Healthcare Improvement Scotland

Agenda

Meeting: Board - Public
Date: 2 December 2025
Time: 10.30
Venue: Delta House, Glasgow
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 24 September 2025	Chair	Paper
1.4	-	Action Points from the public Board meeting on 24 September 2025	Chair	Paper
1.5	10.40	Chair's Report	Chair	Paper
1.6	10.50	Executive Report	Chief Executive	Paper
2.		**Setting the Direction**		
2.1	11.10	Leading for Our Future Action Plan	Chief Executive	Paper
2.2	11.25	Scottish Approach to Change Update	Director of Engagement and Change	Paper
3.		**Holding to Account – including Finance and Resource**		
3.1	11.40	Organisational Performance Report	Chief Executive	Paper
3.2	12.00	Best Value Annual Report	Chief Executive	Paper
3.3	12.15	Integrated Planning Update	Director of Engagement and Change	Paper
	12.30	Refreshment break		
4.		**Engaging Stakeholders**		
4.1	13.00	Communications Strategy	Chief Pharmacist	Paper
5.		**Assessing Risk**		

NHS SCOTLAND

5.1	13.15	Risk Management: strategic risks	Chief Executive	Paper
6.		**Governance**		
6.1	13.25	Action Plan Updates - Governance Committee Annual Reports 2024-25 and Blueprint for Good Governance	Head of Planning and Governance	Paper
6.2	13.35	Governance Committee Chairs: key points from the meeting on 19 November 2025	Chair	Paper
6.3		Audit and Risk Committee: key points from the meeting on 26 November 2025; approved minutes from the meeting on 3 September 2025	Committee Chair	Paper
6.4		Executive Remuneration Committee: next meeting will be held on 4 December 2025	Committee Chair	Verbal
6.5		Quality and Performance Committee: key points from the meeting on 5 November 2025; approved minutes from the meeting on 27 August 2025	Committee Chair	Paper
6.6		Scottish Health Council: key points from the meeting on 13 November 2025; approved minutes from the meeting on 4 September 2025	Scottish Health Council Chair	Paper
6.7		Staff Governance Committee: key points from the meeting on 22 October 2025; approved minutes from the meeting on 6 August 2025	Committee Chair	Paper
6.8		Succession Planning Committee: key points from the meeting on 20 November 2025; approved minutes from the meeting on 7 August 2025	Chair	Paper
7.	**13.50**	**Any Other Business**		
8.	**13.55**	**Close/Date of Next Meeting** The next meeting will be held on 25 March 2026		

Register of Interests

Meeting: Board Meeting - Public

Meeting date: 2 December 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. As a key component of good governance, supporting the transparency of strategic decisions and reducing the risk of bribery and corruption, it supports all of the strategic objectives.

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 was last considered by the Board at its meeting on 24 September 2025.

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

- Melissa Dowdeswell, Director of Nursing and Integrated Care, has been added to the register from 6 October 2025 with no additional interests declared.
- Abhishek Agarwal has declared attendance at the NHS Forth Valley annual review on 19 November 2025 as part of his interest as Chair of Forth Valley College.
- Doug Moodie has declared that the following interests have ended: DJm Management Consulting and Children's Panel.
- Member of the Care Inspectorate Board has been added to the Register for Evelyn McPhail, Interim Chair. This interest was in place from the start of the interim appointment but omitted from the Register.

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.

Agenda item 1.3
Board Meeting – Public
2 December 2025

Board Public Minutes – Draft

Public Meeting of the Board of Healthcare Improvement Scotland at

10.30, 24 September 2025, MS Teams

Attendance

Present
Evelyn McPhail, Interim Chair
Abhishek Agarwal, Non-executive Director
Keith Charters, Non-executive Director
Suzanne Dawson, Non-executive Director/Chair of the Scottish Health Council/Vice Chair
Nicola Hanssen, Non-executive Director
Judith Kilbee, 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
Eddie Docherty, Director of Quality Assurance and Regulation (QARD)
Gillian Gall, Interim Chief People Officer
Ann Gow, Deputy Chief Executive
Eleanor Lang, Interim Associate Director, Health Care Staffing and Care Assurance
Clare Morrison, Director of Engagement and Change
Safia Qureshi, Director of Evidence and Digital
Simon Watson, Medical Director/Director of Safety

Apologies
Mhairi Hastings, Interim Director of Nursing and Integrated Care (NIC)

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 Gillian Gall, attending her first Board meeting as Interim Chief People Officer. Apologies were noted as above.

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 significant level of assurance offered and approved the register for publication.

1.3 Minutes of the Public Board meeting held on 30 June 2025

The minutes of the meeting were accepted as an accurate record.

Decision: The Board approved the minutes.

1.4 Action Points from the Public Board meeting on 30 June 2025

The progress updates were noted.

Decision: The Board approved closure of those actions recommended for closure.

1.5 Matters Arising

Laura Fulton, Chief Pharmacist, joined for this item.

The Board received a report from the Chief Pharmacist proposing that the revised Communications Strategy is delayed to the next Board meeting on 2 December 2025 to enable outputs from the Board strategy session on 17 September 2025 to be reflected within it. The strategy will be provided to the Audit and Risk Committee ahead of the Board.

Decision: The Board approved postponement of the Communications Strategy as above.
Action: Provide an interim update on progress before the next Board meeting.

1.6 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) Engagement with the NHS Board Chairs and Cabinet Secretary has included providing an update on the Safe Delivery of Care inspection approach and a series of introductory meetings with individual Board Chairs.
b) There is ongoing engagement with the Chief Executive in relation to the Chair and Chief Executive of the Care Inspectorate.
c) The Interim Chair was joined by other Non-executives at the HIS Pride event and at the quarterly strategic meeting with Scottish Government.
d) Non-executive Director Nicola Hanssen is re-appointed for a further four years.

Decision: The Board noted the update.

1.7 Executive Report

The Chief Executive provided the report and highlighted the following:

a) The new Director of Nursing and Integrated Care joins HIS on 6 October 2025 and thanks are extended to Mhairi Hastings for providing interim cover.
b) Regarding iMatter, the high response rate has been followed by a high level of completion of actions plans.
c) The Leadership Lens session was very good and emerging themes were discussed at the subsequent joint meeting of the Executive Team and Senior Leadership Team.

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

a) HIS been given Core Participant status in the Eljamel public inquiry. This gives privileges but also additional work. Dedicated resource is being provided by the Head of Corporate Development. Further detail will be provided to the Quality and Performance Committee.
b) The two complaints noted refer to application of process in relation to independent healthcare.
c) The Clinical Governance Standards are in the final stages of development these are designed as a self-assessment tool for boards.
d) Regarding the Scottish Approach to Change, resources will be published the following week and plans have been developed for engagement.
e) A temporary increase in resource approved by the Executive Team will assist with the Scottish Medicines Consortium increased workload alongside process review and streamlining.
f) Assessing the value of our work to NHS Boards is done through many approaches such as feedback at leadership groups and evaluation of events.
g) We are doing work for the Board Chief Executives' Group on the roles of various organisations in the improvement space.
h) There is patient involvement in development of new guidelines and review of existing ones.

Decision: The Board noted the report.
Action: Paper to be provided to the Quality and Performance Committee on the detail of the Eljamel Inquiry.

2. Setting the Direction

2.1 Strategic Plan for Safety

The Medical Director/Director of Safety provided the draft Strategic Plan for Safety, noting the key areas as alignment to strategic priorities; use of intelligence; capturing the public voice; and improvement support.

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

a) Where there are recommendations, assurance of delivery will be a mixture of targeted improvement support and escalation, decided on a case by case basis.
b) Responding to Concerns and whistleblowing data is already available to inform inspection activity and the aim is to use it to also inform improvement support. The sharing intelligence

approaches and Care Opinion provide additional information.

c) There will be engagement with NHS Boards to ensure they are supportive of approaches.

Decision: The Board approved the Plan and accepted the moderate assurance offered.

3. Holding to Account including Finance and Resource

3.1 Organisational Performance Report

The Deputy Chief Executive provided the performance report and highlighted the following:

a) 89% of work programmes are on track to deliver in line with the Annual Delivery Plan and 61% of corporate performance measures have been met which is lower than anticipated.

b) There is an underspend of £1m and the sickness absence rate is 3.1% which is a downward trend.

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

c) The quarterly figure for the number of NHS inspections delivered appears low and will be checked.

d) The time for recruitment to start date is currently protracted by vacancy controls and an increased volume of recruitment.

Decision: The Board considered the performance report and accepted the moderate assurance offered.
Action: Quarterly figure for NHS inspections to be checked and member advised of outcome.

4. Engaging Stakeholders

4.1 Death Certification Review Service Annual Report

George Fernie, Senior Medical Reviewer, joined the meeting for this item.

The Senior Medical Reviewer provided the Death Certification Review Service annual report for 2024-25, noting the key highlights in the report. The Board welcomed the report.

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

a) Future plans include ongoing development of the enquiry line and improvements to the electronic system for Medical Certificates of Cause of Death.

b) The variation in accuracy of recording the time of death may be due to different training for doctors and inaccuracies in the cause of death often arise from different types of the same illness.

Decision: The Board approved the annual report for publication and accepted the significant assurance offered.

5.Assessing Risk

5.1 Risk Management: Strategic Risks

The Deputy Chief Executive provided the latest strategic risk register, advising that there is one new strategic risk raised at the Quality and Performance Committee related to the corporate website.

The Chair of the Audit and Risk Committee and the Co-chair of the Risk Sub Committee advised that the Sub Committee is now operational and already seeing improvements in risk management.

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 Board and Committee Schedule of Meeting Dates 2026-27

The Deputy Chief Executive provided a draft schedule of Board and Committee meeting dates for 2026- 27 which aligned with governance requirements.

In response to a question about the scheduling of the June 2026 Board meeting within the school holiday period, it was advised that this is due to the Annual Report and Accounts timelines. Consideration will be given to any flexibility on this date.

Decision: The Board approved the schedule of meeting dates subject to the query above and accepted the significant assurance offered.
Action: Confirm requirements for the date of the June Board meeting.

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 13 August 2025
- Audit and Risk Committee: key points from the meeting on 3 September 2025; approved minutes from the meeting on 23 June 2025
- Executive Remuneration Committee: key points from the meeting on 11 September 2025
- Quality and Performance Committee: key points from the meeting on 27 August 2025; approved minutes from the meeting on 21 May 2025
- Scottish Health Council: key points from the meeting on 4 September 2025; approved minutes from the meeting on 15 May 2025
- Staff Governance Committee: key points from the meeting on 6 August 2025; approved minutes from the meeting on 29 May 2025
- Succession Planning Committee: key points from the meeting on 7 August 2025; approved minutes from the meeting on 16 January 2025

In response to a question about the increase in the number of Ionising Radiation (Medical Exposure) Regulations inspections noted in the Quality and Performance Committee key points, it was advised that business modelling is being done and discussions are ongoing with Scottish Government about funding for the work.

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 2 December 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:

Public Board Meeting Action Register

Minute Date and Ref	Report Heading	Action point	Timeline	Lead officer	Current Status
24/9/25 1.5	Matters Arising - Communications Strategy	Provide an interim update on progress before the next Board meeting.	31 October 2025	Chief Pharmacist	**Recommend for closure**. The Chief Pharmacist met with the Chair of Audit and Risk Committee (ARC) to discuss the comms strategy and agreed instead of an interim report, an updated version would come to ARC at the end of November for review and final comments would be incorporated into the final version which is on the agenda for the Board on 2 December. The final version will be circulated to the Executive Team for any final amends before Board also.
24/9/25 1.7	Executive Report	Paper to be provided to the Quality and Performance Committee (QPC) on the detail of the Eljamel Inquiry.	29 October 2025	Chief Executive/Head of Corporate Development	**Recommend for closure**. Provided to QPC meeting on 5 November 2025.

24/9/25 3.1	Organisational Performance Report	Quarterly figure for NHS inspections to be checked and member advised of outcome.	Immediate	Director of Quality Assurance Regulation (QARD)	**Recommend for closure**. Director of QARD will give a verbal update at 2 December board meeting.
24/9/25 6.1	Board and Committee Schedule of Meeting Dates 2026-27	Confirm requirements for the date of the June Board meeting.	Immediate	Governance Manager	**Recommend for closure**. Date checked and cannot be brought forward due to the audit timeline.
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.

Chair's Report

Meeting: Board Meeting - Public

Meeting date: 2 December 2025

Agenda item: 1.5

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 meetings on 25 October and 17 November 2025. I was unable to attend the October meeting but Board member, Rob Tinlin attended on my behalf. The meeting included items on NHS reform, population health and outputs from the Board Chairs' annual development session. The November meeting also covered population health as well as sub-national planning and NHS reform.

The NHS Board Chairs' next meeting with the Cabinet Secretary for Health and Social Care will be on 3 December 2025.

I have continued my series of individual meetings with the NHS Board Chairs. Since my September report, I have met with the Chairs of NHS Shetland, the State Hospital Board for Scotland, NHS Golden Jubilee and the Scottish Ambulance Service. These meetings continue to prove to be invaluable in understanding the challenges and priorities for the other Boards and where HIS might be able to support.

I continue to join the fortnightly meeting for the National Chairs to discuss strategic priorities and identify opportunities for collaboration. I have also joined a Chairs Action Learning Set.

2. Stakeholder Engagement

External Engagement

I have joined two national events over the last quarter:

- The National Hospital at Home event on 29 October 2025 which received an opening address from the Cabinet Secretary. The event was aimed at sharing learning, exploring different pathways and discussing next steps for adult and paediatric services.

- The opening session of the launch of the Engagement Practice Learning and Improvement System on 5 November 2025.

Several of our Non-Executive Directors attended the Scottish Patient Safety Programme (SPSP) national learning event on 28 October 2025. The event focussed on the next phase of SPSP Essentials of Safe Care and building a shared understanding of how they can be applied across a range of settings to support the safe delivery of care.

I held an introductory meeting with Christine McLoughlin, Chief Operating Officer for NHS Scotland on 24 November 2025 with some initial discussion about HIS' role in the reform and renewal landscape with discussions to continue into early next year.

The Chief Executive and I have undertaken some external joint engagement:

- Patient Safety Commissioner on 27 October 2025. This was our first meeting with the newly appointed Commissioner and we discussed the touch points for our two organisations and plans to develop a Memorandum of Understanding between the two bodies to aid and support sharing information and learning.
- Scottish Approach to Change launch event on 21 November 2025. The HIS Vice Chair/Chair of the Scottish Health Council also attended. The event included an address from Caroline Lamb, Chief Executive of NHS Scotland and Director-General Health and Social Care, Scottish Government, and Joanna MacDonald, National Chief Social Work Adviser. The event covered Health and Social Care Renewal and and why a new approach to enabling change is needed. Presentations from three pathfinder sites, North Lanarkshire Health and Social Care Partnership, Dumfries and Galloway Health and Social Care Partnership and NHS Forth Valley, demonstrated the benefits of using the approach in practice.

Internal Engagement

Along with the Chief Executive, I joined part of the Quality Assurance and Regulation Directorate all staff event on 20 November 2025. It was a great opportunity to meet staff in person and we provided an update on key organisational developments and answered questions from staff.

I provided an update on key governance developments at each of the all staff monthly huddles in September, October and November. The Chief Executive and I continue to hold sessions for staff to join us for an informal discussion. The latest feedback from these has praised the corporate induction approach and suggested the informal meetings are promoted to all staff. We also continue to join the corporate induction sessions for new staff.

3. Governance

Annual Review

The Annual Review will take place on 15 December 2025. This date has been moved to accommodate scheduling for the Cabinet Secretary for Health and Social Care. As noted in the previous Chair's Report, the review will be led by the Cabinet Secretary for Health and Social Care, with additional Scottish Government (SG) officials in attendance. The

event will be hybrid, based in Delta House. It will include meetings with stakeholder groups including Partnership Forum, the Clinical and Care Staff Forum, service users, a public session showcasing our achievements in 2024/25 as well as a Q&A session. There will also be a private session with SG officials.

Non-Executive Directors

Mid-year reviews with the Non-Executive Directors are now complete and provided a good opportunity to review progress for the year to date. In line with an audit recommendation and an update to the Code of Corporate Governance in relation to tenures for committees, the membership of committees was also discussed. No immediate changes are proposed as membership is broadly in line with skills and experience. However, a refreshed non-executive and committee skills evaluation exercise will be delivered over the coming weeks and results will enable a further review of committee membership.

Board Activity

Since my last report, the Board has held two development sessions on 6 October and 19 November 2025. The first gave us an opportunity to discuss the results from our Quality Management System self-evaluation toolkit while the second session covered horizon scanning and stakeholder analysis.

Executive Report

Meeting: Board Meeting - Public

Meeting date: 2 December 2025

Agenda item: 1.6

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

Chief Finance and Risk Officer

We have successfully appointed a Chief Finance and Risk Officer. We are awaiting confirmation of start date and will announce the name of the successful appointee as soon as possible.

Chief People Officer

Following a round of recruitment we have been unable to appoint to this role. I am pleased to confirm that Gillian Gall will continue as Interim Chief People Officer. We are now prioritising options to backfill Gillian's substantive role as Associate Director of Workforce. We are also exploring with NHS 24 opportunities to share skills and knowledge in supporting the workforce function.

First Minister Meeting

Board Chief Executives met with the First Minister at St Andrews House on 4 November to discuss Maternity Services and Planning for Winter. In the meeting the First Minister emphasised the importance of the inspections undertaken by HIS in driving the necessary improvements in the quality of care.

Meeting with MSP

The Director of Engagement & Change and I met with **Michael Marra MSP** in September to address his concerns in relation to a decision regarding in-patient learning disability services in Tayside. We were able to clarify HIS' statutory role in quality assuring service changes in NHS boards and Integration Joint Boards.

Speak Up Week Launch

I was invited to join the Speak Up Week Launch on 29 September. Speak Up Week is about promoting the benefits of speaking up across NHS services in Scotland. Encouraging organisations to ensure people feel safe and supported in raising concerns. It was an opportunity to reflect on how we listen, how we respond, and how we build trust through our actions. The aim is to promote a culture where speaking up is not only safe but valued.

It was also an opportunity for NHS organisations to promote speaking up through running their own speak up week initiatives and highlight good practice.

Walk-in Services Pilots

On 12 October, the First Minister announced plans to pilot a new network of walk-in GP services, open seven days a week, providing easier access for people to see a clinician without the need for an appointment. This has since been publicly confirmed as Scottish Government policy, reaffirming that improving access to primary care and shifting more care into community settings are key priorities for this Government.

The Scottish Government is requesting every NHS board area to submit costed proposals to pilot these walk-in services in their areas. Pilots should be operational by March 2026, with evaluation continuing through 2026–27. HIS has been asked to assist with the improvement support and the evaluation of the pilots.

Healthcare Improvement Scotland Performance and Delivery Board Meeting

The new Performance and Delivery Board provides senior leadership and oversight of performance and delivery in HIS in line with the commitment set out in the Leading for the Future paper.

Its aim is to strengthen decision making, enhance transparency, and ensure that the organisation remains agile and aligned with its strategic objectives. I chaired the inaugural meeting on 13 November, and this was a very productive meeting with a clear focus on our key delivery priorities, including achieving financial balance by 1 April 2026.

Creation of the Office of the Chief Executive

The new Office of the Chief Executive will bring together teams across workforce, finance, risk, governance, internal improvement and performance to create a more unified and coordinated approach across HIS. It will be led by the Chief Executive and the Deputy Chief Executive.

By consolidating leadership and operational oversight, the new directorate will enable more integrated management of key organisational functions, particularly in relation to performance, internal improvement, and efficiency. By aligning teams, it will strengthen our ability to operate efficiently and deliver effectively on our priorities. The Office of the Chief Executive met for the first time in person on 24 November for a Development Session to start to build a shared vision for the future.

Complaints Handling

To date, for financial year 2025-26 HIS has handled three complaints, with two closed and one ongoing. All complaints have been handled as Stage 2 (escalated) due to their complexity. The first complaint was upheld at stage 2, the second was partially upheld at stage 2. All complaints have been associated with the Quality Assurance and Regulation Directorate.

EXTERNAL DEVELOPMENTS INCLUDING STAKEHOLDER ENGAGEMENT

Eljamel Inquiry

The Eljamel Inquiry is a Scottish public inquiry which relates to the professional practice of Mr Eljamel, a consultant neurosurgeon at Ninewells Hospital in NHS Tayside between 1995 and 2014. HIS was granted status as a Core Participant (CP) in the Inquiry in April 2025, and the Inquiry's opening Preliminary Hearing was held on 10 September 2025. CPs are individuals or organisations considered to have a significant interest in the work of the Inquiry. HIS and two of its predecessor organisations (Clinical Standards Board for Scotland and NHS Quality Improvement Scotland) are referred to within the Inquiry's Terms of Reference. HIS will participate through its legal representative at the Inquiry's opening statement hearing on 27 November 2025 and will continue to work with the Inquiry throughout the process, including responding to any requests received for information. It is anticipated that I will be invited to give evidence to the Inquiry during early 2026.

Operating Framework between HIS and Scottish Government

The Board will have sight of a first draft of the updated Operating Framework between HIS and Scottish Government (SG) at its December Board meeting. We continue to engage 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 and SG. The Operating Framework will go through appropriate governance processes ahead of finalisation in March 2026.

NHS Delivery

We are submitting a response to the SG consultation on the formation of NHS Delivery. While the proposals outlined in the consultation document are still at early stages, we will highlight HIS's perspective on the potential role of the organisation.

Non-surgical Procedures and Functions of Medical Reviewers (Scotland) Bill

The 'Non-Surgical procedures and Functions of Medical Reviewers Bill' (*the Bill)* was introduced to Parliament on Wednesday 8 October 2025. The Bill has significant implications for HIS, most notably the independent healthcare (IHC) team as well as the Death Certification Review Service.

The key considerations for HIS are in relation to IHC enforcement and inspection powers, scope of regulation, including future legislation, financial and operational impacts, stakeholder engagement and communications.

We have submitted a response to the Health, Social Care and Sport Committee Call for Views to support their scrutiny of the Bill and continue to engage with SG to support the areas they are progressing. There is a likelihood that HIS will be invited to attend committee scrutiny sessions as part of stage one of the Bill.

Quality Improvement (QI) Partnership visit

As part of our QI health partnership work with Zambia and Malawi, this year is Scotland's turn to host the annual in-person meeting. At the end of November, we will welcome delegates from Zambia and Malawi for a week of engagements and sharing knowledge. These include a visit to Dumfries and Galloway Royal Infirmary to share experiences in the integration of health and social care, sessions on Scottish Patient Safety Programme (SPSP) and service design, as well as engagements with SG, including the Cabinet Secretary for Health and Social Care and Chief Medical Officer. The goal of the partnership is to improve quality of care in Scotland, Malawi and Zambia through sharing knowledge and experience in QI capacity building and patient safety.

2. ACHIEVEMENTS

Supporting the voices and rights of people and communities

The Engagement Practice - Improvement Unit launched a new **Engagement Practice Learning and Improvement System** (EPLIS) on 5 November. Its aim is to improve meaningful engagement across health and care organisations in Scotland by enabling people to build the skills and knowledge to engage well. A key component of the EPLIS is our **Engagement Practice Network** and following feedback from Network members earlier in the year, three new communities of practice have been launched to provide more focused content:

- *Improving Engagement*: a space where anyone leading or supporting engagement can strengthen their engagement practice and skills
- *Service Change (Engagement)*: a space where NHS board and Integration Joint Board staff leading service change can build their understanding regarding statutory duties and consider how to apply national guidance
- *Evidence for Engagement*: a space where practitioners, researchers and policy makers can advance innovation and impact in engagement and participation through research

We continue to gather experiences and views from users of healthcare services to inform policy and practice. The 16th report of the Citizens' Panel, covering personal continuity of care and the Duty of Candour, published at the end of November.

We produced a report summarising the **intelligence gathered through engagement** with local communities throughout Scotland during 2024-25. Key themes that emerged include people often feeling unsure how to engage with health and care services; the vital role played by the third sector in supporting communities; limited awareness of national engagement guidance; poor access to care in many areas, particularly in remote and rural communities; significant pressure on mental health services and neurodiversity diagnosis and treatment; challenges accessing primary care; the pressure put on unpaid carers by delayed discharges, waiting times and limited access to support services; and the particular impacts and barriers faced by young people, minority ethnic communities, people living in poverty and gypsy/travellers.

Insights from people with lived and living experience have been incorporated into new resources in the **Improving Quality and Safety in Drug and Alcohol Service programme**. These include a recovery system map outlining relationships and connected recovery organisations across health and care.

The Equality, Inclusion and Human Rights team has prepared new guidance offering practical advice for HIS staff **engaging with diverse communities** across Scotland. The guidance outlines core principles for creating accessible materials for engagement activities, signposts to relevant HIS resources and includes practical guidance around Easy Read.

We developed a **family and carer information pack** for people admitted to inpatient mental health wards in Inverclyde Health and Social Care Partnership (HSCP) through engagement with 20 family members and carers affected by mental health and substance use and collaboration with Scottish Families Affected by Alcohol and Drugs and Carers Gateway**.**

We supported NHS Orkney with their ministerial **Annual Review** on 6 October. Engaging with communities across Orkney (seven Community Groups and 47 individuals) gave us the opportunity to highlight remote, rural and island-based experiences, challenges and innovations. This work will also support learning and collaboration across the wider North Region.

NHS recovery and supporting a sustainable system

Scottish Approach to Change

The **launch of the Scottish Approach to Change** has been met with enthusiasm, marking a pivotal moment in supporting the health and care system to do change well. It offers a whole system approach that empowers organisations to drive meaningful, high-quality change with clarity, confidence, and cohesion.

The **Scottish Approach to Change online resource** was launched on 6 October on our corporate website through considerable collaboration between the Communications Team and the Scottish Approach to Change team and will help health boards approach change better, bringing together different methodologies and toolsets into one resource which is accessible and easy to use.

A launch event on 21 November for senior leaders explored how the Scottish Approach to Change can support organisations to respond to the NHS renewal frameworks, such as the Service Renewal Framework, and wider public service reform. Key presentations were also delivered across national forums in October, including NHS board Chief Executives, HSCP Chief Officers Group with COSLA, and the NHS board Liaison Group, with a positive reception from each group. There is a clear appetite from multiple stakeholders about embedding this into operational infrastructure and leadership development, making it a core part of everyday practice.

Our new Engagement Practice Learning and Improvement System web pages were launched on 5 November. The system, which aims to equip professionals with the skills to carry out meaningful engagement, is a wider part of the Scottish Approach to Change programme. The pages feature an extensive toolkit section.

Mental Health and Substance Use (MHSU)

The MHSU team presented their toolkit at an event in October organised by the Northern Ireland Department of Health and the Public Health Agency. We demonstrated how the toolkit facilitates support for co-occurring conditions in Scotland and explored next steps for Northern Ireland. Since its launch in July, the MHSU toolkit has been accessed 1,123 times by 558 users. Two new case studies describe the impact of the programme, including one on primary care models of care established in Dundee HSCP.

Alcohol and Drug Partnerships (ADPs)

86% of all ADPs have now submitted an action plan to improve Pathways to Residential Rehabilitation. We are working with two areas of Scotland to prototype pre-care and aftercare components; both sites are identifying improvements they wish to make locally with our support.

The **Mental Health Responsive Support** programme supports the SG initiative around reducing delayed discharge within mental health services. Following targeted improvement support in NHS Ayrshire & Arran and NHS Grampian, we have produced a good practice overview and case studies. An improvement methodology report captures the learning from improving delayed discharge for people with mental health and learning disabilities in NHS Grampian. Work continues on the **spend-to-save housing adaptation programme** which supports inpatient discharge in North Ayrshire HSCP.

Hospital at Home

We held a National Event on 29 October 2025 with people from 13 Scottish health boards in attendance, and an opening address given by Neil Gray MSP, Cabinet Secretary for NHS Recovery, Health and Social Care. The event took place as Hospital at Home published new guiding principles for all adult services.

Focus on Dementia

Published the first Reducing Stress and Distress case study in September 2025, which focussed on improving early identification and support of stress and distress in an acute ward setting. A local project lead was shortlisted for a Scottish Health Award for their work leading a Reducing Stress and Distress project that is improving the quality of care for people with Dementia in an inpatient ward in NHS Tayside.

A Safer NHS

Safe Delivery of Care Maternity Inspections

Our maternity inspection programme has now carried out five onsite inspections and published two inspection reports. Our inspections are risk based, proportionate and intelligence-led to enable us to provide targeted assurance on the safe delivery of care in the context of current service pressures and include the voice of the women and families using the services.

We carried out unannounced inspections of acute services and maternity services at Ninewells Hospital, NHS Tayside on 27-29 January 2025. The maternity services inspection resulted in nine areas of good practice, three recommendations and 20 requirements.

We carried out an unannounced maternity services inspection to the Royal Infirmary of Edinburgh, NHS Lothian on 23 and 24 June 2025. This inspection resulted in five areas of good practice, two recommendations and 26 requirements. As a result of this inspection, HIS escalated serious concerns to SG through the HIS and SG Operating Framework. These concerns related to culture, oversight of patient safety and staff wellbeing within Royal Infirmary of Edinburgh maternity services.

A further inspection of maternity services in NHS Forth Valley is due to be published on 27 November 2025.

Child and Adolescent Mental Health Services Inspections

The Minister for Social Care, Mental Wellbeing and Sport committed to address the serious concerns raised by the BBC documentary (aired in February 2025) regarding the experiences of young people in Skye House in Glasgow, and has commissioned the Mental Welfare Commission

for Scotland and HIS to carry out visits/inspections across all three young people units in Scotland and the separate children's inpatient psychiatric unit in Glasgow.

We undertook a joint unannounced visit/inspection to the Melville Inpatient Unit, NHS Lothian from 12 to 16 May 2025. This published inspection resulted in 14 areas of good practice, two recommendations and 14 requirements.

Safe Delivery of Care National Overview Report

Our first Safe Delivery of Care National Overview Report was published in September 2025. Over the past four years, our inspections have stressed the current and sustained system pressures being experienced across NHS Scotland and have provided independent assurance of the quality and safety of care across NHS acute hospitals. The inspections have highlighted areas of required improvements in the care of patients within non-standard care areas, such as corridor care; patient dignity and respect; and the safety and delivery of essential care within emergency departments and other assessment units.

Our inspections have also emphasised the impact of staffing levels on care delivery and the need for improvements in communication between teams, particularly safety information shared at hospital and ward level safety huddles. Improvements in the management of medicines, fire safety, and the need to ensure a safe and clean environment to support patient safety and quality of care have been essential elements of numerous areas inspected. In recent inspections we have highlighted the need for improvement in paediatric immediate life support training and incident management.

The inspection programme has also recognised a wealth of good practice across the 31 inspections. This includes staff working hard to provide kind and compassionate care, including taking time to reassure patients and patients describing they felt well cared for. Many ward areas have been well led, calm and organised despite increased hospital capacity and staff shortages.

The ultimate objective of this inspection programme is to improve patient care and wellbeing of staff across NHS Scotland. These improvements are evidenced through NHS board improvement action plans and where follow-up inspections have taken place. The inspections also seek to ensure wider national learning is identified and shared.

The Scottish Patient Safety Programme (SPSP)

The SPSP shared the refreshed Essentials of Safe Care at the SPSP national event on 28 October. Originally launched in 2021, the Essentials of Safe Care are used in policy and practice to enable the safe delivery of care across health and social care. The updated version reflects the changing system context, integrates the latest evidence and builds on insights from early implementation in health and social care.

Co-designed with key partners and colleagues across health and social care, the updated Essentials of Safe Care provide a practical, evidence informed foundation for all SPSP programmes.

Safety Briefing

A safety briefing was issued to the NHS in late October highlighting the safety signals that have been shared with HIS on the use of GLP-1 receptor agonists. The briefing summarises the key safety issues that are emerging with the increased use of these medicines, particularly through independent healthcare providers and provides recommendations to support their safe use. The briefing has raised the awareness of these issues across the boards and provides information to support the use of these medicines.

Scottish Patient Safety Programme - Medicines in Hospital

Following work with a multidisciplinary task and finish group with 15 NHS Boards, SPSP Medicines in Hospital will initially focus on improving diabetes medicines management at transitions in care settings. In partnership with the HIS Medicines and Pharmacy team and Scottish Diabetes Group SPSP is convening an Expert Working Group to co-design the programme. The programme will work with boards to deliver measurable improvements in safety and outcomes for people with diabetes in hospital.

Healthcare Staffing Programme

The Mental Health and Learning Disabilities Nursing Inpatient Staffing Level Tool and Professional Judgement Tool were launched on 30 October 2025. The updated Professional Judgement Tool will be run alongside all existing tools to support boards to effectively use the Common Staffing Method, a methodology to triangulate data and inform effective workforce planning and for the first time is now available for professional groups other than nursing. As of November, a total of eight demo sessions for tools have taken place with a combined attendance of 236 from staff from across NHS Scotland health boards.

More Effective Care

Scottish Health Technologies Group (SHTG)

The SHTG continues to play a crucial role in supporting the Accelerated National Innovation Adoption (ANIA) pathway. The SG has announced funding for five of the latest Value Cases to be approved by ANIA, covering the roll-out of digital diabetes prevention and remission programmes, the deployment of Ambulatory Electrocardiogram (ECG) patch monitors to help stroke patients avoid a recurrent stroke, and the introduction of genetic tests to prevent hearing loss in newborns. SHTG's advice was central to each ANIA decision reinforcing the importance of evidence in the adoption of innovation across Scotland.

Standards and Indicators

Updated standards for Newborn blood spot screening standards – Healthcare Improvement Scotland have been published. Draft diabetic eye screening standards are out for consultation ahead of publication in early March 2026.

Clinical governance standards are being finalised following good support at consultation with publication planned for February 2026, and we are exploring the possibility of a self-assessment template to accompany the final standards, following requests from a variety of stakeholders.

A commission for Domestic Homicide and Suicide Review standards was announced by the Cabinet Secretary in October 2025, and development has begun with recruitment of chairs, and plans for internal and external stakeholder engagement to develop the standards scope.

Scottish Intercollegiate Guidelines Network (SIGN)

SIGN published three plain language summaries of the asthma pathway in September as part of their collaboration with the British Thoracic Society (BTS) and National Institute for Health and Care Excellence (NICE) collaborative asthma pathway.

In September, the Medicines and Healthcare products Regulatory Agency (MHRA) published a reminder that taking paracetamol during pregnancy remains safe. SIGN used this as the basis of a position statement for Scotland, to raise awareness and reinforce the advice of MHRA: Trusted Advice on paracetamol in pregnancy.

The Scottish Medicines Consortium (SMC)

SMC published 44 pieces of advice during Q1 and Q2 of 2025/26. SMC decisions appeared regularly in the media with over 100 pieces of coverage across this period.

Forward Look 21 Horizon scanning was released at the end of October, providing information to NHS Boards on new medicines or new indications for existing medicines expected to impact NHS Scotland during 2026/27.

The refreshed Innovative Licensing and Access Pathway (ILAP) opened for applications at the end of March 2025. SMC participated in the review of applications, and three medicines were awarded an innovation passport, all for rare diseases. A press release was issued in October: The new Innovative Licensing and Access Pathway welcomes first investigational products - GOV.UK.

Right Decision Service (RDS)

RDS has delivered the following national web and mobile decision support toolkits:
Scottish referral guidelines for suspected cancer (Centre for Sustainable Delivery).
Optimal cancer diagnostic pathways (Centre for Sustainable Delivery).
SIGN asthma patient information resources as part of the BTS/NICE/SIGN asthma pathway on the RDS.
Teenage and Young Adult Cancer Services (National toolkit, led by NHS Greater Glasgow and Clyde).

RDS received an Innovate UK grant to design a prototype for a shared decision aid to support identification of the weight management pathway best suited to individual patients. This project involved collaboration with NHS inform and the SG clinical advisors for weight management. This project is informing a proposal which the Digital Health and Care Innovation Centre are coordinating for more substantial funding under the Innovate UK Obesity Pathway Innovation Programme.

Organising ourselves to deliver

Learning Needs Analysis 2025

The Organisational Development and Learning Team have completed the annual organisational Learning Needs Analysis exercise. The process drew from a variety of diagnostic sources including: our strategic priorities outlined by the HIS Board, Executive Team, and Senior Leadership Teams; outputs from the Leadership Lens sessions; feedback from directorate leadership teams on emerging and existing priorities and learning needs; and feedback from managers and individuals from the 2025 – 26 Personal Development Planning process.

The top five learning needs identified were: Digital, Communication, Management and Leadership (including Change), Programme/Project Management, and Data Management/Analysis. This information is being used to inform the development of the HIS Campus Learning Programme for 2025/27.

HIS Campus

Since 1 April 2025, HIS Campus has promoted 62 internal learning events on a variety of topics including Digital, Information Governance, Finance, Improvement, Measuring Impact, and Partnership Working. The HIS Campus learning programme continues to align to our Corporate Capabilities as set out in the HIS Learning and Development Model. Wherever possible, the programme content and schedule have been synchronised with wider organisational priorities, activities and campaigns and in doing so has supported awareness and knowledge of the new Scottish Approach to Change, HIS Quality Management System, Speak Up Week, and Clinical and Care Governance.

Feedback on sessions continues to be positive and 67% of completed evaluations have rated their session as 5-star. However, it also reported 202 instances of delegates failing to attend the sessions they had booked providing a "did not attend" rate of 36%. Capacity/other work commitments were widely cited as the reason for non-attendance and so considering this and the imminent reduced working week, the HIS Campus Group will be investigating options to better support accessible learning.

Leadership Development

Between January and the end of September 2025, five NHS Education for Scotland leadership development programmes were promoted to HIS staff. 19 members of staff are participating, with a further three in the application stage.

Additionally, and as a pilot, HIS Campus is supporting a placement on the Association of Chief Officers of Scottish Voluntary Organisations Leadership Exchange Programme. The purpose of the exchange is to provide a platform for cross-sector knowledge sharing where leaders can gain an insight into the different cultures, constraints and opportunities their counterparts work with.

3. CHALLENGES AND ISSUES

Right Decision Service

Discussions are progressing among SG, HIS and NHS board Chief Executives regarding a future shared funding model for the Right Decision Service. All parties are committed to achieving a positive and sustainable outcome

Delivery challenge

There is increased activity related to the expanding legislative scope of independent healthcare (to include Independent Medical Agencies and Pharmacists/Pharmacy technicians) and increasing use of high risk and off label/unlicensed medicines. It can be difficult to access subject matter expertise for some clinical specialities, for example, clinics providing cannabis based medicinal products. We are also experiencing increasing numbers of patient safety concerns being reported in relation to unregistered services.

The Scottish Medicines Consortium

The SMC continues to receive a significantly higher number of medicines submissions than usual. As a result, the number of deferred medicines has remained high. The team continue to implement mitigation measures to minimise impact on timely access to new medicines for patients.

Primary Care Programme

Continued high vacancy levels in the Primary Care programme mean that the team will not be able to realise all the original programme aims, particularly in relation to the learning system. Team members continue to work across boundaries to support all elements of delivery and are being supported by staff from other parts of the organisation. This is also contributing to staff working additional hours which is being supported by the programme underspend.

Citizens' Panel surveys

It can take significant time to agree topics and questions for future Citizens' Panel surveys with external stakeholders, and sometimes topics can be changed during the planning process. This creates a challenge to agree alternative questions and still meet deadlines for engagement activity and publication.

Website programme

There has been a challenging level of demand in the website programme including transfer of ihub content and launching the Scottish Approach to Change as well as a significant amount of website improvements and publications. This is discussed at the Website Oversight group and mitigations involve streamlining work and prioritising key projects within the Programme Plan.

System capacity

The Residential Rehabilitation team have witnessed reduced attendance at several regional improvement hubs, which has been attributed to lack of system capacity.

There is also an emerging risk around the capacity of the health and social care system to engage with the **Focus on Frailty** programme given the variety of other national programmes and initiatives which touch upon this area of practice.

As Public Health Scotland take over and expand **Hospital at Home** (H@H) national data collection, data returns to HIS will stop in March 2026. This planned change may be impacting on routine data returns to HIS which are becoming inconsistent, requiring increased management and resulting in delays in our ability to provide updates on H@H bed numbers.

4. EXTERNAL DEVELOPMENTS INCLUDING STAKEHOLDER ENGAGEMENT

The Improving Quality and Safety in Drug and Alcohol Services programme has invited bids for a new commission, '**Understanding the Role of Recovery Communities in the Drug and Alcohol System**'. This will increase understanding of the needs of people in recovery, their communities, and the services they engage with. It will also build links with subject matter experts and organisations with direct experience of the recovery system and supporting people in recovery, to develop understanding and raise awareness of recovery models of care.

Consultation with ADPs, advocacy services, the Medication Assisted Treatment (MAT) standard 8 (MAT8) Thematic group run by SG and Public Health Scotland to inform development of **strategic planning and learning resources to support access to advocacy** for those using drug and alcohol services. This supports MAT Standard 8 ("All people have access to independent advocacy and support for housing, welfare and income needs").

Development of a **companion guide for Planning with People specific to the drug/alcohol community** in collaboration with our Assurance and Improvement teams and involving external consultation with people with lived and living experience through the Authentic Voices Group run by Falkirk ADP.

The **Engagement Practice Network** delivered a session on 29 October, with the Director of Pharmacy from NHS Shetland presenting their work on the use of Artificial Intelligence in patient care, as part of the North of Scotland NHS Innovation Hub.

We delivered a **Service Design Community of Practice** webinar with 100 participants on 26 November, featuring a presentation on the dynamic intersection of service design and quality improvement within mental health care in NHS Dumfries and Galloway. Participants heard how pathway visualisation and user journey mapping are transforming the way we understand and enhance care pathways.

We delivered a **Strategic Planning Community of Practice** webinar to 89 participants on 28 October that introduced the Three Horizons framework for strategic thinking and planning. The session highlighted practical examples from health and care, illustrating how the model can guide long-term visioning and incremental change.

Two **community engagement webinars** were held in November with a focus on how patient representatives contribute meaningfully to the SMC's health technology assessments for new medicines, and how patients are being engaged by primary care providers.

We are working in collaboration with the **SG** and the **Care Inspectorate** to showcase case studies demonstrating the Scottish Approach to Change in action. These examples span key national programmes, including the Whole Family Wellbeing Fund, Bairn's Hoose, the Care Home Improvement Programme, the Early Learning and Childcare Improvement Programme, and the Safe Staffing Programme – they will be available late November.

We hosted a session with the **SG Health and Social Care Analysts Division**, engaging 85 attendees. The focus was on moving from siloed preventative initiatives toward a more integrated preventative system, aiming to influence how the SG supports Boards and HSCPs in planning and delivering change.

We have been invited to contribute to an upcoming Families Voices Event in December hosted by Aberlour Child Care Trust alongside an update from **Maree Todd**, Minister for Drugs and Alcohol Policy. This will describe the impact of the Strategic Action Group on women in recovery and the support provided by our drugs, alcohol and housing unit.

Professor Jacob George, **SMC National Clinical Lead**, has been appointed as the Chief Medical and Scientific Officer at the MHRA. Professor George has supported the SMC for nearly five years and contributed significantly to the development of ILAP, which will now fall under his remit at MHRA. SMC and HIS have extended their sincere thanks to Professor George for his invaluable support to SMC.

The Director of Evidence and Digital and James Morton (SIGN Council vice-chair) spoke at the **NHS Scotland Net Zero Conference** in September, which brought together representatives from the SG, NHS Scotland, and industry partners to explore strategies for reducing the environmental impact of healthcare delivery.

The Director of Evidence and Digital attended the inaugural meeting of the **Centre for Evidence and Values in Healthcare** at the University of St Andrews in October. The event brought together colleagues working in direct patient care; policy; management; research and academia.

The SMC contributed to a workshop held by the **Centre for Innovation in Regulatory Science** on 'Meaningful patient involvement in regulatory and Health Technology Assessment decision making – current practices and impact on the final assessment.' The Chief Pharmaceutical Adviser for SMC also presented on the work of SMC as part of the plenary session at the **Scottish Practice Pharmacy and Prescribing Advisers Annual Conference** in November, attended by approximately 300 people.

The **Area Drug and Therapeutic Committee Collaborative (ADTCC)** has been supporting One Team working across HIS, on development of the HIS Safety Briefing on GLP-1 medicines and the SPSP Medicines in Hospital programme. Both topics were presented at the ADTCC Forum in November. The last ADTC Collaborative Forum was held in August with topics including Topiramate and Migraine in Scotland and an overview of the Voluntary Scheme for Branded Medicines Pricing Access and Value (VPAG) programme in Scotland.

We have facilitated engagement between SG, NHS Delivery and the Care Quality Commission to develop a process for sharing of cross border private **Controlled Drugs dispensing data**. This will address a gap in current governance and reporting arrangements.

The second annual **Registered Healthcare Professions Event** celebration took place on 31 October 2025, with all HIS workforce invited to look to increase understanding of the roles and contributions of different registered professions. Over 60 joined the event either in person or online. There was also a session from General Medical Council and Nursing and Midwifery Council on "Having Challenging Conversations" - exploring professional behaviour and patient safety.

In the Healthcare Staffing Programme, a wide range of stakeholders have agreed to be a part of both the **Common Staffing Method Review Expert Working Group** and virtual consultation. The first Expert Working Group took place on 28 October 2025 and the aim of the group and the

virtual cohort is to consult on the findings from the review and to inform potential recommendations to the Scottish Ministers. We are also engaging with colleagues in NHS England and NHS Wales who are keen to learn from the progress in developing the Staffing Level tools.

Focus on Dementia presented both Reducing Stress and Distress (RSD) and Post-diagnostic support and Care Co-ordination Improvement Programmes to delegates at the Alzheimer's Scotland annual conference on 22 September 2025. The RSD Delivery Group met on 21 October to consider the proposal for 2026 activity.

Our Pharmacy Clinical Lead for **Drugs and Alcohol leadership learning** has contributed to recent articles:

- "Professionalism, professional identity and community pharmacy culture: The context of substance dependency through the lens of student and early career pharmacists" *Addiction*
- "How to improve pharmacy services by integrating trauma-informed care" *The Pharmaceutical Journal*
- "Healthcare approaches in people impacted by substance use" *Scottish Healthcare Review* Q3, p4-10

The Mental Health unit will jointly deliver an in-person event on **"Improving Together: Transforming Mental Health"** at the end of November for around 125 delegates interested in and directly working within improvement for mental health services. It will bring together NHS, third sector and national partner colleagues from across Scotland to inspire their local improvement projects, share examples of best practice and build new connections and networks.

Leading for our Future Action Plan

Meeting: Board Meeting - Public

Meeting date: 2 December 2025

Agenda item: 2.1

Responsible Executive: Robbie Pearson, Chief Executive

Report Author: Jane Illingworth, Head of Planning and Governance

Purpose of paper: Assurance

1. Purpose

The Board of Healthcare Improvement Scotland (HIS) is asked to consider the attached action plan in support of changes to the leadership in Healthcare Improvement Scotland. This has been considered by the Executive Team and the Performance and Delivery Board during October and November and provides an update on progress to date.

2. Executive Summary

This paper supports the strategic priority of Organising Ourselves to Deliver.

In September the Board considered in private proposals for the future leadership of HIS, which seek to: ensure we have an empowered, resilient and capable senior leadership cohort; strengthen our approach to working with the system at a sub-national level with pace and agility; sharpen our focus on performance, delivery and measurable impact; and build collective ownership and shared accountability for the success of Healthcare Improvement Scotland as a whole.

The attached Action Plan summarises the actions contained in the 'Redesigning our Leadership proposals previously shared with the Board. These are arranged by quarter including a RAG rating for the current quarter (Oct-Dec 2025) and planned milestones beyond.

3. Recommendation

The Healthcare Improvement Scotland Board is asked to 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. This is largely due to specific areas of capacity challenges.

4. Appendices and links to additional information

Appendix 1 – Leading for our Future Action Plan (November 2025)

Appendix 1 Leading For Our Future Action Plan

November 2025

Quarter 3 actions

No.	Action	Description	Lead	Update (21 Nov 2025)	RAG status
1	Establish the Performance and Delivery Board.	The Performance and Delivery Board will consist of the most senior staff in HIS. It will ensure a strong focus on performance, maximising our impact, anticipating and mitigating risks and building a cohesive approach to delivery across the whole organisation.	Chief Executive/Head of Delivery & Performance (to be appointed)	First meeting took place on 13 November 2025 and included agreement of Terms of Reference for the Group. Meetings will continue to be held monthly and in person.	
2	Formally recruit to the Chief Finance and Risk Officer and Chief People Officer roles.	The posts were advertised on 29 September and the closing date for applications is 17 October 2025.	Chief Executive	Recruitment is proceeding for the post of Chief Finance & Risk Officer (CFO) and a preferred candidate has been identified. The interview panel did not recruit to the Chief People Officer role and Gillian Gall has agreed to continue in the role as Interim Chief People Officer. Backfill will be provided for Gillian's substantive job.	
3	Develop action plan to advance the Communications Strategy.	The draft communications strategy will be underpinned by an action plan with clear deliverables over the next 2 years.	Chief Pharmacist	The draft communications strategy will be presented to the HIS board meeting on 2 December 2025.	

4	Develop strategy for strengthening external relations with key stakeholders.	It is a significant requirement to ensure that our work is understood and valued by a wider cohort of stakeholders. There is also a requirement to be more proactive in positively engaging with such stakeholders on major matters of interest and policy as it relates to health and care in Scotland.	Director of Engagement and Change	Initial high-level scoping undertaken between Director of Engagement and Change and Chief Pharmacist (Communications). Scoping paper currently being drafted to seek wider views.	
5	Establish the Office of the Chief Executive	We are consolidating several corporate functions into a unified Office of the Chief Executive (OCE) to improve alignment, organisational effectiveness, and efficiency. This new structure brings together the former People and Workplace and Finance, Planning and Governance Directorates along with the Corporate Improvement Team. To lead this transformation, two new senior roles are being recruited: • Chief People Officer • Chief Finance and Risk Officer Both will report directly to the Chief Executive and join Deputy Chief Executive Ann Gow as members of the Executive Team. The OCE will now encompass a wide range of functions, including: finance,	Deputy Chief Executive/Interim Chief People Officer	The Office of the Chief Executive has been established with formal management and meeting structures in place. An in-person development day for the OCE is taking place on 24 November 2025. New organisational charts for the OCE have been created and the new job descriptions required are being developed as a priority for consideration by the Transformational Change Oversight Board for agreement of where formal organisational change processes are required.	

		procurement, HR, facilities, Organisational development and learning, executive support, governance, performance, sponsorship, internal improvement, public inquiries, risk management and health & safety.			
6	Establish Strategic Design Board with agreed terms of reference.	The Strategic Design Board (SDB) will ensure that the organisation is fit for purpose. It will build on the One Team ethos and ensure that we remain efficient and effective and our values are translated into the reality of the culture of working in HIS.	Deputy Chief Executive and Employee Director	Terms of Reference are being developed and will be agreed during December 2025. The first meeting of the SDB will be arranged for early 2026.	

Quarter 4 actions

No.	Action	Description	Lead	Milestone
7	Undertake a rapid review of risks and benefits of consolidation of assurance in the Quality Assurance and Regulation Directorate.	This will encompass a review of the current "monitor and assure" functions that reside outside of the sphere of responsibility of the Quality Assurance and Regulation Directorate. The review will assess the benefits and risks associated with status quo and a shift of such responsibilities in full or in part to the Quality Assurance and Regulation Directorate. The review will also take account of any wider changes in the external landscape.	Deputy Chief Executive	Additional support to undertake a rapid review has been identified. An update will be provided at the HIS Board Seminar on 25 February 2026.
8	Clarify and confirm future governance arrangements for the Executive Team	The Executive Team currently meets informally for 30 minutes each Monday morning, complemented by formal meetings held fortnightly — one in person and the other remotely. As we consider evolving these arrangements, particularly in light of the shift toward operational delivery through the Planning and Delivery Board and the more explicit empowerment of Associate Directors, it is important that we ensure the Executive Team operates within a clearly defined strategic space. This will help us maintain clarity of purpose,	Head of Planning and Governance	January 2026 for proposals for redesign of ET arrangements, with input from CE and Directors.

		support effective decision-making, and reinforce the alignment between strategic leadership and operational delivery across the organisation. The intention is that options to secure this will be developed and agreed in the next 3 months.		
9	Establish Memorandum of Understanding between NHS 24 and Healthcare Improvement Scotland.	Consistent with the public sector reform programme and the opportunities to strengthen the resilience of HIS, discussions are underway with NHS 24 to build a partnership arrangement to share skills, knowledge and provide appropriate strategic advice.	Chief Executive with Chief Finance & Risk Officer / Chief People Officer	Establishment of Memorandum of Understanding/Partnership Agreement with NHS 24.
10	Transfer the standards and indicators team to the Quality Assurance and Regulation Directorate	Ensure stronger alignment of the development of standards with the approach to external assurance and creating the conditions for proactive internal assurance by the service.	Director of Evidence and Digital and Director of Quality Assurance and Regulation	Regular meetings with the team are taking place to support a positive transfer. The Director of QARD and an existing Associate Director have discussed an interim arrangement to scope and support the transition of the standards and indicators team to QARD.
11	Develop an effective approach to system level leadership.	It is proposed to have a more explicit link to the health and social care system at a sub-national level and which can allow us to ensure a range of our activities are aligned to local pressures and priorities.	Head of Corporate Development	The original approach requires to be reconsidered in light of recent announcements by Scottish Government regarding sub-national planning. February 2026 for proposal to be agreed.

		Four directors will provide leadership for our relationship with the system at a regional level. Alongside this, associate directors will provide additional support to enabling this to be effective. A proposal needs to be developed to bring this to life and which identifies benefits and risks.		
12	Implement development programme for the Performance and Delivery Board.	The Performance and Delivery Board will mark a shift in how the organisation builds its leadership capability and in supporting associate directors to be more empowered as leaders. The associate directors will have greater visibility in respect of the governance of HIS and lead on the accountability for delivery in their areas of responsibility in governance committees and the Board.	Head of Organisational Development and Learning	It is proposed to commission a development programme to support the Performance and Delivery Board and its members to operate in a different operating environment. This will be discussed by the Performance and Delivery Board in January 2026.
13	Establish Directors in cross-organisational portfolio leadership roles.	The cross-organisational portfolios are intended to reinforce the commitment to QMS and to ensure we have a more connected and cohesive organisation. These will be consistent with major national priorities. There is a need to ensure appropriate alignment of associate directors to such portfolios in direct support of directors.	Associate Director of Nursing & Midwifery	Portfolios to be defined and confirmed by end January 2026 and actions to strengthen their operation by March 2026.

14	Reflect new and portfolio responsibilities in Executive Team 2026-27 objectives.	The Executive Remuneration Committee will consider and finalise objectives for members of the Executive Team in March 2026.	Chief Executive	For circulation with Executive Remuneration Committee papers by 11 March for the meeting on 18 March 2026.
15	Develop a suitable mechanism to harness the experience and expertise of members serving on our health technology assessment committees, enabling their insights to inform and enrich the broader work of Healthcare Improvement Scotland.	There is a deep reservoir of knowledge, experience, and specialist insight within our health technology assessment committees. This expertise represents a valuable asset that can be leveraged more broadly across the work of Healthcare Improvement Scotland.	Medical Director/Director of Evidence and Digital	By March 2026 to have a proposal for advancing the greater involvement of appropriate expertise in HIS.

Ongoing actions

No.	Action	Description	Lead	Milestone
16	Agree and describe roles of the Executive Team, the Performance and Delivery Board and the Strategic Design Board to ensure clarity of decision making and governance processes.	While the Performance and Delivery Board, the Strategic Design Board, and the Executive Team each have distinct roles and responsibilities within a new governance framework, it will be important to remain mindful of potential areas where their functions may overlap. Accordingly, there will be a need to manage any risks of overlap or duplication to ensure clarity of purpose, avoid inefficiencies, and support cohesive decision-making across the organisation.	Chief Executive	The terms of reference for the Performance and Delivery Board were agreed at its meeting on 13 November. Further work will be taken forward to ensure clarity between the Executive Team, the Performance and Delivery Board and the Strategic Design Board with a view to all being confirmed by April 2026.
17	Further refine and develop the roles of the National Strategic Clinical Leads, ensuring that we are maximising their profile and contribution.	These are important roles and relate, in part, to actions 13 and 14 above. There is a need to ensure they are positioned at the right level, are fully engaged and are active in informing the governance and priorities of the organisation.	Medical Director/Director of Safety and Director of Nursing and Integrated Care	It is intended to have a Board Development Session on the roles of the National Strategic Clinical Leads, with the date to be confirmed.
18	Review and strengthen performance management arrangements for members of the Performance and Delivery Board.	The objectives for Associate Directors will be collaboratively developed and agreed upon through discussion between the relevant Director and the Associate Director. These objectives will then be formally endorsed by the Chief Executive to ensure strategic alignment. As part of the annual appraisal process, the Chief Executive will review each Associate Director's performance and provide counter-signing commentary. This approach reinforces a clear connection between individual goals and the	Chief Executive and Chief People Officer	A paper setting out the arrangements will be discussed at the Executive Remuneration Committee in December 2025. There has also been discussion at the Performance and Delivery Board in November 2025 on the broad parameters of the approach.

		organisation’s priorities, helping to maintain consistency, accountability, and a shared focus on delivering impact across Healthcare Improvement Scotland.		

Scottish Approach to Change

Meeting: Board Meeting – Public

Meeting date: 2 December 2025

Agenda item: 2.2

Responsible Executive: Clare Morrison, Director of Engagement & Change

Report Author: Clare Morrison, Director of Engagement & Change, and Diana Hekerem, Associate Director of Transformational Change

Purpose of paper: Awareness

1. Purpose

The purpose of this paper is to provide the Board with an overview of the Scottish Approach to Change (the Approach) and to demonstrate how this will support the health and social care system to make the significant changes required by NHS renewal, service challenges, and wider public sector reform. This short video provides an overview of the Scottish Approach to Change.

The Board is asked to:

- note the progress and work to date in relation to the Scottish Approach to Change
- endorse the plans for the next phase of the programme.

2. Executive summary

2.1 Background

This paper supports the strategic priority to deliver practical support that accelerates the delivery of sustainable improvements in the safety and quality of health and care services across Scotland.

Health and social care renewal and reform should be underpinned by a clear approach to achieve high quality, effective, safe, and person-centred change. Scottish Government commissioned Healthcare Improvement Scotland (HIS) to develop a Scottish Approach to Change and the HIS Quality & Performance Committee approved the plan for the work in November 2024.

2.2 What is the Scottish Approach to Change?

Change is hard. Health and social care organisations are facing an unprecedented volume and pace of change arising from NHS renewal, service challenges, and wider reform: many people feel overwhelmed. The number of methods and tools used for change is huge, and there is significant variation in the adoption of different change methods between health and social care organisations.

The Scottish Approach to Change helps make sense of this chaos by:

- creating a clear pathway to support everyone to do change well
- bringing together siloed change methods into a single approach, showing how they can be used together – these include quality improvement, service design, engagement practice, strategic planning, and human learning systems
- translating theory into a practical, coherent, decision-support tool
- creating a universal language and a common approach to foster shared understanding of what is needed to achieve high quality change across professions and organisations.

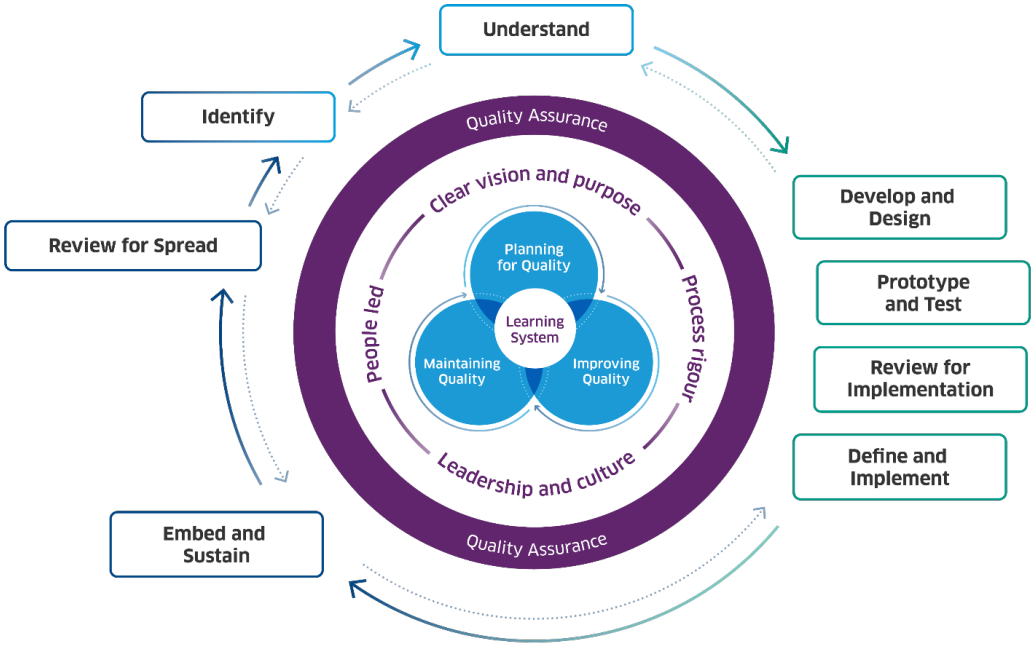
The Scottish Approach to Change can be used as:

- a practical approach to manage discreet change projects at any level
- a framework for managing quality and change at an organisational level based on aligning a vision, whole-system thinking, empowering staff, and delivering high quality equitable services.

The Scottish Approach to Change has been developed using evidence, experience, and reflective learning through significant stakeholder engagement with subject matter experts, including NHS Board Chief Executives, Health and Social Care Partnership (HSCP) Chief Officers, national and international change organisations, and leaders involved in wider public service reform.

Development of the Approach has been informed by expert input and advice from an External Reference Group (ERG) which is chaired by Dr John Harden (National Clinical Lead for Quality and Safety, Scottish Government). The ERG includes members from organisations leading national change programmes and health and social care organisations driving change forward at a local and regional level.

The Scottish Approach to Change framework is shown below:



In September 2025 the Scottish Approach to Change digital resource was published. It describes the steps and enablers of change, and provides practical support including tools, resources, and training.

2.3 Endorsements from the health and social care system

The Scottish Approach to Change was approved as the delivery mechanism for change by NHS Board Chief Executives at their meeting on 15 October 2025 and HSCP Chief Officers at their meeting on 17 October 2025.

In addition, the Scottish Approach to Change was endorsed at our national launch event on 21 November 2025 by both Neil Gray MSP (Cabinet Secretary for Health and Social Care) and Caroline Lamb (Chief Executive of NHS Scotland and Director-General Health and Social Care).

> *"It [the Scottish Approach to Change] offers a clear, coherent and practical pathway, grounded in evidence, shaped by lived experience, and built on the values that define our public services, those of collaboration, compassion, and continuous improvement."*
>
> - Neil Gray MSP (Cabinet Secretary for Health and Social Care)
>
> *"[Change] requires us all to think and work differently. I'm asking you all to use the Scottish Approach to Change to deliver the impact we all want to see. To empower your teams. To align resources with what matters most to people and communities. And to create clearer channels for change across our complex systems."*
>
> - Caroline Lamb (Chief Executive of NHS Scotland and Director-General Health and Social Care)

2.4 Contribution to NHS renewal

The Scottish Approach to Change was commissioned by Scottish Government to underpin the change required in the NHS renewal agenda. The NHS renewal frameworks – the *NHS Scotland Operational Improvement Plan*, *Health and Social Care Service Renewal Framework*, and the *Population Health Framework* – set out the renewal vision, and the Scottish Approach to Change provides the mechanism for change. Crucially, the Approach is not tied to a specific topic and therefore it provides a universal approach for both current and future programmes of change and reform.

2.5 Pathfinder projects

The Scottish Approach to Change is being rigorously tested in pathfinder sites. The learning from these sites has significantly influenced the content of the Scottish Approach to Change. Our current pathfinder projects include:

- **NHS Forth Valley** is aiming to optimise the health of the population of NHS Forth Valley from available resources. By 2028, all health and care professionals in NHS Forth Valley will be supported to deliver Value-Based Health and Care. This will achieve the outcomes that matter to people and a more sustainable system.

  To support this, HIS is providing coaching and advice to the senior leadership team to use the Scottish Approach to Change to support the implementation of Value-Based Health and Care initiatives across the organisation.

- **Dumfries and Galloway (NHS board and HSCP)** want to create a robust and adaptable social care system that meets the needs of the population it serves while preparing for future challenges.

To support this, HIS is supporting "Delivering Change", a local change programme using the Scottish Approach to Change to improve services (including looking at multiple disadvantages and ethical commissioning).

- **NHS Grampian's** Route Map for Strategic Change will deliver on its Plan for the Future by placing a strong emphasis on transforming models of care, improving performance, and maximising the use of available resources to achieve best value.

  To support this, HIS is supporting planning for tests of change aligned with the Scottish Approach to Change through a series of workshops for the whole-system leadership group.

- **West Regional Planning Team for Oncology** is aiming to agree an approach for a capacity trajectory that meets where they need to be in five years, building on new ways of working and emergent digital potential to reshape existing operational structures.

  To support this, HIS is providing advice and support to use the Scottish Approach to Change to develop the West of Scotland's Cancer Network's response to the new target operating model for regional cancer services, beginning with a workshop in 2025-26.

The impact of our support to the health and social care system is illustrated below:

> *"The Scottish Approach to Change has been instrumental in enabling NHS Forth Valley to develop the Value Based Health and Care programme across our system. By fostering collaboration, empowering staff, aligning resources with what matters most to our patients and creating clearer channels for change we are confident we have the foundations for transformational change across the system as a whole."*
>
> - Ross McGuffie, Chief Executive, NHS Forth Valley

> *"The support from Healthcare Improvement Scotland implementing the Scottish Approach to Change has been invaluable. The team bring a range of knowledge and skills to the organisation that has 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, Chief Officer, Dumfries and Galloway HSCP

In addition, North Lanarkshire HSCP was an early pathfinder site, and we have also incorporated learning from HIS's National Improvement Programmes.

2.6 Next steps for the Scottish Approach to Change

The Scottish Approach to Change will continue to be developed with key activities planned for 2026-27 to include:

- Ongoing iterative development of the digital resource.
- Hosting a learning community to enable people across health and social care to share learning, and to support each other through change work.

- Providing implementation support for the Scottish Approach to Change to the health and social care system (ranging from one-off workshops through to bespoke Responsive Support for strategic change plans).
- Building internal capacity and capability within HIS to enable all staff members to use the Scottish Approach to Change to support delivery of change both internally and externally.

3. Recommendation

The Board is asked to:

- note the progress and work to date in relation to the Scottish Approach to Change
- endorse the plans for the next phase of the programme.

It is recommended that the Board accepts 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.

This is because while the programme aims and objectives are clear, progress is contingent on internal commitment (including ongoing resourcing) to this Approach, and ongoing strategic buy-in and support from health and social care organisations and Scottish Government. These dependencies will be actively monitored and addressed through risk management and governance processes.

4. Appendices and links to additional information

For further information, see the Scottish Approach to Change digital resource.

Organisational Performance Report

Meeting: Board Meeting - Public

Meeting date: 2 December 2025

Agenda item: 3.1

Responsible Executives: Robbie Pearson, Chief Executive and Ann Gow, Deputy Chief Executive

Report Authors: Caroline Champion, Planning and Performance Manager, David Johnston, Finance Manager, 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

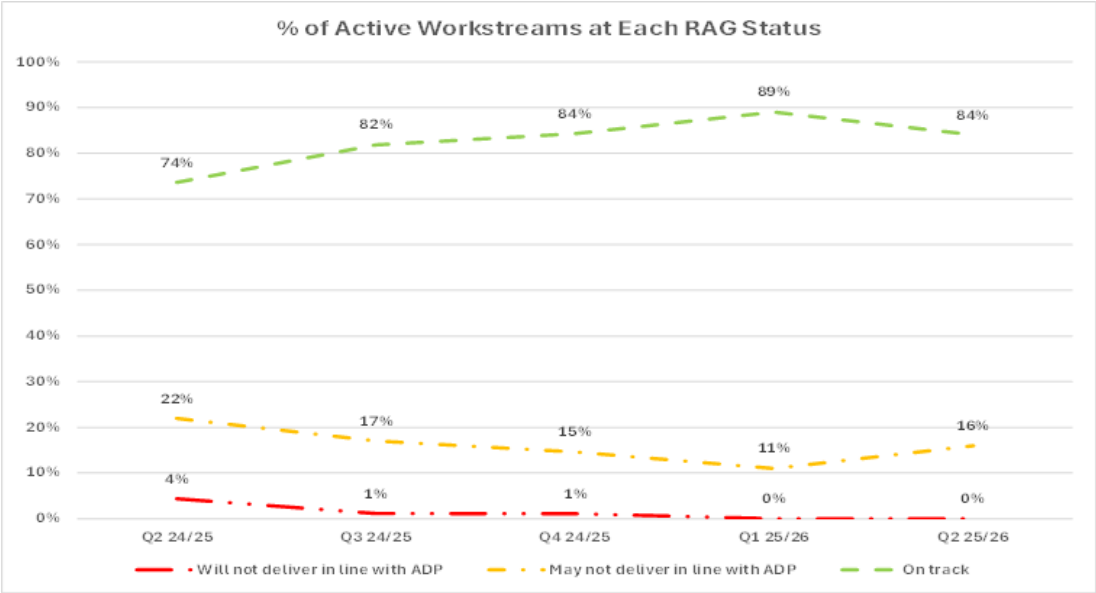
Detailed reports have been considered by the following governance committees:

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

These reports measure the performance against Healthcare Improvement Scotland's (HIS) approved Strategic Plan 2023-28 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

At the end of Quarter 2 performance overall remained strong with 84% of our work programmes reporting as 'green - on track to deliver in line with the Annual Delivery Plan (ADP)/commission', this is slightly down from Q1 (89%). 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 and saw no improvement from Q1. (see Appendix 1).



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

- Publication of HIS' first **National Overview Report on Safe Delivery of Care** (SDoC) across NHS Scotland highlighting key findings from our inspection programme of NHS acute hospitals from 2021 to 2025.
- **Scottish Health Technologies Group (SHTG)** publications included: use of electrocardiogram patch monitoring for the detection of cardiac rhythm abnormalities; home blood pressure monitoring for people with suspected or confirmed hypertension; and summary of the evidence on Optune Gio® Tumour-Treating Therapy.
- **Maternity care draft standards** published for consultation.
- Published the updated **Evaluating Participation** guide which will support health and care services to develop effective frameworks for evaluating their engagement with communities and offer tools and templates that can be adapted for a range of projects.
- Published **HIS' anti-racism leadership statement** reinforcing our commitment to tackling systemic inequality, alongside two editions of the Inclusion Bulletin to share learning and highlight good practice.
- **Mental Health and Substance Use** toolkit launched (August) to support health and care staff to improve care through a coordinated and collaborative approach that meets the complex needs of people experiencing both mental health challenges and substance use. The toolkit centres around the Scottish Approach to Change eight steps of change.
- **Hospital at Home** annual report published (July). Across Scotland the service has avoided more than £50 million in healthcare costs and prevented around 15,500 people having to stay in hospital for treatment in the last year.
- **Excellence in Care** published new measures on the Care Assurance and Improvement Resource (CAIR) dashboard for school nurses, health visitors and family nurse planning. These aim to assure high-quality care for children.

The performance report included a best value assessment on the National Hub for Reviewing and Learning from the Deaths of Children and Young People which is jointly hosted by Healthcare Improvement Scotland and the Care Inspectorate. By ensuring the death of every child in Scotland is subject to a quality review and that bereaved families and carers are engaged in those review processes, the National Hub aims to identify and share learning from reviews and help reduce preventable deaths. The full assessment is available to Board members on request.

At the Quality and Performance Committee on 5 November 2025, the Committee acknowledged the overall positive progress at the end of the first half of the year. The following points were discussed:

- Hospital at Home KPI annual target was discussed in relation to the national ambition of 2,000 beds by December 2026. The main threat is the ongoing funding uncertainty impacting on Health Boards ability to deliver.
- Interaction between the component parts of the performance report was discussed with assurance given that scrutiny across all work programmes, operational risks, and KPIs happens at various governance groups.
- After discussion it was agreed that KPI reporting going forward will include rolling data in year and where the KPIs are comparable between years.
- Best value assessment on the National Hub was discussed. It was agreed to look at the assessment framework used to allow greater impact and outcome reporting rather than solely focus on value for money.
- The issues of recurring savings versus non-recurring savings was discussed which is one of the KPIs reporting as being behind target.

Financial Performance Report

At 31 October 2025, total income was £29.6m and total expenditure was £28m, driving a £1.6m (5%) underspend. This was driven by pay costs (£1.0m) and non-pay costs (£0.6m).

Category	Annual Budget (£m)	YTD Actual (£m)	YTD Budget (£m)	YTD Variance Under/(over) (£m)
Income	£49.3	£29.6	£28.5	£1.1
Pay	£42.9	£25.0	£25.0	-
Non-Pay	£6.4	£3.0	£3.5	£0.5
Under/(over) spend	-	£1.6	-	£1.6
Total Whole time equivalent (WTE)	562.8	551.7	565.3	13.6

We have received our P7 allocation letter and have received 88% of expected allocations. We have received £1.2m of post budget allocations and we are still expecting £1.3m to be received. Year to date we have spent £5.0m across all additional allocations.

Our expected outturn at the end of year is a £1.6m underspend (3%) based on data submitted by Directorates. Note this has moved from an expected position of £1.2m underspend at Q2. Given the increase in expected underspend we have maintained the £1.2m position in submission to Scottish Government (SG) while we undertake work with budget holders to understand and validate movement. We will continue to consider limited, non-recurring in-year investments and will aim to utilise the underspend as appropriate ahead of confirming the position with SG in Q3. The detailed Financial Performance Report at 31 October 2025 is available in **Appendix 2**.

We continue to work towards our recurring savings target, with £643k having been achieved YTD (£842k total savings, including non-recurring).

Category	2025/26 Target (£000s)	YTD Actual (£000s)	YTD Target (£000s)	Full Year Forecast (£000s)
Non-Recurring	£226	£199	£178	£315
Recurring	£1,345	£643	£742	£1,122
Total	**£1,571**	**£842**	**£920**	**£1,437**

A paper outlining the current position and required next steps on 2025/26 recurring savings was presented as part of the Performance and Delivery Board meeting in November and will subsequently be presented at the ARC in November to discuss required actions. Based on full year forecast recurring savings of £1,122k versus recurring target of £1,571k the gap to achieve recurring balance in 2025/26 is £449k. The paper outlines a proposal to close the recurring savings gap in 2025/26, with an ask that ARC decide on taking this proposal forward.

Workforce Report

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

- At 31 October 2025, our total workforce (payroll & non-payroll) was 618 headcount (560.8 whole time equivalent -WTE) - of this, 583 (546.7 WTE) were payroll staff.
- Total workforce turnover YTD was 5.1% (a slightly increased attrition to the same period last year of 4.5%).
- The sickness absence rate in this period was 3.3% which is lower than the same period last year (4.3% in October 2024) and less than the latest NHSScotland reported rates (6.4% in September 2025).
- The Workforce Strategy Group have reviewed 138 resource requests in total since April, of which 80 were recruitment related. The majority of recruitment requests (61%) were being funded from base allocations. All posts were reviewed in line with budget and service priorities.
- Of the 65 new recruitment campaigns commenced in 2025-26, 45 have been filled (21 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/Committee 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: Q2 Corporate Key Performance Indicators
- Appendix 2: Summary Financial Performance Report at 31 October 2025
- Appendix 3: Workforce Report – year to date at 31 October 2025

Appendix 1: Q2 Corporate Key Performance Indicators

Corporate KPIs:	Number of KPIs	% of KPIs
Red (behind target >10%)	4	22%
Amber (within 10% of target)	2	11%
Green (ahead/on target)	11	61%
N/A	1	6%

Source	KPI Title	KPI Metric	25/26 Target	Quarter Target	Q1 Outturn	Q2 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	650	600	600	Due to funding uncertainties, Health Boards lack resources to support H@H services and data collection/ submissions impacting on HIS meeting the target for 2025/26.
	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%	70%	40%	87%	
	Timely Access to Services	Primary care improvement programme participants demonstrating improved access to care	70%	40%	40%	50%	

		Citizens' Panel (full reports and pulse surveys) and Gathering Views reports to consider NHS renewal and accessing services	8	1	1	0	Delivery is behind target due to delays in topic confirmation and extended engagement periods. We are now accelerating activity through a revised schedule and these steps will bring delivery back on track by Q4.
	National Position Statements	Delivery of national evidence statements on major priority areas	2	N/A	N/A	1	One trusted advice on paracetamol in pregnancy was published on the Scottish Intercollegiate Guidelines Network (SIGN) website Q2.
	Mental Health Reform	% of supported NHS boards with an improvement in design or delivery of services	80%	50%	50%	50%	
External - Scottish Government '15 box grid'	**Sickness Absence Reduction**	In line with national target	4%	4%	3.3%	3.3%	
	Recurring Savings	As approved in budget	£1.5m	TBC	£0.1m	£0.4m	Behind target, have identified £1.3m of expected recurring savings for the year versus target of £1.5m, with some of the savings schemes not yet fully planned and expected to be delivered. We expect to achieve the full savings target due to additional non-recurring savings.
Statutory Functions	**NHS Inspections (acute, maternity and mental health)**	Number of onsite inspections carried out	24	24	3	7	

	Independent Healthcare Inspections	Number of registered services inspections undertaken	129	32	28	35	
	New Medicines Advice	% of decisions communicated within target timeframe	85%	85%	50%	71%	Scottish Medicines Consortium (SMC) continues to receive an increased volume of monthly submissions in comparison to this time last year. Temporary increase in resource approved by the Executive Team (ET) to support workload. An updated paper due end Q3 to discuss any additional actions required. SMC is unlikely to meet 25/26 KPI target.
	Service Change Engagement	Number of NHS Board/IJB service change engagement plans influenced by advice and assurance	60	60	51	70	40 active service changes Q2, 30 on hold at the discretion of NHS boards/HSCPs.
	Healthcare Staffing	% of boards' compliance monitored by HIS through Board reporting and engagement	100%	80%	80%	79%	15/19 boards were complete (79%) Q2 using a test of change process of deep dives. The aim is to reach the 80% target Q3.
	SHTG	Number of advice outputs issued	12	3	3	3	Annual target 10 standard outputs and 2 AI/Digital advice.
Safety in the System	**Adverse Events**	% NHS boards sharing learning summaries with HIS	100%	25%	0%	0%	Anticipated we would begin receiving learning summaries in Q2, none received. Cabinet Secretary wrote to NHS Boards regarding the National Framework in September 2025 and included completion/sharing of learning

							summary expectations. As a result we anticipate the % of learning summaries received should increase during Q3.
	Responding to Concerns	% of cases with initial assessment undertaken within agreed timescales	100%	100%	100%	100%	
	High-Quality and Safe Healthcare	Deliver inspection of CAMHS inpatient services and national inpatient unit	4	1	1	2	
		Publication of new national standards for clinical and care governance	Q4	Q4	N/A	N/A	Annual target Q4.

Appendix 2 Summary Financial Performance Report

Year to Date - Performance Summary – P7

As at 31 October 2025 total income was £29.6m and total expenditure was £28.0m, resulting in a £1.6m underspend (5%).

The YTD underspend, excluding the underspend banked at Q1 and Q2, is primarily driven by the following:

- **NIC (£0.6m)** driven by lower pay costs relating to PCIP (£0.4m), Improving Access (£0.1m) and Community Care (£0.1m)
- **CETC (£0.4m)** primarily due to lower pay costs relating to Drugs and Alcohol and Mental Health programmes (£0.3m) and lower YTD professional fees relating to Volunteering Management System (£0.1m)
- **Evidence (£0.2m)** underspend due to timing difference on digital spend, various non-pay underspends, delays in recruitment on allocations.
- **Quality Assurance and Regulation (£0.2m)** underspend primarily due to pay underspend related to CAMHS - combination of vacancies in programme and underspend in baseline due to movement of staff to programme.
- **Medical and Safety (£0.2m)** due to lower pay costs within Medical Model driven by reduced WTE
- 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	£29.6	£28.5	£1.1
Pay	£42.9	£25.0	£25.0	-
Non-Pay	£6.4	£3.0	£3.5	£0.5
Under/(over) spend	-	£1.6	-	£1.6
Total WTE	562.8	551.7	565.3	13.6

	YTD Actual WTE	YTD Budget WTE	YTD Variance WTE
Baseline WTE	417.8	433.2	15.4
Allocation WTE	108.9	112.1	3.2
Grant WTE	3.2	3.2	-
IHC WTE	21.8	16.8	(5.0)
Total	**551.7**	**565.3**	**13.6**

Total Whole Time Equivalents (WTEs) at the end of October were 551.7 – an increase of 4.5 from September. A full breakdown of the YTD WTE position is available in **Appendix 1**.

YTD 32 people have left the organisation - representing an overall turnover rate of 5.1% YTD. YTD 35 people have joined the organisation.

There are currently 7 staff on the redeployment register and 17 roles that have live recruitment campaigns.

Performance by Funding Source

Year to Date – P7

	Baseline (£m)	Additional Allocations (£m)	Independent Healthcare (£m)	Grant and Other Income (£m)	Total (£m)
Income	£21.7	£5.9	£1.0	£1.0	**£29.6**
Pay	£19.3	£4.6	£1.0	£0.1	**£25.0**
Non-Pay	£1.4	£0.5	£0.2	£0.9	**£3.0**
Under/(over) spend	**£1.0**	**£0.8**	**(£0.2)**	-	**£1.6**

Key areas of variance YTD are:

- Baseline underspend driven by NIC (£0.4m) due to vacancies in PCIP and Improving Access driving lower pay expenditure, underspend in QAR (£0.3m) due to pay relating to baseline staff moved to the CAMHS programme, underspend in Medical and Safety (£0.2m) due to lower pay costs within Medical Model driven by lower WTE, FP&G (£0.1m) due to lower pay costs in Planning and Governance due to vacant roles and savings from vacant DoF role.
- Allocation underspend driven by pay underspends in the Primary Care and Drugs and Alcohol programmes (£0.3m), vacancies in PCIP (£0.2m), additional pay funding relating to AFC uplift funded by SG (£0.2m) and pay underspend in CAMHS (£0.1m).
- IHC overspend primarily driven by increase in IHC bad debt (£0.1m) and unrealised savings targets YTD (£0.1m).

Full Year Forecast

	Baseline (£m)	Additional Allocations (£m)	Independent Healthcare (£m)	Grant and Other Income (£m)	Total (£m)
Income	£37.6	£11.4	£1.7	£1.5	**£52.2**
Pay	£33.7	£7.8	£1.8	£0.2	**£43.5**
Non-Pay	£3.5	£1.8	£0.3	£1.5	**£7.1**
Under/(over) spend	**£0.4**	**£1.8**	**(£0.4)**	**(£0.2)**	**£1.6**

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.

IHC forecast overspend reflects increase of expected bad debt. Note it was agreed at ET level that any 25/26 overspend in IHC would be covered via baseline funding.

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 – P7

Funding Status	Sum of Funding Received (£)	Funding Expected (£)	Additional Allocations Totals	Actual Expenditure YTD	Over/Underspend YTD	Allocation Budget
Funding Received	**8,135,215**	**0**	**8,135,215**	**3,632,090**	**559,765**	**6,243,000**
151 - Recurring Allocation from 24/25	2,118,354	0	2,118,354	834,102	28,273	1,558,000
167 - RR & Medicated assisted treatment / Pathways & substance	1,561,472	0	1,561,472	765,517	177,335	1,478,000
50 - Mental Health Bundled Allocation	1,392,539	0	1,392,539	670,394	179,077	1,295,000
118 - Excellence in Care Programme expansion into multidisciplinary professions	520,000	0	520,000	300,487	10,956	520,000
180 - Scottish Medicines Consortium	450,000	0	450,000	294,706	2,051	450,000
51 - Ministerial Commission for independent assurance of CAMHS in-patient units and the National Child In-patient Unit	529,706	0	529,706	194,452	114,544	0
138 - National Cancer Medicines Advisory Group	230,078	0	230,078	143,540	(3,350)	230,000
147 - Volunteer Management System	231,000	0	231,000	111,351	25,070	239,000
135 - ASP Joint Inspection Programme 2025-26	84,767	0	84,767	110,425	(19,054)	250,000
486 - Voluntary Scheme for Branded Medicine Pricing, Access, and Growth – Life Sciences Investment Programme	449,303	0	449,303	105,115	18,779	0
204 - Palliative Care Guidelines & Scottish Palliative Care Guidelines on Right Decision	168,212	0	168,212	73,593	3,586	160,000
92 - National Review Panel	63,797	0	63,797	26,229	782	63,000
109 - SAPG	95,498	0	95,498	2,178	21,717	0
Held Back	225,489	0	225,489			0
277 - Scottish health technologies group	15,000	0	15,000			0
Partially Received	**1,723,697**	**1,305,000**	**3,028,697**	**1,395,472**	**290,863**	**2,712,000**
72 - Primary Care Phased Investment Programme Tranche 1	1,020,000	1,010,000	2,030,000	916,126	194,825	1,674,000
27 - Right Decision Support	553,000	135,000	688,000	324,030	77,644	688,000
486 - Voluntary Scheme for Branded Medicine Pricing, Access, and Growth – Life Sciences Investment Programme	150,697	160,000	310,697	155,316	18,395	350,000
Total	**9,858,912**	**1,305,000**	**11,163,912**	**5,043,307**	**848,008**	**8,955,000**

At P7 we have received £9.9m versus expected total of £11.2m (88%).

Included within the £11.1m 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. Direction required to understand 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).

Savings Targets

Area	Details	Owner	Category	25/26 Non-Recurring Savings	25/26 Recurring Savings	YTD Savings	YTD Target	Full Year Forecast	RAG Status
Pay Review	The pay award funding received covered all anticipated pay increases, resulting in pay pressure funds previously set aside being released to savings	Organisation	Pay		£380k	£223k	£223k	£380k	
Primary Care Improvement Programme - efficiency savings	Additional funding helped cover costs previously built into the finance plan with funding identified	Belinda Robertson	Pay / Non-Pay		£235k	£137k	£137k	£235k	
Independent Healthcare	Timing of billing registration fees and to commence charging cancellation fees	Laura Boyce	Non-Pay		£50k		£29k	£0k	
Property	IFRS 16 rent free period adjustment	Chief Finance & Risk Officer	Non-Pay	£111k		£111k	£111k	£111k	
Evidence	Phasing savings given recruitment timings	Safia Qureshi	Pay	£75k		£20k	£44k	£33k	
Registered Healthcare Professional Models	The next phase of the medical model, to be widened and accelerated across each HIS	Simon Watson / Kirsty Kilgour	Pay	£40k	£60k	£120k	£58k	£205k	
HIS Employee	Review of Ops teams, admin and project support roles under the next phase of the HIS Employee and in-line with workforce planning	Ann Gow	Pay		£150k		£88k	TBC	
Digital	Savings to the purchase of hardware equipment such as laptops and mobile phones	Kevin McInneny	Non-Pay		£75k		£0k	£54k	
Travel & Events	Based on underspends YTD	Organisation	Non-Pay		£120k	£57k	£70k	£120k	
Evidence, evaluation & data	Consolidate, centralise and prioritise organisational work across directorates. Also savings from not back-filling roles.	Safia Qureshi	Pay		£275k	£175k	£160k	£298k	
	Totals			**£226k**	**£1,345k**	**£842k**	**£920k**	**£1,437k**	
	Grand Total				**£1,571k**				

We continue to work towards our recurring savings target, with £0.6m having been achieved YTD (£0.8m total savings, including non-recurring). Due to phasing it was expected that some of these will be achieved later in the year as work concludes on the initiatives. However, there are some elements which are at risk due to the nature of the timing.

A paper outlining the current position and required next steps on 25/26 recurring savings will be presented as part of the Performance and Delivery Board meeting in November and will subsequently be presented at the Audit and Risk Committee in November to discuss required actions.

Appendix 3 Workforce Report

Resource position summary

(31 October 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 October 2025

YTD Period: 1 April 2025 – 31 March 2026

Previous Year End: 31 March 2025

NHS SCOTLAND

Summary highlights

Workforce Mix

Our current workforce is:

- 618 total headcount
- 583 payroll headcount
- 35 non-payroll headcount

Directorate workforce:
(total headcount)

- CEO: 8
- CETC: 108
- Evidence & Dig: 165
- Finance P&G: 16
- Medical & Safety: 69
- Nursing & IC: 108
- Paw: 17
- QA & Reg: 127

Staff Changes

YTD, 32 people left the organisation in total - representing an overall turnover rate of 5.1% YTD.

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

Sickness absence

21351 hours or 2885 days were lost due to sickness absence this year, which represents a rate of 3.3% of available capacity.

61.4% of sickness has been due to long term conditions and the main reason given for absence is anxiety, stress or depression, which accounts for 35.2% (7520 hours or 1016 days) of the total reported absence.

Vacancy Approvals

There have been 80 recruitment related posts that have been considered by the Vacancy Management Strategy Group (VMSG) since the start of the financial year - 78 have been approved.

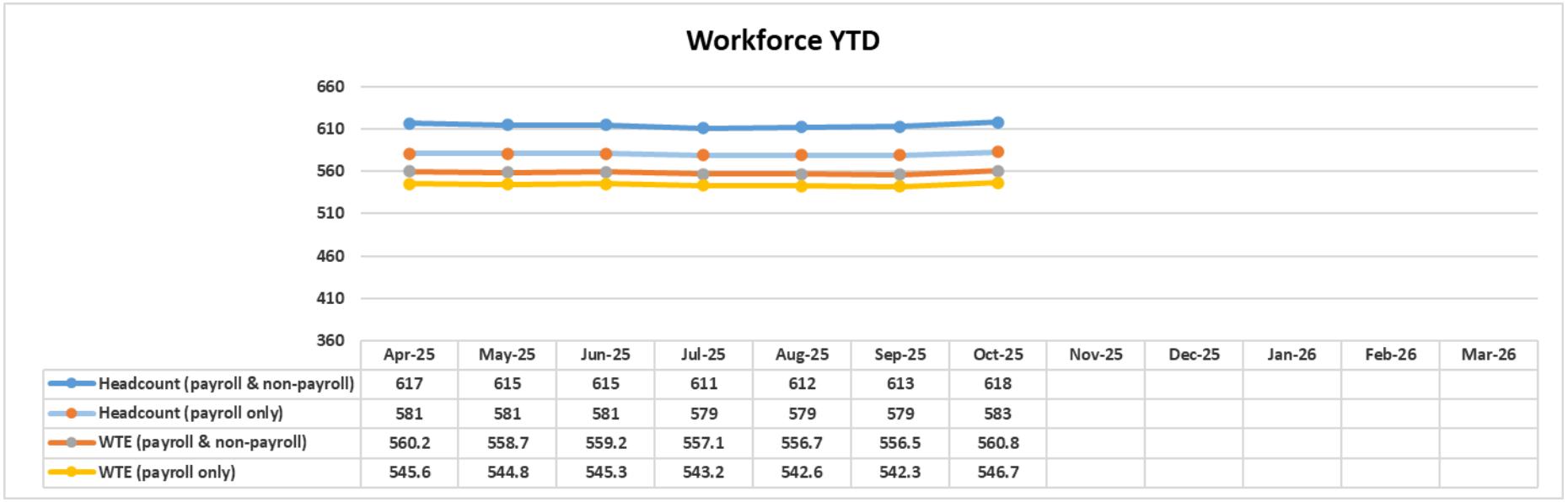
Recruitment

This year, 65 new recruitment campaigns have commenced, of which 45 have been filled (21 by internal/NHS staff) with others at various stages of recruitment.

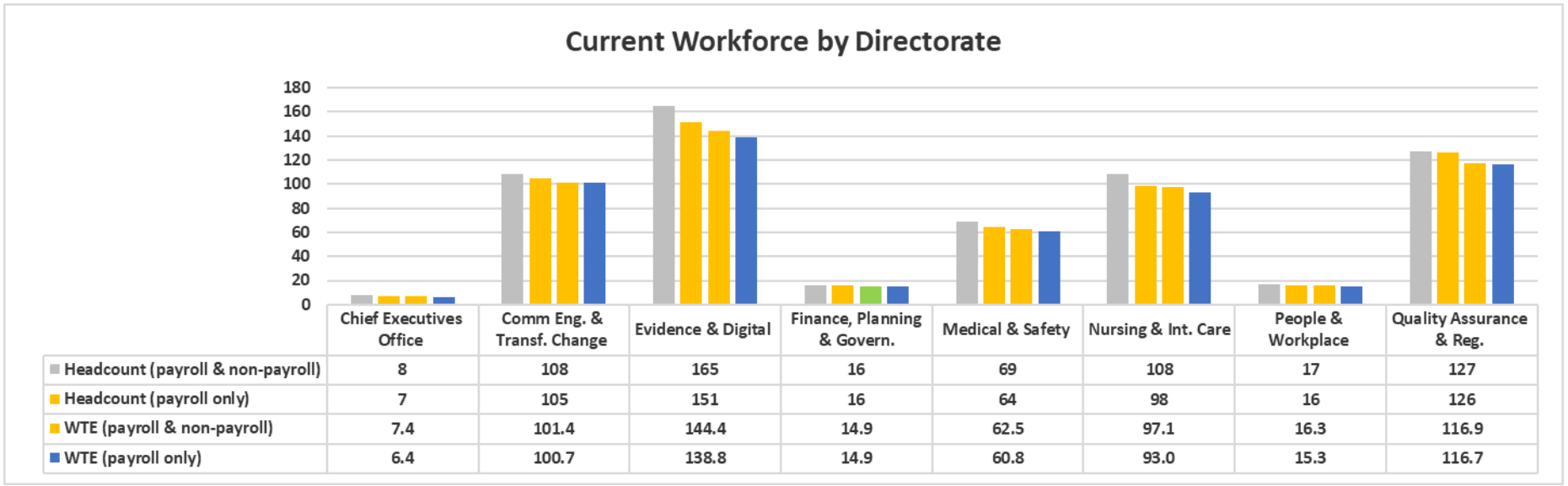
Thus far, it has taken 43.6 days to reach offer stage and 93.5 days to confirm a start date from the point of advertising a vacancy.

YTD workforce position

The total workforce in-post currently stands at 618HC/560.8 WTE with 583 HC/546.7 WTE being payroll staff and 35 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	613	618					
Headcount (payroll only)	581	581	581	579	579	579	583					
WTE (payroll & non-payroll)	560.2	558.7	559.2	557.1	556.7	556.5	560.8					
WTE (payroll only)	545.6	544.8	545.3	543.2	542.6	542.3	546.7					



	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)	8	108	165	16	69	108	17	127
Headcount (payroll only)	7	105	151	16	64	98	16	126
WTE (payroll & non-payroll)	7.4	101.4	144.4	14.9	62.5	97.1	16.3	116.9
WTE (payroll only)	6.4	100.7	138.8	14.9	60.8	93.0	15.3	116.7

YTD Workforce Profile (job family & location)

Administrative Services is our largest job family consisting of 559 (90.3%) of the total workforce as shown along with a detailed breakdown of other job families below.

Hybrid working applies to most of our staff (97.1%) with the highest proportion substantively based in Delta House (336/54.4%), followed by those with a Gyle Square base (232/37.5%) as shown in the location breakdown below. There are currently 18 employees (2.9%) based at home.

Job Family	%	Headcount	WTE
⊟ ADMINISTRATIVE SERVICES	90.3%	559	520.0
⊞ FINANCE	1.0%	6	5.7
⊞ HUMAN RESOURCES	2.3%	14	13.3
⊞ INFORMATION SYSTEMS/TECHNOLOGY	10.8%	67	63.4
⊞ OFFICE/ADMINISTARTIVE SERVICES	76.3%	472	437.5
⊞ MEDICAL AND DENTAL	4.4%	27	12.7
⊞ OTHER THERAPEUTIC	4.5%	28	24.1
⊞ SENIOR MANAGERS	0.8%	5	5.0
Grand Total	100.0%	619	561.8

Substantive Base	%	Headcount	WTE
Office/hybrid	97.1%	601	545.3
Home worker	2.9%	18	16.5
Grand Total	100.0%	619	561.8

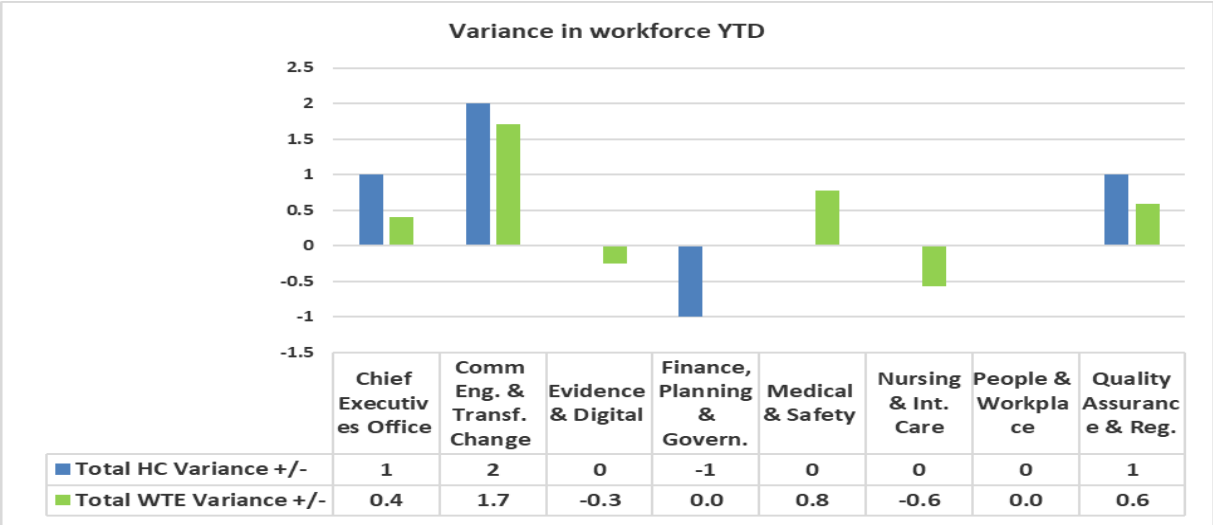
Location	% Split	Headcount	WTE
B010A CE Borders	0.2%	1	0.8
D009A NHS 24 - East Contact C	1.0%	6	4.5
D022A NHS 24 HQ & Cardonal	0.5%	3	2.4
F020A CE Fife	0.3%	2	1.9
H083A CE Highland	0.2%	1	1.0
L020A CE Lanarkshire	0.2%	1	1.0
N036A CE Grampian	0.8%	5	5.0
R008A CE Orkney	0.2%	1	1.0
T024A CE Tayside	0.3%	2	1.7
V017A CE Forth Valley	0.5%	3	3.0
W019A CE Western Isles	0.6%	4	4.0
X023A Aberdeen & North-East	0.2%	1	0.6
Y007A CE Dumfries & Gallowa	0.2%	1	1.0
Z012A CE Shetland	0.2%	1	0.8
ZZ001 Home based	2.9%	18	16.5
X056A Delta House	54.4%	336	298.7
X057A Gyle Square	37.5%	232	216.9
Grand Total	100.0%	618	560.8

Workforce mix and YTD changes

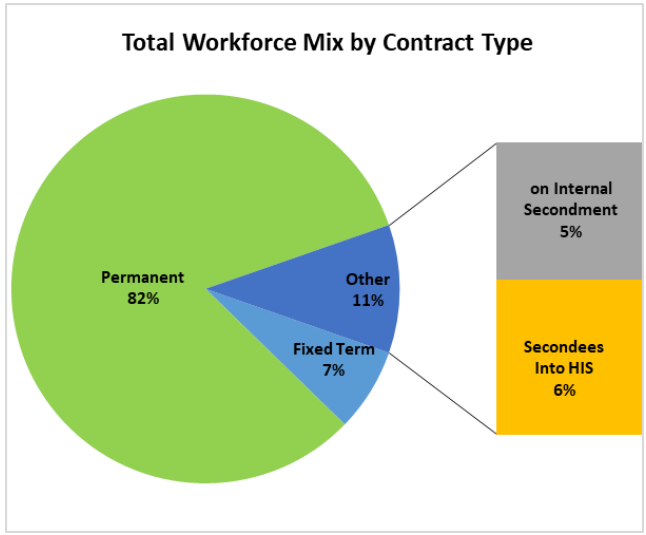
Since the start of this financial year, the overall workforce size has reduced by 3 (2.7 WTE). At Directorate level, the key net changes to staffing are shown below.

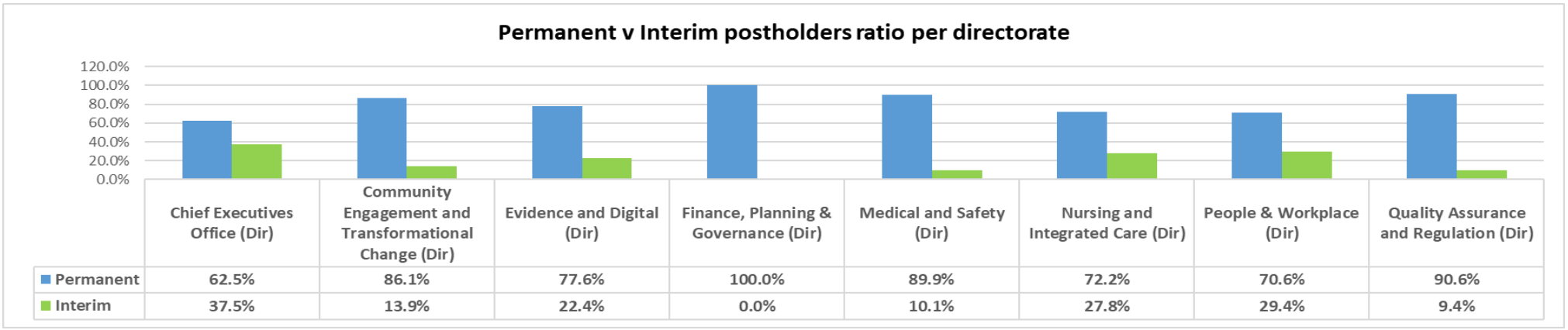
Both the total workforce mix and the ratio of permanent to interim postholders across the organisation have remained broadly consistent with previous periods. 4 directorates have higher ratios of interim posts compared to an organisational average of circa 16.8%.

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	2	0	-1	0	0	0	1
Total WTE Variance +/-	0.4	1.7	-0.3	0.0	0.8	-0.6	0.0	0.6





	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	62.5%	86.1%	77.6%	100.0%	89.9%	72.2%	70.6%	90.6%
Interim	37.5%	13.9%	22.4%	0.0%	10.1%	27.8%	29.4%	9.4%

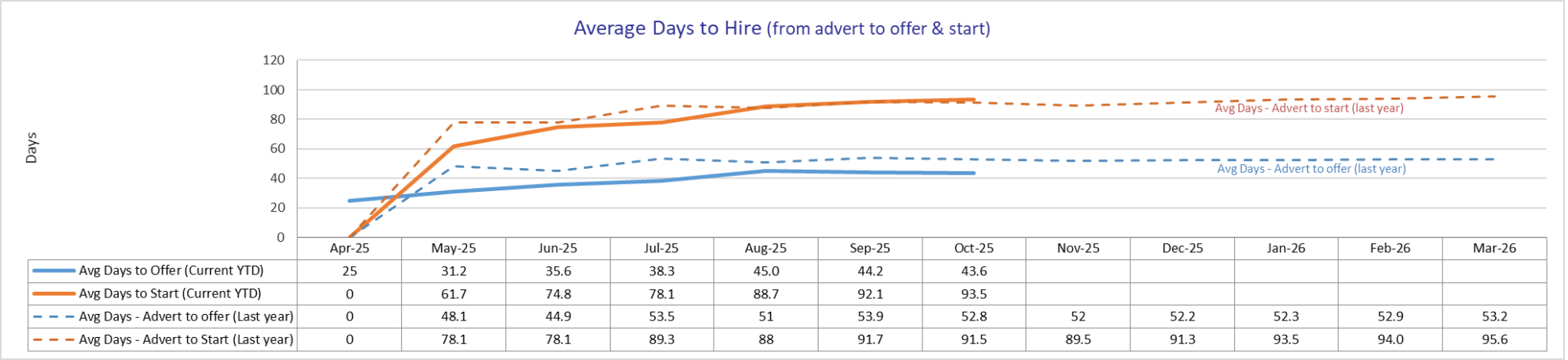
Recruitment Activity (YTD)

65 new campaigns have commenced so far this year – of these, 45 have been filled (21 by internal/NHS staff). Currently 2 are being advertised, 12 are at shortlisting/interview stage and 3 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	22	14	5	9	2	0	0	5	1
Permanent	33	24	16	8	0	2	3	3	1
Secondment Only	10	7	0	7	1	0	0	1	1
Multiple post combinations	0	0	0	0	0	0	0	0	0
Grand Total	**65**	**45**	**21**	**24**	**3**	**2**	**3**	**9**	**3**

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 43.6 days and 93.5 days to reach a confirmed start date.



	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	44.2	43.6					
Avg Days to Start (Current YTD)	0	61.7	74.8	78.1	88.7	92.1	93.5					
Avg Days - Advert to offer (Last year)	0	48.1	44.9	53.5	51	53.9	52.8	52	52.2	52.3	52.9	53.2
Avg Days - Advert to Start (Last year)	0	78.1	78.1	89.3	88	91.7	91.5	89.5	91.3	93.5	94.0	95.6

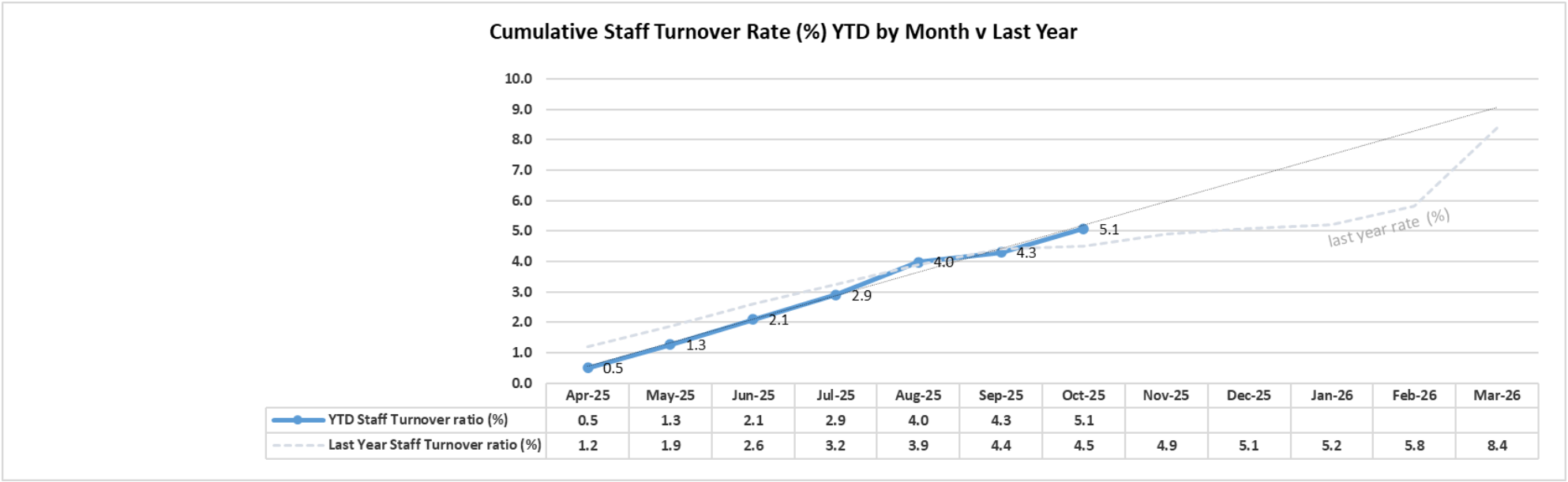
*Time to hire days are based on total days from when a post was advertised

Workforce Turnover (YTD)

This year, 26 people have joined the workforce and 27 have left as detailed below, representing an organisational turnover rate of 4.3% (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 9.3%.

YTD Turnover by Directorate	Starters	Leavers	Turnover Rate
Chief Executives Office (Dir)	4	3	12.8%
Community Engagement and Transfo	6	4	3.8%
Evidence and Digital (Dir)	9	9	5.6%
Finance, Planning & Governance (Dir	0	1	6.1%
Medical and Safety (Dir)	2	2	2.8%
Nursing and Integrated Care (Dir)	8	8	7.4%
People & Workplace (Dir)	0	0	0.0%
Quality Assurance and Regulation (D	6	5	4.0%
Total	**35**	**32**	**5.1%**

YTD Turnover by Contract Type Contract Type	Starters	Leavers	Turnover Rate
Fixed Term	12	4	6.3%
Inward Secondment	5	6	16.2%
Permanent	15	20	4.2%
Internal Secondment	3	2	6.3%
YTD Organisational Turnover	**35**	**32**	**5.1%**



	Apr-25	May-25	Jun-25	Jul-25	Aug-25	Sep-25	Oct-25	Nov-25	Dec-25	Jan-26	Feb-26	Mar-26
YTD Staff Turnover ratio (%)	0.5	1.3	2.1	2.9	4.0	4.3	5.1					
Last Year Staff Turnover ratio (%)	1.2	1.9	2.6	3.2	3.9	4.4	4.5	4.9	5.1	5.2	5.8	8.4

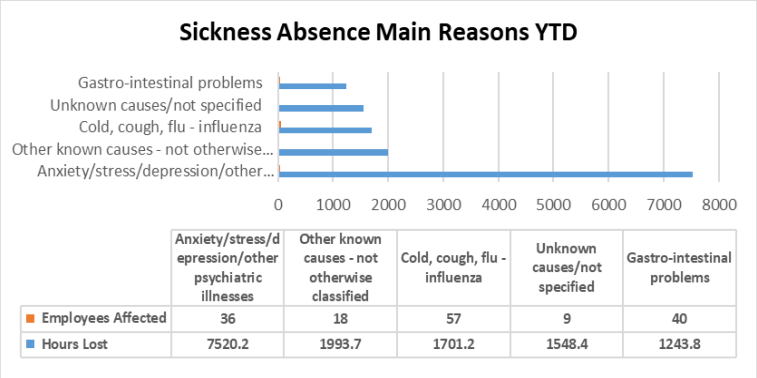
*Turnover calculation: total number of leavers (1 April to current YTD) divided by the average workforce headcount (1 April to current YTD)

Sickness Absence Rate (YTD)

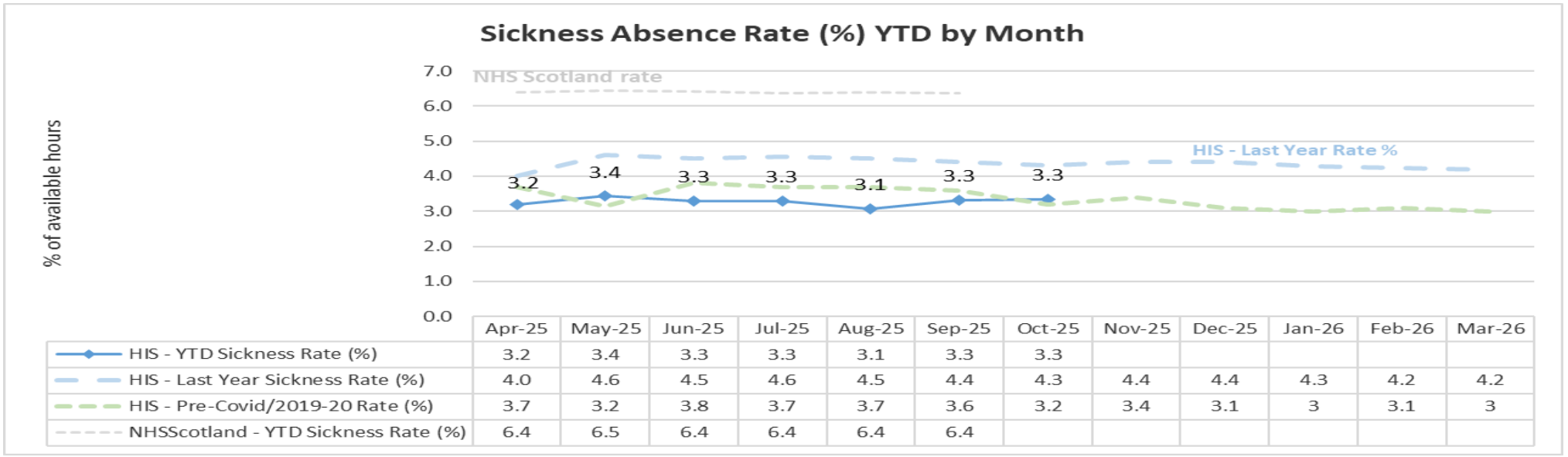
Cumulatively YTD, a total of 21351 hours (2885 days) were lost due to sickness absence, representing a sickness rate of 3.3% with 61.4% attributed to long term conditions. A breakdown of long and short-term sickness absence by directorate is shown below.

More hours were lost due to 'Anxiety/stress/depression/psychiatric illnesses' related sickness than any other reason, with 7520 hours (1016 days) lost – affecting 34 staff members (other main reasons are shown below). The reported sickness rate remains lower compared to the same period last year (4.4 %) and significantly lower than the NHS Scotland average rate of 6.4% (compared to latest available data).

Directorate	Sickness Absence				Instances	
	Rate %	Long Term	Short Term	Hours Lost	Long Term	Short Term
Chief Executives Office (Dir)	0.0	0.0	0.0	0.0	0	0
Community Engagement and Transformational Change (Dir	3.6	1784.8	2310.5	4095.3	6	74
Evidence and Digital (Dir)	1.9	1539.1	1583.5	3122.6	5	63
Finance, Planning & Governance (Dir)	6.0	908.0	112.8	1020.8	2	5
Medical and Safety (Dir)	5.3	3012.9	733.2	3746.1	7	36
Nursing and Integrated Care (Dir)	3.7	2534.3	1498.9	4033.2	8	62
People & Workplace (Dir)	3.4	320.0	313.5	633.5	2	12
Quality Assurance and Regulation (Dir)	3.5	3010.7	1689.1	4699.9	9	53
Organisational Total	**3.3**	**13109.8**	**8241.4**	**21351.3**	**39**	**305**



	Anxiety/stress/depression/other psychiatric illnesses	Other known causes - not otherwise classified	Cold, cough, flu - influenza	Unknown causes/not specified	Gastro-intestinal problems
Employees Affected	36	18	57	9	40
Hours Lost	7520.2	1993.7	1701.2	1548.4	1243.8



	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	3.3	3.3					
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	3.2	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	6.4	6.4	6.4						

Vacancy Management & Approvals

So far this year, there have been 138 requests in total submitted to the vacancy group for approval (all reasons – including change in hours/duration etc.). 80 eRAFs were related to recruitment (incl. covering leavers/internal moves/secondments/sickness etc.) of which, 47 (58.75%) were being funded from base allocation and 32 (40%) from additional allocation and 1 (1.25%) 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	10
Evidence and Digital	24
Finance, Planning & Governance	3
Medical and Safety	6
Quality Assurance and Regulation	7
People & Workplace	2
Nursing and Integrated Care	28
Total	**80**

eRAfs by Reason	Approved	Rejected/ Withdrawn	Total
Interim Backfill (postholder is returning)	12	1	13
New Post (not currently in structure)	25		25
Replacing a Leaver (postholder not returning)	40	1	41
(blank)	1		1
Total	78	2	80

eRAfs by funding/band/contract	Fixed Term	Fixed Term / Secondment	Permanent	Secondment	Temporary	Total
Additional allocation	**12**	**5**	**11**	**3**	**1**	**32**
Band 5	1		1			2
Band 6	8		4			12
Band 7	2	4	4		1	11
Band 8A			1			1
Band 8B	1			2		3
Band 8C				1		1
Other		1				1
(blank)			1			1
Baseline allocation (Core)	**7**	**7**	**27**	**5**	**1**	**47**
Band 4			2			2
Band 5		1	2			3
Band 6	1	1	3		1	6
Band 7	3	2	7			12
Band 8A	2	1	5	1		9
Band 8B			2	1		3
Band 8C		2				2
Band 8D			2	1		3
Other	1			1		2
Senior Managers			2			2
(blank)			2	1		3
External Funding	**1**					**1**
Band 7	1					1
Total	20	12	38	8	2	80

RAF Pipeline

At the month end, there were 12 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 are 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	**89**	Project officer	Fixed Term/Secondment	1
	143	Project officer	Fixed Term/Secondment	
	190	Administrative Officer	Permanent	1
Quality Assurance and Regulation	**193**	Medical Reviewer Assista	Permanent	1
Community Engagement and Transformational Ch	**195**	Admin Officer	Permanent	1
	196	Strategic Planning Adviso	Permanent	1
Medical and Safety	**194**	Improvement Advisor	Fixed Term/Secondment	1
Nursing and Integrated Care	**105**	Administrative Officer	Permanent	1
	102	Project officer	Fixed Term	1
	101	Administrative Officer	Fixed Term	1
	163	Project officer	Fixed Term	1
	162	Administrative Officer	Fixed Term	1
	191	Project officer	Fixed Term/Secondment	1
Total				**12**

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 an increase in the gender pay gaps 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 notable 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	£27.78		
Mean Male Pay	£29.66	£30.98	£31.22		
Mean Pay Gap (M to F comparison)	**11.3%**	**10.3%**	**11.0%**		
Median Female Pay	£25.29	£26.36	£26.87		
Median Male Pay	£26.25	£27.37	£30.66		
Median Pay Gap (M to F comparison)	**3.7%**	**3.7%**	**12.4%**		

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.

Annual Best Value Report 2024/25

Meeting: Board meeting - Public

Meeting date: 2 December 2025

Agenda item: 3.2

Responsible Executive: Ann Gow, Deputy Chief Executive

Report Author: Caroline Champion, Planning & Performance Manager

Purpose of paper: Assurance

1. Purpose

The Board is presented with the Annual Best Value Report for 2024-25. This report is intended to provide assurance in relation to best value across the organisation and represents our second annual publication.

2. Executive Summary

The Annual Best Value report 2024-25 sets out how, as a best value organisation, HIS continues to demonstrate how we make effective, risk-aware and evidence-based decisions on the use of all our resources to deliver our Strategy 2023-28.

We have applied the concept of best value in HIS to understanding and demonstrating both how we work efficiently and seek to make best use of our resources, and through best value assessments, how our work in the system contributes to better outcomes and experiences for people through the appropriate and sustainable use of resource.

Since the 2023-24 reporting year, the quarterly performance report has included best value assessments as outlined in our Performance Management Framework. The learning from these assessments is considered in the Annual Best Value Report along with broader considerations in relation to performance management, workforce planning and financial planning. This year, the Chair of the Audit and Risk Committee requested greater cross-committee input and as such the report includes coverage of a range of functions across the organisation, both in terms of internal efficiency and value as well as the external delivery of our strategic priorities.

HIS' support for the external service reform agenda, including the Scottish Government's Service Renewal Framework and Operational Improvement Plan has also been highlighted including reference to areas such as Hospital at Home, Primary Care Improvement and the Scottish Approach to Change.

In terms of impact, while several work programmes do consider this in their planning and delivery, at present this information is not routinely gathered or considered using a consistent approach. This was also highlighted in a recent internal audit report on Measuring Impact (June 2025) which also recognised that measuring impact and outcome improvements is difficult especially where it takes time to embed. As a result a number of management actions have been identified with the aim of developing and implementing an organisational approach to how HIS will measure impact in the health and care system.

The report has been considered by the Executive Team and the Audit & Risk Committee ahead of being presented to the Board.

3. Recommendation

The Board is asked to accept the following Level of Assurance:

MODERATE: reasonable assurance that controls upon which the organisation relies to manage the risks 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 appendix is included with this report:

- Appendix 1: Annual Best Value Report 2024-25 (the appendices within this report are provided in the additional reading folder on Admincontrol)

Healthcare Improvement Scotland

Item 3.2 Appendix 1

Best Value Report 2024-25

November 2025

Supporting better quality health and social care for everyone in Scotland

NHS SCOTLAND

Contents

1. Introduction

Boards have corporate responsibility for creating and promoting the efficient and effective use of staff and other resources by the organisation in accordance with the principles of Best Value. Furthermore, the Blueprint for Good Governance for NHS Scotland requires that Board Members must regularly scrutinise evidence that public money is being safeguarded and appropriately accounted and resources are being used to secure best value.

Best Value is covered in Healthcare Improvement Scotland's Performance Management Framework approved by the Board in 2023. This is the organisations second annual best value report and is part of our governance accountability.

Best Value Duty

The concept of best value assesses how well an organisation optimises its costs and maximises the impact of every pound spent on achieving strategic goals. It ensures resources are used efficiently and strategically, which leads to better outcomes and increased effectiveness.

Best value in public services: guidance for accountable officers - gov.scot (www.gov.scot) explains the duty of Best Value and the characteristics of a Best Value organisation. The guidance was prepared to assist Accountable Officers of Public Bodies covered by the Scottish Public Finance Manual and reinforces the importance of the duty and to better reflect the context of public services working in partnership to deliver improved outcomes for the people of Scotland. It is intended to support Accountable Officers and, where appropriate, Board Members (and the organisation which they serve) in focusing on (i) continuous improvement which will help ensure sustainable economic growth for the people of Scotland and (ii) delivery of the outcomes required of all public services as articulated in the National Performance Framework.

The duty does not seek to create a "one size fits all" approach but rather it provides details on what organisations should be aiming for. Ultimately, Best Value should be appropriate to, and proportionate to, an organisation's priorities, operating environments and the scale/nature of business and should be implemented accordingly.

We have applied the concept of Best Value in HIS to understanding and demonstrating both how we work efficiently and seek to make best use of our resources, and also through Best Value assessments, how our work in the system contributes to better outcomes and experiences for people through the appropriate and sustainable use of resource.

2. Best Use of Resources

In this section, we will focus on how, as a best value organisation, Healthcare Improvement Scotland demonstrates how we make effective, risk-aware and evidence-based decisions on the use of all our resources to deliver our Strategy 2023-28.

We continue to operate in a challenging financial environment and recognise the impact of this both on the wider system as well as our own planning and resourcing, and in particular note the workforce pressures currently faced. While there is no easy solution to this, we are undertaking a range of work designed to mitigate these pressures and ensure best use of our valuable resources.

Workforce

Healthcare Improvement Scotland's expenditure profile is 80%+ workforce costs and therefore it is essential that how we plan for and deploy staff ensures the efficient and effective use of its most valuable asset.

Workforce Planning

During 2024-25 our Interim workforce plan focused on a new approach to look at a more flexible workforce model for the organisation and how we support and develop our workforce to work across and between internal boundaries. We are now part-way through the first 12 months of this process and have been able to pick up on specific learning and organisational requirements in relation to how can be managed and directed to maintain flex where it is required.

Whilst we do not, as such, have supply challenges for these roles, the opportunity to establish a critical mass of experienced and flexible support roles will, it is anticipated, assist with ensuring resilience across the organisation. Upscaling and spreading this model to other roles beyond administrative and project officer roles is a next step for us in the diversification of the workforce models available to us.

Over the last few years, we have continued to see an increase in our overall headcount and whole-time equivalent employees. This can be attributed to an increased workload that is generated from additional allocations due to the continued demand for a range of services from HIS.

The financial arrangements around this workload can have a significant impact on the workforce, particularly regarding the uncertainty of additional allocations for workstreams. Efforts are being made to develop a strategy to minimise the impact of allocation-based

funding, and where anticipated funding has not been baselined, to ensure that appropriate workforce solutions are available which support both staff and programme delivery.

During 2024-25, we revised our approach to managing fixed term contracts and undertook a test of change by introducing a new workforce model (HIS Employee) that aligned to organisational priorities but also enabled a flexible and agile approach to capacity and delivery across HIS.

HIS Employee

Recruitment and onboarding of 20 Project Officers (PO) and Administrative Officers (AO) on assignment to high priority work took place during 2024. This cohort drove the development and testing of policies and processes to enable flexible assignment and reassignment across work programmes and directorates as needed.

An evaluation is scheduled during Autumn 2025. The ownership and maintenance of the HIS Employee process and further development of associated Standard Operating Procedures (SOPs) and Work Instructions will sit with the People and Workplace team, with the intent to protect corporate knowledge and provide resilience for future staff turnover.

A core group led by Partnership Representatives and Associate Director of Workforce will explore and test the ability to scale the PO and AO cohort across existing staff; exploring the option to expand the approach to other job roles where Healthcare Improvement Scotland Workforce may work across multiple directorates sequentially and/or concurrently; the enablers needed to support strategic scaling options.

Medical Model

HIS welcomed five new medical Strategic National Clinical Leads across Acute Care, Child Health, Women's Health, Psychiatry, and Primary Care. These roles, totalling 2.0 WTE, now form a cohesive leadership team that spans the breadth of HIS's work. Their appointment has significantly strengthened our strategic clinical capacity and enhanced Clinical and Care Governance assurance.

This new approach to our 'Medical Model' consolidates nine previous posts (1.8 WTE) that were embedded within individual programmes. While these legacy roles provided valuable subject-matter expertise, they lacked strategic oversight and influence. The revised model has enabled us to address key risks by closing gaps in medical input across core areas of our work.

Although this change has resulted in a 15-20% increase in spend, the return on investment is clear: we have shifted from having 92% of this medical resource focused solely on improvement work to a model that now delivers strategic medical leadership across improvement, assurance, horizon scanning, and response to concerns.

Looking ahead, our new Associate Medical Director will take up post following a nine-month vacancy. They will build on the learning from this work to drive further benefits realisation.

Additionally, we have initiated development of a multi-professional Clinical and Care Workforce Plan aligned to our organisational strategy. This work will continue to maximise the value and impact of our investment in Registered Healthcare Professionals, while further strengthening our clinical and care governance.

During 2024/25 the activity of Staff Governance Committee took into account further areas of work supporting an effective and efficient workforce.

Reduced Working Week

As part of the pay negotiations for Agenda for Change workforce in 2023-24, it was agreed that the working week hours would reduce from 37.5 hours to 36 hours (pro rata for part-time staff). Scottish Government issued Circular PCS(AFC)2024/2 which outlined the approach and engagement that was required with managers in conjunction with partnership representatives across Healthcare Improvement Scotland. The initial 30-minute reduction took place on 1st April 2024, and the second 60-minute reduction will be implemented on 1st April 2026.

This reduction will have operational and financial impacts across directorates that are being planned for in advance to allow a proactive approach to this within Healthcare Improvement Scotland. It is anticipated that the implementation of a reduced working week will have a positive impact on staff experience and wellbeing at work.

Promoting Attendance / Management of Sickness Absence

Healthcare Improvement Scotland has previously seen sickness absence levels below the NHS Scotland national target of 4%. Since April 2024, the level of absence across the organisation consistently sat above 4% and at the highest level reached 4.6% in July 2024. Through partnership discussions and reporting to the Staff Governance Committee a 'Deep Dive' programme was undertaken and activity as part of this work resulted in a stable reduction returning to threshold sickness absence levels of 4%.

Digital Workplace

In 2024/25 we published our Digital and Intelligence Strategy, in which four digital essentials were outlined. The last of these essentials is:

"Our staff will be digitally empowered through digital learning programmes that provide a basis for further self-directed training tailored to business needs."

The HIS Digital Learning Pathway is a training programme written and piloted in 2024/25 to work towards promoting this digitally-empowered workforce. The learning outcomes for the programme are for attendees to be able to:

• define and explain digital concepts
• locate and use digital tools to develop own and others' digital skills
• self-assess digital capability
• locate and access further digital skills resources
• identify areas where digital tools could lead to efficiencies
• be increasingly confident using digital tools.

A paper detailing the results of the pilot was presented to the Executive Team, Partnership Forum and HIS Campus and a proposal to enrol all HIS staff on the programme has been supported, currently planned for 2025/26. Having all HIS staff complete this course demonstrates a willingness and acknowledgement to further use of M365 tools and understand how best to deliver value, in a digital workplace, when using these tools.
In addition, our Digital Champion network:

- helps raise awareness of M365 changes and any impact they have on our ways of working at HIS
- helps the organisation to innovate better ways of working by supporting and helping people learn more about how to use and apply M365 tools
- teaches and shares information about internal digital-related changes like our file storage practices or cybersecurity
- helps the organisation identify issues associated with the use of technology, signpost colleagues to the relevant guidance and provide initial guidance on Information Governance issues when appropriate.

They support colleagues using different approaches including drop-in sessions for staff with digital-related queries, 'Spotlight Sessions' open to all staff on M365 tools and topics and posting hints and tips about M365 features.

The DSG team works closely with Partnership Forum to provide and update guidance on the use of Artificial Intelligence (AI) within HIS, with the first guidance published in early March 2025. A small proof of concept team will be testing M365 Copilot as a productivity tool and will be reporting on the evaluation early 2026.

The Information and Communications Technology (ICT) Team continues to host a number of topic-specific guides on aspects of M365 tools on their intranet page and all DSG post updates and guides regularly to the HIS All-Staff Team, Digital channel. Further actions and recommendations are expected to derive from an internal audit "M365 Benefits Realisation" carried out by KPMG during 2025.

In 2024/25, staff were advised to use the Microsoft 365 (M365) Skills Hub, which contains upcoming training, online learning modules and new or 'coming-soon' features that are

curated and tailored for NHS Scotland staff. Recognising that people respond to varied forms of communication and have different learning styles, staff are encouraged to sign up for a monthly roundup of content published on the M365 Skills Hub. Engaging with this National Education for Scotland (NES) resource ensures staff have access to the latest changes in the tools used day-to-day and support in ensuring that we can continue to maximise M365 features and benefits in HIS' work.

Additionally, colleagues in NES started a new network called "Click & Grow". This learning network is aimed at beginners providing advice for beginner computer and digital skills working with files, folders, and different apps. DSG have reviewed what has been posted to-date and believe all HIS staff will be able to learn something from this new resource, so it was promoted within HIS in early 2025 and will continue to be throughout 2025/26.

HIS Campus

HIS Campus is our one-stop-shop for organisational learning and development in HIS. Built around the principles of Best Value, it aims to:

1. create a community of active learners through the provision of accessible and inclusive learning opportunities, aligned with the delivery of HIS business priorities
2. provide a virtual learning space for HIS employees to come together to learn, share and collaborate
3. ensure maximum numbers of staff benefit from any available funding (to support learning and development)
4. capitalise on the considerable specialist expertise within HIS, to deliver a dynamic programme of no or low-cost development opportunities, widely available to HIS staff

Recent examples of our best value approach include:

- Securing organisational investment to introduce and embed The Strengths Deployment Inventory (SDI) across HIS. Available to every member of staff, SDI aims to improve the quality of our working relationships and interactions with each other, improving staff experience and enhancing our ability to work collaboratively in line with our One Team ethos
- The delivery of 10 cohorts of our HIS Essentials Series (January – March 2025) which set out the HIS approach to managing people in line with our exemplar employer ambition, and was attended by 135 line managers

Our current HIS Campus programme is predominantly provided through internal subject matter experts.

Financial and resource management

The Blueprint for Good Governance sets out the requirement to ensure public money is being safe guarded, appropriately accounted for and resources are being used to secure best value as set out in the Scottish Public Finance Manual (SPFM).

The SPFM is issued by the Scottish Ministers and provides guidance on the proper handling and reporting of public funds. It sets out the relevant statutory, parliamentary and administrative requirements, emphasises the need for economy, efficiency and effectiveness, and promotes good practice and high standards of propriety.

The committees of the Board have a responsibility to review progress against the duty of Best Value as set out in the SPFM and guidance from Scottish Government. Specifically, there is an individual and corporate responsibility on the Directors and non-executive members to promote the efficient and effective use of staff and other resources in accordance with Best Value principles.

Delta House Lease

HIS are primarily based in two office sites; Edinburgh (Gyle Square) and Glasgow (Delta House). Staff working in our Community Engagement team are located within a designated space at each territorial health board on a 'grace and favour' basis.

Delta House is under a ten-year lease, from 2021 to 2031, with a mid-point break clause of March 2026. As set out in the Scottish Public Finance Manual, there is a requirement that in advance of any lease break option the occupying body must develop a property options appraisal for approval by the Cabinet Secretary. Following a best value for money review and working in partnership, Delta House was refurbished in 2021 at a cost of £2.1m. It is carrying a dilapidations provision of £395k.

Following the options appraisal of suitable office accommodation in Glasgow, it was agreed jointly with Scottish Government that staying at Delta House, and not exercising the March 2026 break clause option, was the preferred solution. HIS negotiated with the landlord that in return to remove the break clause from the lease and remain committed to the building until 2031, they would give us a four month rent free period 1 April - 31 July 2025 and then a rent reduction to 50% for 12 months from 1 January - 31 December 2026 (c.£270k saving in total).

Financial Reporting and Forecasting Using M365

HIS has now developed its financial reporting including the introduction of PowerBi which allow various sources of data to be brought together and turns them into static or interactive data dashboards. This form of automation reduces the manual input normally required to prepare financial reports creating efficiencies in our financial function.

3. Delivery of our Strategy

Delivering Value Based Health & Care: A Vision for Scotland, describes how we can improve outcomes by collaborating with the people we care for to deliver care that is right for them. It defines this as “delivering better outcomes and experiences for the people we care for through the equitable, sustainable, appropriate and transparent use of available resource”.

The Scottish Government published a Value Based Health & Care Action Plan which sets out the actions to support health and care colleagues practice Realistic Medicine and deliver value based health and care, by focusing on outcomes that matter to people, optimising use of health and care resources, and contributing to a more sustainable health and care system. The following section provides examples during 2024-25 of functions and programmes where we have sought to ensure best value in the design and delivery of our work.

Once for Scotland Provision of Evidence and Advice

Healthcare Improvement Scotland delivers evidence based advice on new medicines and technologies and recommendations on clinical practice and service provision through national guidance and standards, on a "Once for Scotland" basis. Provision of advice and recommendations on a national basis ensures that NHS Scotland benefits from single, robust assessments and reviews, saving time and resources and supporting timely and safe access to new medicines, technologies and equitable, high quality treatment pathways and services for all patients.

The Scottish Medicines Consortium (SMC) issues advice to NHS boards on the clinical and cost-effectiveness of new medicines. The Scottish Health Technology Group (SHTG) does the same for new technologies. The work of SMC and SHTG is a statutory part of HIS’s role and exemplifies the value of centralised evidence provision.

The Scottish Intercollegiate Guidelines Network (SIGN) develops national guidelines and clinical pathways, designed to be adopted consistently across all NHS boards. SMC and SHTG advice is integrated into SIGN guidelines ensuring that evidence-based recommendations are embedded in clinical practice nationwide.

We also support national programmes, for example, providing horizon scanning, evidence review, and evaluation for innovative health technologies, supporting national adoption through the Accelerated National Innovation Pathway (ANIA).

Safe Delivery of Care (SDoC) Inspections

We are proposing to develop a revised and renewed Safe Delivery of Care inspection operating model for our NHS acute, maternity and mental health assurance programmes over the next eighteen months. The revised model would provide a simplified and transparent operating system focused on patient safety and quality of care, which would enable HIS to continue to provide an efficient and effective programme of assurance through inspections.

Independent Review of Regulation (IHC)

HIS regulatory approach supports effective, efficient and sustainable assurance of the safety and quality of care through regulation of IHC services. Since 2016 the scope of the independent healthcare services we regulate have expanded in number, range and complexity.

The recent commencement of legislation in relation to the regulation of independent healthcare services provided by pharmacy professionals, and the regulation of independent medical agencies, further significantly increases the scope of our regulatory responsibilities and requires HIS to consider how we effectively regulate services that are not provided from fixed premises, in addition to our pre-existing regulatory framework.

As such, a review of our regulatory function was commissioned and is being undertaken in collaboration with staff and relevant stakeholders. This will inform our engagement with stakeholder groups, including opportunities to inform the development of our policies and publications.

The Corporate Improvement Team continues to work with IHC and Ionising Radiation (Medical Exposure) Regulations (IR(ME)R) teams as part of the Regulation Review. Using a combination of Improvement, SPRINT and Short Life Working Group methodology. This will result in a final report with recommendations for consideration during Q4 of 2025-26.

Responding to Concerns

An external review of our Responding to Concerns programme resulted in recommendations for improvement which are being implemented through an Action Plan. These recommendations highlighted opportunities for more efficient and effective working, for example the creation of a single route for all unsolicited intelligence and enquiries to ensure timely and consistent handling, and the development of improved systems for sharing intelligence.

Primary Care Improvement

The Primary Care Phased Investment Programme (PCPIP) represents a significant strategic investment aligned directly with the organisation's duty to secure best value in public services, particularly in relation to continuous improvement in performance whilst maintaining an appropriate balance between quality and cost. PCPIP is focused on optimising

resources and maximising the impact of spending to achieve better outcomes and increased effectiveness across Primary Care.

The PCPIP evaluation is designed to assess the effectiveness and quality of care delivered under the 2018 General Medical Services (GMS) contract. It directly addresses the requirement to have regard to economy and efficiency by examining the introduction of effective Multi-Disciplinary Team (MDT) working to optimise costs and create capacity:

- Workload and Capacity: the programme assesses the impact of MDTs on workload. Qualitative data explores the intended outcome of release of GP time to act as expert medical generalist and release of GPN time. Previous analysis indicated significant potential for task transfer (e.g. 28% of GP appointments in Edinburgh could have been seen by another clinician; 25% of tasks in Borders transferable to an Advanced Nurse Practitioner or other MDT staff).

- Value for Money: the evaluation includes a health economic analysis using a mixed method approach involving a cost-consequence analysis for specific demonstrator site models to identify the value expected in terms of costs and outcomes delivered.

- System Efficiency: efficiency is measured by collecting data on capacity limitations and staff estimates of time taken for specific tasks, contributing to an understanding of resource use. The analysis also tracks changes in costs due to de-prescribing and medicines optimisation achieved through pharmacotherapy services.

The PCPIP evaluation is commissioned by the Scottish Government to inform the continual development of the GMS contract and future national investment. The evaluation outputs, including six-monthly interim reports and a final evaluation report will be published in December 2025 providing key evidence and recommendations to Scottish Government to inform the next stage of MDT implementation.

In summary, PCPIP demonstrates a robust approach to achieving Best Value by setting arrangements for improvement in quality and cost management, backed by a comprehensive mixed-method evaluation (qualitative, quantitative, and economic data) designed to provide evidence on efficiency, effectiveness, and equity of resource use in Primary Care. The final report in December 2025 is anticipated to provide detailed insights into the value for money and capacity building achieved through this phased investment.

Hospital at Home (H@H)

The Hospital at home programme supports NHS boards and HSCPs set-up, grow and optimise hospital at home services. In 2024/25 the programme supported NHS boards and HSCPs to:

- Reduce pressures on traditional hospitals by enabling 15,470 episodes of care to be delivered at home instead of in a hospital.

- Representing a growth of 200 patients a month compared to the previous year.

- Estimated savings of £16.7 million from reduced hospital costs and £39.4 million from lower healthcare usage post-discharge.
- Without hospital at home, an additional 672 hospital beds and 477 care home places would be needed to meet this demand.

The programme ensures the delivery of best value by:

- Spending less by taking a digital first approach in our resource development and working in collaboration with the frailty programme to share resources and joint visits to services.
- Spending well by actively managing spend against budget and change work plans to ensure any underspends that develop are re-purposed to add value within the programme or released as early as possible into organisational savings. This includes using organisational finance and procurement processes to ensure value for money in all our non-pays and using routine staff turnover as opportunities to assess skills requirements in the team and when needed use RAF process to adjust the skill mix to better meet the needs of services.
- Spending wisely by use evidence, data and an understanding of the issues facing services to guide the focus of our work. This becomes the basis of the guidance we provide to services. This ensures our time and resources are used where they can add practical value to services.
- Spending equity by making adaptations to our programme delivery model to ensure services in all areas of Scotland, include the island communities, can fully engage in the programme. This has become more important in 2025/26 as the scope of the programme has changed from older people to all adult and paediatric services. There is a risk of paediatric services receiving a lower level of support due to the unique clinical needs of their children and families they support. To overcome this the programme has created a workstream focused on paediatrics for more tailored support and are working with the Medical and Safety directorate to ensure appropriate paediatric clinical input.

The H@H programme in 2025/26 has an expanded scope to cover all types of adult services and paediatric services with an aim to help boards contribute to a Scottish Government aim of 2,000 H@H and Outpatient Parenteral Antimicrobial Therapy (OPAT) beds by December 2026.

Scottish Approach to Change

The Scottish Approach to Change is being developed to underpin the delivery of both the Scottish Government's Health and Social Care Service Renewal Framework and NHS Scotland's Operational Improvement Plan. The aim is to support the health and care system to do change well, and brings together different change methods into a single approach and translates theory into a practical tool. Importantly, the Scottish Approach to Change uses

simple accessible language. This means everyone can achieve high quality change. It does this by:

- focusing on people
- using evidence, experience, and learning
- empowering individuals to innovate and improve
- combining various change methods into one approach, and
- turning theory into a practical tool.

A key component of the Scottish Approach to Change is to support good governance and effective management of resources when undertaking change. This ensures a focus on improvement, to deliver the best possible outcomes for people, within available resources. In particular, the focus on rigour as an enabler of change, provides guidance and tools which assist NHS Boards to deliver Best Value and high-quality care while implementing much needed change as part of the Service Renewal Framework.

Informing Policy

Our Gathering Views and Citizens' Panel reports summarise the learning gained through targeted engagement with communities across Scotland. The opinions of members of the public and the lived experiences of users of health and care services directly influence our recommendations to Scottish Government and other commissioning bodies. We track the ongoing impact of people's views on national policy and practice 6, 12 and 18 months after publication of our reports.

Policy areas influenced by our work in 2024-25 include access to services, climate emergency and sustainability, realistic medicine, NHS reform, implanted medical devices and a new palliative care strategy for Scotland.

Equalities

Our Equality Mainstreaming Report describes how HIS has embedded equality in its work over the past four years, meeting our duties under the Equality Act 2010 (Specific Duties) (Scotland) Regulations 2012. This includes internal activities such as training and awareness for staff. We work with diverse communities so their views and experiences shape national policy and guidance in such areas as gender identity services, prisoner healthcare, perinatal health inequalities and recovery from alcohol and drug harms. We champion the use of equality impact assessment (EQIA) so that our work programmes deliberately consider their potential impact on a wide range of communities, understand barriers and mitigate detriments. At the end of March 2024, 95% of our work programmes had completed an initial screening and/or a full EQIA. This demonstrates a planned and systematic approach embedded across almost all work programmes, with a target of 100% completion in 2025-26.

4. Performance Management

Our quarterly performance reporting includes Best Value / Value for Money assessments in accordance with the Chartered Institute of Public Finance and Accountancy (CIPFA) 4Es Framework, and as outlined in our Performance Management Framework.

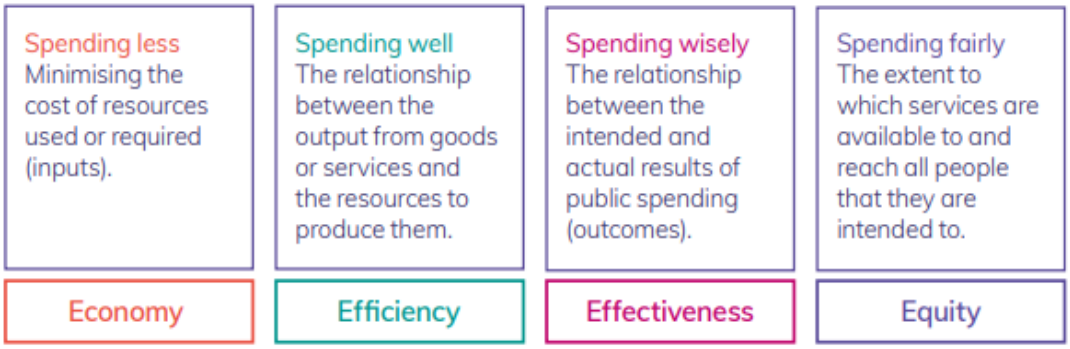


Image 1 CIPFAs 4Es Framework

In addition to CIPFAs 4Es, our best value assessments continue to be aligned to NHSScotland Value Based Health and Care Action Plan to provide an indication of Healthcare Improvement Scotland's contribution to the six commitments.

The selection and prioritisation of programmes for assessment is based on the following approach:

"Programmes of work will be chosen for value for money assessments based on their risk ratings, financial value and alignment to our strategic priorities. Assessments will be undertaken at appropriate intervals with follow up reviews as required. The aim is to assess key programmes of work to provide assurance to the Board regarding best value in HIS on an annual basis."

In addition, there is a need to ensure we focus on key priorities as described in HIS' Annual Delivery Plan 2025 and Strategy 2023-27. To undertake these reviews, we will continue to follow a cross organisational multi-disciplinary approach to these assessments using expertise in measurement and evaluation from across the organisation and including the Finance and Planning and Performance teams.

Assessments carried out during 2024/25 are as follows:

Quarter 1	Quarter 2	Quarter 3	Quarter 4
Focus on Frailty Programme	Joint Inspections of Police Custody Suites	Transformational Change in Mental Health (TCMH)	Service Change

The full assessments for each are available at Appendix 1. Appendix 2 provides the approved schedule of Best Value assessments for 2025-26. The schedule will be subject to change and

will remain flexible in the year due to changes in risk profiles, re-prioritisation and/or funding confirmation.

It is important to acknowledge that within HIS, we do not yet routinely or consistently gather impact and outcomes data for all programmes of work. There is however evidence of positive outcomes and improvement at programme or project level in a range of areas. This is a critical component in determining best value and demonstrating positive impact across the health and care system as well as delivery against HIS' strategy, and as such work continues to look at this strategically to ensure we are better placed going forward and there is a consistent approach across the organisation. In addition it will be important to focus our outcome and impact reporting on priorities being delivered through a Quality Management System approach rather than restricted to individual programmes of work.

5. Conclusion

It is essential that we continue to consider how Healthcare Improvement Scotland deploys its resources to support improvements across the health and social care setting, not just in terms of cost savings but also for the quality and safety of patient care.

Over the past year we can demonstrate the delivery of best value in a range of activities both from the perspective of how we use our resources internally and how we deliver programmes of work that provide value for the NHS in Scotland.

It is recognised that when it comes to assessing best value there is rarely a magic bullet solution and this makes measuring impact and outcome improvements difficult especially where it takes time to embed. Dramatic jumps are not the norm, rather steady progress on relatively small incremental changes that eventually accumulate to larger gains but over the long, not short, term. Ultimately, how we deploy our resources must ensure safe, effective, efficient and sustainable change in the health and care system.

Integrated Planning 2026-27 - update

Meeting: Board Meeting - Public

Meeting date: 2 December 2025

Agenda item: 3.3

Responsible Executive: Clare Morrison, Director of Engagement and Change

Report Author: Jane Illingworth, Head of Planning and Governance

Purpose of paper: Awareness

1. Purpose

This paper provides an update on arrangements for the development of Healthcare Improvement Scotland (HIS)'s Delivery Plan for 2026-27. The paper supports all strategic priorities.

2. Executive Summary

Scottish Government guidance

Healthcare Improvement Scotland, along with other NHS boards, is required to provide a Delivery Plan for Scottish Government (SG) on an annual basis, in line with SG expectations relating to national priorities. This is usually commissioned on a formal basis with detailed guidance, and alongside the process for development and submission of the organisation's financial plan.

We are expecting a communication from SG regarding planning for 2026-27 in late November / early December. It is understood that consideration is currently being given on how to align Annual Delivery Plans and the associated commission to the new Health and Social Care Reform Frameworks (the Service Renewal Framework (SRF), Population Health Framework (PHF) and Operational Improvement Plan (OIP)). It is also expected that in the meantime, boards will be asked to provide an overview of how they are working to support the delivery of the SRF, PHF and OIP.

During the year, efforts have already been made to begin to align HIS' work to the Scottish Government's Operational Improvement Plan (OIP) with a number of key performance indicators identified, and planning considerations will continue to include the reform agenda.

Board steer

Within HIS, the planning process has begun with the Board strategy day on 17 September which focused on the 'state of the nation' including policy direction, system intelligence and

insights from within the organisation. The Board was asked to consider issues such as HIS' future positioning in the changing system context, its role in relation to influencing and independence, and emerging and future quality and safety challenges.

This is an important stage in communicating the Board's direction for the delivery plan and the outcomes from the strategy day were shared with the Executive Team and Senior Leadership Team at a development session on 6 October and discussed further at an integrated planning meeting for Directors and Associate Directors on 11 November.

Planning process

While it is not yet clear how the SG Planning process will change in line with the reform frameworks, operational planning within HIS is progressing with a continuation of the shift in the 2025-26 work programme towards a smaller number of strategic themes and implementing a Quality Management System (QMS) approach where possible.

At the meeting on 11 November, it was agreed to continue with the previously identified themes (perinatal, mental health, primary and community care, frailty, drugs and alcohol) with the addition of urgent and unscheduled care.

We will also identify work on broader enablers including NHS reform and renewal, safety and other statutory work, either standalone or contributing to the above themes. In addition, it was agreed that work on internal transformation needed to be captured given the breadth of this type of activity currently underway in HIS and the resulting impact on available capacity (e.g. review of regulation and activity in support of the Leading for our Future action plan).

To emphasise the Board steer, our internal planning guidance also calls for all work programmes to have a clear, evidence-based rationale, with stated outcomes and impact; to demonstrate a joined-up approach across the organisation; and to plan for delivery of responsive / ad hoc support.

Directorates have been asked to prepare their programmes of work and proposed budget requirements by mid-December for initial review. As with previous years, the intention is to share the draft work programme / Delivery Plan with the Board at its seminar on 21 January 2026; the intention is for final approval by the Board at its meeting on 25 March 2026.

Budget considerations

The UK government has announced that it will deliver the UK budget on 26 November. As a result, SG is expected to deliver its budget on 15 January 2026.

SG have provided some high-level assumptions which will impact this year's planning process, specifically an uplift of 2% on baseline funding (this was 3% in 2025-26) and no uplift in allocation funding. There is also the continued requirement for boards to achieve a 3% recurring efficiency against baseline.

Given the delays to the timing of the budget process, we are proposing that we prepare various scenarios while we await further confirmation of our funding position, this will provide us with an opportunity to consider next steps in advance.

We will continue to champion an integrated approach across HIS, examining the financial and workforce implications of strategic initiatives, operational plans, and emerging programmes of work.

3. Recommendation

The Board is asked to note the update and arrangements for planning for 2026-27.

The Board is asked to accept the following level of assurance given there are unknown factors at this time such as the detail of the guidance from Scottish Government and impact of the budget but there are integrated planning processes in place in HIS.

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.

HIS Communications and Engagement Strategy

Meeting: Board Meeting - Public

Meeting date: 2 December 2025

Agenda item: 4.1

Responsible Executive: Simon Watson, Medical Director

Report Author: Laura Fulton, Chief Pharmacist

Purpose of paper: For Discussion

1. Purpose

To update the Board on the Communications and Engagement Strategy following Audit and Risk Committee (ARC) discussion, highlight key feedback themes, and seek approval to adopt the strategy as a **working interim version**, allowing further refinement after Board and Executive Leadership Team (ELT) input.

2. Executive Summary

This iteration reflects the fluid and evolving health and care landscape, including reform and renewal agendas, and builds on insights from the Board Strategy Day and the recent Board Development Day, which informed the strengthened narrative, stakeholder focus, and prioritisation of impact within the draft.

The strategy aims to position Healthcare Improvement Scotland (HIS) as a confident, collaborative organisation by:

- Articulating **who we are, what we do, and the difference we make**.
- Demonstrating how our functions—assurance, improvement, evidence, and engagement—work together to deliver common threads such as safer care and system improvement.
- Aligning communications with external priorities, including NHS Reform and Renewal, the Population Health Framework, and the Health and Social Care Service Renewal Framework.

Distinct Addition: External Relations

This version introduces an important and distinct addition: Influence and Engagement as a complementary pillar to the Communications and Engagement Framework. The purpose of this external relations function is to:

- Maximise HIS's influence in driving high-quality care across Scotland, both locally in NHS boards and nationally through shaping policies.
- Gather intelligence to improve the effectiveness of HIS.
- Improve awareness of HIS's role and contribution.

- Develop and sustain effective strategic partnerships across health and care systems.

This addition ensures that communications are not only about sharing messages but also about building relationships, shaping priorities, and strengthening HIS's impact across Scotland.

Feedback from ARC and How It Will Be Incorporated

- Audience diversity: Expand stakeholder mapping to segment territorial boards by role and tailor engagement accordingly.
- Demonstrating impact before scaling: Revise roadmap so Year 2 focuses on *Demonstrating Impact and Building Confidence* before broadening engagement.
- Operational continuity: Make clear that day-to-day communications remain a priority alongside strategic development.
- Shared ownership: Strengthen the "One Team" ethos and recommend directorate-level communications objectives in 2026/27 plans.
- Resource focus: Add a further principle *"Focus on fewer, high-impact priorities"* to avoid overcomplication.
- Visibility and external context: Include Year 1 actions to proactively promote current initiatives and early wins.
- Proof-of-concept pilots: Introduce early testing of principles through initiatives such as the Scottish Approach to Change, with rapid feedback loops.

Delivery Plan and Collaboration

A detailed three-year delivery plan will be co-produced in early 2026 through collaboration with ELT, directorates, and the Communications Team to ensure shared ownership and alignment with organisational priorities. While this work is prioritised for the new year, business-as-usual (BAU) communications will continue uninterrupted, balancing operational delivery with strategic development. The Board will be kept informed of progress at key milestones.

3. Recommendation

That the Board:

1. Notes the evolving external context and feedback from ARC, the Board Strategy Day, and the Board Development Day.
2. Approves the Communications and Engagement Strategy as a **working interim strategy**, subject to refinement following Board and ELT input.
3. Endorses the approach to:

   Co-produce the detailed three-year delivery plan in **early 2026**, ensuring collaboration across ELT, directorates, and the Communications Team, while maintaining BAU communications and keeping the Board informed of progress.
4. Accept the following Level of Assurance:

Moderate: reflects that the strategy provides a clear framework and governance arrangements but is currently adopted as an interim strategy. Full assurance will follow once the detailed delivery plan is co-produced and are completed in early 2026. Progress and assurance updates will be reported to the Board quarterly.

4. Appendices and Links to Additional Information

The following appendix is included with this report:

Appendix 1: Communications and Engagement Strategy

Communications and Engagement Strategy 2026-28

Working as One: Connecting Assurance, Improvement, Evidence and Engagement for Safer, Better Care

Connecting Our Work, Sharing Our Impact

1. Introduction

Our Communications and Engagement Strategy set out how we will share the work we do to improve healthcare across Scotland. We are committed to working as one integrated organisation to deliver safer care and better outcomes. This strategy is about making that joined-up approach visible—showcasing the common threads that run through everything we do and ensuring our stakeholders understand how our work fits together to strengthen the health and care system. Through clear, consistent and collaborative communication, we will demonstrate our impact and build trust—presenting not only what we do and how we do it, but the positive difference it makes for the people of Scotland. Our approach will highlight real stories, amplify voices from across communities, and connect our work to the outcomes that matter most: safer care, better experiences, and a stronger health and care system for everyone.

2. Executive Summary

Healthcare Improvement Scotland (HIS) occupies a unique and influential position within Scotland's health and care system. It is the only national organisation that brings together **assurance, improvement, evidence, and engagement** under one integrated structure. This combination enables HIS to not only set and uphold standards but also actively support services to improve, informed by robust evidence and meaningful engagement with people who use health and care services.

A key strength of HIS is its independence. Operating at arm's length from both government and service providers, HIS can provide objective scrutiny and credible advice, ensuring that its assurance and improvement work is trusted across the system. This independence adds significant value—creating confidence among the public, clinicians, and policymakers that decisions and recommendations are based on evidence and best practice rather than political or organisational interests.

Our statutory purpose remains clear: **to protect and improve the safety and wellbeing of everyone who relies on healthcare.**

This strategy positions effective communication as a core enabler and fundamental driver of our impact and organisational success. In an increasingly complex environment, where health and care reform is a national priority, clarity, credibility, and connection are essential. By strengthening our voice and influence, we will ensure HIS is seen not only as a trusted advisor but as a visible leader in driving safer care, better experiences, and stronger systems.

Why this matters

- The sum of all HIS's parts—assurance, improvement, evidence, and engagement—delivers the greatest value when stakeholders understand how they connect.
- Our work provides practical solutions, generates evidence for new models of care, amplifies patient and clinician voices, and assures that improvements are implemented and sustained.
- To accelerate change, we must share proven approaches, demonstrate impact, and engage stakeholders with clarity and confidence.

Navigating a dynamic landscape

Health and care will remain a live political and societal issue throughout and beyond the 2026 Scottish Parliament election. This three-year strategy is designed as a sustained programme of action, not a short-term response. It looks further than immediate political cycles, anticipating change, responding to emerging challenges, and identifying opportunities to maximise impact. Several external factors shape this context:

Economic pressures and demand–capacity mismatch: rising demand, constrained resources, and the need to prioritise improvements that demonstrably enhance safety and quality.

Population changes: ageing, multimorbidity and increasing clinical complexity, alongside widening health inequalities.

Political and societal expectations: heightened public interest and scrutiny of health and care performance; increasing need for transparency and understandable messages.

Workforce challenges: recruitment, retention and wellbeing pressures, making internal engagement and two-way communication critical.

Information environment: misinformation/disinformation risks, digital access and inclusion, and rapidly evolving media consumption.

Technology: acceleration of digital tools and data, requiring accessible multimedia content and real-time engagement.

How the Communications and Engagement Strategy supports this

- Defines a unified narrative that explains **who we are, what we do, and the difference we make**—aligned with national priorities such as NHS Reform and Renewal and the Population Health Framework.
- Builds trust and influence through transparent, evidence-led messaging and strategic engagement with Scottish Government, NHS boards, social care partners, and the public.
- Connects our people through the **One Team** approach, ensuring staff are informed, engaged, and aligned with our purpose. This strategy addresses historic fragmentation by strengthening internal communications that link our staff to our vision and values.

Through collaboration and clarity, we will build a culture where everyone understands not only what we do, but how we work together to deliver impact.

- Modernises our channels and voice—from digital transformation and multimedia storytelling to proactive media engagement and thought leadership.
- Positions HIS for agility and impact in a dynamic landscape, embedding flexibility, inclusivity, and continuous improvement.

Our Strategic Framework

To deliver this ambition, the strategy is built on two complementary pillars, underpinned by **Audience and Stakeholder Engagement**.

- **Communications and Engagement Framework**
  Focused on delivering clear, consistent, and impactful messaging through integrated channels.
- **Influence and Engagement**
  Dedicated to shaping policy and system priorities through strategic relationships and advocacy.

Looking Ahead

By delivering clear, consistent communication and meaningful engagement, this strategy ensures HIS remains a trusted advisor and a visible leader—amplifying our impact and helping Scotland achieve safer, higher-quality care for everyone. As the health and care landscape evolves, HIS will remain agile, collaborative, and evidence-driven. Through strategic engagement and a unified voice, we will strengthen relationships, build trust, and demonstrate impact—ensuring our work continues to shape a safer, more effective health and care system for the future.

3. Our Approach

3.1 Our Purpose

The purpose of this Communications and Engagement Strategy is to ensure Healthcare Improvement Scotland communicates effectively, consistently, and credibly—both internally and externally—to support the delivery of safer, better, and quality person-centred care across Scotland. This strategy underpins HIS's organisational priorities and reflects our commitment to transparency, collaboration, and impact.

Communications are central to achieving HIS's vision:

- **Sharing good practice** and evidence to improve care quality and safety.

- **Engaging meaningfully** with professionals, policymakers, and the public to build trust and inform decision-making.
- **Supporting internal coherence** through the One Team approach, ensuring staff are informed, connected, and aligned with organisational goals.

This strategy aligns with **Our Strategy 2023–28**, ensuring communications activity supports HIS's role as a key contributor in Scotland's health and care system.

3.2 Our Objectives

This strategy is anchored by four overarching objectives that guide all HIS communications activity:

1. **Increase Visibility and Demonstrate Impact**
   Showcase HIS's work and its measurable impact on safety, quality, and person-centred care.
2. **Enhance Engagement and Build Trust**
   Foster two-way dialogue with professionals, policymakers, and the public to build trust and inform better decision-making.
3. **Promote and Protect HIS's Reputation**
   Position HIS as a credible, expert, and values-driven organisation within Scotland's health and care system.
4. **Communicate Health Insights Clearly**
   Convey clear, accessible messages about health and care improvements, evidence, and best practice arising from HIS's work—helping people understand changes that matter to them.

3.3 Our Principles

HIS communications approach is guided by ten core principles that ensure clarity, credibility, and alignment with Healthcare Improvement Scotland's values and strategic priorities.

- **Clarity and Readability** – Communicate HIS's role and priorities clearly, using concise, jargon-free language that is easy to understand and consistent.
- **Audience-Centric** – Tailor tone and format for diverse audiences.
- **Transparency and Credibility** – Communicate openly and evidence-led.
- **Inclusivity and Accessibility** – Ensure communications meet accessibility standards and reflect Scotland's diversity.
- **Proactivity** – Anticipate emerging issues and position HIS as a trusted advisor.
- **Engagement and Dialogue** – Foster two-way communication and act on feedback.
- **Integration** – Align internal and external communications to reinforce the One Team ethos.
- **Impact-Driven** – Focus on outcomes and measure success through KPIs.

- **Adaptability** – Remain agile and embrace innovation in digital and media channels.
- **Risk Awareness** – Identify and mitigate reputational risks with robust protocols.

3.4 Scope

The Communications and Engagement Strategy encompass all internal and external communications activities across Healthcare Improvement Scotland. It applies to all directorates and functions, reflecting a shared responsibility for consistent, impactful communication.

Shared Responsibility

Communications is a shared responsibility across the organisation. While the Communications Team provides expertise and guidance, every directorate and team plays an important role in ensuring our messaging is clear, consistent, and effective. To achieve this:

- Teams are encouraged to connect with the Communications Team on emerging priorities to ensure alignment and support.
- The Communications Team will work proactively with directorates to strengthen internal communication and maintain coherence.
- Accountability for communications is collective, with all directorates expected to contribute and collaborate to deliver impactful messaging.

Collaborative and Co-Designed

The strategy emphasises a collaborative and co-designed approach, ensuring communications are:

- Aligned with organisational objectives and governance priorities.
- Responsive to user and stakeholder feedback, adapting to changing needs.
- Integrated with HIS's digital transformation ambitions and engagement efforts across Scotland.

Unified Narrative

A strong thematic and visual narrative will underpin communications delivery. This includes:

- Storytelling that highlights lived experience and case studies.
- Visual identity that resonates with Scotland's diverse population.
- Messaging that is unified, clear, and inclusive.

Impact-Driven Approach

Our approach is driven by impact. This means:

- Tailoring communications to achieve the greatest possible outcomes.
- Prioritising decisions based on anticipated impact.
- Measuring success through outcomes, not just outputs.

While guided by the Communications Team, this strategy is a shared commitment across our organisation. Together, we aim to ensure that Healthcare Improvement Scotland's priorities and achievements are communicated clearly and confidently helping stakeholders, both inside and outside the organisation, understand the impact of our work and the difference we make.

3.5 Governance

Effective governance ensures that communications activity is strategic, coordinated, and aligned with Healthcare Improvement Scotland's organisational priorities. In a crisis, communications are not just media response—it is a multi-channel approach to deliver accurate, timely messages to staff, stakeholders, and the public.

This section sets out the structures, roles, responsibilities, and decision-making processes that underpin delivery of the Communications and Engagement Strategy.

Governance Structure

Executive Leadership Team (ELT)
Provides strategic leadership and oversight, ensuring communications activity supports HIS's vision and aligns with *Our Strategy 2023–28*. ELT sets direction, approves major decisions, and champions a culture of transparency and engagement. Progress against objectives will be reviewed quarterly.

Board
Provides assurance that communications activity reflects HIS's values, priorities, and statutory responsibilities, and plays a key role in setting the organisation's strategic direction and ethos. The Board will receive regular reports and Key Performance Indicators (KPIs) to monitor progress and ensure alignment with HIS's vision.

Directorate Leads
Ensure directorate-specific communications align with the corporate strategy and work collaboratively with the Communications Team to maintain consistency and embed the One Team ethos.

Communications and Engagement Team
Leads delivery of the strategy and acts as a centre of expertise for messaging, branding, and risk management. The team drives innovation, manages corporate channels, and supports directorates to deliver impactful, evidence-led communications. The team will:

- Develop and implement annual communications plans.
- Monitor performance against KPIs.
- Coordinate internal and external campaigns.
- Manage media relations and digital presence.

Decision-Making and Escalation

- Strategic Decisions (e.g., major campaigns, organisational priorities, crisis response) are approved by ELT.
- Operational Decisions (e.g., routine content, social media posts) are managed by the Communications Team.
- Escalation Protocols go beyond media handling. Media response relates to routine engagement and reputation management, while crisis communications follow emergency protocols to ensure timely, coordinated messaging across all channels and will be managed by the nominated Escalation Director.
- Roles are defined as follows:
    - ELT: Provides strategic direction and approves urgent messaging.
    - Communications Team: Coordinates execution across channels and manages media relations.
    - Directorates: Supply subject matter expertise for accurate content.
      A rapid decision-making process will ensure timely approval and dissemination of critical communications.
- Ultimate accountability for prioritisation and resource allocation rests with the Chieve Executive Officer and their Executive Leadership Team.

Examples of Escalation Scenarios:

- Major service failure requiring immediate reassurance and corrective messaging.
- High-profile media inquiry with reputational risk.
- Policy announcement with significant system impact.
- Public health emergency requiring urgent guidance.
- Misinformation or sensitive issue requiring proactive clarification.

Prioritisation and Resource Allocation

To manage competing demands, HIS will use a **Communications Prioritisation Matrix** (Appendix 1) to categorise requests by urgency and impact, guiding resource allocation and channel selection. ELT holds ultimate accountability; the Communications Team manages operational delivery.

Role Clarity and Integration

The **RACI Snapshot Matrix** (Appendix 2) defines who is Responsible, Accountable, Consulted, and Informed for key communications activities, ensuring clarity and shared

responsibility.
Together, the **RACI Matrix** and **Prioritisation Matrix** provide a comprehensive governance framework:

- **RACI** clarifies roles and decision authority.
- **Prioritisation Matrix** ensures resources are allocated effectively and strategically.

This dual approach guarantees that HIS communications remain focused, responsive, and aligned with organisational priorities.

4. Audience and Stakeholder Engagement

Healthcare Improvement Scotland recognises that effective communication is not a one-way process but a dialogue that reflects the voices and experiences of those we serve. **Our audiences are complex and multi-dimensional**, spanning professionals, policymakers, patients, carers, and the wider public. This strategy prioritises meaningful engagement to ensure communications resonate across these diverse groups and are informed by real-world insights.

Importantly, our reach extends beyond Scotland. We will actively engage with sister NHS and care organisations across the UK and share learning internationally, ensuring HIS contributes to wider system improvement and benefits from best practice beyond our borders. By fostering collaboration across nations and sectors, we will position HIS as a connector and influencer—sharing Scotland's innovations while learning from others to strengthen health and care globally. This outward-facing approach ensures our work is relevant, inclusive, and aligned with the broader ambitions of health improvement.

Our approach to engagement is built on five key enablers:

1. Data-Driven Engagement

We will embed evidence and insight into all communications planning by:

- Leveraging findings from Citizens Panels, public consultations, and lived experience data gathered by the Community and Transformation Directorate.
- Using analytics from digital platforms and feedback mechanisms to refine messaging and identify emerging themes.
- Applying demographic and behavioural data to understand audience needs and preferences.

2. Direct Engagement

We will maintain proactive and transparent dialogue with key stakeholders:

- **Internal:** Regular updates for staff through intranet, newsletters, and leadership briefings to foster alignment and shared purpose.

- **External:** Engagement with healthcare professionals, patient groups, interest organisations, and public affairs stakeholders through forums, webinars, and targeted outreach.
- Establishing feedback loops to capture stakeholder perspectives and integrate them into decision-making.

3. Tailored Messaging

Recognising the diversity of our audiences, we will:

- Provide detailed, evidence-based analysis for professional and policy stakeholders.
- Develop accessible, jargon-free summaries for the public to promote understanding and trust.
- Ensure inclusive language and formats that meet accessibility standards, including Easy Read and translated materials where appropriate.

4. Stakeholder Mapping

We will expand and enhance our communications stakeholder map (Appendix 3):

- Identify priority stakeholders across health, social care, government, and community sectors.
- Segment audiences based on influence, interest, and information needs.
- Tailor engagement resources and messaging for maximum impact, ensuring that high-priority stakeholders receive personalised communication.

5. Continuous Improvement

- Regularly review engagement effectiveness through surveys, analytics, and stakeholder feedback.
- Adapt strategies based on insights to maintain relevance and responsiveness.

5. Our Communications and Engagement Strategy

The Communications and Engagement Strategy is built on two complementary pillars, underpinned by **Audience and Stakeholder Engagement** supporting transparency, collaboration, and trust across all touchpoints.

The first pillar, **Communications and Engagement Framework**, focuses on delivering clear, consistent, and impactful messaging through integrated channels—Internal Communications, External Communications, Website and Digital Transformation, social media and Multimedia, and Branding and Design.

The second pillar, **Influence and Engagement**, ensures HIS shapes policy and system priorities through strategic relationships and advocacy, encompassing Campaigns, Public Affairs, Political

Relations, and Strategic System-Level Engagement. Together, these pillars create a holistic approach that combines effective communication with meaningful influence, supported by data-driven insights and continuous engagement.

5.1. Communications and Engagement Framework

5.1.1 Internal Communication

We will strengthen internal communications to foster a cohesive organisational culture and embed the One Team ethos. Our focus will be on:

- Increasing transparency around decision-making.
- Optimising internal channels for clarity and engagement.
- Enhancing leadership visibility and recognition of achievements.
- Introducing more dynamic formats, including video and visual content.
- Enabling recognition and identification of opportunities to link work strands to optimise impact.

5.1.2 External Communications

We will build a strong national voice and engage external audiences through:

- Modernising tone and accessibility.
- Proactive media engagement and thought leadership.
- Developing compelling stories that showcase HIS's impact.
- Strengthening relationships with media and sector partners.

5.1.3 Website and Digital Transformation

Our website will become a modern, user-centred platform that:

- Provides accessible, engaging content.
- Integrates multimedia and real-time data.
- Consolidates legacy sites into a single corporate platform.

5.1.4 Social Media and Multimedia

We will expand our social and multimedia presence to:

- Deliver shareable, visually engaging content.
- Explore new platforms and paid promotion.
- Continuously evaluate performance to meet audience needs.

5.1.5 Branding and Design

We will refresh HIS's brand to:

- Ensure consistency and accessibility across all materials.

- Reinforce the One Team ethos.
- Maintain alignment between sub-brands and corporate identity.

5.2. Influence and Engagement

We will strengthen HIS's external relations function by **maximising our influence in shaping policy, building and sustaining strategic relationships, and delivering evidence-based campaigns that demonstrate impact and support system renewal**. This complementary pillar ensures that communications are not only about sharing messages but also about building relationships, gathering intelligence, and improving awareness of HIS's role across Scotland.

Our focus will be on:

- **Campaigns:** Designing evidence-based, multi-channel campaigns aligned to HIS priorities and evaluated for impact.
- **Public Affairs:** Maintaining a strong presence in policy discussions through briefings, consultation responses, and collaboration with national communications networks.
- **Political Relations:** Building trusted relationships with MSPs and officials, providing timely intelligence, and engaging through targeted events and briefings.
- **Strategic System-Level Engagement:** Fostering two-way relationships with senior NHS leaders and system partners to ensure alignment and collaboration.

6. Risk Management and Mitigation

While organisational risks are formally recorded and managed through the HIS Risk Register, this communications strategy recognises the importance of anticipating and addressing potential **reputational risks** that could impact stakeholder confidence and trust. Effective communication plays a critical role in mitigating these risks by ensuring clarity, transparency, and responsiveness.

This strategy seeks to:

- **Identify key reputational risk areas** linked to our priorities, programmes, and external environment.
- **Anticipate emerging issues** that could affect perceptions of Healthcare Improvement Scotland, including misinformation, lack of clarity on organisational decisions, or delays in stakeholder engagement.
- **Establish clear mitigation measures**, such as:
    - Proactive messaging and stakeholder engagement to prevent misunderstandings.
    - Rapid response protocols for managing media enquiries and public concerns.
    - Consistent internal communication to ensure staff are informed and aligned.

- **Embed risk awareness into communication planning**, ensuring that all messaging is accurate, timely, and aligned with organisational values.

By integrating reputational risk management into our communications approach, we strengthen resilience, protect organisational credibility, and maintain trust with the people and communities we serve.

A detailed table of potential risks and mitigation actions is provided in **Appendix 4** for reference.

7. Evaluation

Evaluation will be embedded across all communications activity to ensure effectiveness, efficiency, and alignment with HIS's strategic objectives. KPIs will measure reach, engagement, and impact, supported by both quantitative (analytics, surveys) and qualitative (media sentiment, stakeholder feedback) data. Progress will be tracked against the delivery plan, with regular reporting to the Executive Team. Specific targets will be agreed during delivery planning and reviewed annually.

Evaluation Framework

1. Key Performance Indicators (KPIs)
We will establish KPIs to measure reach, engagement, and impact, aligned to the roadmap milestones. These will include indicators such as:

- Website traffic and digital engagement
- Media coverage and sentiment
- Stakeholder engagement depth and diversity
- Internal staff engagement and cultural alignment
- Influence on policy and thought leadership positioning

Specific targets will be agreed during the delivery planning phase and reviewed annually.

2. Data Sources and Methods
Evaluation will draw on both quantitative and qualitative data:

- Quantitative: Analytics tools (web, social media), surveys, structured feedback mechanisms.
- Qualitative: Media sentiment analysis, stakeholder interviews, case studies, and thematic reviews.
  Executive Team reports will expand to include narrative insights and examples of impact.

3. Reporting and Accountability

- Regular Reporting: Monthly dashboards for operational teams and quarterly reports for the Executive Team, combining data and narrative insights.
- Learning Loops: Findings will feed into continuous improvement cycles, enabling agile responses to emerging challenges and opportunities.

- Transparency: Summarised evaluation outcomes will be shared internally and, where appropriate externally to demonstrate accountability and build trust.

8. Implementation and Resourcing

The Communications and Engagement Strategy will be supported by a three-year implementation plan, overseen by the Head of Communications and Communications Managers. This plan will define clear timelines, roles, and resource requirements, ensuring transparency, accountability, and effective delivery across all activities.

Prioritisation and Decision-Making

To manage competing demands and allocate resources effectively:

- **Head of Communications holds ultimate accountability** for prioritisation and resource allocation, supported by Communications Managers.
- **Executive Leadership Team (ELT)** approves strategic priorities and major campaigns.
- **Operational decisions** (e.g., channel selection, routine content) are managed by the Communications Team.
- **Channels are selected based on purpose and audience:**
    - Press and Media: High-profile announcements, reputational issues.
    - Website and Digital Platforms: Core information, reports, campaigns.
    - Social Media: Engagement, amplification, real-time updates.
    - Internal Channels: Staff updates, organisational culture.

Balancing Delivery with Core Functions

While delivering the three-year roadmap, the Communications Team will continue to manage day-to-day communications, including:

- Responding to media inquiries and stakeholder requests.
- Maintaining internal and external channels.
- Supporting directorates with tailored communications.

This dual approach ensures strategic progress without compromising operational responsiveness.

Key Features of the Delivery Plan

- Portfolio System: Communications leads will support each directorate for tailored engagement.
- Cross-Team Collaboration: Embedding communications in all areas of work.

- Resource Alignment: Prioritising strategic objectives while retaining flexibility for emerging needs.

Three-Year Structure

Year 1 – Strengthening Foundations
Build core capabilities, refreshed branding, internal communications improvements, and initial digital transformation.

Year 2 – Scaling Engagement
Expand reach through multimedia content, major campaigns, and enhanced stakeholder mapping. Consolidate digital platforms and launch advanced data tools.

Year 3 – Sustaining Impact and Innovating
Cement HIS's position as a trusted advisor. Deliver flagship reports, launch podcasts, pilot AI-driven content personalisation, and formalise HIS's role in national policy forums.

Evaluation Integration
Annual evaluation checkpoints aligned to roadmap milestones will ensure **continuous improvement and agile adaptation**.

Appendix 1: Prioritisation Matrix

This matrix is designed to **guide resource allocation and channel selection**, ensuring that urgent and high-impact communications receive priority attention while routine tasks are managed efficiently.

Priority Level	Criteria	Examples	Decision Authority	Channels
Critical	Immediate reputational risk, public health emergency, major service failure	Crisis response, urgent stakeholder updates	ELT approves, Comms executes	All channels (press, social, web, internal alerts)
High	Strategic importance, national policy impact, high stakeholder interest	Major campaign, policy announcement, national report launch	ELT approves, Comms plans	Website, media, social, targeted stakeholder briefings
Medium	Supports organisational priorities, moderate impact	Programme updates, thematic blogs, staff engagement	Comms Team manages	Website, social, internal channels
Low	Routine updates, low external impact	Standard newsletters, minor event promotion	Comms Team	Internal channels, social

Appendix 2 Roles & Responsibilities (RACI Snapshot)

The RACI model clarifies roles and responsibilities in projects and processes:

- **Responsible (R)**: Those who do the work to complete the task.
- **Accountable (A)**: The person ultimately answerable for the correct completion of the task.
- **Consulted (C)**: Those whose opinions are sought; subject matter experts.
- **Informed (I)**: Those who are kept up to date on progress and decisions.

Role	Responsibilities	RACI
Communications & Engagement Team	Corporate channels, campaigns, media, branding, analytics, risk comms.	R
Directorate Leads	Align directorate communications with strategy; supply content and opportunities; ensure coherence.	A/R
Performance & Delivery Board	Aligns comms with organisational priorities; agrees risk appetite for media interventions.	C/A
Community & Transformation Directorate	Citizens Panels, lived experience insights, public engagement data.	C
Digital & Data	Website, analytics, dashboards, accessibility.	R/C
Media Team	Media relations, op-eds, spokespeople programmes.	R
Legal/Freedom of Information & Information Governance	Compliance, data protection, FOI responses.	C
HR/Organisational Development	Staff engagement, leadership visibility, One Team alignment.	C

Appendix 3 Healthcare Improvement Scotland's current high-level communications stakeholders

Internal Strategic Stakeholders

Stakeholder Group	Purpose of Engagement	Preferred Communication Channels
HIS Staff	Inform, engage, align with organisational goals	Intranet, email, staff briefings
HIS Board Members	Governance, strategic oversight	Board papers, meetings, reports

External Strategic Stakeholders

Stakeholder Group	Purpose of Engagement	Preferred Communication Channels
Scottish Government	Policy alignment, funding, accountability	Ministerial briefings, formal reports, sponsor meetings
Scottish Parliamentarians (MSPs, MPs)	Influence, scrutiny, advocacy	Committee evidence sessions, briefing, letters
Health & Social Care Committee	Oversight, policy development	Reports, evidence

Operational Stakeholders

Stakeholder Group	Purpose of Engagement	Preferred Communication Channels
Health Boards	Implementation, collaboration	Workshops, reports, email, meetings
Integration Joint Boards, Health and Social Care Partnerships	Integration of care	Joint meetings, digital updates
Independent Health Providers	Standards compliance	Direct engagement, webinars
Joint Inspection Partners	Regulation, assurance	Inspection Reports

Professional & Sector Bodies

Stakeholder Group	Purpose of Engagement	Preferred Communication Channels
Royal Colleges & Professional Bodies	Clinical standards, best practice	Meetings, emails, workshops
Unions (UNISON, British Medical Association)	Workforce engagement	Consultations, partnership working
Regulatory Bodies (General Medical Council, Nursing and Midwifery Council)	Professional regulation	Formal correspondence

Public & Media

Stakeholder Group	Purpose of Engagement	Preferred Communication Channels
General Public and Service Users	Transparency, trust	Website, social media, traditional media, broadcast, email
Media Organisations	Public awareness	Press releases, interviews, email with journalists

Additional Partners

Stakeholder Group	Purpose of Engagement	Preferred Communication Channels
Patient Advocacy Groups	Co-design, feedback	Forums, surveys, direct email
Academic Institutions	Research collaboration	Conferences, joint projects
Third Sector Organisations	Community health	Partnership networks

Appendix 4 Reputational risks and mitigation actions

This appendix provides a detailed overview of key reputational risks identified within the communications strategy, along with prioritised mitigation actions. These measures are designed to protect stakeholder confidence and ensure Healthcare Improvement Scotland maintains a strong, trusted profile across all audiences.

Priority	Area	Risk	Mitigation
1	External Communications	Low public and NHS awareness or misunderstanding of HIS's role.	Strengthen national voice through clear, plain-English messaging; increase human-interest stories and case studies to showcase impact.
2	Profile & Understanding	HIS's dual role as regulator and improver not clearly understood.	Communicate through storytelling and strategic messaging; use Quality Management System and Scottish Approach to Change as framing tools.
3	Website	Website fails to reflect HIS's impact or meet accessibility standards.	Redevelop site with accessibility-first design, real-time dashboards, and impact stories; consolidate legacy sites.
4	External Communications	Inconsistent messaging across channels.	Apply branding guidelines and comms sign-off policy; train spokespeople; align media and digital teams.
5	Public Affairs	Misalignment with Scottish Government (SG) priorities.	Engage regularly with SG and key stakeholders; ensure messaging is evidence-based and strategic.
6	Public Affairs	Limited visibility or influence in national policy discussions.	Develop proactive public affairs function; coordinate with Governance and Planning Team; produce timely briefings and consultation responses.
7	Internal Change	Staff disengagement or lack of clarity on strategic priorities.	Enhance internal comms channels; promote One Team ethos; increase leadership

			visibility through huddles and briefings.
8	Internal Change	Fragmentation across directorates.	Assign comms leads to directorate portfolios; foster cross-organisational dialogue and collaboration.
9	Profile & Understanding	Underrepresentation in media and sector discourse.	Expand media presence; develop expert opinion pieces; build Chief Executive's profile as a key spokesperson.
10	Website	Outdated or fragmented content across platforms.	Implement content governance model and regular audits to maintain accuracy and consistency.

Risk Management

Meeting: Board Meeting - Public

Meeting date: 2 December 2025

Agenda item: 5.1

Responsible Executive: Ann Gow, Deputy Chief Executive

Report Author: Geoff Morgan, Programme Manager

Purpose of paper: Assurance

1. Purpose

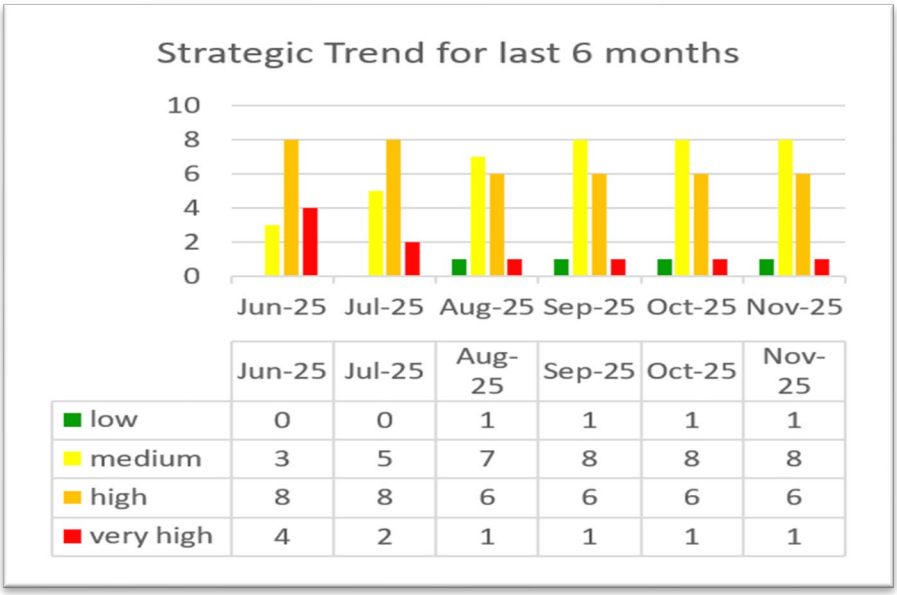
The Board is asked to review all the current strategic risks (Appendix 1) as of 18 November 2025 to gain assurance of the effectiveness of risk management at Healthcare Improvement Scotland.

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 and supports the strategic priority of Organising Ourselves to Deliver.

Strategic Risks

There are currently sixteen strategic risks, with no changes in scoring or strategic trend from the previous quarter.



	Jun-25	Jul-25	Aug-25	Sep-25	Oct-25	Nov-25
low	0	0	1	1	1	1
medium	3	5	7	8	8	8
high	8	8	6	6	6	6
very high	4	2	1	1	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 details are provided below.

Cyber Security

Residual Risk Score: 16
Appetite Status: Out
There is a risk that a cybersecurity attack could disable HIS ICT systems, disrupting service delivery and damaging reputation. Despite strong technical controls, the risk remains high (Likelihood 4) due to human factors.

Mitigations include ongoing staff awareness sessions via HIS Campus, Staff Huddle, and Directorate Management Teams, alongside robust technical controls such as firewalls, anti-virus and anti-spyware protection, data backups, security updates, and no direct internet connection. HIS ICT acts on alerts from the National Cyber Security Centre and NHS Cybersecurity Centre of Excellence. Staff receive mandatory training on data protection, information security, and cyber security before system access and must sign the HIS Acceptable Use Policy.

Public Inquiries

Residual Risk Score: 12
Appetite Status: Out
HIS faces a continuing risk of non-compliance with five concurrent public inquiries—Scottish & UK Covid, Scottish Hospitals, Eljamel/NHS Tayside, and Scottish Child Abuse—due to conflicting demands, staff turnover, and potential loss or inaccessibility of records. This risk remains out of appetite given projected workload over the next 12–18 months. HIS was granted Core Participant status in the Eljamel Inquiry in July 2025, requiring significant input on issues relating to HIS and predecessor organisations. To manage this, leadership support will be provided by an Associate Director from Quality Assurance and Regulation Directorate, with the Head of Corporate Development acting as senior operational lead, and admin/project support

has now been identified. Further mitigations include proactive monitoring, engagement with inquiry teams, legal advice, adherence to records management policies, and capturing corporate knowledge before staff departures.

Future approach to risk management

As part of the Leading for our Future leadership proposals, the new post of Chief Finance and Risk Officer has been established and will have day-to-day responsibility for leading the organisation's finance, procurement, audit, risk, and performance functions—ensuring these areas are strategically aligned and effectively managed. This post is currently being recruited to and will become the Executive Lead for the Audit & Risk Committee including risk management. In the meantime, the vacancy in the post of Risk Manager continues to strain centralised risk management efforts. While support will continue, some delays may occur in system migration and updates to the risk management strategy.

3. Recommendation

The Committee 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 Committee 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.

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	The quarterly report aligns with the SG Operational Improvement Plan, tracking Key Performance Indicators (KPI'S) and statutory commitments. Strategic priorities from the September Board Strategy Day support alignment with system needs. Continued implementation of QMS and forward planning for 2026–27 mitigate risk by ensuring focus, resource optimisation, and responsiveness to national frameworks.	The quarterly report aligns with the Scottish Government (SG) Operational Improvement Plan, tracking KPIs, strategic milestones, and statutory commitments. September's Board Strategy Day set priorities around quality, safety, and Quality Management System (QMS) implementation. Planning for 2026–27 will align with the Operational Improvement Plan (OIP) and Service Renewal Framework to ensure system relevance and resource optimisation.	4	3	12 ⟷ In Appetite Score range **06-16**
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.	Following June Audit and Risk Committee (ARC) approval, recurring savings work has reduced the gap to £449k, with proposals due in November. Q2 shows an underspend, supporting in-year savings delivery. Most allocations and pay awards have been received. Forecasts are actively monitored to maintain financial balance within the ±1% tolerance range.	3	3	9 ⟷ In Appetite Score range **06-16**
(ICT) Strategy: Cybersecurity	Strategy	Minimalist	Safia Qureshi	There is a risk that our Information Communications Technology (ICT) systems could be disabled due to a cybersecurity attack, disrupting operations and damaging HIS's reputation.	20	Controls include robust cyber defences (no internet access, firewalls, antivirus, backups, updates). HIS ICT responds to national cyber alerts. Staff complete mandatory training on data and cyber security before system access and sign the Acceptable Use Policy, ensuring awareness and compliance with information governance and security protocols.	The risk remains under review with Likelihood maintained at 4, reflecting ongoing phishing threats across sectors. While technical controls are effective, human factors persist. Mitigations include targeted Information Governance and security awareness sessions delivered by Digital Services Group via HIS Campus, Staff Huddle, and Directorate Management Teams to strengthen organisational resilience.	4	4	16 ⟷ In Appetite Score range **lower than 8**
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	Controls and mitigations include staff training, data protection and information security policies, technical safeguards, data processor contracts, retention schedules, and audits. Regular reviews—monthly key risk indicator (KRI) reports, quarterly governance meetings, annual Information Commissioner's Office (ICO) assessments, and OneTrust implementation—support compliance, accountability, and continuous improvement in information governance.	Mitigations remain in progress; the risk level remains medium due to its inherent nature. Technical security controls are fully operational (KRI status: Green). The email distribution list review is delayed ending Q4. The annual review against the ICO accountability framework is pending scheduling.	3	2	6 ⟷ In Appetite Score range **lower than 8**

Risk Title	Category	Appetite	Risk Director	Risk Description	Inherent Risk Score	Controls & Mitigations	Current update	Impact score	Likelihood score	Residual risk score
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	Dedicated leadership and interim Associate Director (AD) ensure continuity during IHC regulation review. New clinical expertise model and updated staff training plan implemented. Policy and financial sustainability under review with SG. Debt recovery strengthened with Central Legal Office and National Services Scotland. Governance groups monitor risks; UK-wide forum and legal updates integrated into business-as-usual.	A review of policies, processes, and workload distribution is underway to ensure sustainable statutory delivery, with an interim AD report due Autumn 2025. Engagement with Scottish Government continues regulatory reform and legislative changes. Independent medical agencies (IMA's) redefined, communications updated, and consultations on aesthetics and future regulation are progressing.	4	5	16 ⟷ In Appetite Score range **06-16**
Climate Emergency & Sustainability Strategy	Strategy	Open	Safia Qureshi	There is a risk that HIS may be unable to meet Scottish Government, 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	Controls include statutory reporting (Public Bodies Duty, Climate Emergency, Annual Delivery Plan, National Sustainability Assessment Tool (NSAT), Net Zero Plan, Climate Risk Assessment, IFRS-compliant accounts) and oversight by ARC and Resilience Group. HIS chairs the National Boards Sustainability Group, collaborates on active travel and biodiversity, and drives improvement through national engagement and funding bids.	HIS represents NHS National Boards on the new Climate Resilience Adaptation Group and is preparing its third Public Bodies Duty Report for November submission. Work with Scottish Government and NHS Assure is underway to revamp sustainability reporting, shaping NHS Scotland's targets for achieving net zero by 2040.	3	2	6 ⟷ In Appetite Score range **06-16**
Service Change - engagement	Strategy	Open	Clare Morrison	There is a risk HIS cannot fully meet statutory duties to monitor, support, and assure engagement on service change due to increased pace from financial and workforce pressures, NHS reform, and untested guidance—potentially impacting engagement quality and reducing public confidence, creating operational and reputational consequences.	20	Governance is provided by the Scottish Health Council and its Service Change Sub-Committee. Updated Planning with People guidance has been shared with Boards and Health and Social Care Partnerships (HSCPs). Strategic Engagement Leads and the Engagement Practitioner Network promote best practice. Regular engagement with Scottish Government and national groups ensures oversight and risk monitoring.	Guidance has been reviewed and updated, with new resources planned for November 2025. A revised structure and Assurance of Engagement Programme strengthen scrutiny of service changes. Vacant Strategic Engagement Lead post resolved. First two national service changes are under review, with ongoing engagement on the NHS Service Renewal Framework.	4	3	12 ⟷ In Appetite Score range **06-16**

Risk Title	Category	Appetite	Risk Director	Risk Description	Inherent Risk Score	Controls & Mitigations	Current update	Impact score	Likelihood score	Residual risk score
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 business planning, recruitment, onboarding, performance management, and organisational culture. Workforce planning is in place, with quarterly monitoring by the Staff Governance Committee and Partnership Forum. Recruitment and vacancy oversight, including structural requirements, is managed by the Vacancy Review Group to ensure resilience and continuity.	Workforce capacity and skill alignment remain priorities. Planning addresses contract transitions and continuity, supported by active recruitment and strategic workforce coordination. Structured development pathways, standardised assessments, and quality assurance measures are being introduced to maintain capability. A flexible, skilled workforce is essential for delivering the Integration Joint Board (IJB) strategic plan.	5	3	15 ⟷ In Appetite Score range **06-16**
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 follows NHS Scotland policy, circulars, and Staff Governance Standards. Principles of 'One Team' ensure consistency and partnership. Oversight by the Partnership Forum and Staff Governance Committee guarantees governance, transparency, and engagement. Communication and collaborative working—both individual and collective—are mandatory throughout planning and implementation.	Organisational change continues to evolve with emphasis on consistent role transitions and employee model application. Oversight ensures alignment with strategic priorities and governance standards. Strengthened long-term planning supports sustainability. Transparency and expectation management remain key, while staff and partnership engagement mitigates risks to performance and reputation throughout change processes.	4	3	12 ⟷ In Appetite Score range **06-16**
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	Healthcare Improvement Scotland maintains a formal partnership agreement with Trade Union colleagues and representatives through the Partnership Forum, co-chaired by the Chief Executive and Employee Director. Clear, consistent communication and transparent processes govern service changes. Recent organisational change reviews inform improvements, ensuring policy compliance and collaborative engagement throughout change management.	Financial pressures are shaping service delivery and workforce planning. Budget flexibility and centralised approaches for new programmes are under review. Governance and co-leadership sustain partnership working. Communication strategies are strengthened for clarity during service changes. Lessons from recent organisational change enhance collaboration and mitigate employee relations risks.	3	4	12 ⟷ In Appetite Score range **06-16**
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 will monitor inquiries, anticipate needs, and engage CLO for advice. Staff awareness and knowledge capture are prioritised. Direct engagement with inquiry teams ensures clarity on HIS roles. Records Management Policy and IG guidance are followed. Key documents and timelines are identified early to meet requests without overburdening staff.	HIS gained Core Participant status in the Eljamel Inquiry (July 2025). Dedicated resource is being identified as CG team cannot absorb workload. Leadership from Quality Assurance and Regulation (QAR) AD; operational lead Head of Corporate Development. Admin/project support sourcing underway. Risks remain out of	4	3	12 ⟷ In Appetite Score range **lower than 8**

Risk Title	Category	Appetite	Risk Director	Risk Description	Inherent Risk Score	Controls & Mitigations	Current update	Impact score	Likelihood score	Residual risk score
							appetite—IG, financial, capacity, and corporate memory loss.			
Service change – quality and safety	Strategy	Open	Clare Morrison	There is a risk that HIS becomes aware of concerns about the quality and safety of a proposed service change in its assurance of engagement role but does not have a statutory role to act on prospective concerns.	16	HIS is developing the Scottish Approach to Change—a framework for delivering high-quality service change. Guidance will be added on applying quality and 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 (HSCPs).	Discussed with Executive Team, Scottish Health Council, and Responding to Concerns Oversight Group. SG endorsed plan for guidance. Scoping confirmed alignment with new clinical governance standards, updated QMS, and Essentials of Safe Care. A signposting document is being developed to improve awareness and link key quality and safety guidance. Engagement across HIS continues.	4	4	16 ⟷ In Appetite Score range **06-16**
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) business case shows critical value for NHS Boards and SG, supporting clinical priorities and patient safety. SG Digital Health and Care backs continued provision. Healthcare Improvement Scotland (HIS) is engaging NHS Boards and SG on phased funding transition, with collaborative proposals under review for sustainability.	While awaiting confirmation on the future funding model from SG and NHS Boards, the Right Decision Service team continues to draw in funding for both pay and non-pay costs from other sources – including the Voluntary scheme for Branded medicines Pricing, Access, and Growth (VPAG) programme, European pharmacogenomics project funding, funds from other sources such as the Centre for Sustainable Delivery and Innovate UK.	4	3	12 ⟷ In Appetite Score range **06-16**
Quality Assurance and Regulation annual plan	Strategy	Open	Eddie Docherty	There is a risk that HIS cannot fully deliver inspection, regulation, or review programmes due to competing demands, limited capacity, data access issues, reactive work, and legislative changes, leading to reputational damage.	20	QARD Directorate Management Team (DMT) uses the STEP approach to prioritise work and monitors risks regularly. Regulation review is nearing completion. A refreshed learning plan, risk-informed inspection planning, shared intelligence, and governance oversight support delivery. Standard Operating Procedures and escalation frameworks ensure consistency. Staff capacity, supervision, and stakeholder engagement are actively managed.	QARD Directorate Management Team uses the STEP approach to prioritise staffing amid ongoing pressures. Resource constraints persist due to absence and programme development, including regulation and inspection redesign. NHS Greater Glasgow and Clyde (GGC) follow-up required resource reallocation. Admin and project staffing remain under pressure. Risk is expected to reduce following short-term stabilisation measures.	4	4	16 ⟷ In Appetite Score range **06-16**

Risk Title	Category	Appetite	Risk Director	Risk Description	Inherent Risk Score	Controls & Mitigations	Current update	Impact score	Likelihood score	Residual risk score
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	Healthcare Improvement Scotland (HIS) has established the Internal Sharing Intelligence Network (ISIN) to share and assess emerging safety and quality issues using the ISIN Analytic Framework and Operational Process. Actions include directorate-specific measures, engagement with the External Sharing Health and Care Intelligence Network (SHCIN), and escalation where required.	The Healthcare Improvement Scotland (HIS) Board approved the Digital and Intelligence Strategy, including an “information layer” for safety and quality data. The Intelligence Implementation Group, aligned with the Independent Review of Responding to Concerns, is developing guidance, monitoring frameworks, training, and Internal Sharing Intelligence Network (ISIN) processes to strengthen intelligence sharing and governance.	5	3	15 ⟷ In Appetite Score range **06-16**
Delivery of the HIS Website Programme	Strategy	Open	Safia Qureshi	HIS may fail to deliver a high-quality, accessible corporate website due to limited specialist capacity, outdated stakeholder insights, and prolonged migration (2025–2027), impacting usability, reputation, and compliance with digital standards.	16	A programme plan and Website Oversight Group monitor progress. Executive sponsorship sits with the Director of Evidence and Digital. Technical support from NHS National Services Scotland (NSS) and a 12-month WordPress developer contract enable safe migration. Resource gaps under review by Executive Team (ET). Stakeholder engagement refreshed; phased migration and accessibility compliance underway.	Progress continues across the Healthcare Improvement Scotland (HIS) Website Programme. Governance by the Website Oversight Group and executive sponsorship from the Director of Evidence and Digital remain strong. Corporate site migrated; iHub and Scottish Approach to Change migration progressing. WordPress developer supports delivery. Accessibility compliance confirmed. Residual risk moderate due to capacity constraints and extended timelines.	4	3	12 ⟷ In Appetite Score range **06-16**

Action Plan Updates - Governance Committee Annual Reports 2024-25 and Blueprint for Good Governance

Meeting: Board Meeting - Public

Meeting date: 2 December 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 presents updates to two governance action plans - the actions identified by Governance Committees in their annual reports for 2024-25 and the actions set out in the Board's Blueprint for Good Governance self-assessment.

2. Executive Summary

The alignment of the Committee annual report actions to the strategic objectives is set out in Appendix 1. The Code of Corporate Governance requires that each Governance Committee produces an annual report which summarises its activities during the course of year, how it has met its remit and what future actions are proposed for the subsequent year. All Committees of the Board prepared an annual report for 2024-25 which included actions they agreed to take forward in 2025-26. Those actions were reported to the public Board meeting on 30 June 2025. As at quarter 3, Committee Lead Officers have provided a status update for each action to demonstrate if it is ongoing or complete. These can be found in Appendix 1.

The Blueprint for Good Governance self-assessment was a national exercise in which all NHS boards participated. Following completion of the survey by the HIS Board and Executives in the latter part of 2023, a facilitated session was held to review the results and agree actions for inclusion in the action plan. The plan was approved by the Board at its public meeting on 27 March 2024 and an update on the actions was provided to the Board meeting on 4 December 2024. A further update to the action plan is now provided at Appendix 2 and given the progress reported, it is proposed that the action plan is now closed.

Scottish Government have indicated that the Blueprint self-assessment exercise will be repeated but the detail or timeline for this are not yet available.

3. Recommendation

The Board is asked to:

- Note the updates for the Committee annual reports action plan and gain assurance of progress with these.
- Note the update to the Blueprint for Good Governance action plan and approve its closure.

It is recommended that the Board/Committee accept the following 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 – Committee Annual Reports 2024-25 Action Plan Updates

Appendix 2 – Blueprint for Good Governance Action Plan Update

Appendix 1 Governance Committee Annual Reports 2024/25 Action Plan Updates

Committee	Action	Strategic Priority*	Progress Update
Audit and Risk	Monitor the effectiveness of the Assurance Framework	5	The Committee considered and approved updates to the Assurance Framework at its Q2 meeting.
Audit and Risk	Provide oversight for the operation of the new risk sub group and receive updates on its outputs	5	The risk sub committee held its first meeting on 25 July 2025 and a report from this was considered by the Audit and Risk Committee at its Q2 meeting.
Executive Remuneration	Maintaining oversight of Executive appointments to the organisation	5	This is monitored throughout the yearly Executive Remuneration Committee cycle. The most recent posts considered were the Chief Finance Officer and Chief People Officer at Q2 Committee on 11 September 2025.
Executive Remuneration	Review of objectives and performance against objectives throughout the annual cycle	5	The Committee considered senior staff objectives during Q1 meeting on 24 June 2025. Mid-year reviews are being considered during Q3 meeting on 4 December 2025.
Executive Remuneration	Continued overview of senior leadership structures and any planned or potential arrangements to these arrangements	5	Q2 Committee on 11 September 2025 approved paper on Redesigning our Leadership.
Executive Remuneration	Ensure continued oversight of our leadership capacity and resilience as an organisation	5	Ongoing responsibility of the Executive Remuneration Committee.

Executive Remuneration	Work with Internal Audit to implement recommendations from the audit carried out at the end of 2023	5	All recommendations considered by the Committee at the Q4 2024/2025 Committee on 6 March 2024 and actioned where appropriate.
Executive Remuneration	Ensure due consideration of any appropriate circulars and other information from Scottish Government regarding matters of Executive and Senior manager pay and grading	5	The business planning schedule for the Executive Remuneration Committee takes account of these circulars as required.
Executive Remuneration	The Committee will maintain oversight of recruitment to senior positions	5	This is monitored throughout the yearly Executive Remuneration Committee cycle. The most recent posts considered were the Chief Finance Officer and Chief People Officer at Q2 Committee on 11 September 2025.
Quality and Performance	Consider updates from the Responding to Concerns Oversight Board on progress with the action plan arising from the Responding to Concerns external review	2	An update was provided at the committee meeting on the 5 November and the need for regular reports documented.
Quality and Performance	Continue to seek assurance on organisational performance especially in light of constraints with resources	5	This is addressed in the regular review of the Quarterly Performance Report.
Quality and Performance	Provide oversight for the development of work to better demonstrate the organisation's impact	1	This has been added to the remit of the committee.
Quality and Performance	Seek assurance on the delivery of new work related to mental health and maternal healthcare	4	This has been added to the business planning schedule for the committee.
Scottish Health Council	Scrutinise the new process for assurance of engagement on nationally determined service change	3	Progress with the first two implementations of the new process has been scrutinised at every Scottish Health Council meeting this year, with detailed discussions

			about the implications of an increased move to national/regional decision making on service change.
Scottish Health Council	Scrutinise the updated Governance for Engagement process for corporate directorates	3	The updated process has been produced and scrutinised through a sub-committee, and a decision made to begin use in April 2025 to enable time for the new Chief People and Finance Officers to be appointed.
Scottish Health Council	Continue to monitor the risk and planned mitigations around an increased volume of service change associated with financial and workforce pressures	3	This is monitored at every Scottish Health Council meeting through a standing item on risk management.
Staff Governance	Scrutiny of the Workforce Plan linked to operational delivery and more future-focused approach to workforce development and planning	5	Being considered at future 2026 Staff Governance Committee meetings.
Staff Governance	Directorate Level Staff Governance Committee Reporting	5	In progress, People and Workplace presented at Q2 meeting on 6 August 2025. Schedule set for the remaining Directorates across 2026.
Staff Governance	Workforce Culture activity, including '4 Ps'	5	Ongoing item on the agenda.
Staff Governance	Equality, Diversity and Inclusion, particularly implementation of the Race Equality Plan	5	HIS anti-racism plan was presented to 2024/2025 Q4 Staff Governance Committee on 13 March 2025.
Staff Governance	HIS Employee/ Agile workforce arrangements and organisational readiness for the future	5	In progress, paper being presented at Q4 meeting on 25 February 2026.
Succession Planning	Consider short term succession planning for non-executives, in particular to enable them to take on other non-Executive leadership roles, such as Committee Chairs	3	In progress. A suite of supporting materials will be created.

Succession Planning	Review the Succession Plan in 2025 alongside the Board diversity action from the Blueprint for Good Governance self-assessment to gain assurance of progress	3	The Succession Plan is being revised by the Succession Planning Sub-group. The revision will more strongly set out actions to ensure the right skills and experience are recruited to the Board alongside actions to improve diversity. The Committee will consider the plan at its Q4 meeting.
Succession Planning	Identify guest speakers who can bring useful insights and fresh ideas to succession planning activity	3	Ongoing. Speakers are identified as and when appropriate. A Public Partner is being sought to join the Committee to provide additional insights.
Succession Planning	Begin early succession planning for the HIS Chair and Chair of the Scottish Health Council	3	The Committee received a paper on early considerations in August 2025 and will continue to monitor the situation. The Non-executive skills evaluation planned will highlight any skills gaps on the Board to consider when undertaking recruitment.
Succession Planning	Review skills matrices and tenures for committee membership	3	The Committee approved proposals for delivering the skills evaluation. Outcomes will be provided to a future meeting of the Committee. Committee tenures have been agreed for all Committees and captured in the Code of Corporate Governance.

*Strategic priorities:

1. Enable a better understanding of the safety and quality of health and care services and the high impact opportunities for improvement.
2. Assess and share intelligence and evidence which supports the design, delivery and assurance of high quality health and care service.
3. Enable the health and care system to place the voices and rights of people and communities at the heart of improvements to the safety and quality of care.
4. Deliver practical support that accelerates the delivery of sustainable improvements in the safety and quality of health and care services across Scotland.
5. Organising Ourselves to Deliver

Item 6.1 Appendix 2

Priority Area	Blueprint Function	High Level Action	Interdependency	Lead	Timeline	Status Update	Status	Intended Good Governance Outcome
The Board make-up reflects the diversity of the communities it serves	Enabler - Diversity, Skills and Experience	"Implement the actions in the Succession Plan which is in development with the oversight of the Succession Planning Committee.	Scottish Government Public Appointments Team	Succession Planning Committee	31/03/2025	Succession Plan approved by Succession Planning Committee on 30 May 2024 and implemented to support board recruitment in second half of 2024. Plan under review in 2025/26. Succession Planning Committee will oversee the revised non-executive skills evaluation exercise in early 2026. This will help inform the membership of the Committees and board development activity.	Complete	More diverse Board

Measure the Board's performance by benchmarking results against those of similar organisations	The Delivery Approach - The Assurance Framework	Identify a small number of performance indicators of other public sector organisations which could be benchmarked in HIS and with potential for linking to our Key Performance Indicators (KPIs).	Performance data from other public sector organisations	Scope for Evidence/ Health Service Researchers support being explored	31/03/2025	Internal Audit included general benchmarking to other NHS Boards in our quarterly report. HIS participated in a UK Cabinet Office benchmarking exercise of back-office functions across devolved public bodies. This indicated that all relevant functions in HIS are in line with the average of the dataset. KPIs are currently in place relating to Workforce and Finance and will be reviewed as part of routine performance processes.	Complete	Assurance information that supports holding to account
Encourage and facilitate innovation, drive change and transform service delivery	Function - Setting the Direction	Better define what we mean by innovation in HIS; in particular consider in the	One Team	Executive Team/Senior Leadership Group	31/12/2024	Innovation/digital mindset Board masterclass held in February 2025.	Complete	Board supported to set direction and influence organisational culture

to support a culture of continuous improvement		context of constrained financial context and risk appetite.						
Implement a collaborative approach to governance so that all parties who have an influence in the delivery of healthcare outcomes (e.g., integration authorities, local government, third sector, academia) recognise, understand and respect the needs of each other and work together to integrate or align their arrangements for the governance of the delivery of	Delivery Approach - The Integrated Governance System	"Explore the role of the HIS Chair within the NHS Board Chairs Group and the National Board Chairs' meetings. Use Care Inspectorate joint board meeting in April 2024 as initial opportunity to reflect on joint working with the aim of better outcomes.	HIS delivery partners Scottish Government / national board intiatives around shared planning/delivery, collaborative commissioning	HIS Chair	Quarter 1 2024/25	Joint board meeting with Care Inspectorate held on 23 April 2024 and Chairs and Chief Executives continue to meet regularly. Discussion of strategic partnerships form part of Board's annual strategy session and were covered in a follow-up Board development session on 19 November 2025. Collaborative work delivered with the Mental Welfare Commission on Child and Adolescent Mental Health in-patient units. Work is ongoing to explore	Complete	Governance arrangements aligned with key external stakeholders

healthcare services and products within the healthcare environment						a strategic partnership with the University of Strathclyde, building on current work between the Medicines and Pharmacy team and the University.		

Governance Committee Chairs Key Points

Meeting: Board Meeting - Public

Meeting date: 2 December 2025

Agenda item: 6.2

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 Governance Committee Chairs' meeting on 19 November 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. Governance Routes

The Director of Quality Assurance and Regulation joined the meeting to provide an overview of proposed governance for the report from the Review of Regulation. He noted that the review findings spanned the remits of the Audit and Risk, Quality and Performance and Staff Governance Committees. It was agreed that each of these committees will receive the full report at their quarter 4 meetings along with a cover paper that focuses on the key points relative to that committee. The full report will then be provided to the Board at its meeting on 25 March 2026.

We also discussed the governance routes for the revision to the Operating Framework with Scottish Government and agreed this would be provided direct to the Board, in line with previous practice. The final version will be provided to the Board on 25 March 2026 for approval.

2. National Clinical Leads

In reviewing the Board and Committee business planning schedules, we discussed how the National Clinical Leads might engage with the Board and committees going forward given they are a key part of our clinical and care governance. We agreed that inviting the Leads to deliver a Board seminar session about their role would be a helpful starting point. This will be added to the Board's business plan with the aim of delivering it in early 2026.

3. Public Partner Representation on Committees

The meeting covered updates from each committee and we noted very positive feedback about the contribution of Public Partners to the work of the committees they attend. One area of feedback from them was a suggestion that people presenting papers provide a more concise introduction. This will be incorporated into an aide memoire for governance meeting attendees.

Audit and Risk Committee Key Points

Meeting: Board Meeting - Public

Meeting date: 2 December 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 26 November 2025. The approved minutes of the Audit and Risk Committee meeting on 3 September 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. Recurring Savings

In addition to its regular financial reports, the Committee received a paper setting out proposals specifically in relation to recurring savings for 2025-26 and the proposed option on how to close gap in year. The Committee accepted moderate assurance and the commitment to finding those recurring savings in year.

2. Azure Cloud Migration

The Committee received updates from the Digital Services Group and in particular welcomed the completion of migration to the Microsoft Azure cloud environment. The plans for HIS to access the new NHSScotland Cybersecurity Centre of Excellence out of hours service were also supported. The Committee accepted moderate assurance

3. HIS Website Programme

The website programme update set out recent developments as well as capacity risks. The Director of Evidence and Digital described work underway to review the original aims of the web estate project and to consider any reprioritisation required in order to bring forward the anticipated time for its completion. The Committee noted progress and accepted moderate assurance and to build on that level of assurance to ensure it is protected.

4. Internal Audit

The report on progress against internal audit management actions was discussed and in particular concern was noted regarding the number of overdue actions with revised due dates. The Committee were advised of proposals to better manage these internally which are being presented to the next Performance and Delivery Board meeting.

Quality and Performance Committee Key Points

Meeting: Board Meeting - Public

Meeting date: 2 December 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 (QPC) meeting on 5 November 2025. The approved minutes of the QPC meeting on 27 August 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

The Committee received a progress update on work to improve the implementation of good Clinical and Care Governance (CCG) approaches across the organisation. Work is underway to strengthen understanding of risk management within CCG, streamline governance processes, reduce unnecessary steps, and promote a broader organisational perspective.

The Committee noted the continued positive work being undertaken and accepted a moderate level of assurance.

2. Right Decision Service (RDS)

No decision has yet been made by Scottish Government regarding the request from Board Chief Executives for interim funding for a further year to allow planned transition to a shared funding model. QPC discussed the contractual timelines and noted the associated risks.

The Committee confirmed that without funding, withdrawal from RDS would be required and agreed this should be discussed at the December Board meeting.

3. Eljamel Public Inquiry

The Committee received a report advising that HIS has core participant status in this inquiry. We were advised on the organisation's role, responsibilities and progress to date. It was noted that participation will require an as yet unknown degree of resource and it is recognised that this will fluctuate over the coming years. A small team is currently managing the work. The Committee agreed that a risk relating to this inquiry should be included on the Strategic Risk Register and that the further discussions would take place to establish whether QPC or Audit and Risk Committee should have oversight of the risk.

The Committee noted the update and accepted a moderate level of assurance.

The Committee accepted limited or no assurance on the following items: N/A.

Scottish Health Council Key Points

Meeting: Board Meeting - Public

Meeting date: 2 December 2025

Agenda item: 6.6

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

Purpose of paper: Awareness

This report provides the Healthcare Improvement Scotland Board with an update on key issues arising from the Scottish Health Council (SHC) Committee meeting on 13 November 2025. The approved minutes of the Scottish Health Council Committee meeting on 9 September 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 recognised that the external environment continues to change, with the shift to how services are being planned at a national or sub-national level and in a more integrated way across organisations being even more apparent than at its last meeting. The SHC considered the progress being made by HIS to develop guidance with COSLA to underpin how organisations can engage jointly, using the specific example of joint NHS-local authority engagement in one locality about Single Authority Models. It also noted Scottish Government's plans for an increasing number of nationally determined service changes and the national engagement required on this. For both of these areas, the SHC agreed with the plan to monitor the implications for how HIS would discharge its statutory duties in future, particularly the potential for more national or sub-national work and less work within individual NHS boards/Health and Social Care Partnerships (HSCP).

2. Accessible Engagement

The SHC supported the development of new resources by HIS to support staff to take accessible and inclusive approaches in engagement activities. The new guidance provides practical advice on how to engage with diverse communities. It outlines core principles, signposts to relevant resources, and provides advice on both written communication and delivering inclusive events. An accompanying resource on Easy Read communication has also been produced. SHC members were very supportive of the draft resources, noted they had originally been developed for HIS staff, and recommended they would be beneficial for people across health and social care. It was agreed that the resources should be adapted for sharing beyond HIS through the new Engagement Practical Learning & Improvement System.

3. Assurance of Engagement

The SHC reviewed the work undertaken by the Engagement Practice – Assurance unit and its plans for the next year. This includes three workstreams: Assurance of Engagement on service change (which comprises monitoring and assuring currently 70 service changes across Scotland, and highlighting new resources produced by HIS for major service change); Equalities, Inclusion & Human Rights (which comprises work on HIS's equality outcomes and anti-racism plan, leading good practice, and co-ordinating HIS's Public Partners); and Strategic Engagement and Community Support (which comprises discussing engagement with senior leaders across NHS boards/HSCPs and supporting communities to engage). SHC were supportive of the work undertaken, noting the progress in the other key points above, and the work planned for the next year.

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

N/A

Succession Planning Committee Key Points

Meeting: Board Meeting - Public

Meeting date: 2 December 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 20 November 2025. The approved minutes of the Succession Planning Committee meeting on 7 August 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. Succession Plan

The Committee received an updated Succession Plan. This plan has focussed on succession planning activity to increase diversity on the HIS Board. However, we weren't assured that the plan also sets out strongly enough activity that will ensure people with the right skills and experience are recruited to the Board. Therefore, we will receive a revised iteration of the plan at our next meeting.

2. Non-executive Skills Evaluation Exercise

The Head of Organisational Development and Learning provided a paper setting out detailed proposals for delivering a revised Non-executive skills evaluation exercise. This is in response to an Internal Audit recommendation about skills matrices for committees. The revised exercise will be delivered through a digital platform that will enable a variety of reports to be extracted. It will be based on best practice currently available and subject to a Data Protection Impact Assessment. Indicative timelines will allow the exercise to be completed at the time of the Non-executive end of year appraisals. The Committee supported the proposals. An overview of the skills evaluation process will be provided to Non-executive Directors in early 2026 ahead of the process being rolled out.

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