

Agenda

Meeting: Board - Public

Date: 25 March 2026

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 2 December 2025	Chair	Paper
1.4	-	Action Points from the public Board meeting on 2 December 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		Planning 2026-27		
2.1.1	11.10	Annual Delivery Plan	Director of Engagement and Change	Paper
2.1.2	11.20	Quality Assurance and Regulation Annual Plan	Associate Director of Quality Assurance	Paper
2.2	11.30	Operating Framework with Scottish Government	Deputy Chief Executive	Paper
2.3		Children's Rights Reporting		
2.3.1	11.40	Children's Rights Report - United Nations Convention on the Rights of the Child	Associate Director of Nursing and Midwifery	Paper
2.3.2	11.50	Corporate Parenting Report	Head of Engagement Practice–Assurance	Paper

2.4		Leading for Our Future		
2.4.1	12.00	Action Plan Update	Chief Executive	Paper
2.4.2	12.10	Strategic Relationship with NHS24	Chief Executive	Paper
3.		Holding to Account – including Finance and Resource		
3.1	12.20	Organisational Performance Report	Chief Finance and Risk Officer/ Interim Chief People Officer	Paper
		12.35 – 13.10 Lunch break		
4.		Influencing Culture		
4.1	13.10	Anti Racism Plan Update	Interim Chief People Officer	Paper
5.		Assessing Risk		
5.1	13.20	Risk Management: strategic risks	Chief Finance and Risk Officer	Paper
6.		Governance		
6.1	13.30	Governance Committee Chairs: key points from the meeting on 11 March 2026	Chair	Paper
6.2	-	Audit and Risk Committee: key points from the meeting on 18 March 2026; approved minutes from the meeting on 26 November 2025	Committee Chair	Paper
6.3	-	Executive Remuneration Committee: key points from the meetings on 4 December 2025 and 18 March 2026	Committee Chair	Paper
6.4	-	Quality and Performance Committee: key points from the meeting on 4 March 2026; approved minutes from the meeting on 5 November 2025	Committee Chair	Paper
6.5	-	Scottish Health Council: key points from the meeting on 12 February 2026; approved minutes from the meeting on 13 November 2025	Scottish Health Council Chair	Paper
6.6	-	Staff Governance Committee: key points from the meeting on 25 February 2026; approved minutes from the meeting on 22 October	Committee Chair	Paper

6.7	-	Succession Planning Committee: key points from the meeting on 12 March 2026; approved minutes from the meeting on 20 November 2025	Chair	Paper
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7.	13.45	Any Other Business
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8.	13.50	Close/Date of Next Meeting Next meeting 29 June 2026
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Register of Interests

Meeting: Board Meeting - Public

Meeting date: 25 March 2026

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 2 December 2025.

Since the Register was last presented, the following changes have been made:

- Ann Gow added Vice Chair, Scottish Maternity and Neonatal Taskforce, category 2, start date 18/12/25 (category 2, other roles).
- Gillian Hennon joined the organisation on 26 January 2026 as Chief Finance and Risk Officer and declared the following interests: Member of the Chartered Institute of Public Finance Accountants (category 8, non-financial interests) and sister is a Podiatrist working in NHS Greater Glasgow and Clyde (category 9, close family members).
- Robbie Pearson advised his interest as Non-Executive Director, Wheatley Care will end from 1 April 2026.
- Nikki Maran advised that the interest related to her son has changed as he is a consultant radiologist employed by NHS Lothian. The interest has a start date 18/8/25 (category 9, close family members).

The Register will also be updated to reflect the return of Carole Wilkinson to the HIS Chair position.

3. Recommendation

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

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

Board Public Minutes – Draft

Public Meeting of the Board of Healthcare Improvement Scotland at
10.30, 2 December 2025, Delta House, Glasgow

Attendance

Present

Evelyn McPhail, Interim Chair
Abhishek Agarwal, Non-executive Director (from item 4.1)
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 (QAR)
Melissa Dowdeswell, Director of Nursing and Integrated Care (NIC)
Gillian Gall, Interim Chief People Officer
Clare Morrison, Director of Engagement and Change
Safia Qureshi, Director of Evidence and Digital
Simon Watson, Medical Director/Director of Safety (from item 4.1)

Apologies

Ann Gow, Deputy Chief Executive

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 Melissa Dowdeswell, attending her first Board meeting as Director of NIC. 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 24 September 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 24 September 2025

The progress updates were noted. In relation to the action about NHS inspections, the Director of QAR advised that inspection numbers have been reviewed, all NHS inspections are up to date and the key performance indicator will be met.

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

1.5 Chair's Report

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

- a) She held an introductory meeting with the NHS Scotland Chief Operating Officer and along with the Chief Executive, she held a very positive meeting with the newly appointed Patient Safety Commissioner.
- b) Several events were attended in the quarter covering the Scottish Approach to Change, Hospital at Home, Engagement Practice Learning and Improvement System, and the QAR staff development day.
- c) Non-executive Director mid-year reviews are almost complete. No changes to committee membership are proposed as skills broadly align with current appointments.

Decision: The Board noted the update.

Action: Share with the Board the briefing for the Annual Review on 15 December 2025.

1.6 Executive Report

The Chief Executive provided the report and highlighted the following:

- a) An appointment has been made to the Chief Finance and Risk Officer post and backfill will be identified to enable the Interim Chief People Officer role to continue. Thanks were extended to the Director of Finance at NHS24 who is providing oversight of finance matters meantime.

- b) HIS is continuing to respond to the needs of the Eljamel public inquiry and a risk has been raised related to this.
- c) HIS will give evidence for the Non-surgical Procedures and Functions of Medical Reviewers (Scotland) Bill on 9 December 2025.
- d) The 16th Citizens' Panel report has been published covering GP Practices, continuity of care and Duty of Candour.

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

- a) Agreeing Citizens' Panel topics can take time due to the evolving landscape of population health and liaison required for the Scottish Government (SG) commissions for it. HIS would like to be more proactive in sourcing its own choice of topics.
- b) The new Office of the Chief Executive held its first in-person development day on 24 November, providing a good start to creating a unified team underpinned by the One Team ethos.
- c) Regarding the Bill noted at c) above, HIS will continue to provide input and it will be important to reinforce a whole system approach.
- d) Regarding walk-in GP services pilots, discussions will be ongoing with SG and HIS will design measures for the evaluation of the pilots. Boards have been invited to submit proposals for pilot sites and delivery can be tailored to specific areas.
- e) Reports to HIS about unregistered independent healthcare providers come from a variety of sources including service users, the public and other services. Communications with the public are ongoing.
- f) In recent years, more additional allocations have moved into baseline funding which is a positive step. Ad hoc commissions continue and are difficult to plan for. Creating financial headroom and the HIS Employee model can mitigate issues.

Decision: The Board noted the report, highlighting the breadth of work delivered. The Board supported the proposal for a more proactive approach to Citizens' Panel topic selection.

2. Setting the Direction

2.1 Leading for our Future Action Plan

The Chief Executive provided the action plan which will support delivery of the Leading for Our Future aims.

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

- a) Regarding performance management of Associate Directors (ADs), this will be discussed at the Executive Remuneration Committee (ERC) meeting later that week. Executive Directors will be line managers for ADs and the Chief Executive will countersign appraisals. ERC will decide to what degree they are sighted but this might be an overview report from the Chief Executive.
- b) Regarding the commission of a development programme for the Performance and Delivery Board, this will align with performance objectives.
- c) Terms of reference have been created for the Performance and Delivery Board but aligning them with those for the Executive Team is ongoing.

Decision: The Board noted the updates to the action plan and accepted the moderate assurance offered.

Action: Document to be created setting out the various operational delivery groups and how they interplay with each other.

2.2 Scottish Approach to Change (SATC) Update

Diana Hekerem, Associate Director, Community Engagement and Transformational Change, joined the meeting for this item.

The Director of Engagement and Change provided a written update on this programme, noting that the initial commission has been delivered and next steps need to be agreed.

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

- a) The digital tools within the SATC include the Three Horizons framework for strategic planning.
- b) There is a challenge to provide ongoing support to boards and partnerships given the resource this would require. Creating case studies that exemplify the positive impact of the SATC are effective but also require quite a lot of resource. Thought will be given to a role here for the external reference group involved in the work and to bringing in expertise from Non-executive Directors.
- c) Pathfinders are helping to provide understanding of the practical aspects of using SATC such as working in partnership and cultural changes.

Decision: The Board noted the report and supported proposals for next steps. The Board accepted the moderate assurance offered.

Action: A future update to be provided to the Board setting out further progress.

3. Holding to Account including Finance and Resource

3.1 Organisational Performance Report

John Gebbie, Director of Finance NHS24 and David Johnston, Finance Manager, joined the meeting for this item.

The Chief Executive provided the performance report and the NHS24 Director of Finance highlighted the following in relation to financial performance:

- a) There is currently a £1.6M underspend which is forecast to continue to year end.
- b) The savings plan will be met in full and work continues to address the imbalance between recurring and non-recurring savings.

The Chair of the Audit and Risk Committee advised that the Committee considered the financial report and noted the need to increase the level of recurring savings to reduce pressure the following year.

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

- c) Regarding the underspend, there are some areas of investment planned on a non-recurring basis. It is not possible to hold any reserve into 2026-27.
- d) Work is ongoing to validate the budget but spend tends to increase in the latter part of the

year. Nonetheless, the forecast underspend is realistic.

- e) It was noted that the sickness absence rate has reduced to 3.3%.

Decision: The Board considered the performance report and accepted the moderate assurance offered.

3.2 Best Value Annual Report

The Chief Executive provided this report, noting that it was considered at the Audit and Risk Committee meeting the previous week and best value is regularly reported to the Quality and Performance Committee.

The Chair of the Audit and Risk Committee advised that the Committee welcomed the report and noted that it is helpful in demonstrating the quality and impact of our work, and provides useful information, for example, for the annual review and the annual audit.

In response to a question from the Board about the audience for the report, it was advised that the report will be published but there is no formal requirement for submission. Benchmarking was undertaken last year but a comparison hasn't been completed with other boards.

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

3.3 Integrated Planning Update

The Director of Engagement and Change provided a paper setting out an update on the arrangements for integrated planning for 2026-27, noting that formal guidance from Scottish Government has not yet been received.

Decision: The Board noted the update and accepted the moderate assurance offered.

4. Engaging Stakeholders

4.1 Communications and Engagement Strategy

Laura Fulton, Chief Pharmacist, joined the meeting for this item.

The Chief Pharmacist presented an interim working strategy which would allow development to progress while maintaining an effective communications function. She advised that the Audit and Risk Committee had reviewed it at their meeting the previous week and were content with the strategy subject to comments which are incorporated into the paper presented to the Board.

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

- a) As the strategy develops, more consideration will be given to the audience for it and to the information detailed within the stakeholder matrices.
- b) Regarding measures for the impact of the strategy, these will be considered as the work develops and could include surveying the awareness of HIS with different stakeholders.

Decision: The Board approved the strategy as an interim working document, subject to comments made. The Board accepted the moderate assurance offered.

5. Assessing Risk

5.1 Risk Management: Strategic Risks

The Chief Executive provided the latest strategic risk register.

The Chair of the Staff Governance Committee advised that the Committee had discussed if the risk related to workforce was correctly scored. It was also noted that the risk related to organisational change may need to be reviewed. It was agreed that the risk sub-committee will examine these two risks and will consider the need for all risks to have specific mitigations with timelines.

The Non-executive Cyber Security Champion noted additional mitigations for the risk related to cyber security, including a new out of hours service from the Cyber Security Centre of Excellence.

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.

Action: Risk sub-committee to examine the workforce and organisational change risks and the inclusion of accurate and timebound mitigations for all risks.

6. Governance

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

The Head of Planning and Governance provided the two action plans.

The Chair of the Quality and Performance Committee advised that the Committee is making progress with receiving reports that detail impact and outcomes of work. It was noted that this is a theme for all committees.

Decision: The Board noted the updates against the actions from the Committee annual reports and approved the closure of the Blueprint for Good Governance plan given actions are complete. The Board accepted the significant assurance offered.

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 19 November 2025
- Audit and Risk Committee: key points from the meeting on 26 November 2025; approved minutes from the meeting on 3 September 2025
- Executive Remuneration Committee: it was noted that the next meeting is scheduled for 4 December 2025
- Quality and Performance Committee: key points from the meeting on 5 November 2025; approved minutes from the meeting on 27 August 2025
- Scottish Health Council: key points from the meeting on 13 November 2025; approved minutes from the meeting on 4 September 2025
- Staff Governance Committee: approved minutes from the meeting on 6 August 2025. The

Chair of the Committee gave a verbal update on the key points from the meeting on 22 October 2025

- Succession Planning Committee: key points from the meeting on 20 November 2025; approved minutes from the meeting on 7 August 2025

In response to a question from the Board, the Chair of the Succession Planning Committee advised that appointing a Public Partner to the Committee is in progress and the Succession Plan refers to Non-executive Directors only.

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 25 March 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 Draft Action Register

Minute Date and Ref	Report Heading	Action point	Timeline	Lead officer	Current Status
2/12/25 Item 1.5	Chair's Report	Share with the Board the Scottish Government briefing for the Annual Review.	Immediate	Governance Manager	Recommend for closure. Shared on 3 December 2025.
2/12/25 Item 2.1	Leading for our Future Action Plan	Document to be created setting out the various operational delivery groups and how they interplay with each other.	27 February 2026	Head of Planning and Governance	Recommend for closure. This is included in the March Board paper on Leading for our Future.
2/12/25 Item 2.2	Scottish Approach to Change Update	Future update to be provided to the Board setting out further progress.	29 June 2026	Director of Engagement and Change	In progress. Added to Board business planning schedule.
2/12/25 Item 5.1	Risk Management: strategic risks	Risk Sub-Committee to examine the workforce and organisational change risks and the inclusion of accurate and timebound mitigations for all risks.	31 March 2026	Co-chairs, Risk Sub-Committee	Recommend for closure. The update provided to the Audit and Risk Committee meeting on 18 March has been added to the Board's additional reading folder.

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	Recommend for closure. Review complete and in final stages of drafting the report to be shared with staff before being considered through governance structures.
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Chair's Report

Meeting: Board Meeting - Public

Meeting date: 25 March 2026

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 15 December 2025, 26 January 2026 and 23 February 2026. As the meeting on 15 December clashed with the HIS Annual Review, I was unable to attend. However, the Vice Chair/Chair of the Scottish Health Council was able to attend the first part of the meeting which included an update from the Patient Safety Commissioner. All of the meetings covered progress with the establishment of Public Services Delivery Scotland and with sub national planning.

The Board Chairs met with the Cabinet Secretary for Health and Social Care on 3 December 2025 and 11 February 2026. These agendas have also featured sub national planning as well as the reduced working week and the Operational Improvement Plan (OIP). At the February meeting, three Boards presented on the themes from their HIS Maternity inspections findings with an opportunity for HIS to comment. The session was extremely positive with a strong commitment by Board Chairs to ensure sustained progress in meeting recommendations from inspections. In relation to the OIP, the Chief Operating Officer/Deputy Chief Executive NHS Scotland highlighted the work that HIS was delivering to support Boards at that time with Winter Preparedness.

Given the above focus on sub national planning, I have been joining whenever possible the meetings of the east and west Subnational Planning and Delivery Committees to ensure HIS is linked and contributing to this work as it moves forward.

I have continued my series of individual meetings with the NHS Board Chairs and met with the Chair of Public Health Scotland on 12 January 2026. We discussed the joint working between our organisations. I continue to join the fortnightly meeting for the National Chairs to discuss strategic priorities and identify opportunities for collaboration.

2. Stakeholder Engagement

External Engagement

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

- We visited NHS Tayside on 28 January 2026 and further detail on this can be found in the Chief Executive's report.
- We held a meeting with the Chair and Chief Executive of the Mental Welfare Commission on 5 February 2026 which followed on from my meeting with the Chair on 8 December 2025. We discussed recent joint inspections of specialist mental health facilities for children and young people and we were supportive of developing our collaborative working between both organisations.

Looking ahead, we also have a visit planned on 20 March 2026 to NHS Grampian.

Internal Engagement

I provided an update on key governance developments at each of the all staff monthly huddles in December, January and February. The Chief Executive and I continue to hold sessions for staff to join us for an informal discussion and we will be joining the Community Engagement and Transformational Change Directorate all staff event on 19 March 2026.

3. Governance

Annual Review

The Annual Review was held as a full day event on 15 December 2025 in Delta House and was led by the Cabinet Secretary for Health and Social Care. The morning sessions featured the Clinical and Care Staff Forum, Partnership Forum and Public, Patient and Service Users. The hybrid public session in the afternoon gave our stakeholders and staff the chance to hear about our work and ask questions. The letter from the Cabinet Secretary summarising the key points from the Review can be found on the [HIS website](#).

Non-Executive Directors

Four-year re-appointments have been approved for three of our Non-executive Directors: Abhishek Agarwal, Rob Tinlin and Michelle Rogers. This takes these appointments terms to 2030. Judith Kilbee has not applied for re-appointment and her term will end in September 2026.

In support of future recruitment and Board development activity, a refresh of the Non-executive Director skills and experience evaluation has commenced and the Succession Planning Committee approved the revised Non-Executive Succession Plan in March 2026. Future recruitment will be overseen by the Succession Planning Committee.

End of year appraisals for all Non-executive Directors are underway and will be conducted by myself ahead of Carole Wilkinson returning to the HIS Chair position on 1 April 2026.

Board Activity

Since my last report, the Board has held two seminar sessions on 21 January and 25 February 2026. In January we covered integrated planning for 2026-27 looking at the work programme and finance plan. At the February session we were delighted to be joined by the Chief Operating Officer/Deputy Chief Executive of NHS Scotland. She provided an update and joined our discussions on developments in support of the continued delivery of the organisational strategy.

Executive Report

Meeting: Board Meeting - Public

Meeting date: 25 March 2026

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:

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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

Visit to NHS Tayside

The Chair and I visited the Improvement Academy at NHS Tayside along with their Chair and Chief Executive on 28 January. We were both impressed by the work that has been underway in establishing a strong local approach to the embedding of the Quality Management System as well as adopting the Scottish Approach to Change. They have also been using our Sharing Intelligence framework in generating a more systematic approach to spotting internal signals of concern and intervening at an earlier stage.

First Minister Meeting

The Board Chief Executives met with the First Minister at St Andrews House on 24 February. Agenda items discussed were Sub-National Planning and the Operational Improvement Plan.

NHS Greater Glasgow and Clyde - Safety and Public Confidence Oversight Group (SPCG)

Our Deputy Chief Executive has been invited to join the SPCG which has been established to strengthen assurance, transparency and engagement in relation to both the Queen Elizabeth University Hospital and, the Royal Hospital for Children. The priority of the Group is to build and sustain patient and public confidence in the safety of these hospitals, and its inaugural meeting took place on 11 March 2026.

EXTERNAL DEVELOPMENTS INCLUDING STAKEHOLDER ENGAGEMENT

Public inquiries

Our activity in public inquiries is increasing, particularly as the Eljamel and Scottish Covid-19 inquiries progress with their investigations. We have Core Participant status in both inquiries and will respond to requests for information as instructed. It is also expected that I will be invited to give evidence to the Eljamel Inquiry in the coming months.

National Review: Group-based Child Sexual Abuse and Exploitation

In December 2025, Scottish Ministers formally requested a national review into group-based child sexual abuse and exploitation. The review is being led by the Care Inspectorate and His Majesty's Inspectorate of Constabulary in Scotland, working with Healthcare Improvement Scotland and His Majesty's Inspectorate of Education in Scotland. HIS input to the review will be led by the Chief Inspector with support from a dedicated and experienced inspection team.

The review will be delivered in three phases. Phase one will last for six months and will assess all Chief Officers' Groups' understanding and oversight of group-based child sexual abuse and exploitation and group-based child criminal exploitation including scale and nature, governance arrangements and key processes and children's and young people's experiences. Phase one will report in Summer 2026.

Phase two which will be informed by phase one, will comprise targeted assurance activity and will take place over the following 12 months. Phase three will focus on improvement work. You can read more about the national review [here](#).

The work of the national review will inform the independent statutory public inquiry into group-based child sexual abuse and exploitation announced by the Cabinet Secretary for Education and Skills in late February 2026 to be taken forward by Professor Alexis Jay.

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 the Scottish Parliament in October and 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, and stakeholder engagement. The Director of Quality Assurance & Regulation, the Chief Inspector for Regulation and our Senior Medical Reviewer attended Committee meetings at the Parliament during December to give evidence. Stage one of the Bill has concluded with publication of

the [Committee's report](#) and stage two is progressing during February. We will also continue to engage with Scottish Government on the Bill and its implications for HIS.

Sub-national planning

The Scottish Government has set out the creation of two NHS Scotland sub-national units, Scotland East and Scotland West, with all NHS boards divided between the two units (reference: [DL 2025\(25\) letter](#)). The purpose is to reduce variation in access and outcomes for people, improve financial sustainability, and improve clinical sustainability of fragile services. Sub-national units are expected to develop safe, effective and evidence-based models of care.

The two sub-national units comprise:

- *Scotland East*: NHS Borders, NHS Fife, NHS Grampian, NHS Lothian (chair), NHS Orkney, NHS Shetland, and NHS Tayside.
- *Scotland West*: NHS Ayrshire and Arran, NHS Dumfries and Galloway, NHS Forth Valley, NHS Greater Glasgow and Clyde (chair), NHS Highland, NHS Lanarkshire, and NHS Western Isles.

The sub-national structure for both the West and East units comprises three levels:

- *Sub-National Strategic Planning & Delivery Committee*: providing oversight, direction and governance
- *Sub-National Strategic Planning & Delivery Executive Oversight Group*: responsible for development and implementation of plans, and
- *Sub-National Delivery Groups* around the priority areas of *Planned care* (achieving the treatment time guarantee for orthopaedic elective care services), *Urgent care* (improving flow and meeting the four-hour emergency access standard) and *Enablers*.

HIS already has Chief Executive representation on the Sub-National Strategic Planning & Delivery Committee and Executive Oversight Group. The Executive Team has been working to establish routes of engagement with sub-national planning across the three levels, and mechanisms to ensure that the breadth of HIS' work and potential contributions are captured across this engagement. The new portfolio approach to planning for 2026-27 is directly aligned to this work, with the establishment of portfolios in urgent & unscheduled care, planned / acute care and enablers for change.

As part of Leading for Our Future, we have also established system leadership roles, to understand regional pressures, priorities and opportunities to strengthen our responsiveness and strategic engagement, as follows:

- West Sub-National Unit – Medical Director & Director of Safety and Director of Nursing & Integrated Care
- East Sub-National Unit – Director of Quality Assurance & Regulation and Director of Engagement & Change

A more detailed update on sub-national planning and implications for HIS will be brought to the Board in due course.

COMPLAINTS HANDLING

To date, in the 2025–26 financial year, HIS has handled eight complaints. Seven have been closed, and one remains paused due to ongoing legal proceedings. Three complaints were managed at Stage 1 at a local directorate level, with one partially upheld and two not upheld. These were all managed within the timeframe. Of the five complaints escalated to Stage 2, three were partially upheld and one was upheld; the fifth remains paused.

Due to the complexity of several Stage 2 investigations, three required agreed extensions, while one was completed within the standard timeframe. Seven of the complaints related to Quality Assurance and Regulation Directorate (QARD) workstreams, and one concerned recruitment processes and procedures.

2. ACHIEVEMENTS

Supporting the voices and rights of people and communities

Evidence from Engagement

The [sixteenth report of the Citizens' Panel](#) was published in November 2025. The survey explored public views and experiences across four areas: local GP or medical practice, personal continuity of care, Duty of Candour, and the Charter of Patient Rights and Responsibilities.

A total of 659 responses were received, representing a 60% response rate. People's experiences of GP services and views on personal continuity of care will support an evaluation of HIS' Primary Care Phased Investment Programme. The results will also help assess how well the public understands the Duty of Candour and will inform recommendations to improve awareness and strengthen patients' and families' rights.

Findings from our [Gathering views on palliative care report](#) (published in June 2024) directly informed the Scottish Government's [Palliative Care Strategy 2025-30](#) published in September 2025. Our work provided insight into views of members of the public with different experiences of palliative care and also identified evidence gaps, for example around palliative care being offered earlier.

NHS recovery and supporting a sustainable system

Scottish Approach to Change

A [webinar](#) to launch the Scottish Approach to Change on 19 January 2026 brought together almost 700 participants from across health and social care. The session introduced the approach, featuring contributions from the Scottish Government's National Clinical Lead for Quality and Safety and the Cabinet Secretary for Health and Social Care. Local teams shared how it is supporting colleagues across health and social care to transform services. Feedback included:

"An eye opener of how change needs to be approached."

"Really valuable session and so timely as we try to influence and support a significant transformational change programme."

“Wow this is just music to my ears! Makes all the hard work and persistence that many of us have been banging the drum about for many years all worthwhile.”

In March 2025, we presented the Scottish Approach to Change at the [International Forum on Quality and Safety](#) in Oslo. The presentation generated international interest in the approach and more broadly in quality management.

Drug and Alcohol Mission

Our Drugs, Alcohol and Housing unit is bringing two programmes of work to a successful conclusion in March 2026. The Residential Rehabilitation team held their final Regional Improvement Hub on 5 February 2026, and will complete testing of their Pre- and Post-care resource pack by the end of March 2026, with plans to launch externally by early May. The Medication Assisted Treatment Standards pharmacy team has produced an empathy map and infographic based on their work with WithYou Dundee, which will be published by the end of March. Other resources due to be published include a [Planning With People](#) (2024) companion guide, and an independent advocacy resource produced in partnership with the Scottish Independent Advocacy Alliance. A HIS Substance Use Governance Board Celebration on 25 March 2026 will showcase and celebrate the work which has been undertaken over the last 4 years and conclude the two programmes of work.

Improving Access to Integrated Care

Produced initial evaluation report for 52 weeks sprint with evidence of impact, such as 65% reduction in patients waiting for first appointment in NHS Highland's Ear, Nose and Throat (ENT) service, 52% reduction in NHS Lanarkshire's Gynaecology service and 24% reduction in NHS Lanarkshire's ENT service.

Cohort 1 is complete, teams came together to celebrate their success on a webinar in December 2025. Teams took this opportunity to share their learning, experiences, challenges and outputs since taking part in the programme. Cohort 2 launched February 2026 and is expected to end in June 2026.

Hospital at Home (H@H)

HIS' role in supporting the expansion of H@H services has seen two new neonatal and paediatric services launched in November and December 2025. Older people/acute adult services have also expanded to 680 beds at the end of December 25. A community forum has been established for paediatric and neonatal H@H teams. This was developed in consultation with the existing Scottish network and has had positive engagement so far. Adult services have created a mini collaborative within the adult programme in response to the needs of rural H@H services.

Focus on Frailty

The Focus on Frailty (FOF) programme has contributed to a decrease in the national length of stay for geriatric patients, demonstrated in a progress report published in December. We have opened the application process for the next phase of the programme to start in April 2026. Teams participating in the Focus on Frailty programme are being supported to test changes in practice. Examples of impact include:

- 87% of hospital sites have access to staff in specialist frailty teams (those with a core Emergency Department and who are part of the FOF programme)

- 83% of community Focus on Frailty teams (5/6) have evidence that process is in place for early frailty identification.
- Further reduction in the median length of stay, now reduced by four days for people identified as frail in Glasgow Royal Infirmary (reduction from 13 days baseline to nine) with an estimated cost avoidance of £4.1m over 12 months.
- A three-month trial of an occupational therapy service at the hospital front door in Raigmore Hospital has led to an estimated saving of 1,100 bed days with an estimated cost avoidance of £300,000.
- 955 people (514 GP practices with representation from all territorial NHS board areas) attended the 'frailty in general practice – a team approach' webinars in September and October. The webinars supported the delivery of the frailty Directed Enhanced Service of which 84% of practices have signed up.
- An additional frailty unit established in December 2025 (University Hospital Wishaw).

Focus on Dementia

All teams in cohorts 1-4 have now completed their 12-week improvement programme. We intend to continue following up a small number of teams to capture ongoing learning. Our latest progress report was published on the HIS website in December 2025. Recruitment opened for cohort 5 and 6 on 5 January (over 90 applications received so far).

The value of the Post-diagnostic support Improvement Programme will be highlighted in a Scottish Government report due to be published in March 2026. We have strong interest from Health and Social Care Partnerships (HSCPs) in the next cohort of the programme, currently estimating up to 12 HSCPs will join.

Primary Care Phased Implementation Programme (PCIP)

The testing and evaluation phase of the programme is now complete with preparation of the final report underway.

We held our final national event on 24 February, during which we presented learning and findings from the past 2 years. Around 40-50 PCPIP learning summaries were published on our web pages prior to the event. We are working on the post-event comms which will include a flash report, vox pops and videos of the sessions.

A Safer NHS

Human Factor and Adverse Events Webinars

The adverse events team has started a series of webinars – especially aimed at those across NHS Scotland who review adverse events – focused on a better understanding of the science of Human Factors and its role in healthcare. A Human Factors approach to all adverse event reviews is critical because it can help reviewers to understand how interactions between people and systems can combine to cause unexpected harm to patients.

The goal of the webinars is to encourage people involved in adverse event reviews to identify opportunities for learning and learning worth sharing, as well as better explaining the range of

factors behind how things go wrong, what exactly went wrong, including so-called ‘near misses’ where it was identified that patient harm was narrowly avoided.

The first in the series of webinars was well attended with 11 territorial boards, 5 special NHS boards and the Mental Welfare Commission represented. The 50 attendees were asked if they wished to return for the next webinar and 100% of respondents said yes.

The webinar series follows through on a commitment made in the [National Framework for Reviewing and Learning from Adverse Events in NHS Scotland](#), which was produced by our organisation last year. The framework promotes the use of a Human Factors approach to the review and analysis of adverse events.

Mental Health Programme

Recent resources produced by our Mental Health unit include two workshops on data measurement frameworks for the Safety at Points of Transition collaborative, and two action learning sets on personalised risk management in association with the Scottish Government’s National Suicide Prevention work. A case study has been completed with NHS Tayside on the development of discharge packs for service users. A “Coming Home” Peer Support Network meeting on 12 February 2026 discussed transitions with speakers from Arc Scotland and Child and Adolescent Mental Health Services. A national learning system webinar on “Initiating Improvement in Mental Health and Learning Disabilities for the Delayed Discharge Improvement Programme” took place on 24 February 2026.

Healthcare Staffing Programme

We have recruited 32 members of the Healthcare Staffing Programme (HSP) staff bank.

Work is underway on the Common Staffing Method (CSM) recommendations report to Scottish Ministers; the maternity detailed recommendation report was submitted in January. The new Maternity Services Staffing Level Tool will be launched on 1 April 2026 alongside two other staffing tools being transferred to SafeCare: Emergency Care Provision Staffing Level Tool and Neonatal Staffing Level Tool. Planning and coordination of launch communications and training sessions has taken place with sessions to be delivered in March 2026.

Excellence in Care

Excellence in Care (EiC) is demonstrating increased submission rates to the Care Assurance and Improvement Resource (CAIR) Dashboard. Notably, Pressure Ulcer and Inpatient Falls measures achieved exceptionally high submission rates in December 2025—95% and 96% respectively—followed closely by our suite of existing Workforce and Early Warning Score measures. Usage of the CAIR Dashboard has also continued its steady upward trajectory, growing from around 450 users in November 2024 to 661 users by December 2025. This growth reflects increasing confidence in the quality and utility of the data, as well as a strengthened ability among stakeholders to identify areas of good practice and opportunities for improvement. We are publishing Impact and Evaluation Reports on the application of both the Quality of Care Review Guidance and the Leading EiC Framework which will directly inform the development of the updated EiC Framework, scheduled for publication in March 2026.

Scottish Patient Safety Programme

The Scottish Patient Safety Programme is providing national leadership and practical implementation support for Scotland's transition from the Scottish Maternal Early Warning Score (MEWS) to the National MEWS. The National MEWS is an evidence-based tool designed to support clinicians to recognise and respond effectively to deteriorating women and birthing people. This work directly addresses challenges relating to deterioration identified through the HIS Safety Bulletin, engagement with boards and emerging themes from maternity inspections. The HIS perinatal portfolio is working collaboratively with partners across the system to coordinate delivery of this change to clinical practice.

Safety Intelligence Framework

Work is underway to operationalise the Action for Improvement component of the Safety Intelligence Framework. This focuses on how assured safety intelligence is translated into proportionate action, ensuring that emerging risks are addressed in a structured and transparent way. The approach being developed uses a decision framework to guide the selection of appropriate responses (for example, sense-making, influence, improvement support, scrutiny or escalation) based on factors such as signal strength, severity, scale and impact. This is intended to support consistent and defensible decision-making, while retaining the agility to respond to emerging risks. Piloting of the framework is underway.

More Effective Care

Standards and Indicators

On 2 February the Standards and Indicators team moved from Evidence to the QARD as part of Leading for the Future. In February 2026, the Standards and Indicators team published two sets of final standards – Diabetic Retinopathy and Clinical Governance.

[Diabetic eye screening standards – Healthcare Improvement Scotland](#)

[Clinical governance standards – Healthcare Improvement Scotland](#)

Maternity Care Standards

In late 2024, the Scottish Government commissioned Healthcare Improvement Scotland to develop maternity care standards: the standards were published on 23 March 2026. The standards have been developed by a multidisciplinary and multiagency group with representatives with expertise from across the maternity pathway, including the NHS, third sector organisations and universities. The group was chaired by Isla Barton (Director of Midwifery NHS Highland) and Jacqui Laurie (Consultant Obstetrician and Gynaecologist: NHS Lothian and Strategic National Clinical Lead in Obstetrics: Healthcare Improvement Scotland). A self-assessment tool is available from the Right Decision Service.

Scottish Health Technologies Group (SHTG)

SHTG published recommendations for specialist interventions for managing chronic non-malignant pain in adults. Extensive engagement was undertaken with a variety of stakeholders, leading to the largest ever public gallery for SHTG Council deliberations.

Feedback from the Scottish Parliament Cross Party Group on Chronic Pain regarding SHTG engagement processes has been excellent.

SHTG presented its horizon scanning work to the HIS Executive Team in January, seeking a steer on how we can best use our horizon scanning database for the benefit of the wider health system. Options such as the creation of a public 'front-end' or actionable insights that facilitate NHS boards' consideration of innovations will be presented to a future Board meeting.

Scottish Medicines Consortium (SMC)

The [SMC Public Involvement team's end-of-year highlights report](#) reflected another highly productive year with feedback from Patient Group Partners being extremely positive. 100% of patient representatives rated the support provided by SMC as good or excellent and reported complete satisfaction with their experience of participating at both SMC and Patient and Clinician Engagement meetings.

SMC created a short promotional film to highlight the importance of fully understanding the experiences of patients as part of the medicines assessment process. The film featured SMC Chair and Spinal Muscular Atrophy UK Chief Executive Officer and was showcased at the Annual Review where it was very well received. It is [now available via the SMC website](#) and via social media.

SMC's horizon scanning team produced an update to Forward Look 21 in January, to help boards plan for the various medicines coming through the pipeline and will publish the Advanced Therapy Medicinal Product report in March.

Scottish Intercollegiate Guideline (SIGN)

SIGN is collaborating with the British Heart Foundation to develop a guideline on preventing cardiovascular disease and with the British Thoracic Society to develop guidelines on severe asthma and acute asthma. Both collaborations will be updated and replace existing SIGN guidelines.

As part of our drive to make better use of our resources, SIGN has established a methodology and criteria to allow us to endorse other organisations' guidelines.

Scottish Antimicrobial Prescribing Group (SAPG)

SAPG is undertaking a national consultation to ascertain if it is possible to move to one national United Kingdom Conformity Assessment accredited gentamicin calculator.

SAPG is working with colleagues across Scotland including antimicrobial management teams in health boards to achieve the [National Indicators for Antibiotic Use](#). A new SAPG Primary care subgroup with representation across Primary Care met on 5 March to consider interventions that can support Scotland to meet the targets.

Health and Justice Programme

Draft guidance for prescribing for asthma in the prison setting has been completed and circulated to the National Prison General Practitioner and Prison Pharmacy Groups for comment prior to publication.

Right Decision Service (RDS)

At their meeting on 10 December 2025, NHS Board Chief Executives confirmed permanent funding arrangements for RDS as a Once for Scotland service.

Usage statistics report for 2025 show that the total number of unique users (as defined by Google Analytics^[1]) has increased by 59% in 2025 (3,201,480) compared with 2024 (2,010,765).

Seven Centre for Sustainable Delivery toolkits have been added to their suite of RDS national referral pathways, and Public Health Scotland [HIV transmission elimination](#) - helps users to find the most current data in relation to HIV in Scotland and provides guidance on the key role of Pre-Exposure Prophylaxis (PrEP) in lowering the risk of human immunodeficiency virus (HIV) transmission.

Systemic Anti-Cancer Therapy (SACT) Programme

Following publication of the updated Scottish Government [Guidance for the Safe Delivery of Systemic Anti-Cancer therapy \(SACT\) \(DL 2025 14\)](#), the HIS SACT programme has convened an expert Short Life Working Group with multi-disciplinary representation from all national cancer networks and public partner input to undertake this work and devise a new plan for assurance of safe delivery of SACT across both NHS and Independent Health Care (IHC) SACT services.

A survey to assess the implementation of National Cancer Medicines Advisory Group (NCMAG) supported advice on board formularies has been undertaken - with responses received from all boards where cancer medicines are prescribed. A report will be issued in the first quarter of 2026.

Cancer Medicines Outcome Programme

Establishment of agreed routine process with Cancer Medicines Outcome Programme to provide relevant cancer medicines usage data (when possible) to contribute to NCMAG proposal reviews provides additional clinical and care real world data which contributes to informed and transparent decision-making.

Clinical Governance Standards

Healthcare Improvement Scotland has developed [Clinical governance standards](#) to provide a clear, evidence-based framework that assures the delivery of high quality, safe and person centred care across all clinical services in Scotland. These standards fulfil NHS Scotland's statutory duty to ensure and improve the quality of care it provides, offering a consistent approach aligned with best practice, national policy, and legislation. They support NHS boards by strengthening internal and external quality assurance, clarifying accountability for clinical quality, and providing a structured basis for continuous improvement, risk management, effective leadership and staff development.

For patients, the standards enhance the safety, effectiveness and reliability of care, promote meaningful involvement in service design and decision-making, and ensure that services are delivered by competent, well supported professionals. Collectively, this will contribute to greater transparency, improved outcomes, and increased confidence in the health and care system.

Organising ourselves to deliver

Agenda for Change (AfC)

As part of the 2023-24 AfC pay settlement, a national review of the AfC system was carried out. One workstream from this review was to look specifically at Protected Learning Time to enable staff to complete all their mandatory learning during working hours. Further details are available in the [Scottish Government circular PCS2024-afc-01](#). Nationally, nine Once for Scotland (OfS) statutory/mandatory modules were agreed. All health boards contributed to this work, and modules became available to staff on Monday 2 March 2026.

eLearning Modules

HIS currently has 18 mandatory for all eLearning modules. These were identified following the implementation of a robust mandatory training governance process and the current programme is available on [The Source – Mandatory Training Programme](#). To align with the OfS approach, from Monday 2 March, the HIS Mandatory for All programme will increase to 19 modules and adopt the OfS module renewal periods.

Most of the new OfS modules will directly replace our existing versions therefore current completion dates will remain valid. Staff have been advised to renew their learning as per the new OfS renewal schedule and when prompted via their LearnPro account. All staff will be required to complete the additional OfS 'Why infection control matters' and OfS 'Prevention and management of violence and aggression' modules as well as any other outstanding OfS modules within 6 months. Completion is expected by 2 September 2026. Monitoring of mandatory training completion during work time will continue through: Partnership Forum, Directorates, and Staff Governance Committee.

Given the national emphasis on the new OfS mandatory / statutory eLearning requirements, and new compliance reporting arrangements, it has been agreed with Partnership Forum that the focus of our corporate objective for 2026-27 is for all HIS staff to ensure that they have completed (and are up to date with) all HIS Mandatory training.

Reduction of the Working Week (RWW)

The other part of the pay negotiations for AfC workforce in 2023-24 was the reduction in the working week from 37.5 hours to 36 hours (pro rata for part-time staff). The initial 30-minute reduction took place on 1st April 2024, and the second 60-minute reduction will be implemented on 1st April 2026. The team are providing comprehensive operational support across all directorates, including running drop-in sessions, manually updating people systems, and resolving data anomalies as they arise.

Personal Development and Wellbeing Review (PDWR)

The annual PDWR process will take place across HIS during April and May 2026. One of the key outcomes of this process is setting objectives. As well as developing individual work objectives, HIS colleagues are asked to contribute to shared corporate objectives, which apply to everyone in the organisation.

Recruitment

The Finance, Performance and Risk Team have been successful in recruiting to vacancies strengthening the resilience of the team with key achievements in the period being the creation of the 26/27 Financial Plan.

Nursing Midwifery and Allied Health Professionals (NMAHP)

The first joint (National Education Scotland NES; National Services Scotland NSS and Healthcare Improvement Scotland HIS) Nursing and Midwifery Forum was held in February with excellent feedback from circa 60 attendees. The forum will continue on a quarterly basis with the intention of offering and providing Continuous Professional Development, networking and collaboration opportunities across NES, NSS (Public Service Delivery Scotland) and HIS nurses and midwives.

A HIS meeting was held of those employed in a role requiring registration, providing an opportunity to develop the workplan and identify areas where registrants feel additional support / opportunities are required.

Business Services Programme

We have ongoing representation from Finance & HR colleagues in relation to the national initiative to modernise NHS Scotland's' HR, Payroll, Finance and Procurement business systems.

Evidence and Digital, Cyber Security

Our Network & Information Systems Regulations submission reflected our progress in strengthening or cyber resilience and information security and achieved a 99% score against the relevant compliance framework. This result is a positive indicator of control maturity and supports ongoing risk based improvement.

National Performance Framework

Following the Scottish Parliament's inquiry into the [statutory review](#) of the National Outcomes, the Scottish Government committed to take more time to prepare the next iteration of the [National Performance Framework](#) (NPF) to support the development and implementation of a more strategic and impactful framework for Scotland. The NPF reform team has developed a revised model and shared an engagement document with organisations they see as having a key role in embedding the national outcomes, including HIS. They intend to launch the next iteration of the NPF as soon as possible following the election and sign-off by the new Cabinet. We will be gathering feedback from colleagues and engage with our sponsor team to share feedback.

3. CHALLENGES AND ISSUES

Capacity across Directorates

A number of teams continue to report staffing capacity challenges, across the Community Engagement and Transformational Change, Medicines & Safety, Nursing and Integrated Care and Quality Assurance and Regulation Directorates and have been required to review and reprioritise work accordingly.

The Human Resources Team is managing a number of complex concerns concurrently, increasing the operational demands placed on the team. This has created challenges in ensuring sufficient staff availability at each stage of the early resolution process, particularly where multiple cases require simultaneous attention.

The HIS Campus delivery model relies on internal Subject Matter Experts (SMEs) to deliver learning and development opportunities to HIS staff. Currently, our SMEs are reporting capacity issues, and this has impacted on both the range of internal HIS Campus development offerings we are currently able to offer across the organisation, and our ability to forward plan for Semester 1 (April 2026 – July 2026).

Whilst we aim to deliver the majority of the HIS Campus programme at no cost (through internal expertise), some areas arising from our organisation-wide learning needs analysis require the commissioning of external expertise, however further consideration of funding for these is required.

Primary Care

As our team transitions from the Primary Care Phased Investment Programme (PCPIP) funded work programme and staffing compliment back to core funded team and core work, we have begun to return to some of the key priorities that have had to be put on the back burner, e.g. information governance, file management, team and personal development. At the national event we undertook a Slido consultation with participants on what support they would like to see in future from the HIS team, and we will begin to scope and consult further on this to plan for 2026-27 delivery.

System capacity - Focus on Frailty

There is 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/initiatives which touch upon this area of practice. These include discharge without delay, getting it right for everyone and the national unscheduled care programme. Mitigation for this includes aligning data submission requirements for the Focus on Frailty programme with these other national programmes and initiatives.

Scottish Medicines Consortium submissions

SMC continues to receive a high volume of submissions, with 84 in Q1–Q3 2025/2026, up from 63 for the same period in 2024/2025. This increase delays the routine access of clinically and cost-effective medicines to patients. As at the end of December 2025, SMC had 35 deferred submissions with a delay in commencing assessments of approximately six months.

A number of actions have been taken to mitigate against this risk including prioritising medicines that address a high unmet need, working to increase resource and exploring opportunities to expand SMC streamlined processes. Communication with all stakeholders to ensure awareness of the current challenge and mitigations is ongoing.

4. EXTERNAL DEVELOPMENTS INCLUDING STAKEHOLDER ENGAGEMENT

University of Strathclyde Placements

Our Pharmacists collectively hosted 2 final years students from the University of Strathclyde for a 10-day placement in February. This was coordinated by the Medicines & Pharmacy Programme Team and involved a variety of sessions supported by the SMC, Scottish Intercollegiate Guidelines Network (SIGN), Independent Healthcare, Health and Justice, Area Drugs and Therapeutic Committee Collaborative (ADTCC), NCMAG staff and programme staff. Initial feedback from students was positive, and they enjoyed seeing the range of work that pharmacists deliver in HIS.

Our **Engagement Practice Network (EPN)** continues to see steady growth in numbers for the overall network (289 members) and its three Communities of Practice (CoP): Improving Engagement, Service Change and Evidence for Engagement.

The Improving Engagement CoP launched a series of project surgeries focused on engaging underrepresented groups. The first session on 4 February 2026 explored safe and trauma-informed engagement and was rated 88% for use of participants time, and 86% for increasing their knowledge and understanding. Upcoming sessions in February and March will cover engaging with the Gypsy/Traveller community and engaging with children's services.

The Evidence for Engagement CoP held a development session on evaluation, showcasing our [Evaluating Participation Guide](#).

On 22 January 2026 we hosted a webinar led by NHS Grampian on [Co-creating Community Appointment Days with people with lived experience](#). 59 people attended with an average rating of 92%.

On 25 February 2026 we hosted a webinar on anti-racism with colleagues from the Mental Health Foundation entitled [Genuine listening leading to meaningful co-production](#). 140 people attended with an average rating of 88%.

A webinar on 'Person Centred Practice in Action - a practitioner and family perspective' took place on 28 January 2026, as part of the **What Matters to You?** programme. A total of 53 individuals attended and rated the webinar 88%.

The **Scottish Approach to Change [Learning Community](#)** was launched, open to anyone involved in change across health and social care, including statutory, third, independent, and community sectors. It aims to build confidence and understanding, provide a supportive space to share experiences, connect people working on similar issues, encourage collaboration, and embed the Scottish Approach to Change across the system. This support is increasingly important as partners navigate complex service change and renewal programmes, where high quality engagement is essential to legitimacy, implementation and public confidence.

Membership of the **Volunteering Practitioner Network** remains stable with 99 members across all NHS boards. 74 members were active on the Community of Practice Teams channel during the last quarter.

Cohort 7 of the **Care Experience Improvement Model (CEIM) Leaders** programme saw 16 participants completing the programme on 26 January 2026. Over 100 participants from both

health and social care services have now completed the CEIM Leaders programme and have been supported to coach this approach within their organisation.

Our Systems Change team supported the launch of **NHS Forth Valley's Value-Based Health and Care Collaborative** at an in-person event, which brought together test teams and achieved the largest representation of Non-Executive Board members for such an event to date. The session began the development of measurement systems, including workforce experience measures to monitor, analyse and improve services, patient experience, and staff environment.

Our Assurance of Engagement team held three **workshops for senior executives and non-executives** from Argyll & Bute HSCP during February 2026, focusing on planning effective engagement, delivering effective engagement and evaluating engagement. The workshops were well received and participants provided positive feedback. This work reflects the wider role of the Engagement Practice team in supporting organisations to plan, deliver and evaluate engagement more effectively, and in building leadership understanding of what good engagement looks like in practice.

The **Mental Health and Substance Use** team delivered a [webinar](#) on 3 December 2025 with Suicide Prevention Scotland on care, recovery and suicide prevention and a follow-on Peer Network workshop.

Scottish Health Technologies Group (SHTG) & Scottish Medicines Consortium (SMC)

SHTG and SMC attended the Health Technology Assessment (HTAi) Global Policy Forum in January 2025. This year's theme was 'Health Technology Assessment Under Pressure: Navigating the Health Technology Trilemma. Priority themes included enabling HTA to contribute effectively to sustainable and equitable health system performance, for example the role of HTA as a system steward and orientation and reframing our work around the system. This chimes with SHTG's approach over the years to align ourselves to our stakeholders and decision-making structures, something that has been exemplified through our recent collaboration with Accelerated National Innovation Adoption (ANIA).

Scottish Intercollegiate Guideline (SIGN)

Our Patient and Public Involvement adviser and Lead Health Services Researcher published an article on "[Putting people at the centre of guidelines](#)" in Clinical and Public Health Guidelines journal.

To ensure that the Scottish Palliative Care Guidelines are informed by the voices of people with lived experience, as well as public partners, we have set up the Palliative Care Voices Panel. The group came together to discuss the consultation drafts of the guidelines. The meeting provided clear, practical feedback that will make the palliative care guidelines more accessible, inclusive, and useful for people, families, and carers. The group will have a role in topic prioritisation and will provide insights throughout development.

On 3 March we hosted our annual, **online Q Scotland collaboration event**. The theme was "Learning from successful change and strengthening relationships for high quality care". Over 170 improvers and change agents joined us for a series of presentations and discussion. Evaluation feedback was positive:

- 100% of those completing the evaluation indicated that the event was a good use of their time

- 100% said they would be sharing learning from the event with others
- 94% indicated that the event had developed their knowledge and skills for successful change.

Healthcare Staffing Programme

Maternity Services Staffing Level Tool - [extensive engagement with the Royal College of Midwives to address feedback received](#) via consultation on the detailed recommendation report.

A feedback survey has been circulated to boards who have completed tool runs of the new Mental Health and Learning Disability Nursing Inpatient Staffing Level Tool, with the completion date for the evaluation of April 2026.

The Emergency Care Provision Staffing Level Tool development held two workshops over the course of December 2025 and January 2026 with the aim of agreeing the methodology best suited to this tool development (observation studies, expert elicitation etc.). The project team have also been working closely with the expert working group to agree levels of care.

Excellence in Care

Despite winter pressures, Excellence in Care (EiC) has continued to benefit from strong stakeholder engagement. Engagement with the EiC Board Clinical Leads also remains robust, both through their individual engagement calls and their participation in the dedicated business hub. We are additionally experiencing significant interest in our EiC Patient Reported Experience Measure testing activity, with more than 30 services already expressing willingness to participate.

Annual Delivery Plan 2026-27

Meeting: Board Meeting - Public

Meeting date: 25 March 2026

Agenda item: 2.1.1

Responsible Executive: Clare Morrison, Director of Engagement and Change

Report Author: Jane Illingworth, Head of Planning and Governance; Julia Simac, Policy Manager

Purpose of paper: Decision

1. Purpose

This paper outlines the development of Healthcare Improvement Scotland (HIS)'s Annual Delivery Plan (ADP) for 2026-27, which is attached as an appendix. The Board is asked to approve the ADP noting that it should be treated as a live document and may require further updating throughout the year.

2. Executive summary

2.1 Expectations for the ADP

For 2026-27, the Scottish Government (SG) expects Boards to produce and publish an ADP, but it has not provided a specification for the plan and will not be formally signing it off. It has however been clear that plans should be aligned to delivery of the health and social care renewal frameworks, which was confirmed in a letter to all NHS board Chief Executives in February 2026.

The HIS Board held a strategy day in September 2025 to define its steer for the organisation in the coming year. The Board agreed that the current HIS strategy remains relevant and we should continue to focus on its delivery, with an emphasis on:

- **Maximising our unique selling point:** our ability to bring together assurance, improvement, engagement and evidence to gain a greater impact than these components could achieve on their own
- **Delivering stronger messaging** on our role, priorities, and the insight we bring on quality and safety in the system
- Being **responsive to the external environment** and considering how we can monitor, influence, and contribute our insight and evidence into decision making to improve quality and safety.

2.2 Purpose and priorities

To reflect the need to both deliver our strategic purpose and support national renewal and reform, we are describing our how we make a difference this year under two aims: **driving quality** and **enabling reform**. Together, the two aims balance our “watchdog” role with providing support to drive improvement, and they enable us to be continually responsive to the external environment. Within these aims, we have six priority areas for 2026-27:

Aims	Driving quality	Enabling reform
Priorities	<ul style="list-style-type: none"> • Safe • Effective and evidence-based • Person-centred and equitable 	<ul style="list-style-type: none"> • Informing decision making • Underpinning change • Supporting specific changes

Driving quality

This comprises the work HIS does to improve quality of care across the three domains of safe, effective and person-centred care. Drawing these domains together helps HIS take a more rounded approach to understand and improve quality in the system and includes:

- Ensuring care is **safe** through regulatory work such as inspections, along with standards and improvement work
- Ensuring care is **effective and evidence-based** through guidance, standards and assurance work, much of which is on a Once for Scotland basis
- Ensuring care is **person-centred and equitable** through engagement, improvement and assurance work.

Enabling reform

This comprises the work HIS does to support change as part of NHS renewal, including the delivery of the Service Renewal Framework, and crucially brings our insight into informing decision making within reform. Our “enabling reform” work includes:

- **Informing decision making** is how HIS supports the system with the learning, intelligence and evidence drawn from our “driving quality” work
- **Underpinning change** is about the work HIS undertakes to support change in a generic sense, such as through change methodology
- **Supporting specific changes** are specific programmes to deliver population-based or setting-based improvement work (see below).

Portfolios

To support specific programmes of work, HIS will establish cross-organisational portfolios to draw together our work. Several of these portfolios are aligned with the delivery priorities of the SG’s new sub-national planning units. The portfolio themes for 2026-27 are:

Portfolios aligned with a specific population or condition	Portfolios aligned with a specific delivery setting	Portfolio aligned with enablers of reform
<ul style="list-style-type: none"> • Frailty • Mental Health • Perinatal • Children and young people 	<ul style="list-style-type: none"> • Planned and acute care • Primary and community care • Urgent and unscheduled care 	<ul style="list-style-type: none"> • Underpinning change (<i>providing guidance, evidence, insight and tools to underpin change</i>)

A new portfolio for drugs and alcohol is expected to be formed for 2027-28 as our current work in this area finishes in line with the national Drugs Mission and the post-mission work is developed.

For each portfolio we have identified an executive sponsor as well as a programme management lead, and activity to establish and embed this way of working will progress in the coming months.

2.3 Drafting and engagement

At the January 2026 Board Seminar, we set out the proposed approach to the plan for feedback, and an update was provided to the March Quality and Performance Committee.

We have engaged with the Executive Team and the Performance and Delivery Board on the ADP development. We regularly engage with SG sponsorship and have reflected insight from conversations in our planning approach. We also held a session with SG policy leads in February 2026 to update on our planning approach, cognisant that HIS and SG policy teams will be in regular contact regarding planning, commissioning and delivery of work.

ADP drafting has progressed in parallel with discussions regarding next year’s budget and the preparation of the Financial Plan for 2026-27, to ensure alignment between work plans and budgets within Directorates. The Audit and Risk Committee is leading on consideration of the Financial Plan and budget. Confirmation of Directorate priorities will also inform workforce planning considerations which are under discussion with the Staff Governance Committee.

The ADP reflects currently planned work in line with the budget, and notes that there are ongoing discussions with SG about additional commissions. We are committed to being flexible and responsive to tackle quality challenges faced by the system, and to do so we will continue to adapt our work programme throughout the year. As a result, we may need to stop, pause, and/or repurpose existing work and delay or not proceed with new work programme commissions.

The detailed work programme, including key performance indicators, is also being developed and will be used to drive performance reporting activity across the year.

3. Recommendation

The Board is asked to approve the ADP.

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

Significant: The reason for this level of assurance for the development of the ADP is that there has been extensive engagement with the HIS Board, SG and across HIS in its development.

4. Appendices

Appendix 1: Annual Delivery Plan



Healthcare Improvement Scotland's 2026-27 Annual Delivery Plan

March 2026

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Published Month Year

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Introduction

Healthcare Improvement Scotland (HIS) is the national improvement agency for health and social care in Scotland. We continue to be committed to delivering our Strategy for 2023-28 with its four priorities:

- Priority 1: Enable a better understanding of the safety and quality of health and care services and the high impact opportunities for improvement
- Priority 2: Assess and share intelligence and evidence which supports the design, delivery and assurance of high-quality health and care service
- Priority 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
- Priority 4: Deliver practical support that accelerates the delivery of sustainable improvements in the safety and quality of health and care services across Scotland

HIS is uniquely positioned in the system because of our ability to bring together assurance, improvement, engagement and evidence to gain a greater impact than these components could achieve on their own.

In 2026-27, the Scottish Government (SG) has been clear that all NHS boards should be setting their priorities within the strategic direction for health and social care renewal set by the Service Renewal Framework and Population Health Framework. Both support the shift towards prevention and more community-based care, while addressing sustainability and inequalities.

Our approach for 2026-27 enables us to deliver in line with these reforms as well as our core purpose, to protect and enhance the safety and wellbeing of those that need healthcare.

We will also directly support the delivery of the **Annual Operational Priorities** set out by SG:

1. Reduce the longest waits for planned care
2. Increase productivity across elective and diagnostic services
3. Improve flow and performance in unscheduled care
4. Expand Hospital at Home as a mainstream model of care
5. Support safe and high-quality maternity and neonatal services
6. Improve support and services around mental health, neurodiversity and learning disability
7. Accelerate digital access and modernisation
8. Become a population health organisation

Through both our own work programme and taking part in a collaborative approach to the new sub-national planning structures for NHS Scotland, we will also support their purpose of reducing variation in access and outcomes for people, improving financial sustainability and improving clinical sustainability of fragile services.

Our Annual Delivery Plan (ADP) reflects planned work at the time of writing, in line with our budget. There are additional areas of work that are under discussion with SG and require consideration through our full commissioning process. This includes:

- Expansion of mental health assurance, including scoping inspections of Mental Health Learning Disability Services and Child and Adolescent Mental Health Services (CAMHS)
- Scalability assessments for rapid cancer diagnostic services and scaling up and spreading the Single Point of Contact (SPoC) for cancer programme
- Supporting implementation of GP walk-in-centres and conducting a scalability assessment

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

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Our approach

While we continue to align all that we do to our [Strategy 2023-28](#), our Board has set the following priorities for 2026-27, specifically to:

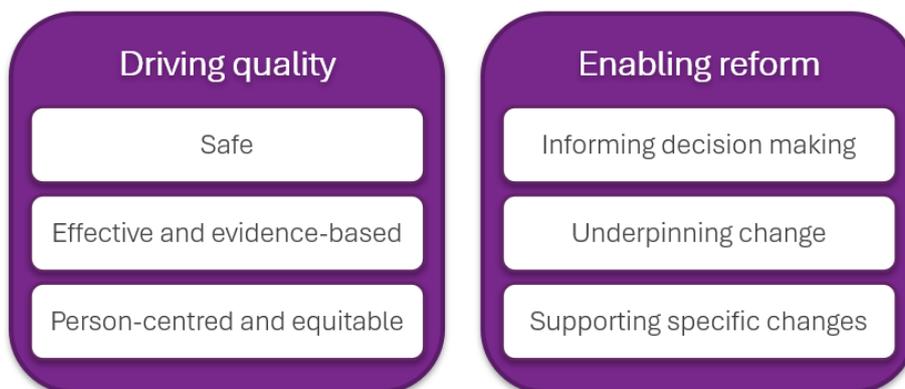
- **Deliver stronger messaging** on our role, priorities, and the insight we bring on quality and safety in the system
- Be **responsive to the external environment** and consider how we can monitor, influence and contribute our insight and evidence into decision making to improve quality and safety
- **Collaborate** for impact

These build on the feedback from SG at our [Annual Review in December 2025](#), where we were asked to consider:

- How can we get upstream of **evidence, data and soft intelligence** to ask questions and better understand when systems are under pressure, then actively support them?
- How do we **balance** our “watchdog” role with providing support to drive improvement and resilience?
- **How do we support change** in the NHS renewal frameworks, including providing a robust evidence base for decision making and working more collaboratively with other national boards?
- How do we more coherently **bring together our work programmes across HIS?**

To reflect the need to both deliver our strategic purpose and support national renewal and reform, we are describing our how we make a difference this year under two aims: **driving quality** and **enabling reform**. Together, the two aims balance our “watchdog” role with providing support to drive improvement, and they enable us to be continually responsive to the external environment.

Within these aims, we have six priority areas for 2026-27:



Driving quality

In our strategy, we define what we mean by quality with its seven domains being: safe, effective, equitable, person-centred and personalised, accessible and timely, efficient and preventative, and integrated.

In this year's ADP, we will have a primary focus on the following three domains of quality but will continue to consider all seven domains within our work. Drawing the domains of quality together helps HIS take a more rounded approach to understand and improve quality in the system.

Our "driving quality" work includes:

- Ensuring care is **safe** through regulatory work such as inspections, along with standards and improvement work
- Ensuring care is **effective and evidence-based** through guidance, standards and assurance work, much of which is on a Once for Scotland basis
- Ensuring care is **person-centred and equitable** through engagement, improvement and assurance work

This corresponds to many of our **statutory functions** including providing national leadership for evidence-based advice and guidance, assurance and engagement. While this work primarily supports our strategic aim of driving quality in the system, it will also contribute to elements of quality management, for example **planning for quality** by identifying opportunities for improvement and ensuring these are informed by engagement, **maintaining quality** by using data, tools and standards and **improving quality** by providing national evidence-based advice. They will form an important element of developing our integrated approach to quality and safety.

Ensuring care is safe

We will publish our Quality Assurance and Regulation Plan for 2026-27 which outlines our planned inspection, regulation and review activity for 2026-27. This includes:

- **NHS inspections** of acute hospital, acute adult mental health inpatient units, and acute maternity services. The aim of our inspection programme is to provide independent assurance of the quality and safety of the care provided across NHS Scotland and enable a better understanding of the safety and quality of care and the high impact opportunities for improvement. The Safe Delivery of Care inspection methodology is designed to support NHS boards in complying with national standards, improving patient outcomes and identifying areas for improvement. It focusses on providing robust and proportionate public assurance that is reflective of and responsive to current system pressures and is focused on helping services identify and

reduce risks within the current operating environment, while minimising the impact of inspection on staff delivering frontline care.

- **Multiagency inspections**

- **Joint inspections of adult services (integration and outcomes):** We undertake joint inspections of services for adults with the Care Inspectorate. These joint inspections will focus on the effectiveness of partnership working in creating seamless services that deliver good health and wellbeing outcomes for people and their unpaid carers, through the lens of different service user groups.
- **Joint inspections of services for young people:** The inspection programme takes account of the experiences and outcomes of children and young people in need of care and protection by looking at the services provided for them by community planning partnerships in each of Scotland's 32 local authorities. We deliver these in partnership with the Care Inspectorate (lead agency), His Majesty's Inspectorate of Constabulary in Scotland (HMICS), and His Majesty's Inspectorate of Education Scotland (HMIE).
- **Joint inspections of prisoner healthcare:** We work with His Majesty's Inspectorate of Prisons for Scotland (HMIPS) to provide expertise to the inspection of healthcare in prisons in Scotland.
- **Joint inspections of police custody centres:** We work with HMICS to provide expertise to the inspection of healthcare in police custody centres in Scotland.
- **National review of group-based child sexual abuse and exploitation:** We will deliver a national review of responses to group-based child sexual abuse and exploitation (CSAE), working with the Care Inspectorate, HMICS and HMIE.

- **Regulation**

- **Ionising Radiation (Medical Exposure) Regulations (IRMER):** Through inspections and the notifications process, the aim of this work is to provide public assurance of the safe use of ionising radiation for medical exposure.
- **Independent healthcare (IHC):** Our regulatory functions include:
 - Registering IHC services
 - Proactive inspections of registered services
 - Investigating complaints about registered IHC services
 - Responding to notifications from IHC registered services
 - Taking enforcement action of registered IHC services where necessary
 - Continued development work to support the regulation of IHC
- We also continue to engage with SG on the progress of the Non-surgical Procedures and Functions of Medical Reviewers (Scotland) Bill and implications for HIS.

- **Review**

- **Responding to Concerns:** HIS has a duty to respond to patient safety and quality of care concerns raised about NHS services by NHS Scotland employees or referred to us by another organisation.

- **Sharing Health and Care Intelligence Network (SHCIN):** This is a mechanism that enables seven national organisations with a scrutiny, improvement, or training role at system and service level in Scotland, and nine professional regulators, to share, consider, and respond to intelligence and emerging issues that may indicate risks about health and social care systems across Scotland.
- **NHS Greater Glasgow and Clyde Emergency Department progress review:** HIS is committed to assessing progress by NHS Greater Glasgow and Clyde in implementing an improvement plan to address the 30 recommendations for in the [NHS Greater Glasgow and Clyde Emergency Department review report](#) published in March 2025.
- **Learning from adverse events:** We support a consistent national approach to identification, review, reporting and learning from adverse events based upon national and international good practice.
- **National Hub for reviewing and learning from the deaths of children and young people:** In collaboration with the Care Inspectorate, HIS co-hosts the National Hub for Reviewing and Learning from the Deaths of Children and Young People and aim to ensure the death of every child and young person is reviewed to an agreed minimum standard.
- The **Death Certification Review Service** provides independent scrutiny of deaths in Scotland not reported to the Procurator Fiscal with the aim of improving: the quality and accuracy of Medical Certificates of Cause of Death, public health information about causes of death in Scotland, and clinical governance issues identified during the death certification review process. The service is also responsible for authorising repatriation to Scotland of people who have died abroad.

We undertake these activities in a planned and proactive manner to provide public assurance on safety and quality of care and highlight areas of good practice and opportunities for learning to support ongoing improvements across the whole of Scotland. Our activities may need to change in-year to be responsive to system challenges and ministerial requests. We will work to retain flexibility in our plans, including consideration of areas which may need to be reduced or deprioritised.

Where inspections or reviews align to a portfolio theme, we will use a quality management system (QMS) approach, to ensure that the findings from these directly inform improvement activity and are considering how we can accelerate the pace of these operating alongside one another.

HIS is also the national **standards** development agency for healthcare in Scotland. We work with stakeholders to develop national, evidence-based standards and indicators, to ensure national consistency in the delivery and coordination of high-quality healthcare. The standards also aim to support current and future service provision and national improvements. Priorities for 2026-27 year are the development of standards for domestic

homicide and suicide reviews, urgent and unscheduled care (emergency departments) and food, fluid and nutrition.

The **Scottish Patient Safety Programme (SPSP)** is a national quality improvement programme that aims to improve the safety and reliability of healthcare and reduce harm. It is comprised of the SPSP [Essentials of Safe Care \(EoSC\)](#) and SPSP Learning System, as well as the SPSP programmes of work. For 2026-27 this includes the following areas of focus:

- **Mental health:** This programme will focus on continuation of the Safety at Points of Transition Collaborative, understanding the best utilisation of mental health standards and patient safety work to support reductions in restraint and seclusion and Improving Observations Practice.
- **Adults in hospital:** This programme will focus on improving outcomes and reducing harm for adults in hospital, with a particular focus on deteriorating patients, pressure ulcers and falls.
- **Medicines in hospital:** This programme will focus on safe management of diabetes medicines for adults in hospital.
- **Perinatal:** This programme will focus on improving outcomes and reducing harms for women, birthing people, babies and families.
- **Paediatrics:** This programme will focus on improving the recognition and response to deteriorating children and young people.

We also lead the **Excellence in Care (EiC)** programme—a national, multi-agency approach designed to ensure that people can have confidence in receiving a consistently high standard of safe, effective, and person-centred nursing and midwifery care, no matter where they access services in NHS Scotland. EiC strengthens NHS boards' assurance and oversight arrangements, improves integration and coordination of care, and supports the conditions in which high-quality care is delivered consistently across the system.

In 2026–27, our focus will be to accelerate national consistency, strengthen assurance and enhance the use of intelligence to drive improvement. We will:

- Establish a Once for Scotland approach to **capturing people's experience of person-centred care**, enabling a consistent, comparable and meaningful understanding of experience to support local and national improvement.
- Provide a Once for Scotland approach to **visualising workforce, quality and safety intelligence** through the *EiC Care Assurance and Improvement Resource (CAIR)* dashboard, supporting point-of-care teams through to national leaders to use robust, shared data for improvement and assurance.
- Develop a **contemporary HIS Quality Assurance Framework** that supports a coherent Once for Scotland approach to local and national assurance functions, including HIS inspection, regulation and review activity across NHS Scotland.
- Develop a **Group Supervision for Assurance Toolkit** to support multidisciplinary teams to undertake structured reviews of individual patient care. This will build reflective

practice, shared learning and professional collaboration, strengthening the consistency, safety and person-centredness of care while enabling robust local clinical assurance across all settings.

- **Create a national learning system** to support the consistent adoption and embedding of refreshed EiC resources across services and professions. This will promote shared learning, reduce variation, and strengthen collective responsibility for delivering high-quality, safe and person-centred care across Scotland.

Through the **Healthcare Staffing Programme (HSP)**, we fulfil HIS's statutory responsibilities under the Health and Care (Staffing) (Scotland) Act 2019 (HCSA). As the national body with independent oversight of the Act, we provide assurance to SG and the public that NHS boards are meeting their legal duties to ensure safe and appropriate staffing. Our role goes beyond support—we are required to *monitor, evidence and report on compliance* in line with the guiding principles of the Act, ensuring that staffing decisions consistently promote high-quality care, improved outcomes and the wellbeing of both staff and patients.

HSP provides an international leadership role in the development and continuous improvement of staffing tools in which to inform workforce planning and decision making. We are at the forefront of digital innovation, new methodologies, and extensive co-design with NHS boards and professional stakeholders, ensuring tools remain contemporary, evidence-based and reflective of Scotland's evolving models of care. Our work produces robust intelligence that strengthens local and national assurance, informs improvement and supports the Act's aim of delivering safe, high-quality and sustainable staffing.

The HCSA requires HIS to:

- Monitor NHS boards' compliance with their statutory staffing duties
- Monitor the use, compliance and effectiveness of staffing level tools
- Monitor the compliance and effectiveness of the Common Staffing Method, including its application and impact.

These statutory monitoring functions generate rich workforce, quality and safety intelligence that aligns closely with the **EiC** programme. Together, HSP and EiC provide a cohesive national picture that informs boards' assurance systems, supports targeted improvement and strengthens decision-making at all levels of NHS Scotland.

In 2026–27, HSP will focus on:

- **Independently monitoring NHS boards' compliance** with their staffing duties under the Act, providing assurance and identifying areas where improvement or additional support is required.
- Leading **national development of staffing level tools**, including:
 - Mental health and learning disability inpatients, community and specialist teams
 - Emergency care provision

- Paediatric inpatient nursing
- Neonatal nursing
- Maternity services
- **Advancing digital and methodological innovation** in staffing tools, ensuring tools remain evidence-based, usable and fit for the future.
- **Working collaboratively across HIS and with all NHS boards** to provide responsive and targeted practice support that accelerates sustainable improvements in staffing, workforce planning and the quality and safety of care.

Strategic Safety Plan

HIS holds a unique position in its statutory responsibility to ensuring safety. We recognise that safety is a single, but critical dimension of quality. Our Strategic Safety Plan enables us to take a QMS approach to improve how safety intelligence is gathered, assessed and acted upon across HIS to support delivery of safe, high-quality care. This will be a key element in ensuring we are getting upstream of issues.

We understand that improving safety requires a whole-system approach that balances national leadership, local accountability and a relentless focus on learning from evidence and lived experience. Our Strategic Safety Plan will ensure HIS has a clear and credible role in supporting the system to address these challenges, reduce unwarranted variation and prioritise the actions that will have the greatest impact on safety for people using services across Scotland.

The operational delivery of the plan will be structured using the [Scottish Approach to Change](#) through two interlinked themes: intelligence and insight, and improvement and support. These themes align directly with HIS's strategic priorities of enabling a better understanding of safety, sharing intelligence to support high-quality care and delivering practical support for sustainable improvement.

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

Ensuring care is effective and evidence-based

HIS is a trusted source of evidence for both clinical and policy decision making. Our extensive experience, along with our strong partnerships with other organisations, means we have a lead role in supporting transparent and consistent decision making across Scotland.

In 2026-27 we will be undertaking a **review of evidence and evaluation functions** across HIS to support our evolution to becoming the National Centre for Evidence and Evaluation of Healthcare.

Our work includes providing advice on medicines and health technologies. The **Scottish Medicines Consortium (SMC)** will continue to provide advice for new medicines on a 'once for Scotland' basis with the aim of ensuring the people of Scotland have timely access to medicines that demonstrate value and provide most benefit based on best available evidence. **The Scottish Health Technologies Group (SHTG)** provides advice on non-medicine health technologies and working with other partners, HIS is committed to playing a stronger role in building a more cohesive and visible gateway for the evaluation of new and emerging non-medicine health technologies and which reflect national priorities, providing assurance to both the service and potential industry partners. This includes support to **Accelerated National Innovation Adoption (ANIA)** via specialist delivery roles in horizon scanning to capture new non-medicine health technologies of potential interest for national scale and adoption, evidence assessments and economic/cost modelling, and benefits realisation for technologies that have been agreed for implementation. The **Scottish Intercollegiate Guidelines Network (SIGN)** provides up-to-date evidence-based national guidance on safe and effective treatment options to reduce variation in service provision and address risks, and improve clinical outcomes and quality of life for patients. Finally, through the **Scottish Antimicrobial Prescribing Group (SAPG)**, we provide a Once for Scotland approach to antimicrobial stewardship to reduce variation, promote best practise and support delivery of the UK antimicrobial resistance national action plan.

The **Right Decision Service (RDS)** is a 'Once for Scotland' source of digital tools that enable people to make safe decisions quickly 'on the go' based on validated evidence. It provides health and social care organisations with tools to build decision-ready guidance, pathways, risk scoring tools, shared decision aids and other decision support resources. It has an important role to play in both planning for and improving quality and supports implementation of outputs from across the organisation.

We also provide Once for Scotland support in key areas across **Medicines and Pharmacy**, including:

- **Health and Justice**, through which we work collaboratively with strategic and clinical leaders in NHS boards, the Scottish Prison Service and the contracted Pharmacy Service Provider to ensure safe and effective use of medicines in prisons and across the interfaces experienced by people in prisons.
- **Controlled drug governance**, through which we drive improvement in the safe use of controlled drugs through our legal responsibilities.
- The **Area Drugs and Therapeutics Committees (ADTC) Collaborative Forum**, through which we work collaboratively with NHS boards and ADTCs to share learning and make better use of medicines, with the aim of improving access and avoiding duplication and variation.

- **Cancer medicines** (National Cancer Medicines Advisory Group, Systemic Anti-Cancer Therapy (SACT) Governance), through which work collaboratively with clinical leaders in the Cancer Networks, NHS boards and the ADTC Collaborative to make better and safer use of cancer medicines.
- Developing and promoting the Medicines & Healthcare Products Regulatory Agency (MHRA) **Early Access to Medicines scheme (EAMS)** in NHS Scotland to reduce variation and provide consistent operational guidance for boards to use to access these medicines for appropriate patients.
- Hosting the **National Review Panel** to ensure a consistent approach to medicines that are not routinely available for patients in Scotland.

Ensuring care is person-centred and equitable

HIS has a statutory duty to support, monitor and assure NHS boards and health and social care partnerships (HSCPs) duty of public involvement, which are outlined in the [Planning with People: community engagement and participation guidance](#). Our work in this area includes:

- **Assurance of engagement:** Providing quality assurance for both major and non-major service change activity to ensure that engagement is carried out with people at the outset, and is inclusive, proportionate and robust. This includes providing advice and support at a national, sub-national and board level.
- **Improvement of engagement:** Supporting high-quality engagement practice through our Engagement Practice Learning System with its networks, events, resources and responsive support.
- **Evidence for engagement:** Building evidence from engagement including our Citizens' Panel to provide decision makers with insight on the public's views on health and social care, influencing national policy direction.

HIS has a duty to comply with **equality and human rights** legislation, which includes ensuring all our external facing work programmes have undertaken an equality impact assessment and training our staff. We involve people in the design and delivery of our work, and support the system to take a people-led approach through both the **Scottish Approach to Change** and **Essentials of Safe Care**.

Beyond our statutory duties, we are committed to ensuring that the opinions and experiences of people and communities shape the health and social care services that we all use. We support national decision making and policy development on key areas of SG and NHS Scotland priorities, as well as development of meaningful evidence, through our **Engagement Practice** work. This enables people across Scotland to have opportunities to be heard, and their voices influence health and care policies and services, building relevant evidence bases. This work includes the **Citizens' Panel**, which brings together people across Scotland to inform and influence key decision about health and social care policy and services by capturing and reflecting the views of the Scottish public. In addition to this, we undertake **Gathering Views** exercises to capture the views of the people using health and care services, members of the

public, carer and community groups on a variety of health-related topics and this helps to use experiences and views to identify recommendations for policy makers.

We are also undertaking a review of how assurance is currently delivered across HIS, with a particular focus on the regulatory functions within the Quality Assurance and Regulation Directorate, Community Engagement and Transformational Change Directorate, and HSP. The goal is to support delivery of high-quality assurance with greater clarity and confidence.

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Enabling reform

This comprises the work HIS does to support change in NHS renewal, including the delivery of the Service Renewal Framework, and crucially brings our insight into informing decision making within reform.

Our “enabling reform” work includes:

- **Informing decision making**, which is how HIS supports the system with the learning, intelligence and evidence drawn from our “driving quality” work
- **Underpinning change**, which is about the work HIS undertakes to support change in a generic sense, such as through change methodology
- **Supporting specific changes**, which are specific programmes to deliver population-based or setting-based improvement work

Informing decision making

NHS Scotland needs evidence and evaluation to ensure that policy, system and clinical decisions are grounded in robust evidence, clinical insight and system-wide impact. We will use the learning, evidence and insight from all the work set out above in the “Driving quality” section to inform this.

HIS intends to transform its existing expertise in evidence and evaluation as the national body that is a strategic, system-wide enabler of evidence informed decision making across policy, system and clinical decision making. This ensures consistent, evidence-based decisions across Scotland, embeds clear national processes for medicines and technology adoption, and strengthens links with NHS Scotland and UK partners to maximise efficiency and influence. Furthermore, the evidence that we gather through meaningful engagement is core to our evidence base and further strengthens our ability to ensure that the voices of people and communities inform decision making. Creating a new national centre delivers the scale and coordination needed to fully realise Scotland’s health and economic priorities—accelerating safe innovation, reducing unwarranted variation and ensuring the best outcomes for patients and the system alike.

Following the HIS Annual Review in December 2025 the Cabinet Secretary noted how HIS's key role in ANIA meant that evidence has influenced and scaled-up change. He called for HIS’s continued support in this area by providing evidence to ensure processes and decision making produce safe solutions.

This call coincides with the establishment of the new East and West sub-national structures providing a real opportunity for HIS to become the ‘trusted voice’ for evidence-based advice, guidance and evaluation to support both clinical and policy decision making.

The benefits of strengthening and aligning the evidence skills and capacity within HIS are underscored by the SG's strategic priorities for health, as outlined in the Operational Improvement Plan, Population Health Framework and Health and Social Care Service Renewal Framework. They are also reflected in their Annual Operational Priorities for 2026-27. These policy documents emphasise innovation, system efficiency and improved population outcomes—all areas where new medicines and health technologies play a pivotal role.

Underpinning change

HIS will support NHS Scotland reform and renewal through the **Scottish Approach to Change**. Last year, HIS delivered its commission from SG to define a Scottish Approach to Change to underpin health and social care renewal with a clear, coherent approach. It was approved as the delivery mechanism for change by both NHS board Chief Executives and HSCP Chief Officers in October 2025.

The approach brings together siloed change methods, translates theory into a practical tool, and creates a clear pathway to support everyone to do change well. The approach has quality management at its centre and can be used as both a practical approach to manage discrete change projects at any level and as a framework for managing quality and change at an organisational level.

In 2026-27, we will continue to develop the online resources within the Scottish Approach to Change, run a learning community to support people across the system to apply the approach and share best practice, and provide bespoke implementation support for the system ranging from one-off workshops through to ongoing intensive support for pathfinder sites.

We will use the Scottish Approach to Change to underpin our work to deliver specific changes.

Supporting specific changes

For 2026-27, we are bringing together our work into eight cross-organisational portfolios, which will operate using a quality management approach. The rationale for establishing the portfolios is to:

- Bring together our functions of assurance, evidence, engagement and improvement to maximise their benefits, enabling them to influence each other to ensure we deliver greatest impact
- Make informed, collective decisions about how we prioritise our work and resources, ensuring that decisions consider the full breadth of our expertise.

Our new cross-organisational portfolios are:

Portfolios aligned with a specific population or condition	Portfolios aligned with a specific delivery setting	Portfolio aligned with enablers of reform
<ul style="list-style-type: none"> • Frailty • Mental Health • Perinatal • Children and young people 	<ul style="list-style-type: none"> • Planned and acute care • Primary and community care • Urgent and unscheduled care 	<ul style="list-style-type: none"> • Underpinning change

Our portfolios will adopt a quality management approach to coordinate and inform the design and delivery of organisational activity focused on their respective themes. This will include:

- Making use of evidence and intelligence to support cross-organisational planning for quality
- Coordinating the delivery of implementation support to improve the quality of health and social care services
- Monitoring the performance of organisational activity related to portfolio themes to maintain quality
- Delivering a system to identify and share learning to improve quality of care for the within the portfolio theme

Below we have described the key external facing programmes that we will bring together in each portfolio; and these will be supported by a range of cross-cutting work and internal functions including our corporate services and professional engagement. The portfolios are in the process of being established and we will work to further define and clarify their vision, aims and operational approaches over the coming months.

Programmes that support both aims: cross-cutting work

While the portfolios do not describe the totality of our work, coordinating our work in this way enables us to ensure we are taking a cross-organisational approach. Furthermore, many of these portfolios, and indeed the work across our aims and priorities, will intersect across each other—for example, those that cut across more than one condition (eg perinatal and mental health) or both a population group and setting (eg frailty and primary care). We also have several other areas of work, for example in drugs and alcohol, that intersect most of these portfolio areas.

Our cross-cutting work can support both aims, as well as multiple portfolios. This includes providing data and intelligence, specific point of care improvements and providing scrutiny of, and learning from, concerns and issues in the system. Our work in evidence flexes to meet needs and sits across the multiple themes outlined in our work programme.

While not all portfolios will include IHC services, there are an increasing number of registered services in the areas of mental health, primary care and planned and acute care, and our continued regulation of these services will support the aim of driving quality.

The following programmes are cross-cutting; we have described how they support our aim of **driving quality** in the section above and will also explain how they support our aim of **enabling reform** in the section below.

- Assurance of engagement
- Evidence for engagement
- Improvement of engagement
- Excellence in Care (EiC)
- Healthcare Staffing Programme (HSP)
- NHS and multi-agency inspections
- Responding to concerns (RTC)
- Reviews and adverse events
- Right Decision Service (RDS)
- Scottish Health Technologies Group (SHTG)
- Scottish Intercollegiate Guidelines Network (SIGN)
- Scottish Medicines Consortium (SMC)
- Scottish Patient Safety Programme (SPSP)
- Sharing Health and Care Intelligence Network (SCHIN)
- Standards and indicators

Sub-national planning

We have aligned three of our portfolios to the delivery priorities of the sub-national planning units. They are:

- Acute and Planned Care Portfolio: aligned to the planned care/orthopaedics priority
- Urgent and Unscheduled Care Portfolio: aligned to the urgent care/flow priority
- Underpinning Change Portfolio: aligned to the “enablers” priority

Our portfolios will ensure we work with sub-national units in a coherent, cross-organisational way. In addition, we have aligned our Executive Team to the sub-national units to build strategic links.

We are working in collaboration with other national organisations including Public Health Scotland and the Centre for Sustainable Delivery, as well as SG, to understand and articulate how best we can support service planning at sub-national level, in line with the Population Health Framework and Service Reform Framework. Rather than create new programmes, we will align and focus existing capability to deliver prevention, value and better population outcomes. HIS has a range of expertise to offer including best practice in strategic planning and planning with people, redesign expertise, intelligence and insights from improvement programmes and expertise in standards and outcomes for models of care.

Portfolios

Frailty

The frailty portfolio brings together programmes which aim to improve the quality of life for people with frailty and reduce the need to access unscheduled care services through improved access to preventative support in the community. Frailty contributes to significant pressure on acute hospital occupancy, and our work also aims to reduce hospital occupancy rates and enable faster discharge of patients.

The portfolio will work in partnership with other national organisations and structures including the Centre for Sustainable Delivery and Discharge without Delay programme to maximise the impact of the frailty work for people living with frailty, their family and carers.

The intended impacts of this work are a reduction in time older people spend in hospital, a reduction in avoidable hospital admissions for older people, a reduction in number of older people experiencing delayed discharge, and a reduced demand on GP, acute and care home settings.

Key programmes in this area include:

- **Focus on Frailty:** This programme will focus on establishment of specialist frailty teams in acute hospitals. This will support NHS boards and HSCPs to implement interventions across community and acute to improve access and experience of person-led and coordinated health and social care for older people living with frailty while reducing pressures on unscheduled care services.
- **Focus on Dementia programme:** This programme will focus on improving access and quality of care for people with dementia in communities, care homes and hospitals. This includes the quality of post-diagnostic support services and providing the right services at the right time, with the aim of avoidance of unnecessary hospital admissions through earlier intervention.
- **Hospital at Home:** This programme will support boards to scale up existing services for older people and adults living in geographical areas not currently covered by existing services.
- **SPSP adults in hospital:** This programme aims to improve outcomes and reduce harm for adults in hospital focused on three safety priorities: deteriorating patients, pressure ulcers and falls.
- **SIGN guidelines** on leg ulcer
- **Healthcare Staffing Programme** tool on emergency care provision and **standards** on urgent and unscheduled care (emergency departments)

National priorities supported: This supports priorities for NHS reform and renewal including delivering direct access to frailty teams in emergency departments. This work also supports SG's Annual Operational Priorities for 2026-27 to expand Hospital at Home as a mainstream model of care. This will also contribute to SG's plan to increase Hospital at Home capacity to

2000 beds by December 2026, as outlined in the NHS Scotland Operational Improvement Plan.

Mental health

For 2026-27, HIS will adopt a refreshed approach to supporting mental health services by bringing together all HIS improvement, assurance, intelligence and inspection activity. This will facilitate integrated, organisation-wide oversight of mental health work. By combining strategic intelligence, data and operational insight, HIS will enable a better understanding of the safety and quality of NHS adult mental health services and the high impact opportunities for improvement.

Key programmes in this area include:

- Work to support implementation of the **core mental health standards**, which will be integrated across all HIS mental health programmes. We will utilise the findings and improvements from inspections to inform and support the implementation of the Core Mental Health Standards across all adult mental health inpatient units within NHS boards.
- **SPSP mental health**: This programme will focus on reducing preventable harm and unwarranted variation, with a focus on safety at the point of transition from Inpatient to Community Services. The programme will offer focused improvement support to all NHS Scotland boards and associated HSCPs through the Safety at Points of Transition Collaborative.
- **Mental Health Renewal**: This programme will aim to ensure that mental health services and systems across Scotland are designed and delivered to a consistently high standard, capable of meeting both current and emerging needs. By doing so, we will enable equitable, timely access to appropriate and holistic support for all people, improving outcomes and experiences. We will use the Scottish Approach to Change within HIS and develop recommendations for the design and delivery of a three-year transformation work programme to improve the safe system of care, focused on the area of highest risk.
- **Mental Health Responsive Support (Delayed Discharge)**: We will respond to emerging high risk or high-profile improvement priorities within the external mental health system. This programme will continue work to reduce delays and improve patient flow in mental health, adults with incapacity and learning disability services. In addition, for the first 6 months there will be continued support for the delivery of the **Coming Home Peer Support Network**. Future improvement support will respond to other priority areas within the system identified through intelligence and evidence from HIS assurance activity.
- **Mental health assurance**: We will provide independent assurance of the safety and quality of care across acute adult mental health inpatient facilities in NHS Scotland through a routine programme of established Mental Health Safe Delivery of Care

Inspections. Furthermore, in 2026-27 **joint inspections of adult services** will focus on adults with learning disabilities.

- **Healthcare Staffing Programme** tool for mental health and learning disability community and specialist teams.

National priorities supported: This supports SG's priorities for NHS reform and renewal including reducing pressure on hospitals through reducing delayed discharges. This also supports SG's 26-27 Annual Operational Priority to improve support and services around mental health, neurodiversity and learning disability.

Perinatal

The perinatal portfolio will coordinate all HIS activity designed to understand, improve and assure the quality and safety of maternity and neonatal services across Scotland. It operationalises perinatal quality management approaches commenced in 2024, providing a coherent structure to drive evidence-based standards, intelligence-led assurance, improvement and learning. To establish the portfolio, the following operational definition will continue to be used: *"The perinatal QMS will consider any information or themes about maternity or newborn care that affect people during pregnancy and up to one year after birth."*

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

Key programmes in this area include:

- **Standards and indicators:** The maternity care standards will be published in March 2026. These will support internal and external assurance of maternity services and wider perinatal QMS work.
- **NHS inspections:** We will provide assurance of the safe delivery of acute maternity services in NHS hospitals through targeted inspection activity that is reflective of and responsive to the evolving context of service delivery.
- **SPSP perinatal:** This programme will focus on improving outcomes and reduce harm for women, birthing people, babies and families. This includes working with all 14 territorial boards to lead implementation of a new national Maternity Early Warning Score (MEWS), provide practice support to improve preterm perinatal optimisation, enable continuing improvement through the SPSP perinatal learning system, and embed the Essentials of Safe Care.

- **Hospital at Home:** We will support NHS boards develop and launch new paediatric and neonatal Hospital at Home services.
- **Healthcare Staffing Programme** tools on maternity services and neonatal nursing
- Data and insights from the **National Hub for Reviewing and Learning from the Deaths of Children and Young People** and **learning from adverse events**

National priorities supported: This supports SG's Annual Operational Priorities for 2026-27 to support safe and high-quality maternity and neonatal services as well as expanding Hospital at Home as a mainstream model of care. This will contribute to SG's plan to increase Hospital at Home capacity to 2000 beds by December 2026 outlined in the NHS Scotland Operational Improvement Plan.

Children and young people

The purpose of the children and young people portfolio is to provide a unified, organisation-wide approach to all children and young people-related work across HIS. The portfolio will ensure clarity, accountability, strengthened governance and shared learning across all children and young people-related activities. It will bring together workstreams into a coherent structure that fulfils statutory duties (including UN Convention on Rights of a Child (UNCRC), Corporate Parenting, The Promise, and GIRFEC), improves internal alignment, and supports better outcomes, experiences, safety, and wellbeing for babies, children, young people and families in Scotland.

HIS also has a duty to support boards and HSCPs to keep [The Promise](#) as well as a shared responsibility for protecting children and promoting, supporting and safeguarding their wellbeing.

We are establishing a children and young people delivery group, which will lay the foundation for future activity in establishing a delivery portfolio. The group will work within HIS's circle of influence to improve opportunities, experiences, and outcomes for children, young people and families in Scotland. It will empower colleagues across HIS to maximise the positive impact of their work in relation to health inequalities, children's rights and wellbeing.

Key programmes in this area include:

- **Joint inspections services for children and young people:** This inspection programme takes account of the experiences and outcomes of children and young people in need of care and protection by looking at the services provided for them by community planning partnerships in each of Scotland's 32 local authorities.
- **Joint inspections of police custody centres:** Within this programme, a national thematic review of young people in custody is planned, and a report will be published of the findings.
- **National review of group-based child sexual abuse and exploitation:** we will develop and deliver a national review of responses to group-based CSAE, working with the Care Inspectorate, HMICS and HMIE. We will undertake a national evaluation exercise

of all local authority areas to baseline awareness and understanding of strengths and challenges. Targeted risk-based scrutiny and assurance activity will follow (this will likely continue into 2027-28).

- **Hospital at Home:** We will support NHS boards develop and launch new paediatric and neonatal Hospital at Home services.
- **SPSP paediatrics:** This programme will focus on improving the recognition and response to deteriorating children and young people. The quality planning for 2026-27 builds on the safety intelligence relating to the Paediatric Early Warning Score including the assessment of child, young person and caregiver concern (Martha's rule).
- **National Hub for Reviewing and Learning from the Deaths of Children and Young People:** HIS, in collaboration with the Care Inspectorate, co-host the National Hub for Reviewing and Learning from the Deaths of Children and Young People and aim to ensure the death of every child and young person is reviewed to an agreed minimum standard.
- **SIGN guidelines** on epilepsy in children
- **Healthcare Staffing Programme** tool on paediatric inpatient nursing

National priorities supported: This work supports SG's Annual Operational Priorities for 2026-27 to expand Hospital at Home as a mainstream model of care. This will also contribute to SG's plan to increase Hospital at Home capacity to 2000 beds by December 2026, as outlined in the NHS Scotland Operational Improvement Plan.

Planned and acute care

This portfolio will bring together programmes to improve the quality and safety of care in planned and acute care through a combination of assurance and improvement work.

Key programmes in this area include:

- **NHS and multiagency inspections,** including Safe Delivery of Care inspections in acute hospitals
- **Improving access to integrated care:** To reduce time people wait to access planned care in communities and hospitals. A key focus for 2026-27 is elective care services and reducing the number of people waiting more than 52 weeks to access care. We will also focus on improved access to community musculoskeletal (MSK) services to help reduce referrals to elective orthopaedic and other related services with very long waits.
- **SPSP medicines in hospital:** The aim of this programme is to improve safe management of diabetes medicines for adults in hospital. This area of focus was identified through the triangulation of intelligence from across adverse events, insights from board teams and the evidence base. This work will involve collaborative working with the ADTCC.

- **SPSP adults in hospital:** The aim of this programme is to improve outcomes and reduce harm for adults in hospital, specifically focussing on deteriorating patients, pressure ulcers and falls. We will also work to embed the SPSP Essentials of Safe Care.
- **Healthcare Staffing Programme:** We will commence work to develop a revised staffing level tool for adult inpatient nursing.

National priorities supported: This supports SG's Annual Operational Priority for 2026-27 to reduce the longest waits for planned care. This also supports the work of the sub-national delivery group focused on planned care (orthopaedics).

Primary and community care

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

Key programmes in this area include:

- **Primary care learning system:** This will include working with people leading and supporting GP Cluster work to share learning that improves the implementation and development of GP Clusters. We will also work with healthcare professionals implementing Community Treatment and Care (CTAC) services to share learning that improves the delivery of CTAC services.
- **Primary care phased investment programme (PCPIP):** The legacy work from the PCPIP will be used to share learning, to support scale up and spread through a learning system and national improvement collaborative offering. This will include support to development of the next iteration of the General Medical Services (GMS) contract.
- **Primary care quality improvement framework:** We are in the scoping phase of work to develop a new quality improvement framework for primary care with a self-assessment tool.
- **SIGN guidelines** on chronic pain, migraine, risk estimation and prevention of cardiovascular disease, acute and severe asthma

National priorities supported: This supports SG's Annual Operational Priority for 2026-27 to increase productivity across elective and diagnostics service and improving flow and performance in unscheduled care. This also supports priorities for NHS reform and renewal by improving access to care closer to home and increasing general access to primary care services.

Urgent and unscheduled care

This portfolio will bring together programmes to understand, improve and assure the quality and safety of urgent and unscheduled care services in Scotland.

Key programmes in this area include:

- **Hospital at Home:** We will support adult Hospital at Home services maximise their contribution to the SG aim to expand to 2,000 Hospital at Home and outpatient parenteral microbial therapy (OPAT) beds by December 2026. We will also support NHS boards develop and launch new paediatric and neonatal Hospital at Home services Hospital at Home provides an alternative to a traditional unscheduled hospital admission. It reduces pressure on hospitals by acting as an alternative to admission and by supporting early discharge.
- **Healthcare Staffing Programme:** Development of a replacement staffing level tool for emergency care provision
- **Standards** on urgent and unscheduled care
- **NHS Greater Glasgow and Clyde Emergency Department progress review:** We will assess progress by NHS Greater Glasgow and Clyde in implementing an improvement plan to address the recommendations for in the NHS Greater Glasgow and Clyde Emergency Department review report published in March 2025. This includes taking forward the recommendation to explore effective methods for gathering patient feedback on experiences of accessing urgent and unscheduled care services, particularly regarding waiting times in emergency departments.

National priorities supported: This work supports SG’s Annual Operational Priorities for 2026-27 to improve flow and performance in unscheduled care, as well as expanding Hospital at Home as a mainstream model of care. This will also contribute to SG’s plan to increase Hospital at Home capacity to 2000 beds by December 2026, as outlined in the NHS Scotland Operational Improvement Plan. Furthermore, this work supports the work of the sub-national delivery group focused on urgent care (improving flow).

Underpinning change

The purpose of the Underpinning Change portfolio is to support change to be delivered well through clear methodology so high-quality outcomes are achieved. The portfolio will support change in three areas:

- Externally: to underpin health and social care reform
- Externally: to support the “enablers” sub-groups within sub-national planning units
- Internally: to embed a more connected, quality management approach to our internal planning.

Key programmes in this area include:

- **Scottish Approach to Change:** We will continue to develop the online resources within the Scottish Approach to Change, run a learning community to support people across the system to apply the approach and share best practice, and provide bespoke implementation support for the system ranging from one-off workshops through to ongoing intensive support for pathfinder sites. We will use the Scottish Approach to Change to underpin our work to deliver specific changes across our portfolios.

- **Engagement Practice:** We will support national decision making and policy development on key areas of SG and NHS Scotland priorities and developing meaningful evidence. We will also support the system to improve its engagement practice, through our learning system. We will deliver our statutory duty to ensure NHS Scotland meets its statutory duties to involve people in the planning and delivery of services. Altogether, our work on improving, assuring and providing evidence on engagement will enable people across Scotland to have opportunities to be heard, and their voices influence health and care policies and services, building relevant evidence bases.
- **Excellence in Care and the Healthcare Staffing Programme:** The HCSA requires us to 1) monitor boards' compliance with the HCSA, 2) monitor the compliance and effectiveness of staffing tools and 3) monitor the compliance and effectiveness of the Common Staffing Method. This in turn generates a wealth of data and intelligence from HSP's and EIC's monitoring and assurance functions to be utilised to inform local and national assurance and improvement, including HSPs requirement to revise the Common Staffing Method and develop new or revised staffing level tools, EIC's development of new measures of workforce, quality and safety on the CAIR Dashboard and the provision of responsive improvement support.

National priorities supported: This also supports the work of the sub-national delivery group focused on enablers (finance, performance and planning).

Drugs and alcohol

A new portfolio for drugs and alcohol is expected to be formed for 2027-28, as our current work in this area finishes in line with the national Drugs Mission and the post-mission work is developed. Much of this work will also support and align to our other portfolios.

We have adapted our three extant programmes of work to address the priorities where HIS has a unique added value and strong alignment with the new [National Strategic Plan: Alcohol and Drugs 2026-2035](#). This future direction of our work will support HIS's strategy and, adding significant value to both Health and Social Care Renewal Framework and Scotland's Population Health Framework by evidencing reducing health inequalities, improving person-centred care, empowering community-based care delivery and collaborating to ensure whole-system approaches to complex care. The key programmes in this area are:

- **Improving quality and safety in drugs and alcohol:** To strengthen the governance, planning and commissioning within HSCPs through processes that allow measurement, assurance and improvement of the quality and safety of care
- **Integrating community pathways to recovery:** To strengthen Scotland's health and care system by embedding recovery principles and human rights-based approaches into community pathways, ensuring safe, person-centred, and equitable care that reflects HIS's role as a trusted national improvement agency and delivers measurable impact across integrated systems.

- **Transforming recovery pathways in complex care:** To co-design integrated, rights-based models of care for individuals with complex needs (eg, mental health, addiction, homelessness, justice involvement), ensuring smooth transitions across acute, community and justice settings.

DRAFT

How we will do it: Taking a QMS approach

Quality Management Systems are a co-ordinated approach to planning, improving and controlling quality within work. As well as supporting health and care systems across Scotland to embed quality management, HIS has committed to this as the method by which the organisation will operate. We updated our QMS framework last year to show the importance of the interlinked enablers in purple in Figure 1.



Figure 1: Quality Management System Framework

To achieve delivery of this connected and collective approach to our work, an overarching HIS-wide QMS will be formed by our Performance and Delivery Board. Its purpose will be to:

- Bring together intelligence, insight and evidence to inform quality planning across all six priorities and eight portfolios.
- Make informed, collective decisions to prioritise HIS's work and resources: both shorter-term responses to emerging concerns and longer-term annual planning of work programmes so that planning is not an annual process but agile throughout the year.
- Ensure decisions consider the full breadth of HIS's expertise and resources, and that no part of HIS works in isolation. This includes taking difficult decisions on prioritisation of work, recognising that the demands on HIS exceed our resources.

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Quality Assurance and Regulation Plan 2026-27

Meeting: Board Meeting - Public

Meeting date: 25 March 2026

Agenda item: 2.1.2

Responsible Executive: Eddie Docherty, Director of Quality Assurance and Regulation

Report Author: Louise Bruce, Operations Manager

Purpose of paper: Awareness

1. Purpose

The purpose of this paper is to provide the Healthcare Improvement Scotland Board with an overview of the Quality Assurance and Regulation Plan for 2026-27. This plan details the planned inspection, regulation and review activity that the Quality Assurance and Regulation Directorate (QARD) will deliver in 2026-27.

2. Executive Summary

Healthcare Improvement Scotland (HIS) provides independent scrutiny and assurance of the quality and safety of healthcare in Scotland. We do this through the inspection of NHS hospitals and services; the regulation of independent healthcare; and focused reviews of healthcare services. Our Quality Assurance System sets out the core guiding principles, standard operating processes and quality assurance framework which underpin all our work. Our assurance functions aim to support providers to improve the quality of care for the people of Scotland and we work with a range of statutory bodies including the Care Inspectorate, His Majesty's Inspectorate of Prisons for Scotland and NHS Education for Scotland.

Each year QARD develops a quality assurance and regulation plan which is a subset of the HIS strategy and operational plan. The quality assurance and regulation plan describes the range of inspection, regulation and reviews we will be undertaking, including programmes led by HIS and those where we work in partnership with other scrutiny bodies. The plan is published on the HIS website and updated whenever changes to the plan are required (for example, if we undertake a new commission). Programmes within the plan align to HIS portfolio themes and the Quality Management System. QARD will work collaboratively with relevant colleagues across HIS to deliver the portfolio aims.

In addition to our established quality assurance and regulation programmes, QARD may receive Ministerial commissions to undertake targeted scrutiny and assurance activity in response to new or emerging concerns. These commissions are usually high-profile requests, often made at

short notice, which require the directorate to rapidly redeploy resource and reprioritise existing work programmes.

Healthcare Improvement Scotland's inspection, regulation and review activities are key components of our strategic priorities in relation to the safety and quality of care. Appendix 1 sets out our planned quality assurance and regulation activity for 2026-27 and demonstrates how we intend to deliver our statutory functions and assurance priorities. Demands on all assurance programmes have increased in response to increased pressures in the system and our deliverables across all established inspection, regulation and review programmes have been adjusted to reflect current available resource and capacity.

This plan will be continually reviewed throughout the year and could be subject to change in light of other assurance imperatives that may emerge during the year. For example, any new Ministerial requests for responsive reviews cannot be delivered within current resource and new assurance imperatives will require us to consider what existing programmes of work need to be reduced or reprioritised.

As with previous years, it is anticipated we will need to continue to finely balance the important role that all our quality assurance and regulation programmes play in assuring safe systems of care, with the ongoing challenges facing the health and social care system. We will need to be prepared to adapt what and how we assure in response to changing risk profiles and service pressures to continue to provide proportionate, risk-based assurance for patients and the public. We will continue to take an intelligence-led and risk-based approach to all our work and target our resources effectively. We will also continue to co-ordinate our activities and work with partner agencies to avoid a disproportionate approach to scrutiny or duplication of activity.

Each programme within QARD identifies, manages and monitors any operational risks to programme delivery. Where a new commission is received, the risk and impact of undertaking the commission is assessed, and mitigations put in place where required.

Work programme delivery takes account of the HIS Clinical and Care Governance Framework principles with mechanisms in place to review requirements for each programme. Each programme also undertakes the required Equality Impact Assessments and considers any programme specific requirements in relation to the Public Sector Equality Duty, the Fairer Scotland Duty and the Board's Equalities Outcomes.

Communication and engagement with a range of stakeholders including Scottish Government, other scrutiny bodies, service providers and service users takes place at both a strategic and operational level across our range of programmes. Where QARD works with partner organisations to deliver our work we take account of this when developing the quality assurance and regulation plan.

Key performance indicators (KPIs)

The KPI for independent healthcare (IHC) inspections has been revised for this year to report performance as a percentage rather than an absolute number. This change reflects the fact that the total number of registered IHC services fluctuates year-on-year, meaning that a numerical target can become either unachievable or insufficiently challenging depending on changes in the sector. A percentage-based measure therefore provides a more accurate, proportionate and comparable indication of performance over time.

This shift is also informed by our intelligence-led approach to regulation, where service-level risk assessments determine inspection activity. These risk assessments are currently being strengthened in response to the findings of the Regulation Review, which highlighted the need for greater transparency and alignment between regulatory risk, inspection prioritisation and performance reporting.

The Regulation Review specifically recommended revising the KPI approach for IHC to ensure that performance data is clearer, more transparent and more meaningful for the Board and stakeholders. Reporting performance as a percentage of the total IHC sector supports this recommendation and ensures that inspection activity is interpreted in the context of the dynamic and evolving landscape.

Committee recommendations

The plan has been discussed at QARD Directorate Management Team, HIS Executive Team and HIS Quality and Performance Committee. The key points for discussion at Quality and Performance Committee were to:

- Include a rationale outlining for the Board why the key performance indicator for IHC inspections has changed from previous years and differs from our other inspection programmes in terms of providing a percentage of inspections undertaken rather than a number of inspections undertaken. The rationale has been included above.
- Demonstrate the links between our work and improvement activity and reflect alignment of QARD work programmes to HIS portfolio themes. The plan has been amended to outline more clearly where programmes form part of the portfolio approach. This will continue to develop as the newer portfolios are established.

Following the Quality and Performance Committee meeting, the National Review of Group-based Child Sexual Abuse and Exploitation section of the plan has also been updated to reference the recent announcement by Scottish Government to establish an independent public inquiry into group-based child sexual abuse.

3. Recommendation

The Board is asked to note Healthcare Improvement Scotland's planned activity for 2026-27 detailed in Appendix 1 for information.

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

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

4. Appendices and links to additional information

The following appendices are included with this report:

- Appendix 1, HIS Quality Assurance and Regulation Plan 2026-27

Healthcare Improvement Scotland Quality Assurance and Regulation Plan 2026-27

DRAFT FOR APPROVAL - Updated March 2026

Healthcare Improvement Scotland's Quality Assurance and Regulation Directorate aims to make a real difference to the people of Scotland by providing confidence in the quality and safety of care provided by the NHS and independent healthcare providers, focusing on issues that we know matter most to people using services, their families and carers. We do this through independent targeted assurance work, which encourages improvement in the quality of health and social care.

Further information about our statutory powers can be found in the [Operating Framework: Healthcare Improvement Scotland and Scottish Government](#).

Our quality assurance and regulation activity is split into three functional categories: inspection, regulation, and review (including responsive inspections or reviews). We undertake these activities in a planned and proactive manner to provide public assurance on safety and quality of care and highlight areas of good practice and opportunities for learning to support ongoing improvements across the whole of Scotland.

Our plans for each programme, which include details of our planned activities for inspection, regulation and review from April 2026 to March 2027 are outlined below. This plan is part of the HIS Integrated Delivery Plan which describes how Healthcare Improvement Scotland will meet our two aims of delivering quality (ensuring care is safe, effective and evidence-based and person-centred and equitable) and enabling reform (including informed decision-making, underpinning change and supporting specific changes). The HIS Integrated Delivery Plan also outlines how our work relates to the following portfolio themes:

- Frailty
- Mental Health
- Perinatal

- Children & Young People
- Planned & Acute Care
- Primary & Community Care
- Urgent & Unscheduled Care
- Underpinning Change.

For those of our programmes that align to one or more of the portfolio themes, we will work collaboratively, using a quality management approach, with the other programmes across HIS in the portfolio. This annual Quality Assurance and Regulation Plan is continually reviewed and may be subject to further change in response to emergent external scrutiny priorities and changing resource considerations.

An indication of the planned number of inspections and other key assurance activities are detailed below where available, however the number of planned inspections may change during the year. There are several reasons for this, including the complexity of inspections, follow-up activity that may be required in response to inspection findings, and new requests for external quality assurance in response to emergent concerns which may require the rapid redeployment of resource and reprioritisation of existing work programmes.

Inspection

NHS Inspections

Our NHS Inspections focus on Acute Hospital, Adult Mental Health inpatient units, and Acute maternity inspections.

Our current programme of inspection of NHS Hospitals is the 'Safe Delivery of Care'. The Safe Delivery of Care inspection methodology is designed to support NHS boards in complying with national standards, improving patient outcomes, and identifying areas for improvement. It aims to provide robust and proportionate public assurance that is reflective of, and responsive to, current system pressures and is focused on helping services identify and reduce risks within the current operating environment, whilst minimising the impact of inspection on staff delivering frontline care.

Acute

Over the course of 2026-27, we will complete the current phase of our acute hospital inspection programme by undertaking a series of shorter, unannounced *Safe Delivery of Care* follow-up inspections across all previously inspected areas, with a focus on the NHS Boards progress against their published improvement action plans.

During this period, we will develop a comprehensive, co-produced evaluation framework to ensure our inspection approach continues to reflect wider system learning and adapts in response to emerging insights, needs and national priorities.

Additionally, during 2026-27, our acute hospital inspection programme will form part of a wider, Quality Management System approach to improving the quality and safety of Urgent and

Unscheduled care across NHS Scotland. HIS's portfolio-based approach provides a structured way to bring together HIS's assurance, improvement, evidence and engagement activity in this high-risk area, while maintaining a consistent Quality Management System (QMS) approach to how this work is delivered.

Mental Health

For 2026–27, we will adopt a refreshed approach to supporting mental health services by positioning Mental Health work as a cohesive, organisation-wide portfolio. This portfolio will bring together intelligence, insights and operational expertise from across the organisation, enabling a whole-system approach to improving mental health outcomes through the QMS for Mental Health.

The portfolio will encompass the following areas:

- Scottish Patient Safety Programme – Mental Health
- Mental Health Renewal
- Mental Health Responsive Support
- Mental Health Assurance

As part of this portfolio, QARD will continue to support the safety and wellbeing of people in NHS adult mental health in-patient services through unannounced inspections. These inspections will assess the safety and quality of care, identifying areas for improvement and highlighting good practice. The insights gained through this work will inform and shape the planning and delivery of wider organisational improvement activity.

Maternity

Healthcare Improvement Scotland has aligned and strengthened its existing programmes of work to create a coordinated, evidence-informed and collaborative Perinatal Quality Management System (QMS). This approach will enable our national improvement, assurance, evidence, standards, and engagement activities to systematically gather, analyse, and use that intelligence to inform HIS support to NHS boards and respond to future recommendations from the Scottish Government Maternity Taskforce.

Phase 1 of the *Safe Delivery of Maternity Care* inspection programme began in January 2025. This first phase adopts a staged approach, with an initial focus on 18 acute maternity services, including obstetric-led and consultant-led hospital maternity units in the first 2 years.

Planning for Phase 2 will begin during 2026, with the intention of expanding our inspection scope to reflect the broader perinatal care pathway.

Programme	Programme Aim	Scrutiny body/ bodies involved	Inspection activity
NHS Acute Hospital inspections	To provide assurance of the safe delivery of care in NHS hospitals through targeted inspection activity that is reflective of and responsive to the evolving context of service delivery.	Healthcare Improvement Scotland	<p>Our inspections will continue to be risk-based and proportionate. We will continue to undertake unannounced inspections including follow up inspections to assess the safe delivery of care and NHS Boards' progress against previous requirements and improvement action plans. It is intended 10 hospital inspections will be carried out within NHS board areas between April 2026 and March 2027.</p> <p>Inspection reports and associated improvement action plans will be published on our website. Locations of inspections are not available as these are unannounced.</p>
NHS Acute Adult Mental Health Inspections	To contribute to the safety and wellbeing of patients and service users within mental health services through targeted inspection activity that is reflective of and responsive to the evolving context of service delivery.	Healthcare Improvement Scotland	There are up to 10 inspections planned for 2026-27. A report will be published for each inspection.
NHS Acute Maternity Inspections	To provide assurance of the safe delivery of acute maternity services in NHS hospitals through targeted inspection activity that is reflective of and responsive to the evolving context of service delivery.	Healthcare Improvement Scotland	There are 10 inspections planned for 2026-27. A report will be published for each inspection.

Multiagency Inspections

Our statutory strategic multiagency inspection programmes have to date focused on three areas - joint inspection of adult support and protection, joint inspection of adult services and joint inspection of services for children and young people. These joint inspections are delivered under section 115 of the Public Services Reform (Scotland) Act 2010, together with regulations made under the 2010 Act. We also play a crucial role in providing quality assurance of the healthcare provided to people within the justice system through our inspections of prisons and police custody suites.

The joint strategic inspections of services for adults, and for children and young people, will continue with the same respective methodologies as during 2025-26. In 2026-27 joint inspections of adult services will focus on adults with learning disabilities from early 2026. Joint inspection of services for children and young people changed its focus from children and young people at risk of harm to children and young people subject to compulsory supervision orders living at home with their parents, from summer 2025.

The National Public Protection Leadership Group (NPPLG) was established to drive continuous improvement of public protection arrangements across Scotland. Priority two in the NPPLG workplan is 'enhancing our culture of learning through independent scrutiny and inspection'. A multiagency Public Protection Scrutiny Working Group (PPSWG) has been established to support delivery of priority two, but with cognisance of any other cross-cutting priorities. The PPSWG planned to commence initial multiagency scrutiny work focused on violence against women and girls focusing on domestic violence during 2026-27. This work is currently on hold as scrutiny partners have realigned resources to address the Ministerial ask for a national review related to group-based child sexual abuse and exploitation from early 2026 to summer 2027 (see below). This work will be reinstated with the agreement of Scottish Ministers at the conclusion of the national review.

New commission: National Review of Group-based Child Sexual Abuse and Exploitation

In December 2025, Scottish Ministers formally requested a national review into group-based child sexual abuse and exploitation and group-based child criminal exploitation. The national review will be led by the Care Inspectorate and His Majesty's Inspectorate of Constabulary in Scotland (HMICS) working with Healthcare Improvement Scotland and His Majesty's Inspectorate of Education (HMIE).

Scottish Government wish to be assured about accountability and assurance mechanisms for Chief Officer Groups (COGs) in Scotland. This will be related to their understanding, response, and improvement in tackling the threats that organised networks represent to the safeguarding of children and young people from child exploitation. The review will gather evidence which will support Scottish Government Ministers' considerations of whether there should be a future public inquiry into group-based child sexual abuse and exploitation.

The work is now underway and will take a phased approach. It is anticipated that the review will take 18 months to complete.

On 25th February 2026, the Scottish Government announced its intention to establish an independent public inquiry into group-based child sexual abuse. The Inquiry will focus on the prevalence of group-based Child Sexual Abuse and Exploitation now and in the recent past and will draw on evidence from the above ongoing independent National Review being led by the four Inspectorates.

Programme	Programme Aim	Scrutiny body/ bodies involved	Inspection activity
Joint inspection of adult services (integration and outcomes)	Healthcare Improvement Scotland has a statutory responsibility to undertake joint inspections of services for adults with the Care Inspectorate.	Healthcare Improvement Scotland and Care Inspectorate	The intention is to complete one progress review and up to two joint inspections of health and social care partnerships during 2026-27. These joint inspections will focus on the effectiveness of partnership working in creating seamless services that deliver good health and wellbeing outcomes for people and their unpaid carers, through the lens of different service user groups.
Joint inspection of services for children and young people	The inspection programme takes account of the experiences and outcomes of children and young people in need of care and protection by looking at the services provided for them by community planning partnerships in each of Scotland's 32 local authorities.	Care Inspectorate (lead agency), Healthcare Improvement Scotland, HMICS, and HMIE Scotland.	There are three inspections focusing on children subject to compulsory supervision orders living at home with their parents planned in 2026-27. In addition, supported improvement work with one partnership is anticipated.
Joint inspection of prisoner healthcare	Healthcare Improvement Scotland works with His Majesty's Inspectorate of Prisons for Scotland (HMIPS) to provide expertise to the inspection of healthcare in prisons in Scotland.	His Majesty's Inspectorate of Prisons for Scotland (lead agency) and Healthcare Improvement Scotland	There are four inspections planned for 2026-27, A report will be published for each inspection. Follow-up activity (eg inspections) will also take place where required.

Programme	Programme Aim	Scrutiny body/ bodies involved	Inspection activity
Joint inspection of police custody centres	Healthcare Improvement Scotland works with HMICS to provide expertise to the inspection of healthcare in police custody centres in Scotland.	His Majesty's Inspectorate of Constabulary in Scotland (lead agency) and Healthcare Improvement Scotland	There are two inspections planned for 2026-27. A report will be published for each inspection. Follow-up activity (eg inspections) will also take place where required. A national thematic review of young people in custody is planned, a report will be published of the findings.
Multiagency scrutiny of public protection	As part of the directive from the NPPLG Healthcare Improvement Scotland has worked with a range of relevant scrutiny partners to develop an approach for multiagency scrutiny of public protection. The plan is to establish a multiagency scrutiny programme in due course.	Care Inspectorate (lead agency), Healthcare Improvement Scotland, HMICS, and HMIE in Scotland	Commencement of joint inspection activity is currently on hold as scrutiny partners have realigned resources to address the Ministerial ask for a national review related to group-based child sexual abuse and exploitation.
National review of group-based child sexual abuse and exploitation	The programme aim is to develop and deliver a national review of responses to group-based child sexual abuse and exploitation (CSAE), working with the Care Inspectorate, HMICS and HMIE.	Care Inspectorate and His Majesty's Inspectorate of Constabulary in Scotland (lead agencies), His Majesty's Inspectorate of Education in Scotland and Healthcare Improvement Scotland	A national evaluation exercise of all local authority areas to baseline awareness and understanding of strengths and challenges will be undertaken. Targeted risk-based scrutiny and assurance activity will follow (this will likely continue into 2027-28).

Regulation

Our regulation programmes focus on delivery of all elements of our regulatory responsibilities for both independent healthcare (IHC) and Ionising Radiation (Medical Exposure) Regulations (IRMER). This includes proactive inspections, responding to notifications of incidents and enforcement activity

for both programmes of work, and registration of IHC services and investigations of complaints about these registered services.

The regulation of IHC and the enforcement of IR(ME)R in Scotland are distinct statutory functions of HIS. As we engage with private organisations as well as NHS Boards, there are formal frameworks set out in IR(ME)R and the NHS Scotland 1978 Act and associated regulations. These frameworks impose duties on HIS NHS Boards and the providers of IHC services in relation to registration, inspection and complaints as well as mechanisms for the enforcement of improvement. These are distinct and separate functions from the wider and more general role HIS has in relation to the quality assurance of services provided by NHS Scotland.

As well as delivering these programmes we are working through a period of review for both IHC and IR(ME)R, this is to consider our future regulatory model and identify any improvements. Currently both are part of the external review of our regulatory activity. In relation to our IR(ME)R inspection activity our commissioning arrangements are under review for future developments to adopt a new graded approach to the inspection of all facilities where ionising radiation is used for medical exposures this is in line with the recommendations of the Integrated Regulatory Review Service (IRRS) mission.

The Non-surgical Procedures and Functions of Medical Reviewers (Scotland) Bill was being considered by the Scottish Parliament at the time of writing this plan. The Bill contains provisions to extend the regulatory powers of HIS in respect of independent healthcare services. Once the Bill is passed, it is anticipated that planning and preparatory work in relation to its implementation will require to be undertaken in discussion with the Scottish Government during 2026-27.

Programme	Programme Aim	Scrutiny body/ bodies involved	Inspection activity
Ionising Radiation (Medical Exposure) Regulations (IRMER)	Through inspections and the notifications process, the aim of this work is to provide public assurance of the safe use of ionising radiation for medical exposure.	Healthcare Improvement Scotland	An inspection plan is in place to carry out at least 10 inspections per annum. Routine inspections are announced. Work is ongoing with Scottish Government to review the commission to address the IRRS mission recommendation to adopt a facilities based graded approach to inspection. In addition, we will respond to all notifications (approximately 130 per year).
Independent Healthcare (IHC)	Healthcare Improvement Scotland is the regulator of registered independent healthcare services in Scotland.	Healthcare Improvement Scotland	The planned number of inspections of IHC services for 2026-27 is currently set at 129. However, there is a priority to review the current service risk assessment (SRA) framework, as identified for

Programme	Programme Aim	Scrutiny body/ bodies involved	Inspection activity
	<p>Our regulatory functions include:</p> <ul style="list-style-type: none"> • registering IHC services • proactive inspections of registered services • investigating complaints about registered IHC services • responding to notifications from IHC registered services • taking enforcement action of registered IHC services where necessary, and • continued development work to support the regulation of IHC. 		<p>investment and digital review in Q4 2025-26. Once implemented proposals for the 2026-27 workplan will be to undertake a review of the service risk assessment (SRA) for all services in line with the revised SRA framework and subsequently seek to undertake 90% of inspections due per quarter by the service's due date ensuring a transition to a more intelligence led model of inspections rather than a fixed value number of inspections per annum. Where the system requires flexibility to unanticipated demands, we may lower our control limit to 60%, this is in acknowledgement that inspection is the only truly flexible element of IHC workload.</p> <p>The number of planned inspections is subject to change throughout the year for a range of reasons including, but not limited to:</p> <ul style="list-style-type: none"> • high priority reactive activity that requires resource to be diverted from planned inspections • cancelled registration of a service • follow-up inspections in response to initial inspection findings.

Review (including ad hoc reviews)

Our bespoke review programmes contribute to two key themes:

1. Working collaboratively to review and respond to concerns about the quality and safety of services:

- Responding to Concerns, and

- Sharing Health and Care Intelligence Network

2. Reviewing and learning from adverse events, children and young people’s deaths, and death certification:

- Learning from adverse events
- National Hub for reviewing and learning from the deaths of children and young people, and
- Death Certification Review Service

In addition to the above review programmes, responsive reviews may be commissioned by Scottish Government or instigated by Healthcare Improvement Scotland to address an identified need.

Working collaboratively to review and respond to concerns about the quality and safety of services

Programme	Programme Aim	Scrutiny body/ bodies involved	Key activity
Responding to Concerns	Healthcare Improvement Scotland has a duty to respond to patient safety/quality of care concerns raised about NHS services by NHS Scotland employees or referred to us by another organisation. All concerns made to us are subject to a level of assessment to ensure an appropriate response.	Healthcare Improvement Scotland	Ongoing process of assessment and investigation of concerns raised, and communication with those raising concerns. Revised Responding to Concerns (RTC) methodology created and will be published following feedback and sign off process. Joint guidance developed and will be published in partnership with Independent National Whistleblowing Officer (INWO).
Sharing Health and Care Intelligence Network	The Sharing Health and Care Intelligence Network (SHCIN) is a mechanism that enables seven national organisations with a scrutiny, improvement, or training role at system/service level in Scotland, and nine professional regulators, to share, consider, and	<ul style="list-style-type: none"> • Audit Scotland • Care Inspectorate • General Chiropractic Council • General Dental Council • General Medical Council • General Optical Council • General Osteopathic Council 	The SHCIN focuses on prioritisation of emerging issues in the health and care system which supports a more agile and responsive approach, taking early action on new risks as individual network members or as a collaborative across the SHCIN.

Programme	Programme Aim	Scrutiny body/ bodies involved	Key activity
	respond to intelligence and emerging issues that may indicate risks about health and social care systems across Scotland.	<ul style="list-style-type: none"> • General Pharmaceutical Council • Healthcare Improvement Scotland • Health & Care Professions Council • Mental Welfare Commission for Scotland • NHS Education for Scotland • Nursing and Midwifery Council • Public Health Scotland • Scottish Public Services Ombudsman • Scottish Social Services Council 	The group will meet on a quarterly basis during 2026-27, with the option to convene a review panel meeting should an emerging concern arise out with scheduled meetings.
NHS Greater Glasgow & Clyde Emergency Department progress review	HIS is committed to assessing progress by NHS Greater Glasgow & Clyde in implementing an improvement plan to address the 30 recommendations for in the NHS Greater Glasgow & Clyde Emergency Department review report published in March 2025.	Healthcare Improvement Scotland	By Summer 2026, HIS will issue a formal request to NHS GGC for a position statement supported by relevant evidence and data on its progress. A Progress Review Panel will provide specialist knowledge and expertise in assessing progress made to date. The Panel will undertake a rigorous assessment of the submission, and following this process, the panel will consolidate its findings and conclusions into a Progress Review report which will be published on the HIS website during November/December 2026.

Reviewing and learning from adverse events, children and young people's deaths, and death certification

Programme	Programme Aim	Scrutiny body/ bodies involved	Key activity
Learning from adverse events	Support a consistent national approach to identification, review, reporting and learning from adverse events based upon national and international good practice.	Healthcare Improvement Scotland	<p>Data on commissioning of Significant Adverse Event Reviews is still being reported to HIS, however, there is variation in the way that data is recorded at a local level, so it is not comparable at a national level across boards. Following a letter from the Cabinet Secretary to NHS board Chief Executives in September 2025 around improving the quality and timeliness of significant adverse event reviews, HIS will report to Scottish Government monthly quantitative data and quarterly qualitative data regarding board adherence to the National Framework. This reporting structure will be developed in collaboration with NHS boards during 2026-27 and this will include publication of data. A revised notification system will be tested during 2026 which will include the occurrence of significant adverse events. This will allow the identification of patient safety themes and trends alongside improved analysis.</p> <p>The Adverse Events national learning system will be further developed through the development of learning dashboards following analysis of NHS boards submission of learning summaries.</p>
National Hub for reviewing and	Healthcare Improvement Scotland, in collaboration	Healthcare Improvement	Publication of the annual Data release report for 2024-25 is

Programme	Programme Aim	Scrutiny body/ bodies involved	Key activity
learning from the deaths of children and young people	with the Care Inspectorate, co-host the National Hub for Reviewing and Learning from the Deaths of Children and Young People and aim to ensure the death of every child and young person is reviewed to an agreed minimum standard.	Scotland and Care Inspectorate	planned for May 2026. The National Hub will also provide data from its portal on numbers of child death, and themes from child death reviews, to NHS Boards and Local Authorities in May and November 2026.
Death Certification Review Service	<p>The Death Certification Review Service (DCRS) provides independent scrutiny of deaths in Scotland not reported to the Procurator Fiscal with the aim of improving:</p> <ul style="list-style-type: none"> • the quality and accuracy of Medical Certificates of Cause of Death (MCCDs) • public health information about causes of death in Scotland • clinical governance issues identified during the death certification review process <p>The service is also responsible for authorising repatriation to Scotland of persons who have died abroad.</p>	Healthcare Improvement Scotland	<p>DCRS will:</p> <ul style="list-style-type: none"> • Review approximately 12% of MCCD. • Provide advice around death certification via the DCRS enquiry line. • Review all applications for repatriation to Scotland and where appropriate approve disposal. • Implement eMCCD into secondary care.

Responsive Reviews

There are no responsive reviews planned for 2026-27. This Quality Assurance and Regulation Plan will be updated if a need for a responsive review is identified.

Standards and Indicators

Healthcare Improvement Scotland is the national standards development agency for Healthcare in Scotland. The role of the Standards and Indicators team, which is transitioning to the Quality Assurance and Regulation Directorate for 2026-27, is to work with stakeholders to develop national standards and indicators which are based on current evidence and best practice. The standards aim to ensure national consistency in the multidisciplinary delivery and coordination of high-quality healthcare. The standards also aim to support current and future service provision and national improvements. The current priorities workplan for the 2026-27 year are the development of standards for Domestic Homicide and Suicide reviews, Urgent and Unscheduled care (Emergency Departments and Food, Fluid and Nutrition).

Programmes will be kept under regular review for any impacts on our ability to deliver planned work with the resources available to HIS and our partner agencies.

HIS-Scottish Government Operating Framework

Meeting: Board meeting - Public

Meeting date: 25 March 2026

Agenda item: 2.2

Responsible Executive/Non-Executive: Ann Gow, Deputy Chief Executive

Report Author: Julia Simac, Policy Manager

Purpose of paper: Decision

1. Purpose

The terms of our Operating Framework with Scottish Government (SG) state that the framework is to be reviewed and updated as necessary, and at least every four years. The last full update took place in 2022. There was a partial update in 2024 to reflect enactment of the Health and Care (Staffing) Scotland Act 2019 from 1 April 2024.

We have undertaken a full review and update, with our SG sponsor team, to ensure the document reflects the current operating context and meets the recommendations of the internal audit report on Responding to Concerns (RTC) – Escalation Protocols (June 2025).

The Board is asked to approve the Operating Framework for publication.

2. Executive summary

The Operating Framework underpins the working relationship, arrangements, roles and responsibilities between HIS and SG.

A previous draft was taken to the December 2025 reserved Board session and has since been updated and reviewed by the HIS Executive Team and Chair. The sponsor team has also coordinated required approval from SG including legal, Public Bodies Unit, Health Finance, and Board Appointments and Governance. It has been fully approved by Directors on behalf of the Chief Operating Officer, NHS Scotland. We intend to formally mark approval from both HIS and SG at the Quarterly Strategic Meeting on 1 April and then publish the document on the HIS and SG websites.

Summary of changes

General updates

The Governance team, alongside the sponsor team, reviewed the document and identified areas for refinement and updates for both parties. We have also engaged with colleagues from the Quality Assurance and Regulation Directorate, Community Engagement and the Healthcare Staffing Programme, particularly regarding updates to the sections concerning escalation.

Our general updates include references to legislation and any changes in statutory powers/functions, changes to organisational structures within HIS and SG, as well as the policy

and operating context. We have focussed on strengthening wording to highlight HIS’s operational independence and our role in identifying, agreeing, reporting on and communicating about our work. We have also identified areas that could be made more concise by hyperlinking to other published documents, for example within appendices.

Substantive changes

Section	Amendment
Introduction	Updated frequency of review from at least every four years to every three years in line with updated guidance from the Public Bodies Unit.
Legislative context	<p>Updates to legislation and statutory powers, i.e. in relation to the Care Reform Act.</p> <p>Updated references to NHS Reform and Renewal policies.</p>
Operating principles and approach	<p>Updates to text relating to HIS’s independence and freedom to act in the areas of:</p> <ul style="list-style-type: none"> • Independent healthcare (IHC) • Providing national evidence-based advice through several independent committees/groups • The conclusions we reach on service change • Responding to concerns
Governance and accountability	Updated reference to establishing memoranda of understanding with other organisations.
Sponsorship management	Updated text to reflect separation of sponsorship arrangements between SG sponsorship of HIS and matters relating to scrutiny and assurance.
Performance management	<p>Section combined with previous Commissioning section, and renamed “Planning, commissioning and delivery.” Wording updated to reflect focus on delivery rather than performance management, as well as HIS’s role in planning and commissioning.</p> <p>New reference added to HIS’s responsive support function.</p>
Annex 5, 6, 7	Escalation and escalation framework: updates to text reflect changes in approach agreed between HIS and SG (outlined below).

Updates to the escalation framework

We have reviewed the escalation framework in line with the RTC internal audit report recommendations, as well as engagement with teams to ensure the framework is fit for purpose and ultimately supports us to effectively deliver our scrutiny and assurance functions. The key updates in this section are:

- More clearly highlighting IHC as a distinct statutory function

- More clearly outlining the circumstances in which HIS would escalate concerns to SG, and particularly that this is not limited to the inspection process but may relate to a range of work across the organisation
- Establishing a direct route for escalation from the HIS Chair to Scottish Ministers
- More clearly specifying that SG will respond to HIS on the action it has taken in response to escalation and any next steps required

3. Recommendation

It is recommended that the Board approve the Operating Framework for publication, following the addition of signatures from SG and HIS.

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

Significant: The updated Operating Framework has been through required governance processes for both HIS and SG. It has been updated to reflect the current environment and outline the agreed principles of our working relationship.

4. Appendices and links to additional information

- Appendix 1: Operating Framework

Appendix 1

Operating Framework: Healthcare Improvement Scotland and Scottish Government

April 2026

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Document version control and signatories

Table 1: Document version control and signatories

Version	Month/ Year	Signature/Date: Chief Executive Healthcare Improvement Scotland	Signature/Date: Director or Deputy Director Planning and Quality Health and Social Care Scottish Government	Overview of updates
1.0	February 2019	Signed by Robbie Pearson 27/02/2019	Signed by Jason Leitch 05/03/2019	
2.0	October 2022	Signed by Robbie Pearson 05/10/2022	Signed by Linda Pollock 11/10/2022	In line with agreed schedule for updates
2.1	March 2024	Signed by Robbie Pearson 03/04/2024	Signed by Lynne Nicol 03/04/2024	To reflect enactment of Health and Care (Staffing) (Scotland) Act 2019 from 1 April 2024
3.0	April 2026	Signed by Robbie Pearson	Signed by Lynne Nicol	In line with agreed schedule for updates

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Introduction

1. This Operating Framework sets out how Healthcare Improvement Scotland (HIS) and the Scottish Government (SG) work together. It defines the key roles and responsibilities which underpins and describes the detail of the relationship between HIS and SG. HIS retains operational independence and its Executive Directors are accountable to the HIS Board through the Chief Executive.
2. This framework is aligned to the Model Framework for NHS boards and adapted to reflect the specific status and circumstances under which HIS operates.
3. Both organisations will always seek to collaborate and co-operate in the public interest in the delivery of our work while recognising our respective statutory roles, responsibilities, and operational independence.
4. This Operating Framework is the primary accountability and governance document between SG and HIS and should be reviewed and updated as necessary, and at least every three years. Any proposals to amend the document either by SG or HIS will be taken forward together and with due engagement, taking account of latest priorities and policy aims.
5. The Operating Framework will support:
 - a. an effective, strategic working arrangement between HIS and SG based on a shared understanding of respective roles and responsibilities
 - b. risk management arrangements that allow both organisations to effectively identify and alert each other to issues and risks and potential areas of tension
 - c. a clear two-way communication channel between the organisations
 - d. a robust system for agreeing HIS' priorities, which includes a cohesive view of the priorities and resources for the future, through a formal commissioning process
 - e. early constructive dialogue and input to the formulation of SG policy and initiatives utilising HIS' evidence and intelligence
 - f. further strengthening of our relationship based on openness, honesty, learning support, and constructive challenge

Healthcare Improvement Scotland legislative context

6. HIS was established in 2011 as a Health Body, constituted by the National Health Service (Scotland) Act 1978, as amended by Public Service Reform Scotland Act 2010 and the Public Bodies (Joint Working) Act 2014. HIS may be grouped with other national NHS boards in terms of SG initiatives such as shared services. Relevant legislation is outlined in Annex 3.
7. HIS' key statutory duties are as follows:

- a. a general duty of furthering improvement in the quality of health care
 - b. a duty to provide information to the public about the availability and quality of services provided under the health service
 - c. when requested by Scottish Ministers, a duty to provide to Scottish Ministers advice about any matter relevant to the health service functions of HIS
8. Specifically, HIS is to exercise the following functions of Scottish Ministers:
- a. to support, ensure, and monitor the quality of healthcare provided or secured by the health service
 - b. to support, ensure, and monitor the discharge of the duty on NHS boards to encourage public involvement (through the Scottish Health Council as described in Annex 3 Key Legislation)
 - c. to evaluate and provide advice to the health service on the clinical and cost effectiveness of new and existing health technologies including drugs
 - d. to monitor the discharge of the duties on NHS boards¹ in relation to healthcare staffing and planning and undertake additional functions in relation to staffing tools and the common staffing method
9. HIS has the following statutory powers:
- a. powers of access and right of entry (for the purposes of inspection) in relation to independent healthcare services
 - b. power to direct a Health Board to close a ward to new admissions where there is a serious risk to the life, health, or wellbeing of persons
 - c. power to require documents in relation to the functions of the Death Certification Review Service
 - d. regulatory powers in relation to the independent healthcare sector
 - e. power to require information in pursuance of its functions in relation to healthcare staffing and planning
 - f. powers to assist the Care Inspectorate² in inspections and to charge a reasonable fee to do so
10. HIS supports the delivery of SG strategies and plans for health and social care, including but not limited to the: [Health and Social Care Service Renewal Framework](#), [NHS Scotland Operational Improvement Plan](#), [Scotland's Population Health Framework](#), as well as ongoing developments of the [National Performance Framework](#) and [Public Service Reform](#). This is to be reflected in HIS' latest strategic and operational plans and through its core purpose, which is 'to drive the highest quality of health and care for all.'

¹ 'NHS boards' in this context refers to every Health Board, relevant Special Health Board and the Common Services Agency (NHS National Services Scotland)

² Social Care and Social Work Improvement Scotland (SCSWIS) is also known as the Care Inspectorate.

Healthcare Improvement Scotland operating principles and approach

11. The diagram below sets out HIS' operational approach to delivering the expectations of SG.



Figure 1: Healthcare Improvement Scotland's operational approach

12. This co-location of functions means that HIS can bring a range of activities in a co-ordinated and balanced way, to enable better quality in health and care.

13. In undertaking its regulatory and scrutiny functions, HIS operates independently of SG, Health Boards, and Integration Authorities. This is set out in legislation. In relation to other functions, HIS will work in partnership and collaboration with SG and other stakeholders. Here, a close, mutually supportive working relationship is essential to enable and deliver improvement.

14. This approach builds on the legislative context and expectations of Scottish Ministers while retaining HIS' operational independence and respecting the complementary roles and responsibilities of Ministers, the Sponsor Function and the HIS Board Chair and Chief Executive. This includes but is not limited to the following principles:

- a. HIS will review, inspect and monitor the quality³ of health and care services both in the NHS Scotland and the independent sector, based on intelligence and evidence and at a

³ As set out in HIS' [strategy 2023-28](#) the term 'quality' encompasses a range of dimensions including safety, effectiveness and equity of outcomes.

time and manner of its choosing; this applies to both one-off reviews and mutually planned programmes of assurance.

- b. HIS must have access to all relevant information held nationally and locally about the quality of health care and services and including in relation to healthcare staffing and planning, for the purposes of assurance, learning, enquiry and improvement.
- c. There may be occasions when HIS is directed to undertake assurance activity on behalf of Scottish Ministers via the Sponsor Function and/or relevant policy lead. When undertaking such a request, HIS will explore the issues involved and provide advice on the most appropriate approach to most effectively enable improvement.
- d. All inspections, monitoring, and assurance will be undertaken independently of SG and the findings/recommendations publicly presented. HIS will keep SG apprised of the operational progress of such scrutiny activity and may escalate concerns to Scottish Ministers via the SG Sponsor Function. Reports on the findings of the activity will be shared in advance for information.
- e. HIS operates independently to deliver statutory duties in relation to providing national evidence-based advice through a number of independent committees/groups which have the freedom to make independent, evidence-based decisions.
- f. HIS will respond to concerns about the safety and/or quality of patient care including those raised by NHS Scotland staff (via the formal whistleblowing policy or other routes) or referred by another organisation. Where a concern is not within its remit HIS will refer it to another organisation as appropriate.
- g. HIS may publicly escalate serious concerns about a service to SG in accordance with the agreed Annexes 5, 6 and 7 regarding specific escalation protocols in relation to inspections.
- h. HIS operates independently to deliver statutory duties in relation to NHS board engagement on major service change, undertaking and publishing independent assessments.
- i. HIS has the ability to share concerns regarding SG engagement on [nationally determined service changes](#) with SG and the option to escalate to Scottish Ministers where engagement falls short of the nationally agreed framework and where local engagement does not meet [Planning with People](#) guidance.
- j. HIS may also disseminate information as it deems appropriate and provide advice to Scottish Ministers via the SG Sponsor Function at any time.
- k. HIS may respond to requests by [Scottish Parliament Committees](#) for evidence on the quality of healthcare in any service, and will keep the Sponsor Function informed. HIS will carry out its activities transparently, including wherever possible publishing the sources of intelligence that are used to inform its work.

15. The regulation of independent healthcare (IHC) in Scotland is a distinct statutory function of HIS and is conducted independently of SG. As we engage with private organisations there is a formal framework set out in the National Health Service (Scotland) Act 1978 and associated

regulations. This framework imposes duties on both HIS and the providers of IHC services in relation to registration, inspection and complaints as well as mechanisms for the enforcement of improvement. This is distinct and separate function from the wider and more general role HIS has in relation to the quality assurance of services provided by NHS Scotland. There may, however, be circumstances where there is a risk to the public and HIS will make SG aware through the Sponsor Function.

Governance and accountability

16. Scottish Ministers are accountable to Parliament for overall health and social care and will take the lead in demonstrating this responsibility. SG are accountable to Scottish Ministers. HIS will support SG by, amongst other things, providing information to Ministers to enable them to account to Parliament.
17. HIS Chief Executive is accountable to HIS Board Chair and the Board Chair is accountable to Scottish Ministers.
18. The recruitment process for Ministerial Public Appointments is regulated by the Ethical Standards Commissioner. SG follow the Commissioner's Code of Practice which means that, as far as possible, the recruitment process is fair, transparent and based on merit.
19. The Chairperson of HIS Board is appointed by and accountable to Scottish Ministers. HIS Board are appointed by Scottish Ministers and accountable to the Chairperson and, when required, Scottish Ministers.
20. The Chief Executive of HIS is appointed and employed by HIS Board with the approval of Scottish Ministers. The Chief Executive receives accountable officer status from the Permanent Secretary of SG.
21. The Chief Executive of HIS is a member of the NHS Scotland Chief Executives' Group and reports to the Director-General Health and Social Care.
22. HIS is accountable to Scottish Ministers via the Sponsor Function for the delivery of its strategic objectives. The day-to-day link between HIS and Scottish Ministers is provided by the Sponsorship Function in SG alongside relevant SG policy leads. While a number of other SG Directorates, Divisions, Unit, Teams, and Functions have direct relationships with HIS in relation to specific programmes of work, projects, and policy areas, the Sponsor Function has overall responsibility for ensuring that HIS is adequately briefed about SG policies and priorities and monitors HIS' activities on behalf of Ministers.

23. In addition, HIS has its own responsibilities to account to the public and to the Scottish Parliament. They will keep SG informed on its handling of these responsibilities. This may be demonstrated through correspondence with Members of the Scottish Parliament, appearances before Scottish Parliamentary Committees, publication of information on HIS' website, responses to letters from the public, participation in public inquiries, and responses to requests under the Freedom of Information Act. We also have responsibilities relating to the Duty of Cooperation and undertaking work jointly with other organisations, however each organisation will work under their existing lines of accountability.
24. SG recognises the need for HIS to maintain an open and positive working relationship with a range of partners in the context of health and social care integration. There will be a need to demonstrate sensitivity in managing these relationships in the context of the very different accountability and governance arrangements for these other partners such as local government and the third sector.
25. HIS may independently establish Memoranda of Understanding and operating agreements with a number of external organisations and keep SG advised should there be any implications for HIS' accountabilities.

Sponsorship management

26. The Chief Operating Officer, Head of Health Sponsorship and Deputy Director for Quality and Improvement have responsibility for overseeing and ensuring effective relationships between SG and HIS, which support alignment of the business of HIS to SG's Purpose and National Outcomes and high performance by HIS. They will work closely with the HIS Chief Executive and be answerable to the Portfolio Accountable Officer, who is the Director-General, Health and Social Care, for maintaining and developing positive relationships with HIS characterised by openness, trust, respect and mutual support. They will be supported by a Sponsor Function in the Directorate for the Chief Operating Officer in discharging these functions.
27. To achieve sufficient separation and transparency of approach to sponsorship, the Head of Health Sponsorship has lead responsibility for SG sponsorship of HIS, with the exception of matters relating to scrutiny and assurance. The Deputy Director for Quality and Improvement has lead responsibility for scrutiny and assurance. All HIS, SG sponsorship and policy counterparts will operate in the spirit of openness, trust, respect and mutual support to fulfil their responsibilities.
28. The Sponsor Function is the key point of contact for HIS in dealing with SG and is the primary source of advice to Scottish Ministers on the discharge of their responsibilities in respect of HIS and undertakes responsibilities on behalf of the Portfolio Accountable Officer. These include but are not limited to:

- a. discharging sponsorship responsibilities in line with this document and ensuring that sponsorship is suitably flexible, proportionate, and responsive to the needs of the Scottish Ministers and other corporate requirements
- b. ensuring that appointments to the HIS Board are made timeously and where appropriate, in accordance with the code of practice for Ministerial Appointments in Scotland
- c. proportionate monitoring of HIS' activities through an adequate and timely flow of appropriate information, agreed with HIS on performance, budgeting, control, and risk management
- d. respond in a timely manner to any significant problems arising, alerting the appropriate HIS point of contact and the responsible Minister(s) where considered appropriate
- e. ensuring that the objectives of HIS and the risks to them are properly and appropriately taken into account within SG's risk assessment and management processes
- f. informing HIS of relevant SG policy in a timely manner

29. HIS will meet with the Sponsor Function and Sponsor Lead or their chosen Deputy at least every quarter to explore priorities, consider resource utilisation, review delivery, and consider new or existing issues, risks, and opportunities.

30. While the Sponsor Function is the main point of contact and has oversight of all HIS activities, other SG policy leads and budget holders in other business areas may have direct relationships with HIS and arrangements to meet with them in relation to specific programmes of work, projects and policy areas.

31. SG policy leads and budget holders are encouraged to liaise with the Sponsor Function and HIS early on in any legislation or policy development cycle in order that any implications for all parties can be understood and next steps mutually agreed. This allows for HIS to provide any relevant evidence that may help shape SG policy and/or enable SG to consider implications to HIS's existing role.

Planning, commissioning and delivery

32. HIS will work with SG to develop and produce strategic and operational delivery plans. HIS will report delivery against these plans to SG in line with SG Planning. Accountability for operational and performance management of HIS' work remains within HIS management and governance processes and plans will be owned by HIS and approved by the HIS Board.

33. HIS will approach planning and delivery in a way which is consistent with SG priorities and reflective of HIS' strategy and priorities. This will be underpinned by and integrated with a robust workforce and financial plan. HIS will engage with SG at appropriate points throughout the integrated planning process and plans will be submitted to SG in accordance with agreed

timescales. This integrated planning process takes place annually, however work can be identified and commissioned throughout the year.

34. HIS' planning will be supported by a commissioning process, which aims to provide a consistent, co-ordinated and transparent approach to HIS' and SG's handling of new and/or amended work. The process is underpinned by the following principles:
- a. Either party may propose that HIS undertakes new or amended programmes of work in response to changes in policy direction and/or quality issues which have been identified by HIS, SG, and/or other stakeholders.
 - b. HIS will consider early proposals for new or amended work in line with its role and remit, strategic priorities, wider work programme and active commitments, and available resource. This includes considering pausing or stopping existing work to respond to emerging system needs. If HIS is unable to take on additional work and/or does not feel it is best placed in the system to do so, HIS will endeavour to suggest other options to be explored.
 - c. Commissioning proposals should be developed jointly between HIS and SG, considering respective data, intelligence and experience, and appropriately utilising the range of HIS functions to enable and deliver improvement. This may include HIS engagement with service providers to fully understand the issues involved. This also includes considerations of opportunities to deliver work in collaboration with other organisations.
 - d. HIS and SG will work together to ensure that the SG Sponsor Function has oversight of HIS commissions and directives across all policy areas and is able to provide support and advice as needed.
 - e. Commissions should outline connections to strategic priorities, purpose/background, the work itself, including any financials as appropriate, the timeline, and expected progress reporting of the work.
 - f. Commissions need to include a mutually agreed business case and a formal commission letter where applicable before progressing to HIS' work plan and allow appropriate time for HIS governance processes to be followed. They must also reflect reasonable time to stand up (and/or close down/pause) a programme of work, especially where recruitment is required.
 - g. If work in HIS is being considered for pausing/stopping, HIS should engage with SG to consider any implications as early as possible.
 - h. Where funding is required for the delivery of commissions and mutually agreed between HIS and SG, this will be set out in a formal funding allocation letter. Funding will be allocated subject to confirmation of budgets and in line with SG Finance protocol.
 - i. Any new work should be formally agreed before being announced publicly or included in publications such as strategies and action plans.

35. HIS may also provide short-term, tailored improvement support to NHS boards and Health and Social Care Partnerships through its Responsive Support function. This approach enables rapid, collaborative intervention in response to emerging issues and is commissioned through a structured process that ensures clarity of purpose, governance, and resource planning.
36. The Annual Review (whether Ministerial or non-Ministerial) will be the focal point for public accountability of delivery in the previous financial year. HIS will plan the Annual Review in line with published guidance. The SG Sponsor Function will formally write to HIS following the Annual Review setting out the key areas covered and any agreed actions. HIS will publish this letter.

Financial management

37. The [Scottish Public Finance Manual](#) is issued by the Scottish Ministers to provide guidance to SG and other relevant bodies 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.
38. SG continues to work with HIS to establish and maintain funding to support the majority of HIS activities. HIS and SG will mutually agree savings and efficiency targets within the context of HIS delivery of SG priorities.
39. The Sponsor Function finance responsibilities (shared with Health Finance) are:
- a. ensuring HIS are aware of their financial duties and SG financial policy, and that guidance is issued timeously
 - b. ensure HIS has arrangements in place to provide high quality budget monitoring and forecast information
 - c. co-operate with any audit requirements
 - d. check appropriate systems are in place at HIS for financial and risk management

Communications

40. HIS will advise SG in advance of significant announcements by HIS or where there may be matters of public/media/political interest. Similarly, SG will keep HIS informed of any announcements that may directly impact on the areas of responsibility of HIS and where such announcements may impinge on wider strategic relationships.
41. HIS will routinely share its publications with SG in support of a good working and transparent relationship. They will ensure both organisations are aware in advance of any intentions that may impact either party.

42. HIS and the SG Sponsor Function will work together, using a range of mechanisms (e.g. Networks within SG) to raise awareness of HIS's role and activity, identify risks, gaps and areas of overlap in commissions as well as opportunities for joint and future working.
43. Both HIS and SG Communications Leads will work collaboratively to make sure that relevant opportunities and issues are shared to maximise impact.
44. Where appropriate, HIS will support Ministers' priorities by, for example, providing data and other information/briefing contributions and/or visit opportunities. Both HIS and SG will endeavour to provide sufficient time to respond to such requests.
45. In addition, press enquiries will be highlighted to each other where there could be overlap or where the issue could become contentious.
46. HIS and SG Communications will meet regularly to discuss potential opportunities and areas of common interest and review outcomes of communications activities undertaken.

Annex 1: Wider operational areas

Scottish Government directorates

While the Sponsor Function is the main point of contact and has oversight of all HIS activities, other SG policy leads, and budget holders may have direct relationships with HIS in relation to specific programmes of work, projects and policy areas. These may include the following Director-General areas:

- Chief Executive NHSScotland and Health and Social Care, including the following Directorates:
 - Chief Medical Officer
 - Chief Nursing Officer
 - Health Workforce
 - Mental Health
 - Chief Operating Officer, NHS Scotland
 - Population Health
 - Primary Care
 - Social Care and National Care Service Development
 - Children and Families
- Communities
- Economy
- Education and Justice
- Net Zero
- Scottish Exchequer
- Strategy and External Affairs

Healthcare Improvement Scotland directorates

HIS is structured into the following directorates:

- Office of the Chief Executive
- Community Engagement and Transformational Change
- Evidence and Digital
- Medical and Safety
- Nursing and Integrated Care
- Quality Assurance and Regulation

While the Planning and Governance Team in HIS is the main point of contact and has oversight of all HIS activities, other SG policy leads, and budget holders may have direct relationships with HIS in relation to specific programmes of work, projects and policy areas.

While respecting direct relationships on specific areas of delivery, both the HIS Planning and Governance team and SG sponsors will endeavour to oversee relationships and ensure a consistent, co-ordinated approach.

Annex 2: Sponsorship mechanisms

Table 2: Sponsorship mechanisms between SG and HIS

Mechanism	Purpose	Frequency
Annual Review	To hold HIS publicly to account for performance	Annual, with further reviews in-year via strategic meetings
Quarterly Strategic Meetings (QSMs)	Meeting to discuss progress against the HIS strategy and any key issues. Includes senior HIS colleagues and Sponsor Function, dependent on agenda topics. HIS Chair and Chief Executive may choose to attend.	Quarterly
Sponsor Meetings	Meetings between the SG Sponsor Function and HIS to discuss progress in relation to latest known actions, commissions and resulting allocations and to highlight and known concerns and opportunities	Fortnightly/as required
Finance Meetings	The HIS Chief Finance and Risk Officer attends the monthly Directors of Finance meeting and further meetings are held with Health Finance as required to discuss the HIS financial position and arising finance issues	Monthly Director of Finance Meetings Quarterly Meetings with Health Finance as required

Annex 3: Key legislation

Relating to the duties, functions and powers of HIS

The following confer direct duties, functions, and/or powers to HIS. HIS will also have requirements under legislation that covers public bodies and NHS boards. This list will be updated as appropriate following enactment of any relevant legislation.

Constitution of HIS

- [National Health Service \(Scotland\) Act 1978](#), as amended by the [Public Services Reform \(Scotland\) Act 2010](#) and the [Public Bodies \(Joint Working\) \(Scotland\) Act 2014](#)

Death Certification Review Service

- [Certification of Death \(Scotland\) Act 2011](#)

Healthcare Staffing Programme

- [Health and Care \(Staffing\) \(Scotland\) Act 2019](#) and accompanying regulations

Inspections

- [Care Reform \(Scotland\) Act 2025](#)
- [The Healthcare Improvement Scotland \(Inspections\) Regulations 2011](#) and associated statutory instruments
- [Protection of Vulnerable Groups \(Scotland\) Act 2007](#)
- [Adult Support and Protection \(Scotland\) Act 2007](#)
- [The Forensic Medical Services \(Modification of Functions of Healthcare Improvement Scotland and Supplementary Provision\) Regulations 2022](#)
- [The Healthcare Improvement Scotland \(Delegation of Functions\) Order 2016](#)
- [SSI 2016 No.86 The Healthcare Improvement Scotland \(Delegation of Functions\) Order 2016](#)

Regulation of independent healthcare

- [The Healthcare Improvement Scotland \(Requirements as to Independent Health Care Services\) Regulations 2011](#) and associated statutory instruments
- [The National Health Service \(Scotland\) Act 1978 \(Independent Clinic\) Amendment Order 2016](#)

Management of Controlled Drugs

- [The Controlled Drugs \(Supervision of Management and Use\) Regulations 2013](#) (legislation.gov.uk)

Responding to Concerns and learning from adverse events

- [Health \(Tobacco, Nicotine etc. and Care\) \(Scotland\) Act 2016](#)
- [The Public Interest Disclosure \(Prescribed Persons\) Order 2014](#)

Annex 4: HIS operating arrangements

HIS Board

The HIS Board is appointed by Scottish Ministers as determined by the Public Services Reform (Scotland) Act 2010 Schedule 1611. The Board of HIS has corporate responsibility for ensuring that HIS fulfils the aims and objectives set by Scottish Ministers.

Governance of HIS

HIS has a [Code of Corporate Governance](#) in place, which is based on the general principles of the UK Corporate Governance Code and the International Framework: Good Governance in the Public Sector (the Framework). The Code is approved by HIS' Audit and Risk Committee and is ratified by the HIS Board. The Code sets out the responsibilities of the HIS Board and governance committees and includes standing financial instructions and arrangements in relation to remuneration, reporting and risk management.

HIS has adopted the NHSScotland 'Blueprint for Good Governance' (second edition), published by SG in 2022.

Transparency

HIS is an open organisation that will carry out its activities transparently.

HIS is required to publish an annual report setting out how it has discharged its statutory duties during the year, together with its audited accounts, after the end of each financial year.

The Auditor General for Scotland (AGS) audits, or appoints auditors to audit, HIS' annual accounts and passes them to the Scottish Ministers who shall lay them before the Scottish Parliament, together with the auditor's report and any report prepared by the AGS.

HIS holds Board meetings in public and has in place an Employee Code of Conduct, which includes rules on conflicts of interest, gifts and hospitality, openness and confidentiality and whistleblowing.

Complaints and Whistleblowing

HIS has its own complaints handling process which is in line with the Model Complaints Handling Procedure for NHSScotland. HIS comes under the scope of the Scottish Public Services Ombudsman's power to investigate complaints.

HIS has implemented a whistleblowing policy as set out by the Independent National Whistleblowing Officer.

Annex 5: HIS escalation: introduction

The purpose of this escalation framework is to ensure that HIS has a clear, consistent, and transparent process for escalation of issues to SG, and where required, direct to Scottish Ministers. Full details are provided in Annex 7 and are summarised below.

Table 3: Escalation framework between HIS and SG

Level	Trigger	HIS Action	SG Action
Level one	A serious concern has been identified by HIS that requires escalation to the chief executive of the NHS board and notification to SG.	Letter of escalation to the chief executive of the NHS board (NHS board Chair in copy), setting out required actions, deadline and subsequent stage in process. Letter copied to SG Sponsor Function.	For noting by Sponsor Function. Policy Lead/Budget Holder notified for information.
Level two	Deadline for action not met/no or insufficient engagement/response to address the concern.	Formally escalate in writing to SG Sponsor Function.	SG Sponsor Function now formally involved and will determine response, notifying DG Health. Policy Lead/Budget Holder notified for information.
Level three	No/limited evidence that actions have been taken/progress made after escalation to level 2. This is likely to be used only in exceptional circumstances.	HIS Chair (with Board approval) escalates directly to the Cabinet Secretary for Health and Sport. Director-General and Sponsor team made aware.	SG continues to hold to account and will keep HIS informed of any actions the Cabinet Secretary intends to take.

At every level, SG will take the following action:

- Acknowledge escalation (i.e. written response/verbally at formal quarterly meeting)
- Inform of any actions to be taken
- Further updates on progress/activity as appropriate

Escalation of concerns to SG and/or Scottish Ministers will be taken into consideration as part of SG wider consideration of Board performance undertaken by the Chief Operating Officer and National Planning & Performance Oversight Group (NPPOG).

While the Head of Health Sponsorship has lead responsibility for SG sponsorship of HIS, the Deputy Director for Quality and Improvement has lead responsibility for matters relating to scrutiny and assurance, to achieve sufficient separation and transparency of approach.

Explanation of process

Where HIS has identified an issue of concern, these are raised directly with the service provider in the first instance with a clear expectation through written agreement that these concerns will be addressed.

If concerns are not sufficiently addressed, HIS may choose to escalate these to SG. Situations may include, but are not limited to, the following:

- a lack of progress/response has been made by the service provider in response to the usual HIS processes aimed at ensuring improvement
- HIS becomes aware of serious safety concerns through its activity, which require immediate action by the service provider
- there is a failure by the service provider to fully engage or co-operate with HIS activity, which in some cases may be construed as wilful obstruction
- HIS has judged that there may be a need for SG awareness or intervention

The level of escalation—whether level two or three—will be a matter of judgement by HIS.

Furthermore, the following existing processes may result in escalation to SG:

- Quality Assurance and Regulation Directorate Serious Concerns Standard Operating Procedure
- Healthcare Staffing non-compliance (per the [Healthcare Improvement Scotland Healthcare Staffing: Operating Framework](#))
- the HIS service change engagement process identifies [engagement requirements](#) not being met

Where an escalation has taken place, it is possible that there may be subsequent escalations involving the same provider, including where different concerns emerge during a period in which a previous escalation has not yet concluded. In this situation, recurring themes may be identified which result in a higher level of escalation.

It is possible that there may be multiple escalations (of different concerns) regarding a single provider at any one time. If an escalation remains 'open' this does not preclude further, separate concerns being escalated, and recurring themes may result in a higher level of escalation.

This process does not preclude the use of the existing process within the Quality Assurance Directorate for issues identified during hospital inspections. Should HIS use its statutory powers to close a ward to further admissions, then the escalation process would immediately trigger.

It is important to note that where work is undertaken jointly with another organisation (for example joint inspections) or concerns identified as part of a wider intelligence network, responsibility for escalation remains with the accountable organisation.

Independent Healthcare regulation

Independent healthcare has established processes, under legislated duties as a regulator, including enforcement powers of registered services, for serving improvement notices and cancellations. However, there may be circumstances where there is a risk to the public, and HIS will make SG aware through the Sponsor Function.

Annex 7: HIS escalation: detailed process

Table 4: Escalation framework between HIS and SG: Detailed process

Level	Situation	HIS Action	HIS Governance	SG Action
Level one	A serious concern has been identified by HIS that requires escalation to the chief executive of the NHS board and notification to SG.	<ul style="list-style-type: none"> Letter of escalation to the Chief Executive of the NHS board, setting out required actions, deadline and subsequent stage in process if no improvement has been made or if there has been insufficient engagement to address the concern. Letter copied to Chair of the NHS board and to the SG Sponsor Function. HIS has the option to publish the letter and/or report on the escalation on the HIS website and will publicly report progress made in response. 	<p>Approved by HIS CEO.</p> <p>Notified for information:</p> <ul style="list-style-type: none"> HIS Executive Team (ET) HIS Chair HIS Board via HIS Chair 	<ul style="list-style-type: none"> For noting by Sponsor Function. Policy Lead/Budget Holder notified for information. SG may use this information to support routine monitoring of NHS Boards' performance and to inform its own escalation framework. The information will feed into a rounded assessment by the SG of where a service provider (e.g. Health Board) sits within SG's own escalation framework. SG NPPOG may be informed for information only at this stage.
Level two	Lack of engagement by the service provider and/or deadline for action not met and/or insufficient response to the concern raised.	<ul style="list-style-type: none"> A formal external escalation letter is issued to the SG Sponsor Function. This will be copied to the Chief Executive and Chair of the NHS board. 	<p>Approved by HIS CEO and Chair with support from the HIS ET.</p> <p>The HIS Board will be notified via the HIS Chair.</p>	<ul style="list-style-type: none"> SG Sponsor Function now formally involved and will determine response, notifying DG Health. Policy Lead / Budget Holder notified for information. SG will share this information internally in line with the processes set out in its own escalation framework and in

Level	Situation	HIS Action	HIS Governance	SG Action
		<ul style="list-style-type: none"> • This would be signed off by the HIS CEO and Chair and include a full account of action taken to date. • If required, the HIS website will be updated to reflect this further escalation. 		<p>support of the Health and Social Care Management Board’s role. In many cases, this will be an opportunity to identify, in conjunction with the Board, what improvement support is required.</p> <ul style="list-style-type: none"> • SG Sponsor Function may escalate to NPPOG for consideration and agreement of required action in line with SG escalation processes. • SG will keep HIS informed of any actions it intends to take.
Level three	No/limited evidence that actions have been taken to engage or address the initial concerns raised after escalation to level 2, or continued concerns regarding the risk to patient care. This is likely to be used only in exceptional circumstances.	<ul style="list-style-type: none"> • HIS Chair (with Board approval) escalates directly to the Cabinet Secretary for Health and Sport. • Sponsor team and Director-General (via sponsor team) made aware. • HIS will provide the SG Sponsor Function with notice of the intention to escalate along with an account of all action taken by HIS towards resolving the situation. • Board Chair and CEO of provider notified. • If required, the HIS website will be updated to reflect this further escalation. 	Escalation discussed by ET and approved by the HIS CEO, Chair and Board.	<ul style="list-style-type: none"> • Sponsor Function will work with Cabinet Secretary to determine appropriate action. • SG Sponsor Function will also escalate to NPPOG for consideration and agreement of required action in line with SG escalation processes. • SG continues to hold to account and will keep HIS informed of any actions the Cabinet Secretary intends to take.

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Children's Rights Report

Meeting: Board Meeting - Public

Meeting date: 25 March 2026

Agenda item: 2.3.1

Responsible Executive: Safia Qureshi, Director of Evidence

Report Author: Maureen Scott, Public Protection/ Child Health Services Lead

Purpose of paper: Decision

1. Purpose

The purpose of this paper is to seek the Board's approval for the publication of Healthcare Improvement Scotland's first Children's Rights Report 2024-2026, along with the required child-friendly version, in line with the statutory duties under the United Nations Convention on the Rights of the Child (UNCRC) (Incorporation) (Scotland) Act 2024.

As a listed authority, HIS must report every three years on:

- Actions taken to comply with the compatibility duty (part 2)
- Actions planned to secure better or further effect of children's rights (Part 3)
- Engagement with children and young people
- Publication of a child-friendly version of the report

Approval of the report will enable HIS to fulfil its legislative obligations, provide transparency on the organisation's progress in embedding children's rights, and demonstrate continued commitment to a rights-based approach across all areas of work.

2. Executive Summary

The Healthcare Improvement Scotland (HIS) Children's Rights Report sets out the organisation's progress in embedding, protecting and promoting the rights of all children and young people up to the age of 18 in Scotland, in line with the UNCRC (Incorporation) (Scotland) Act 2024. As a listed authority under the Act, HIS must ensure that all functions are compatible with UNCRC requirements (Part 2) and must report every three years on actions taken and planned to further the realisation of children's rights (Part 3).

This reporting period (July 2024 - March 2026) marks the first cycle since the UNCRC was incorporated into Scots law. The report demonstrates how HIS has strengthened its approach to children's rights through its leadership, governance, policymaking, scrutiny activities, standards development, safety programmes, workforce learning, and engagement with children, young people and communities.

Key achievements highlighted in the report include:

- Strengthened leadership and governance: The Executive Team has implemented an organisational approach to meeting UNCRC duties, supported by the Children and Young People Working Group, which meets quarterly to provide operational oversight and promote rights-based practice.
- Increased staff capability: Organisation-wide UNCRC training and learning activity has raised awareness of duties under the Act and improved understanding of how HIS work can affect children and young people.
- Rights-based improvement and assurance work: HIS has embedded children's rights within national programmes such as the Scottish Patient Safety Programme, scrutiny and regulation, and the development of national health and care standards.
- Enhanced safeguarding practice: Updated child and adult protection measures, mandatory training, and trauma-informed approaches support staff to recognise, report and respond appropriately to risk.
- Children's participation and voice: HIS is developing its child-friendly complaints process and expanding opportunities for children and young people to influence decision-making, aligned with Article 12 of the UNCRC.
- Improved impact assessment: Use of the Children's Rights and Wellbeing Impact Assessment (CRWIA) ensures that policies and projects are assessed for their impact on children's rights in line with Part 2 statutory guidance.
- Commitment to inclusive reporting: The Act requires that organisations publish both a full report and a child-friendly version; HIS will meet this requirement and submit the report to Scottish Ministers as soon as practicable following publication.

The report also outlines future priorities for 2026-2029, including strengthening participation, improving internal governance processes, increasing visibility of children's rights across all service areas, and enhancing monitoring and reporting mechanisms.

Overall, the report demonstrates that HIS is meeting its statutory duties, acting compatibly with the UNCRC, and taking proactive steps to embed a rights-based approach across all areas of its work.

3. Recommendation

The Board is invited to:

1. Approve the publication of the Healthcare Improvement Scotland Children's Rights Report, for the 2024-2026 reporting period in line with the statutory requirements under Section 18 of the UNCRC (Incorporation) (Scotland) Act 2024, which requires listed authorities to report on actions taken and planned to ensure compliance with UNCRC duties.
2. Approve content of the proposed publication of the child-friendly version of the report, as required by the Act, ensuring accessible communication for children and young people. (The children's version is complete apart from inclusion of some child-friendly images which will be added before publication).
3. Endorse the proposed priorities for 2026-2029, ensuring that HIS continues to strengthen its rights-based approach, embeds UNCRC considerations into governance

and decision-making, and enhances opportunities for participation from children and young people.

4. Agree submission of the report to Scottish Ministers, in accordance with statutory guidance.

It is recommended that the Board 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 - Children's Rights Report 2024-2026

Appendix 2 -Child-Friendly Children's Rights Report 2024-2026 (provided in the additional reading folder)



Appendix 1

Healthcare Improvement Scotland Children's Rights Report

2024-2026

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Executive summary

This report sets out how Healthcare Improvement Scotland (HIS) has fulfilled its statutory duties under the UNCRC (Incorporation) (Scotland) Act 2024 during the reporting period July 2024 – March 2026. As a listed authority, HIS must:

- Ensure compatibility of all its functions with UNCRC requirements (Part 2)
- Report publicly every three years on actions taken and planned to secure better or further effect on children’s rights (Part 3)

This represents HIS’s first reporting cycle since the UNCRC was incorporated into Scots law. The organisation has taken substantial steps to strengthen governance, develop staff capability, integrate children’s rights within operational and strategic work, and embed rights-based practice across national programmes, improvement work, scrutiny, standards development, and community engagement. Key achievements include:

- Establishing strengthened leadership and governance frameworks, including an organisational compatibility plan and a refreshed Children and Young People Working Group (CYPG)
- Delivering organisation-wide UNCRC learning, including the “Listen and Learn” session accessible to all staff
- Embedding children’s rights considerations within the Scottish Patient Safety Programme, national standards development, and scrutiny and assurance activity
- Strengthening safeguarding and protection practices, including mandatory training, trauma-informed approaches, and alignment with national guidance

- Further development of a child-friendly complaints process, increasing access to justice and ensuring children can exercise their rights to be heard and to seek remedy
- Expanding opportunities for participation, including engagement with young people aged 16–24 through national panels and lived-experience inquiries
- Consistent use of Children’s Rights and Wellbeing Impact Assessment (CRWIAs) to assess impacts on children’s rights across policies, programmes, and improvement activity

HIS’s publication of report and a child-friendly version, as required by the Act. Approval of this report by the Quality Performance Committee (QPC) and onward submission to Scottish Ministers ensures HIS meets statutory obligations and demonstrates a continued commitment to a rights-based approach across all functions.

Safia Qureshi
Director Digital & Evidence and Executive Lead for the Children and Young People Portfolio

1. Introduction

Healthcare Improvement Scotland (HIS) is the national improvement and scrutiny organisation within NHS Scotland. The role of HIS is to enable the people of Scotland to experience the best quality of health and social care. Our work supports health and social care services to improve. This includes providing quality assurance of NHS services, providing evidence and sharing knowledge with services and enabling people to make informed choices about their care and treatment. HIS does not deliver direct care

Under the UNCRC (Incorporation) (Scotland) Act 2024, HIS is legally required to report every three years on:

- The actions it has taken to comply with the compatibility duty
- The actions it intends to take to secure better or further effect children’s rights
- Meaningful engagement with children and young people
- The publication of both full and child-friendly reports

This report covers the period July 2024 – March 2026 and offers a comprehensive account of HIS’s progress to date. The report also details our future priorities for 2026-2029.

2. Legislative and policy context

The UNCRC establishes a comprehensive set of civil, political, cultural, social, and economic rights for all children and young people under eighteen. Scottish Ministers have committed to the maximum possible incorporation of the UNCRC within devolved competence, placing duties on public authorities to act compatibly with children's rights.

Key features of the Act include:

- Part 2: Compatibility Duty – HIS must does not act incompatibly with UNCRC requirements.
- Part 3: Reporting Duty – HIS must report on actions taken/planned and publish a child-friendly version.

The Act emphasises the need for public authorities to adopt a proactive, preventive, and evidence-informed approach to the realisation of rights. HIS's work directly contributes to provision, protection, and participation rights outlined in the Convention

3. Ensuring compatibility with children's rights

3.1 Leadership and governance

In August 2024, HIS's Executive Team approved and implemented a comprehensive organisational plan outlining responsibilities, legal obligations, leadership roles, and operational impacts arising from the UNCRC Act. This plan ensures that decision-making, policy development, and organisational oversight explicitly consider children's rights.

Key actions included:

- Clarifying governance lines for UNCRC compliance
- Embedding rights considerations in corporate decision-making
- Ensuring risks associated with potential incompatibility are identified and mitigated

3.2 Children and young people working group

The Children and young people working group provides operational oversight and is responsible for ensuring that children's rights remain visible across all HIS functions. The group:

- includes cross-organisational representation
- meets quarterly
- leads awareness, capability building, and implementation support
- reviewed and updated its governance arrangements following incorporation of the Act in July 2024

3.3 Workforce capability and learning

HIS undertook extensive organisation-wide learning activity, including:

- A “UNCRC Listen and Learn” session delivered to all staff in March 2025, raising awareness and supporting reflection on how HIS activities affect children and families
- Integration of UNCRC materials into corporate learning channels
- Access to national learning resources and conferences, including the Scottish National UNCRC Conference (Nov 2025)

3.4 Decision-making and impact assessment

The Children’s Rights and Wellbeing Impact Assessment (CRWIA) tool is used across HIS to ensure that major programmes and policies are assessed for their impact on children’s rights. Staff are encouraged to consider:

- Whether the work affects children
- Which rights may be engaged
- Whether children and young people should be consulted directly
- Steps required to mitigate negative impacts or maximise positive impacts

4. Reporting on children’s rights (Part 3 duty) 2024-2026

Under the Act, HIS must publish both a full and a child-friendly version of its Children’s Rights Report and must submit the full report to Scottish Ministers. HIS will meet this requirement by:

- maintaining a structured three-year reporting cycle
- ensuring that reporting reflects the themes of Provision, Protection and Participation, as required under statutory guidance
- publishing accessible materials to support transparency and public understanding
- documenting progress and identifying forward priorities to support continuous improvement

The publication of these reports contributes to organisational accountability and demonstrates to Ministers, partners and the public that HIS continues to act compatibly with UNCRC requirements.

To communicate progress clearly, Healthcare Improvement Scotland structures its reporting around the UNCRC themes of Provision, Protection, and Participation. Over the past two years, HIS’s focus on these three themes can be evidenced through the following:

4.1 Provision – Supporting children to grow, stay safe and thrive

Scottish Patient Safety Programme

The Scottish Patient Safety Programme (SPSP) supports NHS boards and partners to improve the safety and reliability of care for children and young people. This contributes to key rights, including the right to life, health, development, and protection from harm (Articles 2, 4, 6, 12, 19, 24). HIS' role includes:

- developing national improvement programmes
- supporting boards to embed safer care practices
- learning from adverse events and sharing national insights

Development of national standards

HIS develops and publishes national standards to provide consistent expectations for safe, effective, person-centred services. These standards support equitable, right-based care for children and young people. Examples include:

- [Bairns' Hoose Standards](#)
- [Gender Identity Standards](#)
- [Sexual Health Standards](#)
- [Eating Disorders Care and Treatment Standards](#)

Standards are co-produced with children, young people, families, and partners, ensuring rights—including Article 12 (voice)—are upheld.

4.2 Protection – Keeping children safe from harm

4.2.1 Scrutiny and regulation

HIS undertakes scrutiny and inspection across healthcare settings, including:

- acute hospitals
- mental health services
- maternity services
- healthcare in justice settings
- services supporting children on Compulsory Supervision Orders at Home

These processes promote rights to safety, protection from violence, and high-quality care.

4.2.2 Safeguarding and trauma-informed practice

HIS maintains clear responsibilities for child and adult protection. All staff must:

- complete regular child and adult protection training
- recognise and report concerns

- apply trauma-informed approaches
- understand risks including exploitation, coercion, and harmful behaviours

This reflects Articles 3, 19, 34-36 and 39.

4.2.3 National Hub for reviewing and learning from child deaths

The National Hub—delivered jointly by HIS and the Care Inspectorate—reviews the deaths of children and young people to ensure lessons are learned and future harm is prevented. The hub contributes to systemic safety, equity, and trauma-informed learning across Scotland.

4.3 Participation – Ensuring children can share their views

4.3.1 Children’s right to complain

HIS is developing a new child-friendly complaints process, aligned with Scottish Public Services Ombudsman (SPSO) guidance. This will enable children to submit complaints independently or with support, strengthening access to remedy (Article 12, 13, 17).

4.3.2 Staff learning on participation

Staff have access to participation tools, UNCRC learning content, and engagement events that support rights-based approaches to involving children and young people in decision-making.

4.3.3 Community and lived-experience engagement

HIS works directly with people and communities to gather views on services. Participation by young people includes:

- membership of the Citizens’ Panel, where 16–24-year-olds contribute to twice-yearly national health and care surveys
- involvement in lived-experience projects, e.g., representation in the chronic pain insights project.

5. Forward priorities (2026-2029)

HIS has identified several priority areas for the next reporting cycle, including:

5.1 Strengthening rights-based governance

- Enhancing visibility of children’s rights in corporate governance and policy development
- Embedding UNCRC considerations in executive and Board decision-making processes

5.2 Expanding participation and co-design

- More opportunities for children and young people to influence programmes

- Investment in participation methodologies suitable for a wide age range
- Ensuring children are partners—not just consultees—in shaping services

5.3 Improving monitoring, measurement and reporting

- Refining outcome measures for children’s rights realisation
- Strengthening data collection and analysis
- Enhancing transparency in public reporting

5.4 Increasing capability across the organisation

- Additional UNCRC learning modules
- Targeted support for teams with high impact on children’s rights
- Expansion of trauma-informed and safeguarding training

5.5 Accessible communication and publication

- Producing more child-friendly materials
- Making public documents easier to understand
- Ensuring accessibility needs are systematically considered

6. Governance and assurance

HIS has established governance and assurance arrangements that ensure the organisation fulfils its statutory responsibilities under the UNCRC (Incorporation) (Scotland) Act 2024, particularly the duty to act compatibly with children’s rights and the requirement to report on actions taken to secure better or further effects of those rights.

6.1 Organisational leadership and strategic oversight

In August 2024, HIS’s Executive Team adopted an organisational plan setting out expectations, roles, and legal obligations under the Act. This plan ensures that senior leaders understand:

- the compatibility duty and its implications for HIS
- how functions, programmes and policies may impact children and young people
- the requirement to demonstrate compliance through robust governance and reporting mechanisms

This leadership commitment provides the foundation for organisational compliance and risk mitigation.

The Executive Team provides strategic direction, ensures compliance is monitored, and integrates children’s rights considerations into HIS’s broader governance, policy development, and corporate risk processes. This approach supports system-wide accountability for embedding rights across all programme areas.

6.2 Children and Young People Working Group (CYPG)

The Children and Young People Working Group oversees the operational implementation of children's rights across HIS by:

- Ensuring children's rights are visible and understood across HIS functions
- Supporting teams to integrate rights-based considerations into planning, design and delivery of work
- Facilitating staff learning, capability building and organisational consistency
- Advising compatibility considerations and identifying areas requiring further development
- Updating internal governance arrangements when legislation or statutory guidance changes

Following the incorporation of the UNCRC into Scots law in 2024, CYPG reviewed and strengthened its remit to better support the organisations' statutory duties.

6.3 Embedding children's rights in decision-making

HIS uses the Children's Rights and Wellbeing Impact Assessment (CRWIA) approach to support structured, evidence-based consideration of children's rights in policy development, programme design, and major organisational decisions. The CRWIA process ensures that staff assess:

- Whether children or young people may be directly or indirectly affected
- Which UNCRC articles may be engaged
- Potential risks to children's rights and how these should be mitigated
- Opportunities to promote or strengthen children's rights
- Whether engagement with children and young people is required

This systematic approach ensures compatibility is embedded in decision-making and informs assurance processes within HIS.

6.4 Workforce development and organisational culture

A core element of HIS's governance model is to ensure that staff have the knowledge, skills and confidence to contribute to the organisations' children's rights obligations. Workforce development is supported through:

- Organisation-wide UNCRC learning, including the "Listen and Learn" session delivered in March 2025, which raised awareness of duties under the Act and how they relate to HIS functions
- Participation in national events and learning networks, including the Scottish National UNCRC Conference (2025)

- Mandatory training on child protection, adult protection, trauma-informed practice, and preventing violence, exploitation or harmful behaviour

These activities help ensure HIS maintains a rights-respecting organisational culture and strengthens governance assurance through informed and capable staff.

6.5 Safeguarding and protection governance

HIS maintains clear governance arrangements for safeguarding, including policies and mandatory training designed to ensure staff understand their responsibilities to recognise and report concerns about children's safety or wellbeing. Staff must act in accordance with national child protection guidance, and HIS monitors compliance with training and reporting processes. These arrangements support HIS's duties relating to Articles 3, 19 and 39 of the UNCRC and ensure the organisation upholds high standards of public protection.

6.6 Reporting, transparency and accountability

Under the Act, HIS must publish both a full and a child-friendly version of its Children's Rights Report and must submit the full report to Scottish Ministers. HIS will meet this requirement by:

- Maintaining a structured three-year reporting cycle
- Ensuring that reporting reflects the themes of Provision, Protection and Participation, as required under statutory guidance
- Publishing accessible materials to support transparency and public understanding
- Documenting progress and identifying forward priorities to support continuous improvement

The publication of these reports contributes to organisational accountability and demonstrates to Ministers, partners and the public that HIS continues to act compatibly with UNCRC requirements.

6.7 Monitoring progress and continuous improvement

HIS monitors progress on children's rights through:

- Regular review of activities via the CYPG
- Oversight from Executive leadership
- Integration into corporate planning and improvement cycles
- Identification of priorities for the following reporting period

Future priorities, such as strengthening participation, improving governance processes, enhancing reporting mechanisms, and increasing rights-based visibility across service areas, ensure that HIS continues to evolve its approach in line with statutory requirements.

These arrangements support strong leadership, effective oversight, informed decision-making, and transparent reporting.

Summary and conclusion

Since the UNCRC (Incorporation) (Scotland) Act 2024 came into force, HIS has made considerable progress in embedding a rights-based approach across leadership, governance, policy development, scrutiny, standards setting, improvement programmes, and workforce capability building. Key developments include strengthened governance structures, an organisational compatibility plan and a refreshed Children and Young People Working Group, ensuring that children's rights remain central to organisational decision-making and oversight.

Children's rights are now more consistently reflected in national programmes, including the Scottish Patient Safety Programme, the development of national standards, scrutiny and assurance activity, and safeguarding practice. HIS has invested in building staff capability through organisation-wide UNCRC learning and trauma-informed training, alongside work to create an accessible, child-friendly complaints process that supports the right of children and young people to be heard.

The organisation also highlights its deepening commitment to inclusive participation. Children and young people have meaningfully contributed to standards development, lived-experience projects, and national panels, ensuring their voices shape health and care improvement. The increasing use of Children's Rights and Wellbeing Impact Assessments has further strengthened rights-based, evidence-informed policy and programme development.

Overall, HIS has demonstrated clear progress in fulfilling its statutory responsibilities under the UNCRC Act and in embedding children's rights across its functions. The organisation recognises, however, that continued focus is needed. Priorities for 2026–2029 include further strengthening governance, expanding participation and co-design opportunities, building organisational capability, enhancing monitoring and reporting processes, and improving the accessibility of public-facing communications.

The foundations established during the 2024–2026 cycle provide a strong platform for future progress. HIS remains committed to ensuring that children's rights are at the heart of decision-making, programme delivery, and organisational culture—supporting all children and young people in Scotland to grow, thrive, and be heard.

Need information in a different format? Contact our Equality, Inclusion and Human Rights Team to discuss your needs. Email his.equality@nhs.scot or call 0141 225 6999. We will consider your request and respond within 20 days.

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Corporate Parenting

Meeting: Board Meeting - Public

Meeting date: 25 March 2026

Agenda item: 2.3.2

Responsible Executive: Clare Morrison, Director of Engagement and Change

Report Author: Rosie Tyler-Greig, Equality Inclusion and Human Rights Manager

Purpose of paper: Decision

1. Purpose

To agree Healthcare Improvement Scotland's (HIS) 2026 Corporate Parenting Report (Appendix 1) and 2026-2029 Corporate Parenting Plan (Appendix 2). This supports the strategic priority to enable the health and care system to place the voices and rights of people and communities at the heart of improvements to the safety and quality of care.

2. Executive Summary

The Children and Young People (Scotland) Act 2014 lists HIS as a Corporate Parent. This means we must do our best to improve the wellbeing of Scotland's Care Experienced children and young people, up to the age of 26. We must plan how to meet the responsibilities at Section 58 of the Act and report at least every three years. Our last report was published in April 2023 as part of a broader [Children's Rights and Corporate Parenting report](#).

Our Corporate Parenting duty is facilitated by the Equality, Inclusion and Human Rights (EIHR) team in the Engagement Practice – Assurance programme. The team work closely with the Nursing and Systems Improvement Directorate, who lead on children's rights as part of the public protection and child health lead role.

Considerations

- **Organisational:** HIS children and young people work, including Corporate Parenting, has historically been managed through a children and young people working group. Following the United Nations Convention on the Rights of the Child (UNCRC) Incorporation (Scotland) Act 2024, a need to refresh and strengthen our approach was identified. A new child health portfolio underlined by a quality management approach is in active planning stage. This aims to assure a robust, impactful and rights-based approach to our delivery of children and young people work.
- While the shift to a portfolio should help children and young people work in the long-term, there has been a short-term capacity impact on delivery, including within the 2023-26 Corporate Parenting plan. The report therefore provides an honest account of areas we would like to have done better in. The 2026-29 plan sets realistic actions, including to refresh our plans in key areas.

- A Children’s Rights Report will be published within the same timeframe to meet distinct duties under the new Act.
- Clinical and care governance (CCG): All seven CCG principles are fundamental to HIS fulfilling its Corporate Parenting duties.
- Stakeholder considerations and engagement: In developing our 2026-29 plan, we have engaged with [Who Cares? Scotland](#). This engagement has guided the language used and commitments set out in the plan - the target audience for which is Care Experienced people in Scotland.
- In addition to this HIS teams with remits relevant to planned actions, or who carried out activities as part of the 2023-26 plan, have been involved in the development of both documents. We are grateful for their time and ongoing commitment to this work.
- The actions in the plan include engagement opportunities for Care Experienced people. For example, a targeted Gathering Views exercise to support HIS functions to better engage with Care Experienced people using NHS Scotland services is currently being scoped.
- Equality and diversity: Corporate Parenting work supports compliance with the Public Sector Equality Duty and HIS process for impact assessment.

3. Recommendation

Board members are asked to approve the 2026 Corporate Parenting Report and 2026-29 Corporate Parenting plan for publication, including with any advised changes.

It is recommended that the Board accept a **moderate** level of assurance. The legal requirements for this work are fully met. There does however remain a moderate amount of residual risk as we continue to transition to new delivery arrangements for the work.

4. Appendices and links to additional information

- Appendix 1: HIS Corporate Parenting Report 2026
- Appendix 2: HIS Corporate Parenting Plan 2026-2029

Corporate Parenting Report

April 2026

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1. Introduction

1.1. About Healthcare Improvement Scotland

Healthcare Improvement Scotland (HIS) is part of NHS Scotland. Our job is to make health care services better for everyone. We do this by helping services like GPs, pharmacies and hospitals to make improvements in how they do things. To achieve this, we:

- Check how health services are working and give advice on how they can do better
- Help staff listen to and act on what people say about their care
- Set clear rules about the kind of care people should get
- Listen to complaints about health services and try to make things better

We do not deliver any health care services ourselves. Our role is to support the people who provide care and make sure those who access care have a voice and can influence improvements in how health care is delivered.

1.2. Our role as a Corporate Parent

The Children and Young People (Scotland) Act 2014 makes us a Corporate Parent. The Act overall helps make sure that public organisations play a positive role in the early stages of people's lives by offering the right support when a family or young person needs help. The Act is about sorting things out before they become an issue or there is a crisis. It helps organisations give people their rights and plan for children's wellbeing.

Being a Corporate Parent means that our staff need to do their best to improve the wellbeing of Care Experienced people in Scotland. It is the responsibility of everyone who works with us to:

- **Be alert** - look out for things that impact the wellbeing of Care Experienced people
- **Assess** the needs Care Experienced people have around our work
- **Promote** the interests of Care Experienced people

- **Provide opportunities** for Care Experienced people to get involved in our work
- **Take action to help** Care Experienced people get involved in our work
- **Always try to improve** how we support Care Experienced people.

The Act explains what the wellbeing of children and young people means. It says wellbeing for a child or young person involves eight key things. These are:

- Safe
- Healthy
- Achieving
- Nurtured
- Active
- Respected
- Responsible
- Included.

The acronym 'SHANARRI' is often used to remember these eight things. When we involve children and young people in our work, we aim to look after their wellbeing. For example, by asking people what they think about a health service, we can help them feel respected and included. By taking on board their feedback, we can help people get better access to the service and stay healthy and active.

1.3. About this report

This report describes what we have done over the last three years to improve the wellbeing of Care Experienced people in Scotland. We have organised the report around our responsibilities described above.

While we have done a lot, there are some areas we have found it easier to take action in and some areas where we have not managed to do as much as we would have liked. We have been honest about this when we write about what we have done. Where we would have liked to have done more, we will try again. You can read our new Corporate Parenting Plan for 2026-29 here [link to be added when available].

2. How we met our responsibilities

Below we explain how we met our corporate parenting responsibilities over the last three years.

2.1. People who work for us better understand the needs of Care Experienced people.

Through training and awareness, we have ensured our staff better understand what it means to be Care Experienced and what they can do to help. Here are the activities we carried out and the specific impact they had:

Care Experience Learning: We have made it essential for all our staff to complete an online learning module about the Care Experienced community. The module gives our staff a better understanding of what it means to be Care Experienced. They also get a better understanding of the legal term ‘Corporate Parenting’ and what it means in practice. It increases their confidence in their role as a Corporate Parent – as individuals and members of our team.

After introducing the module in May 2023, it has been completed by 579 people. This is around 93% of our staff. The reason we cannot say 100% of staff completed the module is that we have people leaving and joining the organisation regularly. For example, in the last year 37 people left and 39 people joined. Anyone who has not completed the training yet will however be asked to do so. And anyone who completed the training more than two years ago will be asked to take it again.

Working with our [Board members](#): It is not just our staff who have improved their knowledge. Members of our board took part in a session to learn about the legal responsibilities we have as a Corporate Parent and how to keep the Promise. We highlighted case studies to demonstrate the positive impact that meeting these responsibilities can have. We also discussed the importance of using loving and clear language when we talk to and about Care Experienced people.

Trauma informed practice: Many of the circumstances which can lead to children and young people becoming involved with the care system can be highly traumatic.¹ This makes it important that we give staff relevant skills for working with people who might have experienced trauma. Importantly, we will not always know when someone is Care Experienced. It could apply to a member of the public we meet with, a volunteer we work with or one of our colleagues.

We made it essential for all our staff to complete a training module called ‘developing your trauma skilled practice’. In this module, staff learn about the impact trauma has on people and how to respond using trauma informed principles. Our staff are expected to use these principles wherever they work so that they are always kind and considerate of others. So far, 489 staff have completed this training – 79% of everyone who works with us. We are reminding people to take the training and have also started asking staff in certain areas such as Community Engagement to do more training in this area. We will let you know about the outcomes of this in our next report.

As well as the training, we ran sessions for staff to learn and discuss important topics. The topics were:

Contextual Safeguarding: This is an approach which helps professionals identify and address harm being experienced by children and young people up to the age of 18. It focuses on identifying, assessing, and responding to serious risks that come up in social groups, schools, online spaces and in the community. The type of risks looked at are violence, exploitation and abuse. Parents

¹ [Care experience and trauma-informed practice: companion document](#)

and carers might not be able to help completely with these things and so professionals have an important role.

The Promise - Scotland has made a promise to children with experience of care. The Promise is that all children will grow up loved, safe and respected by the year 2030. A representative from the [Aberdeen Council of Voluntary Organisations](#) spoke to our staff about how the Promise is being kept in Aberdeen. This helped our staff understand the different things needed to keep the Promise and how organisations work together to do this.

2.2. We assessed the needs of Care Experienced people when planning work

We continued to ensure that our staff assess any potential impact of their work on different groups of people, including children and young people up to the age of twenty-six who have experience of being in care. We provide guidance which says this includes foster care, supported care, kinship care, residential care, or being looked after at home with the support of a supervision order. Not all of our work has an impact for Care Experienced people, but we do our best to identify anything that might and to listen to Care Experienced people's needs. For example, as part of our [Bairns Hoose](#) work we heard from kinship and foster carers about the particular needs of children they look after. We heard it was important to involve kinship and foster carers when trying to understand the needs and wellbeing of a child for their future care arrangements.

When university students studying pharmacy visited HIS to learn about our work, we talked to them about the needs of Care Experienced people. We also discussed how to approach child protection issues. We think it is important that people starting out in community pharmacies are aware of the different situations people might be in and are confident about the different ways they can offer kindness and support.

2.3. We promoted the interests of Care Experienced children and young people

We have made it easier for children and young people, including those with experience of being in care, to tell us how health and care services are working for them.

Child Friendly Complaints Process: Children have the right to express their views, be listened to, and complain when something goes wrong, either independently or with support. Healthcare Improvement Scotland agrees with the [Child Friendly Complaints Handling Principles](#) and [Child Friendly Complaint Handling Process Guidance](#) made by the Scottish Public Services Ombudsman. Our staff will use these resources when a child or young person would like to make a complaint. When a child or young person complains, we will:

- **Trust them** to make their own choices
- **Listen** to what they tell us
- **Be kind and supportive** so that they feel comfortable to express their thoughts and opinions freely and openly
- **Keep information they share private and confidential** by not telling other people without permission, unless we need to take action to keep the child or young person safe.
- **Share information with them about their rights** to help them understand what they are entitled to.

Inspections: We work with the Care Inspectorate to check that services are doing the right things for children and young people at risk of harm. Our inspections check that:

- **Children and young people are safer** because risks to them have been identified early and responded to effectively.
- **Children and young people’s lives improve** because they have loving and nurturing relationships that keep them safe from further harm.
- **Children and young people can make decisions about their lives**, along with their families, and be supported with those decisions.
- **Services are genuinely helpful** and work well together to support children and young people and their families.

We receive good feedback about our inspections. For example, we recently heard from an organisation we inspected:

‘the commitment shown by inspectors to participation and to amplifying the voices and experiences of children was particularly valued ... feedback from children and parents has been encouraging. One parent, who has experienced significant challenges, reflected this week that they felt “buzzing” after their conversation with an inspector’.

Hearing feedback like this makes us very happy and we are committed to making sure we have a positive impact whenever we do an inspection.

When we were doing our inspections this year, we found that Care Experienced children and young people with a compulsory supervision order had worse wellbeing than other Care Experienced children and young people. For this reason, we changed how we do inspections. We started to inspect services for children and young people who have a compulsory supervision order while living at home with their parent(s). Our first inspection covered services in the Western Isles, and we found that:

- Most children and young people had the help they needed
- Staff worked hard to make sure that children and young people felt they were seen, listened to and understood.
- Children and young people were kept safe and helped to stay in secure and stable home environments.
- Leaders needed to understand what they did well and what they had to do better and ask children and young people for their thoughts and ideas more.

You can read our full report [here](#).

Consultation on developing a universal definition of care experience: We contributed to the Scottish Government consultation to advocate for a more universal, commonly understood definition of care experience as recommended by the Promise. We support actions that will help deliver the Promise – in this case, by establishing clear and shared language that can help Care Experienced people access their rights more easily. We know the term ‘care experience’ is poorly understood in many places and different terms are being used by different organisations. This can make it harder for Care Experienced people to know what help is there for them. Sharing a

common term could help people work together better and ensure no Care Experienced person is treated differently because of where they live and the organisation they spoke to for help.

2.4. We shared our knowledge to improve the way children and young people can get involved

Engagement standards: Through our [Scottish Patient Safety Programme](#) we have a project about improving care for children and young people. Our project staff helped the [Royal College of Paediatrics and Child Health](#) develop engagement standards for children’s health services. The engagement standards support the rights of children and young people to be listened to, respected and involved in decisions that affect them and to have the best health services possible, as outlined in the United Nations Convention on the Rights of the Child (UNCRC). The standards cover: trust and rights, inclusive and practical arrangements, community reach and taking action. You can read the standards in full [here](#).

Involvement: We did want to do more to help Care Experienced people get involved in our work. For example, we know that Care Experienced people in Scotland face challenges getting into work.² We wanted to find a way to support Care Experienced young people to gain employment within HIS – but we have not yet managed to identify a suitable way to do this. We also wanted to understand where Care Experienced people do and do not get involved in our community engagement activities. We asked all engagement participants whether they had experience of being in care and no one said they did.

We are disappointed that these actions did not work out and we are committed to trying again. We have included new actions in our Corporate Parenting Plan 2026-29. Our new plan includes working with other corporate parents to support employment opportunities for Care Experienced people. It also includes being more active in making sure Care Experienced people in our communities have opportunities to help shape decisions that affect them.

2.5. We worked to improve how we support you

We have been engaging with the Collaborative Corporate Parenting network that is hosted by [Who Cares? Scotland](#). This network helps us stay connected with other corporate parents in Scotland. We can keep up to date with developments and new information and share ideas and good practice. It is also an opportunity to access advice from other corporate parents and Who Cares? Scotland about our activities and how we can best support Care Experienced people.

² [Care experience and employment | Iriss](#)

3. Conclusion

Over the last three years we have met our corporate parenting responsibilities through training and awareness, ensuring our staff understand the needs of Care Experienced people. We have made changes to our processes to help Care Experienced people speak to us when they need to. We have worked with others to share what we know, and we have championed the needs of Care Experienced people where we have been able to.

We wanted to do more to help Care Experienced people get involved in our work and are disappointed that the activities we planned here did not work out. We have committed to trying again and have included new actions in our corporate parenting plan for 2026-29. We would encourage you to read this and let us know if you have feedback or questions.

Annex 1: Corporate Parenting Plan 2023-2026

This is the plan we worked from over the last three years.

Our outcome & Corporate Parenting duty	Action/s	Relevant UNCRC article	Lead(s)
<p>1. We understand the issues that care experienced people face and assess their needs</p> <p>Duty: Be Alert and Assess Needs</p>	<p>a) Identify and map HIS work with impact on Children and Young People (CYP).</p> <p>b) Invite one project impacting CYP per quarter to working group to share learning.</p> <p>c) Promote learning opportunities identified by members via HIS Campus</p>	<p>Article 3, best interests of the child</p>	<p>Public Involvement Advisors</p>
	<p>d) Create care experience communications/awareness materials to support the sharing of current learning/literature/research with colleagues e.g. through flash reports and intranet pages.</p>	<p>Article 2, non-discrimination</p>	<p>Children and Young People Working Group members</p> <p>Children and Young People Key Delivery Area Network</p>
	<p>e) Review content on the updated mandatory corporate parenting e-learning module to ensure ongoing relevance.</p> <p>f) Bi - Annually review HIS staffs' compliance with undertaking mandatory module.</p> <p>g) Bi - Annually review HIS staffs' compliance with undertaking mandatory</p>		<p>Public Involvement Advisor</p> <p>Public Protection and Children's Health Service Lead</p> <p>Communications Team</p>

	trauma informed practice module		Nursing and Integrated Care operations team.
	h) We publish Child Friendly /Easy Read Information		
	i) Identify HIS workstreams relevant to our corporate parenting duties and actions to deliver positive change.	Article 13, Freedom of expression.	Children and Young People Working Group members
	j) Develop an optional and visible support offer for care experienced HIS employees.	Article 2, non-discrimination. Article 12, respect for the views of the child.	People and Workplace Team. Equality, Inclusion and Human Rights Team.
	k) Maintain corporate parenting awareness among non-executive members by offering ongoing learning opportunities.		Public Involvement Advisors
	l) Develop and promote 'Engaging with ... Care Experienced People' community engagement resource	Article 2, non-discrimination. Article 3, best interests of the child. Article 12, respect for the views of the child.	Public Involvement Advisors.

<p>2.We promote the interests of care experienced people and provide them with opportunities.</p> <p>Duty: Promote Interests and Provide Opportunities</p>	<p>a) Develop relationships between our local engagement offices and regional Champions Boards to support them to have their voice heard in shaping health and care services.</p>	<p>Article 3, best interests of the child</p> <p>Fundamental, ‘what matters to children and families’; Priority ‘Listening’</p>	<p>Strategic Engagement Leads.</p> <p>Equality, Inclusion and Human Rights team.</p>
	<p>b) Use data collected regarding the number of care experienced people who have participated in our community engagement activities to make informed decisions about targeted recruitment for future engagement activities</p>	<p>Article 12, respect for the views of the child</p> <p>Fundamental ‘Listening’</p>	<p>Public Involvement Advisor</p>
	<p>c) Build on and create learning opportunities to explore how all staff can best support care experienced people we work with.</p>	<p>Article 6, life, survival and development.</p>	<p>Public Involvement Advisors</p> <p>Organisational Development and Learning Team</p>
	<p>d) Work with NHS Scotland Employability and Apprenticeships Network to explore opportunities to offer NHS work experience for care experienced people to support them to build on their strengths and prepare for the workplace.</p>	<p>Article 28, right to education.</p>	<p>Organisational Development and Learning Team.</p>
<p>3.We collaborate with other corporate parents and improve the way we work with</p>	<p>a) Identify Corporate Parenting Leads in other national boards.</p>		<p>Public Protection Lead</p>
	<p>b) Co-develop community of practice to share learning</p>		<p>Public Involvement Advisor</p>

<p>care experienced people.</p> <p>Duty: Easy to Access and Constantly Improving</p>	<p>with Corporate Parenting Leads and learn from external organizations.</p>		
	<p>c) Good practice relating to corporate parenting duties is shared with other boards</p>		<p>Public Involvement Advisor</p> <p>Children and Young People Working Group members</p>

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Appendix 2 Corporate Parenting Action Plan 2026- 2029

April 2026

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1. Introduction

1.1 About Healthcare Improvement Scotland

Healthcare Improvement Scotland (HIS) is part of NHS Scotland. Our job is to make health care services better for everyone. We help places like doctors' surgeries, pharmacies and hospitals to do their best work.

We do this by:

- checking how health services are working and giving advice on how they can do better
- helping staff listen to and act on what people say about their care
- setting clear rules about the kind of care people should get
- listening to complaints about health services and trying to make things better.

1.2 About this plan

We are happy to share our Corporate Parenting Plan 2026–2029. If you have experience of being in care at any point in your life, this plan is for you.

The [Children and Young People \(Scotland\) Act 2014](#) makes us a Corporate Parent. The Act helps make sure that public organisations play a positive role in the early stages of people's lives by offering the right support when a family or young person needs help. The Act aims to make Scotland the best place to grow up by strengthening children's rights, improving services and supporting families. It aims to prevent issues from arising in the first place by coordinating health, education and social work to support people's wellbeing. It helps organisations plan for children's wellbeing and give them their rights.

At HIS, we understand the lifelong impact of care and we are committed to supporting Care Experienced people at whatever point in life we meet them. We know we might meet you as a Care Experienced person when you are accessing a service, sharing views as a member of the public or because you are one of our colleagues.

2. Being a Corporate Parent in Scotland

A **Corporate Parent** is a public organisation like NHS Scotland that has a special job: to look after and support children and Care Experienced people, just like a parent would.

This means we will **care about you, listen to you, help you grow** and **stand up for your rights**.

We will do these things by:

- **Being alert** - meaning we will make sure we are aware of the things that affect you in your life.
- **Assessing** the needs you might have as a Care Experienced person, and
- **Promoting** your interests as part of the different roles we have in our organisation.

We will also

- **Provide opportunities** for you to get involved in our work, and
- **Take action to help** you get involved.

Finally, we will

- **work to improve** how we support you, by continuing to learn and being willing to try new ways of doing things.

While Corporate Parenting is something we must do by law, it is also the right thing to do. HIS is a proud and committed Corporate Parent. We think this plan will help towards keeping [The Promise](#) that by the year 2030 all children in Scotland will:

- grow up loved
- feel Safe and
- feel respected.

Our plan sets out our commitments to you and explains why we have chosen them. It says how our commitments will support your human rights—the things you need to live a safe, healthy and happy life.

If you want to ask questions or tell us something, please get in touch. We would love to hear from you!

3. Our Commitments to you

We have taken the six Corporate Parenting duties set out in law and turned them into three clear commitments. These commitments are what we believe matters most and they show how we will meet our responsibilities as a Corporate Parent. Each commitment connects directly to the duties we must carry out to support your wellbeing, rights and opportunities.

Our three commitments are:

- **Our people** – This commitment is about how we will *be alert* and *assess your needs*. We will make sure our staff listen carefully and make kind, thoughtful decisions that promote your wellbeing and interests.

- **Your voice** – This commitment reflects how we will *provide opportunities* for you to be involved and to *take action* to support your involvement. We will make sure Care Experienced people and communities are always heard. No decisions will be made about your life without your views being included.
- **Scaffolding** – This commitment aligns with how we will *promote your interests* and *continuously improve* how we support you. We will help children and adults who have been in care to build their own lives and identities, without being defined only by their care experience.

3.1 Our people

Our staff need to think carefully about their work so that it helps children and people who have been in care. The choices they make should always be about what is best for you. This means making sure your rights are respected. To do this well, staff need to know what problems might come up and how to fix them so that you feel safe, listened to and supported.

3.2 Commitment 1: Our People will be able to assess your needs

We want to make sure that everyone who works with us—including our most senior managers—understands what Care Experienced people need. We will plan our work so that it helps meet those needs.

What we will do:

- Everyone who works with us will complete e-learning created by Who Cares? Scotland so they learn more about your experiences.
- As many of our staff as possible will also complete training with Who Cares? Scotland so that they have an opportunity to build on the basics and learn more.
- Everyone will also take other important training, like learning about keeping children safe, knowing about children’s rights and understanding how trauma can affect people.
- Our specialist staff will get extra training so they can continue to share knowledge and advice about effective ways of including Care Experienced people in our work.
- We will help all our staff get better at checking how their work affects Care Experienced people.
- We will work alongside the Care Inspectorate to carry out joint inspections of services for children and young people who are subject to compulsory supervision orders while living at home with their parents.

3.3 Commitment 2: Our People will work with others to promote your interests

Being a parent can be tough if you do not have someone to share your responsibilities with. That is why we think it is important for Corporate Parents to help each other by sharing advice and support. When we do this, we can all become better at promoting the interests of Care Experienced people.

What we will do:

- We will use our community engagement webinars to share good examples of engagement with Care Experienced people.
- We will share our own work when we think it can help other Corporate Parents learn something useful
- We will attend the Collaborative Corporate Parenting network hosted by [Who Cares? Scotland](#) to stay connected with other corporate parents in Scotland and share ideas and good practice.

3.4 Your voice

At HIS, a big part of what we do is listening to people and communities about their health care. We will create opportunities for Care Experienced people to share their thoughts. We know it is important that Care Experienced people are included—because your experiences are unique and matter. You have the right to share your views in a way that works best for you and it is our job to make sure that happens.

3.5 Commitment 3: We will provide opportunities for you to get involved in our work

We want to give you chances to share your thoughts about health care. We will tell you how your voice has made a difference.

What we will do:

- We will make sure, through our connections with local communities and young people's support organisations, that Care Experienced people have the right chances to help shape decisions that affect them. Champions Boards in Scotland are groups connecting Care Experienced young people directly with decision-makers.
- As part of our [Gathering Views](#) work, we will work with local communities and young people's support organisations to create meaningful opportunities for Care Experienced people to share their views whenever proposed changes or new ideas could affect them

3.6 Scaffolding

We want to help Care Experienced people in their employment journey. We understand the impact that care can have on an individual's education and employment opportunities. We want to help Care Experienced people build their skills and find a job they are passionate about.

3.7 Commitment 4: We will take action to help Care Experienced people find jobs

We will look at how we can work with other Corporate Parents to support employment opportunities for Care Experienced people

What we will do:

- We will work with other Corporate Parents and NHS Scotland Employability and Apprenticeships Network to identify ways we can support Care Experienced people into work.
- We will work with Who Cares? Scotland to identify ways we can improve our recruitment process for Care Experienced people.

Appendix 1

[UNCRC Articles Archive - Page 5 of 5 - The Children and Young People's Commissioner Scotland](#)

Appendix 2

[Plan 24-30](#) details who needs to do what and by when to make sure The Promise made to children, young people, families and Care Experienced adults in February 2020 is kept in full by 2030.

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Leading for our Future Action Plan

Meeting: Board Meeting - Public

Meeting date: 25 March 2026

Agenda item: 2.4.1

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 (appendix 1) in support of changes to the leadership in Healthcare Improvement Scotland and note progress. This was previously presented to the Board in December 2025.

2. Executive Summary

This paper supports the strategic priority of Organising Ourselves to Deliver and reports on the delivery of proposals for the future leadership of HIS which were agreed by the Board in September 2025. These 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.

These are presented as actions which are complete, and those which are ongoing.

In particular, the Board's attention is drawn to the following:

- An annex to the action plan includes further information setting out the various operational delivery groups and how they interplay with each other, an action from the December Board meeting.
- The action to establish a partnership agreement between NHS 24 and Healthcare Improvement Scotland has been addressed and is brought to the Board in a separate paper to this meeting.

- In addition, since the last Board meeting, a review of Evidence has been established and will be discussed in reserved session at the March Board meeting. A further annex is provided which sets out all the internal reviews currently underway within HIS, for awareness.

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 – updated March 2026

Appendix 1:

Leading For Our Future Action Plan - Updated March 2026

1. Completed actions				
No.	Action	Description	Lead	Update
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)	The first meeting took place on 13 November 2025 and included agreement of Terms of Reference for the Group. Meetings 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	Gillian Gall is continuing in the role of Interim Chief People Officer and backfill will be provided for her substantive role. The Chief Finance and Risk Officer, Gillian Hennon, took up post on 26 January.
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. The OCE will now encompass a wide range of functions, including: finance, procurement, HR, facilities, Organisational	Deputy Chief Executive/Interim Chief People Officer	The OCE has been established with formal management and meeting structures in place. An in person development day for the OCE took place on 24 November 2025. Following agreement by the Transformational Change Oversight Board,

		development and learning, executive support, governance, performance, sponsorship, internal improvement, public inquiries, risk management and health & safety.		an organisational change process has taken place and concluded on 27 February.
6	Establish Strategic Design Board with agreed terms of reference.	The Strategic Design Board 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 were taken to the first meeting of the Strategic Design Board which took place on 3 March and is being supported by the OCE. Planning of the agendas and outputs for the Board is progressing.
8	Clarify and confirm future governance arrangements for the Executive Team	<p>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.</p> <p>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, support effective decision-making, and reinforce the alignment between strategic leadership and operational delivery across the organisation.</p>	Head of Planning and Governance	<p>A document setting out the new leadership arrangements in HIS and the respective roles of the Executive Team, Performance & Delivery Board and Strategic Design Board has been developed and is provided for the Board at annex 1.</p> <p>The Executive Team Business Planning Schedule and agenda setting is being redesigned with a shift towards strategic business and space created by delegation of operational matters to the Performance & Delivery Board.</p> <p>These arrangements will be reviewed in discussion with the Executive Team (ET) and Associate Directors (ADs).</p>

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	A Draft Strategic Relationship Agreement with NHS 24 will be presented to the Board for approval at its March meeting.
10	Transfer the Standards and Indicators team to the Quality Assurance and Regulation Directorate (QARD)	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	The standards and indicators team transferred to QARD on 2 February 2026.
11	Develop an effective approach to system level leadership.	<p>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.</p> <p>Four directors will provide leadership for our relationship with the system at a regional level. Alongside this, ADs will provide additional support to enabling this to be effective.</p>	Director of Engagement and Change	<p>The original approach had to be reconsidered in light of announcements by Scottish Government regarding sub-national planning. A new approach for system level leadership was agreed by ET on 27 January 2026:</p> <ul style="list-style-type: none"> • West Sub-National Unit – Medical Director & Director of Safety and Director of Nursing & Integrated Care • East Sub-National Unit – Director of Quality Assurance & Regulation and Director of Engagement & Change

		A proposal needs to be developed to bring this to life and which identifies benefits and risks.		
13	Establish Directors in cross-organisational portfolio leadership roles.	The cross-organisational portfolios are intended to reinforce the commitment to the Quality Management System 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 ADs to such portfolios in direct support of directors.	Associate Director of Nursing & Midwifery	Executive leads for cross-organisational portfolios, which have been defined as part of the 2026-27 planning process, were agreed by ET on 27 January 2026.
14	Reflect new and portfolio responsibilities in ET 2026-27 objectives.	The Executive Remuneration Committee will consider and finalise objectives for members of the ET in March 2026.	Chief Executive	For circulation with Executive Remuneration Committee papers by 11 March for the meeting on 18 March 2026.
16	Agree and describe roles of the ET, 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 ET 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	A document setting out the new leadership arrangements in HIS and the respective roles of the ET, Performance & Delivery Board and Strategic Design Board has been developed and is provided for the Board at annex 1.

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	A Board Development Session on the roles of the National Strategic Clinical Leads has been scheduled for 22 April.
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2. Actions initially scheduled for quarter 4 / ongoing

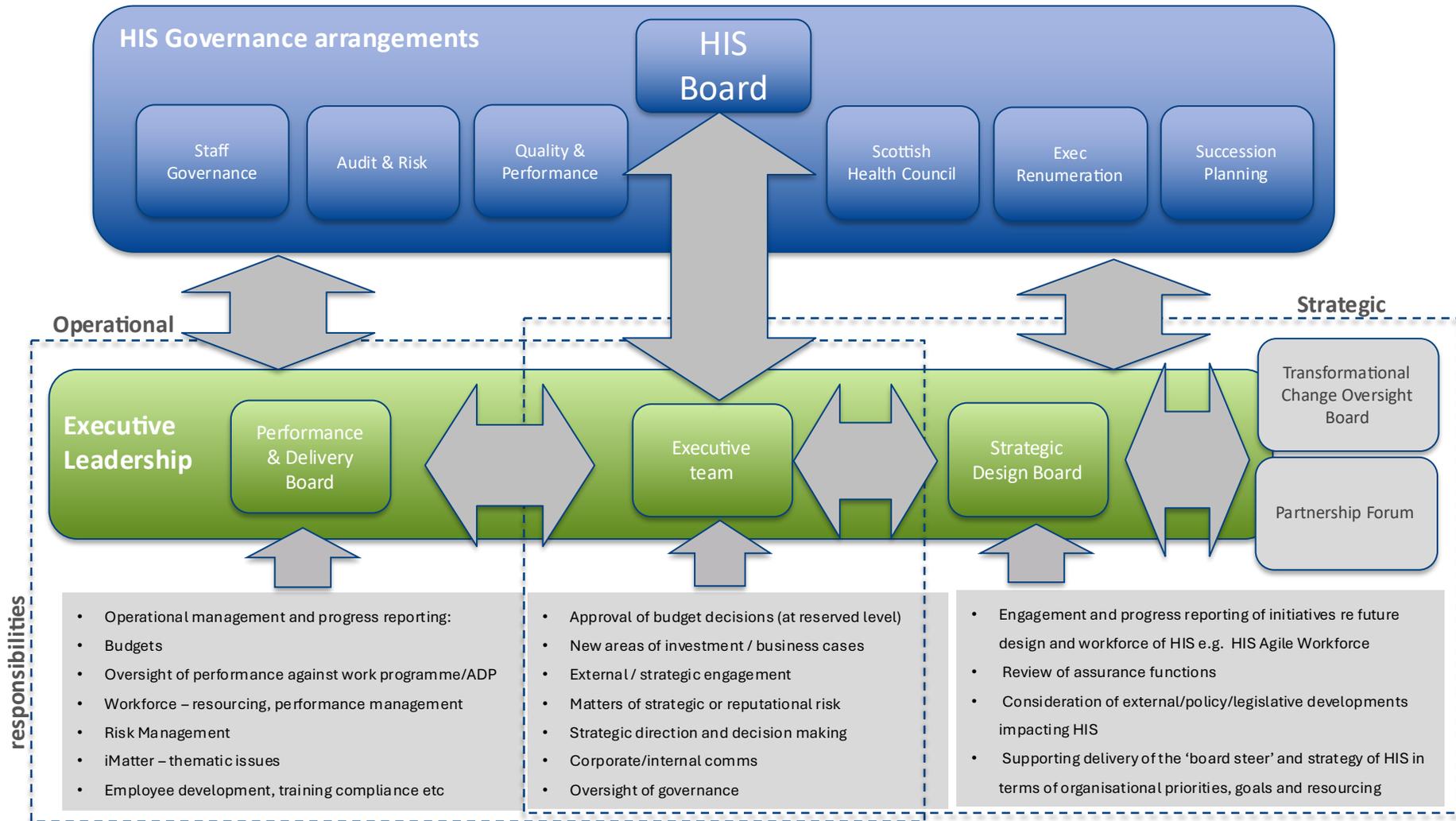
No.	Action	Description	Lead	Update	Revised timescale
3	Develop action plan to advance the Communications Strategy.	The draft communications strategy will be underpinned by an action plan with clear deliverables over the next 2 years.	Chief Pharmacist	<p>The draft communications and engagement strategy was presented to the HIS Board on 2 December 2025.</p> <p>Work is now underway to scope out the action plan in discussion with directorates and senior leadership and this will be shared with the Board at its June meeting.</p>	June 2026
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) and combined with draft communications and engagement strategy (above). Some of this work needed to be changed in response to the rapidly changing external environment, especially the creation of the sub-national planning units. A new approach for responding to sub-national planning and the establishment of portfolios for Directors was agreed by ET on 27 January. Now that this framework for system leadership is in place, planning will now start on detailed deliverables.	June 2026
7	Undertake a rapid review of risks and benefits of consolidation of assurance in the QARD.	This will encompass a review of the current “monitor and assure” functions that reside outside of the sphere of responsibility of the	Deputy Chief Executive / QARD	The review is being led by David McArthur, Associate Director, and will examine how assurance is currently delivered across HIS, with a focus on identifying opportunities to	June 2026

		QARD. 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 QARD. The review will also take account of any wider changes in the external landscape.	Associate Director	strengthen alignment, reduce duplication and enhance intelligence-sharing. Terms of Reference were presented to the Staff Governance Committee at its February meeting and are provided in the Board's additional reading folder. The review is being progressed in partnership and engagement sessions have taken place with affected staff. The intention is that recommendations will be presented to the Board in June 2026.	
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 ADs to be more empowered as leaders. The ADs 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	Further work on options to support the development of the Performance and Delivery Board will be progressed with the participation of the group's members to ensure ownership. Final proposals will be subject to procurement.	April 2026
15	Develop a suitable mechanism to harness the experience and expertise of members serving on our health technology assessment	There is a deep reservoir of knowledge, experience, and specialist insight within our health technology assessment committees. This expertise represents a valuable asset that	Medical Director/Director of Evidence and Digital	Discussions are progressing with the intention of advancing the greater involvement of appropriate expertise in HIS. In the first instance, the technology group Chairs have been co-opted onto the Evidence Review programme board (see annex 2).	June 2026

	committees, enabling their insights to inform and enrich the broader work of Healthcare Improvement Scotland.	can be leveraged more broadly across the work of Healthcare Improvement Scotland.			
18	Review and strengthen performance management arrangements for members of the Performance and Delivery Board.	The objectives for ADs 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 organisation's priorities, helping to maintain consistency, accountability, and a shared focus on delivering impact across Healthcare Improvement Scotland.	Chief Executive and Chief People Officer	A paper setting out the arrangements was discussed at the Executive Remuneration Committee in December 2025 and guidance taken to the Performance & Delivery Board meeting on 14 January 2026. Work on the development of objectives for ADs is underway.	April 2026

ANNEX 1 -

Leadership groups: overview



Leadership groups: key areas of responsibility

Leadership group	Description	Main functions
Executive Team	<p>To provide executive level, cross-organisational oversight of the strategic and operational delivery of our financial, workforce, quality improvement and work programmes and their impact for stakeholders and make key decisions, while setting the culture of the organisation by exhibiting its values and behaviours.</p> <p>The Executive Team will provide the Board and its Governance Committees with the necessary information to enable them to undertake their role in assurance.</p>	<p>Approval of budget decisions (at reserved level) and new areas of investment / business cases</p> <p>External / strategic engagement – proactive re HIS and reactive / developments affecting HIS. Matters of strategic or reputational risk (including e.g. significant/strategic reports and publications). Strategic direction and decision making</p> <p>Corporate/internal comms as required on organisation-wide matters (e.g. iMatter at organisational level)</p> <p>Oversight of governance reporting, agreement of governance routes and handling where required – also to include partnership working</p>
Performance and Delivery Board	<p>Overseeing performance across the organisation, with a clear focus on key performance indicators, risk, metrics, and outcomes—ensuring accountability and continuous improvement. Supporting the strategic redirection and prioritisation of resources to meet evolving organisational needs, enabling flexibility and responsiveness in delivery. Providing a unified management perspective on major issues affecting the organisation, including the consistent application and</p>	<p>Operational management and progress reporting:</p> <ul style="list-style-type: none"> - Budgets - Oversight of performance against work programme/ADP - Workforce – resourcing, performance management - Risk Management - Information Security and Governance - iMatter – thematic issues - Employee development, training compliance etc <p>Escalation of the above matters to ET</p> <p>Internal audits and progress reports</p>

Leadership group	Description	Main functions
	review of policies, procedures, and operational standards.	Consideration / development of business cases for new commissions
Strategic Design Board	<p>The Strategic Design Board will ensure the design of the organisation:</p> <ul style="list-style-type: none"> • reflects the strategic delivery priorities, in particular the One Team approach • is efficient and effective • is sustainable and responsive to the changing needs of the wider Health and Care System • builds an organisation that reflects HIS values • is supportive of staff and aligns their development to optimise both delivery and a positive equitable staff experience 	<p>Engagement and progress reporting against key internal initiatives which involve the future design and workforce of HIS e.g.</p> <ul style="list-style-type: none"> - HIS Employee - Internal reviews including reviews of Evidence, Assurance Functions, Independent Healthcare Regulation - National initiatives including in relation to new business systems <p>Consideration of external/policy/legislative developments that may impact on HIS</p> <p>Supporting delivery of the ‘board steer’ and strategy of HIS in terms of organisational priorities, goals and resourcing</p>
Transformational Change Oversight Board	<p>Oversight of organisational change.</p> <p>To ensure that all changes are handled responsibly, with appropriate consultation and engagement with staff.</p>	Consideration of proposals for organisational change and approval and oversight of implementation to be progressed by Directorates and in partnership.

Notes:

- Any of the Executive Leadership groups may report into Committees or the Board, however the Executive Team retains decision making authority
- The Strategic Design Board may make recommendations for agreement by the Executive Team
- The Transformational Change Oversight Board and Partnership Forum are co-chaired by the Chief Executive and Employee Director

Annex 2 – Internal Reviews at March 2026

This paper provides the Board with an overview of the internal reviews currently taking place in Healthcare Improvement Scotland.

These will report formally to the Executive Team and onwards to the relevant governance committees and Board. The findings and emerging themes will be fed into the Strategic Design Board for further consideration of the implications for HIS and potential recommendations to the Executive Team for action.

Evidence Review (from January 2026)

A review of HIS evidence functions has begun to understand how we can establish HIS' place in the changing system context, ideally as the recognised national centre for evaluation and evidence to provide clinical advice, policy advice and evaluation to NHS Scotland at national and subnational levels.

A Programme Board, chaired by the Chief Executive, will oversee the work of the evidence review, led by the Evidence and Digital director. The aim of the review is to ensure we are matching our skills, capabilities and priorities with the needs of decision- makers and can inform the formulation of policy by Scottish Government, the subnational boards and the service.

Given the specialist and technical nature of the work being undertaken an external reference group has also been convened.

This work is not limited to the teams within the Evidence & Digital directorate but will encompass teams across the organisation who provide evidence and evaluation services to NHS Scotland. The intention is to present recommendations to the Board at its June 2026 meeting.

Independent Review of Regulation (from October 2024)

The Regulation Review was established with the purpose of undertaking a detailed assessment of HIS's regulatory assurance functions (Independent Healthcare (IHC) and IR(ME)R) to ensure that strategic approaches, ways of working, policies and processes support the effective, efficient and sustainable delivery of statutory regulatory duties.

The review was led by David McArthur, Interim Associate Director of Regulation Review, supported by the Corporate Improvement Team, the Quality Assurance and Regulation Directorate, and subject matter experts from across HIS. This multidisciplinary approach enabled a comprehensive examination of current performance, systems and regulatory practice.

The final review report and associated recommendations have progressed through HIS governance committees in quarter 4 and will be presented to the Board in March 2026.

NHS Greater Glasgow & Clyde Review – After Action Review (from August 2025)

HIS has undertaken an Independent After Action Review to ensure valuable learning is captured from the NHS GGC Emergency Department (ED) Review to inform future reviews of this nature. This included four internal sessions focused on disseminating key findings, aligning

improvement actions with HIS Quality Assurance priorities, and identifying workforce and governance dependencies. Two surveys were also conducted: a core review group survey to gather reflections on the review process and priorities for next steps, and an External Reference Group survey to validate recommendations and provide assurance on the methodology and outputs. In addition, the lead reviewer engaged with external improvement bodies—including Quality Care Commission (CQC), Healthcare Inspectorate Wales, the Regulation and Quality Improvement Authority, and the Care Inspectorate Scotland—to identify opportunities for shared learning. The analysis and report are now complete and will proceed through HIS governance.

Review of Assurance Functions (from December 2025)

The Review of Assurance Functions is an opportunity to strengthen how assurance is delivered across the organisation and to improve coherence, collaboration and consistency across teams. Assurance and monitoring activities are currently delivered through a range of approaches across the Quality Assurance & Regulation Directorate, the Healthcare Staffing Programme within the Nursing and Systems Improvement Directorate, and the Community Engagement and Transformational Change Directorate.

The evolving external landscape—including the service renewal framework, new sub-national planning structures, and learning from reviews and public inquiries—reinforces the need for a more aligned and future-focused assurance model.

The review will examine how assurance is currently delivered across HIS, with a focus on identifying opportunities to strengthen alignment, reduce duplication and enhance intelligence-sharing.

Strategic Relationship between Healthcare Improvement Scotland and NHS 24

Meeting: Board Meeting - Public

Meeting date: 25 March 2026

Agenda item: 2.4.2

Responsible Executive: Robbie Pearson, Chief Executive

Report Author: Robbie Pearson, Chief Executive

Purpose of paper: Approval

1. Purpose

The purpose of the paper is to share a strategic relationship agreement between Healthcare Improvement Scotland and NHS 24 for approval. This agreement is focused on providing additional resilience and professional support to workforce and finance functions.

2. Executive Summary

The strategic relationship between Healthcare Improvement Scotland and NHS 24 has been under development over the past six months. Healthcare Improvement Scotland has benefited from additional finance leadership support from NHS 24 during a period of a gap in the leadership capacity from September 2025 until the Chief Finance and Risk Officer was appointed and took up post in February 2026. Alongside this, additional support and advice has been provided to the workforce function.

The strategic relationship agreement seeks to build a more formal relationship with NHS 24 and to ensure we continue to benefit in our mutual support and collective resilience. The strategic relationship also reflects the ambitions set out in the Scottish Government's public sector reform strategy.

3. Recommendation

The Board is asked to:

- Approve the strategic relationship agreement with NHS 24.

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

Significant: the strategic relationship with NHS 24 has provided important benefits as it has evolved and assists us in securing resilience, and in the management of risks related to capacity.

4. Appendices and links to additional information

Appendices:

- A. Strategic Relationship Agreement between NHS 24 and Healthcare Improvement Scotland

APPENDIX 1: STRATEGIC RELATIONSHIP AGREEMENT BETWEEN HEALTHCARE IMPROVEMENT SCOTLAND AND NHS 24

1 Background and Context

- 1.1 The Public Service Reform Strategy published by the Scottish Government in June 2025 set out an expectation that public service leaders will “work collaboratively, forging partnerships that drive lasting change, address root causes and provide support early to avoid long-term, complex and expensive interventions later, rising above individual, organisational and sectoral interests”.
- 1.2 The Strategy emphasises the importance of continuous improvement, maximising public value and ensuring the resilience of the public sector to meet current and future challenges.
- 1.3 In this context, Healthcare Improvement Scotland identified opportunities in *Leading for Our Future* to work collaboratively with NHS 24 for both the Healthcare Improvement Scotland’s Chief People Officer and the Chief Finance Officer to be professionally and strategically supported by the Director of Workforce and the Director of Finance at NHS 24.
- 1.4 The purpose of this agreement is to:
 - enhance professional networks and advisory support
 - safeguard functional resilience across NHS 24 and Healthcare Improvement Scotland
 - contribute strategic guidance
- 1.5 This strategic relationship agreement seeks to reflect an appropriate and proportionate approach to advancing this and which will be kept under review.

2 Roles and Responsibilities

- 2.1 Healthcare Improvement Scotland and NHS 24 shall retain full and separate responsibility for their statutory functions.
- 2.2 NHS 24 will provide to Healthcare Improvement Scotland the leadership support of NHS 24’s:
 - Deputy Chief Executive/Director of Workforce
 - Director of Finance
- 2.3 The Directors will provide additional strategic and professional advice to the Chief Finance and Risk Officer and Chief People Officer. In doing so, they will play a key role in continuing to strengthen our decision-making, supporting effective risk management, and contributing to the development of organisational capability.
- 2.4 The collaboration across both organisations fosters the wider development of both NHS 24 and Healthcare Improvement Scotland and enhances our collective resilience as organisations.

- 2.5 NHS 24 shall remain the legal employer of the above Directors in paragraph 2.2 and continue to be responsible for all matters related to their employment. Similarly, Healthcare Improvement Scotland is the employer of the Chief Officers in paragraph 1.3.

3 Time Commitment and Financial Reimbursement

- 3.1 It is envisaged that each Director will commit – in total over a year – up to 20% of their contracted time to Healthcare Improvement Scotland. This will be subject to review by both organisations.
- 3.2 Healthcare Improvement Scotland shall reimburse NHS 24 on a quarterly basis in arrears, on receipt of invoice.
- 3.3 Any additional expenses (e.g., travel, professional development) will be based on actuals for each Board).

4 Governance and Oversight

- 4.1 NHS 24 will ensure that the objectives to be delivered through this strategic relationship agreement with Healthcare Improvement Scotland are contained in the annual Director objectives agreed by the Chief Executive of NHS 24 and approved by the Remuneration Committee of that organisation.
- 4.2 Similarly, Healthcare Improvement Scotland will appropriately reflect in the annual objectives for the Chief People Officer and the Chief Finance and Risk Officer aspects of this strategic relationship agreement and seek endorsement through the Executive Remuneration Committee of Healthcare Improvement Scotland. It will be important to ensure an appropriate level of consistency in relation to expectations for Directors in NHS 24 and the Chief Officer roles in Healthcare Improvement Scotland in the objectives, and there should be a mechanism for the appropriate sharing and finalisation of the relevant objectives between both organisations.
- 4.3 As the employer of the Directors, NHS 24 will be responsible for securing any appropriate adjustment to the remuneration of the Directors to reflect the responsibilities in this agreement and for doing so within the terms of extant Scottish Government circulars and guidance related to the terms and conditions and remuneration of staff in the Executive and Senior Management cohort.

5 Confidentiality and Data Protection

- 5.1 Both parties shall comply with all relevant confidentiality and data protection legislation.

6 Term and Termination

- 6.1 This Agreement shall formally commence on 1 April 2026 and be based on the Director being employed by NHS 24 and will be subject to a 6 monthly review. Either Party may terminate this Agreement by giving 1 month's written notice.
- 6.2 The Agreement may be terminated with immediate effect in the event of a breach.

7 Dispute Resolution

- 7.1 Any disputes shall be addressed through negotiation between the Chief Executives of both Boards, escalating to Board Chairs, if necessary.

Organisational Performance Report

Meeting: Board Meeting - Public

Meeting date: 25 March 2026

Agenda item: 3.1

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

Report Authors: Gillian Hennon, Chief Finance and Risk Officer, Caroline Champion, Planning and Performance Manager, David Johnston, Acting Head of Finance and Procurement, and Gillian Gall, Associate Director of Workforce

Purpose of paper: Assurance

1. Purpose

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

2. Executive Summary

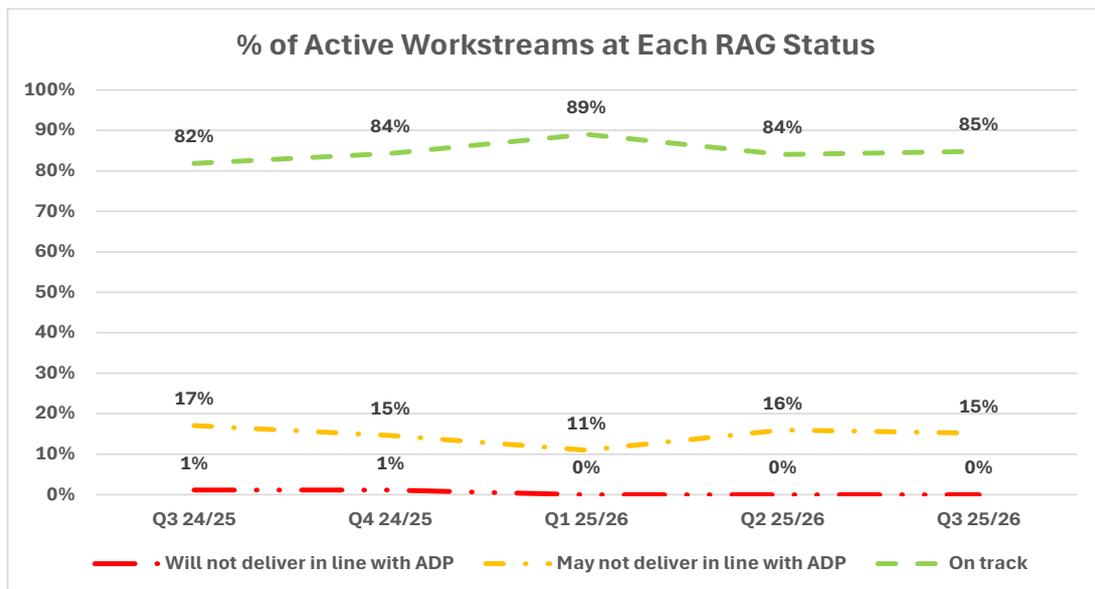
Detailed reports have been considered by the following governance committees:

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

These reports measure the performance against Healthcare Improvement Scotland's (HIS) approved [Strategic Plan 2023-28](#) and 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 3 performance overall remained strong with 85% (Q2 84%) of our work programmes reporting as 'green - on track to deliver in line with the Annual Delivery Plan (ADP)/commission'. There continue to be ongoing risks to delivery as a result of capacity. The organisation achieved a number of strategic milestones during the quarter and in terms of Key Performance Indicators (KPIs) we met 61% of corporate performance measures which remains lower than anticipated and saw no improvement from Q2 (see Appendix 1).



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

- A **safety briefing** was developed in response to the increasing use of GLP-1 receptor agonists across Scotland aiming to share and triangulate intelligence regarding known and emerging patient safety concerns associated with these medicines.
- **Scottish Health Technologies Group (SHTG)** publications included: Ambulatory Electrocardiogram (ECG) Patch Monitors, a national remote diagnostic pathway for the adoption of adhesive single lead ECG devices (patches) for post cryptostroke and transient ischemic attack patients providing continuous monitoring for up to 14 days; and summary of evidence on Esaote® extremity MRI scanners.
- Publication of updated **Newborn Blood Spot Screening Standards**.
- **Scottish Medicines Consortium Forward Look 21 Horizon Scanning** was released providing information to NHS Boards on new medicines or new indications for existing medicines expected to impact on NHS Scotland during 2026/27.
- Published **ASSIST-Lite screening tool** on the Right Decision Service which enables access for practitioners to more robustly understand the risks of patients' substance use.
- Publication of **Asthma Patient Guideline for Adults and Children**.
- **Citizen's Panel 16** report was published which revealed that public awareness of key patient rights in Scotland remains low.
- Launch of **Engagement Practice Responsive Support** service providing quick access to expert advice, tools and practical help, to apply and build skills and understanding of good engagement practices.
- A new **Engagement Practice Learning and Improvement System (EPLIS)** was launched aimed at improving meaningful engagement across health and care organisations in Scotland by enabling people to build the skills and knowledge to engage well.
- HIS hosted the launch of **Scottish Approach to Change** in Edinburgh bringing together senior leaders from across health and social care to explore how the approach can help drive meaningful change. The approach was endorsed at the event 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.

- **Scottish Patient Safety Programme (SPSP)** held its national event, and the refreshed **Essentials of Safe Care** was published.
- HIS held a **Hospital at Home** national event with an opening address given by Neil Gray MSP, Cabinet Secretary. 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 which focused on improving early identification and support of stress and distress in an acute ward setting. A local project was shortlisted for a Scottish Health Award for their work leading to a reducing stress and distress project improving quality of care for people with dementia.

The performance report included a best value assessment on the Drug, Alcohol and Homelessness Improvement Programme. The programme delivers two key areas of work, Pathways to Recovery: Redesigning Residential Rehabilitation, and Improving Quality and Safety in Drug and Alcohol Services (including improvement support for Medication Assisted Treatment (MAT) standards implementation). The programme has strengthened system capability through regional improvement hubs and bespoke support to Alcohol and Drug Partnerships (ADPs), enabling evidence-based action planning for residential rehabilitation pathways; advanced quality and safety by embedding clinical leadership, commissioning research on recovery communities, and supporting MAT Standards implementation—now at 90% compliance for Standards 1–5; delivered efficiencies and cost-conscious practices, in-house toolkit development, and procurement savings; promoted equity and inclusion, targeting disproportionately affected groups and collaborating with partners to ensure trauma-informed approaches for women and children; and contributed to national outcomes, supporting a 75% increase in statutory-funded residential rehabilitation placements since 2021–22 and progress toward the Scottish Government’s target of 1,000 placements annually by 2026. The full assessment is available to Board members on request.

At the Quality and Performance Committee on 4 March 2026, the Committee acknowledged the overall positive progress at the end of Quarter 3. The following points were discussed:

- Concerns were raised about the continued risk to organisational delivery as a result of sustained capacity and workload issues. Workforce planning is being looked at in terms of specific programmes of work and across the organisation, and in 2026/27 we are looking at areas for investment which should alleviate some of the pressure on capacity.
- As part of 2026/27 planning discussions, we are aiming to establish a number of organisational portfolios that will draw together our work and as such performance reporting will need to adapt so we are able to report against these.
- Interaction between the component parts of the performance report was raised again. We are currently looking at how to further develop and strengthen reporting with greater correlation between our overall productivity, workforce and financial planning, and operational risks.

Financial Performance Report

At the 31st of January 2026, total income was £42.1m and total expenditure was £40.7m, driving a £1.4m (3%) underspend. This was driven by pay costs (£0.9m) and non-pay costs (£0.5m).

	Annual Budget (£m)	Forecast Outturn (£m)	YTD Actual (£m)	YTD Budget (£m)	YTD Variance (£m)
Income	£49.3	£51.4m	£42.1	£41.0	£1.1
Pay	£42.9	£43.6m	£36.0	£35.8	(£0.2)
Non-Pay	£6.4	£7.0m	£4.7	£5.2	£0.5
Under/(over) spend	-	£0.8m	£1.4	-	£1.4
Total WTE	-	546.0	544.1	562.8	13.6

We have received our P10 allocation letter and have received 97% of expected allocations with £0.3m still expected to be received.

Our expected outturn at the end of year is a £0.8m underspend (3%) based on data submitted by Directorates. Note any surplus funds will be returned to Scottish Government to ensure we end the financial year with a balanced position.

We continue to work towards our recurring savings target, with £0.9m having been achieved YTD (£1.2m total savings, including non-recurring).

Category	2025/26 Target (£000s)	YTD Actual (£000s)	YTD Target (£000s)	Full Year Forecast (£000s)
Non-Recurring	£226	£236	£207	£315
Recurring	£1,345	£929	£1,059	£1,345
Total	£1,571	£1,165	£1,266	£1,660

We are forecasting that we will end the financial year 2025/26 with a recurring balanced position due to savings made in year, supported by the forecast underspend position and 2026/27 planning work.

Workforce Report

Workforce indicators year to date (YTD) (April 2025 – February 2026):

- At the 28th of February 2026, our total workforce headcount (payroll & non-payroll) was 616 (558.9 whole time equivalent -WTE) - of this, 580 (544.1 WTE) were payroll staff.
- Total workforce turnover YTD was 7.6% (an increased attrition in comparison to the same period last year of 5.8%).
- The sickness absence rate in this period was 3.6% which is lower than the same period last year (4.2% in February 2025) and less than the latest NHS Scotland reported rates (6.4% in December 2025).

- The Workforce Strategy Group have reviewed 330 resource requests in total since April, of which 156 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 93 new recruitment campaigns commenced in 2025-26, 70 have been filled (37 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 twenty-three staff who are currently on redeployment, some are of a specialist nature which do not frequently arise through vacancies.

3. Recommendation

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

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

4. Appendices and links to additional information

The following appendices are included in this report:

- Appendix 1: Q3 Corporate Key Performance Indicators
- Appendix 2: Summary Financial Performance Report at 31st January 2026
- Appendix 3: Workforce Report – year to date at 28th February 2026

Appendix 1: Q3 Corporate Key Performance Indicators (KPIs)

Corporate KPIs:	Number of KPIs	% of KPIs
Red (behind target >10%)	6	33%
Amber (within 10% of target)	0	0%
Green (ahead/on target)	11	61%
N/A	1	6%

Source	KPI Title	KPI Metric	25/26 Target	Quarter Target	Q1 Outturn	Q2 Outturn	Q3 Outturn	Notes for KPIs Behind Target
Health and Social Care Renewal <i>*These directly support national Operational Improvement Plans Commitments</i>	Hospital @ Home Beds	Expansion of scope of existing programme (bed numbers)	800	750	600	600	655	NHS Boards lack of resources to support H@H services, early flu pressures in the system, and the lag in data collection/ submissions are significantly impacting on HIS meeting the 25/26 target. Q3 outturn is based on data collected end of October, November and December figures incomplete.
	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%	80%	40%	87%	87%	
	Timely Access to Services	Primary care improvement programme participants demonstrating improved access to care	70%	60%	40%	50%	50%	Annual target split Q1 20%, Q2 40%, Q3 60%, Q4 70%. Entered the write-up phase, no new demonstrator site or collaborative work planned for the rest 25/26 therefore 50% applies across remaining quarters and annual target will not be met.

		Citizens' Panel (full reports and pulse surveys) and Gathering Views reports to consider NHS renewal and accessing services	8	2	1	0	1	Delivery is behind target due to delays in topic confirmation and extended engagement periods. Unplanned leave has delayed some of the surveys. 2 further surveys to be complete by the end of Q4, with 2 gathering views started and aiming for publication in Q1 of 26-27. Year-end target will not be met.
	National Position Statements	Delivery of national evidence statements on major priority areas	2	-	N/A	1	1	Trusted Voice position statement on sustainability and climate principles for healthcare published December 2025
	Mental Health Reform	% of supported NHS boards with an improvement in design or delivery of services	80%	70%	50%	50%	80%	
External - Scottish Government '15 box grid'	Sickness Absence Reduction	In line with national target	4%	4%	3.3%	3.3%	3.5%	
	Recurring Savings	As approved in budget	£1.5m	TBC	£0.1m	£0.4m	£0.3m	Total recurring savings to date £0.8m. Audit and Risk Committee agreed £0.4m savings against the HIS Employee scheme however at risk of not meeting the full recurring savings target therefore any deficit will be carried forward into 26/27. We expect to meet our savings target on a non-recurring basis for 25/26 given current underspend position in the organisation.
Statutory Functions	NHS Inspections (acute,	Number of onsite inspections carried out	24	7	3	7	7	

	maternity and mental health)							
	Independent Healthcare Inspections	Number of registered services inspections undertaken	129	32	28	35	32	
	New Medicines Advice	% of decisions communicated within target timeframe	85%	85%	50%	71%	57%	Scottish Medicines Consortium (SMC) continues to receive an increased volume of monthly submissions in comparison to this time last year. Number of deferred medicines at the end of Q3 was 27 (compared to 5 at the end of Q3 of 24/25). 84 submissions were received in Q1, Q2 and Q3 compared to 79 across the whole of 24/25. Unlikely to meet annual target, anticipated position to be 50%-60%.
	Service Change Engagement	Number of NHS Board/IJB service change engagement plans influenced by advice and assurance	60	60	51	70	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%	89%	17/19 boards have had a full review done.
	SHTG	Number of advice outputs issued	12	3	3	3	1	Annual target 10 standard outputs and 2 AI/Digital advice. Publications planned to be published in Q3 now moved to Q4 due to backlog in directorate sign

								off. The backlog will be resolved and should be back on track next quarter.
Safety in the System	Adverse Events	% NHS boards sharing learning summaries with HIS	100%	50%-75%	0%	0%	65%	Annual target split Q1 0%, Q2 25%, Q3 50-75%, Q4 100%. 11 of 17 NHS Boards that report conducting Significant Adverse Event Reviews (64.7%) have shared learning summaries during Q3.
	Responding to Concerns	% of cases with initial assessment undertaken within agreed timescales	100%	100%	100%	100%	100%	
	High-Quality and Safe Healthcare	Deliver inspection of CAMHS inpatient services and national inpatient unit	4	1	1	2	1	Annual target split Q1 x1, Q2 x2, Q3 x1
		Publication of new national standards for clinical and care governance	Q4	Q4	N/A	N/A	N/A	Annual target Q4.

Appendix 2 Summary Financial Performance Report

Year to Date - Performance Summary – P10

As at 31 January 2026 total income was £42.5m and total expenditure was £40.7m, resulting in a £1.8m underspend (4%).

The YTD underspend, excluding the underspend banked at Q1, Q2 and Q3, is primarily driven by the following:

- **NIC (£0.6m)** driven by lower pay and non-pay costs in Primary Care baseline (£0.3m), lower pay costs in Improving Access (£0.1m), Community Care (£0.1m) and HSP (£0.1m)
- **CETC (£0.5m)** primarily due to lower pay costs relating to Drugs and Alcohol and Mental Health programmes (£0.5m)
- **Evidence & IT and Digital (£0.3m)** underspend due to timing difference on digital spend, various non-pay underspends, delays in recruitment on allocations.
- **Quality Assurance and Regulation (£0.3m)** underspend due to pay underspend related to CAMHS - combination of vacancies in programme and underspend in baseline due to movement of staff to programme (£0.1m) and non-pay underspend on Reviews (£0.1m)
- A full breakdown of the YTD position is available in **Appendix 1**.

	YTD Actual WTE	YTD Budget WTE	YTD Variance WTE
Baseline WTE	410.2	430.7	20.5
Allocation WTE	108.1	112.0	3.9
Grant WTE	3.0	3.2	0.2
IHC WTE	22.8	16.9	(5.9)
Total	544.1	562.8	18.7

	Annual Budget (£m)	YTD Actual (£m)	YTD Budget (£m)	YTD Variance (£m)
Income	£49.3	£42.5	£41.0	£1.5
Pay	£42.9	£36.0	£35.8	(£0.2)
Non-Pay	£6.4	£4.7	£5.2	£0.5
Under/(over) spend	-	£1.8	-	£1.8
Total WTE	562.8	544.1	562.8	18.7

Total Whole Time Equivalents (WTEs) at the end of January were 544.1 – a decrease of 5 from December. A full breakdown of the YTD WTE position is available in **Appendix 1**.

YTD 47 people have left the organisation - representing an overall turnover rate of 7.5% YTD. YTD 46 people have joined the organisation.

There are currently 15 staff on the redeployment register and 11 roles that have live recruitment campaigns.

Performance by Funding Source

Year to Date – P10						Full Year Forecast					
	Baseline (£m)	Additional Allocations (£m)	Independent Healthcare (£m)	Grant and Other Income (£m)	Total (£m)		Baseline (£m)	Additional Allocations (£m)	Independent Healthcare (£m)	Grant and Other Income (£m)	Total (£m)
Income	£31.2	£8.5	£1.5	£1.3	£42.5	Income	£37.6	£10.9	£1.7	£1.6	£51.8
Pay	£27.7	£6.6	£1.5	£0.2	£36.0	Pay	£33.6	£8.1	£1.7	£0.2	£43.6
Non-Pay	£2.3	£1.0	£0.2	£1.2	£4.7	Non-Pay	£3.4	£1.8	£0.3	£1.5	£7.0
Under/(over) spend	£1.2	£0.9	(£0.2)	(£0.1)	£1.8	Under/(over) spend	£0.6	£1.0	(£0.3)	(£0.1)	£1.2

Key areas of variance YTD are:

- Baseline underspend driven by NIC (£0.5m) due to vacancies in Primary Care, Improving Access and HSP, underspend in QARD (£0.3m) due to pay relating to baseline staff moved to the CAMHS programme and lower non-pay spend in Reviews, underspend in Medical & Safety (£0.2m) primarily driven by non pay underspends on the Website, CETC (£0.1m) due to vacancies in Mental Health and underspend in Digital (£0.1m) due to timing difference on digital spend.
- Allocation underspend driven by pay underspends in the Mental Health & Drugs and Alcohol programmes (£0.4m), additional pay funding relating to AFC uplift funded by SG (£0.3m) 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).

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

We have received the Agenda for Change (AFC), Medical and Exec pay uplifts from Scottish Government.

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 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 – P10

Funding Status	Sum of Funding Received (£)	Funding Expected (£)	Additional Allocations Totals	Actual Expenditure YTD	Over/Underspend YTD	Allocation Budget
Funding Received	8,169,215	0	8,169,215	5,541,495	842,395	6,243,000
151 - Recurring Allocation from 24/25	2,118,354	0	2,118,354	1,342,765	134,900	1,558,000
167 - RR & Medicated assisted treatment / Pathways & substance	1,561,472	0	1,561,472	1,096,953	249,975	1,478,000
50 - Mental Health Bundled Allocation	1,392,539	0	1,392,539	988,737	224,637	1,295,000
118 - Excellence in Care Programme expansion into multidisciplinary professions	520,000	0	520,000	430,138	17,241	520,000
180 - Scottish Medicines Consortium	450,000	0	450,000	392,142	12,436	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	302,265	139,157	0
486 - Voluntary Scheme for Branded Medicine Pricing, Access, and Growth – Life Sciences Investment Programme	449,303	0	449,303	282,856	18,490	0
147 - Volunteer Management System	231,000	0	231,000	194,543	1,966	239,000
138 - National Cancer Medicines Advisory Group	230,078	0	230,078	191,932	7,953	230,000
204 - Palliative Care Guidelines & Scottish Palliative Care Guidelines on Right Decision	168,212	0	168,212	119,425	6,976	160,000
135 - ASP Joint Inspection Programme 2025-26	84,767	0	84,767	110,739	(17,043)	250,000
109 - SAPG	95,498	0	95,498	43,299	21,983	0
92 - National Review Panel	63,797	0	63,797	37,470	1,117	63,000
TBC - Domestic Homicide and Suicide Review	34,000	0	34,000	8,231	12,608	0
277 - Scottish health technologies group	15,000	0	15,000	0	10,000	0
Held Back	225,489	0	225,489			0
Partially Received	1,723,697	717,000	2,440,697	2,057,728	18,635	2,712,000
72 - Primary Care Phased Investment Programme Tranche 1	1,020,000	410,000	1,430,000	1,236,904	(54,253)	1,674,000
27 - Right Decision Support	553,000	135,000	688,000	590,002	42,253	688,000
486 - Voluntary Scheme for Branded Medicine Pricing, Access, and Growth – Life Sciences Investment Programme	150,697	172,000	322,697	230,822	30,635	350,000
Total	9,892,912	717,000	10,609,912	7,621,012	857,991	8,955,000

At P10 we have received £9.9m versus expected total of £10.6m (93%).

The PCIP funding expected has been reduced at P9 reporting to £0.4m to reflect funding required to match expected expenditure.

Included within the £10.6m 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 for Citizens Panel, What Matters To You and Volunteer Systems (£77k). CETC have indicated that they have identified opportunity to utilise funding currently held back – will be released against expenditure as required.
- 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	£318k	£318k	£380k	Green
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	£196k	£196k	£235k	Green
Independent Healthcare	Timing of billing registration fees and to commence charging cancellation fees	Laura Boyce	Non-Pay		£50k		£42k	£0k	Red
Property	IFRS 16 rent free period adjustment	Chief Finance & Risk Officer	Non-Pay	£111k		£111k	£111k	£111k	Green
Evidence	Phasing savings given recruitment timings	Safia Qureshi	Pay	£75k		£28k	£63k	£33k	Green
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	£171k	£83k	£205k	Green
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		£125k	£449k	Yellow
Digital	Savings to the purchase of hardware equipment such as laptops and mobile phones	Kevin McInnery	Non-Pay		£75k		£0k	£54k	Yellow
Travel & Events	Based on underspends YTD	Organisation	Non-Pay		£120k	£93k	£100k	£120k	Green
Evidence, evaluation & data	Consolidate, centralise and prioritise organisational work across directorates. Also savings from not back-filling roles.	Safia Qureshi	Pay		£275k	£248k	£229k	£298k	Green
	Totals			£226k	£1,345k	£1,165k	£1,266k	£1,886k	
	Grand Total				£1,571k				

We continue to work towards our recurring savings target, with £0.9m having been achieved YTD (£1.2m 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 detailing the current status and proposed next steps regarding the 2025/26 recurring savings requirement was presented at the November meeting of the Performance and Delivery Board. The same paper was subsequently reviewed by the Audit and Risk Committee later that month. Following these discussions, it was agreed that the organisation would explore options to address the identified recurring savings gap of £449k. The measure proposed is to refrain from permanently filling certain posts within the HIS Employee model. This approach will be further assessed in the context of operational impact, workforce planning, and long-term sustainability.

Appendix 3 Resource position summary (28 February 2026)

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: 28 February 2026

YTD Period: 1 April 2025 – 31 March 2026

Previous Year End: 31 March 2025

Summary highlights



Workforce Mix

Our current workforce is:

- 616 total headcount
- 580 payroll headcount
- 36 non-payroll headcount

Directorate workforce:
(total headcount)

- CEO: 10
- CETC: 99
- Evidence & Dig: 163
- Finance P&G: 13
- Medical & Safety: 73
- Nursing & IC: 107
- Paw: 17
- QA & Reg: 134



Staff Changes

YTD, 48 people left the organisation in total - representing an overall turnover rate of 7.6% YTD.

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



Sickness absence

35491 hours or 4796 days were lost due to sickness absence this year, which represents a rate of 3.6% of available capacity.

60.6% of sickness has been due to long term conditions and the main reason given for absence is anxiety, stress or depression, which accounts for 21.9% (7784 hours or 1052 days) of the total reported absence.



Vacancy Approvals

There have been 156 recruitment related posts that have been considered by the Vacancy Management Strategy Group (VMSG) since the start of the financial year – 154 have been approved.



Recruitment

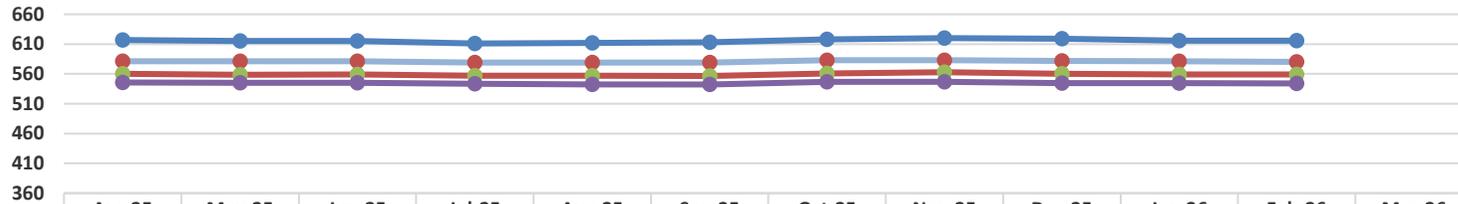
This year, 93 new recruitment campaigns have commenced, of which 70 have been filled (37 by internal/NHS staff) with others at various stages of recruitment.

Thus far, it has taken 43.4 days to reach offer stage and 91.7 days to confirm a start date from the point of advertising a vacancy.

YTD workforce position

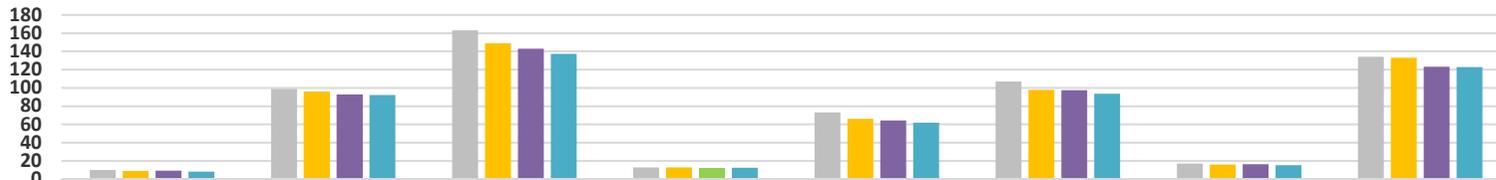
The total workforce in-post currently stands at 616HC/558.9 WTE with 580 HC/544.1 WTE being payroll staff and 36 HC/14.8 WTE non-payroll (i.e. Secondees-in).

Workforce YTD



	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	620	619	616	616	
Headcount (payroll only)	581	581	581	579	579	579	583	583	582	581	580	
WTE (payroll & non-payroll)	560.2	558.7	559.2	557.1	556.7	556.5	560.8	562.8	560.2	559.0	558.9	
WTE (payroll only)	545.6	544.8	545.3	543.2	542.6	542.3	546.7	546.7	544.4	544.6	544.1	

Current Workforce by Directorate



	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)	10	99	163	13	73	107	17	134
Headcount (payroll only)	9	96	149	13	66	98	16	133
WTE (payroll & non-payroll)	9.4	92.9	143.0	12.3	64.4	97.6	16.3	123.1
WTE (payroll only)	8.4	92.3	137.5	12.3	61.8	93.6	15.3	122.9

YTD Workforce Profile (job family & location)

Administrative Services is our largest job family consisting of 553(89.8%) of the total workforce as shown along with a detailed breakdown of other job families below.

Hybrid working applies to most of our staff (96.9%) with the highest proportion substantively based in Delta House (335/54.5%), followed by those with a Gyle Square base (231/37.6%) as shown in the location breakdown below. There are currently 19 employees (3.1%) based at home.

Job Family	%	Headcount	WTE
ADMINISTRATIVE SERVICES	89.8%	553	514.3
FINANCE	0.6%	4	3.8
HUMAN RESOURCES	2.3%	14	13.3
INFORMATION SYSTEMS/TECHNOLOGY	11.0%	68	63.8
OFFICE/ADMINISTRATIVE SERVICES	75.8%	467	433.5
MEDICAL AND DENTAL	4.5%	28	13.5
OTHER THERAPEUTIC	4.9%	30	26.1
SENIOR MANAGERS	0.8%	5	5.0
Grand Total	100.0%	616	558.9

Substantive Base	%	Headcount	WTE
Office/hybrid	96.9%	597	542.0
Home worker	3.1%	19	16.9
Grand Total	100.0%	616	558.9

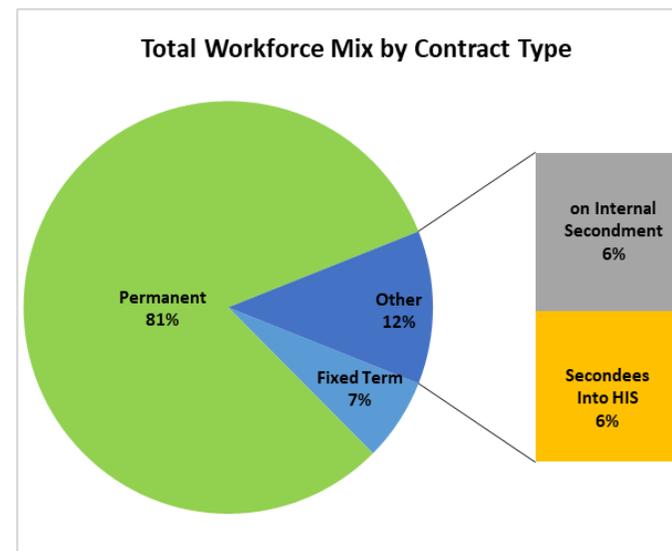
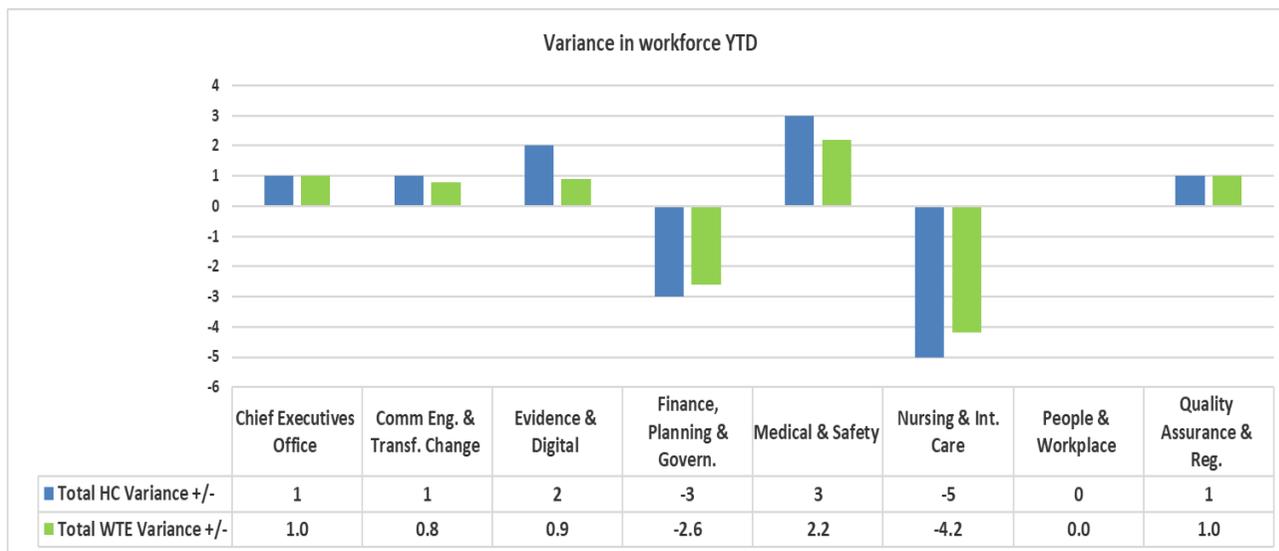
Location	% Split	Headcount	WTE
D009A NHS 24 - East Contact Centre	1.0%	6	4.5
D022A NHS 24 HQ & Cardonald Con	0.5%	3	2.4
F020A CE Fife	0.3%	2	1.9
H083A CE Highland	0.2%	1	1.0
L020A CE Lanarkshire	0.2%	1	1.0
N036A CE Grampian	0.8%	5	5.0
R008A CE Orkney	0.2%	1	0.8
T024A CE Tayside	0.3%	2	1.7
V017A CE Forth Valley	0.3%	2	2.0
W019A CE Western Isles	0.7%	4	3.4
X023A Aberdeen & North-East Scotla	0.2%	1	0.6
Y007A CE Dumfries & Galloway	0.2%	1	1.0
Z012A CE Shetland	0.2%	1	0.8
ZZ001 Home based	3.1%	19	16.9
X056A Delta House	54.5%	335	298.6
X057A Gyle Square	37.6%	231	216.3
Grand Total	100.0%	615	557.9

Workforce mix and YTD changes

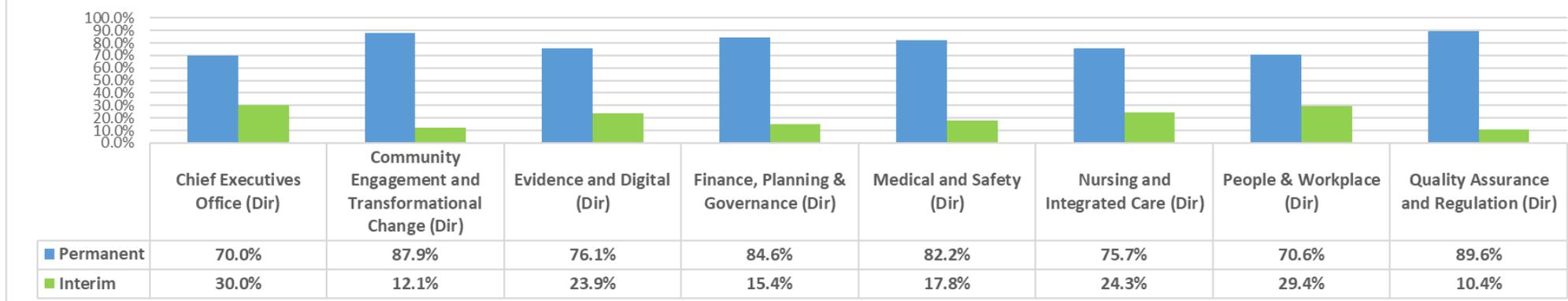
Since the start of this financial year, the overall workforce size has remained relatively unchanged (-0.9 WTE). At Directorate level, the key net changes to staffing are shown below.

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 18.5%.

Overall Workforce mix and net variance YTD this financial year



Permanent v Interim postholders ratio per directorate



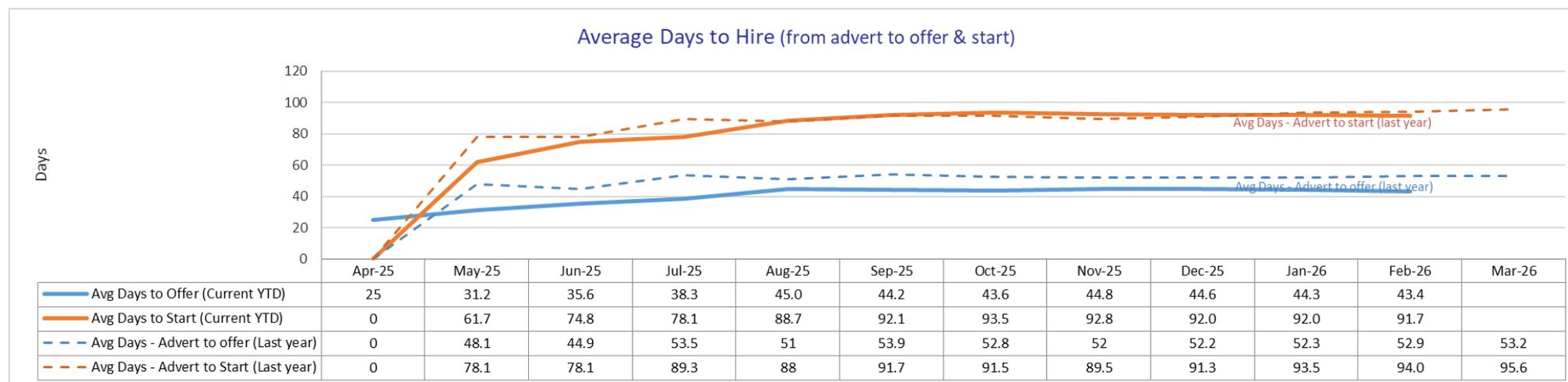
Recruitment Activity (YTD)

93 new recruitment campaigns have commenced so far this year – of these, 70 have been filled (37 by internal/NHS staff). Currently 4 are being advertised, 2 are at shortlisting/interview stage and 10 are 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	31	23	12	11	4	1	0	0	3
Permanent	45	36	25	11	2	1	0	2	4
Secondment Only	17	11	0	11	1	2	0	0	3
Multiple post combinations	0	0	0	0	0	0	0	0	0
Grand Total	93	70	37	33	7	4	0	2	10

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 43.4 days and 91.7 days to reach a confirmed start date. These reflect that job offers are being made and confirmed quicker than last year.



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

Workforce Turnover (YTD)

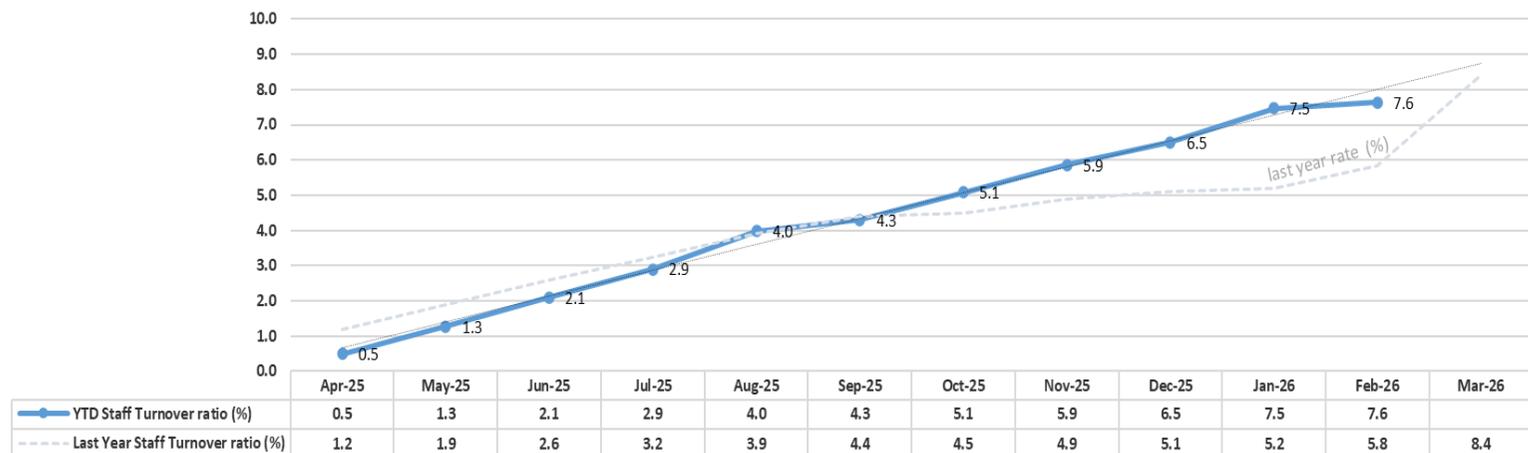
This year, 48 people have joined the workforce and 48 have left as detailed below, representing an organisational turnover rate of 7.6% (higher than the same period last year of 5.8%). The attrition rate in relation to each category/type of contract (payroll & non-payroll) is shown below. Based on current trends, the attrition rate at the end of financial year is expected to be circa 8.7%.

YTD Turnover by Directorate	Starters	Leavers	Turnover Rate
Chief Executives Office (Dir)	5	4	17.0%
Community Engagement and Transfo	8	7	6.9%
Evidence and Digital (Dir)	14	12	7.7%
Finance, Planning & Governance (Dir)	0	3	20.0%
Medical and Safety (Dir)	6	3	4.1%
Nursing and Integrated Care (Dir)	7	12	11.1%
People & Workplace (Dir)	0	0	0.0%
Quality Assurance and Regulation (C	8	7	5.3%
Total	48	48	7.6%

YTD Turnover by Contract Type	Starters	Leavers	Turnover Rate
Fixed Term	15	7	11.5%
Inward Secondment	8	8	21.3%
Permanent	23	28	6.0%
Internal Secondment	2	5	14.3%
YTD Organisational Turnover	48	48	7.6%

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

Cumulative Staff Turnover Rate (%) YTD by Month v Last Year

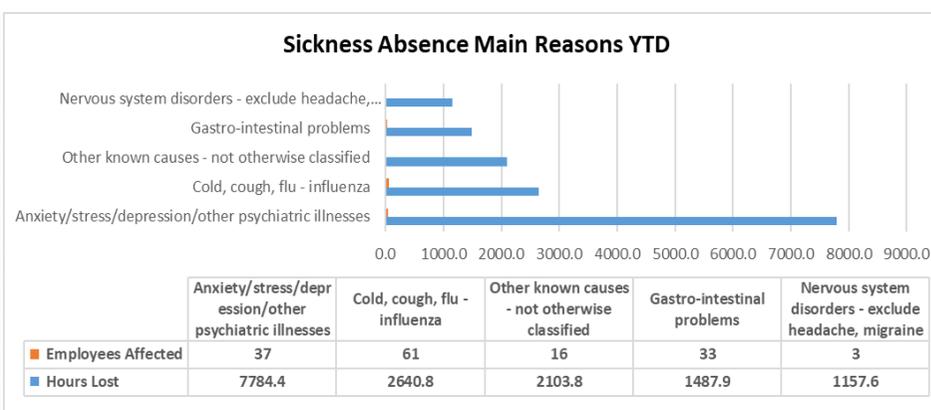


Sickness Absence Rate (YTD)

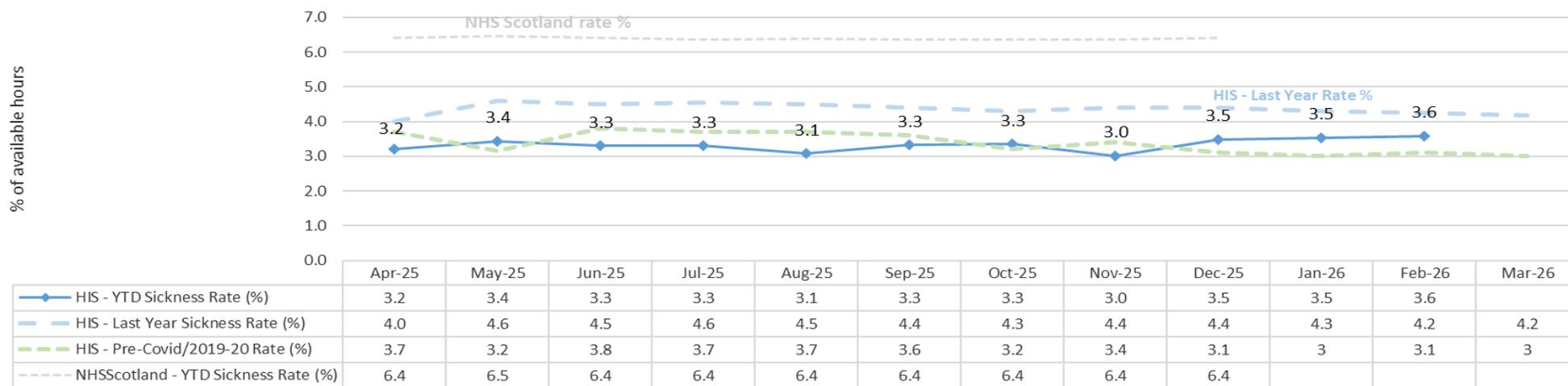
Cumulatively YTD, a total of 35491 hours (4796 days) were lost due to sickness absence, representing a sickness rate of 3.6% with 60.6% attributed to long term conditions. A breakdown of long and short-term sickness absence by directorate is shown below.

More hours were lost due to 'Anxiety/stress/depression/psychiatric illnesses' related sickness than any other reason, with 7784 hours (1052 days) lost – affecting 37 staff members (other main reasons are shown below). The reported sickness rate remains lower compared to the same period last year (4.2 %) and significantly lower than the NHS Scotland average rate of 6.4% (compared to latest available national data).

Directorate	Sickness Absence				Instances	
	Rate %	Long Term	Short Term	Hours Lost	Long Term	Short Term
Chief Executives Office (Dir)	0.1	0.0	22.5	22.5	0	1
Community Engagement and Transformational Change (Dir)	5.6	6390.6	2749.7	9140.3	19	93
Evidence and Digital (Dir)	2.2	2549.8	3004.3	5554.1	8	136
Finance, Planning & Governance (Dir)	2.3	222.0	283.1	505.1	1	12
Medical and Safety (Dir)	4.6	3543.6	1692.2	5235.8	10	62
Nursing and Integrated Care (Dir)	3.9	4038.7	2693.0	6731.7	13	112
People & Workplace (Dir)	2.4	320.0	381.0	701.0	2	14
Quality Assurance and Regulation (Dir)	3.5	4453.1	3147.7	7600.8	14	101
Organisational Total	3.6	21517.8	13973.4	35491.2	67	531



Sickness Absence Rate (%) YTD by Month



Vacancy Management & Approvals

So far this year, there have been 330 requests in total submitted to the vacancy group for approval (all reasons – including change in hours/duration etc.). 156 eRAFs were related to recruitment (incl. covering leavers/internal moves/secondments/sickness etc.) of which, 76 (61%) were being funded from base allocation and 78 (37.3%) from additional allocation and 2 (1.7%) 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
Chief Executives Office	3
Community Engagement and Transformational Change	17
Evidence and Digital	36
Finance, Planning & Governance	5
Medical and Safety	9
Quality Assurance and Regulation	19
People & Workplace	2
Nursing and Integrated Care	65
Total	156

eRAFs by Type	Approved	Rejected/Withdrawn	Total
Interim Backfill (postholder is returning)	22	1	23
New Post (not currently in structure)	70		70
Replacing a Leaver (postholder not returning)	62	1	63
Total	154	2	156

eRAFs by funding/band/contract	Fixed Term	Permanent	Secondment	Temporary	Total
Additional allocation	23	17	7	31	78
Band 5	1	1		30	32
Band 6	9	7			16
Band 7	10	8	2	1	21
Band 8A	1	1	1		3
Band 8B	1		2		3
Band 8C			1		1
Other	1		1		2
Baseline allocation (Core)	23	40	9	4	76
Band 4	1	4			5
Band 5	1	2			3
Band 6	7	4	2	4	17
Band 7	6	13			19
Band 8A	4	7	1		12
Band 8B		6	2		8
Band 8C	2				2
Band 8D		2	1		3
Other	2		3		5
Senior Managers		2			2
External Funding	1	1			2
Band 7	1				1
Band 8A		1			1
Total	47	58	16	35	156

RAF Pipeline

At the month end, there were 15 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	Status	RAF Pipeline (pre-Vacancy Group)
Evidence and Digital	239	Senior health information	Permanent	With Director	1
	335	Palliative care professor	Secondment	With VRG	1
	359	Programme Director, Know	Secondment	With Finance	1
	360	Health Services Research	Permanent	With Director	1
Community Engagement and Transformational Ch	305	Project officer	Fixed Term/Secondment	With Finance	1
	306	Improvement Advisor	Fixed Term	With Finance	1
	310	Senior Project Officer	Permanent	With Finance	1
	322	Senior Improvement Advi	Permanent	With Unit Head	1
	334	Project officer	Permanent	With Unit Head	1
	349	Clinical Advisor	Fixed Term/Secondment	With Unit Head	1
Medical and Safety	265	Senior Communications C	Permanent	With Director	1
	354	Project officer	Fixed Term	With Finance	1
People & Workplace	329	OD&L Specialist	Permanent	With Finance	1
	330	Organisational Developm	Fixed Term	With Finance	1
Chief Executives Office	291	Head of Performance & D	Permanent	With Unit Head	1
Total					15

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	£28.09	
Mean Male Pay	£29.66	£30.98	£31.22	£31.47	
Mean Pay Gap (M to F comparison)	11.3%	10.3%	11.0%	10.8%	
Median Female Pay	£25.29	£26.36	£26.87	£27.37	
Median Male Pay	£26.25	£27.37	£30.66	£30.66	
Median Pay Gap (M to F comparison)	3.7%	3.7%	12.4%	10.7%	

Redeployment

At the end of this period, 23 staff are currently on redeployment and being considered for alternative roles with some being specialist roles which do not frequently arise through vacancies.

Anti-racism plan update

Meeting: Board Meeting - Public

Meeting date: 25 March 2026

Agenda item: 4.1

Responsible Executive/Non-Executive Clare Morrison, Director of Engagement and Change

Report Authors: Gillian Gall, Interim Chief People Officer; Tony McGowan, Associate Director of Community Engagement; Rosie Tyler-Greig, Equality, Inclusion and Human Rights Manager.

Purpose of paper: Assurance

1. Purpose

To provide assurance in relation to progress with the HIS anti-racism plan and share information about upcoming delivery priorities.

2. Executive Summary

In April 2025, HIS published four new equality outcomes, including the outcome that HIS staff are confident in their ability to recognise and challenge racism within both our own workplace and the wider health and care system. We also published a connected anti-racism plan, which was developed with the HIS staff Race and Ethnicity Network and informed by a focussed piece of community engagement (Appendix 1).

The outcome and plan jointly meet requirements under the Equality Act 2010 (Specific Duties) (Scotland) Regulations 2012 and the Scottish Government's separate requirement for all NHS Scotland bodies to deliver an anti-racism plan. Per Scottish Government guidance, our anti-racism plan has a dual focus on 'supporting workforce culture' and 'equity focussed service delivery'.

The purpose of this paper is to update on activities relevant to supporting workforce culture and provide assurance that planned work is underway. This includes leadership commitment being in place along with a delivery mechanism and routes for staff voice to shape the content of the work. The detail of specific outputs and future activities are also noted.

Delivery Group:

An anti-racism delivery group was established by the Equality, Inclusion and Human Rights Team and has met eight times since February 2025. The group's Terms of Reference include staff-side representation as part of membership and set out reporting arrangements to the Staff Governance Committee. They additionally clarify that delivery approaches for activities related to supporting workforce culture are to be agreed and delivered in partnership. Starting on 10 March, six meetings are scheduled throughout 2026.

2025 activities and reporting:

Key activities to date have focussed on ensuring we have a clear organisational commitment to anti-racism. Our commitment is included within the HIS Strategy 2023-28. The Chief Executive and Chair communicated a statement of support for the plan, which was shared with staff and on LinkedIn. Each member of the Executive Team has set an anti-racism objective, and several have been open in sharing the detail of their commitment. We celebrated Black History Month through our Inclusion Bulletin and staff had an opportunity to hear from the Chair of the Race and Ethnicity Network during an all-staff huddle.

During Autumn last year HIS provided the Scottish Government with a progress update. This was followed by an interactive feedback session where officials were positive about our progress – and in particular, the engagement undertaken to develop the plan. It was suggested HIS now consider strengthening our position as a systems leader in relation to the engagement of both staff and communities for anti-racism.

Priorities:

The delivery group has identified several priorities for 2026, intended to have a positive impact on organisational culture and staff experience.

Incident reporting: We have committed to improving reporting of incidents related to racism, discrimination, bullying and harassment. Scottish Government guidance says boards should understand issues with reporting channels and ensure staff feel supported and safe to report incidents. System wide feedback from minority ethnic staff suggests they often do not feel comfortable reporting experiences for fear of reprisal in some form.

A confidential reporting system could give staff confidence to share their experiences while also offering an insight into organisational culture. Some boards have now established systems which enable staff to report discrimination, including anonymously, and to receive suitable support. HIS delivery group members were joined by colleagues from relevant functions and the Employee Director for a session with NHS Lanarkshire on their new confidential and independent Reporting a Discriminatory Incident (RADI) system. The RADI system covers all protected characteristics and has had early success supporting staff. A proposal to establish a similar system for HIS will be considered when the delivery group meets in March, with a view to preparing a proposal to be discussed in partnership within quarter one and brought to the next meeting of the Staff Governance Committee in May for comment.

Staff training: We have committed to providing regular learning opportunities open to all staff, which inform and challenge their views around race and ethnicity. NHS Education have now commissioned [Laura Serrant Ltd](#) to deliver a ‘train the trainer’ course to select NHS Scotland staff, including four HIS staff. The course will equip participants with the knowledge, tools, and confidence to facilitate successful anti-racism training. The course will be delivered by award-winning equality, diversity, and inclusion specialists with extensive experience in leadership, equity and inclusion across the NHS and other sectors, including embedding anti-racism into practice. It is anticipated that a HIS anti-racism training offer for all staff including Board Members will be made available during summer 2026, with regular facilitation jointly delivered by the Equality and People and Workforce Teams. This will however be kept under review until we understand more about the emerging resource in this area. In the meantime, the learning and reflection exercises will continue while key staff also engage in a national peer learning and support space facilitated by Public Health Scotland.

Review by minority ethnic staff: The anti-racism delivery group Terms of Reference is to be reviewed annually, with the first review due on 1 April 2026. Alongside this, the group wants to ensure the anti-racism plan is able to have a positive impact on HIS staff.

The Chair and Executive Sponsor of the Race and Ethnicity Network will jointly facilitate an engagement session in March for minority ethnic colleagues in HIS. This will be an opportunity to ensure the anti-racism plan reflects the experiences and needs of all staff, particularly new and current colleagues from minority ethnic backgrounds. Participants will be consulted on:

- Awareness and understanding of the current action plan
- Views on whether it addresses challenges faced when working in HIS
- Any areas in the action plan that should be added or strengthened
- Whether people were or would like to be involved meaningfully in shaping the action plan

Considerations:

Organisational: The anti-racism plan requires cross-organisational commitment and delivery.

Clinical and care governance considerations (CCG): All seven CCG principles are fundamental to HIS delivering on its anti-racism commitments.

Stakeholder considerations and engagement: The supporting workforce culture section of the plan published in April 2025 was co-developed with the Race and Ethnicity Network peer support group. Staff with minority ethnic backgrounds have now been invited by the network Chair and Executive sponsor to contribute to a refresh of the plan. It is anticipated that this opportunity will reach a wider cohort of minority ethnic staff than those actively engaged with the network. It is also anticipated that specific actions in the plan will benefit from focussed staff engagement.

Equality and diversity: By aligning the anti-racism plan with HIS equality outcomes 2025-29, it will support the requirements of the Equality Act 2010 (Specific Duties) (Scotland) Regulations 2012, including all three needs of the General Equality Duty. We recognise that colleagues from a wide range of minority ethnic backgrounds, and with other intersecting experiences, can experience negative racialisation. We have taken steps to hear from as many colleagues as possible about their experiences and how the plan can strengthen and improve our workforce culture.

3. Recommendations

The Board are asked:

- To take **assurance** of progress with delivery of the anti-racism plan.
- **Support** the priorities highlighted for 2026, including by advising on any relevant considerations for the anti-racism delivery group.

The Staff Governance Committee considered the anti-racism plan update at its meeting on 25 February 2026 and noted the plans for rollout of training which would include Board members. The Committee accepted the moderate level of assurance offered.

It is recommended that the Board accept a **moderate** level of assurance for this work. Planned activities are underway, but there is some residual risk arising from the upcoming review of the

anti-racism plan and the ongoing equalities audit. Together these have the potential to introduce new considerations and require reprioritisation of activities. Should this be the case however, it may strengthen assurances that the updated plan accurately reflects the experience and needs of the HIS workforce. An additional consideration is that the nature of the plan requires consistent One Team working across directorates. A key delivery dependency is cross-directorate capacity, which can impact the pace of progress overall.

4. Appendices and links to additional information

- Appendix 1: [HIS anti-racism plan](#)

Risk Management

Meeting: Board Meeting - Public

Meeting date: 25 March 2026

Agenda item: 5.1

Responsible Executive: Gillian Hennon, Chief Finance & Risk Officer

Report Author: Geoff Morgan, Programme Manager

Purpose of paper: Assurance

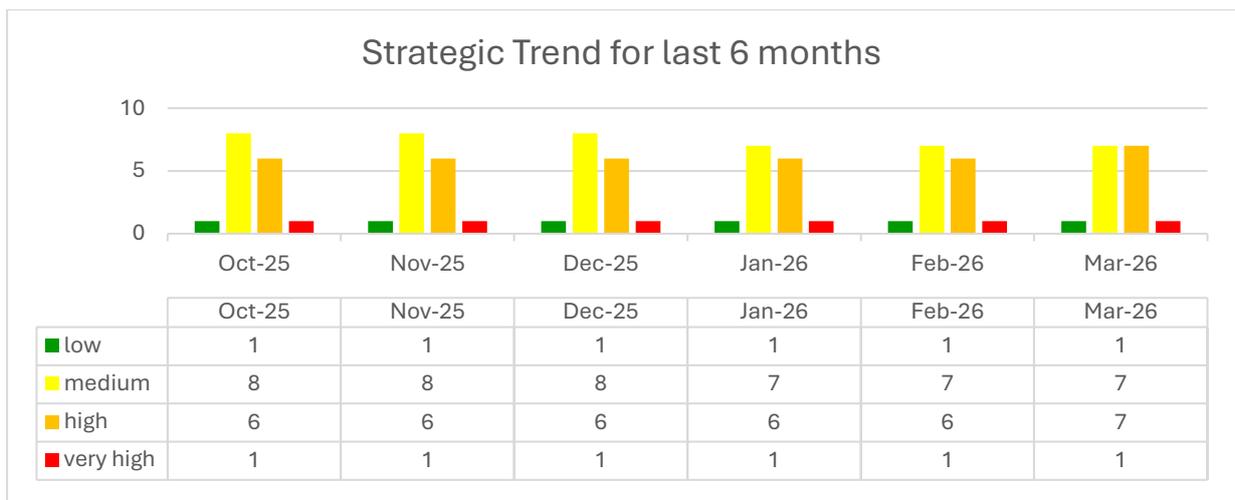
1. Purpose

The Board is asked to review all the current strategic risks (Appendix 1) as of 16 March 2026 to gain assurance of the effectiveness of risk management at Healthcare Improvement Scotland (HIS).

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

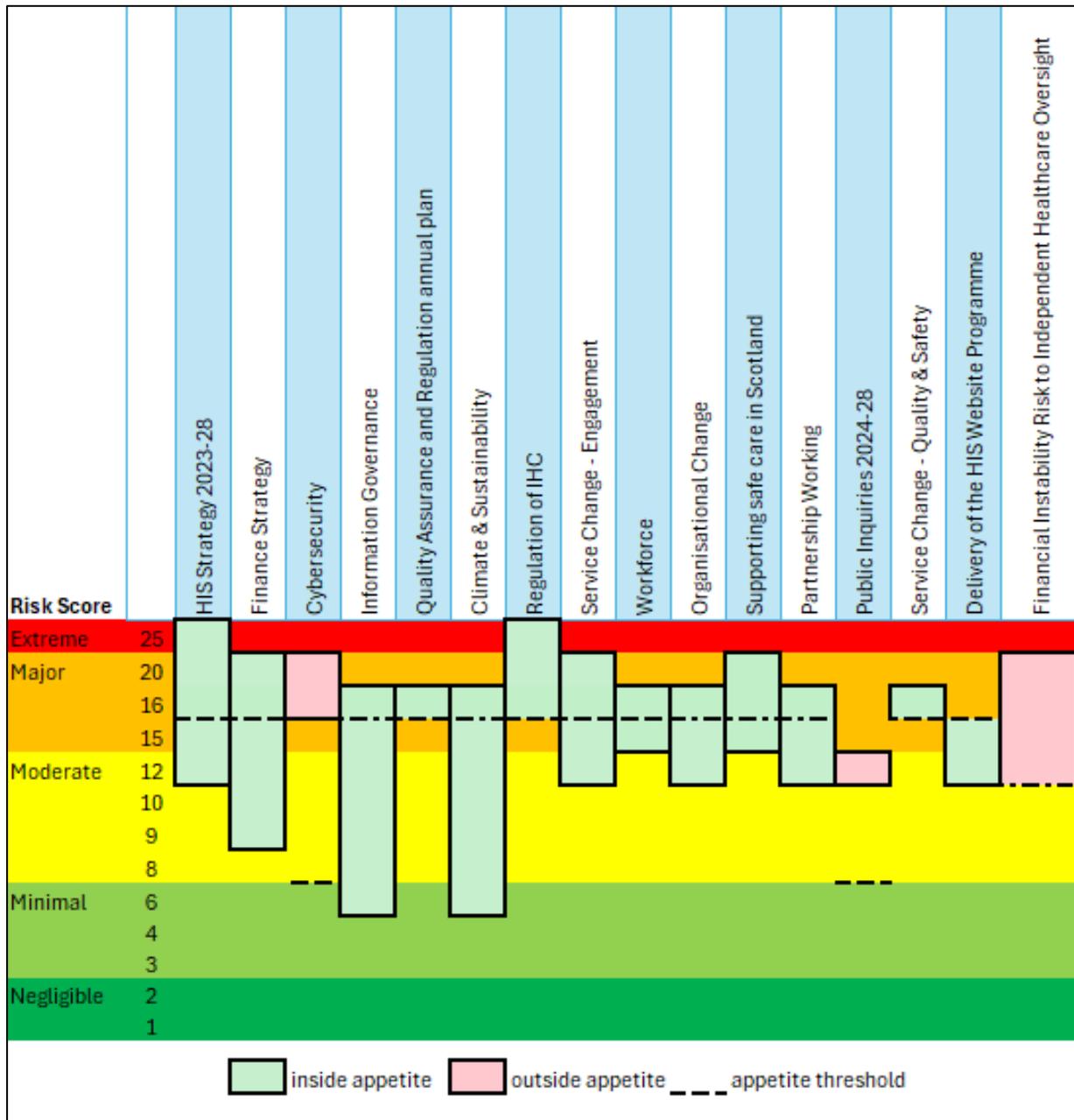


The strategic risk profile remains unchanged from the previous quarter. The risk relating to the Right Decision Service has been closed following confirmation of funding, and a new risk—

Financial Instability Risk to Independent Healthcare Oversight—has been added. The total number of strategic risks therefore remains at sixteen.

Out of Appetite Risks

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



Financial Instability Risk to Independent Healthcare Oversight

Residual Risk Score: 12

Appetite Status: Out

HIS faces a material risk to its ability to regulate the independent healthcare sector due to an unstable and insufficient fee based funding model. Income volatility, aged/bad debt, and a fee structure that is not currently self sustaining create uncertainty in resourcing statutory

regulatory work. Additional unfunded duties arising from the National Care Service Bill (NCS Bill) further intensify pressure.

This may lead to gaps in assurance, poorer quality of care going undetected, and reputational damage to HIS.

Key Controls: Fee reviews; statutory enforcement powers; financial monitoring and new debt recovery process; risk based prioritisation; provider engagement; ongoing discussions with Scottish Government; development of a revised costing model and fee setting proposals.

Key Gaps: Funding model remains unsustainable; resource needs for the Regulation Review are unmet; debt recovery approach untested; new non fee generating duties emerging.

Cyber Security

Residual Risk Score: 16

Appetite Status: Out

A comprehensive set of technical controls continues to protect HIS networks and systems, including restricted internet access, firewalls, anti-spyware and anti-virus scanning, device protection measures, data backups, and regular security updates. HIS Information and Communications Technology (ICT) also acts on threat notifications received from the National Cyber Security Centre and the NHS Cybersecurity Centre of Excellence.

The overall risk remains under review, and the Likelihood rating has been maintained at 4. This reflects the ongoing prevalence and impact of high-profile phishing attacks across the public sector and other industries. While technical controls remain effective, the primary vulnerability continues to be human behaviour.

The December phishing simulation highlighted this risk, with over 100 staff clicking on the link and 63 entering both their username and password. The Chief Executive Officer (CEO) presented these results at the January All Staff Huddle, and Directors have been asked to review the findings and reinforce phishing guidance at their next Directorate Management Team meetings.

Public Inquiries

Residual Risk Score: 12

Appetite Status: Out

This remains a minimalist operational risk that is out of risk appetite, as reported in the previous quarter. Capacity pressures, turnover of staff and short deadlines imposed by both the Eljamel and Scottish Covid Inquiries continue to pose risks. The Scottish Covid Inquiry (SCI) is in the process of issuing HIS with seven formal orders for information under Section 21 of the Inquiries Act. The organisation has experienced a significant turnover of staff in a number of key subject areas which increases the degree of challenge in responding. Recently for Eljamel, support from the Quality Assurance and Regulatory Division (QARD) enabled timely document submission, and ongoing ad hoc administrative support is needed. Permanent Project Officer (PO) support for the Inquiries has now been secured. Next steps include further redactions of the Eljamel documentation we submitted, response to the seven Section 21 Orders for the SCI and supporting the CEO and Director of Evidence to give witness statements to the SCI team at the end of March.

Update: Future Approach to Risk Management

We are pleased to confirm that Gillian Hennon has been appointed as the organisation's new Chief Finance and Risk Officer.

As outlined in the Leading for our Future leadership proposals, this new role has been created to provide dedicated executive leadership across Finance, Procurement, Audit, Risk, and Performance—ensuring these functions are strategically aligned and effectively managed. As Chief Finance and Risk Officer, Gillian will also become the Executive Lead for the Audit & Risk Committee, including oversight of the organisation's risk management arrangements.

The vacancy in the Risk Manager post continues to leave a gap in relation to centralised risk management capacity. Support will continue, but some delays may still occur, particularly in relation to system migration activities and updates to the risk management strategy.

3. Recommendation

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

The Board is asked to:

Assure themselves that the levels of assurance provided are reasonable.

Assure themselves that the risks presented are recorded and mitigated appropriately.

To identify and agree any new risks that ought to be raised.

To identify any opportunities that arise from the risk reports presented.

Appendices and links to additional information

Appendix 1, Strategic Risk Register

Risk Title	Category	Appetite	Risk Director	Risk Description	Inherent Risk Score	Controls & Mitigations	Current update	Impact score	Likelihood score	Residual risk score
HIS Strategy 2023-28	Strategy	Open	Robbie Pearson	There is a risk that external pressures—economic, political, environmental, and post-pandemic recovery—could hinder the delivery of our strategy and operational plan, impacting HIS’s performance and priorities.	25	HIS (Healthcare Improvement Scotland) is strengthening resource management and collaborating with NHS Boards to understand system pressures. New data and intelligence work, refreshed Workforce Strategy, and internal improvement aim to build flexibility. The 2025–26 ADP (Annual Delivery Plan), agreed with SG (Scottish Government), will be reviewed continually as challenges evolve.	The quarterly performance report aligns with the Scottish Government (SG) Operational Improvement Plan (OIP), tracking key performance indicators (KPIs) and progress toward strategic and statutory aims. HIS continues implementing a Quality Management System (QMS). Planning for 2026–27 will be shaped by the OIP and the Service Renewal Framework.	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 26/27 and continue to highlight the risk and impact on our Annual Delivery Plan.	The Finance and Procurement team is finalising the 2026/27 budget, to be reviewed by the Audit and Risk Committee (ARC) and the Board in March before submission to the Scottish Government (SG). Work continues to ensure a recurring balanced baseline, with baseline funding confirmed by SG and allocation details pending.	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 systems could be disabled due to a cybersecurity attack, disrupting operations and damaging HIS’s reputation.	20	Cybersecurity controls include restricted internet access, firewalls, anti-spyware, anti-virus protection, device security, backups and updates. HIS ICT receives threat alerts from the National Cyber Security Centre (NCSC) and NHS Cybersecurity Centre of Excellence. Staff complete training in data protection, information security, cyber security and Freedom of Information (FOI) and must sign the Acceptable Use Policy.	The risk remains at Likelihood 4 due to ongoing successful phishing attacks across sectors. Technical controls are effective, but human behaviour remains the key vulnerability. A recent phishing simulation showed low cyber awareness, with many staff submitting credentials. Senior leaders are reinforcing guidance across teams to strengthen cyber resilience.	4	4	16 Out of Appetite Score Should be below 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 include staff training, data protection and information security policies, technical safeguards, data processor contracts, and the retention schedule. Compliance is monitored through quarterly Information Asset Register reviews, annual assessment against the Information Commissioner’s Office (ICO) framework, governance reviews, Key Risk Indicator (KRI) reporting, One Trust implementation, audits, supplier management and adverse event reporting.	Mitigations remain ongoing, and the risk stays at medium as an inherent business risk. Technical security controls are rated Green in the Key Risk Indicator (KRI) report. Email distribution list review is now due end-Q4. The annual review against the Information Commissioner’s Office (ICO) accountability framework is still to be scheduled.	3	2	6 In Appetite Score Would be below 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	Work continues to review Independent Healthcare (IHC) regulation, supported by dedicated leadership and programme resources. A new model for clinical expertise has been agreed with the Medical Directorate and Quality Assurance and Regulation Directorate (QARD). HIS and the Scottish Government (SG) are considering future policy and funding. Debt-recovery improvements with the Central Legal Office (CLO) and NHS National Services Scotland (NSS) are in progress. The QARD Clinical Care Governance Group oversees risks and clinical input, supported by the Regulation Medical, Dental and Pharmacy Clinical Group (RMDPCG). A UK-wide regulator forum shares learning on digital healthcare.	A review of Independent Healthcare (IHC) regulatory operations is underway to ensure sustainable statutory delivery. Cross-regulator work continues on online brokers and detox models falling outside definitions, with ongoing engagement with the Central Legal Office (CLO) and Scottish Government (SG). Independent Medical Agencies (IMAs) processes are now business as usual, and HIS continues assessing forthcoming legislative changes and gathering quarterly IHC service-engagement data.	4	4	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	HIS delivers key sustainability and reporting requirements, including the Public Bodies Duty Report, Annual Climate Emergency and Sustainability Report, National Sustainability Assessment Tool (NSAT), Net Zero Plan, Climate Risk and Adaptation Plan, and accounts compliant with International Financial Reporting Standards (IFRS). HIS leads national collaboration with Scottish Government (SG) and NHS boards to improve environmental performance.	HIS represents NHS National Boards on the Climate Resilience Adaptation Group, reporting to the National Sustainability Board. HIS has submitted its Public Bodies Duties Report and Climate Emergency and Sustainability Report to the Scottish Government (SG). HIS also chaired the National Boards Sustainability Group, proposing ten recommendations now under SG consideration.	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	HIS is enhancing its Scottish Approach to Change by adding guidance on incorporating quality and safety standards into service change. This will support assurance of engagement. Intelligence from engagement will feed into the new HIS intelligence system. Roles and responsibilities for NHS Boards and Health and Social Care Partnerships (HSCPs) will be clearly defined.	Guidance has been strengthened, including resources for the public published in 2026, covering non-compliance and major service change. The Assurance of Engagement Unit and Strategic Engagement Leads have enhanced early scrutiny of service changes. HIS continues advising the Scottish Government (SG) and is developing engagement guidance for sub-national planning units and NHS reform work.	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, role and organisational design, staff development, labour-market awareness, recruitment, onboarding, performance management and culture. Workforce planning is in place, with quarterly monitoring via the Staff Governance Committee (SGC) and Partnership Forum (PF). Recruitment and vacancy oversight continues through the Vacancy Review Group (VRG).	Workforce capacity and skills remain key risks. Planning is underway to manage assignment transitions and fixed-term contract endings. Recruitment continues to fill programme gaps. Standardised development pathways, assessment criteria and quality-assurance measures are being introduced. A flexible, skilled and appropriately certified workforce is essential to 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 is governed by the NHS Scotland Organisational Change policy and Staff Governance Standards. HIS applies a consistent One Team approach, with oversight from the Partnership Forum (PF) and Staff Governance Committee (SGC) to ensure transparent governance. Effective communication and partnership working are required throughout all change processes.	Organisational change continues to develop, with focus on consistent role transitions and application of the employee model. Oversight ensures alignment with strategic and governance standards. Long-term planning is being strengthened to support sustainability. Transparent communication and engagement with staff and Partnership colleagues remain essential to managing expectations and reducing performance and reputational risks.	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	HIS maintains a strong Partnership approach with Trade Unions and representatives through the Partnership Forum (PF), co-chaired by the Employee Director and Chief Executive. Clear communication on service issues is actively managed. The Transformational Oversight Board provides governance to ensure organisational change proposals follow established policy and reflect learning from past reviews.	Financial pressures are shaping service and workforce decisions, with resource allocation and budget flexibility under review, including options for centralised budgeting for new programmes. Partnership working remains stable through established governance. Strengthened communication supports consistent responses to change, while learning from recent organisational change is improving collaboration and reducing 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	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	Capacity pressures, staff turnover and tight deadlines from the Eljamel Inquiry and the Scottish COVID-19 Inquiry (SCI) remain risks. SCI is issuing seven	4	3	12 

Risk Title	Category	Appetite	Risk Director	Risk Description	Inherent Risk Score	Controls & Mitigations	Current update	Impact score	Likelihood score	Residual risk score
				inquiries due to competing requests, staff turnover, and challenges in locating or preserving key records.		HIS roles. Records Management Policy and IG guidance are followed. Key documents and timelines are identified early to meet requests without overburdening staff.	Section 21 information orders. QARD (Quality Assurance and Regulatory Division) recently supported Eljamel submissions. Permanent project officer support is secured. Upcoming work includes document redactions, Section 21 responses and CEO/Director witness statements.			Out of Appetite Score Should be below 8
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).	HIS will create signposting guidance outlining key quality and safety considerations, linking to relevant standards. This will be embedded in the Scottish Approach to Change and promoted by the Assurance of Engagement team. Once the new HIS clinical governance standards are published in 2026, the signposting guidance will be finalised.	4	4	16 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) monitors challenges and agrees remedial actions using the STEP prioritisation approach. A review of regulation is nearing completion. Updated Learning and Development plans, risk-based inspection decisions, shared intelligence and strong clinical governance via the QAD Clinical and Care Governance Group maintain assurance, supported by clear escalation processes and stakeholder engagement.	QARD continues to prioritise workload to manage staffing pressures caused by absence and ongoing programme development. Key demands include improvement of the Responding to Concerns process, regulatory reviews, and NHS inspection developments. Staffing for priority areas is closely monitored, with pressures heightened by uncertainty around the HIS Employee approach.	4	4	16 In Appetite Score range 06-16
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	The Internal Sharing Intelligence Network (ISIN) enables rapid sharing and assessment of safety and quality issues across HIS directorates using the ISIN Analytic Framework and Operational Process. It supports proportionate action, further intelligence gathering via the External Sharing Health and Care Intelligence Network (SHCIN), or escalation. SHCIN is fully established and embedded.	HIS has approved its Digital and Intelligence Strategy, including a new safety-and-quality information layer. The Intelligence Implementation Group is progressing guidance, monitoring, training and core indicators, aligned with the Internal Sharing Intelligence Network (ISIN). Work continues on data-sharing safeguards and preparation for refreshed NHS Scotland Healthcare Support Worker standards expected in 2026.	5	3	15 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
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 SATC 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
Financial Instability Risk to Independent Healthcare Oversight	Strategy	Cautious	Eddie Docherty	There is a risk that Healthcare Improvement Scotland (HIS) may be unable to effectively regulate the independent healthcare sector due to an unpredictable and unstable funding stream. This could result in insufficient resourcing, which in turn may lead to adverse outcomes for people using services, poorer quality of care, reduced assurance, and associated reputational damage to HIS.	20	<ul style="list-style-type: none"> Statutory powers for registration, inspection and enforcement are available to HIS. Continue to review annual fees for services in line with the Fees Regulations. Financial monitoring of income vs. cost recovery, including aged-debt processes that are due to be commenced with instruction of Sheriff Officers. Close liaison with sector and representative bodies to support compliance and reduce non-payment. Prioritisation and risk-based decision-making for regulatory activity and use of resource. Engagement with the Scottish Government on the sustainability of the funding framework and potential legislative changes. Work with Scottish Government to review alternative funding models, dates set for IHC future planning considerations. Introduce improved debt recovery and proactive engagement with providers to reduce aged debt, providers notified 13th March of change of process proposed. Develop updated costing model for future fee-setting proposals, aligned with activity levels and regulatory need, in line with recommendations of the Regulatory Review, including scenario modelling. Current allocation of £252k per annum baseline agreed for 26/27 Continue to operate on risk-based intelligence and prioritisation to ensure public-safety-critical activity is protected.	HIS faces a significant risk to its ability to regulate the independent healthcare sector due to an unstable and insufficient fee-based funding model set out in the 2024 Fees Regulations. Income is unpredictable because of sector resistance to fee changes, aged and bad debt, and market volatility, limiting the resources available for statutory regulatory functions. Implementing the recent Regulation Review requires additional capacity that is not currently available, and the new debt-recovery process remains untested. The National Care Service Bill will add further unfunded duties. Together, these pressures increase the likelihood of gaps in assurance, undetected poor-quality care and reputational harm to HIS.	4	3	12  In Appetite Score range 06-12

Governance Committee Chairs Key Points

Meeting: Board Meeting - Public

Meeting date: 25 March 2026

Agenda item: 6.1

Responsible Non-Executive: Evelyn McPhail, HIS Chair

Purpose of paper: Awareness

This report provides the Healthcare Improvement Scotland Board with an update on key issues arising from the Governance Committee Chairs' meeting on 11 March 2026. 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. Communications Update

The Chief Pharmacist joined the meeting to provide an update on the communications function, in particular the website programme and progress with the interim Communications and Engagement Strategy given the cross-cutting reach of these activities.

2. Governance Structures

The Chairs discussed the need for mapping of the governance structures, key operational groups and reporting routes within HIS to complement the assurance routes set out in the Assurance Framework. This would have multiple benefits including minimising any duplication of work at committees, streamlining of governance arrangements and support for the development of Associate Directors given they now have a role at committee and Board meetings.

Audit and Risk Committee Key Points

Meeting: Board Meeting - Public

Meeting date: 25 March 2026

Agenda item: 6.2

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 Risk Committee meeting on 18 March 2026. The approved minutes of the Audit and Risk Committee meeting on 26 November 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. **Cyber Security**

The Committee received a paper providing an update on strengthening compliance with the Network and Information Systems Regulations (NISR). Since the establishment of the NISR working group in 2023, HIS has exceeded the NISR targets and in the most recent report achieved a 99% compliance rate against the target of 95%.

The Committee accepted the significant level of assurance in relation to the effectiveness of the governance and control environment, and a moderate level of assurance in relation to the effectiveness of operational controls.

2. **HIS Website Programme**

The Committee received an update from the Director of Evidence and Digital and the Chief Pharmacist on the planned work in relation to the website developments and the associated support from the Communications Team. The Committee has asked to continue to be informed on the revised work plan and approach as this develops.

3. **Risk Sub-Committee**

The Committee received an update on the Risk Sub-Committee meeting with the Medical and Safety Directorate and welcomed the insight, oversight and assurance that this meeting and the ongoing development it provides to the Audit and Risk Committee.

Executive Remuneration Committee Key Points

Meeting: Board Meeting - Public

Meeting date: 25 March 2026

Agenda item: 6.3

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

Purpose of paper: Awareness

This report provides the Healthcare Improvement Scotland Board with an update on key issues arising from the Executive Remuneration Committee meeting on 4 December 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. Implementation of Once for Scotland Mandatory Modules

The Committee received the Directors Letter outlining the arrangements for the core suite of nine Once for Scotland Mandatory training modules effective 2 March 2026. It was noted that all staff including Executive and Non-Executives should complete the modules.

2. Positive mid-year appraisals and Objective Setting

The Committee reviewed the mid-year appraisals for the Chief Executive and Executive Team and noted the significant level of assurance to be taken from the comprehensive and robust way the appraisals have been completed. The Committee also considered the half year objectives for those senior staff new to post in 2025 for the appraisal year 2025/26.

3. Consideration of the Equality Mainstreaming Report Outcomes 2025-2028

The Committee considered the report in the context of the organisational anti-racism plan and the corresponding Executive objectives. The Committee discussed the disparity between application and appointment rates of candidates from ethnic minorities. Ownership of this issue was recognised to be for all staff and should be considered at the Staff Governance Committee and Partnership Forum.

Executive Remuneration Committee Key Points

Meeting: Board Meeting - Public

Meeting date: 25 March 2026

Agenda item: 6.3

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

Purpose of paper: Awareness

This report provides the Healthcare Improvement Scotland Board with an update on key issues arising from the Executive Remuneration Committee meeting on 18 March 2026. 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. **Pay and Performance Circulars for Executive and Senior Management Pay**

Pay circulars PCS(ESM)2025-3 – ESM Pay Settlement 2025-26 and 2026-27 and PCS(ESM)2026-1 – Consolidated Performance Related Pay for Executive and Senior Management (ESM) Staff were noted. It was confirmed that payment for eligible staff would be made in the March payroll and backdated to April 2025.

2. **Leadership – Leading for the Future**

The Committee welcomed the update from the Chief Executive on the positive impact of the new Performance and Delivery Board. The Chief Executive is developing relationships with the Associate Director cohort to encourage further transparency on all matters allowing them to take on more accountability and responsibility. Work is progressing on a commission for developmental support for the Associate Director cohort.

3. **Objective Setting for the Chief Executive and Executive Team**

The Committee reviewed the objectives for 2026-27 for the Chief Executive and Executive Team and noted the huge amount of work being undertaken across the organisation. The Committee accepted the significant assurance provided.

Quality and Performance Committee Key Points

Meeting: Board Meeting - Public

Meeting date: 25 March 2026

Agenda item: 6.4

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

Purpose of paper: Awareness

This report provides the Healthcare Improvement Scotland Board with an update on key issues arising from the Quality and Performance Committee meeting on 4 March 2026. The approved minutes of the Quality and Performance Committee meeting on 5 November 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. Approval of annual reports and business cases

The business of this meeting was largely focused on a number of annual reports and business cases that required the Committee's review and approval ahead of submission to the Board. The Committee asked for any comments or amendments that it requested to be noted in the papers accompanying Board submission for clarity.

2. Evidence Review

The Committee received an update about the forthcoming review of the evidence functions of HIS and was pleased to note that the review will follow the approach outlined in the Scottish Approach to Change.

The Committee noted this was an opportunity for Healthcare Improvement Scotland to do more to demonstrate our value and impact in the system and to improve our influence across all domains of decision making – at clinical, policy and service level.

3. Emerging theme relating to capacity

The Committee noticed that across its discussions in several areas, a common theme of concern relating to capacity constraints was emerging and that this was compounded by the number of reviews underway across the organisation. The Committee recommended that there should be further discussions at the Staff Governance Committee regarding capacity and skill gaps and also that it would be helpful for the Board to have a complete and single picture of all the reviews currently underway, most likely for review by this Committee.

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

Scottish Health Council Key Points

Meeting: Board Meeting - Public

Meeting date: 25 March 2026

Agenda item: 6.5

Responsible Non-Executive: Suzanne Dawson, SHC Chair

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) meeting on 12 February 2026. The approved minutes of the SHC meeting on 13 November 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. Draft interim guidance for Sub National Planning units

SHC approved interim guidance on engagement responsibilities for Sub National Planning Units. The guidance had been produced at pace in response to the fast development of the Sub National Units, and therefore it was agreed that the guidance should have “interim” status to enable testing and refinement with the two units. SHC endorsed the need for the guidance to clarify where engagement responsibilities sit (ie, with the Sub National Unit or with constituent Boards). The committee reflected that this clarity was particularly important given the large and diverse geographic areas the two units covered which made community engagement vital to understand and enable planning for differing impacts. SHC also noted progress with nationally determined service changes, in particular that the Digital Front Door service had good engagement on the test service in dermatology. It agreed a need for HIS to check that the Equality Impact Assessment for the MyCare.scot app development had been recently updated.

2. Alignment of HIS governance processes

SHC discussed the ongoing work to align the Governance for Engagement and Clinical & Care Governance frameworks. It is anticipated that Clinical & Care Governance reporting will move to Directorates producing a monthly improvement report rather than a larger annual report. If this goes ahead, it would provide an opportunity to streamline HIS governance processes and reduce duplication through the Clinical & Care Governance dimension related to involvement of people and communities becoming part of a quarterly report for Governance for Engagement sub-committee.

3. Equality, Inclusion and Human Rights

SHC was informed that an internal audit of HIS’s equality functions began in January 2026 and is expected to be completed in March 2026 with a report to the HIS Audit and Risk Committee. The SHC Chair and HIS staff reported that they had contributed to the audit

and hoped it would provide assurance over how HIS embeds equality within its different workstreams and assurance committees. In terms of current work on equalities, SHC received assurance that of the 75 HIS external facing work programmes, 73 had a full equality impact assessment in place, one had completed the screening for an equality impact assessment (98% compliance with the key performance indicator) and one was being followed up. HIS has contributed a good practice example to a Scottish Government paper on Boards' progress with anti-racism plans which will shortly be shared across NHS Scotland.

The Committee accepted limited or no assurance on the following items: None

Staff Governance Committee Key Points

Meeting: Board Meeting - Public

Meeting date: 25 March 2026

Agenda item: 6.6

Responsible Non-Executive: Duncan Service, Employee Director

Purpose of paper: Awareness

This report provides the Healthcare Improvement Scotland Board with an update on key issues arising from the Staff Governance Committee meeting on 25 February 2026. The approved minutes of the Staff Governance Committee meeting on 22 October 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. **Healthcare Staffing Staff Bank**

The Committee received an update on the establishment of a Healthcare Improvement Scotland staff bank to employ observers for observation studies within the Healthcare Staffing Programme. The staff bank will serve as a test of change for wider organisational use, offering learning for future workforce models.

2. **Staff Governance Action Plan from Community Engagement and Change**

The Committee received a presentation from Clare Morrison, Director of Engagement and Change with an update on progress made in delivering the Staff Governance Action Plan. The update addressed workforce gaps, additional investment requested, the impact of staffing models and the future direction of the directorate.

3. **Alignment of Operational and Strategic Risks**

The Committee received a paper providing a comprehensive overview of the strategic and high/very high operational risks assigned to it as of 3 February 2026. This allowed the Committee to take moderate assurance on the effectiveness of risk management within Healthcare Improvement Scotland, particularly in relation to workforce capability, organisational change and partnership working.

Succession Planning Committee Key Points

Meeting: Board Meeting - Public

Meeting date: 25 March 2026

Agenda item: 6.7

Responsible Non-Executive: Evelyn McPhail, HIS Chair

Purpose of paper: Awareness

This report provides the Healthcare Improvement Scotland Board with an update on key issues arising from the Succession Planning Committee meeting on 12 March 2026. The approved minutes of the Succession Planning Committee meeting on 20 November 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 update ensured there was equal focus on recruiting Board members with the required skills and experience as well as securing an increased diversity within the Board. It also set out a more bold set of actions that will be delivered to achieve this. We approved the plan subject to some adjustments and took significant assurance that it provided an effective framework for achieving its aims.

2. Succession Handbook

The Committee also considered the first HIS Succession Handbook for Committee Chairs and Vice Chairs. This was an action from our annual report for 2024-25. The handbook brings together a range of resources that will help Non-executive Directors moving into these roles. Subject to some adjustments, we approved the handbook and accepted a significant level of assurance. The handbook will be shared with all Non-executive Directors.

3. Non-executive Director Recruitment

We discussed upcoming Board recruitment brought about two vacancies arising, one in September 2026 and one in February 2027. We discussed the possibility of running one recruitment round for both vacancies and noted that the outputs of the Non-executive skills and experience evaluation will provide valuable information to inform the recruitment process. An additional meeting of the Committee will be arranged to consider the evaluation outputs and further discuss recruitment.

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