



Healthcare Improvement Scotland's 2026-27 Annual Delivery Plan

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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.

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:

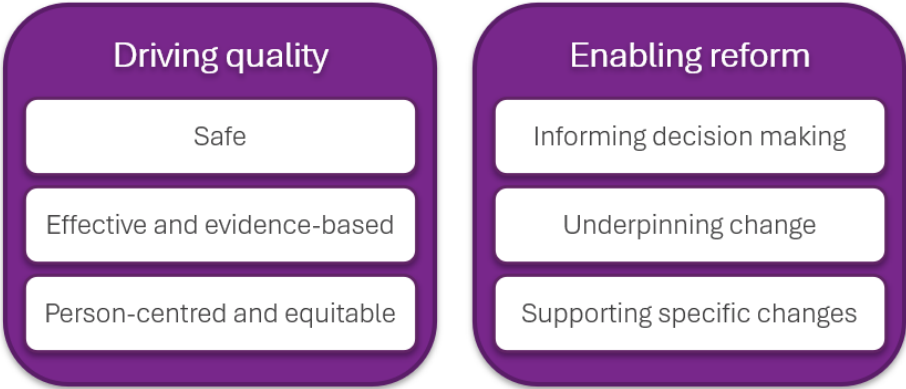


Figure 1: Aims and priorities for 2026-27

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 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 **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 have 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.

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 discreet 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 Health and Care (Staffing) (Scotland) Act (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.

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 2: 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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We are happy to consider requests for other languages or formats.

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