

eRAfs by Reason	Approved	Rejected/ Withdrawn	Total
Interim Backfill (postholder is returning)	9	1	10
New Post (not currently in structure)	17		17
Replacing a Leaver (postholder not returning)	29	1	30
(blank)	1		1
Total	**56**	**2**	**58**

eRAfs by funding/band/contract	Fixed Term	Permanent	Secondment	Temporary	Total
Additional allocation	**14**	**9**	**3**	**1**	**27**
Band 5	1	1			2
Band 6	7	3			10
Band 7	4	3		1	8
Band 8A		1			1
Band 8B	1		2		3
Band 8C			1		1
Other	1				1
(blank)		1			1
Baseline allocation (Core)	**9**	**16**	**4**	**1**	**30**
Band 4		2			2
Band 5	1	2			3
Band 6		1		1	2
Band 7	4	4			8
Band 8A	2	2	1		5
Band 8B		2	1		3
Band 8C	2				2
Band 8D			1		1
Senior Managers		2			2
(blank)		1	1		2
External Funding	**1**				**1**
Band 7	1				1
Total	24	25	7	2	58

RAF Pipeline

At the month end, there were 25 posts in the early stages of the approval process (prior to review by the Workforce Strategy group). A breakdown of the posts in the pipeline is shown below and will be reviewed at forthcoming vacancy group meetings.

Directorate	RAF#	Post Title	Contract Type	RAF Pipeline (pre-Vacancy Group)
Evidence and Digital	**27**	Senior Project Officer	Permanent	1
	89	Project officer	Fixed Term/Secondment	1
	124	Admin Officer	Fixed Term/Secondment	1
	143	Project officer	Fixed Term/Secondment	
	144	Programme Manager	Fixed Term	
Finance, Planning & Governance	**107**	Project officer	Permanent	1
Nursing and System Improvement	**102**	Project officer	Fixed Term	1
	101	Administrative Officer	Fixed Term	1
	114	Implementation and Improvement Facilitator	Fixed Term	1
	111	Administrative Officer	Fixed Term	1
Quality Assurance and Regulation	**86**	Administrative Officer	Permanent	2
Community Engagement and Transformational Change	**138**	Engagement Advisor - Community	Permanent	1
	136	Strategic Planning Advisor	Permanent	1
Medical and Safety	**60**	Project officer	Fixed Term	1
	79	Admin Officer	Permanent	1
	129	Admin Officer	Permanent	1
Nursing and Integrated Care	**100**	Administrative Officer	Permanent	1
	112	Senior Project Officer	Fixed Term	1
	110	Project officer	Fixed Term	1
	109	National Clinical Lead for Hospital at Home	Secondment	1
	105	Administrative Officer	Permanent	1
	103	Project officer	Fixed Term/Secondment	1
	102	Project officer	Fixed Term	1
	101	Administrative Officer	Fixed Term	1
	111	Administrative Officer	Fixed Term	1
	145	Senior Improvement Advisor	Fixed Term	1
Total				**25**

Workforce Equal Pay Data (updated quarterly)

As part of the Equally Safe at Work pilot, periodic gender pay data will be included in regular workforce reporting. As this data is unlikely to change significantly month-to-month, it will be updated on a quarterly basis.

There has been a decrease in the mean gender pay gap in the last quarter as shown below (male positive pay). Due to small sample sizes of male employees at certain grades, relatively small changes in staffing can cause variances across pay gaps throughout the year.

Workforce Gender Pay Gap	Mar-25	Jun-25	Sep-25	Dec-25	Mar-26
Mean Female Pay	£26.31	£27.78			
Mean Male Pay	£29.66	£30.98			
Mean Pay Gap (M to F comparison)	**11.3%**	**10.3%**			
Median Female Pay	£25.29	£26.36			
Median Male Pay	£26.25	£27.37			
Median Pay Gap (M to F comparison)	**3.7%**	**3.7%**			

Redeployment

At the end of this period, 7 staff are currently on redeployment and being considered for alternative roles with some being specialist roles which do not frequently arise through vacancies.

Death Certification Review Service Annual Report

Meeting: Board Meeting – Public

Meeting date: 24 September 2025

Agenda item: 4.1

Responsible Executive: Dr George Fernie, Senior Medical Reviewer and Eddie Docherty, Director of Quality Assurance and Regulation Directorate

Report Author: Dr George Fernie, Senior Medical Review/Angela Hay, Operations Manager

Purpose of paper: Decision

1. Purpose

To approve the report for publication on 2 October 2025.

2. Executive Summary

The Death Certification Review Service is responsible for review and quality assurance of medical certificates of cause of death (MCCD) as set out in the Certification of Death (Scotland) Act 2011. The Senior Medical Reviewer is legally required to prepare a report each year on the service activities.

The report provides an overview of the work of the service over the last 12 months and includes details on the number of reviews undertaken, review outcomes, service performance against agreed service level agreements, stakeholder feedback and updates on developments and projects during 2024/25.

Key highlights

- 6250 MCCD reviews completed
- 82.2% of certificates reviewed were “in order”
- 48% of “not in order” cases were due to administrative errors
- Standard reviews were completed in under 6 hours
- 3.4% of cases breached Service Level Agreement timescales
- 81.2% of advanced registration applications (48 requests) were completed within an hour, all were completed in under 2 hours
- Requests for repatriations (181) were approved within 1.5 days
- 2,394 enquiries were received. 88% from doctors seeking clinical advice on completing MCCD
- The service received 1 complaint and 1 Freedom of Information request

The report requires approval by the HIS Board before publication.

3. Recommendation

To approve the report for publication on 2 October 2025.

Level of Assurance: **Significant:** reasonable assurance that the system of control achieves or will achieve the purpose that it is designed to deliver. There may be an insignificant amount of residual risk or none.

4. Appendices and links to additional information

Appendix 1: Death Certification Review Service Annual Report 2024/25

Healthcare Improvement Scotland | DCRS Death Certification Review Service

Item 4.1, Appendix 1

Death Certification Review Service

Annual Report 2024 – 2025

NHS SCOTLAND

Published 2025

www.healthcareimprovementscotland.scot

Contents

Overview by Senior Medical Reviewer

Dr George Fernie
Senior Medical Reviewer

Ten years ago, on the 13th of May 2015, we successfully launched the Death Certification Review Service (DCRS)[1] as the first of the four home nations to reform the way in which we scrutinise Medical Certificates of Cause of Death (MCCDs) where the need for change had first been identified a decade previously.

In Scotland, although the motivation for the introduction of DCRS may partly have been failings identified with certification of death by the Vale of Leven Inquiry[2] it cannot have been unconnected to the events in England where the delay in establishing the criminality of the serial killer Harold Shipman resulted in one of the recommendations made by Dame Janet Smith[3] that MCCDs, for burials and cremations alike, would be subject to scrutiny by an independent 'medical examiner' albeit this arrangement did not materialise in our neighbouring jurisdiction until 2024.

The death certification medical reviewer system was launched throughout Scotland simultaneously, on time and under budget notwithstanding a brand-new IT system linking two governmental departments, the NHS and National Records for Scotland. The fact that we flicked a switch, and the service went 'live' without problem, albeit with a degree of apprehension, was testament to the thorough preparation by the programme team at Healthcare Improvement Scotland[4].

We opted for a random, proportionate review system with the stated intent of improving the quality and accuracy of MCCDs, deriving better public health data (which became especially important during the Covid-19 pandemic) and enhancing clinical governance. These three primary drivers remain the same at our 10th anniversary and have delivered the promised improvement without causing delay to funeral arrangements for families.

[1] Death Certification Review Service (DCRS) – Healthcare Improvement Scotland
[2] vale-of-leven-hospital-inquiry-report.pdf
[3] 856302_Shipman_Vol3_TXT
[4] Healthcare Improvement Scotland

Scottish Government decided the service should be free at the point of delivery for relatives of the deceased and the service should be independently based in our national quality improvement organisation. Both these choices turned out to be enlightened and allowed the service to reduce a not-in-order rate for certificates from over 50% in the first quarter of 2015, when we implemented the system, to 18.5% by the end of March 2025.

As well as our main function of reviewing MCCDs that have not been reported to the Procurator Fiscal, the service authorises burial or cremation for those who die outwith Scotland. This secondary more minor role is incredibly important to support those who have elected to return here at the end of their lives and typically involves even more tragic deaths due to their often traumatic nature. The approach of the service has been one of compassion and very much focussed on the wishes of those who have suffered a bereavement, in order to support them through this process without adding to their grief.

A major other benefit for certifying doctors has been the introduction of our enquiry line where we typically help around 2,500 callers each year as part of our supportive and educational commitment. The goodwill engendered from this has been instrumental in gaining the co-operation of certifying doctors in the circa 6,000 certificates reviewed annually.

The electronic case management system (eCMS) has evolved out of all recognition with continuous learning being factored into the process. The eMCCD has been a particular accomplishment with the vast majority of reviews being completed pre-registration before the family are even aware of selection[5].

An enormous thanks to all at Healthcare Improvement Scotland, our stakeholders including public partners and our sponsors who have helped the service achieve an impressive result such that we could not have predicted.

[5] MCCDs are randomly selected for review by National Records of Scotland within seconds of the MCCD being entered onto the death registration system.

Service Highlights

Over the last 10 years the service, through the review of MCCDs and informed improvements to processes and systems, the service has supported improvement in the quality and accuracy of MCCDs, whilst reducing the impact MCCD reviews have on families. Fuller details are contained within the report.

A decade of improvement (2015 – 2025)

67,452 MCCD reviews completed — 67,452

59.4% overall improvement in the quality of MCCDs — 59.4%

In the last year (2024 – 2025)

Public Assurance	6250 MCCD reviews completed	6250
Sustained Improvement	82.2% of certificates reviewed were 'In Order'	82.2%
Impact on families	Standard reviews completed in under 6 hours	<6 hours
Advance Registrations	81.2% completed within an hour, all under 2 hours	<2 hour
Repatriations to Scotland	Requests for repatriation approved within 1.5 days	<1.5 days

Death Certification Review Service (DCRS) Medical Reviews

The Death Certification Review Service operates within the Certification of Death (Scotland) Act 2011[6] legislative framework and the role of the service[7] is to improve:

- quality and accuracy of Medical Certificates of Cause of Death (MCCD)s, giving the public assurance in the death registration process in Scotland.
- public health information about causes of death in Scotland, supporting consistency in recording that will help resources to be directed to areas most needed.
- clinical governance[8], helping to improve standards in Scottish healthcare.

In Scotland last year, doctors certified over **60,000** deaths of which **12%** were randomly selected[9] for a medical review by National Records of Scotland (NRS).

Our medical reviewers look at these MCCDs and speak with the certifying doctor about the circumstances of the death to ensure the information on the certificate is accurate.

If the certificate is **'not in order'** the medical reviewer will request the certificate is amended.

The local authority will complete death registration which then allows families to finalise funeral arrangements.

Families can ask for an MCCD to be reviewed either before or after death registration if they feel the certificate does not accurately reflect the cause of death.

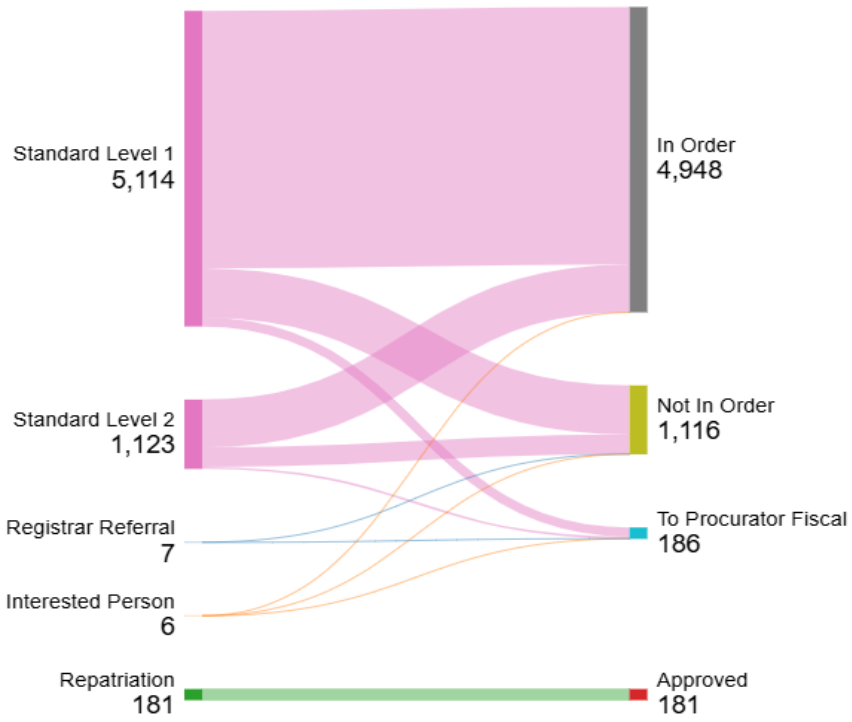
The service is also responsible for approval of burial or cremation to Scotland for persons who have died abroad. Registration of deaths abroad occur in accordance with the local regulations where the person died.

[6] https://www.legislation.gov.uk/asp/2011/11/pdfs/asp_20110011_en.pdf
[7] https://www.healthcareimprovementscotland.scot/inspections-reviews-and-regulation/death-certification-review-service-dcrs
[8] The framework through which healthcare organisations are accountable for continuously improving the quality of their services and safeguarding high quality of care.
[9] During death registration, National Records of Scotland randomly select MCCDs for medical review and forward to DCRS.

Case Overview

The service reviewed a total of **6,431** cases in 2024/25, of which 6,237 **(97%)** were standard reviews[10] and 194 **(3%)** non-standard[11] reviews. The diagram [12] below shows a breakdown by case type and the outcome for cases reviewed.

Sankey diagram of number of cases and breakdown of case type and outcome in 2024/25[13]



Enquiry Line

The service dealt with 2,394[14] enquiries last year. The majority of calls **(88%)** were from doctors seeking clinical advice on how to most accurately represent a death on a MCCD.

- GP clinical advice 1,739 **(72.6%)**
- Hospital clinical advice 321 **(13.4%)**
- Hospice clinical advice 46 **(1.9%)**

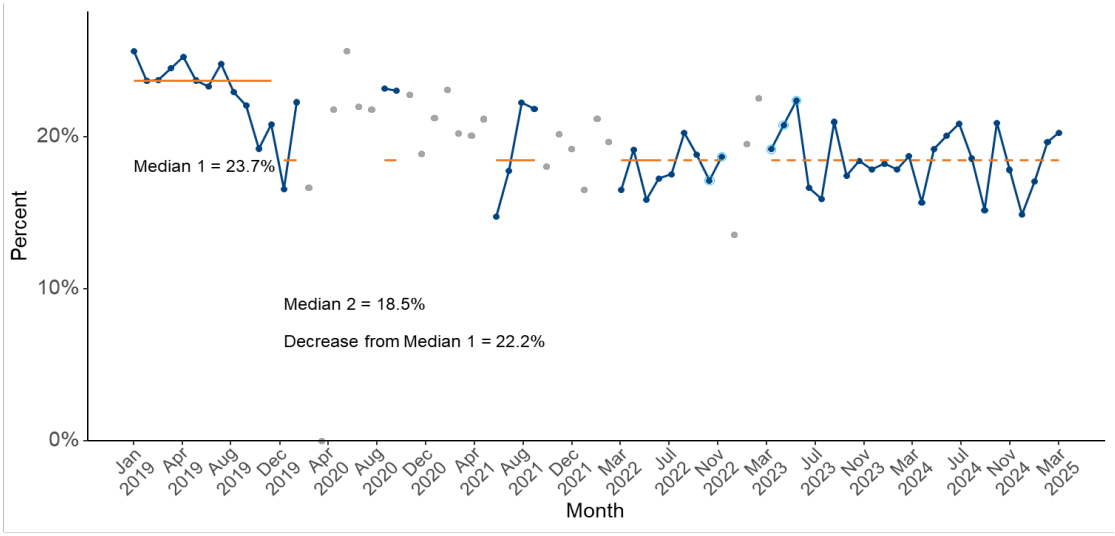
We also provided advice on 288 **(12%)** other calls; to registrars, families and the Procurator Fiscal.

[10] Standard Reviews (Level 1, Level 2). Level 1 reviews consist of a review of the MCCD and a discussion with the certifying doctors. Level 2 reviews also require a review of patient medical records.
[11] Non-standard Reviews (Interested Person reviews, Registrar referrals and Repatriations to Scotland)
[12] The Sankey diagram should be read from left to right. It shows how one category is broken down into components, then how second/subsequent categories are broken down. The diagram shows the size of the connecting paths between the categories.
[13] See Appendix 1 for full breakdown of cases and enquiries over last 3 years.
[14] See Appendix 1 for full breakdown of enquiries over last 3 years.

Improving the Quality and Accuracy of Medical Certificates of Cause of Death (MCCD)

Run chart analysis of monthly percentage 'not in order'[15] from January 2019 to March 2025 indicates that the percentage 'not in order' improved to a current median of **18.5%** in 2020; an overall reduction of **22.2%** from the baseline of **23.7%.**

Run chart of monthly percentage case MCCDs 'Not in Order' in Scotland



Note: *Run chart analysis includes periods when the service is operating as 'business as usual' (blue dots). Hybrid reviews implemented during the pandemic are not included in the analysis (grey dots)*

Review outcomes

In 2024/25, 6,237 medical reviews were carried out, of which

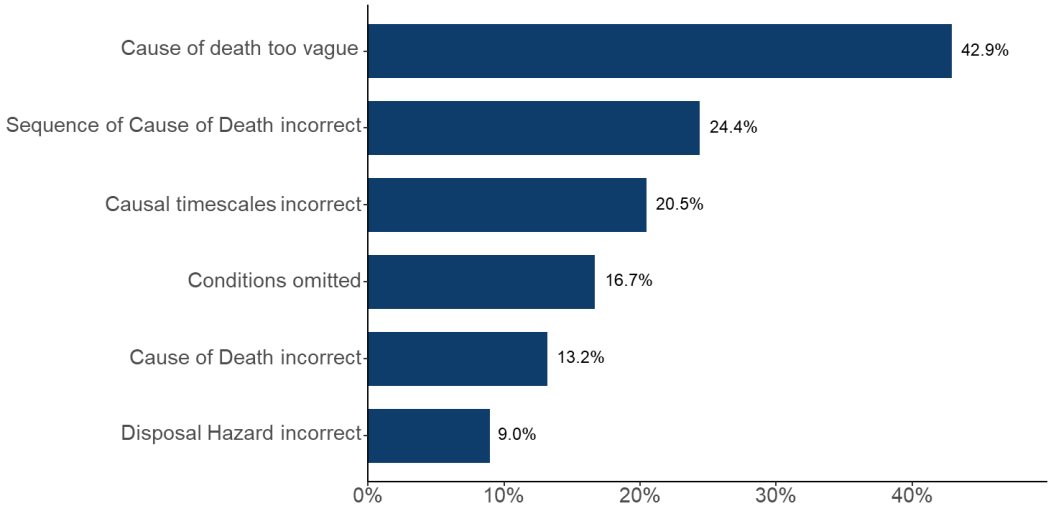
- 1,110 **(17.8%)** were found to be **'not in order'.** Of these,
  - 713 **(64.2%)** had at least **one clinical closure category** error recorded[16], of which
  - **42.9%** were classified as '**Cause of Death too Vague'.**

[15] The Certification of Death (Scotland) Act 2011, s8 (4) explains 'not in order' as "where a medical reviewer is not satisfied, on the basis of the evidence available to the medical reviewer, that the certificate represents a reasonable conclusion as to the likely cause (causes) of death, and the other information contained in the certificate is correct."

[16] The cause(s) of death detailed on the MCCD must represent a reasonable conclusion as to the likely cause(s) of death, and the other information contained in the certificate is correct. Where changes are required to the cause of death, these are categorised by clinical category, for changes to the information on the certificate this is categorised as administrative errors.

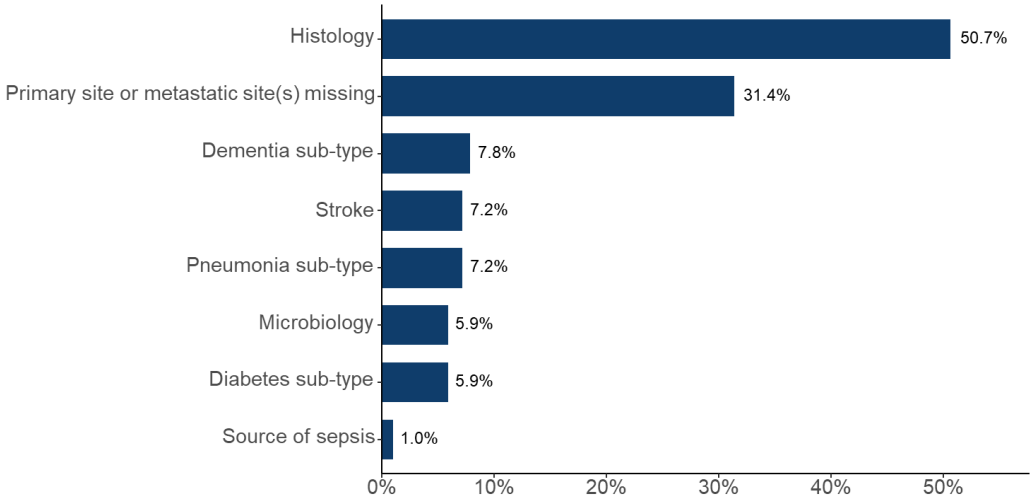
MCCDs can be closed with more than one closure category and the graph below shows the most common errors and omissions on MCCDs reviewed.

Breakdown of clinical closure categories as a percentage of MCCDs with clinical category errors[17]



Analysis of reviews deemed to have 'Cause of Death too Vague' shows **50.7%** are due to histology[18] and **31.4%** due to primary site or metastatic site(s) missing[19].

Breakdown of 'Cause of death too vague' closure as a percentage of MCCDs with a clinical category error of 'cause of death too vague'

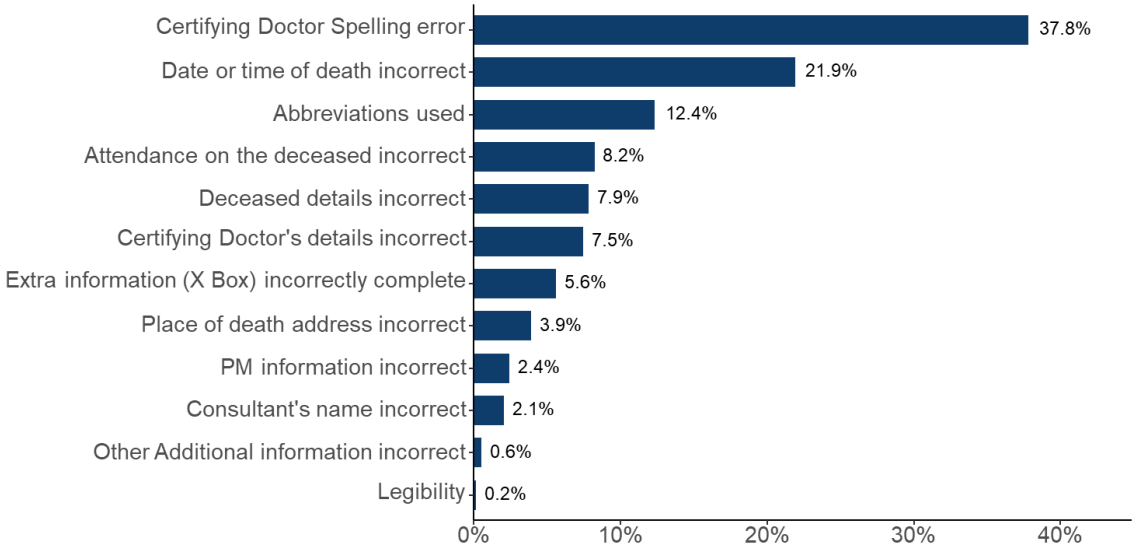


[17] Table 3 within Appendix 1 provides full details of clinical and administrative errors recorded over the last 3 years
[18] The examination of tissue and cell samples under a microscope to diagnose any abnormalities or changes.
[19] See Appendix 1 for full breakdown of reasons for 'not in order'.

Administrative Improvements

Administrative errors include spelling mistakes, use of abbreviations and incorrect patient details, such as accurate date/time of death. Last year, **48.1%** of MCCDs 'not in order' had an administrative closure category[20] recorded. Certifying doctor spelling error was recorded against 202 **(37.8%)** of MCCDs with at least one administrative error.

Breakdown of administrative errors as a percentage of MCCDs with administrative errors [21]



Reports to the Procurator Fiscal

Sudden, suspicious, accidental, and unexplained deaths including deaths which may give rise to public anxiety, are required to be reported to the Procurator Fiscal[22].

Our medical review team found 180 **(2.9%)** of all certificates reviewed last year had not been reported to the Procurator Fiscal by the certifying doctor. The most common oversight in reporting was where there was fracture or trauma **(54.4%)** or a known industrial disease **(27.8%)** that caused or contributed to the death.[23]

Educational Learning – Pleural plaques

Crown Office and Procurator Fiscal Service (COPFS) advised that the incidental finding of pleural plaques, which is a marker of exposure to asbestos, no longer requires to be reported if it did not contribute to the death of that person

[20] Changes to fields other than the 'cause of death' on the MCCD are categorised as 'administrative' errors.
[21] See Appendix 1 for full details of clinical and administrative errors recorded over the last 3 years.
[22] reporting-deaths-information-for-medical-practitioners.docx (live.com)
[23] See Appendix 1 for full breakdown of main reasons for reporting to the Procurator Fiscal

Educational conversations

Medical reviews are 'educational conversations' and whilst some MCCDs require an amendment, many are deemed 'in order' **(57.2%)** or 'in order with educational support' **(42.8%).** Below is an example of an MCCD review which required an MCCD amendment.

Educational Learning **Review of MCCD completed by certifying doctor for 87 year-old**
Part I Disease of the condition directly leading to death and antecedent causes 1a Frailty 1b Probable Bowel Cancer **Part II Other significant conditions** 2a Breast Cancer 2b COPD
Medical reviewer observations of certificate and review of patient medical records
Histology: Breast cancer appears to be intraductal cancer in situ of right breast **Abbreviations used:** COPD needs expanded
Educational conversation with the certifying doctor
The certifying doctor agreed to amend the certificate by add histology to the cancer and spelling COPD in full.
Death registered as
Part I Disease of the condition directly leading to death and antecedent causes 1a Frailty 1b Probable Bowel Cancer **Part II Other significant conditions** 2a Intraductal Carcinoma in situ of Right Breast 2b Chronic Obstructive Pulmonary Disease

Below are the **3** most common areas where medical reviewers provide education to certifying doctors to support improvement in the quality of death certification.

Cause of death sub-type should be more specific	The MCCD should be specific, e.g. if the cause of death is Dementia, the MCCD should, if known, include the sub-type, such as Alzheimer's Vascular, Lewy Body etc. Similarly, adding histology, the organism in deaths from infection, type of diabetes, type of stroke are important.
Intervals inaccurate	Duration of illness should be recorded, but is not necessary with old age, frailty of old age or conditions since birth.
Time of death incorrect or ward details missing	Time of death should be time of 'last breath' or if not witnessed, best estimate from available information. Ward information/number must be included.

Clinical Governance

As part of the MCCD review process, medical reviewers review a patient's prescriptions on the Emergency Care Summary (ECS) and discuss these with the certifying doctor during the review conversation. This ensures clinical governance around prescribing. However, once adequate detail for the purpose of the review has been obtained, in keeping with the Caldicott principles, no further examination of the deceased person's records is performed.

Advance Registration

Families may for religious observance or compassionate reasons require a funeral to go ahead promptly. The service aims to support this through our advance registration process, which allows funerals to proceed before the MCCD review is complete.

The number of advance registration applications remains low. In 2024/25, there were,

- 48 **(0.7%)** requests, of which
- 44 **(91.7%)** were approved
- 4 **(8.3%)** were declined as the medical reviewer felt the certificate may require an amendment. Of these, **2** required a replacement MCCD.

The service continues to successfully met its aim of completing all advance registration requests within 2 hours, indeed 39 **(81.2%)** of requests considered this year received a decision within one hour.

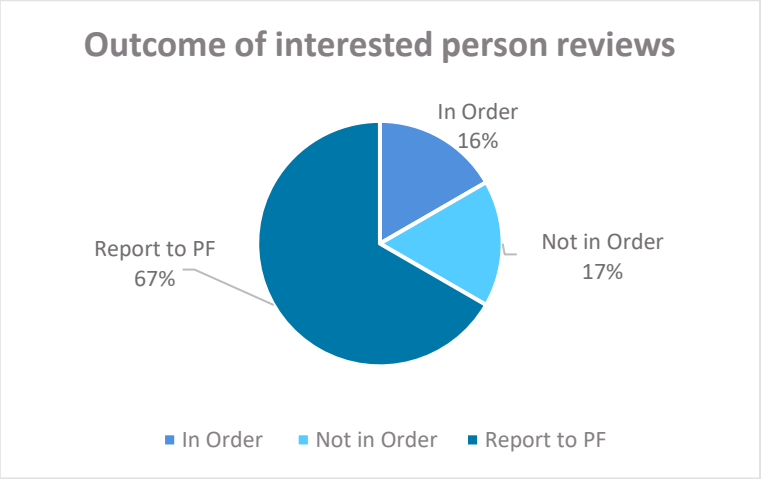
Non-randomised reviews

Interested person, registrar referrals, 'for cause' reviews

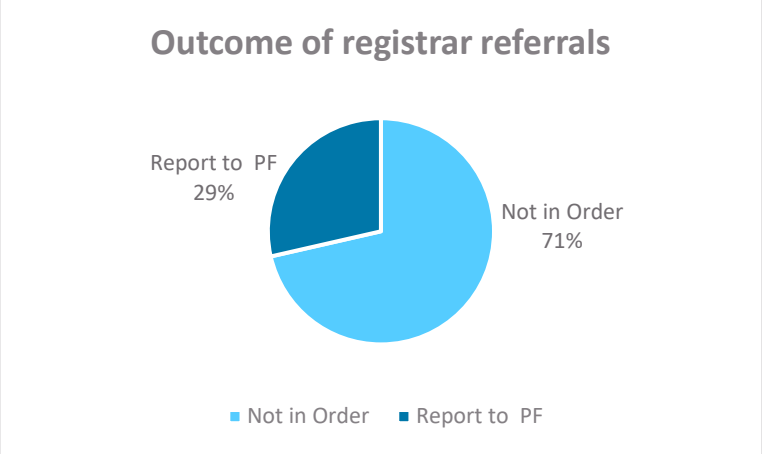
The service reviews MCCDs at the request of members of the public (Interested Person review)[24] or local authority registrars (Registrar Referral) if they feel the certificate is not sufficiently accurate.

The volume of these types of requests remains low[25]. Last year, the service received **6** Interested Person requests, and **7** Registrar referrals. The two charts below provide an overview of the outcomes from these reviews.

Outcome of interested person reviews 24/25



Outcome of registrar referrals reviews 24/25



[24] https://www.healthcareimprovementscotland.scot/inspections-reviews-and-regulation/death-certification-review-service-dcrs/death-certification-review-service-interested-person-review/

[25] See Appendix 1 for full breakdown of Interested person and Registrar referral reviews

Deaths outwith Scotland (repatriations)

The service is responsible for approving burial or cremation in Scotland, of people who have died abroad and are to be repatriated to Scotland[26].

In 2024/25, the service received **181** repatriation requests, of which,

- 120 **(66.3%)** were male, 61 **(33.7%)** were female
- 109 **(60.2%)** were individuals aged 60 years or older
- 57 people **(31.5%)** died in Spain
- 1 request for a post-mortem examination was made and approved.

The tables below provides some additional demographics including age, top **5** countries people have been repatriated from, funeral type and the most common causes of death.

Age	No of deaths
0 - 19	4
20 - 39	15
40 - 59	53
60 - 79	84
80+	25

Repatriated from	No of deaths
Spain	57
Turkey	17
France	10
Greece	9
USA	9

Funeral type	No of deaths
Burial	58
Cremation	123

Causes of death	No of deaths
Cardiovascular	55
Not stated*	35
Respiratory	15

**For privacy reasons, some countries do not provide the actual cause of death on the medical certificate*

[26] Death Certification Review Service: deaths abroad – Healthcare Improvement Scotland

Service Performance

A decade of improvement

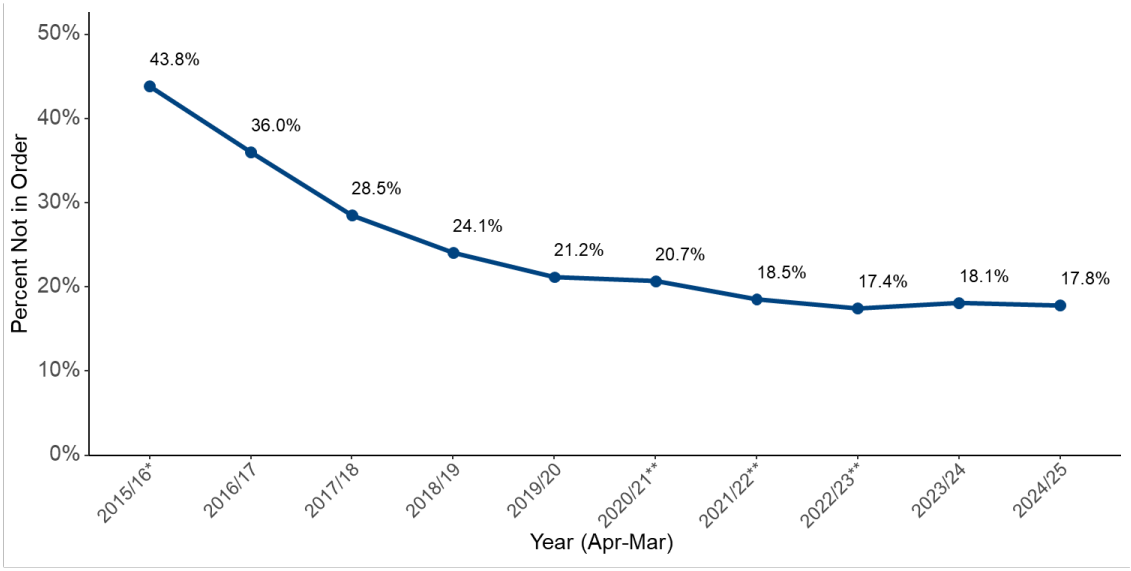
Since launching the service in May 2015, DCRS has reviewed a total **67,452**[27] cases, **83.4%** of which were standard case reviews.

The quality of certificates reviewed over this period has significantly improved. In the first year **43.8%** of cases were found to be 'not in order'. By March 2025, this figure had reduced to **17.8%,** equating to **59.4%** reduction in errors on MCCDs over time.

During the COVID-19 pandemic, the service introduced 'hybrid' reviews to ensure scrutiny of death certification continued. Hybrid reviews allowed the medical reviewer to scrutinise the Key Information Summary (KIS) freeing up hospital and general practice clinical and administrative staff resource to respond to the clinical needs of patients across the country, whilst giving the much sought after public assurance around death certification at that time. This valuable facility was retained subsequently allowing more focused reviews.

Whilst much of the overall reduction was made in the earlier years, the educational work of the service, as can be seen in the graph below, has helped support sustained improvement during the pandemic in 2020 and beyond.

Annual percentages of standard case MCCDs 'Not in Order'



**Partial Year*
***Includes hybrid reviews*

[27] See Appendix 1 for full breakdown of case reviews over the last 3 years

Service Level Agreements

The service aims to complete reviews without negatively impacting on families, and staff work relentlessly to complete reviews as quickly as possible.

Standard level 1 reviews are now completed on average, within **4** hours and level 2 reviews within **6** hours. The table below details our average performance against service level agreement timeframes set by the Scottish Government.

Around **217** (3.4%) of case reviews breached[28] SLA timescales, of which

- **195** (89.9%) were due to the certifying doctor being unavailable
- **161** (74.2%) were in secondary care

[28] See Appendix for full breakdown of breached cases.

Stakeholder engagement

In September 2024, the service sought feedback from 159 certifying doctors on their experience of the service. Below is a summary of the **114 (72%)** responses received.

We asked doctors…	% who agreed
Was the medical reviewer friendly and courteous?	**99%**
Did the medical reviewer clearly describe the death certification review process?	**85%**
Did the medical reviewer understand the patient's case?	**98%**
Was the conversation with the medical reviewer educationally focussed?	**83%**
Was the duration of the conversation about right?	**99%**
My experience of the review process has highlighted the importance of MCCD accuracy?	**91%**
Was your experience of the review service positive?	**92%**

Feedback from doctors	
MCCD selection does not always feel random. I have completed around 60 reviews.	National Records of Scotland (NRS) are responsible for selecting MCCDs for review and use a one-in-eight chance-based algorithm which can result in certificates being selected one after another.
Review calls come in during busy morning clinical periods. Can review calls be made in the morning?	The service has one day in which to complete most of their reviews. Contact with doctors is instigated once initial review checks have been carried out. Forefront of our call management is ensuring reviews do not cause any impact on families who are trying to progress with funeral arrangements.

Quote from certifying doctor

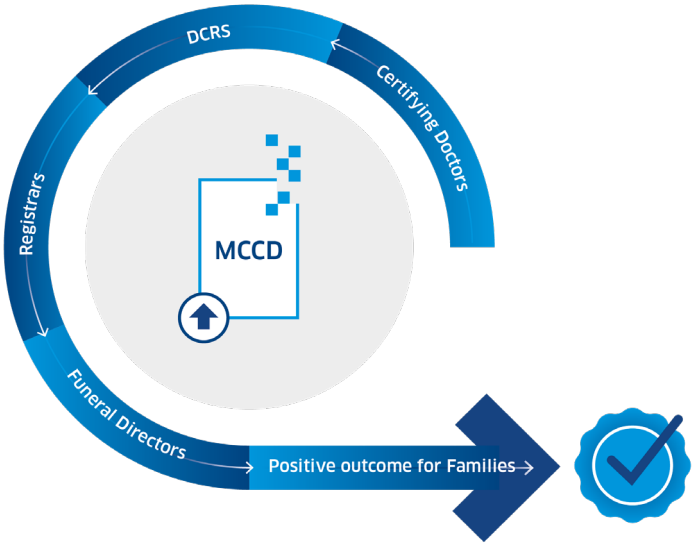
> *Such a useful service for advice regarding death certification and support in reaching decision in complex or unusual cases. A very helpful resource, especially if no other colleagues around to discuss cases with.*

MCCD Process Improvements

Remote registration

The service continues to work with key stakeholders to ensure positive outcomes for families. During 2024/25, in partnership with National Records of Scotland (NRS), Association of Registrars of Scotland (ARoS), Crown Office and Procurator Fiscal Service (COPFS), NHS Education for Scotland (NES) and Scottish Government, a review of the new death certification remote registration was carried out. This resulted in

- Chief Medical Officer (CMO) guidance being updated to ensure consistency with new remote registration process.
- NHS Education for Scotland developing a frequently asked questions for non-medical staff learning resource.
- COPFS developing guidance for their website on reporting deaths to the Procurator Fiscal.
- ARoS agreeing registrars can correct minor spelling errors agreed by doctors over the telephone.
- NRS updating their website detailing the new legislative remote registration process.



eMCCD into secondary care

Electronic MCCD has been developed by NHS Lothian and has been successfully piloted with doctors using the system to generate eMCCDs. Connectivity with Sci-Gateway and NRS has yet to be established, but it is anticipated this will be completed during 2025/26. Scottish Government are leading on the roll-out across Scotland and have established an NHS Board implementation group to support this.

Complaints and Freedom of information requests

Complaints

The service received **one** complaint this year from a certifying doctor who felt the selection process for MCCD reviews was not random. The complaint was not upheld, however in response to this, the service collaborated with National Records of Scotland to produce a leaflet detailing the death registration process in Scotland as shown in the flowchart below.

Certifying Doctors

Certifying doctors should

- consider if the death requires reporting to the Procurator Fiscal
- certify the death by completing a MCCD (form 11)
- explain the cause of death to families
- send the MCCD to the registration office requested by the family.

National Records of Scotland (NRS)

National Records of Scotland (NRS) will randomly select 12% of MCCDs for medical review.

Death Certification Review Service

Death Certification Review Service must review

- MCCD (form 11)
- Patient records
- Speak to the certifying doctor, or other relevant person
- agree any changes required.

Families

Families have a legal duty to register a death within 8 days.

Local Authority Registrars

Local Authority Registrars wil register the death and issue a Certificate of Registration of Death (form 14).

Freedom of Information

The service also responded to **one** Freedom of Information (FOI) request.

Next we will aim to…

- Sustain the improvement in the quality of MCCDs written in Scotland by developing our educational approach with doctors and Health Boards.
- Support implementation of eMCCD into secondary care with key stakeholders.
- Continue to work with NHS boards to reduce the number of clinical and administrative errors on MCCDs and educate on early and appropriate reporting of deaths to the Procurator Fiscal to reduce impact on families awaiting to register a death.
- Develop our Health Board annual review process and encourage local quality assurance checks to support improved quality in the completion of MCCDs.
- Regularly engage with stakeholders to ensure our medical reviews do not negatively impact on families.
- In partnership with National Education Scotland (NES) review and update our existing e-learning resources and develop new resources around neonatal death certification.

Call for action

An Interested person review is a level 2 review, however under the current Certification of Death (Scotland) Act 2011, if a level 1 review has already been carried out by the service or the death had been reported to the Procurator Fiscal, no further review can be undertaken. This seemed intrinsically unfair and not what the drafters of the legislation would have anticipated but is a consequence of being able to adopt a digital system which has delivered much more timely reviews than was achievable in the two pilots.

The service calls for a change in the s4. of the Certification of Death (Scotland) Act 2011, to allow Interested Person level 2 reviews to be undertaken even if the death has been reported to the Procurator Fiscal or underwent a level 1 review.

Death Certification Review Service Management Board

The service is funded by the Scottish Government and supported by the DCRS Management Board.

Acknowledgements

The management board would like to thank the medical review service staff and colleagues within Healthcare Improvement Scotland, National Records of Scotland and families. Your contributions over the last 10 years have helped us to assure and improve the quality of death certification across Scotland.

Special thanks to our data analysts and advisors, Keir Robertson, Alexandra Dunn, Lucy Aitken and Tim Norwood, for all your support in developing our data reports.

To management board members who sadly left this year, Lynsey Cleland, Maggie Buettner-Young and Alex Jones. Thank you, your support shaping the work of the service has been invaluable.

Also, to NHS Lothian, who led the development of IT systems to support eMCCD in secondary care. A significant step in achieving a fully integrated electronic MCCD system in Scotland.

Your Feedback

We hope you have found the report on our work informative and reassuring. If you have any comments, please get in touch.

Our Board members

Name	Designation	Organisation
Lucy Aitken	Data & Measurement Advisor	Healthcare Improvement Scotland
Eddie Docherty	Director of Quality Assurance	Healthcare Improvement Scotland
Cathy Dunlop	Registration Manager, East Ayrshire	Association of Registrars of Scotland
Dr George Fernie	Senior Medical Reviewer	Healthcare Improvement Scotland (DCRS)
Angela Hay	Operations Team Manager	Healthcare Improvement Scotland (DCRS)
Chioma Agoucha	Public Partner	Healthcare Improvement Scotland
Katrina McNeill	Scottish Government Senior Policy Manager	Burial, Cremation, Anatomy and Death Certification team
Dr Janice Nicolson	Principal Educator, Medical Education	NHS Education for Scotland
Carolyn Nickels	Head of Registration	National Records of Scotland
Rosemary Pengelly	Public Partner	Healthcare Improvement Scotland
Elainne Sibbald	Principal Procurator Fiscal Depute	Scottish Fatalities Investigation Unit
Dr Ruth Stephenson	Deputy Senior Medical Reviewer	Healthcare Improvement Scotland (DCRS)
Roberta Garau	Doctor	Scottish Academy of Trainee Doctors
Andrea Telford	Service Manager	Healthcare Improvement Scotland (DCRS)

Appendix 1: Service data

The tables below provide a more detailed breakdown of the service data over the last 3 years[29]. Percentages have been rounded to 1 decimal place. This means they do not always add up to 100%.

Table 1: Cases reviewed by type

	Year 8		Year 9		Year 10	
Case Type	01 Apr 2022 - 31 Mar 2023		01 Apr 2023 - 31 Mar 2024		01 Apr 2024 - 31 Mar 2025	
Standard Level 1, Level 1 hybrid and Level 2	5,875	96.8%	6,174	97.2%	6,237	97.0%
Repatriation	191	3.1%	178	2.8%	181	2.8%
Interested Person	4	0.1%	1	0.0%	6	0.1%
Registrar Referral	0	0.0%	1	0.0%	7	0.1%
MR For Cause Referral	0	0.0%	0	0.0%	0	0.0%
Total	*6,070*		*6,354*		*6,431*	

Table 2: Number and percentage of 'not in order' standard cases by outcome

	Year 8		Year 9		Year 10	
Case Type	01 Apr 2022 - 31 Mar 2023		01 Apr 2023 - 31 Mar 2024		01 Apr 2024 - 31 Mar 2025	
Email amendments	869	84.8%	985	88.1%	980	88.3%
Replacement MCCD	156	15.2%	133	11.9%	130	11.7%
Total	*1,025*		*1,118*		*1,110*	

Table 3: Number and percentage of clinical closure categories for MCCDs with errors

	Year 8		Year 9		Year 10	
Case Type	01 Apr 2022 - 31 Mar 2023		01 Apr 2023 - 31 Mar 2024		01 Apr 2024 - 31 Mar 2025	
Cause of Death too vague	279	37.3%	316	40.6%	306	42.9%
Cause of Death incorrect	114	15.2%	121	15.6%	94	13.2%
Sequence of Cause of Death incorrect	174	23.3%	213	27.4%	174	24.4%
Causal timescales incorrect	168	22.5%	158	20.3%	146	20.5%
Conditions omitted	135	18.0%	140	18.0%	119	16.7%
Disposal Hazard incorrect	74	9.9%	59	7.6%	64	9.0%
Total	*944*		*1,007*		*903*	

Note: there can be more than one closure category error in each case

[29] Data source: Death Certification Review Service eCMS and National Records of Scotland.

Table 4: Number and percentage of cases with closure category ‘administrative error’

Case Type	Year 8 01 Apr 2022 - 31 Mar 2023		Year 9 01 Apr 2023 - 31 Mar 2024		Year 10 01 Apr 2024 - 31 Mar 2025	
Attendance on the deceased incorrect	38	9.0%	44	9.4%	44	8.2%
Abbreviations used	53	12.6%	63	13.5%	66	12.4%
Certifying Doctor's details incorrect	18	4.3%	24	5.2%	40	7.5%
Certifying Doctor Spelling error	172	41.0%	179	38.4%	202	37.8%
Consultant's name incorrect	13	3.1%	7	1.5%	11	2.1%
Date or time of death incorrect	80	19.0%	102	21.9%	116	21.7%
Deceased details incorrect	29	6.9%	39	8.4%	47	8.8%
Extra information (X Box) incorrectly complete	37	8.8%	36	7.7%	30	5.6%
Legibility	3	0.7%	0	0.0%	1	0.2%
PM information incorrect	9	2.1%	8	1.7%	13	2.4%
Place of death address incorrect	6	1.4%	13	2.8%	17	3.2%
Other Additional information incorrect	3	0.7%	2	0.4%	3	0.6%
Total	*461*		*517*		*590*	

Note: there can be more than one administrative error in each case

Table 5: Cases reported to procurator fiscal by type

Case Type	Year 8 01 Apr 2022 - 31 Mar 2023		Year 9 01 Apr 2023 - 31 Mar 2024		Year 10 01 Apr 2024 - 31 Mar 2025	
Standard Level 1, Level 1 hybrid and Level 2	228	100.0%	199	99.5%	180	96.8%
Interested Person	0	0.0%	1	0.5%	4	2.2%
Registrar Referral	0	0.0%	0	0.0%	0	0.0%
MR For Cause Referral	0	0.0%	0	0.0%	2	1.1%
Total	*228*		*200*		*186*	
% cases reported to PF	3.9%		3.2%		2.9%	

Table 6: Reasons Cases reported to procurator fiscal

Case Type	Year 8 01 Apr 2022 - 31 Mar 2023		Year 9 01 Apr 2023 - 31 Mar 2024		Year 10 01 Apr 2024 - 31 Mar 2025	
Choking	5	2.2%	3	1.5%	3	1.7%
Concerns Over Care	5	2.2%	9	4.5%	7	3.9%
Drug Related	2	0.9%	6	3.0%	8	4.4%
Flagged in Error	0	0.0%	0	0.0%	0	0.0%
Fracture or Trauma	96	42.1%	103	51.8%	98	54.4%
Industrial Disease	77	33.8%	68	34.2%	50	27.8%
Infectious Disease	42	18.4%	2	1.0%	5	2.8%
Legal Order	3	1.3%	4	2.0%	4	2.2%
Neglect or Exposure	3	1.3%	7	3.5%	8	4.4%
Stroke	0	0.0%	0	0.0%	0	0.0%
Other Report to PF	1	0.4%	1	1.0%	2	1.1%
Total Cases	*228*		*199*		*180*	

Note: there can be more than one reason in each case

Table 7: Number of calls received by the enquiry line

	Year 8 01 Apr 2022 - 31 Mar 2023		Year 9 01 Apr 2023 - 31 Mar 2024		Year 10 01 Apr 2024 - 31 Mar 2025	
Funeral Director	16	0.6%	23	1.0%	24	1.0%
GP Clinical advice	1,716	67.4%	1,637	67.8%	1,739	72.6%
GP Process advice	157	6.2%	130	5.4%	74	3.1%
Hospice Clinical advice	36	1.4%	63	2.6%	46	1.9%
Hospice Process advice	10	0.4%	5	0.2%	6	0.3%
Hospital Clinical advice	384	15.1%	349	14.5%	321	13.4%
Hospital Process advice	48	1.9%	39	1.6%	33	1.4%
Informant or family	34	1.3%	40	1.7%	26	1.1%
Interested Person	3	0.1%	2	0.1%	4	0.2%
Other	42	1.6%	26	1.1%	27	1.1%
Police Scotland	0	0.0%	0	0.0%	2	0.1%
Procurator Fiscal	8	0.3%	11	0.5%	4	0.2%
Registrar	45	1.8%	38	1.6%	38	1.6%
Repatriation	3	0.1%	5	0.2%	3	0.1%
Signposted	44	1.7%	47	1.9%	47	2.0%
No advice type recorded	0	0.0%	0	0.0%	0	0.0%
Total	*2,546*		*2,415*		*2,394*	

Table 8: Advance registration requests with outcomes

	Year 8		Year 9		Year 10	
Request Outcome	01 Apr 2022 - 31 Mar 2023		01 Apr 2023 - 31 Mar 2024		01 Apr 2024 - 31 Mar 2025	
Approved	63	86.3%	49	75.4%	44	91.7%
Not Approved	10	13.7%	16	24.6%	4	8.3%
Review Outcome						
In Order	56	76.7%	54	83.1%	37	77.1%
Not in Order	13	17.8%	8	12.3%	11	22.9%
PF	4	5.5%	3	4.6%	0	0.0%
Total	*73*		*65*		*48*	

Table 9: Number (and percentage) of Breached Cases

	Year 8		Year 9		Year 10	
Reason for Breach	01 Apr 2022 - 31 Mar 2023		01 Apr 2023 - 31 Mar 2024		01 Apr 2024 - 31 Mar 2025	
Certifying doctor unavailable	196	84.5%	141	83.9%	195	89.9%
DCRS delay	10	4.3%	6	3.6%	1	0.5%
Delay in obtaining/receiving required information*	25	10.8%	20	11.9%	18	8.3%
Other	1	0.4%	1	0.6%	3	1.4%
Total	232		168		217	

**Includes delay in obtaining additional information, receiving medical notes, or receiving email amendment/replacement*

Table 10: Number and percentage of interested person reviews

	Year 8		Year 9		Year 10	
Request Outcome	01 Apr 2022 - 31 Mar 2023		01 Apr 2023 - 31 Mar 2024		01 Apr 2024 - 31 Mar 2025	
Approved	2	50.0%	1	100.0%	6	100.0%
Not Approved	2	50.0%	0	0.0%	0	0.0%
Total Requests	*4*		*1*		*6*	
Review outcome						
In Order	1	50.0%	0	0.0%	1	16.7%
Not in Order	1	50.0%	0	0.0%	1	16.7%
Reported to PF	0	0.0%	1	100.0%	4	66.7%

Table 11: Number and percentage of registrar referral reviews

	Year 8		Year 9		Year 10	
Review Outcome	01 Apr 2022 - 31 Mar 2023		01 Apr 2023 - 31 Mar 2024		01 Apr 2024 - 31 Mar 2025	
In Order	0	0.0%	0	0.0%	0	0.0%
Not in Order	0	0.0%	1	100.0%	5	71.4%
Escalated to PF	0	0.0%	0	0.0%	2	28.6%
Total	*0*		*1*		*7*	

Table 12: Number and percentage of repatriation reviews

	Year 8		Year 9		Year 10	
Request Outcome	01 Apr 2022 - 31 Mar 2023		01 Apr 2023 - 31 Mar 2024		01 Apr 2024 - 31 Mar 2025	
Approved	191	100.0%	178	100.0%	181	100.0%
Not Approved	0	0.0%	0	0.0%	0	0.0%
Total	*191*		*178*		*181*	

Table 13: Cases reviewed by DCRS between 01 May 2015 – 31 March 2025

Case Type	Number Cases	Percent Total
Standard	56,243	83.4%
Enquiry	9,475	14.0%
Repatriation	1,583	2.3%
Registrar Referral	84	0.1%
Interested Person	54	0.1%
For Cause	13	0.0%
Total	*67,452*	

Appendix 2: Glossary of terms

COPFS	Crown Office and Procurator Fiscal Service
DCRS	Death Certification Review Service
eCMS	Electronic Case Management System used by the service to manage reviews.
eMCCD	Electronic Medical Certificate of Cause of Death
FOI	Freedom of Information requests
For Cause Reviews	The DCRS medical reviewer can, if concerned, request a series of MCCDs written by a specific doctor are reviewed for a specific period of time.
HIS	Healthcare Improvement Scotland
In Order	The Certification of Death (Scotland) Act 2011, s8 (4) explains 'in order' as "where a medical reviewer is satisfied, on the basis of the evidence available to them, the certificate represents a reasonable conclusion as to the likely cause (causes) of death, and the other information contained in the certificate is correct."
Interested Person Review	A request by a family member, healthcare professional involved in the deceased's care, funeral director or person in charge of burial/cremation can request a review of an MCCD if the death has not already been considered by the Procurator Fiscal or reviewed by the service already.
Level 1 Review	Level 1 reviews consist of a review of the MCCD and a discussion with the certifying doctors. Level 2 reviews also require a review of patient medical records.
Level 2 Review	Level 2 reviews consist of a review of the MCCD and the patient medical records and a discussion with the certifying doctors.
Not In Order	The Certification of Death (Scotland) Act 2011, s8 (4) explains 'not in order' as "where a medical reviewer is not satisfied, on the basis of the evidence available to them, that the certificate represents a reasonable conclusion as to the likely cause (causes) of death, and the other information contained in the certificate is correct."
MCCD	Medical Certificate of Cause of Death

Non Standard Review	Non-standard Reviews are; Interested Person reviews, Registrar referrals and Repatriations to Scotland
NRS	National Records of Scotland
PF	Procurator Fiscal. Criteria for reporting to the PF: reporting-deaths-information-for-medical-practitioners.docx (live.com)
Registrar referral	A local authority registrar can request a review of an MCCD if the death has not already been reported to PF or reviewed by the service already.
Repatriation	Burial or cremation of a person who has died abroad in Scotland
Sankey Diagram	Sankey diagram should be read from left to right. The diagram shows how one category is broken down into components, then how second/subsequent categories are broken down. The diagram shows the size of the connecting paths between the categories.
SLA	Service Level Agreements are the agreed timescales within which the service will complete reviews.
Standard Review	Standard Reviews are Level 1 and Level 2 reviews.
The 'Act'	Certification of Death (Scotland) Act 2011 https://www.legislation.gov.uk/asp/2011/11/pdfs/asp_20110011_en.pdf

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Healthcare Improvement Scotland

Death Certification Review Service
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For more information visit:
http://www.healthcareimprovementscotland.scot/ or
Death Certification Review Service

Risk Management

Meeting: Board Meeting - Public

Meeting date: 24 September 2025

Agenda item: 5.1

Responsible Executive: Ann Gow, Deputy Chief Executive

Report Author: Geoff Morgan, Programme Manager

Purpose of paper: Assurance

1. Purpose

The Board is asked to review all the current strategic risks (Appendix 1) as of 3rd September 2025 to gain assurance of the effectiveness of risk management at Healthcare Improvement Scotland.

2. Executive Summary

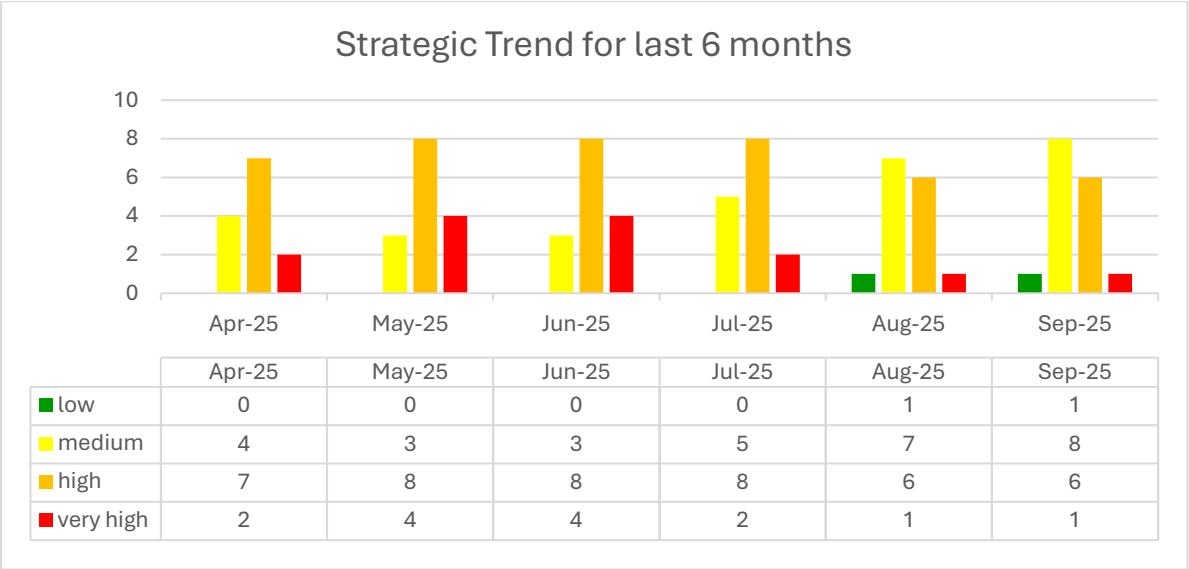
This paper supports the Board's duties under the NHS Scotland Blueprint for Good Governance by outlining responsibilities related to setting risk appetite, overseeing risk management, and monitoring key organisational risks. It also aligns with HIS's strategic goal of ensuring strong governance to support safe, effective, and person-centred care.

Strategic Risks

There are currently sixteen strategic risks, one addition since the previous quarter. Following a shift to a more open organisational risk appetite, several risks have been reclassified into lower categories. While only the risk on Regulation of Independent Healthcare has decreased in score, others have shifted from very high to high, high to medium, and medium to low reflecting a recalibration of risk tolerance rather than a change in exposure.

Two risks have been closed: Risk 1160 has been replaced by Risk 1516, which better reflects challenges in delivering inspection, regulation, and review programmes. Risk 1192 has been replaced by Strategic Risk 20 named Supporting safe care in Scotland.

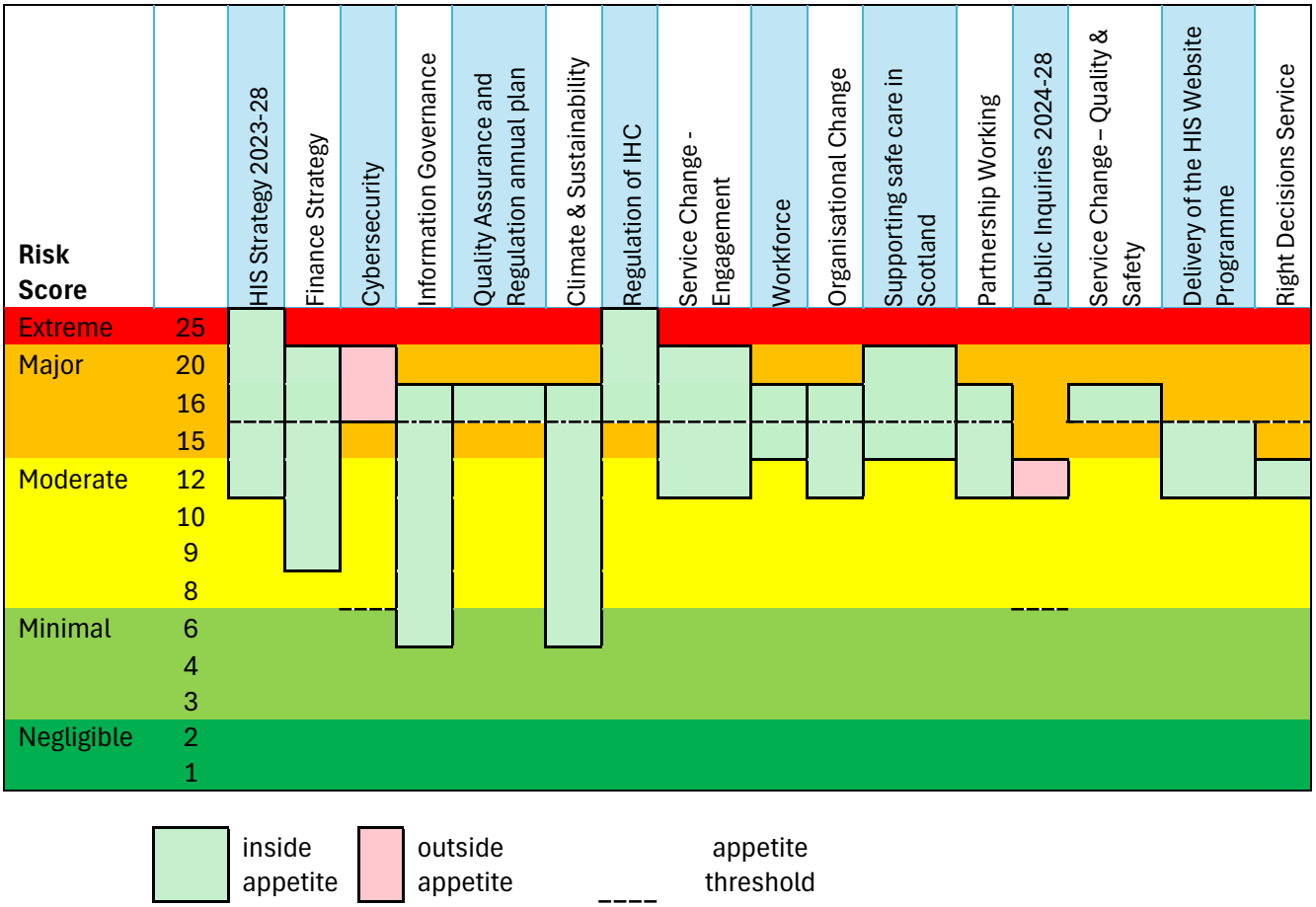
One risk has been added: Following discussion at the Quality Performance Committee meeting on 27 August, a new strategic risk has been added to the register in relation to the HIS website. Key concerns include usability, accessibility, and reputational impact, driven by limited capacity and specialist skills, outdated stakeholder insights, and extended migration timelines (2025–2027). The corporate website remains in development and requires alignment with best practice to ensure content relevance and digital effectiveness.



	Apr-25	May-25	Jun-25	Jul-25	Aug-25	Sep-25
low	0	0	0	0	1	1
medium	4	3	3	5	7	8
high	7	8	8	8	6	6
very high	2	4	4	2	1	1

Out of Appetite Risks

The chart below provides a summary of our strategic risks by risk score and appetite. Two out of the sixteen risks are out of appetite and further details are provided below.



Cyber Security

There is a risk that a cybersecurity attack could disable Information Communication Technology (ICT) systems, disrupting service delivery and damaging reputation. Controls include firewalls, anti-virus software, data backups, and no direct internet access. HIS ICT team monitors threats via national cybersecurity alerts and responds accordingly. Staff receive mandatory training and sign an Acceptable Use Policy. Despite strong technical controls, the risk remains high (Likelihood 4) due to human factors. Mitigation includes ongoing awareness sessions via HIS Campus, Staff Huddle, and Directorate Management Teams.

Public Inquiries

There is a risk that HIS may struggle to meet the demands of five concurrent public inquiries due to competing requests, staff turnover, and challenges in locating historical records. Inquiries include the Scottish and UK Covid Inquiries, Eljamel Inquiry, Scottish Child Abuse Inquiry, and Scottish Hospitals Inquiry. Mitigations include initiative-taking engagement, legal support via Central Legal Office, staff awareness, and improved records management. HIS was granted Core Participant status in the Eljamel Inquiry, prompting resource reallocation and leadership support. Legal, capacity, and corporate memory risks persist, with impact potentially increasing due to workload and legal developments.

3. Recommendation

The Board is offered a **limited** level of assurance on the strategic risks which are out of appetite. Regarding the risks which are within appetite the Committee is offered a **significant** level of assurance when the residual score is medium or low and a **moderate** level of assurance when the score is high.

The Board is asked to:

- Assure themselves that the levels of assurance provided are reasonable.
- Assure themselves that the risks presented are recorded and mitigated appropriately.
- To identify and agree any new risks that ought to be raised.
- To identify any opportunities that arise from the risk reports presented.

4. Appendices and links to additional information: Appendix 1, Strategic Risk Register

Risk Title	Category	Appetite	Risk Director	Risk Description	Inherent Risk Score	Controls & Mitigations	Current update	Impact score	Likelihood score	Residual risk score
HIS Strategy 2023-28	Strategy	Open	Robbie Pearson	There is a risk that external pressures—economic, political, environmental, and post-pandemic recovery—could hinder the delivery of our strategy and operational plan, impacting HIS's performance and priorities.	25	HIS continues to strengthen its strategic approach to resource management, engagement, and system responsiveness. Development of the Data and Intelligence Strategy and internal networks enhances understanding of system pressures. Workforce and improvement strategies support flexibility. The 2025–26 Annual Delivery Plan, agreed with Scottish Government, is actively monitored and updated to reflect operational and financial challenges.	The quarterly performance report is now aligned with the Scottish Government (SG) Operational Improvement Plan (OIP) (March 2025), incorporating key performance indicators (KPIs) and tracking strategic and statutory progress. A Board Strategy Day is scheduled for September to review progress and priorities for 2025–26, with reference to the OIP and the Service Renewal Framework for health and social care.	4	3	12
Financial Sustainability	Operational	Open	Robbie Pearson	There is a risk of financial instability due to national funding challenges resulting in changes to the organisational priorities, impact on staffing levels and a potential over/under spend	20	Regular financial monitoring via forecasts continues to be a key control in our ability to deliver financial balance. We have been transparent with SG on our position regarding allocation funding while awaiting confirmation in 25/26 and continue to highlight the risk and impact on our Annual Delivery Plan.	Savings plans approved in June 2025 confirm a continued reliance on non-recurring funding (50%). Q1 shows an underspend, enabling targeted investment. Most allocations have been received, including full Agenda for Change pay awards and baseline funding for 2025/26. Financial forecasts are actively monitored, with efforts focused on maintaining a ±1% financial balance.	3	3	9
(ICT) Strategy: Cybersecurity	Strategy	Minimalist	Safia Qureshi	There is a risk that our Information Communications Technology systems could be disabled due to a cybersecurity attack, disrupting operations and damaging HIS's reputation.	20	HIS ICT systems are protected by robust controls including firewalls, anti-virus software, no direct internet access, and regular security updates. Staff receive mandatory training on data protection and cybersecurity and must sign the Acceptable Use Policy. HIS ICT monitors threats via alerts from national cybersecurity bodies and responds accordingly to vulnerabilities.	Risk likelihood remains at four due to ongoing phishing threats across the public sector. While technical controls are strong, the human factor remains a vulnerability. Mitigation includes targeted Information Governance and cybersecurity awareness sessions via HIS Campus, Staff Huddle, and Directorate Management Team meetings to strengthen staff understanding and reduce risk exposure.	4	4	16
Information Governance Strategy	Strategy	Minimalist	Safia Qureshi	There is a risk of a significant data breach through unintended disclosure of personal data, potentially leading to loss of trust, financial penalties, or regulatory sanctions.	16	A wide range of controls are in place, including staff training, data protection and security policies, contractual safeguards, audits, and adverse event reporting. Regular reviews of the information asset register, email distribution lists, and compliance with the Information Commissioner's Office (ICO) accountability framework support ongoing assurance. Implementation of OneTrust governance modules and quarterly governance reviews further strengthen oversight and risk mitigation.	Risk remains medium due to inherent business exposure. Technical controls are fully operational (Key Performance indicator status: Green). Mitigations include a scheduled review of email distribution lists (Q3), pending annual ICO accountability review, and staff guidance issued on minimising data breaches. Monitoring and improvements continue.	3	2	6
Quality Assurance and Regulation annual plan	Strategy	Open	Eddie Docherty	There is a risk that HIS fails to fully deliver inspection, regulation or review programmes in line with its annual business plan, because of a range of inhibitors, including competing demands, staff capacity, access to relevant data and intelligence, challenges in accommodating reactive	20	Quality Assurance and Regulation Directorate (QARD) Directorate Management Team (DMT) monitors challenges and applies the STEP approach to prioritisation. A regulation function review is underway, supported by an updated Learning and Development plan. Risk assessments guide inspection focus, and intelligence is shared across programmes and agencies. Governance is maintained via the Quality Assurance Directorate Clinical and Care Governance Group. Staff capacity, supervision, and Continuing Professional Development are monitored. Standard	QARD DMT introduced the STEP approach in March to prioritise staffing amid ongoing pressures. Resource constraints persist due to staff absence and programme development, including regulation reviews and inspection redesigns. Additional resource is needed to follow up on NHS Greater Glasgow & Clyde Emergency Department recommendations. A staff development session is planned for September. Risk likelihood is expected to reduce once short-term stabilisation measures are implemented.	4	4	16

Risk Title	Category	Appetite	Risk Director	Risk Description	Inherent Risk Score	Controls & Mitigations	Current update	Impact score	Likelihood score	Residual risk score
				work, and meeting changing legislative requirements, resulting in reputational damage to HIS.		Operating Procedures and a Quality Assurance System ensure consistency and escalation where needed.				
Climate Emergency & Sustainability Strategy	Strategy	Open	Safia Qureshi	There is a risk that HIS may be unable to meet SG, UN sustainability goals, or NHS Scotland's 2040 net zero target due to limited capacity, risking reputational damage and missed financial and wellbeing benefits.	16	HIS leads national sustainability efforts, chairing the National NHS Boards Sustainability Group and collaborating on active travel, biodiversity, and external funding bids. Key controls include the Net Zero Action Plan, Climate Change Risk Assessment, National Sustainability Assessment Tool, and annual reporting under the Public Bodies Climate Change Duties. Governance is supported through the Audit and Risk Committee, Resilience Group, and compliance with International Financial Reporting Standards, ensuring a solid foundation for environmental improvement.	HIS represents NHS National Boards on the Climate Resilience Adaptation Group, reporting to the Sustainability Board. The third Public Bodies Climate Change Duties Report is being prepared for submission in November. HIS is working with SG, NHS Assure, and national leads to revise NHS sustainability reporting, including guidance DL (2022) thirty-eight and the NHS Scotland Climate Emergency and Sustainable Development Policy. This work will inform NHS Scotland's net zero targets for 2040.	3	2	6
Regulation of Independent Healthcare (IHC)	Clinical & Care Governance	Open	Eddie Docherty	There is a risk that HIS cannot effectively regulate the independent healthcare sector, due to the breath, diversity and volatility of the sector and a limited regulatory framework, leading to possible adverse outcomes, poor quality care and the associated reputational damage to HIS.	25	HIS is reviewing its IHC regulation strategy, supported by an Interim Associate Director (AD) until December 2025. Clinical expertise is being enhanced via collaboration with the Medical Directorate and the QARD Clinical and Care Governance Group. HIS is working with SG, NHS Assure, and the Central Legal Office (CLO) on policy, financial, and legislative developments, including the regulation of Independent Medical Agencies (IMAs) and debt recovery processes.	HIS is reviewing its regulatory approach to ensure sustainable delivery of statutory duties, supported by an Interim AD until December 2025. Engagement with SG, CLO, and Counsel continues legislative reform, including regulation of IMAs and pharmacy services. Updated guidance and communications have been issued. Risks remain around consistency, legal challenge, and patient safety. Further legislative changes are under consultation, with HIS contributing to future proposals.	4	5	16
Service Change - engagement	Strategy	Open	Clare Morrison	There is a risk that increasing service change pressures and untested national engagement guidance may hinder meaningful public engagement, affecting HIS's ability to meet its statutory duties and damaging public confidence.	20	The Scottish Health Council and its Service Change Sub-Committee provide governance on service change engagement, with risks discussed at each meeting. Revised *Planning with People* guidance (2024) has been circulated to NHS Boards and Health and Social Care Partnerships (HSCPs). Strategic Engagement Leads and the Engagement Practitioner Network promote best practice and support. HIS engages regularly with SG and national planning groups, enabling initiative-taking monitoring and mitigation of risks related to service change and application of the guidance.	We reviewed and updated guidance to address engagement risks, including non-compliance guidance published in December 2024 and planned updates on major service change for September 2025. A new structure with Strategic Engagement Leads and an Assurance Programme has improved scrutiny, though a vacant post since May 2024 has reduced awareness in certain areas. Organisational change began in August 2025. National service changes are testing new guidance, with ongoing advice and engagement discussions with SG.	4	3	12
Workforce	Workforce	Open	Gillian Gall	There is a risk that HIS may lack the right skills or capacity at the right time, including at executive level, impacting delivery of objectives.	16	Workforce risks are managed through routine activities like planning, recruitment, performance management, and organisational design. Workforce planning is in place, with progress reviewed quarterly by the Staff Governance Committee and Partnership Forum. Recruitment and vacancy oversight is overseen by the Vacancy Review Group, aligned with structural and service needs.	Directorate-level updates have begun at the Staff Governance Committee, starting with the People and Workplace (PAW) Directorate in August. Further detail has been requested to enhance oversight. Work is ongoing to define HIS employee roles to support a flexible workforce model, with additional PAW resources currently being scoped.	5	3	15

Risk Title	Category	Appetite	Risk Director	Risk Description	Inherent Risk Score	Controls & Mitigations	Current update	Impact score	Likelihood score	Residual risk score
Organisational Change	Workforce	Open	Gillian Gall	There is a risk that ongoing and future organisational change within HIS may impact strategic delivery and performance, potentially leading to poor outcomes and reputational damage.	16	Organisational change at Healthcare Improvement Scotland (HIS) follows NHS Scotland's 'Organisational Change' policy and current circulars. The Staff Governance Standards guide all change processes. The 'One Team' principle ensures a consistent, collaborative approach to change. Oversight is provided by the Partnership Forum and Staff Governance Committee. Governance and transparency are key throughout implementation. Effective communication and partnership working—both individual and collective—are essential.	The Transformational Oversight Board continues to review planned and potential organisational change. All change proposals are discussed with Partnership colleagues to ensure oversight and agreement. Recent Oversight Board meetings have focused on work within the Community Engagement and Transformational Change, and PAW Directorates. Partnership working remains central to ensuring governance and transparency in organisational change processes.	4	3	12
Supporting safe care in Scotland	Clinical & Care Governance	Open	Simon Watson	In the context of wider significant system pressures, there is a risk that our work is not attuned to these pressures, and we fail to fulfil our commitments to support safe care in Scotland resulting in avoidable harm for patients and the public.	20	HIS has established the Internal Sharing Intelligence Network (ISIN) to share and assess emerging safety and quality issues across the health and care system. Using the ISIN Analytic Framework and Operational Process, the network supports proportionate, action-focused decisions. The External Sharing Health and Care Intelligence Network (SHCIN) is also embedded to support broader intelligence gathering and escalation. Both networks enhance cross-directorate collaboration and system-wide responsiveness.	HIS Board approved the Digital and Intelligence Strategy, including development of an "information layer" for safety and quality data. The Intelligence Implementation Group, aligned with the Independent Review of Responding to Concerns (2023), is progressing guidance, monitoring frameworks, and staff training. The Core Indicator Group is defining key data inputs. ISIN meetings have commenced, supported by learning from the external SHCIN.	5	3	15
Partnership Working	Strategy	Open	Gillian Gall	There is a risk of partnership working arrangements being destabilised because of the need to respond to the financial position in 2024/25 and beyond which may impact service delivery, potentially straining partnership working and creating a more challenging employee relations environment.	16	• HIS has a long-standing formal agreement for working in Partnership with Trade Union and partnership representatives. • The Partnership Forum (PF), co-chaired by the Employee Director and Chief Executive, supports service issue responses and change discussions. • Clear, consistent, and transparent communication is actively managed. • Recent organisational change reviews have provided learning to improve future change processes. Established policy frameworks guide all change activity to ensure staff impact is considered.	All Directorates and the Executive Team at HIS actively engage with the PF and staff on service planning and potential changes affecting employees. PF representatives, Human Resources, and line managers provide direct support. Following the PF development session in May 2025, a short-life working group was formed to strengthen understanding of Partnership working. The cultural conversation on 'Partnership' as one of HIS's four Ps reinforced its role as a foundational organisational value.	3	4	12
Public Inquiries 2024-28	Strategy	Minimalist	Robbie Pearson	There is a risk that HIS may not meet the demands of five concurrent public inquiries due to competing requests, staff turnover, and challenges in locating or preserving key records.	16	HIS continues to monitor all public inquiries, preparing in advance and engaging with the CLO for support. Staff are informed and knowledge retention is prioritised. Direct engagement with inquiry teams ensures clarity on HIS's role. Records management and information governance policies are followed, with key documentation and timelines identified early to manage workload and reduce staff burden.	In July 2025, HIS was granted Core Participant status in the Eljamel Inquiry. Due to the volume and complexity of work, a dedicated staff resource is being identified, with leadership support from an AD. The risk remains out of appetite due to projected workload, requiring prioritisation and resource redirection. Risks include information governance, financial strain, limited capacity, and loss of corporate memory over time across all inquiries.	4	3	12
Service change – quality and safety	Strategy	Open	Clare Morrison	There is a risk that HIS may identify quality or safety concerns during service	16	HIS is developing the Scottish Approach to Change (SATC)—a framework for delivering high-quality service change. Guidance will be added on applying quality and	In May–July 2025, HIS identified an assurance gap in service change guidance. SG endorsed the development of signposting guidance to clarify	4	4	16

Risk Title	Category	Appetite	Risk Director	Risk Description	Inherent Risk Score	Controls & Mitigations	Current update	Impact score	Likelihood score	Residual risk score
				change engagement but lack the statutory authority to act, risking public misunderstanding of HIS's role and potential harm to patients.		safety standards and used to assure engagement. Intelligence from engagement will feed into the new HIS intelligence system. HIS will also clarify its role and responsibilities in service change, alongside those of NHS Boards and Health and Social Care Partnerships.	quality and safety standards, aligned with new clinical governance standards, the updated Quality Management System (QMS), and Essentials of Safe Care. A signposting document will be created and proactively shared by the Assurance of Engagement team and via the SATC. Risk is expected to reduce once guidance is finalised.			
Delivery of the HIS Website Programme	Strategy	Open	Safia Qureshi	There is a risk that HIS's website may not meet expectations for a high-quality user experience. This includes usability, accessibility, and reputation. Contributing factors include limited capacity and specialist skills within Communications and content-owning teams, outdated stakeholder insights, and extended migration timelines (2025–2027). The corporate website is still in development and requires alignment with best practice. These issues may impact content relevance, accessibility, and overall effectiveness of the organisation's digital presence.	16	A Programme Plan and Website Oversight Group are in place to monitor delivery and risks. Executive sponsorship has transitioned to the Director of Evidence and Digital, ensuring strategic leadership. Technical support is provided by National Services Scotland, and a 12-month WordPress developer contract supports safe migration of legacy content. Communications Team capacity is under review, with temporary staff redeployment and prioritisation of tasks underway. Discussions with the Executive Team are ongoing to address longer-term resourcing needs. An initial stakeholder discovery exercise has been completed, with a recommendation to refresh engagement to ensure content remains relevant and user centred. The corporate website has been successfully migrated, with archive site closure scheduled for 31 August 2025. Migration of iHub and SATC content is progressing to timeline. Accessibility improvements have been embedded following the Government Digital Services audit. These controls are actively mitigating risks associated with capacity constraints, stakeholder relevance, and extended migration timelines.	Progress continues across all key areas of the HIS Website Programme. The Website Oversight Group actively monitors delivery and risk, with executive sponsorship now under the Director of Evidence and Digital. A 12-month WordPress developer contract supports safe migration of legacy content, including the corporate archive and iHub sites. Communications Team capacity is under review, with temporary redeployment in place and discussions ongoing with the Executive Team to address longer-term resourcing needs. An initial stakeholder discovery exercise has been completed, with a recommendation to refresh engagement to ensure content remains relevant and user centred. The corporate website has been successfully migrated, archive site closure is scheduled for 31 August 2025, and migration of iHub and SATC content is progressing to plan. Accessibility improvements have been embedded following the Government Digital Services audit. Residual risk remains moderate due to capacity constraints and extended timelines, but controls are actively mitigating disruption.	4	3	12 New Risk
Right Decision Funding	Operational	Open	Safia Qureshi	There is a risk that support for the Right Decision Service (RDS) will cease after March 2026, because of failure to secure long-term funding.	16	The RDS is critical to NHS Boards and national programmes, supporting clinical decision-making and policy delivery. A strong business case outlines risks of withdrawal, including patient safety and financial impact. SG supports continued provision and is exploring a phased transition plan with HIS, involving shared funding. Engagement with policy leads aims to secure long-term sustainability. Risk remains until funding and transition plans are confirmed.	RDS team continues to secure external funding for pay and non-pay costs from sources including the Voluntary Scheme for Branded Medicines Pricing, Access, and Growth (VPAG), European pharmacogenomics projects, and other SG programmes such as cardiovascular risk prevention.	4	3	12

Schedule of Meeting Dates 2026-27

Meeting: Board Meeting - Public

Meeting date: 24 September 2025

Agenda item: 6.1

Responsible Executive: Ann Gow, Deputy Chief Executive

Report Author: Pauline Symaniak, Governance Manager

Purpose of paper: Decision

1. Purpose

This paper sets out a proposed schedule of meeting dates for the Board and its Governance Committees for 2026-27 for Board approval.

2. Executive Summary

The terms of reference for the Board contained within the Code of Corporate Governance state that the Board will approve the schedule of meeting dates for the Board and its Committees.

The schedule of meeting dates presented at appendix 1 follows a similar pattern to that of recent years and is based on a quarterly reporting cycle such that every Committee (with the exception of the Succession Planning Committee) holds a meeting each quarter which reports into the Board meeting at the end of that quarter. There are then additional seminar and development events between the formal Board meetings. Extraordinary meetings for the Board and its Committees will be held if required.

The proposed schedule has been shared with the HIS Chair, Committee Chairs and Lead Directors to ensure the dates fit within the timelines for the regular items of assurance presented to the Board and its Committees. The dates of national meetings that the Chair and Chief Executive attend are not yet confirmed for 2026. It is possible that some of the dates in appendix 1 will require adjustment once these dates are known.

The schedule of meeting dates provides opportunities for the Board and its Committees to deliver their functions as set out in the Blueprint for Good Governance and the HIS Code of Corporate Governance. There are no financial or workforce impacts as a result of this paper and no risks related to the matter presented.

3. Recommendation

The Board is asked to approve the schedule of meeting dates for 2026-27 and accept the following level of assurance given that the schedule mirrors previous patterns and has been reviewed by Lead Directors and Chairs for alignment to assurance needs:

SIGNIFICANT: reasonable assurance that the system of control achieves or will achieve the purpose that it is designed to deliver. There may be an insignificant amount of residual risk or none at all.

4. Appendices

Appendix 1 – Proposed Schedule of Meeting Dates 2026-27

Appendix 1 - Draft Meeting Dates 2026-27	(Wednesdays unless otherwise indicated)
Quarter 1	
22 April 2026	BOARD DEVELOPMENT
06 May 2026	Staff Governance Committee
(Thurs) 14 May 2026	Scottish Health Council
20 May 2026	Quality and Performance Committee
27 May 2026	Governance Committee Chairs
27 May 2026	BOARD SEMINAR
03 June 2026	Executive Remuneration Committee
(Mon) 22 June 2026	Audit and Risk Committee
(Mon) 29 June 2026	BOARD MEETING
Quarter 2	
05 August 2026	Staff Governance Committee
12 August 2026	Succession Planning Committee
19 August 2026	Quality and Performance Committee
26 August 2026	Governance Committee Chairs
26 August 2026	BOARD SEMINAR
02 September 2026	Audit and Risk Committee
09 September 2026	Executive Remuneration Committee
(Thurs) 10 September 2026	Scottish Health Council
16 September 2026	BOARD STRATEGY DAY
23 September 2026	BOARD MEETING
Quarter 3	
21 October 2026	Staff Governance Committee
4 November 2026	Quality and Performance Committee
(Thurs) 12 November 2026	Scottish Health Council
18 November 2026	Governance Committee Chairs
18 November 2026	BOARD DEVELOPMENT
(Tues) 24 November 2026	Executive Remuneration Committee
25 November 2026	Audit and Risk Committee
02 December 2026	BOARD MEETING
Quarter 4	
20 January 2027	BOARD SEMINAR
27 January 2027	Succession Planning Committee
10 February 2027	Staff Governance Committee
24 February 2027	Governance Committee Chairs
24 February 2027	BOARD SEMINAR
(Thurs) 25 February 2027	Scottish Health Council
03 March 2027	Quality and Performance Committee
10 March 2027	Audit and Risk Committee
17 March 2027	Executive Remuneration Committee
24 March 2027	BOARD MEETING

Governance Committee Chairs Key Points

Meeting: Board Meeting - Public

Meeting date: 24 September 2025

Agenda item: 6.2

Responsible Non-Executive: Evelyn McPhail, HIS Chair

Purpose of paper: Awareness

This report provides the Healthcare Improvement Scotland Board with an update on key issues arising from the Governance Committee Chairs' meeting on 13 August 2025. The Healthcare Improvement Scotland Board is asked to receive and note the key points outlined, and review any areas escalated by the Committee to the Board.

1. Performance Portfolios

A short presentation was given on the potential introduction of a 'performance portfolio' approach in HIS. This would be intended to support the 'performance' aspect of the 4 Ps and strengthen the connection for individual staff for corporate performance. It would provide a more connected approach to reporting a range of data across delivery, performance, workforce, risk and financial matters. This will be explored further with the Executive Team and the Senior Leadership Team and an update brought back to Governance Committee Chairs at an appropriate point.

2. Best Value Reporting

The Chair of the Audit and Risk Committee set out future proposals for the annual Best Value report, highlighting its importance in governance terms but also in demonstrating the organisation's impact. It is proposed that the annual report will be provided to the quarter 3 Board meeting. Ahead of this, committees will be asked to consider best value in the context of their governance remit. In future, it is planned to align best value reporting with production of the committee annual reports. The Governance Committee Chairs were supportive of this approach.

3. Cross-cutting Themes

In discussing themes that cut across more than one committee, we noted two items that will require oversight in the latter part of the year. These were clinical and care governance (CCG), and the independent review of regulation. Progress following the CCG annual report will be provided to the Board as well as the Quality and Performance Committee. This area also has workforce implications that are being considered by the Staff Governance Committee. The independent review will have implications for several committees as well as the Board. The Executive Team will be asked to consider content and presentation of papers where topics straddle more than one governance committee. The Governance Committee Chairs will continue to discuss these themes to ensure they receive appropriate governance.

Audit and Risk Committee Key Points

Meeting: Board Meeting - Public

Meeting date: 24 September 2025

Agenda item: 6.3

Responsible Non-Executive: Rob Tinlin, Chair Audit and Risk Committee

Purpose of paper: Awareness

This report provides the Healthcare Improvement Scotland Board with an update on key issues arising from the Audit and Risk Committee meeting on 3 September 2025. The approved minutes of the Audit and Risk Committee meeting on 23 June 2025 can be found here. The Healthcare Improvement Scotland Board is asked to receive and note the key points outlined, and review any areas escalated by the Committee to the Board.

1. Azure Cloud Migration

The Committee received an update on the status of the migration of our on-premise servers to the cloud. The migration was completed on 29 August 2025 with no negative impact on business delivery. The Committee welcomed the update and recognised the level of work that had gone into getting the project completed.

2. Website Development

Content continues to be added to the corporate website in line with the Website Programme Plan. The objectives of the programme were shared with the Committee along with an update on resourcing requirements and the risks associated with a programme which requires specialist skills and knowledge such as this one. It was recognised that the Director of Evidence & Digital will now take over executive leadership and oversight of this programme going forward, with operational lead from the Communications Team. It was recognised that in the future updates will be self-service rather than requiring resource from the Communications team. There was an in-depth discussion about the website programme with positive feedback from the Committee which included some suggestions on how we might further improve on the work completed to date such as giving a broader view of HIS' improvement work beyond inspections.

The Committee discussed the assurance levels of the paper and recognised that with significant improvements since the new corporate site was first set up have given the Committee moderate assurance in relation to the overall website programme, but with an understanding of continued risks posed by legacy content on unsupported sites and resourcing in the Communications team.

3. Risk Sub Committee

The Committee received an update on the first Risk Sub Committee (RSC) meeting which took place on 29 July 2025. The RSC reviewed eight risks within the Evidence & Digital directorate and there were 14 actions from that meeting which will come back to the Committee at the end of September 2025. The Committee accepted moderate assurance on the basis this was the first review, however it is anticipated this will increase to significant assurance as further reviews take place. The Committee were pleased to see the RSC in action and the monthly focus on risk was welcomed.

The Audit and Risk Committee accepted limited or no assurance on the following item: the recurring savings element of the Financial Performance Report.

Executive Remuneration Committee Key Points

Meeting: Board Meeting - Public

Meeting date: 24 September 2025

Agenda item: 6.4

Responsible Non-Executive: Rob Tinlin, Chair of Executive Remuneration Committee

Purpose of paper: Awareness

This report provides the Healthcare Improvement Scotland Board with an update on key issues arising from the Executive Remuneration Committee meeting on Thursday 11 September 2025. The Healthcare Improvement Scotland Board is asked to receive and note the key point outlined, and review any areas escalated by the Committee to the Board.

1. Director of Nursing and Integrated Care Update

The Chief Executive confirmed following interview Melissa Dowdeswell has been appointed to the post of Director of Nursing and Integrated Care. She will take up the post on 6 October 2025. Ms Dowdeswell has held senior nursing level posts in NHS England and latterly been at the East of England Ambulance Service and Suffolk and North Essex Integrated Care Board.

Quality and Performance Committee Key Points

Meeting: Board Meeting - Public

Meeting date: 24 September 2025

Agenda item: 6.5

Responsible Non-Executive: Abhishek Agarwal, Chair Quality and Performance Committee

Purpose of paper: Awareness

This report provides the Healthcare Improvement Scotland Board with an update on key issues arising from the Quality and Performance Committee meeting on 27 August 2025. The approved minutes of the Quality and Performance Committee meeting on 21 May 2025 can be found here. The Healthcare Improvement Scotland Board is asked to receive and note the key points outlined, and review any areas escalated by the Committee to the Board.

1. Clinical and Care Governance

An update was provided on a review of the approach to clinical and care governance (CCG) and proposals to move to a more strategic framework that will support increased understanding and embedding of CCG principles. The Committee was updated on a completed review of current processes and the subsequent actions taken including the creation of a new CCG Oversight Group that will report to the Performance, Risk and Assurance meeting of the Executive Team. The Committee supported the ongoing work to enhance CCG arrangements and acknowledged the key interdependencies linked to CCG. We accepted a moderate level of assurance and noted the clearer distinction between the role of CCG and Governance for Engagement processes.

2. Inspections relating to the Ionising Radiation (Medical Exposure) Regulations (IRMER)

The Committee considered a business case for an updated inspection programme in response to the requirements of the International Atomic Energy Agency's Integrated Regulatory Review Service (IRRS) mission follow up in January 2024. The proposed model will deliver a facilities based graded approach and HIS will inspect every facility with a relevant radiation generator or source, increasing the number of inspections from 10 per year to approximately 36 per year. The Committee accepted a moderate level of assurance and approved the business case for submission to Scottish Government policy sponsors, subject to a number of suggested clarifications.

3. Improving Drug and Alcohol Services

The paper proposed a strategic vision for the future of the organisation's contribution to securing the ongoing quality and safety of Drug and Alcohol Services beyond current

commissioned programmes. It was proposed that HIS develops a quality management approach to improve the quality and safety of care and uses recovery orientated approaches to reduce health harms from addiction. The Committee asked for greater clarity around impact to ensure clear links between interventions and expected outcomes and highlighted the need to show how this work connects with prevention efforts. We agreed with the proposed way forward and accepted a moderate level of assurance.

There were no items at the meeting for which the Committee accepted limited or no assurance.

Scottish Health Council Key Points

Meeting: Scottish Health Council

Meeting date: 4 September 2025

Agenda item: 6.6

Responsible Non-Executive: Suzanne Dawson, Chair of Scottish Health Council (SHC)

Purpose of paper: Awareness

This report provides the Healthcare Improvement Scotland Board with an update on key issues arising from the Scottish Health Council Committee meeting on 4 September 2025. The approved minutes of the Scottish Health Council Committee meeting on 15 May 2025 can be found here. The Healthcare Improvement Scotland Board is asked to receive and note the key points outlined, and review any areas escalated by the Committee to the Board.

1. Statutory duties of engagement

The SHC assures the discharge of HIS's statutory duties to support, monitor and ensure engagement by NHS Boards and Integration Joint Boards. The SHC considered two key themes which are impacting on how this role is discharged. The first is the pace of change happening across the NHS and public sector in Scotland, and the second is the shift to how services are increasingly being planned at a regional or national level and in an integrated way across organisations. The SHC noted the work done by HIS to get ahead of this by agreeing best practice for engagement on nationally determined service changes last year and considered the ongoing early application of this guidance. It also endorsed a proposal to develop best practice guidance on joint engagement in a locality by the NHS and local authority; it has been proposed to develop this jointly with COSLA.

2. Anti-racism

The SHC discussed increasing local tensions with incidents of NHS staff across Scotland being exposed to racism. Implementation of the HIS anti-racism plan has so far focused on leadership within HIS and ensuring the culture of HIS is anti-racist. Given the increasingly challenging external environment, SHC members were keen for HIS to consider more externally focused work to promote an anti-racist message including support for NHS staff and volunteers. It was agreed this is an area of equalities work that stretches across both SHC and the Staff Governance Committee so would need to be taken forward jointly.

3. Positive performance

Overall, SHC members reflected that despite an increasingly challenging environment, HIS is tackling these challenges head on and in a timely manner which was positively

endorsed. Examples of this included: progress on the delivery of the new digital Volunteering Management System which will help strengthen volunteering roles and improve capacity; the impact of the Citizens' Panel, findings from which are quoted twice in the recent Scottish Government Service Renewal Framework demonstrating the value of engagement; and being prepared for the shift to more nationally determined service changes.

The Committee accepted limited or no assurance on the following items:

2.1 Statutory duties of engagement-limited assurance

Staff Governance Committee Key Points

Meeting: Board Meeting - Public

Meeting date: 24 September 2025

Agenda item: 6.7

Responsible Non-Executive: Duncan Service, Employee Director

Purpose of paper: Awareness

This report provides the Healthcare Improvement Scotland Board with an update on key issues arising from the Staff Governance Committee meeting on 6 August 2025. The approved minutes of the Staff Governance Committee meeting on 29 May 2025 can be found here. The Healthcare Improvement Scotland Board is asked to receive and note the key points outlined, and review any areas escalated by the Committee to the Board.

1. Staff Bank for Healthcare Staffing Programme Observers

The Committee received a paper proposing the establishment of a HIS staff bank to employ observers for the Healthcare Staffing Programme.

HIS has a legislative duty to maintain and develop staffing level tools. Existing tools are outdated and require observation studies to ensure outputs reflect current practice. Current reliance on Board staff causes delays and paper-based recording can result in incomplete data. A digital solution would improve accuracy, timeliness, and reduce costs, with staff contributing on a flexible, bank-shift basis. Without change, projected delays of 6–9 months are anticipated.

The Committee supported the establishment and pilot of a staff bank and accepted a moderate level of assurance on the work, provided it is kept under review.

2. Workforce Implications of Clinical and Care Governance Report

The Committee was provided with a paper on Clinical and Care Governance (CCG) following Limited Assurance in June 2025, outlining workforce-related actions to strengthen governance and achieve Significant Assurance by December 2025.

Following discussion at the meeting it was agreed to share the CCG Quality and Performance Committee paper with the Committee, provide an update paper at the next meeting with clearer recommendations, how they are being taken forward, and associated risks and discuss at the Governance Chairs Committee how this work should be progressed.

3. Staff Governance Action Plan – People and Workforce Directorate Presentation

The Director of Workforce provided the Committee with a presentation covering the current staffing profile and structure, performance and Key Performance Indicator detail, directorate engagement and staff governance activity, the approach for the directorate and any known risks and challenges.

The Committee noted the importance of clearly articulating actions and activities undertaken within individual directorates versus those carried out on a cross-organisational basis. It was suggested that stronger links be made between directorate work and the Workforce Plan, particularly in relation to priorities, risks, and challenges

The Committee noted the presentation and were satisfied with the progress of the work to date.

The Committee accepted limited or no assurance on the following item: Workforce Implications of Clinical and Care Governance Report. The Committee acknowledged the work progressing but agreed not to provide a level of assurance until further discussion has taken place.

Succession Planning Committee Key Points

Meeting: Board Meeting - Public

Meeting date: 24 September 2025

Agenda item: 6.8

Responsible Non-Executive: Evelyn McPhail, Interim HIS Chair

Purpose of paper: Awareness

This report provides the Healthcare Improvement Scotland Board with an update on key issues arising from the Succession Planning Committee meeting on 6 August 2025. The approved minutes of the Succession Planning Committee meeting on 16 January 2025 can be found here. The Healthcare Improvement Scotland Board is asked to receive and note the key points outlined, and review any areas escalated by the Committee to the Board.

1. Public Partner Representation

The Committee received a paper which proposed Public Partner representation for future Committee meetings and provided an outline of the role specific to this Committee. The aim is to bring a wider perspective on equality and diversity to support the Committee's main focus of improving the diversity of the HIS Board. This will be of particular benefit when planning board recruitment to support clearer communications that reach and appeal to a broader audience of potential Board members. The Committee were supportive of seeking one Public Partner initially and accepted moderate assurance on the paper given that increasing board diversity will require multiple strands of activity.

2. Non-Executive Succession Planning

We received a paper that set out early considerations in relation to board vacancies over the next 12 to 18 months given that these include the posts of substantive HIS Chair, HIS Vice Chair and Chair of the Scottish Health Council. The Committee recognised that is too early in the process to make definitive plans given several uncertainties but welcomed the start of discussions in this area. We supported proposals to appoint a new Vice Chair when the current appointee reaches the end of their term through an open competition among all non-executive directors with formal notes of interest and a short interview. We were also supportive of the Vice Chair being appointed for a fixed term of three years which aligns to the recent change to assign committee tenures for this period. There was no level of assurance offered given the early stage of deliberations.

3. Non-executive Skills Evaluation Exercise

The Head of Organisational Development and Learning provided a verbal update on outline plans to refresh the non-executive skills evaluation exercise with a particular focus on Committee skills matrices. This is in response to an Internal Audit recommendation.

The Committee supported the outline provided and will receive a more detailed proposal at the next meeting.

There were no items at the meeting for which the Committee accepted limited or no assurance.