

Agenda

Meeting: Board - Public

Date: 29 June 2026

Time: 10.30

Venue: Conference Room, Delta House

Contact: pauline.symaniak@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 25 March 2026	Chair	Paper
1.4		Action Points from the public Board meeting on 25 March 2026	Chair	Paper
1.5	10.40	Chair's Report	Chair	Paper
1.6	10.50	Executive Report	Chief Executive	Paper
2.		Holding To Account – including Finance and Resource		
2.1	11.10	Annual Report and Accounts 2025-26		
		2.1.1 Annual Accounts 2025-26 Update	Chief Finance and Risk Officer	Paper
		2.1.2 Annual Audit Report 2025-26	Audit Scotland	Paper
2.2	11.35	Whistleblowing Champion Annual Report	Non-Executive Whistleblowing Champion	Paper
2.3	11.45	Operational Performance Report including 2026-27 Key Performance Indicators	Chief Finance and Risk Officer/Chief Executive	Paper
2.4	12.05	Finance Plan 2026-27	Chief Finance and Risk Officer	Paper
12.1	13.00	Lunch and Long Service Awards		

3. Setting the Direction				
3.1	13.00	Scottish Approach to Change Update	Director of Engagement and Change/ Associate Director of Transformational Change	Paper
3.2	13.10	Acute Perinatal Improvement Programme Update	Director of Nursing and Integrated Care	Paper
4. Engaging Stakeholders				
4.1	13.20	Communications and Engagement Strategy Implementation	Chief Pharmacist	Paper
4.2	13.35	System Intelligence Report	Director of Evidence and Digital	Paper
5. Influencing Culture				
5.1	13.45	Board iMatter Report	Chief Executive	Presentation
6. Assessing Risk				
6.1	14.00	Risk Management: strategic risks	Chief Finance and Risk Officer	Paper
7. Governance				
7.1	14.10	Governance Committee Annual Reports Action Plan and Code of Corporate Governance Updates	Chief Finance and Risk Officer	Paper
7.2	14.20	Governance Committee Chairs: key points from the meeting on 11 June 2026	Chair	Paper
7.3		Audit and Risk Committee: key points from the meeting on 22 June 2026; approved minutes from the meeting on 18 March 2026	Committee Chair	Paper
7.4		Executive Remuneration Committee: key points from the meeting on 3 June 2026	Committee Chair	Paper

7.5	Quality and Performance Committee: key points from the meeting on 20 May 2026; approved minutes from the meetings on 4 and 30 March 2026	Committee Chair	Paper
7.6	Scottish Health Council: key points from the meeting on 14 May 2026; approved minutes from the meeting on 12 February 2026	Scottish Health Council Chair	Paper
7.7	Staff Governance Committee: key points from the meeting on 6 May 2026; approved minutes from the meeting on 25 February 2026	Committee Chair	Paper
7.8	Succession Planning Committee: next meeting 12 August 2026	Chair	Paper
8.	14.35 Any Other Business		
9.	14.40 Close/Date of Next Meeting The next meeting will be held on 23 September 2026		

Register of Interests

Meeting: Board - Public

Meeting date: 29 June 2026

Agenda item: 1.2

Responsible Executive: Gillian Hennon, Chief Finance and Risk Officer

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 25 March 2026. Since the Register was last presented, the only changes advised are from Safia Qureshi, Director of Evidence and Digital who declared:

- Chair of the Scottish Ballet Research Committee – ended September 2025
- Member of the Dance Health Steering Group – started in September 2025
- Trustee of the Arts Culture Health and Wellbeing Scotland Board – started in April 2026 and the role is responsible for the good governance of the organisation, supporting development and delivery of the organisation’s strategy.

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, 25 March 2026, Delta House, Glasgow/MS Teams

Attendance

Present

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

In Attendance

Melissa Dowdeswell, Director of Nursing and Integrated Care (from 2.1.1)
Gillian Gall, Interim Chief People Officer
Ann Gow, Deputy Chief Executive (from 2.1.1)
Gillian Hennon, Chief Finance and Risk Officer
Sandra McDougall, Associate Director of Quality Assurance
Clare Morrison, Director of Engagement and Change
Safia Qureshi, Director of Evidence and Digital
Simon Watson, Medical Director/Director of Safety (from 2.1.1)

Apologies

Eddie Docherty, Director of Quality Assurance and Regulation

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 the public gallery and Gillian Hennon, attending her first Board meeting since her appointment. 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 2 December 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 2 December 2025

The progress updates were noted.

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

1.5 Chair's Report

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

- a) The Chief Executive joined the February NHS Board Chairs' meeting with the Cabinet Secretary for Health and Social Care for an item on maternity services inspections.
- b) She and the Chief Executive had very positive visits to NHS Tayside and NHS Grampian, noting the use of HIS' Quality Management System and Scottish Approach to Change by the NHS Tayside Improvement Academy. They also met with the Chair and Chief Executive of the Mental Welfare Commission to discuss joint inspections work.
- c) Three Board members have been re-appointed for a further four years – Rob Tinlin, Abhishek Agarwal and Michelle Rogers. Judith Kilbee did not seek re-appointment.

Decision: The Board noted the update.

1.6 Executive Report

The Chief Executive provided the report and highlighted the following:

- a) Responding to requests from the current public inquiries continues to demand a lot of resource with no flexibility on deadlines. The Board is asked to note this adds to a high level of demand across the Executive Team and wider staff.
- b) Regarding sub national planning, HIS is engaging at a number of levels. There has been some delay nationally due to staff side engagement.

- c) HIS Standards have been recently published for clinical governance and maternity care.

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

- d) Staff side engagement on sub national planning relates to workforce structures across the east and west units. Plans at the moment are high level. HIS is an enabler in the process so the impact for HIS currently is limited.
- e) Regarding accountability for the various organisations involved in the national review for Group-based Child Sexual Abuse and Exploitation, there are information sharing agreements in place, an escalation framework with the Care Inspectorate as lead agency and an agreement made during the design that individual arrangements would not change. The Senior Information Risk Officer confirmed that Data Protection Impact Assessments are underway.
- f) In relation to standards and reviewing their use and currency, there is not as yet a robust system but this will be addressed as part of the changes in the Leading for Our Future programme. Access statistics are available on the Right Decision Service (RDS).
- g) Portfolios will be putting in place arrangements for sharing intelligence within the organisation.
- h) RDS funding is now secured with Scottish Government and NHS Boards sharing the costs for 2026-27. Thereafter the full cost will be met by NHS Boards.

Questions about pressure ulcer measures and complaints handling, were answered by the Director of Nursing and Integrated Care when she joined the meeting at item 2.1.1 as follows:

- i) There is better reporting now of pressure ulcers and the method of recording provides information about the stage at which ulcers have developed.
- j) There is learning from complaints handling about using a trauma informed approach and simplifying language.

Decision: The Board noted the report.

Action: Add a session to the Board business plan on trauma informed approaches.

2. Setting the Direction

2.1 Planning 2026-27

2.1.1 Annual Delivery Plan

The Director of Engagement and Change provided the draft plan, noting that the Board had already considered the approach and content in previous sessions. It was advised it is a living document and will require updating as the year progresses.

Regarding the diagram in Annex 1, it was noted this was helpful and could be supplemented by lead committee information.

In response to a question about the recruitment of 32 staff, it was advised these were for the Healthcare Staffing Programme staff bank and were recruited based on their clinical skills and expertise matching the requirements. The Workforce Plan will feed into delivery models.

Decision: The Board approved the Annual Delivery Plan and accepted the moderate level of assurance offered.

Action: Incorporate into Annex 1 detail on lead committees.

2.1.2 Quality Assurance and Regulation Annual Plan

The Associate Director of Quality Assurance provided the plan, advising that changes had been incorporated following discussion at the Quality and Performance Committee meeting and noting the need for the plan to remain flexible. The Associate Director highlighted that the paper asked the Board to note the plan but after further consideration, the request is that the Board approve the plan.

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

- a) The preference is to provide numbers of NHS inspections rather than the proportion of services to be inspected. This avoids confusion given that inspections are selected using a risk-based approach.
- b) Regarding communication of the plan, it will be published on the HIS website and each workstream will communicate with their stakeholders as appropriate.

Decision: The Board approved the plan and accepted a significant level of assurance on the plan content and a moderate level of assurance on the plan delivery.

2.2 Operating Framework with Scottish Government

The Deputy Chief Executive provided the updated Operating Framework, noting that a key change was the addition of the direct route of escalation from the HIS Chair to Scottish Government ministers.

Decision: The Board approved the Operating Framework and accepted the significant level of assurance offered.

2.3 Children's Rights Reporting

2.3.1 Children's Rights Report - United Nations Convention on the Rights of the Child (UNCRC)

Mhairi Hastings, Associate Director of Nursing and Midwifery, joined the meeting and presented the report, noting it was the first report since incorporation of the UNCRC. This area of work will be further developed by the Children and Young People portfolio.

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

- a) Risks related to the programme are mitigated by the portfolio approach, the input of the child health lead and engagement with peers in NHS Boards.
- b) The child health lead is involved with a multi-agency group which includes the Care Inspectorate and the wider public sector.
- c) Participation and co-design with children and young people will be taken forward by the portfolio. It was noted that the Care Inspectorate has young people volunteers taking part in inspections.

Decision: The Board approved the publication of the report and the child friendly version; endorsed the proposed priorities for 2026-2029; agreed submission of the report to Scottish Ministers; accepted the significant level of assurance offered.

Action: Contact Care Inspectorate colleagues for information on the operation of their young people volunteers.

2.3.2 Corporate Parenting Report

Derek Blues, Head of Engagement Practice – Assurance, joined the meeting for this item and presented the report, noting that the paper provided an update on activity in the last three years as well as an action for plan for 2026-29.

In response to a question from the Board, it was advised that staff training extends beyond online modules and there will be close working with the Children and Young People portfolio.

Decision: The Board approved the 2026 Corporate Parenting Report and the 2026-29 Corporate Parenting plan; accepted the moderate level of assurance offered.

2.4 Leading for Our Future Action Plan

2.4.1 Action Plan Update

The Chief Executive provided the action plan update, noting that several practical steps have moved forward and the Executive Remuneration Committee considered the previous week objectives for the executive cohort. These will cascade to Associate Directors.

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

Actions: Regarding organisational change in the Office of the Chief Executive, update to reflect that only the consultation process is complete; regarding the leadership groups diagram, to add leadership responsibilities and lead committees.

2.4.2 Strategic Relationship with NHS24

The Chief Executive provided the relationship agreement, noting that it arose due to leadership gaps in HIS the previous year. He advised it is not a shared services agreement but a mutually beneficial relationship.

The Chief Executive and the Chair of the Audit and Risk Committee extended thanks to John Gebbie, Director of Finance NHS24 and David Johnston, Interim Head of Finance HIS, for the contributions they had made pending the appointment of the Chief Finance and Risk Officer.

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

- a) The relationship is two-way and HIS is providing learning for NHS24 through sharing processes.
- b) The six month review of the agreement will ensure the relationship remains beneficial to both organisations but will also be open-ended to a degree as the operating context may have changed by then.

Decision: The Board approved the agreement and accepted the significant level of assurance offered.

3. Holding to Account including Finance and Resource

3.1 Organisational Performance Report

The Chief Finance and Risk Officer provided the quarter 3 performance report and highlighted the following:

- a) 85% of work programmes are reported as on track and 61% of key performance indicators were met which is no change from quarter 2.
- b) There is currently a £1.4M underspend and £0.9M of recurring savings have been achieved year to date.

The Chief People Officer provided the workforce report and highlighted that there is an increase in turnover rate and sickness absence.

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

4. Influencing Culture

4.1 Anti-racism Plan Update

The Chief People Officer reported progress with delivery of the plan and the Chair of the Staff Governance Committee advised that they had also considered the update.

Decision: The Board gained assurance of progress and accepted the moderate level of assurance offered.

5. Assessing Risk

5.1 Risk Management: Strategic Risks

The Chief Finance and Risk Officer provided the latest strategic risk register advising that the risk related to RDS had been closed and a new risk had been added relating to independent healthcare.

In response to questions from the Board, it was agreed that more consideration was needed of the rating for the risks related to workforce and independent healthcare, as well as the possible impact of the war in the Middle East on the risk related to the external operating environment.

Decision: The Board accepted a limited level of assurance on the strategic risks which are out of appetite; regarding the risks which are within appetite the Board 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 with the exception of the risk related to the Workforce Strategy pending its review.

Action: Review the risks related to workforce, independent healthcare and external pressures.

6. Governance

6.1 to 6.7 Committee Key Points and Minutes

Committee Chairs provided key points and approved minutes as follows:

- a) Governance Committee Chairs: key points from the meeting on 11 March 2026
- b) Audit and Risk Committee: key points from the meeting on 18 March 2026; approved minutes from the meeting on 26 November 2025
- c) Executive Remuneration Committee: key points from the meetings on 4 December 2025 and 18 March 2026
- d) Quality and Performance Committee: key points from the meeting on 4 March 2026; approved minutes from the meeting on 5 November 2025
- e) Scottish Health Council: key points from the meeting on 12 February 2026; approved minutes from the meeting on 13 November 2025
- f) Staff Governance Committee: key points from the meeting on 25 February 2026; approved minutes from the meeting on 22 October
- g) Succession Planning Committee: key points from the meeting on 12 March 2026; approved

minutes from the meeting on 20 November 2025

It was noted that the Chairs of the Quality and Performance Committee and the Staff Governance Committee had discussed the latter receiving a paper about the reviews currently ongoing given that capacity constraints are a common theme.

Decision: The Board noted the key points and minutes.

7.Any Other Business

The Vice Chair of the Board made a presentation to Evelyn McPhail who was attending her last Board meeting as Interim Chair of HIS. She extended thanks to her on behalf of the Board and the organisation for the contribution she had made over the last year.

8.Date of Next Meeting

The next meeting will be held on 29 June 2026.

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
25/3/26 Item 1.6	Executive Report	Add a session to the Board business plan on trauma informed approaches.	Immediate	Governance Manager	Recommend for closure. Added to Board development proposals for 26/27.
25/3/26 Item 2.1.1	Annual Delivery Plan	Incorporate into Annex 1 detail on lead committees.	Immediate	Director of Engagement and Change/Head of Planning and Governance	Recommend for closure. The lead committee for all aspects of performance reporting is the Quality and Performance Committee (QPC), as set out in the Committee's Terms of Reference and the Assurance Framework. Any changes to the Annual Delivery Plan will also be reported to QPC. Specific issues relating to workforce may also be referred to the Staff Governance Committee.

25/3/26 Item 2.3.1	Children's Rights Report	Contact Care Inspectorate (CI) colleagues for information on the operation of their young people volunteers.	Immediate	Director of Evidence and Digital/Associate Director of Nursing and Midwifery	Recommend for closure. CI contacted in April and added to workplan for the Children and Young People portfolio.
25/3/26 Item 5.1	Risk Management: Strategic Risks	Review the risks related to workforce, independent healthcare and external pressures.	Immediate	Chief Finance and Risk Officer	Recommended for Closure: The risk register has been updated by the Chief Inspector/Associate Director Healthcare Regulation for Independent Healthcare, and all Directorates have reviewed and updated their risk registers. This will continue as part of the Organisations Risk Management processes.
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	Recommended for closure. Update paper provided for this meeting.

Chair's Report

Meeting: Board - Public

Meeting date: 29 June 2026

Agenda item: 1.5

Responsible Non-Executive: Carole Wilkinson, 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 and approve the appointment of the co-chair for the Staff Governance Committee as detailed below.

1. NHS Scotland Board Chairs Group

The Board Chairs met for their private meetings on 27 April and 25 May 2026. These agendas covered an update from the Chief Nursing Officer including progress with the Maternity and Neonatal Taskforce, financial sustainability and the Population Health Organisation Framework launch.

The Board Chairs' meetings with the Cabinet Secretary were paused during the election period. The first meeting with the new Cabinet Secretary for Health and Care was held on 18 June 2026. In her opening remarks she outlined her expectations and the desire for a focus on delivery and outputs to ensure sustained progress. Maternity services featured as a main agenda item. The Cabinet Secretary emphasised the importance of responding to HIS inspection reports, creating safe services and using the lessons from inspections to improve services. The discussion gave me an opportunity to reinforce the messages particularly around leadership and culture, and to talk about our improvement offer.

Given the ongoing developments around sub national planning, I have been joining whenever possible the meetings of the east and west Subnational Planning and Delivery Committees to ensure HIS remains linked in and contributing to this work. I also continue to join the fortnightly meeting for the National Board Chairs to discuss shared areas of interest and the Board Chairs' action learning sets which provide an opportunity for peer discussion of current issues.

2. Stakeholder Engagement

External Engagement

The Chief Executive and I have undertaken external joint engagement:

- Quarterly meetings with the Scottish Government sponsor division on 1 April and 11 June 2026. We discussed the workplan and financial position as well as emerging strategic matters.
- Scottish Government Forum for Directors and Deputy Directors from the Health and Social Care Directorate on 8 June 2026. Executive Directors also attended this session which arose following the Chief Operating Officer/Deputy Chief Executive NHS Scotland attending the Board seminar in February. The Executives delivered a presentation which set out HIS' role and how the strategic priorities are being delivered.
- Patient Safety Commissioner for Scotland on 14 April 2026. This was an opportunity for an in-person introductory meeting with the new Commissioner. We were delighted to then have the Commissioner join our Board seminar on 27 May 2026. This provided the Board with an opportunity to learn about the new role and how it interfaces with the work of HIS.

I held my regular meeting with the Chair of the General Medical Council (GMC) on 30 May 2026 to discuss areas of joint interest. We covered working with the Patient Safety Commissioner, GMC regulatory reform, the interface between system and individual regulation as well as our joint work to support leadership development in the medical workforce.

I met with Michael Marra MSP at his request on 10 June 2026. We discussed public sector reform. This included the importance of balancing national, regional and local service delivery and of ensuring the workforce and local communities are consulted and involved in reform and transformation. We also discussed the importance of patient safety.

I joined the Hospital at Home Neonatal and Paediatric Learning Event in Delta House on 11 June. The event was aimed at services who are working with HIS to plan or deliver a neonatal or paediatric hospital at home service. As well as hearing about developments and patient experiences, the event also provided an opportunity to engage with the many NHS Boards who attended.

Internal Engagement

Upon my return to the organisation on 1 April 2026, I met with each member of the Executive Team to catch up on developments in their areas of work. I provided an update on key governance developments at each of the all staff monthly huddles in April and May and joined the lunchtime session at the PRIDE annual event in Delta House on 11 June. The Chief Executive and I continue to hold sessions for staff to join us for an informal discussion and we joined the corporate induction session on 2 April 2026. We also delivered a joint welcome at the Evidence and Digital Directorate all staff development event in Glasgow on 11 May 2026.

Several Board members joined me for an open day delivered by the Shifting the Balance of Care portfolio team on 27 May 2026. This gave us a chance to hear more about this area of work and engage with the teams delivering the programmes that support it.

3. Governance

Non-Executive Directors

End of year appraisals for all Non-executive Directors have been completed. These were conducted by Evelyn McPhail as the interim Chair during the 2025-26 operational year. Taking into account discussions at appraisals and my return to the HIS Chair position, the Board is asked to approve the appointment of Evelyn McPhail as Co-chair of the Staff Governance Committee with immediate effect. In light of this change, this Committee will no longer have a Vice Chair.

The outputs of the non-executive skills and experience evaluation exercise were provided to the Succession Planning Committee by email earlier this month to ensure timely consideration of the person specification for the upcoming Board recruitment to replace vacancies arising in September 2026 and February 2027. The recruitment process will commence shortly with the draft timetable proposing advertising of the positions over summer and interviews in September 2026.

The vacancy in February 2027 noted above covers the Chair of the Scottish Health Council and Board Vice Chair role. In light of this, Evelyn McPhail, currently joint Vice Chair, will fulfil the role of Vice Chair from the end of September 2026. In line with statutory requirements, a new Chair for the Scottish Health Council will be appointed from within the current HIS non-executive cohort.

Board Activity

Since the last Chair's report, the Board has held two informal sessions. A development session on 22 April 2026 featured a review of reputational risk and we were also joined by our National Strategic Clinical Leads who presented their work. A seminar on 27 May 2026 included items with the Patient Safety Commissioner as noted above and an annual review of the work delivered by our governance committees.

Executive Report

Meeting: Board - Public

Meeting date: 29 June 2026

Title: Executive Report

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

Leading for our Future

Progress continues to be made on the Leading for our Future Action Plan following the last formal update to the March Board meeting. Updates on the following areas will be reported as substantive items to the June meeting:

- Communications Strategy – action plan
- Rapid Review of Assurance Functions

In addition, a paper on the use of clinical expertise within HIS will be taken to the August meeting of the Staff Governance Committee.

In relation to the action on external relations, following the Scottish Parliamentary elections, we have developed and issued a brief on HIS to all MSPs as a first step toward undertaking a wider programme of external relations activity.

First Minister Event: Public Service Reform - Driving Delivery & Change – 8 June 2026

I attended this event hosted by the First Minister, the Deputy First Minister and the Cabinet Secretary for Public Sector Reform. The event was an opportunity for the First Minister to reinforce the importance of public sector reform over the life of this Parliament and its contribution to delivering person-centred services and sustainable public finances.

General Medical Council (GMC) UK Advisory Forum Meeting and Networking Lunch – 29 April 2026

Our Medical Director and I attended this forum which focused on how GMC and others in the system can collaborate to support doctors who wish to pursue alternative learning and career pathways beyond the traditional training route.

EXTERNAL DEVELOPMENTS INCLUDING STAKEHOLDER ENGAGEMENT

Public Inquiries

We continue to be engaged in activity for the Eljamel and Scottish Covid-19 inquiries, responding to requests for information as instructed. We await further guidance from both inquiries on requirements and timing for giving evidence in person.

Post-Election Engagement

Following the election in May 2026 we have engaged with the Scottish Government (SG), including new ministers, particularly as their priorities for the coming year/years are formalised.

In addition to our regular meetings with the SG sponsorship team, we presented to the SG Forum for Directors and Deputy Directors from the Health and Social Care Directorate setting out HIS' role and how the strategic priorities are being delivered. We also presented to a smaller group of SG colleagues about HIS's current position and to hear additional reflections from SG on their priorities. This will help to inform our planning activity moving forward.

NHS Scotland Public Benefit and Privacy Panel for Health and Social Care (PBPP HSC)

Our Senior Medical Reviewer at the Death Certification Review Service and UK Caldicott Guardian Council Chair has been appointed Chair of the PBPP HSC with effect from 1 July 2026.

The PBPP HSC is a core governance structure of NHSScotland (NHSS), responsible for scrutinising and considering applications to ensure they demonstrate clear public benefit and meet information governance requirements.

Our Senior Medical Reviewer has served in the interim Chair role since late 2023 and his work has ensured robust governance, effective scrutiny of applications, and continuity during a time of significant activity for the Panel.

NHS Scotland Event 2026

The NHS Scotland Event takes place on 21 September at the Technology & Innovation Centre, University of Strathclyde, Glasgow. The theme for this year's event is Transforming Health and Care Services through Collaboration.

We are working alongside the Events Team at SG to assist in recruiting abstract reviewers to review posters submitted for this event and we will be involved with the poster exhibition on the day. The Scottish Approach to Change will be featured at the Event.

COMPLAINTS HANDLING

To date, in the 2026–27 financial year, HIS has handled six complaints. Of these, five have been closed and one was withdrawn. Two of these complaints were carried over from the previous financial year.

Two complaints were managed locally at directorate level as Stage 1 complaints; one was upheld and the other was not upheld. Three complaints were progressed as Stage 2 complaints due to their complexity, requiring formal investigation. Of these, one was not upheld and two were partially upheld.

All complaints were associated with the Quality Assurance and Regulation Directorate (QARD).

2. ACHIEVEMENTS

Supporting The Voices and Rights of People and Communities

Citizens' Panel

Feedback from SG on [Citizens' Panel 16](#) (Duty of Candour) described the findings as “extremely useful in shaping [our] understanding and will directly influence future priorities” and praised our team’s collaborative approach. [Citizens' Panel 17](#), published in June, draws on over 600 responses to provide robust, nationally representative insights into healthcare service planning. It highlights public expectations for person-centred, transparent, and locally responsive services, while identifying gaps in public awareness and involvement. The report provides actionable recommendations focused on communication, public understanding, and earlier engagement.

NHS Recovery and Supporting a Sustainable System

Mental Health and Alcohol & Drugs Improvement Programmes

Ten NHS boards are actively testing Safety at Points of Transition change ideas as part of the Scottish Patient Safety Programme (Mental Health). In NHS Dumfries & Galloway, three tests of change aimed at reducing delayed discharge have demonstrated measurable system impact, achieving a 46% reduction as part of our mental health responsive support programme.

Facilitated joint allocation meetings between alcohol and drug recovery services and third sector partners have identified recommendations for refining local mental health and substance use protocols.

A range of resources to support delivery of the Medication Assisted Treatment Standards programme have been published on the [new Alcohol and Drug webpages](#) on the HIS website. These are the final resources published under the previous 5-year national alcohol and drugs mission. Feedback received from Perth & Kinross and Angus Alcohol and Drug Partnerships recognises the positive impact of our skills and support on improving local alcohol and drug systems.

Volunteering

Seven NHS boards have now completed local information governance sign-off for the new Volunteer Management System, with a further seven underway. This will enable local roll-out to progress. A new poster published for Volunteers' Week (1-7 June) highlights the benefits of volunteering, encourages greater staff engagement and links to our published resources.

Scottish Approach to Change

The Scottish Approach to Change continues to gain traction nationally. Three leadership development sessions in Dumfries and Galloway received highly positive feedback, particularly for creating a safe space to explore organisational culture and barriers to change. Our team's embedded, collaborative approach was valued for building trust and maintaining engagement. Similarly, our work with North Lanarkshire Health and Social Care Partnership (HSCP) to help them develop a learning improvement framework highlighted the importance of external reflection to sustain motivation and recognise progress. Our observations helped build their resilience during challenging times. The methodology is increasingly being adopted across major programmes and organisations including subnational planning, the Scottish Learning and Improvement Framework, the Population Health Organisation, across all Care Inspectorate work, and the Centre for Sustainable Delivery's urgent and unscheduled care work.

Leading System Level Change in Health and Care

A report on [Leading system level change in health and care](#) has been published by Q, part of the NHS Alliance. It provides an independent view of the Scottish Approach to Change, plus two other system change initiatives in England. It describes the following features of successful leadership in change, all of which are central to the Scottish Approach to Change:

- the different approach to leadership that is required to navigate the scale and nature of change within health and social care reform
- the vital role that listening to real-life experiences has in shaping the way that leaders view the world
- the way that relationships between people are the fundamental building block of leading change within complex systems.

The report, authored by academics from the Universities of York and Warwick, had significant input from our Associate Director of Transformational Change in the Community Engagement and Transformational Change Directorate.

Improving Access to Integrated Care

SG has formally provided the allocation letter for the new commissions in relation to cancer care navigation (Single Point of Contact and Rapid Cancer Diagnosis Service) and the workstreams are being mobilised.

Hospital at Home (H@H)

The H@H team successfully, in collaboration with SG were able to provide additional non-recurring funds to NHS boards to purchase equipment to help new and existing services sustain and expand their H@H services across Adult services and Neonatal and Paediatric services.

The H@H Paediatrics programme successfully hosted learning session one on 3 May where H@H teams shared their learning. Cross-site visits were completed in March and this gave Scottish teams the opportunity to visit established paediatric H@H services in England to share learning. The team are also coordinating a cross-site visit at NHS Forth Valley learning centre on the 3 June and hosting a remote and rural meeting on the 27 May.

Focus on Frailty

Focus on Frailty launched a new cohort of the work in April with 12 teams now working with us. 78 people attended our welcome session in April where we received positive feedback on the event. 2,470 people are now members of the national frailty learning system.

Focus on Dementia

Both Reducing Stress and Distress (RSD) and Post-diagnostic support (PDS) and Care Co-ordination Improvement programmes have begun their first 6-month improvement support phase with 2026 teams. Teams have now started to self-assess their service using our updated self-evaluation tool published in April 2026, to identify areas to improve.

Abstracts have been submitted to Alzheimer Europe annual conference, PDS on the success of the third edition of the PDS Quality Improvement Framework (QIF). RSD submitted a joint abstract on the self-evaluation tool. Case study from care home in Right Decision Service (RDS) showed a 27% reduction in median falls rate due to improved management of RSD and Dumfries and Galloway Health & Social Care Partnership (HSCP) has shown over 70% reduction in average days waiting to access post diagnostic support following referral, from 237 days to 65 days.

GP Walk-in Centre Improvement Support

The new commission to provide improvement support is mobilising and we have started engaging with the 16 pilot sites to offer improvement support to maximise the number of people accessing pilot services.

Primary Care

We published a further two learning summaries from Primary Care Phased Investment Programme, with a further five in development. The final report and all learning summaries will be published by the end of June 2026.

A Safer NHS

Responsive Support Team for NHS Grampian

The Medical and Safety Directorate has actively supported the Responsive Support Team for NHS Grampian, with strong and coordinated input from Directors, Associate Directors and key directorate staff. This contribution has included providing senior leadership, specialist expertise and operational support to help assess local challenges, identify improvement actions and support delivery.

Colleagues have worked collaboratively alongside NHS Grampian partners, demonstrating a flexible and responsive approach to meeting emerging needs and ensuring alignment with national priorities for quality and safety.

Non-Surgical Procedures and Functions of Medical Reviewers (Scotland) Act

The Non-Surgical Procedures and Functions of Medical Reviewers (Scotland) Bill was passed by Parliament on 16 March and subsequently received royal assent in May 2026. Scoping and initial planning considerations are being explored by the Independent Healthcare Team in regular discussion with SG Policy Colleagues. It is anticipated the enactment will occur from September 2027.

Publication of Maternity Standards

The Maternity Standards, published in March 2026, [Maternity care standards – Healthcare Improvement Scotland](#) were developed by a multi-agency and multi-professional Standards Development Group whose membership included representation from health, social care and third sector organisations, ensuring a comprehensive and system-wide perspective.

The standards have been developed through a robust and transparent methodology which included a comprehensive review of the evidence base, benchmarking against national and international best practice, and extensive engagement with clinical experts, service leaders and people with lived experience. Quantitative and qualitative data were systematically considered, including inspection findings, audit outputs and safety indicators, to inform the identification of key priorities. The standards have also been aligned to national standards (including HIS's clinical governance standards), guidelines and professional frameworks.

The standards focus on core themes critical to the delivery of safe, effective and person-centred maternity care. These include early and equitable access to services, personalised care planning, effective communication and shared decision-making, and robust risk assessment and escalation processes. There is also a strong emphasis on multidisciplinary working, workforce capability, and embedding a culture of continuous learning and improvement.

To support implementation and provide a mechanism for assurance, a national self-evaluation tool has been developed and is available via the RDS platform. This tool is intended to support both internal improvement activity and external quality assurance, enabling consistent assessment against the standards across services.

The Perinatal Portfolio

The Perinatal Portfolio has secured the support of the Executive Team and Quality and Performance Committee for an enhanced acute perinatal improvement programme. The programme, initially funded through the HIS investment pipeline, will be designed to enable boards to proactively address emerging themes triangulated across HIS Safe Delivery of Maternity Care Inspections, reviews and reports on perinatal care across the UK.

The programme will use the Scottish Approach to Change and the Scottish Patient Safety Programme (SPSP) Essentials of Safe Care to deliver improvement across two workstreams: strengthening enabling conditions for safe care and safe clinical and care processes. Work is underway to establish the team that will support this programme.

Healthcare Staffing Programme (HSP)

The new Maternity Services Staffing Level Tool was launched on 1 April 2026. Additional training sessions were delivered throughout April to support awareness and understanding of the tool.

To support digital observation studies, access to Microsoft Dataverse has now been approved through the Public Services Delivery Scotland (PSDS) Change Approval Board alongside dedicated HSP Power Platform environments. HSP will be the first services in NHS Scotland to have dedicated Dataverse-enabled environments.

Excellence in Care (EiC)

The evaluation reports for the Quality-of-Care Review Guidance and the Leading Excellence in Care Education were successfully published on 13 May 2026. Publication of the refreshed Excellence in Care Framework is now expected in late June, with a short delay arising from pre-election restrictions and interdependencies with RDS timescales to support hosting of the Framework. The Patient-reported experience measures programme has now moved into delivery, with the national testing programme formally launched on 13 May 2026 via an information session for prospective participants.

More Effective Care

The Scottish Health Technologies Group (SHTG)

SHTG has published three pieces of advice: recommendations on robotic assisted bronchoscopy for diagnosing lung cancer; an Innovative Medical Technology Overview (IMTO) on the topic of computed tomography fractional flow rate and another IMTO on intelligent liver function testing for the earlier diagnosis of chronic liver disease.

The Scottish Medicines Consortium (SMC)

The horizon scanning team published an updated 'Advanced Therapy medicinal product report' in March and is working towards the publication of Forward Look 22 in October. High levels of engagement from patient groups has continued, with end-of-year figures showing that 55 patient group representatives participated in committee meetings and 63 in Patient and Clinician Engagement (PACE) meetings across 2025/26. Satisfaction levels of participating patient groups continue to remain high. Recent evaluations show 100% of participants reporting good or excellent in relation to their experience and the information and support received from the team.

The Scottish Intercollegiate Guidelines Network (SIGN)

Updated SIGN 155: Pharmacological management of migraine to include advice on the use of oral calcitonin gene-related peptide receptor antagonists. The plain language summary has also been updated.

SIGN and Research and Information Service (RIS)

Commenced a collaboration with colleagues at the University of Aberdeen to use PRO EDI, a tool to operationalise the assessment of equality, diversity and inclusion (EDI) in systematic reviews, during stages of guideline development to help inform both judgements when making recommendations and highlight EDI evidence gaps and uncertainties.

The RDS team has received the report of the independent expert review of RDS technology. This provides positive assurance that:

- RDS is safe, mature and nationally critical, the technology is robust and supports long-term use and future development and a strong governance and clinical safety arrangements are in place, including UK-wide Conformity Assessed marking as a solid assurance foundation
- RDS is well positioned to support integration, outcomes-focused care and service renewal, including a leading role in responsible AI adoption at national scale

RDS toolkits delivered over the last reporting period include:

- Maternity Standards and self-assessment tool, Clinical Governance Standards and self-assessment tool – in partnership with the HIS Standards and Indicators team.
- Updated and enhanced toolkit for the Scottish Palliative Care Guidelines
- New national polypharmacy guidance – for SG Effective Prescribing and Therapeutics Policy Team.
- Practical dementia resource – in collaboration with the Care Inspectorate, to support practitioners and service users.
- Blood borne virus opt-out testing guidance for emergency departments – in collaboration with Public Health Scotland
- Gastroenterology pathways – with the Centre for Sustainable Delivery.
- Primary Care Safety Culture Cards – with PSDS (former NHS Education for Scotland Primary Care patient safety team.)

Scottish Antimicrobial Prescribing Group (SAPG)

SAPG published an evidence and economic evaluation of the use of cefazolin in Staphylococcus Aureus Bacteraemia (SAB). This has been well received across the UK and supports the decision of the SAPG committee to recommend cefazolin first line in the treatment of Methicillin Sensitive SABs (MSSA) in Scotland. The national guidance is now under review and will reflect this change in practice.

SAPG is working with health boards in Scotland to align gentamicin policies with the aim to move to one accredited calculator. As part of this, SAPG is working closely with Public Services Delivery Scotland (PSDS) and antimicrobial pharmacists to create educational materials for boards to support implementation of the new updated calculator.

Organising Ourselves to Deliver

Annual Accounts

The 2025/26 Annual Accounts and Annual Report were completed in the required timeframe with the Audit Process successfully concluded and will be part of the Board update at the HIS Board Meeting.

Investment Pipeline Proposals

In line with the Financial Plan 2026/27 several non-recurring projects have been green lit as part of the Investment Pipeline proposal with recruitment and procurement processes progressing to ensure we can deliver improvements within the financial year.

Key Performance Indicators

A review of the Key Performance Indicators was undertaken with Directorates, and work is underway to discuss how we further develop indicators to reflect the move to portfolio working and align with the planning process for the 2027/28 Annual Delivery Plan.

Office of the Chief Executive (OCE) Restructuring

The OCE restructuring has been finalised, and a successful away day was held in April to bring the Teams together to strengthen and develop working arrangements across the Directorate to ensure we are supporting the wider organisation and work successfully as one team.

Recruitment

Recruitment has been successful to the posts of Head of Performance, Delivery & Risk and the Risk Manager, with anticipated start dates of July/August.

Business Systems Project

Discussions continue with colleagues across NHS Scotland to progress readiness for the Business Systems project, impacting on Payroll, Finance, Procurement and Human Resources systems nationally. Local arrangements are being established to ensure preparedness and that HIS can respond within the tight project timescales.

Dashboard Reporting

The Team has also started to meet to work up how we can introduce Dashboard Reporting to provide “one version of the truth” for HIS organisational data to inform and streamline reporting processes.

Publications

Following approval of both documents by the Board at the March 2026 meeting, we published our [Annual Delivery Plan for 2026-27](#) and updated [Operating Framework](#) between HIS and SG.

Media Training

The Communications Team arranged and supported media training for 16 senior staff with an external provider.

They provided bespoke media training and support for the Director of Nursing and Integrated care on publication of high-profile Queen Elizabeth University Hospital maternity inspection report.

HIS Campus

HIS Campus, our one-stop-shop for learning and development across HIS, marked its second anniversary by launching the HIS Campus SharePoint site on 13 May 2026. As well as providing HIS colleagues with a digital repository of curated learning opportunities and resources, it lays the foundation for a virtual space for sharing learning. The first release of the site includes the

HIS Campus Calendar of Events and Latest News on internal and external learning opportunities, a Fortnightly Focus on current corporate learning priorities and Colleagues' Choice where colleagues recommend learning resources to peers. Further releases from with developmental resources relating to Corporate Induction, Management Development, and the Strengths Deployment Inventory (SDI) will follow shortly thereafter.

In line with the HIS Campus's community ethos and our ambition to create a community of active learners, the Organisational Development & Learning (OD&L) Team will continue to seek support from our internal subject matter experts, our internal networks and our wider colleagues to provide and recommend materials for this new resource.

Core Strengths/SDI

SDI is a workplace personality assessment tool that provides insights into individuals' motivations, behaviours, and relationships dynamics in the workplace, and is used widely with 84% of staff having completed an assessment. In addition to enhancing our abilities to work collaboratively and responsively, the SDI tool has always been intended to support team development activities across HIS. Following feedback and learning from our pilot sessions, the OD&L Team launched a new SDI Team Development offering on 9 June 2026 via HIS Campus.

Mindful that team development is not a 'one size fits all' activity and that it is an ongoing process, rather than a one-off intervention, the new offering adopts a consultancy-style approach to create a bespoke programme of team development for teams. Each programme will be based on SDI principles and methodology, and activity will be spaced over a 6-month period to encourage teams to complete and reflect on SDI activity, to embed SDI into their ways of working, and to measure the impact on their team dynamics.

To support and reinforce wider staff awareness and engagement with SDI, self-service resources and bite-sized facilitated sessions will be made available via the HIS Campus SharePoint site soon thereafter.

Personal Development and Wellbeing Review (PDWR)

To enable each directorate to support staff and managers to undertake their end-of-year PDWR meetings and to agree new objectives and personal development plans for the year ahead, the OD&L Team held four drop-in sessions for staff and managers, provided one-to-one support via the HIS Campus mailbox, and are providing regular compliance reporting to directorate operational managers. Fuller compliance reporting will be submitted to Staff Governance and Partnership Forum over the coming months.

PDWR Communications highlighted the importance and requirements to complete any outstanding mandatory learning, including the new Once for Scotland mandatory training requirements. This messaging has also been reinforced via the HIS Corporate Objective for 2026 which also relates to mandatory training.

Mandatory Training Compliance Reporting

As per SG guidelines, compliance reporting on mandatory training has been supplied to Staff Governance Committee and Partnership Forum and this is showing a steady increase in completion, specifically with the newly introduced Once for Scotland Modules. We will continue to monitor this progress over the coming months.

HIS Manager's Induction Programme

A cross-directorate task and finish group (led by HR and OD&L colleagues) are currently developing a comprehensive HIS Manager's Induction Programme. The induction programme, which will also be available to existing managers as a refresher, aims to:

- Explore our organisational approach to managing and developing our people and our approach to partnership working
- Clarify the leadership and responsibilities and expectations of HIS Managers
- Explore effective communication, coaching, and team engagement strategies
- Provide an overview of core people management policies and procedures
- Explain our approach to supporting performance and staff development
- Identify internal systems, tools, and support networks available to managers.

The programme will comprise two half-day facilitated sessions, an introductory guide, and variety of management development resources, all of which will be accessible via HIS Campus. These will be developed and released on an iterative basis, beginning with the first facilitated session in July 2026.

Leading for the Future (LftF)

Leadership development activity continues to build momentum across the organisation. We now have six staff enrolled in the next cohort of LftF, which begins in September. Alongside this, we have promoted the Adaptive Learning Sets for Senior Systems Leaders and are also actively advertising the Scottish Improvement Leader programme, with applications open until August.

3. CHALLENGES AND ISSUES

Internal Capacity

Workforce capacity, capability, and flexibility continue to present challenges. These are particularly evident in the context of existing vacancies, evolving work requirements, and wider staffing changes, which place additional demands on current teams.

Ensuring the appropriate skill mix and the ability to deploy resources flexibly across programmes remains a key consideration.

Recruitment and retention pressures, alongside the need to maintain organisational knowledge and continuity, further contribute to the complexity of workforce planning.

Capacity in the Quality Assurance and Regulation Directorate remains under sustained pressure, reflecting a continued increase in workload requirements. This includes the expansion of the inspection portfolio, alongside a notable rise in the volume, complexity, and urgency of information requests.

These pressures are being experienced within a finite resource envelope, requiring ongoing prioritisation and careful management of delivery timelines. While mitigating actions are in place, there remains a risk that sustained demand may impact pace and responsiveness in certain areas if pressures persist or intensify.

There has been successful recruitment to the vacant Public Protection and Child Health Services Lead post and agreement to commence recruitment for the vacant Chief Midwife post, however it will be some months before postholders are in place.

Recruitment is progressing in support of new commissions for cancer workstreams and GP walk-in centres, however this may prove challenging due to the similar nature of required posts and use of short-term contracts.

Website

Options to accelerate the pace of the website development are being explored within existing frameworks that would also meet timelines for use of the investment pipeline in the current year.

Scottish Medicines Consortium (SMC)

New medicines submissions to SMC were lower in Q4 than in earlier quarters of 2025/26. However, due to the large volume of submissions received in the first half of the year, there were 31 deferred submissions at the end of March, compared to 8 in March 2025. This continues to place pressure on assessment timelines and delays the routine availability of clinically and cost-effective medicines. SMC continues to implement a number of actions to mitigate against this risk including prioritising medicines that address a high unmet need.

Healthcare Staffing Programme (HSP)

Challenges with the delivery by other national partner organisations of the Seer platform for national reporting is likely to impact on HIS' ability to monitor staffing tool use delays in access to Seer will result in increased workload for the HSP analyst team (currently implementing an interim reporting solution) and delays to the transition of tools from SSTS to SafeCare.

There has also been an increase in demand for responsive support from HSP which is likely to require pausing or stopping existing work.

Funding

HIS have received confirmation from the SG Chief Nursing Officer's Directorate that there will be no additional funding for EiC for the 2026/27 financial year. This negates the requirement for a business case to support the drawing down of the additional allocation which had been made available in previous financial year.

HIS have had receipt of their new baselined funding for EiC which provides an enhanced core programme infrastructure to maintain programme delivery but without the additional allocation some aspects of the proposed programme plan e.g. Development of a Group Supervision for Assurance Model, are being put on hold.

The removal of ringfencing for Hospital at Home funding is also anticipated to impact neonatal and paediatric services, alongside staffing challenges.

System Capacity and Pressures

There is an emerging risk around the capacity of the health and social care system to engage with a number of programmes including Focus on Frailty, 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.

Reduced local capacity has also caused one NHS board to withdraw from one of our mental health improvement programmes. Local challenges in collating data have impacted our ability to collect required data for another programme.

4. EXTERNAL DEVELOPMENTS INCLUDING STAKEHOLDER ENGAGEMENT

Quality Framework for Community Engagement

Final session held with Scottish National Blood Transfusion Service to develop their improvement plan, expected to be signed off in June. Future opportunities for collaboration and targeted improvement support at governance level being explored.

Workshops

Workshops in February with Argyll & Bute HSCP on effective engagement and with the Scottish Ambulance Service on engagement in service change were well received, with follow-up sessions planned. A second event in partnership with Drugs Research Network Scotland attracted 148 attendees, who fed back increased motivation to improve care for people with co-occurring mental health and substance use conditions and greater awareness about unseen work in healthcare settings. Between March and May, external stakeholder co-design groups were held with 61 staff from health and care, community, national and third sector organisations to develop learner pathways for engagement practice, strategic planning and service design that reflect the needs of professionals.

Webinars

In May, 42 people attended a webinar on [how SIGN includes lived and living experience to develop its clinical guidelines](#). Attendees rated the webinar 90%. A second webinar on the practicalities of [screening for alcohol and drug use within mental health settings](#) attracted 142 attendees. Speakers described the use and impact of our ASSIST-lite tool, which is now available on the RDS platform, and has been recommended by the Royal College of Psychiatrists.

Networks and Learning Communities

The Scottish Approach to Change learning community launched in January 2026 and now has 366 members from across 17 NHS boards, 17 HSCPs and 52 other organisations across Scotland and the UK. The Engagement Practice Network (EPN) currently has 315 members across three communities of practice. There has been a 68% increase in membership in 10 months. The Care Experience Improvement Model (CEIM) Peer Network met in April to hear how use of CEIM by Children's Hospices Across Scotland to engage with families, young people and staff has resulted in improvements being made to the hydrotherapy pool, which is a key resource for families. The first SPSP network meeting was attended by all 10 participating boards.

Scottish Medicines Consortium (SMC)

The Public Involvement team were invited to Chair an all-day workshop at the upcoming Health Technology Assessment International (HTAi) annual meeting in Istanbul on 'Strengthening Health Technology Assessment with Patient Knowledge to Shape Health Systems for Community Needs.' SMC participated in the National Institute for Health and Care Excellence (NICE) annual conference in London in March as well as the annual Vancouver Group meeting, also in London, in April.

The SMC hosted a visit from the Ministry of Health Malaysia in May, which included meetings with colleagues from various teams across NHS Scotland, including; National Cancer Medicines Advisory Group, Patient Access Scheme Assessment Group, Area Drug and Therapeutics Committee Collaborative and the Cancer Medicines Outcomes Programme (CMOP).

SMC 25 Years Anniversary Event

Planning for the SMC 25 years anniversary event in September 2026 continues. This will bring together a celebration of successes from the past 25 years with a look to what the future landscape will look like for SMC.

Webinar

Our Public Involvement Advisor, worked with colleagues in Community Engagement and Transformational Change to deliver a webinar on the importance of lived experience representation in guideline development to an audience of over 40 people. Engagement was strong, and feedback on the event was positive.

The Right Decision Service (RDS)

The team is working with Scottish Government Realistic Medicine, Realistic Medicine Leads Network, the Scottish Library and Information Council, and Public Libraries in eight local authorities to support them with real time and online training, guidance and templates to develop implementation plans for engaging their communities and citizens to become active partners in self-management and shared decision-making.

The RDS team, Research and Information Service (RIS) health service research and SIGN have initiated planning with the Centre for Sustainable Delivery to strengthen collaboration and consistent quality assured approaches across HIS Evidence and the Modernising Patient Pathways Programme. The aim is to maximise synergies across the complementary strengths of each service in producing evidence and implementing evidence into day-to-day practice.

Scottish Antimicrobial Prescribing Group (SAPG)

SAPG hosted the final in person event for Professor Andrew Seaton who steps down as Chair after 9 years in post. A presentation was made celebrating the achievements of Professor Seaton by the Chief Medical Officer. On the day an interactive session took place to gain feedback from stakeholders on future areas of focus for SAPG.

Healthcare Staffing Programme (HSP)

A feedback survey has been circulated to boards who have completed tool runs of the new Mental Health and Learning Disability (MHL) Nursing Inpatient Staffing Level Tool. Data from this evaluation and board runs are currently being analysed. A further feedback survey has been circulated to boards who have completed tool runs of the Community Nurse Staffing Level Tool, the Community Children's and Children's Specialist Nurse Staffing Level Tool, and the Clinical Nurse Specialist Staffing Level Tool (3Cs).

Excellence in Care (EiC)

There has been significant interest in our EiC Patient-Reported Experience Measure testing activity, with more than 30 services already expressing willingness to participate. This

strong early response highlights the level of interest in, and appetite for, this important resource across the system.

Improving Access to Integrated Care

Improving Access to Integrated Care team provide support through coaching calls, site visits events, progress reports and data collection. The team is using a SPRINT model and the sharing, learning, and impact from the second cohort will be shared at a learning session webinar in June 2026. Updates will also be shared through MS teams and on the HIS website.

Hospital at home (H@H)

The team completed site visits late March for both adult and neonatal and paediatrics H@H services and have a cross-site visit taking place at NHS Forth Valley on the 3 June. Continue to coordinate solutions to communication challenges within in boards, with the remit of the H@H work having expanded and therefore the relationships required within a board to progress quickly are crucial.

Focus on Dementia

The team have increased stakeholder engagement activity during the recruitment period for both programmes. For RSD have engaged more widely with hospital and care home networks to share information and encourage participation and received over 100 applications. For post-diagnostic support (PDS) have been targeting communication with Health & Social Care Partnerships not previously involved in our improvement programmes to try to spread across all HSCPs.

Focus on Frailty

Dr Lara Mitchell, Strategic National Clinical Lead for Acute, presented the impact of [Healthcare Improvement Scotland Focus on Frailty program](#) at an international meeting of frailty leaders from Scandinavia, USA, Canada and the Institute for Healthcare Improvement.

Colleagues were particularly interested in a more than doubling of acute frailty services across Scotland in Focus on Frailty teams and the 8% reduction in length of stay for geriatric coded admissions equivalent to 1.4 days in two years across the whole of Scotland. Key enablers highlighted were HIS Ageing and Frailty standards, HIS Front door how to guide and the strong national policy on front door frailty. The importance of collaboration across national and local teams in delivering improvement was also recognised.

Whistleblowing Annual Report

Meeting: Board - Public

Meeting date: 29 June 2026

Agenda item: 2.2

Responsible Non-Executive: Keith Charters, Whistleblowing Champion and Non-Executive Director

Report Author: Gillian Gall, Interim Chief People Officer

Purpose of paper: Assurance

1. Purpose

As part of the Whistleblowing Standards overseen by the Independent National Whistleblowing Officer (INWO), Healthcare Improvement Scotland (HIS) is required to provide an annual report regarding our activity. The format of this report is in line with the current requirements from the INWO.

2. Executive Summary

The attached annual report includes detail on our current arrangements within the organisation, including our key points of contact, any learning from our organisation and details on our training completion across HIS.

The report also confirms that during the period covered, HIS has not received any reportable whistleblowing concerns. During this time, we received a total of two formal grievance submissions from individual staff.

Detail is also provided regarding our training compliance and there is information regarding our planned activity for the 2026/27 period ahead.

To ensure management of organisational risks, access to, and awareness of Whistleblowing arrangements for all staff, and the ability to raise concerns is essential to enable to provision of high-quality services and support to the wider NHS system in Scotland.

As part of existing employment and Workforce Policy arrangements, all staff must have access to Whistleblowing arrangements to ensure any concerns or risks within the organisation can be raised and responded to. This is also essential to ensure any potential matters regarding equality and diversity are responded to appropriately and timeously.

3. Recommendation

Board members are asked to:

- Review the detail of the Whistleblowing Annual Report for the organisation to seek assurance on the detail prior to publication and sharing with the INWO office as required by the Whistleblowing regulations.

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

Appendix 1 – Annual Whistleblowing Report 2025-26

Q4 Organisational Performance Report

Meeting: Board - Public

Meeting date: 29 June 2026

Agenda item: 2.3

Responsible Executives: Gillian Hennon, Chief Finance and Risk Officer, and Gillian Gall, Associate Director of Workforce

Report Authors: Caroline Champion, Performance Manager, David Johnston, Head of Finance and Procurement, and Ann Grant, Head of People and Workplace

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

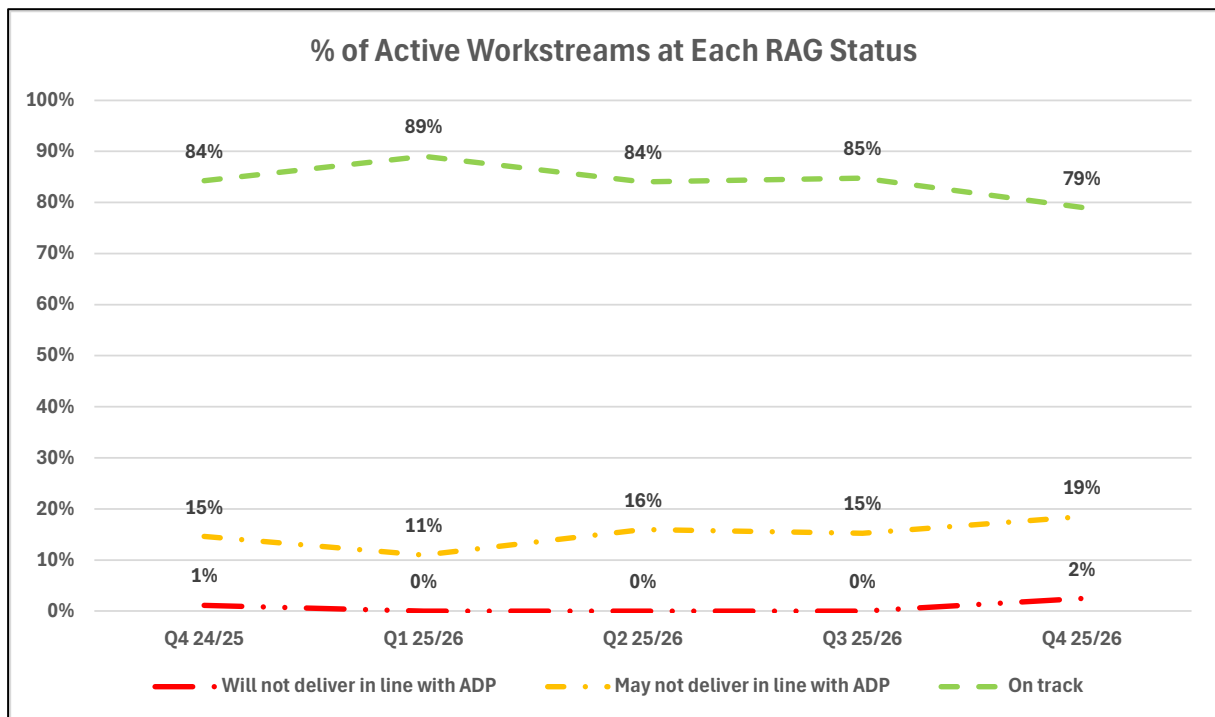
Detailed reports have been considered by the following governance Committees:

- Performance report – Quality and Performance Committee (QPC)
- Finance report – Audit and 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 the last Quarter for 2025/26 performance overall remained positive with 79% (Q3 85%) of our work programmes reporting as 'green - on track to deliver in line with the Annual Delivery Plan (ADP)/commission' however this represents a slightly worsening position from Q3. There continued to be ongoing risks to delivery as a result of capacity/availability of resource or adjustment in delivery/timescales. The organisation achieved a number of strategic milestones during the Quarter and in terms of Key Performance Indicators (KPIs) we met 55% of corporate performance measures which remains lower than anticipated and less than reported in the previous Quarter (61%) (see Appendix 1).



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

- Safe Delivery of Care Children and Young People’s Inpatient Mental Health Units national overview [report](#) published.
- New [Maternity Care Standards](#) published setting out clear expectations for how maternity care should be delivered in Scotland.
- Publication of [Clinical and Care Governance Standards](#) which will provide assurance that organisations are providing high-quality and safe healthcare in line with best practice, national policy and legislation.
- Published [Focus on Frailty](#) programme update looking at the latest progress, impact and next steps for the improvement programme.
- Completed two Innovative Medical Technology Overviews on iLFTs (Intelligent Liver Function Testing) for liver disease, and home testing devices for sleep apnoea, which have been used to inform decisions on progression of these topics through the Accelerated National Innovation Adoption pathway. Publication due next Quarter.
- Scottish Health Technologies Group published one recommendation on specialist interventions for managing chronic non-malignant pain in adults. One assessment was published on surgical care practitioners (SCPs) which continues to inform the introduction of SCPs within Scotland.
- Standards and Indicators published Diabetic Eye Screening standards aimed at reducing the incidence of vision loss through diabetes, and Perinatal standards alongside a self assessment tool.
- Publication of [NCMAG125 Paclitaxel](#) which resulted in an update to the Breast Cancer Clinical Management Pathway, specifically for HER2-positive metastatic breast cancer (HER2+ MBC).

- Corporate Parenting 2026 Report and Plan 2026-29 published, and e-learning module updated.
- Scottish Approach to Change learning system successfully launched. A symposium was held bringing together strategic leaders, change experts, practitioners and colleagues from academia, health, social care and the third sector focused on validation of the approach and explored the challenges of which the approach is aiming to address.

The performance report included a best value assessment on the Area Drugs and Therapeutic Committee Collaborative (ADTCC) which aims to give professional and clinical advice and leadership to NHS Boards. This supports safe, clinically effective, cost effective and patient-centred use of medicines. The ADTCC support a programme of shared learning and Knowledge into Action activities in relation to Area Drugs and Therapeutics Committees (ADTCs), between local boards and regions. The ADTCC delivers good value for money through a lean programme that supports safe, effective and equitable medicines use across NHS Scotland. Operating with a modest baseline allocation and as a small multidisciplinary team, ADTCC undertakes work once on behalf of all NHS Boards, avoiding duplication of effort, reducing unwarranted variation and promoting consistency in medicines governance.

The collaborative, Once for Scotland approach demonstrably improves efficiency by streamlining engagement with national partners and pharmaceutical companies, producing shared operational guidance and facilitating learning networks that would otherwise require local replication. While the financial impact of changes in prescribing practice and patient outcomes cannot be directly quantified, the avoidance of duplicative governance work releases capacity within NHS Boards and supports frontline clinical care. ADTC's outputs are available to all NHS Boards, with explicit consideration of equity of access, including for medicines accessed through national early access regulatory routes. The work aligns with the NHS Scotland Value Based Health and Care Action Plan and supports the aims of Realistic Medicine by promoting evidence-based decision-making, reducing unwarranted variation and supporting safe, person-centred care. Taken together, this demonstrates that ADTCC meets Best Value expectations across economy, efficiency, effectiveness and equity.

At the Quality and Performance Committee on 20 May 2026, the Committee acknowledged the overall positive position at the end of Quarter 4. The following points were discussed:

- Citizens' Panel and Gathering Views KPI outturn was below plan due to influences not always within HIS' control, it was noted that this is regularly discussed at Scottish Health Council and will be subject to closer scrutiny going forward.
- A number of other KPIs did not meet their annual targets by year end. Adverse Events was highlighted for discussion where 12 out of 17 NHS Boards submitted learning summaries and the challenge of NHS board engagement. New medicines also reported a negative outturn against annual target due to the ongoing significant increase in the number and complexity of submissions, horizon scanning indicates this trend will reduce in the coming months meantime plans are in place to address the backlog and get things back on track.

- A question was asked about next steps once standards have been published and whether checks are carried out following implementation to measure any impact or highlight good practice. This is not routinely done as the process would be resource intense and in some cases it can take years for any impact to be realised. However impact and outcome reporting in general has been raised previously and we are considering the best approach to achieve this.

Financial Performance Report

At 30 April 2026, total income was £4.1m and total expenditure was £3.9m, driving a £0.2m (4%) underspend. This was driven by higher than budgeted income relating to Independent Healthcare (IHC) of £0.1m and lower than budgeted non-pay across the organisation of £0.1m.

	Annual Budget (m)	YTD Actual (m)	YTD Budget (m)	YTD Variance (m)
Income	£51.6	£4.1	£4.0	£0.1
Pay	£45.1	£3.6	£3.6	-
Non-Pay	£6.5	£0.3	£0.4	£0.1
Under/(over) spend	-	£0.2	-	£0.2
Total WTE	-	540.4	561.6	21.2

We have received our P2 allocation letter and have received £1.7m in allocations to date, with a further £4.9m expected. The detailed Financial Performance Report at 30 April 2026 is available in Appendix 2.

Savings

The full year recurring savings target for the organisation is £1.3m, which represents 3% of baseline funding. £0.8m of the savings target is expected to be met through absorbing impact of the Reduced Working Week across the organisation.

The remaining savings balance is shown in the table below, split between £0.2m relating to savings to be achieved through the Vacancy Review Group and £0.3m pro-rated across Directorates.

Directorate	VRG Savings (£)	Pro-Rated Directorate Savings (£)
Community Engagement & Transformational Change		(44,400)
Corporate Provision		(3,400)
Digital		(21,600)
Evidence		(60,300)
Medical And Safety		(44,300)
Nursing And Integrated Care		(57,500)
Office of the Chief Executive		(31,100)
Quality Assurance and Regulation		(63,100)
Held Centrally	(200,000)	
Total	(200,000)	(325,700)

Savings plans for the majority of Directorates were presented at the Performance and Delivery Board meeting on 20 May, with the remainder presented at the June meeting. Progress will be monitored monthly with updates provided by Directorates where targets are not being met.

Investment Pipeline

As outlined in the 26/27 Financial Plan, a programme of non-recurring investment has been signed off to address areas of prioritisation or to support redesign and development of services. To date £1.3m has been approved at Performance and Delivery Board and recruitment and procurement is underway (see Appendix 3). No costs have been incurred in this reporting period. It is anticipated that costs will be realised in Q2 of 26/27. There is an acknowledgement that due to this lead in time some costs in relation to recruitment may impact on 27/28, this will be managed within the budget planning process, and projects have been advised that costs have to be realised by the end of Q1 27/28. Project leads will provide updates on progress and deliverables as part of the monthly monitoring process.

Workforce Report

Workforce indicators current year to date (YTD) - April 2026 – May 2026:

- At the 31 May 2026, our total workforce headcount (payroll and non-payroll) was 608 (550.1 whole time equivalent (WTE)), of this 579 (540 WTE) were payroll staff.
- Total workforce turnover YTD was 0.5%, a decrease compared to the same period last year (1.3%).
- The sickness absence rate in this period was 4.1% which although higher than the same period last year (3.4% in May 2025), is less than the latest NHS Scotland reported rate (6.4% in April 2026).
- The Workforce Strategy Group have reviewed 80 resource requests in total since April, of which 59 were recruitment related. The majority of recruitment requests (54%) were being funded from additional allocations. All posts were reviewed in line with budget and service priorities.
- 31 new recruitment campaigns have commenced since April 2026 and are currently progressing through various stages, 2 have already been filled 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 13 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: Q4 25/26 Corporate KPIs
- Appendix 2: Summary Financial Performance Report at 30 April 2026
- Appendix 3: Resource Flash Report at 31 May 2026.

Appendix 1: Q4 25/26 Corporate Key Performance Indicators (KPIs)

Corporate KPIs:	Number of KPIs	% of KPIs
Red (behind target >10%)	6	33%
Amber (within 10% of target)	1	6%
Green (ahead/on target)	10	55%
N/A	1	6%

Source	KPI Title	KPI Metric	25/26 Target	Quarter Target	Q1 Outturn	Q2 Outturn	Q3 Outturn	Q4 Outturn	Notes for KPIs Behind Target
Health and Social Care Renewal <i>*These directly support national Operational Improvement Plan Commitments</i>	Hospital @ Home Beds	Expansion of scope of existing programme (bed numbers)	800	750	600	600	655	655	Lag in data collection/submissions continues to significantly impact on HIS meeting the 25/26 target. Q4 outturn is based on submissions received thus far, data process 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%	100%	15/15 hospital sites supported by HIS have access to specialist staff in frailty teams.
	Timely Access to Services	Primary care improvement programme participants demonstrating improved access to care	70%	60%	40%	50%	50%	50%	In the write-up phase, no new demonstrator site or collaborative work had been planned for the rest 25/26 therefore 50% applies Q4.

		Citizens' Panel (full reports and pulse surveys) and Gathering Views reports to consider NHS renewal and accessing services	8	2	1	0	1	0	Outturn below plan due to timing and pipeline constraints. One completed output (Pulse Survey on Virtual Wards) is being held for publication Q1 26/27, and the Sodium Valproate Gathering Views report will also be published in Q1.
	National Position Statements	Delivery of national evidence statements on major priority areas	2	-	N/A	1	1	1	Annual targets met for delivery, guideline development, Medicine Information Leaflets (MILs), publication.
	Mental Health Reform	% of supported NHS boards with an improvement in design or delivery of services	80%	70%	50%	50%	80%	80%	
External - Scottish Government '15 box grid'	Sickness Absence Reduction	In line with national target	4%	4%	3.3%	3.3%	3.5%	3.6%	
	Recurring Savings	As approved in budget	£1.3m	£0.3	£0.1m	£0.4m	£0.3m	£0.5m	Full recurring savings target met in year.
Statutory Functions	NHS Inspections (acute, maternity and mental health)	Number of onsite inspections carried out	24	7	3	7	7	7	
	Independent Healthcare Inspections	Number of registered services inspections undertaken	129	32	28	35	32	32	Completed 127 inspections. Increase in complaints and registrations meant some planned activities such as low risk inspections were rescheduled to focus on high-priority activities.
	New Medicines Advice	% of decisions communicated within target timeframe	85%	85%	50%	71%	57%	46%	Quarterly targets not achieved due to 25% increase in submissions. Controls and mitigations are in place.

	Service Change Engagement	Number of NHS Board/IJB service change engagement plans influenced by advice and assurance	60	60	51	70	70	65	7 active significant service changes being monitored nationally, a further 30 active service changes and 28 currently on-hold.
	Healthcare Staffing	% of boards' compliance monitored by HIS through Board reporting and engagement	100%	80%	80%	79%	89%	100%	
	Scottish Health Technology Group	Number of advice outputs issued	12	3	3	3	1	2	Awaiting sign off on completed projects. Three topics will now be published in Q1 26/27.
Safety in the System	Adverse Events	% NHS boards sharing learning summaries with HIS	100%	50%-75%	0%	0%	65%	71%	12 of 17 NHS boards have submitted learning summaries. We are continuing to work with the remaining 5 NHS boards who are yet to send in their learning summaries to address this.
	Responding to Concerns	% of cases with initial assessment undertaken within agreed timescales	100%	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	N/A	
		Publication of new national standards for Clinical and Care Governance	Q4	Q4	N/A	N/A	N/A	Q4	National standards published February 2026

Appendix 2



Financial Performance 30th April 2026

Report Owner: Gillian Hennon, Chief Finance and Risk Officer
Report Author: David Johnston, Head of Finance & Procurement

Supporting better quality health and social care for everyone in Scotland



Year to Date - Performance Summary – P1

At 30 April 2026 total income was £4.1m and total expenditure was £3.9m, driving a £0.2m underspend (4%).

IHC was underspent by £0.1m due to higher than budgeted income and lower than budgeted non-pay.

The other £0.1m was underspend driven by lower than budgeted non-pay across the organisation.

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

	Annual Budget (£m)	YTD Actual (£m)	YTD Budget (£m)	YTD Variance (£m)
Income	£51.6	£4.1	£4.0	£0.1
Pay	£45.1	£3.6	£3.6	-
Non-Pay	£6.5	£0.3	£0.4	£0.1
Under/(over) spend	-	£0.2	-	£0.2
Total WTE		540.4	561.6	21.2

	YTD Actual WTE	YTD Budget WTE	YTD Variance WTE
Baseline WTE	447.8	464.8	17.0
Allocation WTE	74.2	74.7	0.5
Grant WTE	3.0	3.2	0.2
IHC WTE	15.4	18.9	3.5
Total	540.4	561.6	21.2

Total Whole Time Equivalentents (WTEs) at the end of April were 540.4 – a decrease of 8.3 from P12 25/26. A full breakdown of the YTD WTE position is available in **Appendix 1**.

During April 2 people left the organisation in total - representing an overall turnover rate of 0.3% YTD. 2 people have joined the organisation since the beginning of the financial year.

There are currently 11 staff on the redeployment register and 8 roles that have live campaigns.

Performance by Funding Source

Year to Date – P1						Full Year Budget					
	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	£3.3	£0.5	£0.2	£0.1	£4.1	Income	£42.3	£6.5	£2.0	£0.8	£51.6
Pay	£3.0	£0.5	£0.1	-	£3.6	Pay	£37.4	£5.8	£1.6	£0.3	£45.1
Non-Pay	£0.2	-	-	£0.1	£0.3	Non-Pay	£4.9	£0.7	£0.4	£0.5	£6.5
Under/(over) spend	£0.1	-	£0.1	-	£0.2	Under/(over) spend	-	-	-	-	-

Key areas of variance YTD are:

- Baseline underspend driven by non-pay underspend across organisation.
- IHC underspend driven by higher than budgeted income and lower than budgeted non-pay.

Baseline income of £42.3m has been confirmed by SG for the full year.

Other income relates to rental income £0.2m.

The funding for additional allocations is not expected until Q1 2026 and therefore unconfirmed at P1.

Additional Allocations

Additional Allocations – P1

Funding Status	Sum of Funding Received (£)	Funding Expected (£)	Additional Allocations Totals	Actual Expenditure YTD	Over/Underspend YTD	Allocation Budget
Funding Anticipated	0	6,507,113	6,507,113	474,663	57,438	6,507,113
50 - Mental Health Bundled Allocation	0	1,396,608	1,396,608	102,968	1,212	1,396,608
167 - RR & Medicated assisted treatment / Pathways & substance	0	1,550,000	1,550,000	83,458	29,419	1,550,000
486 - Voluntary Scheme for Branded Medicine Pricing, Access, and Growth – Life Sciences Investment Programme	0	794,150	794,150	62,072	(67)	794,150
TBC - Hospital at Home 2000 Beds	0	514,000	514,000	40,396	(3,948)	514,000
147 - Volunteer Management System	0	132,000	132,000	37,681	11	132,000
180 - Scottish Medicines Consortium	0	450,000	450,000	30,036	8,870	450,000
118 - Excellence in Care Programme expansion into multidisciplinary professions	0	210,000	210,000	29,982	(11,831)	210,000
27 - Right Decision Support	0	402,000	402,000	29,293	(2,981)	402,000
138 - National Cancer Medicines Advisory Group	0	230,078	230,078	24,528	(5,565)	230,078
204 - Palliative Care Guidelines & Scottish Palliative Care Guidelines on Right Decision	0	226,095	226,095	19,350	2,267	226,095
109 - SAPG	0	95,498	95,498	7,008	1,248	95,498
92 - National Review Panel	0	63,797	63,797	3,896	1,561	63,797
TBC - CSAE	0	368,626	368,626	3,896	31,501	368,626
444 - Development of national standards for domestic homicide and suicide reviews	0	53,140	53,140	99	3,979	53,140
144 - Our Voice Citizens' Panel	0	21,121	21,121	0	1,760	21,121
Total	0	6,507,113	6,507,113	510,634	21,467	6,507,113

- Allocations totalling £6.5m reflect the expected funding as signed-off by the Board as part of the 26/27 planning process.
- We do not expect to receive confirmation of funding from SG until Q1 2026.
- Note these allocations do not reflect any post-budget allocations – once we have confirmation of expected funding these will be included.

Savings Targets

Directorate	VRG Savings (£)	Pro-Rated Directorate Savings (£)
Community Engagement & Transformational Change		(44,400)
Corporate Provision		(3,400)
Digital		(21,600)
Evidence		(60,300)
Medical And Safety		(44,300)
Nursing And Integrated Care		(57,500)
Office of the Chief Executive		(31,100)
Quality Assurance and Regulation		(63,100)
Held Centrally	(200,000)	
Total	(200,000)	(325,700)

- The full year recurring savings target for the organisation is £1.3m, which represents 3% of baseline funding.
- £0.8m of the savings target is expected to be met through absorbing impact of the Reduced Working Week across the organisation.
- The remaining savings balance is shown in the table above, split between £0.2m relating to savings to be achieved through the Vacancy Review Group and £0.3m pro-rated across Directorates.
- Savings plans for each Directorate will be presented at the Performance and Delivery Board meeting 20th of May and progress will be tracked monthly.

Appendix 1 – YTD Financial Position

Financial Position at P1				Directorate Position at P1			
Category	Actuals (£)	Budget (£)	Variance (£)	Directorate	Actuals (£)	Budget (£)	(Over)/Underspend (£)
Income				Quality Assurance and Regulation	112,684	0	112,684
Allocation Income	532,101	515,102	16,999	Nursing and Integrated Care	28,439	0	28,439
Baseline Income	3,374,598	3,374,598	0	Office of the Chief Executive	27,935	0	27,935
Grant and Other Income	208,745	175,335	33,411	Community Engagement + Transformational Change	27,879	0	27,879
Pay Costs				Evidence	11,817	0	11,817
Agency Costs	6,937	0	(6,937)	Property	9,024	0	9,024
Pay Costs	3,646,271	3,683,796	37,525	It + Digital	4,932	0	4,932
Non Pay Costs				Medical And Safety	(406)	0	(406)
Communications	4,391	6,473	2,082	Corporate Provision	(37,923)	0	(37,923)
Depreciation	21,717	21,993	276	Total	184,381	0	184,381
IT Costs	71,041	83,208	12,168				
Miscellaneous	(10,769)	46,912	57,682				
Non Pay Savings Targets	0	(47,778)	(47,778)				
Payments To Other Organisations	91,015	121,361	30,346				
Professional Fees And Charges	95,883	108,351	12,469				
Rent, Occupancy & Office Costs	388	2,755	2,367				
Training	1,398	6,276	4,878				
Travel & Subsistence	2,791	31,687	28,896				
(Over)/Underspend	184,381	0	(184,381)				

WTE at P1			
Funding Source	Actual WTE	Budget WTE	Variance
Baseline Funding	447.8	464.8	17.0
Additional Allocation	74.2	74.7	0.5
IHC Income	15.5	18.9	3.5
Grant and Other Income	3.0	3.2	0.2
Total	540.4	561.6	21.2

WTE by Directorate at P1			
Directorate	Payroll	Secondee	Total
Community Engagement + Transformational Change	96.5	0.4	96.9
Corporate Provision			
Evidence	103.6	4.1	107.7
It + Digital	18.2		18.2
Medical And Safety	61.2	3.1	64.2
Nursing and Integrated Care	92.2	2.1	94.3
Office of the Chief Executive	41.1		41.1
Quality Assurance and Regulation	116.8	1.2	118.0
Total	529.6	10.8	540.4

- Miscellaneous costs are lower than budget due to reduction of bad debt provision in IHC and lower expenditure across organisation.
- £272k of costs have not been correctly raised** or receipted on the PO system by users across the organisation. This is an increase from £148k in P12 25/26. **Directors are asked to remind teams of the importance of timely raising and receipting of Purchase Orders.**

Appendix 3



Resource Position Summary (31 May 2026)

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

Periods referenced:

YTD month end: 31 May 2026

YTD Period: 1 April 2026 – 31 March 2027

Previous Year End: 31 March 2026



Summary highlights



Workforce Mix

Our current workforce is:

- 608 total headcount
- 579 payroll headcount
- 29 non-payroll headcount

Directorate workforce:
(total headcount)

- CETC: 100
- Evidence & Dig: 160
- Medical & Safety: 74
- Nursing & IC: 103
- OCE: 45
- QA & Reg: 126



Staff Changes

YTD, 3 people left the organisation in total - representing an overall turnover rate of 0.5% YTD.

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



Sickness absence

7122 hours or 989 days were lost due to sickness absence this year, which represents a rate of 4.1% of available capacity.

66.3% of sickness has been due to long term conditions and the main reason given for absence is anxiety, stress or depression, which accounts for 49.3% (3511 hours or 487 days) of the total reported absence.



Vacancy Approvals

There have been 59 recruitment related posts that have been considered by the Vacancy Management Strategy Group (VMSG) since the start of the financial year – the majority having been approved.



Recruitment

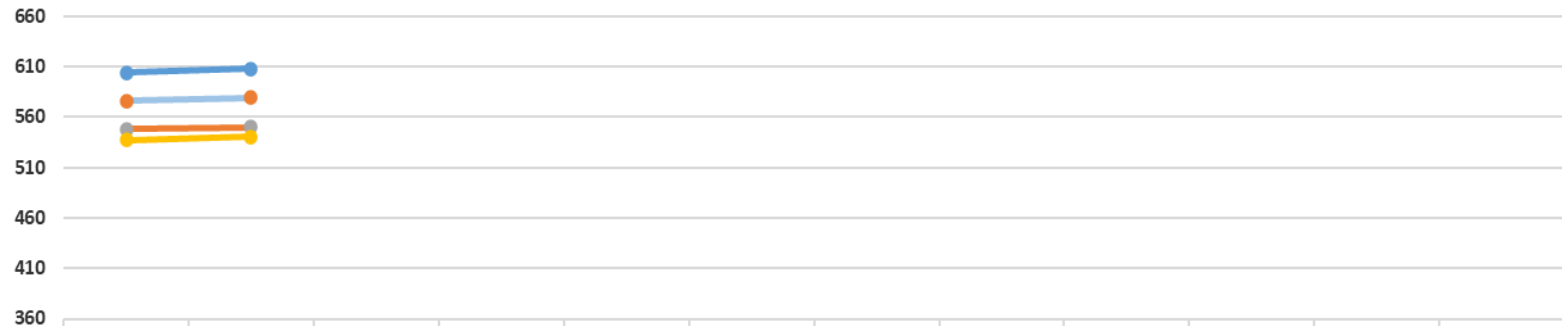
This year, 31 new recruitment campaigns have commenced, with each at various stages of recruitment.

Thus far, it has taken 34.9 days to reach offer stage from the point of advertising a vacancy.

YTD workforce position

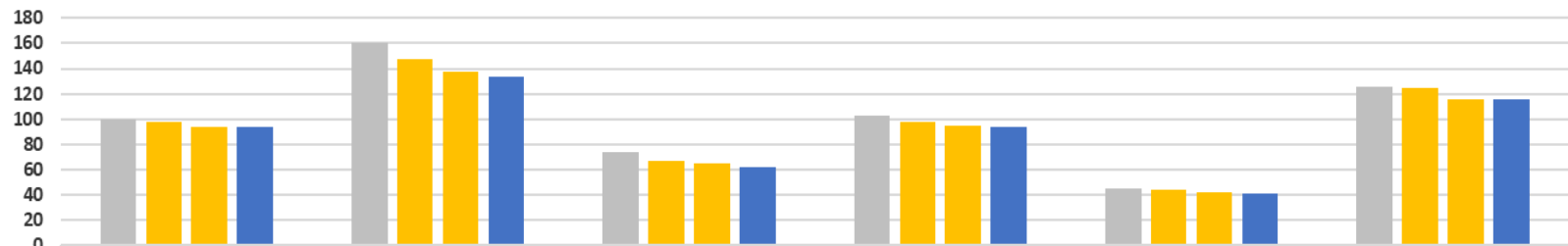
The total workforce in-post currently stands at 608HC/550.1 WTE with 579 HC/540.0 WTE being payroll staff and 29 HC/10.0 WTE non-payroll (i.e. Secondees-in).

Workforce YTD



	Apr-26	May-26	Jun-26	Jul-26	Aug-26	Sep-26	Oct-26	Nov-26	Dec-26	Jan-27	Feb-27	Mar-27
Headcount (payroll & non-payroll)	604	608										
Headcount (payroll only)	576	579										
WTE (payroll & non-payroll)	547.8	550.1										
WTE (payroll only)	537.1	540.0										

Current Workforce by Directorate



	Community Engagement and Transformational Change (Dir)	Evidence and Digital (Dir)	Medical and Safety (Dir)	Nursing and Integrated Care (Dir)	Office of the Chief Executive (Dir)	Quality Assurance and Regulation (Dir)
Headcount (payroll & non-payroll)	100	160	74	103	45	126
Headcount (payroll only)	98	147	67	98	44	125
WTE (payroll & non-payroll)	94.2	137.9	64.6	95.0	42.2	116.1
WTE (payroll only)	93.8	133.6	62.1	93.4	41.2	115.9

YTD Workforce Profile (job family & location)

Administrative Services is our largest job family comprising 546 HC (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 (590/97%) with the highest proportion substantively based in Delta House (333/54.8%), followed by those with a Gyle Square base (227/37.3%) as shown in the location breakdown below. There are currently 18 employees (3.0%) based at home.

Job Family	%	Headcount	WTE
ADMINISTRATIVE SERVICES	89.8%	546	507.9
FINANCE	0.7%	4	3.9
HUMAN RESOURCES	2.0%	12	11.3
INFORMATION SYSTEMS/TECHNOLOGY	10.9%	66	60.9
OFFICE/ADMINISTRATIVE SERVICES	76.3%	464	431.8
MEDICAL AND DENTAL	4.6%	28	13.4
OTHER THERAPEUTIC	4.8%	29	23.7
SENIOR MANAGERS	0.8%	5	5.0
Grand Total	100.0%	608	550.1

Substantive Base	%	Headcount	WTE
Office/hybrid	97.0%	590	534.2
Home worker	3.0%	18	15.9
Grand Total	100.0%	608	550.1

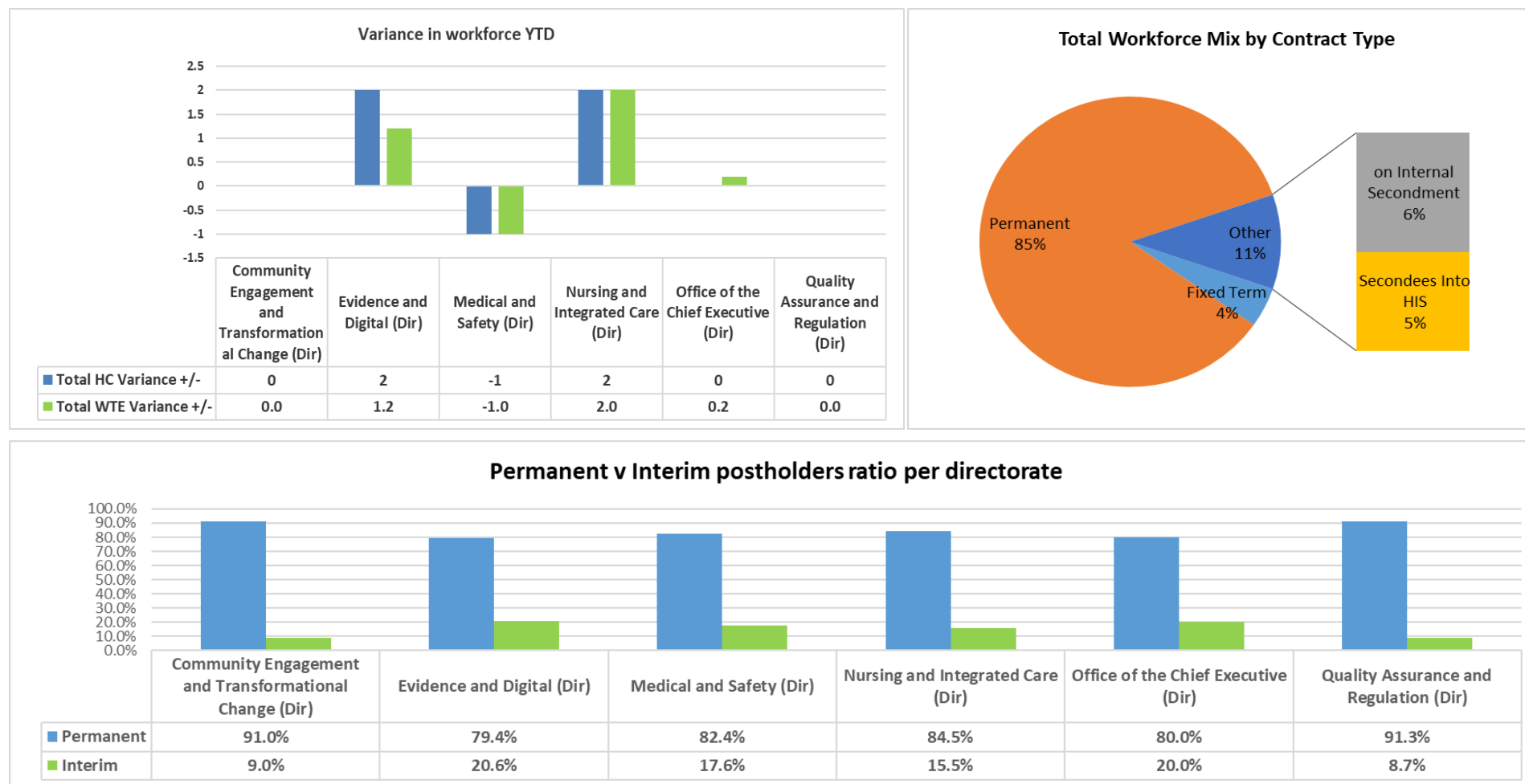
Location	% Split	Headcount	WTE
D009A NHS 24 - East Contact Centre	1.0%	6	4.5
D022A NHS 24 HQ & Cardonald Contact Centre	0.5%	3	2.4
F020A CE Fife	0.3%	2	1.9
H083A CE Highland	0.2%	1	1.0
L020A CE Lanarkshire	0.2%	1	1.0
N036A CE Grampian	0.8%	5	4.9
R008A CE Orkney	0.2%	1	0.8
T024A CE Tayside	0.3%	2	1.7
V017A CE Forth Valley	0.3%	2	2.0
W019A CE Western Isles	0.7%	4	3.4
X023A Aberdeen & North-East Scotland Blood Donor Centre	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	3.0%	18	15.9
X056A Delta House	54.8%	333	297.4
X057A Gyle Square	37.3%	227	210.7
Grand Total	100.0%	608	550.1

Workforce mix and YTD changes

During this financial year, the net overall workforce size has changed marginally (3 HC/ 2.4 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 15.0%.

Overall Workforce mix and net variance YTD this financial year



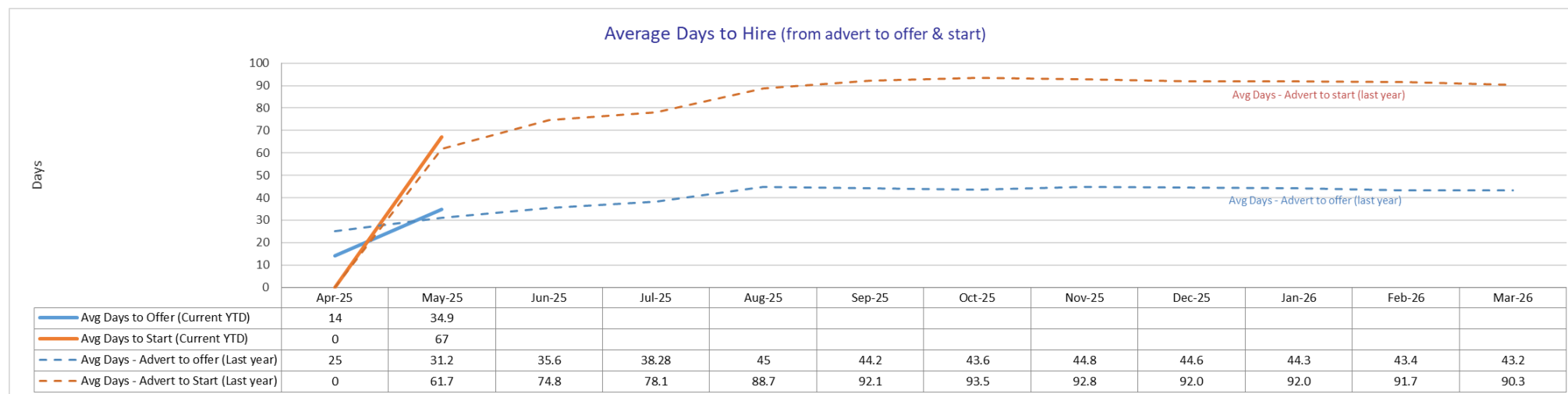
Recruitment Activity (YTD)

31 new recruitment campaigns have commenced so far this year – currently 8 are being advertised, 10 are at shortlisting/interview stage and 9 are at offer/onboarding stage.

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	10	0	0	0	0	1	2	5	2
Permanent	14	2	2	0	1	5	1	1	4
Secondment Only	6	0	0	0	0	1	0	1	3
Others/Staff Bank/Multiple posts	1	0	0	0	0	1	0	0	0
Grand Total	31	2	2	0	1	8	3	7	9

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 34.9 days (higher than the same period last year).



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

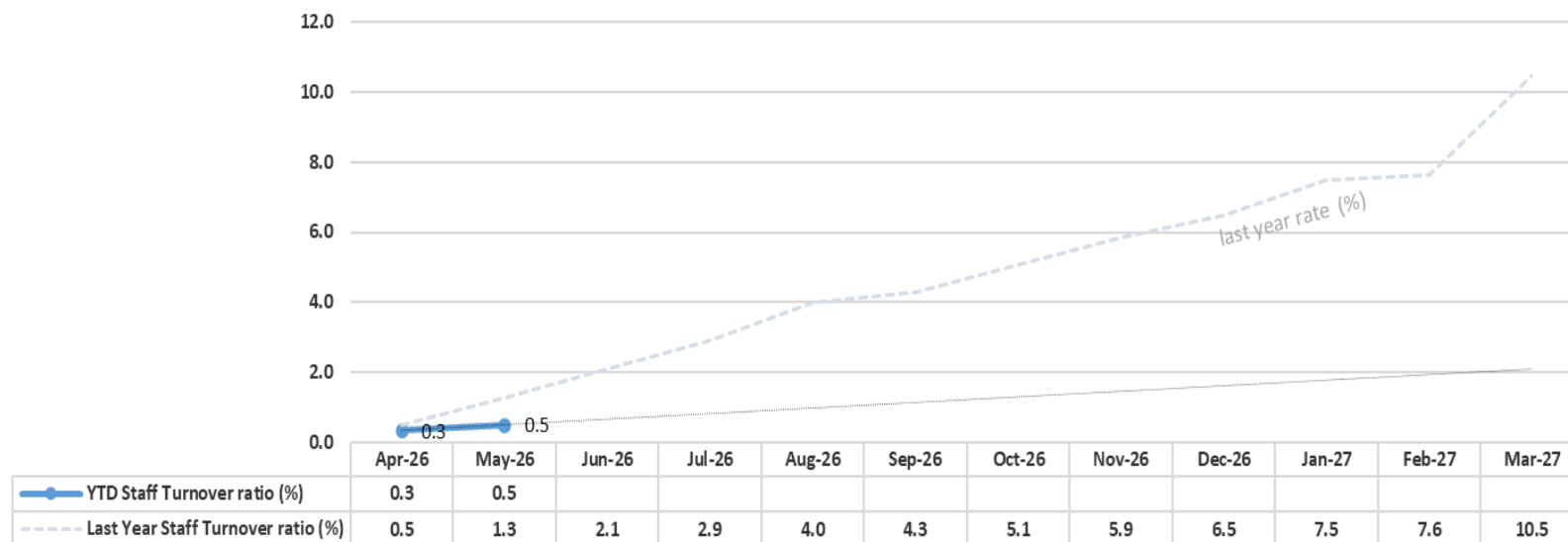
Workforce Turnover (YTD)

This year, 6 people have joined the workforce and 3 have left as detailed below, representing an organisational turnover rate of 0.5% (lower than the same period last year of 1.3%). The attrition rate in relation to each category/type of contract (payroll & non-payroll) is shown below.

YTD Turnover by Directorate	Starters	Leavers	Turnover Rate
Community Engagement and Transfo	0	0	0.0%
Evidence and Digital (Dir)	3	1	0.6%
Medical and Safety (Dir)	0	1	1.4%
Nursing and Integrated Care (Dir)	2	0	0.0%
Office of the Chief Executive (Dir)	1	1	1.6%
Quality Assurance and Regulation (C	0	0	0.0%
Total	6	3	0.5%

YTD Turnover by Contract Type	Starters	Leavers	Turnover Rate
Contract Type			
Fixed Term	1	0	0.0%
Inward Secondment	0	0	0.0%
Permanent	4	3	0.6%
Internal Secondment	1	0	0.0%
YTD Organisational Turnover	6	3	0.5%

Cumulative Staff Turnover Rate (%) YTD by Month v Last Year



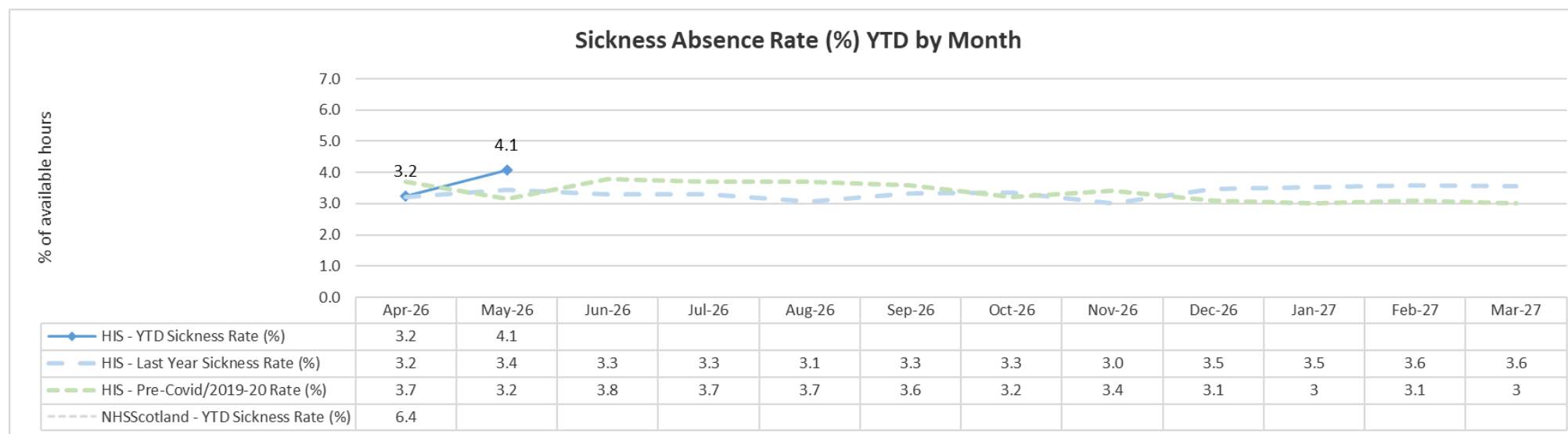
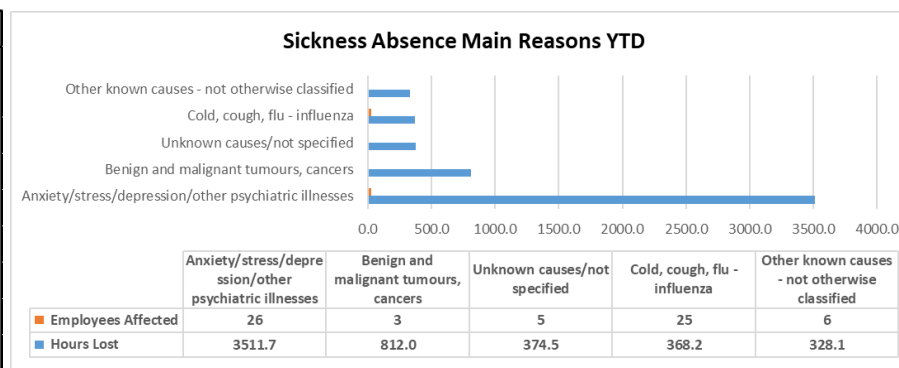
*Turnover calculation: total number of leavers (1 April to current YTD) divided by the average workforce headcount (1 April to current YTD)

Sickness Absence Rate (YTD)

Cumulatively YTD, a total of 7122 hours (989 days) were lost due to sickness absence, representing a sickness rate of 4.1% with 66.3% 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 3511 hours (487 days) lost – affecting 26 staff members (other main reasons are shown below). The reported sickness rate is higher than the same period last year (3.4 %) 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
Community Engagement and Transformation	6.2	1549.1	292.5	1841.5	9	8
Evidence and Digital (Dir)	2.7	466.4	724.4	1190.7	4	26
Medical and Safety (Dir)	2.8	413.3	159.4	572.7	2	11
Nursing and Integrated Care (Dir)	5.3	913.8	676.7	1590.5	6	18
Office of the Chief Executive (Dir)	2.5	225.2	125.1	350.3	1	6
Quality Assurance and Regulation (Dir)	4.3	1156.4	419.9	1576.3	5	19
Organisational Total	4.1	4724.1	2397.9	7122.1	27	88



Vacancy Management & Approvals

So far this year, there have been 80 requests in total submitted to the vacancy group for approval (all reasons – including change in hours/duration etc.). 59 eRAFs were related to recruitment (incl. covering leavers/internal moves/secondments/sickness etc.) of which, 27 (45.8%) were being funded from base allocation and 32 (54.2%) from additional allocation.

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

Vacancy Group Outcomes YTD (Recruitment related eRAFs)

eRAFs by Directorate	Posts
Community Engagement and Transformational Change	6
Evidence and Digital	22
Medical and Safety	11
Quality Assurance and Regulation	8
Nursing and Integrated Care	11
Office of the Chief Executive	1
Total	59

eRAFs by Type	Approved	Rejected/Withdrawn	Total
Interim Backfill (postholder is returning)	5		5
New Post (not currently in structure)	41	1	42
Replacing a Leaver (postholder not returning)	12		12
Total	58	1	59

eRAFs by funding/band/contract	Fixed Term	Permanent	Secondment	Total
Additional allocation	28	4		32
Band 5	2	1		3
Band 6	10			10
Band 7	13	3		16
Band 8A	2			2
Band 8C	1			1
Baseline allocation (Core)	12	12	3	27
Band 4	1	2		3
Band 5	1	2	1	4
Band 6	2	3		5
Band 7	6	4	1	11
Band 8A	1			1
Band 8C			1	1
Other	1	1		2
Total	40	16	3	59

RAF Pipeline

At the month end, there were 6 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	406	Pharmaceutical Analyst	Fixed Term	With Unit Head	1
	474	Admin officer	Fixed Term	With Unit Head	1
Community Engagement and Transformational Ch	465	Strategic Planning Advisor	Fixed Term	With Finance	1
	466	Strategic Planning Advisor	Permanent	With Finance	1
	478	Project Officer	Fixed Term	With Finance	1
Medical and Safety	475	Core Review Team Member	Fixed Term	With Unit Head	1
Total					6

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.

The last quarter gender pay gap data are shown below (indicating mean & median 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-26	Jun-26	Sep-26	Dec-26	Mar-27
Mean Female Pay	£28.14				
Mean Male Pay	£31.81				
Mean Pay Gap (M to F comparison)	11.5%				
Median Female Pay	£27.41				
Median Male Pay	£30.71				
Median Pay Gap (M to F comparison)	10.7%				

Redeployment

At the end of this period, 13 staff are currently on redeployment and being considered for alternative roles with some being specialist roles which do not frequently arise through vacancies.

Financial Plan 2026/27

Meeting: Board - Public

Meeting date: 29 June 2026

Agenda item: 2.4

Responsible Executive/Non-Executive: Gillian Hennon, Chief Finance and Risk Officer

Report Author: Gillian Hennon, Chief Finance and Risk Officer and David Johnston, Head of Finance and Procurement

Purpose of paper: Decision

1. Purpose

This paper outlines the Financial Plan for Healthcare Improvement Scotland (HIS), (Appendix 1) for 2026/27 which was submitted and approved by the Scottish Government (Appendix 2), following approval at a reserved board meeting on 25 March 2026.

2. Executive Summary

NHS Scotland continues to operate within a challenging financial environment facing growing quantity and complexity of demand for services. HIS will require to ensure our resources are targeted to support strategic direction provided through the Service Renewal Framework and Population Health Framework and support Scottish Government Operational Priorities for 2026/27.

Work has been ongoing since November 2025 with the Executive Team and Senior Leadership Teams in line with the approved incremental budget setting approach.

3. 2026/27 Financial Plan

HIS is entering 2026/27 with a balanced budget. Inflationary uplifts will cover incremental uplifts, however, there are anticipated cost pressures in year which will require savings of £1.3m to be achieved. This gap is due to a number of factors including the implementation of the Reduced Working Week, the full year effect impact of 2025/26 decisions, and specific higher than inflation cost pressures namely in relation to estates costs.

The plan includes an Investment Proposal process which is outlined at Appendix 3.

4. Efficiency Savings

The Scottish Government Health and Social Care Directorate requires all NHS Boards to achieve a 3% recurring savings programme each year as a minimum. For 2026/27 this equates to £1.3m for HIS.

5. Investment Proposals

Healthcare Improvement Scotland has over recent years returned an underspend. To ensure the organisation can respond quickly and initiate internal investment decisions earlier in the financial year, an approach and an initial list of investments has been proposed which is outlined in the paper outlining the process. This is incorporated into the Financial Plan 2026/27.

6. Recommendation

To approve the draft Financial Plan for 2026/27.

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

Moderate: reasonable assurance that the 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.

7. Appendices and links to additional information

- Appendix 1: Financial Plan 2026/27
- Appendix 2: Scottish Government Approval Letter
- Appendix 3: Investment Proposal

Appendix 1

Financial Plan 2026-27

March 2026

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Published | Month Year

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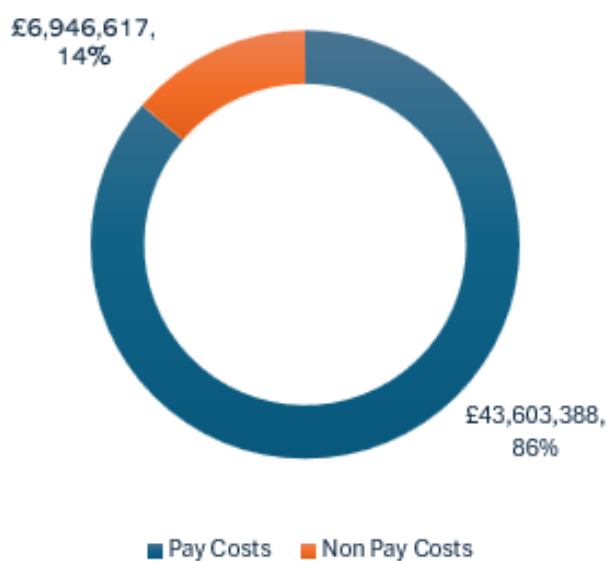
1. 2025/26 Finance Position

The table below outlines the 2025/26 budget signed off by the Board in June 2025.

	2025/26 Budget £m
Baseline Income	38.25
Allocation Income	8.96
Independent Health Care Income	1.69
Other Income	0.18
Grant Income	0.22
Total Income	49.3
Forecast Pay Costs	42.9
Forecast Non-Pay Costs	6.37
Total Expenditure	49.3
Including Savings Target	1.50

Year-end forecast position update

- Actual Income received £51.4m
- Underspend position of £0.8m forecast in addition £0.4m was not drawn down from Scottish Government
- Recurring savings achieved in full ensuring that we move into 2026/27 with a balanced budget



2. 2026/27 National Context

The NHS Scotland budget was announced on the 13th of January 2026, one month later than normal. NHS Boards have been provided with budget assumptions to assist the planning process.

- NHS Boards should plan for a 2% uplift on their baseline funding. This will fund part of the 2026/27 pay award and provide a 2% uplift for non- pay areas to manage inflationary pressures.
- Funding allocations outwith baseline funding will be provided at 2025/26 funding levels unless otherwise communicated. No further funding should be assumed without formal communication from the relevant Sponsor Team.
- Sustainability funding shall be provided to Territorial Boards – no impact on Healthcare Improvement Scotland.
- Agenda for Change Reform funding has been set aside for Territorial Boards. No funding has been formally communicated to National Boards. Details of assumptions in relation to the reduction to 36 hours from 1st April is referenced later in this paper.
- New Medicines Fund to be assumed at 2025/26 levels – no impact on Healthcare Improvement Scotland.
- Clinical Negligence and Other Risks Indemnity Scheme (CNORIS) contributions to be assumed at 2025/26 levels
- The 2026/27 pay award has been agreed at 3.75% as part of a two-year agreement reached in 2025/26. Boards must currently assume that the balance above the 2% baseline shall be funded in full.
- Board Three Year Plans must robustly provide financial balance, providing clear evidence of proposed service redesign and whole system working
- Efficiencies to be made from the 15-box grid, productivity improvements and value- based healthcare. As a reminder the 15-box grid includes.
 - Innovation & Value Based Healthcare – sustainable prescribing; clinical variation review; digitally enabled savings; energy efficiencies; prescribing efficiencies
 - Workforce – agency reduction; sustainable staff bank usage; sickness absence reduction; non-compliant rotas; central function job families
 - Service Optimisation – theatre optimisation; remote outpatient appointments; Patient Level Information and Costing System (PLICS) rollout; length of stay reductions; non pay spend review

3. 2026/27 Draft Finance Plan

Healthcare Improvement Scotland are starting 2026/27 with a balanced budget. There are a number of pressures which will be realised in 2026/27. This is mainly due to the full year effect of 25/26 decisions taken and increased cost pressures within the estates budget.

Funding	£m	Note
Baseline	40.95	a
Annual Uplift – 2%	0.82	b
Pay Award Funding	0.58	c
Reduced Working Week Funding	0.40	d
2026/27 Baseline Funding	42.75	
Expenditure	£m	
Forecast Expenditure	42.00	e
Prior Year Full Year Effect	0.33	
Reduced Working Week Impact	1.20	
Estates Additional Pressure	0.20	
Non-Recurring Pressures	0.32	
Forecast Expenditure Prior To Savings	44.05	
Savings Required	1.30	f
Additional Income	£m	
Independent Health Care Income	2.03	g
Scottish Government Annual Allocations	6.50	h

It is a statutory requirement for Boards to breakeven financially so efficiencies of £1.3m require to be achieved.

Notes

The following notes outlines the assumptions and additional narrative on the figures in the table above.

a. Recurring Funding

Scottish Government baseline allocation to Healthcare Improvement Scotland per letter of 13th January 2026 confirmed as £42.4m. This is supplemented by additional non- recurring allocations outlined at 3.8 below.

b. Funding Uplift

Boards have received a general uplift allocation of 2% on their base roll forward budget from the prior year. For Healthcare Improvement Scotland this equates to an

additional £0.82m from 1st April 2026. The funding is to cover 2026/27 pay award and inflationary increases to supplies costs.

c. Pay Award Funding

At present NHS Boards have been advised to assume that the difference between the announced 3.75% pay award for 2026/27 and the 2% baseline funding uplift will be funded in full.

d. Reduced Working Week

The balance of the reduction from the original 37.5 hours per week to 36 hours occurs on the 1st of April 2026. For HIS it is anticipated that the reduction equates to £1.2m in hours lost. To date funding has been announced for territorial boards, however, confirmation of funding for national boards is still awaited. It is anticipated that HIS will require to absorb £0.8m of hours lost via more efficient ways of working.

e. Expenditure

Following discussions with Executive Team and Board in November and January, the 2026/27 budget approach has been an incremental one with the 2025/26 expenditure base rolled forward as a full year effect. This is a change to the previous years zero-based budgeting approach. As a result, there is a gap in funding for posts recruited to during the year. In addition, there is an anticipated estates cost pressure due to the cessation of the service cap for one of the leased properties, and the impact of the Reduced Working Week to 36 hours.

f. Efficiencies

Scottish Government Health and Social Care Directorate expects Boards to deliver a 3% savings target each year from generating internal efficiencies to invest back into the service or address ongoing pressures. A 3% target on Healthcare Improvement Scotland's base funding equates to £1.3m which is in line with the recurring gap outlined at section 3. In line with discussions at the Performance and Delivery Boards the savings target will be allocated per below.

Recurring Savings Targets 2026/27	£m
Absorb Reduced Working Week	0.80
Vacancy Review Process	0.20
Directorate Saving Targets Applied	0.30
Total Efficiencies Target 2026/27	1.30

There are no 2025/26 recurring savings shortfall to roll forward as savings have been achieved in full.

It is anticipated that the organisation will absorb the majority of the impact of the Reduced Working Week one hour reduction from 37 to 36 hours. Directorates have agreed to absorb this as part of their efficiencies programme in 2026/27.

The Vacancy Review Board have been tasked with a recurring target of £0.2m when reviewing vacancies for approval and should be achievable from disestablishing posts/reduced hours/skill mix changes.

£0.3m of savings targets will be allocated to Directorates. It is proposed that Sustainability and Value discussions will be added to the Performance and Delivery Board agenda to ensure a collaborative approach to identifying efficiencies and ensure ongoing financial sustainability.

g. Independent Health Care

An agreed 5% increase in fees, alongside an anticipated 7.9% increase in registered services is expected in 2026/27 for our regulation of independent healthcare work. This increase is primarily due to the extension of legislative changes to include the registration of Independent Medical Agencies. A review of this sector is currently being concluded. A financial plan arising from this review will require to be agreed along with funding options and implementation approach considered as the sector remains volatile due to unpredictability in registration numbers and the outcome of policy decisions.

Independent Health Care	2026/27 Budget £m
Baseline Income	0.25
IHC Income	2.03
Total Income	2.28
Pay Budget	1.91
Non-Pay Budget	0.37
Total Expenditure	2.28

h. Allocations

Additional allocations of funding of £6.50m are anticipated from Scottish Government, outlined in the table below.

Funding Status	Allocations	Amount £m
Baseline Recurring	Scottish Medicines Council (SMC)	0.45
	Our Voice Citizens Panel	0.02
Earmarked Recurring	National Cancer Medicines Advisory Group (NCMAG)	0.23
	Volunteer Management System	0.13
	National Review Panel	0.06
Non-Recurring	Drugs & Alcohol	1.55
	Voluntary Scheme for Branded Medicine Pricing Access & Growth (VPAG)	0.79
	Right Decision Service (RDS)	0.40

	Hospital At Home – 2000 Beds	0.51
	Excellence in Care (EIC)	0.21
	Mental Health Reform – QARD	0.54
	Mental Health Reform – CETC	0.50
	Police Custody	0.18
	Mental Health Delayed Discharges	0.18
	Scottish Palliative Care Guidelines	0.23
	Scottish Antimicrobial Prescribing Group (SAPG)	0.10
	Child Sexual Abuse and Exploitation (CSAE)	0.37
	Domestic Homicide and Suicide Review	0.05
	Total Anticipated Allocations	6.50

The risk of not receiving the recurring allocations is deemed low due to most being received for a number of years now and there is ongoing discussion to progress these funding streams being baselined. At this point it is anticipated that income shall equal expenditure in 2026/27 with early review essential to understand any forecast variance from plan.

4. Three Year Outlook

The three-year financial outlook below provides a high-level view of the Organisational pressures to inform strategic planning and workforce plans, and savings and investment discussions.

	26/27 Budget £m	27/28 Estimate £m	28/29 Estimate £m
Baseline Allocation	42.35	43.1	44.0
Anticipated Additional Allocations	6.50	6.13	6.14
Funding Total	48.85	49.32	50.14
Expenditure Forecast	50.15	50.09	50.97
Variance	(1.30)	(0.77)	(0.83)
3% Savings Target	(1.27)	(1.29)	(1.32)

Assumptions

- Pay Uplift 3.8% 26/27 and 2% future years
- Energy Costs 2% uplift
- SLA Increases 2%
- Other Non-Pay Inflation 2%

Healthcare Improvement Scotland will ensure that annual delivery planning underpins the budget planning process with the main focus being to provide a budget to support the delivery of strategic objectives, and enable recurring efficiencies to invest to ensure recurring balance is maintained

and also provide the creation of an investment pot to effect change and ensure we are able to respond quickly and effectively to maximise benefits and outcomes from our work.

5. Investment Proposals

Healthcare Improvement Scotland has over recent years returned an underspend. To ensure the Organisation can respond quickly and enact internal investment earlier in the financial year, an internal investment approach and process has been proposed.

6. Risks

The risks to this plan are

Risk Description	Mitigations	Risk Rating
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.	Regular financial monitoring via forecasts continues to be a key control in our ability to deliver financial balance. We have been transparent with SG on our position regarding allocation funding while awaiting confirmation in 25/26 and will continue to highlight the risk and impact on our Annual Delivery Plan.	Medium
There is a risk that efficiency targets are not fully achieved in line with expectations and will lead to the Organisation not meeting its financial targets.	Monitoring and reporting will be established from the start of the financial year. Any slippage will be picked up early with a requirement to have alternative plans drawn up.	High
There is a risk that no funding shall be received for the Reduced Working Week moving from 37 to 36 hours from the 1 st of April.	Discussions will continue with Scottish Government on the impact on financial and service delivery performance as a result of the additional pressure created by not being able to address the reduced capacity within the Teams.	High
There is a risk that the difference between the 2026/27 pay award of 3.75% and the baseline funding uplift of 2% is not received.	Additional review of efficiency targets to ensure costs are borne within existing resource with any resultant impact of the delivery of programmes of work articulated	Medium
There is a risk that increases in inflationary increases may impact on HIS that will require further savings.	This risk can't be fully mitigated due to this arising to factors outwith HIS's control such as supplier above inflationary increases. It will be closely monitored and corresponding remedial actions provided where necessary.	Medium
There is risk that the Executive Team do not agree on the best	Draft savings plans will be discussed with Executive Team and Associate Directors at the	Low

way forward to achieve the savings and efficiencies to meet the financial plan requirements	Performance and Delivery Board with impact assessments and decisions evidenced and monitored to articulate impact on HIS as a whole.	
There is a risk that HIS are unable to make challenging financial decisions due to political constraints.	HIS will ensure that decisions are driven by robust data, risk assessment and impact assessment.	Low

The financial plan should align to the Annual Delivery Plan. The focus of HIS will be to ensure the best value of use of the resources allocated to us.

7. Conclusion

The financial position continues to be extremely challenging across NHS Scotland and will be for some time. HIS must direct our resources to improve outcomes and ensure financial sustainability. This plan identifies that we require to delivery efficiencies to remain within budget but also to enable the Organisation to be able to invest to ensure that it is in a position to be agile in response to changing demands and that we are able to continue to perform effectively within the wider Health and Social Care system to provide assurance and drive innovation.

Work will continue throughout the financial year to review budgets and align to the development of the annual delivery plan and workforce plan, whilst ensuring risk mitigations are in place and robust financial management and monitoring continues.

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Robbie Pearson
Chief Executive
Healthcare Improvement Scotland

Cc:
Evelyn McPhail, Chair
Gillian Hennon, Chief Finance and Risk
Officer

25 March 2026

Dear Robbie,

Healthcare Improvement Scotland – 2026-27 Three-Year Financial Plan

Thank you for your submission of the Healthcare Improvement Scotland Three-Year Financial Plan, covering 2026-29, which confirms that the Board is planning to deliver a breakeven position in 2026-27.

The Board has set a savings target of £1.3 million in 2026-27, all of which is recurring. This is in line with the 3% recurring savings target. I recognise the significant work required to reach this position and appreciate the commitment to deliver financial balance.

On this basis, I can confirm approval of Healthcare Improvement Scotland's financial plan for 2026-27 to 2028-29.

Actions

To ensure successful delivery of your financial plan please ensure:

1. Delivery of savings schemes begins as early as possible in the financial year to benefit from a full year impact in 2026-27;
2. Emerging pressures or risks above those reported in your financial plan are identified as soon as possible and discuss as a Board what mitigating actions can be taken to offset these;
3. Progress with the areas of focus set out in the revised 15 Box Grid is considered alongside any further support we can provide; and
4. Full engagement with your Board Support Lead.

Should there be any material movement from your approved financial plan, please inform myself or my colleagues in the Finance Delivery Unit (FDU) as soon as possible, and in advance of our routine financial reporting arrangements.

Sub-National Planning

Improved financial sustainability is a key aim of Sub-National planning. Ongoing work, monitoring, and support will continue throughout 2026-27 to ensure your progress against the objectives set out within the DL.

In line with the guidance I issued to finance teams on 12 January 2026, please ensure Healthcare Improvement Scotland's financial reporting in 2026-27 is aligned with its approved financial plan and the priorities identified through sub-national collaboration to improve financial sustainability.

Board Support Lead

All NHS Boards are being assigned a Board Support Lead in 2026-27. Kashiaf Hanif will continue to be your Board Support Lead this year. He will work alongside your team to provide ongoing advice, monitor your financial position, and ensure you have the support you need throughout the year.

Next Steps

I appreciate the significant work you have undertaken to set out a breakeven plan in 2026-27. Additionally, I would like to thank you again for your ongoing support and continued engagement moving into the new financial year.

Yours sincerely

A handwritten signature in black ink that reads "fbennett". The signature is written in a cursive, lowercase style.

Fiona Bennett
Chief Finance Officer Health and Social Care

Appendix 3 - Investment Opportunities Process 2026/27

Meeting: Board - Public

Meeting date: 29 June 2026

Agenda item: 2.4

Responsible Executive/Non-Executive: Clare Morrison, Director of Engagement & Change, and Gillian Hennon, Chief Finance & Risk Officer

Report Author: Clare Morrison, Director of Engagement & Change, Gillian Hennon, Chief Finance & Risk Office and David Johnston, Acting Head of Finance and Procurement

Purpose of paper: Decision

1. Purpose

In recent years, Healthcare Improvement Scotland has ended the financial year with a substantial underspend. By the time the underspend position becomes clear, in autumn/winter, it is often too late to develop or implement plans to invest the underspend in other opportunities. Therefore, the underspend is returned to Scottish Government at the year end.

At the Performance & Delivery Board meeting on 11 December 2025, it was agreed that a clear process is needed to make decisions on internal investment early in 2026/27 rather than waiting for underspends to emerge later in the year. Following discussion by the Performance & Delivery Board and the Audit & Risk Committee (by email) in January 2026, this paper sets out a proposal to initiate internal investment in 2026/27 where we are in an underspend position and other non-recurring invest-to-save opportunities which are prioritised during the year.

Financial Year	YTD Underspend £m			
	Q1	Q2	Q3	Q4
2025/26*	0.52	1.06	1.57	0.82
2024/25	0.50	1.12	0.65	0.00
2023/24	0.18	0.19	1.04	0.00

2025/26 Q4 position based on forecast - any underspend will be returned to SG

2024/25 balanced position at Q4 based on £1.3m returned to SG across Q3 and Q4

2023/24 Q2 position reflective of return of £0.4m in August. Balanced position at Q4 based on £1.6m returned to SG

2. Executive Summary

The purpose of this proposed process is to enable internal investment earlier in the financial year so that Healthcare Improvement Scotland maximises its resources to deliver its strategy in the most efficient and effective way and ensure we have more flexibility to respond to emergent demands and capacity challenges.

Preparation of the investment pipeline

To achieve earlier decisions, an investment pipeline was created by the Performance & Delivery Board in February 2026. This document will be reviewed and updated throughout the year to ensure proposals are developed in advance to enable investment to begin as soon as underspends emerge and reflect emergent asks and resource requirements across the Organisation. This is outlined at Appendix A.

Criteria for investment

Submissions for internal investment must meet the following criteria:

1. Be an investment in either:
 - Organisational infrastructure
 - Enablers to deliver the themes in the 2026/27 Annual Delivery Plan
 - Accelerating planned work due to start later in the year.
 - To reduce identified Organisational Risk
2. Deliver invest-to-save principles: this means either generating cash-releasing savings or creating efficiencies in work processes to release time.
3. Preferably deliver organisational benefit across two or more Directorates, rather than being a programme-specific investment. However, single service investments will be considered if they are a clear organisational priority.

Investment should primarily be for in-year spend and should factor in procurement and lead in times as part of delivery plan. If an investment request requires multiple years' funding, a business case is needed stating the expected investment for the entire duration of the plan and the planned future sources of funding that does not rely on underspends after the first year.

Process for decisions

Stage One:

Small investments up to the value of £0.02m can be decided within Directorates requiring sign off by Director and Finance Lead. This is dependent on the Directorate remaining within a balanced budget position at the end of the financial year and confirmed by the Finance team. For individual items exceeding £0.02m or when the total number of small investments in a year exceeds £0.03m, the process described in stage two applies.

Stage Two:

New submissions for internal investment must be made via the Investment Opportunities Log to the Performance & Delivery Board. These submissions will be considered by the Performance & Delivery Board at its monthly meeting. Submissions will be categorised as:

- Reject
- Add to investment pipeline and progress to developing a detailed plan
- Hold for later consideration.

Stage Three:

Detailed plans will then be developed by the proposing team with support from finance teams, and if required HR input, and returned to the Performance & Delivery Board to make a recommendation on whether to progress with the investment.

Recommendations will either be to:

- Progress with immediate investment
- Hold in pipeline for investment when funding is available.

For investments up to £0.250m, decision making is delegated by the HIS Board to the Executive Team. Therefore, the Performance & Delivery Board will make a recommendation to the Executive Team for decision at its next meeting.

For investments over £0.250m, decision making will be referred to the appropriate HIS governance committee, depending on the area of investment (e.g., Audit & Risk Committee, Quality & Performance Committee, Scottish Health Council). To ensure an agile decision making process, the Performance & Delivery Board will make a recommendation to the committee chair to consider whether the decision should be made at a meeting or virtually, depending on the date of the next meeting.

Decisions to invest can be made based on both actual and forecast underspends, providing there is appropriate consideration of the risks around both accuracy of forecasting and accounting for any unexpected cost pressures. The risk attitude for investments made on a forecast underspend should be agreed with the Audit & Risk Committee before this process is implemented.

To inform decision making and indicative prioritisation of submissions, the following will be considered:

1. An analysis of underspends over the past five years will be undertaken to identify any patterns: this will add confidence to forecasting the scale of emerging underspends.
2. To enable more objective decision making, a cost-benefit analysis framework will be developed. It should be recognised that given the varied range of initiatives that are likely to be proposed for investment (e.g. from digital infrastructure to training to additional workforce), a single cost-benefit analysis model will be challenging to create. However, scoping work to make recommendations on a framework has begun. External expertise from Cambridge Econometrics has been commissioned to support this work and the first development workshop took place on 27 February 2026 involving staff from multiple Directorates and a representative of the Audit & Risk Committee.
3. Prioritisation against the 2026/27 Annual Delivery Plan and HIS strategy.
4. Cross reference with HIS Risk and Issue Logs.

Reporting

A monthly report of the investment opportunities pipeline will be provided to the Performance & Delivery Board. The pipeline will have the following categories:

1. New submissions this month
2. Rejected

3. Held for later consideration
4. In development
5. Fully developed and awaiting investment
6. Investment progressing
7. Completed.

A cover page will state:

- Current underspend
- Forecast end of year underspend
- Total investment requested/made for each category of submission including the investments less than £0.02m.

Governance

A quarterly report of the investment opportunities pipeline will be provided for the Audit & Risk Committee for assurance of the process. This will be a quarterly summary of the monthly report above to minimise separate reporting requirements. A summary will also be added to the financial performance section of the performance report for the Board.

The risk in this process is earlier investment based on forecast underspends that are subsequently not realised could result in an overspend. This will be monitored closely, particularly in the first half of the year where forecasts are based on greater assumptions and corresponding corrective action will be taken to costs to achieve a balanced position.

3.Recommendation

It is recommended that the Committee discuss and supports the proposed process for internal investment. It is also recommended that the initial investment pipeline is considered to provide assurance of the process and decisions.

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

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

The reason for this level is to recognise that this is a new process. Although the process was developed with wide consultation across HIS and is believed to contain adequate checks and balances, it needs to be used for at least six months before a higher level of assurance can be taken.

Appendix A: Current Investment Pipeline

Investment Opportunity	Cost 26/27 £m	Recurring/ Non-Recurring	Narrative	Recorded on Risk Register
Regulation Review: Independent Healthcare & Ionising Radiation (Medical Exposure) Regulations	0.36	Non-Recurring	To provide resources for implementation phase of Review as the associated Improvement Plan will likely not be able to be funded in 26/27 costs from fee revenue alone. (Note: full costs to be confirmed and likely to range from £0.05m to £0.36m in 26/27)	Strategic: Regulation of Independent Healthcare
Scottish Medicines Council (SMC) Support	0.24	Non-Recurring	To provide additional capacity to address the significant increase in submissions during 25/26 resulting in demand not being met.	Operational
Website	0.23	Non-Recurring	To fund a Senior Designer to build website architecture, develop functionality and speed up content building. Further contractors to provide support for content migration, compliance with Web Content Accessibility Guidelines (WCAG) and training for the Organisation for Business as Usual content	Strategic: Delivery of HIS Website Programme
Responding to Concerns and Adverse Events	0.15	Non-Recurring	To support the essential roles of the review function to undertake robust, core, foundational work to a consistent quality across programmes, which are often dealing with complex and challenging issues. This investment will provide capacity with an additional 1.0 whole time equivalent (WTE) post for 26/27 and invest £0.08m to address pressing development requirements including systems and process improvement and analytical and evaluative writing skills.	Strategic: Quality Assurance & Regulation
Midwifery Support	0.12	Non - Recurring	To recruit a Chief Midwife to ensure consistent national leadership, robust clinical governance, and sustained improvement in maternity and perinatal care. This role will provide essential expert guidance across quality assurance, regulation, and improvement programmes, embedding strong midwifery leadership at the centre of HIS's Perinatal work. The role will strengthen risk management, enhance	Strategic: Supporting Safe Care

			<p>safety and outcomes for women, birthing people, babies and families, and support national priorities including Continuity of Carer and the wider Nursing, Midwifery and Allied Health Professional agenda. This post also ensures more sustainable workforce planning, improves representation in national forums, and advances equality by shaping inclusive, culturally competent maternity services. Overall, the role is critical to delivering high-quality, equitable care and maintaining effective professional leadership across Scotland's maternity system.</p>	
Digital Intelligence Strategy	0.12	Non-Recurring	<p>To invest in roles within the Digital Services Group to ensure HIS has essential technical capacity, expertise and resilience to deliver nationally mandated M365 transformation, deploy new cybersecurity tools, remediate their findings, and provide the senior Information Governance and technical leadership identified by Chief Executives, Scottish Government Digital Health and Care and the National M365 Team as critical enablers for M365. This will strengthen our ability to support the increasing volume of application and system reviews, enable benefits realisation from our M365 investment, and enable the work to transition to SharePoint Online during 2026/27. Providing development capacity urgently needed to progress priority digital work, including re-establishing Finance's M365-based capabilities, supporting directorates with targeted digital solutions such as the Quality Management System Maturity Self-Evaluation Tool, creating a centralised corporate services Power BI dashboard and addressing the one-year development backlog for the intranet and the automated eRAF and Joiners, Movers, Leavers processes. Ensuring HIS has secure, resilient and sustainable systems, empower staff with modern digital tools, and support the development of connected, accessible information systems that enhance organisational intelligence,</p>	Strategic: Strategy

			operational efficiency and our overall digital maturity. Further workforce planning and resourcing discussions will continue to explore opportunities to ensure this capacity and expertise can be factored into the Team on a longer-term basis.	
Scottish Approach to Change	0.08	Non-Recurring	To support the embedding of the approach across health and social care reform and potentially more broadly in public sector reform. The Scottish Approach to Change which was commissioned by Scottish Government to underpin health and social care reform and since its launch in late 2025, has been endorsed by the Board Chief Executives Group, Health and Social Care Partnership Chief Officers Group, NHS Scotland Chief Executive and Cabinet Secretary for Health and Social Care. In December 2025, the HIS Board endorsed the work and recommended further investment to support its rollout. The Scottish Approach to Change Team is small with a current shortage of service design input which is a core element of the approach. To address this challenge, it is proposed to recruit a fixed term Senior Service Design Advisor.	Strategic: Service change quality & safety
HIS Quality Management System (QMS) Maturity Self-Evaluation Tool	0.02	Non-Recurring	To provide technical expertise to design sustainable long-term solutions to display visual output from QMS self-evaluation tool. Working with Digital colleagues in HIS to discover and develop a solution. The preference is to use this money for development of internal capability but may require external procurement.	Strategic: Service change quality & safety
Total	1.32			

Scottish Approach to Change

Meeting: Board - Public

Meeting date: 29 June 2026

Agenda item: 3.1

Responsible Executive: Clare Morrison, Director of Engagement & Change

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

Purpose of paper: Awareness and Assurance

Purpose

The purpose of this paper is to provide the Board with assurance on the delivery of the Scottish Approach to Change, a significant HIS work programme. It provides an update on what has been achieved since the December 2025 Board meeting as well as plans for the next phase of the programme.

The Board is asked to:

- gain assurance on the progress and work to date, and
- endorse and provide comment on the plans for the next phase of the programme based on experience and expertise.

1. Background

Scottish Government commissioned Healthcare Improvement Scotland (HIS) to develop the Scottish Approach to Change in 2024 to develop a clear and coherent methodology to underpin NHS Renewal. This was funded through rapid reprioritisation of core Healthcare Improvement Scotland resourcing, including the Transformational Change division and QMS portfolio.

It is aligned with the Scottish Government's Health and Social Care Service Renewal Framework, published in June 2025. The Scottish Approach to Change was approved as the delivery mechanism for change by NHS board chief executives and Health and Social Care Partnership (HSCP) chief officers in October 2025.

This work contributes to HIS's strategic function of providing improvement and redesign support for health and care, and the strategic priority of delivering support to accelerate the delivery of sustainable improvements in healthcare.

Phase 1 defined a high-level framework for change, consolidating what is known already. Phase 2 formally launched the framework and established a more detail approach to change. We are now in Phase 3, focussed on embedding it across Scotland and its continual development through practical tools and resources to support its use.

2. Progress

To date, we have delivered the Scottish Approach to Change programme at pace, while achieving a high-quality product that has proven it is committed to collaborative development and learning with the wider system. Buy in and the uptake of the Scottish Approach to Change has occurred far more rapidly than originally anticipated. Reinforcing its critical role in responding to a strained system existing in a period of substantial change.

Substantial progress has been made throughout phases 1 and 2. Feedback demonstrates that the Scottish Approach to Change programme has delivered quality, at pace, while successfully adapting to stakeholder needs and external expertise. The depth and breadth of the Scottish Approach to Change will be further strengthened during phase 3.

We have gained more rapid traction with the health and social care system than anticipated. The Scottish Approach to Change appears to fulfil a strong need for:

- an easy to use and practical way to approach change that people feel is designed with their need in mind, is inclusive and feels owned by them
- clarity in a system where change often feels overwhelming and hard, and
- hope that change is possible in a system that is feeling pressure and burnout.

This support has been seen across senior clinical leadership, senior operational leadership, senior government leadership and delivery teams in health and social care. Figure 1 overleaf illustrates the progress to date, which is also summarised below:

- **NHS board chief executives** and **HSCP chief officers** have endorsed it as the method they wish to pursue change. As a result, we have seen a significant increase in the demand from NHS boards and HSCPs for our support in their application of the Scottish Approach to Change.
- Scottish Government's strong signal to **subnational planning structures** to use the Scottish Approach to Change in their work has led to its inclusion. We are seeing a significant increase in the demand from subnational planning structures to support their application of the Scottish Approach to Change. For example, we have utilised the Scottish Approach to Change to establish an evidence-based prevention pathway to describe good practice in conservative management of musculoskeletal related conditions for planned care and used it to present a case to the subnational planning groups to fund tests of change for identified models of care in Forth Valley and Fife.
- **interest from delivery teams** across NHS boards, HSCPs, local authorities, and third and independent sector organisations has been high – we have had 56 requests for direct support from 11 NHS Scotland boards, 9 HSCPs, and 20 other organisations, such as Scottish Government, regulatory bodies, local authorities and third and independent sector organisations.
- our Scottish Approach to Change **learning community** has 366 members spread over 14 NHS boards, 5 national NHS boards, 18 HSCPs and 52 other organisations. Over our events so far, 7 national NHS boards, 10 territorial NHS boards and 17 HSCPs have engaged in sessions.

Commitment to adopt the Scottish Approach to Change from



All NHS board chief executives
All HSCP chief officers

Scottish Government, Healthcare Improvement Scotland, Care Inspectorate, PSD Scotland, Centre for Sustainable Delivery

I'm asking you all to use the Scottish Approach to Change to deliver the impact we all want to see...empower your teams...align resources with what matters...create clearer channels for change."

Caroline Lamb

Our pathfinder work has directly supported:

6

directorates plus the NHS Executive Team and HSCP Leadership Team in

Dumfries and Galloway

100+

staff across 6 teams plus the NHS Board Extended leadership Team in

Forth Valley

"The support from HIS...has been invaluable. The team bring a range of knowledge and skills to the organisation that has been crucial in supporting us."

Dumfries and Galloway HSCP Chief Officer



56 requests for support to use the Scottish Approach to Change

11

NHS boards in Scotland

9

HSCPs

20

Other public, third, independent sector organisations across Scotland and the UK

The Scottish Approach to Change has been instrumental in enabling NHS Forth Valley...fostering collaboration, empowering staff, aligning resources.

NHS Forth Valley Chief Executive



14,400 visits to our Scottish Approach to Change Digital Resource

5,000 individual users

"Content is good but do, sometimes, find it difficult to locate what I'm looking for. I know it's there; I just need to scramble around to find it"

Digital resource user

366 members to our Scottish Approach to Change Learning Community

17

NHS boards in Scotland

17

HSCPs

52

Other public, third, independent sector organisations across Scotland and the UK



Figure 1: Progress of the Scottish Approach to Change

- our **digital resource** has received 14,400 views from 5,000 individual users, with most visited webpages being tools and resources which reinforces other feedback that users are looking for tools and resources that they can practically use.
- **several improvement organisations and frameworks have noted the Scottish Approach to Change as their intended methodology around how to approach change**, resulting in requests for practical advice and resources for how the system can utilise the Scottish Approach to Change in the delivery of these national priorities. These include:
 - subnational planning across all three workstreams in both subnational geographies
 - Scottish Learning and Improvement Framework
 - Population Health Organisation
 - Care Inspectorate – across all their work
 - Centre for Sustainable Delivery's urgent and unscheduled care work.
- the Scottish Approach to Change has received **academic interest** from Edinburgh University, York University, University of Dundee, University of Salford, Warwick Business School, University of Glasgow, Edinburgh Futures Institute and Manchester Metropolitan University.
- **adoption of the Scottish Approach to Change across a range of teams and programmes within HIS**, creating demand for relevant advice and resources on its application. These include:
 - Strategic Design Board
 - Focus on Frailty Programme
 - Scottish Patient Safety Programme
 - Mental Health and Substance Use Toolkit
 - Personality Disorder Improvement Programme
 - Evidence Review
 - NHS Greater Glasgow and Clyde Progress Review, and
 - Underpinning Change portfolio.
- Working collaboratively across HIS to bring together all the frameworks, tools and content that we offer the system to provide a coherent and joined up approach. We are doing this through
 - Participation in the Underpinning Change internal portfolio to ensure that external organisations are not confused by the multiple and sometimes competing frameworks, approaches and toolkits
 - Being one element (alongside safety, reviews and inspections work) of the HIS work currently being scoped to bring together and develop our work on Leadership, Governance and Culture around 'enabling conditions'.

3.1 Progress in our Pathfinders

Our two Partnership Pathfinder sites have been critical in the development and testing of the Scottish Approach to Change. It has enabled us to continually build, test, learn and iterate the Scottish Approach to Change over the past 18 months. Ongoing investment in testing in our current and future Pathfinders and Responsive Support has proven critical to ensuring that the Scottish Approach to Change is grounded in the realities of delivering change in health and social care organisations – from leadership all the way through to delivery teams. This has led to a product and a programme that is gaining traction due to how closely it meets the needs of the system in relation to change.

Dumfries and Galloway

Our work in Dumfries and Galloway is supporting transformational change across the NHS board, HSCP, and third and independent sector. It is focused on whole system responses, that work across traditional silos, can enable care that meets the principles of NHS Renewal, thereby reducing the pressure on the system through prevention and people-led care.

Feedback has indicated that HIS support has enabled them to:

- challenge their leadership and culture to make steps towards one where change thrives and the five enablers are prioritised and cultivated by leaders across the organisations
- utilise the wider set of skills and knowledge held by the HIS Scottish Approach to Change delivery team to better identify, understand, and develop and design changes in their system – allowing them to focus change energy on where it will be the most impactful, and
- have more open discussions with Scottish Government on how they can work together to measure what matters and enable local adaptation of Scottish Government expectations and funding to tailor to what is needed in Dumfries and Galloway to achieve NHS Renewal.

How it developed the Scottish Approach to Change

Our work with Dumfries and Galloway is critical in the development of the Scottish Approach to Change through:

- the development, testing and refining of the enablers of quality and change. We utilised an early set of enablers in Dumfries and Galloway, and were able to make significant refinements following evidence on the extent to which they worked locally.
- practical application of a multidisciplinary approach to the Identify, Understand and Develop and Design steps. The strength of the Scottish Approach to Change is that it brings together multiple disciplines to work together in change. We were able to test bringing together these disciplines, guided by the Scottish Approach to Change framework and explore what local teams found the most helpful.
- testing content on Leadership and Culture, and Governance through development sessions with NHS board and HSCP leadership teams. This allowed us to bring the national and local evidence to leaders and explore how to utilise it helpfully to support leaders to create change environments.

Forth Valley

Our work in Forth Valley to embed Value-Based Health and Care. The work builds on Realistic Medicine, with a stronger focus on creating value for people, communities, staff and services. It aims to make value-based working part of everyday planning, delivery and improvement across Forth Valley.

Feedback has indicated that HIS support has enabled them to:

- challenge their leadership and delivery teams to step back and assess the full picture and work through the challenges early rather than pursue an option without fully understanding and developing it. This has enabled faster implementation later in the programme with greater buy in from teams, and
- utilise the wider set of skills and knowledge held by the HIS Scottish Approach to Change delivery team to create better approaches and toolkits to support implementation across their whole organisation.

How it developed the Scottish Approach to Change

Our work with Forth Valley is critical in the development of the Scottish Approach to Change through:

- understanding the value of collaboratives in the context of transformational change, where groups of people from across the organisation, working on their own change programmes but in a more joined up and multidisciplinary way can add up to significant changes in the way a whole system work.
- building our understanding in how to translate a high-level vision (like Value Based Health and Care) into a tangible story and set of activities within a change programme. Bridging the often-felt gap between vision and implementation (the implementation gap).
- exploring the nuance of change being driven by relationships in a context of competing priorities, different perspectives and long entrenched institutional norms for the way people and processes interact with each other.

3.2 Value of our in-system support

We have provided support to 39 national, subnational and local organisations and structures to understand and apply the Scottish Approach to Change in their work. This support ranges from extended and intensive support to our partnership pathfinders, less intensive support on specific change programmes, ongoing coaching and development with NHS board and HSCP leadership teams, through to one-off sessions with delivery teams.

Findings from the recent internal evaluation of the Scottish Approach to Change include:

“The intensity of support for leadership development provided from HIS was viewed as vital. There is apprehension concerning HIS coaching no longer being available as is deemed integral to the approach. There was also uncertainty about how spread will be possible without HIS support and the conditions the HIS support created for leadership being open to challenge.”

“At both [pathfinder] sites, delivery is at an early stage, but a recognisable whole systems shift is being made. HIS support and having the coherence of a unified framework has been vital when challenged with resistance to new ways of working.”

Figure 2 summarises the value add that NHS boards and HSCPs find in direct support from our Scottish Approach to Change delivery team.

1. Psychological safety for challenging conversations

HIS has created a safe and independent space for change discussions to happen between local teams. This is particularly important when having the challenging conversations needed to make significant shifts in how health and social care is provided, and how organisations operate.

HIS was able to constructively challenge senior leaders and the way things 'had always been done' to create a change in leadership and culture. If safety concerns were raised, HIS would respond appropriately.

"These conversations are hard. HIS have held us to account for our role as leaders, and held the mirror up to us with compassion and the support to do something about it."

2. Trusted source of expertise that enables better decisions

"You are working alongside us on our delivery of change. We trust you because you have skin in the game."

HIS has insight, knowledge and expertise that sites didn't otherwise have access to. HIS was able to consolidate insights and play this back to drive shared understanding and progress thinking. Both enabled them to undertake different analysis, have different conversations, and make better decisions.

HIS were trusted by sites because they were seen to have 'skin in the game', by working closely with sites rather than coming in, giving some information, and leaving sites alone again to implement it.

3. Build resilience to keep going when things are hard

Successful change sees periods of ups and downs for delivery teams – which burns delivery team resilience. HIS enabled teams to build and maintain their resilience to keep going when things were hard. We reflected to them how much progress they had made when they couldn't see it themselves and provided credible reassurance that ups and downs are not a sign of failure.

"Reflecting back on progress from an external perspective, that helped us not brush over significant wins and kept us going!"

4. Drives collaboration that doesn't occur elsewhere

"It has given us permission to work differently: to collaborate across the whole system, empower teams and make change happen with people, not to them. It's been energising to learn together."

HIS provided the insight, space and values that drove delivery teams to work together across traditional silos – creating an environment where everyone can be involved in change. This has enabled different solutions to be progressed and funding to be shared differently to enable care in the community and preventative action.

Figure 2: Summary of the impact of our in-system support

3.3 Holding ourselves to account

Critical to the success of the Scottish Approach to Change was its collaborative development and the sense that the Scottish Approach to Change is for everyone, not just a select group in our system. We have invested in creating spaces and processes that hold the Scottish Approach to Change delivery team to account to being open to challenge and change and live up to our commitment that the Scottish Approach to Change belongs to everyone.

The importance of continuing to invest in holding ourselves to account has been reinforced by a wide range of leaders and experts, including most recently by Christine McLaughlin, when they noted that prior programmes to improve the way change is undertaken have failed because they started out collaborative and overtime become inaccessible, closed and fixed in their view and offer to the system.

We have actively sought collaboration and challenge this through

- We held a **Symposium facilitated by an independent organisation attended by 48 change experts and practitioners from across the UK, where we sought constructive challenge and external validation.** Feedback was valuable and overwhelmingly positive, highlighting that the approach reflects the realities of delivering change within complex systems and that its development is both credible and timely, given the strong appetite for a different approach. It was also recognised, that we must not rest on our laurels and should continually seek challenge. To achieve sustained impact, success will depend on how effectively the approach is understood, translated into practice, consistently applied, and sustained over time within a system facing significant and ongoing pressures.

“The way you behaved in the room enabled people to feel comfortable challenging and criticising the Scottish Approach to Change in a way that they knew would be taken in the spirit of making it better.”

- We established an **External Reference Group** made up of experts and leaders from across health and social care to provide insight, guidance and hold us to account on the direction of travel of the programme.
- We commissioned an **external user testing** of our Scottish Approach to Change digital resource to understand the needs of users from future developments.

Findings from the independent user testing of our digital resource:

- we have described what the Scottish Approach to Change is, but more is needed to support people to confidently put the Scottish Approach to Change into action in their organisations
 - the current functionality and level of interactivity of HIS website, on which the digital resource is hosted, is putting people off the Scottish Approach to Change – these functionality increases will likely need a combination of development in information architecture and actionable content.
- We conducted an **internal evaluation**, completed by the HIS Evidence Directorate.
 - We established a Scottish Approach to Change **learning community**, while investing in the four existing communities of practice for strategic planning, service design, engagement practice and QI leads. This supported us to maintain a close link with those implementing change in the system and hear feedback on the extent to which the Scottish Approach to Change meets their needs.

4. The opportunities and challenges ahead of us

The key delivery risks are:

- ensuring that we can meet the increasing demand from the system for the ongoing development and support to use the Scottish Approach to Change. If we can't keep up, we risk damaging the reputation and longevity of the Scottish Approach to Change.
- Continuing to invest in holding ourselves to account to be open to challenge and change in response to the system's need. If we don't do this credibly and genuinely, we risk becoming seen as fixed and inaccessible for everyone to use.

4.1 The opportunity

Feedback demonstrates that:

- the Scottish Approach to Change fulfils a strong need for an easy to use and practical way to approach change, provides clarity in a system where change often feels overwhelming and hard, and provides hope that change is possible in a system that is feeling pressure and burnout. As a result, we have seen increased demand for the right information and resources, available quickly and easily, and support to work out how to get started and keep going when things get hard.
- The success has been, in no small part, because of the collaborative approach we have taken in its development and implementation which has built a sense of ownership for it by the system.

4.2 The resourcing available to meet this

The Scottish Approach to Change is delivered by a small core team (see Appendix) within Healthcare Improvement Scotland and draws in support from other teams across the organisation for specialist input. The current programme has been funded by rapid reprioritisation of core funding by Healthcare Improvement Scotland.

The key challenge we face is that the demand for our support, and the expectation for how well developed and the depth of tools and resources is higher than the existing capacity in the team.

Additional resourcing was approved during the 2026/27 Annual Delivery Planning process, following our last Board report in December 2025. We are currently actively recruiting for additional capacity in the form of Senior Service Designer, Strategic Planning Advisor, Improvement Advisor and a Senior Project Officer. We also utilised available underspends to procure:

- independent **user testing** of our digital resource to assess the extent to which it can meet the ambitions of our next phase of Scottish Approach to Change.
- a **training needs assessment** using existing evidence. Next steps in this area of work will be done in partnership with PSD Scotland

Findings from our training needs assessment:

- identified the need for both an overarching education and training offer for Scottish Approach to Change, as well as targeted development within the key professions. This is to ensure that local delivery teams can confidently draw on suitably skilled change expertise within their own organisations.
- Invested in the creation of plans for three education pathways – for Service Design, Strategic Planning and Engagement Practice. To bring them in line with the digital training available for Quality Improvement.
- **video case study** capture to explore and articulate the learning of NHS boards and HSCPs in the application of the Scottish Approach to Change. This will support the sharing of insights and the development of case studies.
- a **review** of the Scottish Approach to Change materials within the Leadership and Culture, Process and Rigour and Learning System to identify opportunities to strengthen, particularly in relation to collaborative and relational practice in complex system change.

4.3 The challenge

While taking into account the additional resourcing, demand from the system continues to grow beyond the resourcing available. From our internal evaluation and reflection work, and our engagement with relevant stakeholders, we have identified that successful delivery of the programme will require greater investment in:

- the self-service function of the Scottish Approach to Change (through the Scottish Approach to Change digital resource, learning community and education/training) to maximise the number of individuals, teams and organisations that we can reach, and supporting executive teams, non-executive Board members, Scottish Government and national stakeholders to adopt the Scottish Approach to Change so that they can led the adoption of it in their contexts.

Doing this well requires additional investment, over and above our existing resources in:

1. an upgraded digital resource that enables people to find what they are looking for quickly and easily – this will require significant changes to the existing resource in both content we have and the digital functionality in the way people can search and interact with the content
2. a foundational education and training offer for Scottish Approach to Change **and** for three of the change professions within it – strategic planning, service design and engagement practice
3. externally commissioned learning partner to hold us to account to being open to challenge and change to maintain the reputation of the Scottish Approach to Change to being collaborative, open and belonging to everyone. Further internal evaluation activity is unlikely to give us the credibility required externally
4. resource to engage directly with NHS board and HSCP executive teams, non-executive boards, and significant national and subnational programmes of change to support their use of the Scottish Approach to Change.

4.4 The risks arising from the challenge

The table below outlines the key risks arising from the challenges and opportunities ahead of us in the programme. Significant prioritisation measures are currently being applied to mitigate these risks. However, this approach is not sustainable, and early impacts are now becoming evident e.g. reduced ability to prioritise development work of the Scottish Approach to Change which reduces the depth and insight that we can offer.

Risks	
Description	Scoring
1. There is a risk that current functionality of the Scottish Approach to Change digital resource deters people from using the framework. We have been advised that we will not receive any additional development support in relation to the website from the HIS comms team as our digital presence is further advanced than much of the rest of the organisation. Support from internal HIS website resource will be limited to some animations and snagging.	Impact: 4 Likelihood: 4 Total score: 16 (high)
2. There is a risk that we cannot meet the level of demand from the system with the current resource within our team.	
3. There is a risk that, without a broader education and support offer beyond direct input from our team, current momentum to build system-wide change capability will be lost.	
4. There is a risk that long procedural timeframes between budget approval for new resource and successful recruitment to post will reduce the pace at which we can meet system demand.	
5. There is a risk that, without commissioning a robust and independent learning partner, confidence in the Scottish Approach to Change may be undermined, with perceptions that it is not open to scrutiny or widely owned across the health and care system.	

5. Our objectives and plan for Phase 3 as a result

To enable its adoption, we need to continue to invest in both the development, and support to use, the Scottish Approach to Change, so organisations and teams to utilise it effectively in their organisations. The creation of more practical resources and content, supported by a more interactive digital resource that helps people find what they need, an appropriate core education and training offer, combined with ongoing support to NHS boards, HSCPs and national organisations like Scottish Government is critical to the longevity of the Scottish Approach to Change and the extent to which it delivers tangible outcomes for NHS Renewal and those who use, deliver and support health and social care services.

To meet the needs of the health and social care system, the programme aims to embed the Scottish Approach to Change as the standard method for delivering change at national, sub-national and local levels in Scotland. To achieve this, activity will focus on two key priorities:

- **building capability and confidence:** providing practical support to organisations to develop the knowledge, skills and experience required to apply the Scottish Approach to Change effectively in their work, and
- **strengthening and evolving the approach:** continuously refining the Scottish Approach to Change, creating opportunities for collaboration, challenge and learning, and developing accessible tools, resources and materials to support people to put the Scottish Approach to Change into action.

By March 2027, we aim to have made a significant step towards embedding the Scottish Approach to Change, with broader and more consistent adoption across the system, continuing in following years to ensure sustained impact. We aim to deliver:

- **accessible self-service model for delivery teams** - delivery teams across NHS boards and HSCPs will be able to independently access and apply the Scottish Approach to Change, supported by:
 - an enhanced digital platform enabling easy navigation to relevant resources
 - a vibrant, connected learning community that fosters shared knowledge and peer support in the health and social care system, and
 - a core education and training offer to build capability and confidence.
- **leadership understanding and sponsorship** - executive and non-executive leaders across all NHS boards and Integration Joint Boards (IJBs) will:
 - have a clear understanding of the Scottish Approach to Change
 - actively promote its adoption and embed within their organisations, and
 - demonstrate confidence in their leadership role in enabling and sustaining change.
- **deeper and more practical content offer** - the approach will be supported by a strengthened suite of tools, guidance and resources that provide practical, actionable ways for organisations to apply it within their local contexts.
- **ongoing co-development and refinement** - the Scottish Approach to Change will continue to evolve through active collaboration with the system, ensuring it remains relevant, effective and valued - building a sense of shared ownership across health and social care.

Our programme delivery is made up of:

- development of the next iteration of the **digital resource** with improved functionality and interactivity based on user and digital testing
- **pathfinder and responsive support** to the health and social care system at a national, sub-national and local level to utilise the Scottish Approach to Change and inform the ongoing development our approach to change
- **learning system** to support knowledge into action and learning
- increased understanding and **evidence** of impact of Scottish Approach to Change through monitoring and **evaluation** activities
- supporting the development of appropriate Scottish Approach to Change **education and training**
- influence on **internal Healthcare Improvement Scotland** processes and planning, and
- ongoing delivery of the 4 **communities of practice** focussing on engagement, service design, strategic planning and quality improvement to host learning spaces to share experiences to skills and deepen understanding for members.

6.Recommendation

The Board is asked to:

- note the progress and work to date, and
- endorse and provide comment the plans for the next phase of the programme based on experience and expertise.

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.

This is because:

The Board can accept significant assurance on the progress of work delivered to date. Looking forward, the Board can accept assurance that the programme aims and objectives are clear, however it should consider that progress is contingent on:

- internal commitment (including ongoing resourcing) to the Scottish Approach to Change
- ongoing strategic buy-in and support from health and social care organisations and Scottish Government, and
- investment in the Scottish Approach to Change digital resource (webpages) and an appropriate education and training offer.

These dependencies will be actively monitored and addressed through risk management and governance processes.

7. Appendices and links to additional information

7.1 Current Scottish Approach to Change current resourcing

Staff currently in post		
Unit Head (Systems Unit)	Band 8B	1.0WTE
Senior Strategic Planning Advisor	Band 8A	1.0WTE
Senior Strategic Planning Advisor	Band 8A	1.0WTE
Senior Programme Manager	Band 8A	1.0WTE
Senior Programme Manager	Band 8A	1.0WTE
Service Design Advisor	Band 7	1.0WTE
Programme Manager	Band 7	1.0WTE
Senior Project Officer	Band 6	1.0WTE
Project Officer	Band 5	1.0WTE
Admin Officer	Band 4	1.0WTE
Portfolio Lead (QMS)	Band 8B	0.5WTE
Senior Improvement Advisor	Band 8A	0.5WTE
Senior Engagement Advisor	Band 7	0.5WTE
	Total	11.5WTE

New posts: active recruitment underway			Funding agreed	Status	Est. start	Recruitment time*
Senior Service Designer (1 year)	Band 8A	1.0WTE	March 2026	Contact awarded	June 2026	3 months
Strategic Planning Advisor (permanent)	Band 7	1.0WTE	November 2025	External advert live	October 2026	11 months
Improvement Advisor (permanent)	Band 7	1.0WTE	March 2026	External advert live	October 2026	7 months
Senior Project Officer (permanent)	Band 6	1.0WTE	March 2026	Candidate appointed	June 2026	3 months

*recruitment time: the length of time expected to lapse between agreement to fund the post, and having the post holder starting in the role.

7.2 Further information

Further information			
Scottish Approach to Change web page	Learning System overview – provided as additional reading on Admincontrol	Pathfinder and responsive support overview – provided as additional reading on Admincontrol	User testing of digital resource report – provided as additional reading on Admincontrol

Acute Perinatal Improvement Programme

Meeting: Board - Public

Meeting date: 29 June 2026

Agenda item: 3.2

Responsible Executive: Melissa Dowdeswell, Director of Nursing and Integrated Care

Report Author: Joanne Matthews, Associate Director Improvement and Safety, Meghan Bateson, Portfolio lead, Jacqui Laurie, National Strategic Clinical Lead

Purpose of paper: Awareness

1. Purpose

This paper provides an overview of the origin, route and progress towards development of an enhanced Acute Perinatal Improvement Programme, aligned with the Healthcare Improvement Scotland (HIS) Strategy ¹ and designed to directly address the challenges emerging from quality planning for perinatal safety.

Improving the quality and safety of perinatal care is a strategic priority across the United Kingdom (UK). With perinatal focused work across inspection, assurance, improvement and standards, HIS is well placed as a credible leader to quality plan effectively and provide an enhanced programme of practical support to enable sustainable improvement for the benefit of babies, women, birthing people, families and clinical teams across Scotland.

Following approval of an SBAR to the Executive Team in March 2026, the cross-organisational Perinatal Portfolio has developed a two-year business case for an enhanced Acute Perinatal Improvement Programme, which was supported at the Executive Team (ET) meeting on 21 April 2026.

An update outlining the programme timeline will return to the Quality and Performance Committee in August.

2. Executive Summary

The business case for the Acute Perinatal Improvement Programme has been approved by HIS and with Scottish Government Maternal and Infant Health Policy Unit supporting the approach. The business case describes the comprehensive offer that HIS provides through programmes linked to the Perinatal Portfolio focused on acute care and that wider partnership working is required to improve perinatal quality and safety across Scotland. Within Scotland, while the birth rate continues to decrease, maternal age and complexity are increasing, compounded by the impact of inequalities and deprivation.^{2, 3} Improving outcomes therefore requires whole system working between national bodies across the perinatal pathway. The Scottish

¹Healthcare Improvement Scotland [Leading quality health and care for Scotland: Our Strategy 2022-27](#)

² Public Health Scotland. [Births in Scotland report](#). 2025.

³ MBRRACE-UK. [Saving lives, Improving Mothers' Care](#). 2025.

Government has established the Scottish Maternity and Neonatal Taskforce to provide strategic oversight on quality, safety and improvement in response to increasing concern about perinatal services across the UK. HIS is contributing to the taskforce and will take an agile approach to integrating outputs from the taskforce into the quality planning for the Perinatal Portfolio and the enhanced Acute Perinatal Improvement Programme proposed in the business case.

Themes from HIS Safety Delivery of Maternity Care Inspections

Early inspection findings during 2025/26 have identified several emergent themes that require enhanced improvement support at national and board levels to support change at pace.

Themes	Findings from HIS Safe Delivery of Maternity Care Inspections
Governance and oversight	Gaps in systems, processes, governance and oversight to ensure the safe care.
Leadership and culture	Disconnect between senior managers and clinical staff. Staff describe not feeling safe and supported to highlight risks.
Education and training	Variable compliance and assurance of core mandatory training.
Evidence based clinical and care processes	<ul style="list-style-type: none"> • Maternity triage (initial clinical assessment of women with urgent concerns). Evidence of delays relating to triage, which is associated with adverse perinatal outcomes. • Variable compliance with Standard Infection Prevention and Control measures. • Induction of labour: lack of oversight and mitigation of delays to care.
Safe staffing and skill mix	Lack of consistent systems and processes in place to support management of any identified staffing risks within maternity services.
Estates	Estates not conducive to delivery of maternity care.

The themes identified through inspection align with risks and challenges identified in reports from across the UK. These reports have identified systemic issues and opportunities for improvement across the perinatal pathway, culminating in more than 700 recommendations in England alone.⁴

⁴ NHS [National Maternity and Neonatal Recommendations Register](#).

Aim and objectives of the enhanced Acute Perinatal Improvement Programme

Aim: to improve the quality and safety of acute perinatal care in NHS Scotland

Objectives

- to develop and embed the enabling conditions that support the delivery of safe perinatal care as outlined within the Essentials of Safe Care and Scottish Approach to Change
- improve the safety and reliability of clinical and care processes within the Acute Perinatal setting

Proposed Programme Delivery

Improvement support for change is often delivered through a 2-year cycle including local system diagnostic, testing, improvement coaching and facilitation of a learning system. A revised model of delivery will be required to increase pace and accelerate improvement across the perinatal improvement priorities.

The enhanced improvement programme will have two core elements, underpinned by the Scottish Approach to Change, Scottish Patient Safety Programme (SPSP) Essentials of Safe Care and a learning system:

1. 18-month programme focused on the enabling conditions within boards that are required for the safe delivery of perinatal care. This will focus on leadership, culture, effective multidisciplinary perinatal team communication, governance and workforce and will reflect the recently published HIS Clinical and Care Governance and Maternity Standards, the Royal College of Obstetricians and Gynaecologists Standards⁵ and the ongoing Healthcare Staffing Programme workplan focus for maternity.
2. 12-week sprints focused on specific clinical and care processes prioritised through triangulation of inspection, published reports and board self-assessment. These will begin 12 weeks after the start of the creating conditions programme and be open to all boards.

Anticipated outcomes and impact measurement

The business case defines the high-level outcomes and draft impact measures for the programme. The outcomes comprise:

⁵ Royal College of Obstetricians and Gynaecologists. [Standards for Maternity Care](#). 2025.

- Improved outcomes and experience for women/birthing people, babies and families across NHS Scotland. Enhanced public and workforce confidence in perinatal services.
- Improved staff wellbeing and satisfaction.
- Strengthened governance and oversight which supports staff to provide quality care and inform ongoing quality planning in line with population need.
- Effective partnership working across the system which enables improvement at pace and scale.

The impact measures will be fully scoped during programme development. The business case sets out the measures relating to effective programme delivery and impact on quality and safety of acute perinatal care.

Investment Requirements

Total additional costs for **2026-2028** for pays and non-pays required to deliver the enhanced improvement programme would total approximately **£746,693**.

	Pays	Non-pays	Total
May 2026 - March 2027	£336,027	£16,000	352,027
April 2027 - March 2028	£378,666	£13,000	£3,94,666
		Total	£746,693

The HIS pipeline investment process has approved year 1 funding with recruitment now underway for these fixed term posts. Discussions are underway with Scottish Government Maternal and Infant Health Policy Division with regard to ongoing funding.

3. Recommendation

Improving the quality and safety of perinatal services in Scotland has been identified as a national and organisational priority. The themes emerging from a range of national reports and inspection findings highlight key perinatal improvement priorities and the need to align improvement support to address them. The Board is asked to

- note the programme proposal
- invite future progress reports to the committee

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

Limited: some assurance from the systems of control in place to manage the risk(s), but there remains a significant amount of residual risk which requires action to be taken.

This is the level identified as we are at the initial stage of this work, with investment not as yet confirmed so it is at this stage purely coming to Board for information. Our next stage is to confirm funding through the Investment Pipeline process and approval of recruitment to posts within the next week. Alongside this, we have been engaging with Scottish Government and the wider perinatal community to commence the design of programme content.

Communications & Engagement Strategy Implementation

Meeting: Board - Public

Meeting date: 29 June 2026

Agenda item: 4.1

Responsible Executive: Simon Watson, Medical Director and Director of Safety

Report Author: Laura Fulton, Chief Pharmacist and Kirsty Kilgour, Programme Manager

Purpose of paper: Assurance

1. Purpose

This paper provides the Board with an update on the delivery planning and implementation of the three-year interim Communications and Engagement Strategy which the Board approved in December 2025.

2. Executive Summary

The Communications and Engagement Strategy sets out a clear, organisation-wide approach to communications and engagement that supports HIS' strategic objectives and statutory purpose. It is designed to strengthen understanding of HIS' role, improve how we demonstrate impact, and ensure our assurance, improvement, evidence and engagement functions are communicated as a connected whole.

The first six months of implementation were characterised by a dual focus: translating the strategy into a practical delivery model, while managing significant workforce and operational pressures and progressing early improvements on a prioritised basis.

2.1 Progress against first six months of implementation

Translating strategy into delivery

Engagement with key internal senior stakeholders informed development of a delivery approach focused on rebalancing activity towards priority audiences and platforms, simplifying messaging and organisational narrative, concentrating effort on a smaller number of high-impact priorities, and increasing proactive engagement through earlier communications involvement and horizon scanning.

Delivery will be strengthened through embedded business partnering, collaborative working across teams and directorates, and a "create once, use many times" approach to maximise consistency, efficiency and the value of shared content and insight. A high-level delivery plan was presented to the Executive Team on 5 May for discussion and is provided below:

Timeline	Brand	Audience & insight	Channels & content	Operating model	Capability
Year 1: Strengthening Foundations	<ul style="list-style-type: none"> Published brand toolkit including visual identity, house style Embedded key messages internally and externally 	<ul style="list-style-type: none"> Baseline analysis of reach by audience and channel Initial stakeholder mapping Use of analytics, Citizens Panels and internal insight to inform priorities 	<ul style="list-style-type: none"> Re-balancing using audience/channel matrix Corporate communications resources Published social media policy Content libraries – impact, outputs 	<ul style="list-style-type: none"> Centralised visibility and triage of work Structured monthly engagement and issue/bottleneck resolution Clear roles, responsibilities and governance (RACI) 	<ul style="list-style-type: none"> Media training for senior staff Build organisational capability via published guidance, training and support
Year 2: Scaling Engagement	<ul style="list-style-type: none"> Reinforced corporate brand and unified narrative Consistent application of tone, identity and storytelling 	<ul style="list-style-type: none"> Refined audience segmentation Clear understanding of priority stakeholders’ needs and influence Embedded feedback loops to inform content and campaigns 	<ul style="list-style-type: none"> Scaled multimedia and campaign activity aligned to priorities Increased proactive media and thought leadership Consolidated digital platforms with improved performance 	<ul style="list-style-type: none"> Business partner model developed and tested Clear portfolio alignment with directorates Structured prioritisation using the Comms Prioritisation Matrix 	<ul style="list-style-type: none"> Upskilling of workforce regarding articulating impact and storytelling
Year 3: Sustaining Impact and Innovating	<ul style="list-style-type: none"> System-wide awareness and understanding of HIS’s role and impact HIS recognised as a trusted advisor and system leader 	<ul style="list-style-type: none"> Mature use of insight and evaluation to guide decisions Evidence of influence on policy, practice and system debate 	<ul style="list-style-type: none"> Flagship, high-impact publications and campaigns Innovative formats (e.g. podcasts, advanced multimedia) Fully embedded “create once, use many times” approach 	<ul style="list-style-type: none"> A mature, strategic communications business partner function A high-performing, integrated Communications Team Clear governance and confident decision-making 	<ul style="list-style-type: none"> Empowered, skilled workforce Organisation-wide confidence in articulating HIS’s purpose and impact

Programme Management support has been assigned to work alongside Communications leads to develop a more detailed delivery workplan, which will support implementation oversight, sequencing, tracking of progress and management of dependencies as this work continues to mature.

Maintaining delivery through workforce and operational pressures

In the first six months, delivery was maintained despite significant workforce and operational pressures, including sustained absence, reduced management capacity and vacancies affecting resilience and pace.

The scale and persistence of these pressures were formally recognised through escalation to the strategic risk register, with mitigations including centralised triage, tighter prioritisation, additional programme management support and stopping lower-value activity to protect core priorities.

These actions improved oversight and helped stabilise immediate delivery, although residual risk remained and continued management attention was required to strengthen capacity, capability and service resilience.

Identifying and implementing early improvements

Alongside immediate stabilisation activity, a number of early improvements were identified and progressed to strengthen delivery and test elements of the future model.

This included introducing a more risk-based and prioritised approach to requests, improving forecasting of communications demand, developing an internal workplan focused on key foundational actions from the Communications and Engagement Strategy, and stopping low- or non-value-adding activities where possible to release capacity for higher-priority work.

Early practical improvements also included use of external support for priority activity, closer collaboration with senior stakeholders on delivery planning, and applying learning from recent organisational work to strengthen impact capture and reporting. In addition, a set of core key messages, including early development of an organisational strapline, has been developed and shared with Executive Team for initial review.

Initial steps have also been taken to develop a programme of external relations activity. The first output was a briefing issued to all Members of the Scottish Parliament (MSPs) on 10 June outlining HIS's role and the types of information that could be provided to MSPs, recognising the number of new MSPs in the current parliament; a copy of the briefing is included at Appendix 1. Engagement with the briefing is being tracked and will inform future activity.

Taken together, these actions have provided early proof of concept for a more strategic, focused and sustainable way of working. Many remain at an early stage of testing and refinement and will be progressed through a continuous improvement approach, with learning used to adapt and strengthen the model over time.

The HIS website is also recognised as a key delivery vehicle for the Strategy, and delivery challenges to date have highlighted the need to accelerate the programme to better meet organisational requirements; the next step is therefore to undertake an options appraisal to determine the most effective approach to acceleration and roll-out.

2.2 Transition from interim to fully adopted strategy

The Communications and Engagement Strategy was approved by the Board in December 2025 as a working interim strategy, with the expectation that it would be further refined following Board and Executive Leadership Team input. Since then, feedback has highlighted opportunities to strengthen the document by making it shorter, clearer and more accessible, including greater use of plain English, a cleaner structure and clearer separation between strategic intent and supporting operational detail.

The next phase will therefore focus on transitioning from an interim to a fully adopted strategy by the end of Quarter 2 (September 2026), clarifying its intended audience and purpose, and relocating detailed delivery, governance and implementation material into supporting plans or internal guidance where appropriate.

2.3 Implementation of Brand Identity Guidelines

A recognised brand identity has been in place since January 2025, but adoption has been inconsistent, with a small number of areas continuing to use legacy sub-identities. Executive Team discussion on the 5 May confirmed that the core brand identity development is complete and that the primary issue is now one of implementation, consistency and organisational discipline, rather than further redesign.

For Quarter 2, the focus will therefore be on a clear implementation campaign, beginning with a relaunch to staff in early July 2026 and followed by a concentrated three-month period of adoption and application. During this period, learning from early implementation will be used to refine the wider brand framework, ensuring that supporting guidance and resources remain practical, clear and fit for purpose.

The Communications Team, including design colleagues, will provide time-limited support to help teams update templates and materials to achieve compliance, informed by a directorate-wide assessment of redesign needs. Initial corporate communications resources, including key messages and standard presentation materials, will be provided early in the implementation window.

The full adoption of the brand framework will be reinforced through clear organisation-wide standards, mandated use of corporate templates and removal of local branding from external outputs, supported by core messaging materials and active reinforcement from senior leaders and directorates to embed a single HIS identity across the organisation.

The Brand Identity Guidelines are included at Appendix 2.

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 due to continued staffing, capacity and resilience pressures within the Communications Team, which constrain the pace and certainty of delivery despite the strength of the overall implementation plan.

The Board is asked to:

1. support implementation of Healthcare Improvement Scotland's Brand Identity Guidelines, including the approach and timescales set out in this paper;
2. support the Communications and Engagement Strategy three-year delivery plan;
3. support the steps set out to transition the current interim strategy to a fully adopted strategy by the end of Quarter 2 (September 2026); and
4. provide feedback on their expectations regarding the intended purpose and audience of the fully adopted strategy

4. Appendices and links to additional information

- Appendix 1: MSP Briefing – HIS at a glance
- Appendix 2: Healthcare Improvement Scotland's Brand Identity Guidelines

Driving high quality care: HIS at a glance

Who we are

We are the national improvement organisation for health and social care in Scotland. Our core purpose is to enable the people of Scotland to experience the best quality health and social care, with a specific focus on safety. We were created by the Public Services Reform (Scotland) Act 2010 and formed in April 2011.

What we do

Our role is to be at the heart of national efforts to understand, shape and improve the quality and safety of health and social care. We ensure that the people of Scotland can rely on and trust the services they are using, and that those who are delivering care are supported to continuously improve. We are uniquely positioned in the system because of our ability to combine assurance, improvement, engagement and evidence, which means that we can:

- Ensure care is **safe, effective** and **evidence-based, person-centred**, and **equitable**.
- Deliver **improvement** programmes for care that people receive in different settings.
- **Inform decision making** across the system with our learning, intelligence and evidence.
- **Support change and reform** through methodology and resources.

The graphic below summarises the roles of our specialist teams, who work in partnership with health and care staff and communities across Scotland to support high quality, safe and effective health and care.



Delivering for people in Scotland

In the last year we have:

Worked with teams in NHS boards and community organisations to improve how mental health and substance use services [deliver joined up care](#).

Expanded our [inspections programme](#) across acute hospitals, maternity and mental health (including Child & Adolescent Mental Health).

Published [standards](#) to drive quality in clinical governance, diabetic eye screening, cervical screening and maternity services.

Developed the [Scottish Approach to Change](#): a simple, practical approach to underpin health and social care reform and renewal.

Worked with an NHS board to [reduce delayed discharges in mental health and learning disability services](#), and are using this to inform future work.

Published [health technology advice](#) on a potentially life-changing treatment option for children and young people living with a chest abnormality.

Supported expansion of the Hospital at Home service to [over 650 older people/acute adult 'beds' by December 2025](#), which has avoided nearly 500 care home admissions. We also supported expansion of Hospital at Home in [neonatal and paediatric services](#).

Supported hospitals to set up [front door frailty pathways in emergency care](#). Contributed to a decrease in the length of stay for geriatric patients.

Published Citizen's Panel reports ([Citizen's Panel 15](#) and [Citizen's Panel 16](#)) highlighting people's views on topics including medicines safety, long term conditions, preconception health, and local GP and medical practice.

Supported NHS boards to reduce their waiting lists for first appointments including a 65% reduction in a board's Ear, Nose and Throat pathway and a 52% reduction in a board's gynaecology pathway.

Developed [clinical guidelines](#) for the prevention and remission of type 2 diabetes and the management of chronic pain.

Information we can share

Our work and insight cover a range of topics that may be relevant to your constituents, including:

- Assessing the quality and safety of care in Scotland
- Supporting providers at all levels of the system to continuously improve
- Empowering people across Scotland to have a voice in their care
- Helping people and communities to shape healthcare services
- Setting the standards for care
- Being the leading source of evidence to support decision making
- Helping care providers learn from experiences
- Supporting NHS Boards to be more efficient
- Supporting clinical decision making
- Regulating independent healthcare in Scotland
- Supporting sustainable transformation in the system

Want to find out more?

- [Our website](#)
- [\(Film\) Examples of our recent achievements](#)

Contact us: his.comments@nhs.scot

Healthcare Improvement Scotland's Brand Identity Guidelines

Introduction

This document sets out Healthcare Improvement Scotland's visual brand identity and how it should be applied in practice. It is a technical guide and forms part of a wider brand framework, alongside templates, guidance, key messages and other supporting resources. It should be used when creating or adapting communications materials to ensure a clear, consistent and recognisable organisational identity.

Master logo



The Healthcare Improvement Scotland logo should be used on all corporate and external-facing communications materials, including presentations, publications, reports, templates, posters, digital assets and event materials, unless specific alternative arrangements have been agreed through the corporate brand framework.

Using the master logo



Exclusion zone

The exclusion zone ensures other graphic elements do not interfere with or detract from the associated brand identity. The zone is a space equal to the height of the letter 'H' from Healthcare, on all sides as illustrated. The exclusion zone is the minimum clear area that should be left, however if possible allow more space.

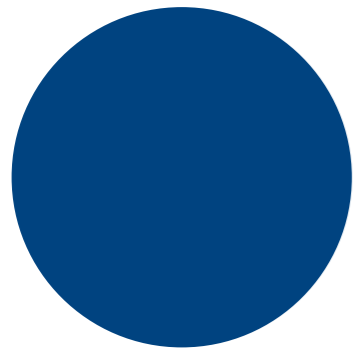


Logo versions

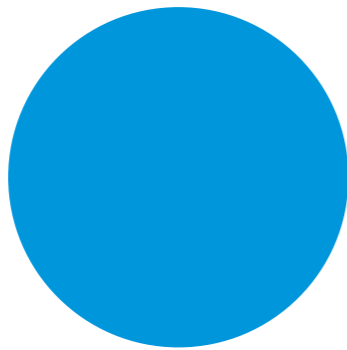
The logo can be used in full colour and reversed out in white. Please do not attempt to alter or redraw the master logo. If required the master logo can be supplied via the communications team.

Colour palette

All colours within the approved HIS palette are available for organisation-wide use and are not reserved for particular teams, products or areas of work. Colour choice should be guided by suitability, accessibility and consistency with the overall brand identity.



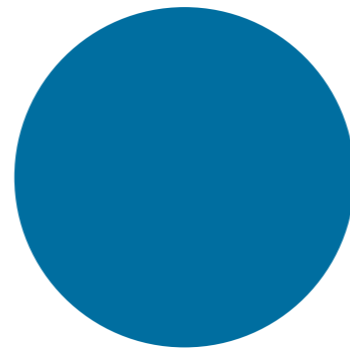
NHS dark blue
C:100 M:65 Y:0 K:30
R:0 G:67 B:128
#004380



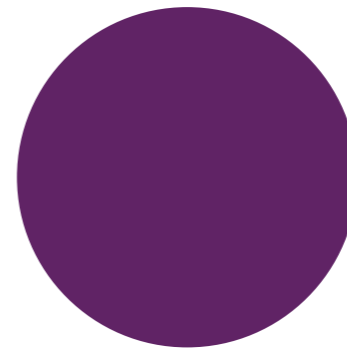
NHS light blue
C:75 M:21 Y:0 K:0
R:24 G:157 B:217
#189dd9



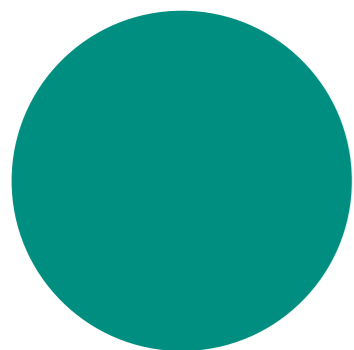
Lime green
C:57 M:0 Y:100 K:0
R:128 G:186 B:39
#80ba27



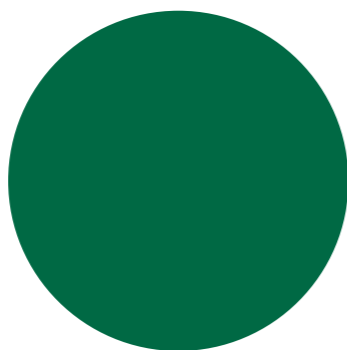
Blue
C:100 M:9 Y:0 K:36
R:0 G:110 B:160
#006ea0



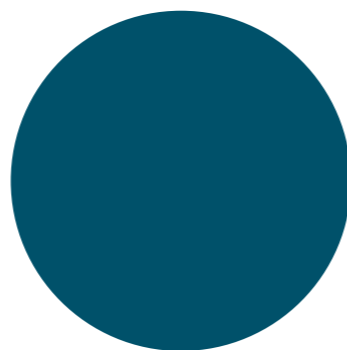
Purple
C:73 M:100 Y:24 K:14
R:96 G:35 B:101
#602365



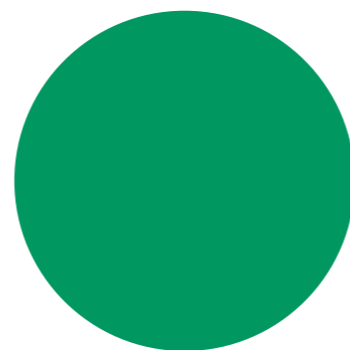
Teal
C:100 M:4 Y:56 K:8
R:0 G:141 B:128
#008d80



Dark green
C:100 M:0 Y:78 K:42
R:0 G:105 B:68
#006944



Petrol blue
C:100 M:40 Y:32 K:40
R:0 G:81 B:106
#00516a



Green
C:100 M:0 Y:79 K:0
R:0 G:151 B:96
#009760

Gradient colour way

1. The master corporate colour way

Combinations of the colour palette create a gradient background.
The gradient colour scheme was developed to represent cross organisational working.



2. Secondary options

The gradient application is not static and there is some flexibility in how the colours can be combined.
These examples show combinations that can be used.



Repeat pattern

1. This pattern is for top level corporate communications and should only be used for the annual report, strategy document and 'one team' work.
2. The HIS knot repeat pattern. This style is applied to most of our corporate templates. Examples include document covers, banners, posters, and presentation slides.
3. The gradient background can also be used without any repeat pattern. This option is used on social media graphics and bespoke designs.

1



2



3



Typography

Clan Pro should be used on all printed communications and publications, the only exception to this is communication material produced in-house on office-based platforms. In this case, the secondary typeface Calibri should be used.

Core communications typeface

Clan Pro book

ABCDEFGHIJKLMNOPQRSTUVWXYZ
abcdefghijklmnopqrstuvwxyz
1234567890£\$%&*()

Clan Pro news

ABCDEFGHIJKLMNOPQRSTUVWXYZ
abcdefghijklmnopqrstuvwxyz
1234567890£\$%&*()

Clan Pro medium

ABCDEFGHIJKLMNOPQRSTUVWXYZ
abcdefghijklmnopqrstuvwxyz
1234567890£\$%&*()

Clan Pro bold

ABCDEFGHIJKLMNOPQRSTUVWXYZ
abcdefghijklmnopqrstuvwxyz
1234567890£\$%&*()

Supporting typeface

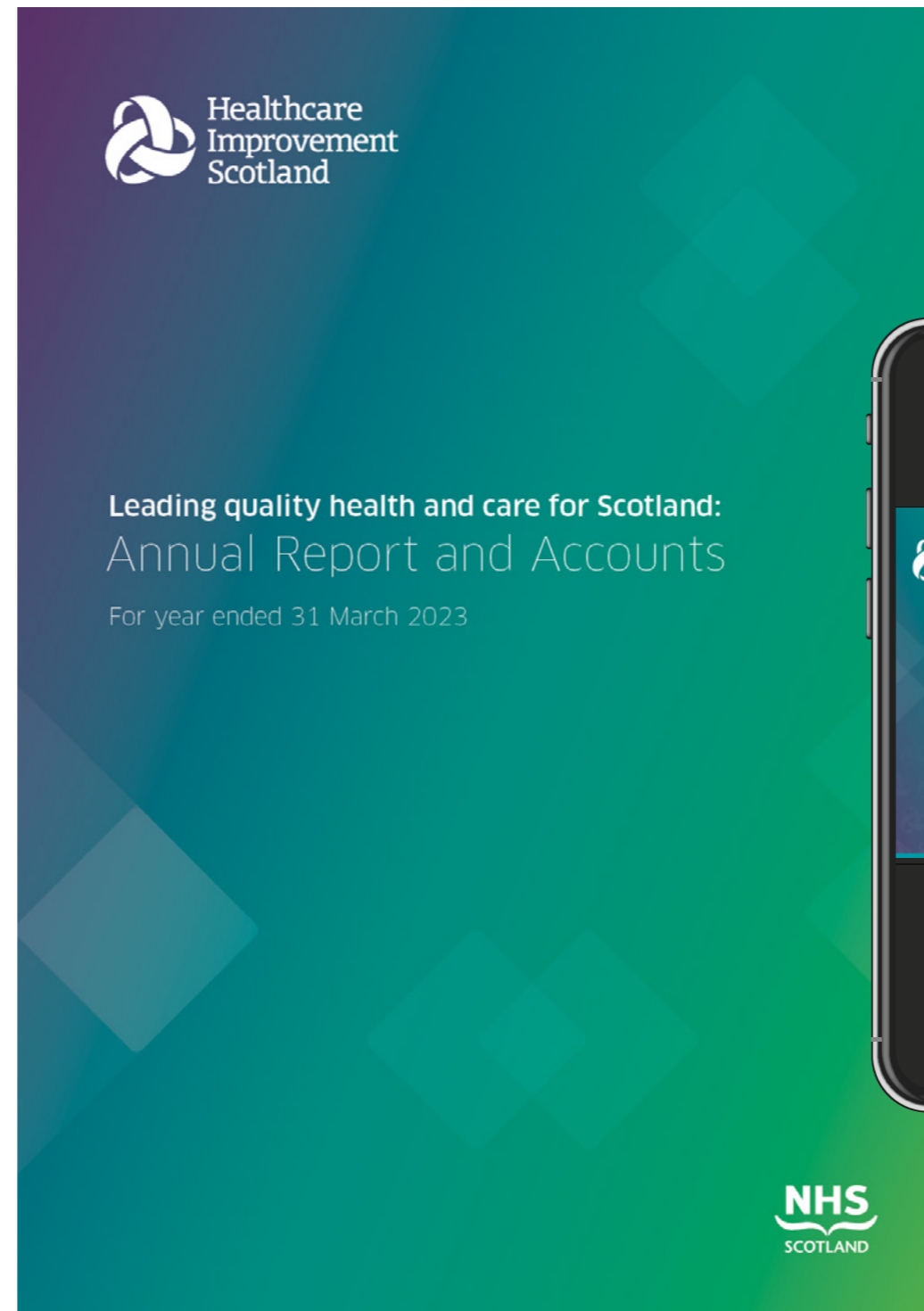
Calibri regular

ABCDEFGHIJKLMNOPQRSTUVWXYZ
abcdefghijklmnopqrstuvwxyz
1234567890£\$%&*()

Calibri bold

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The brand style applied

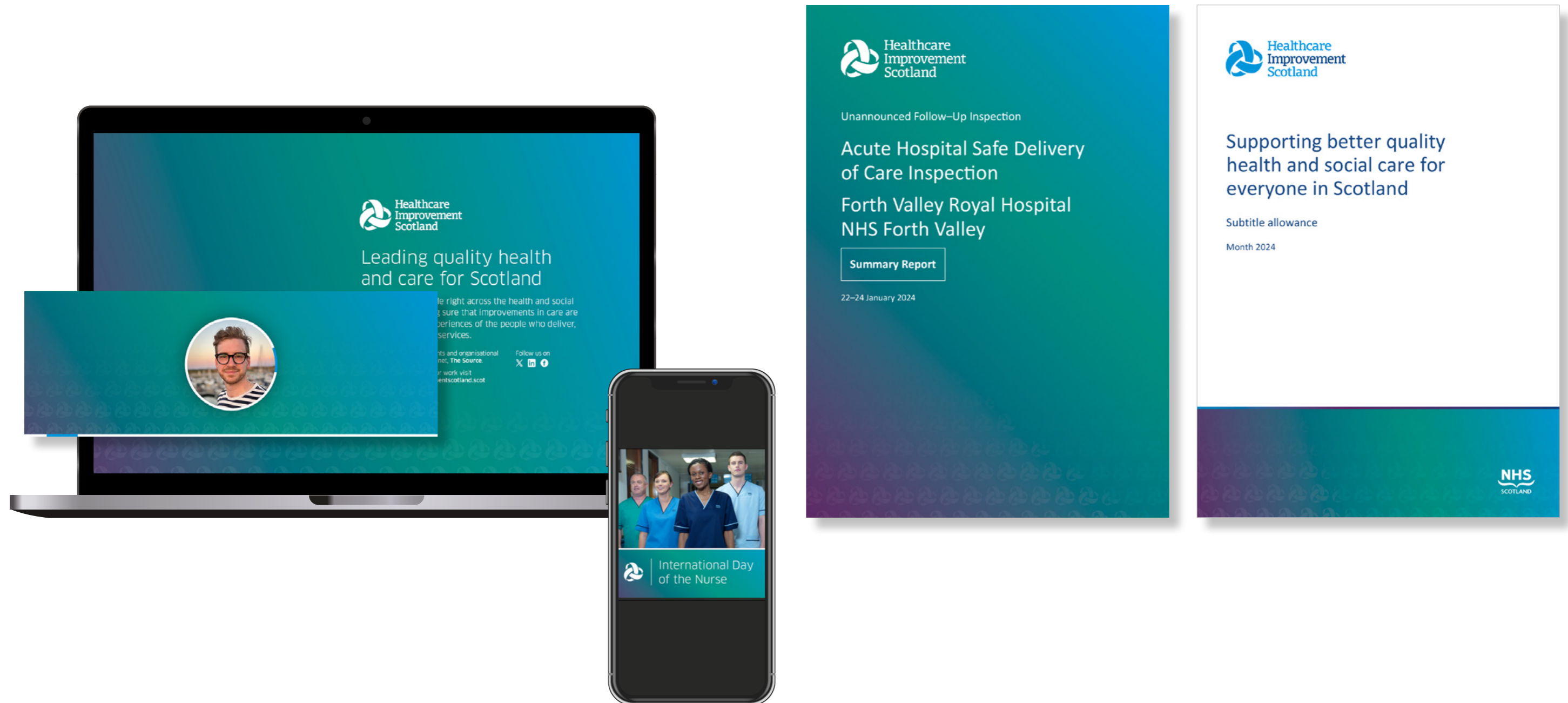


Top level communications, for example the strategy document and annual report and accounts.



The brand style applied

This style is the corporate look and feel for Healthcare Improvement Scotland.



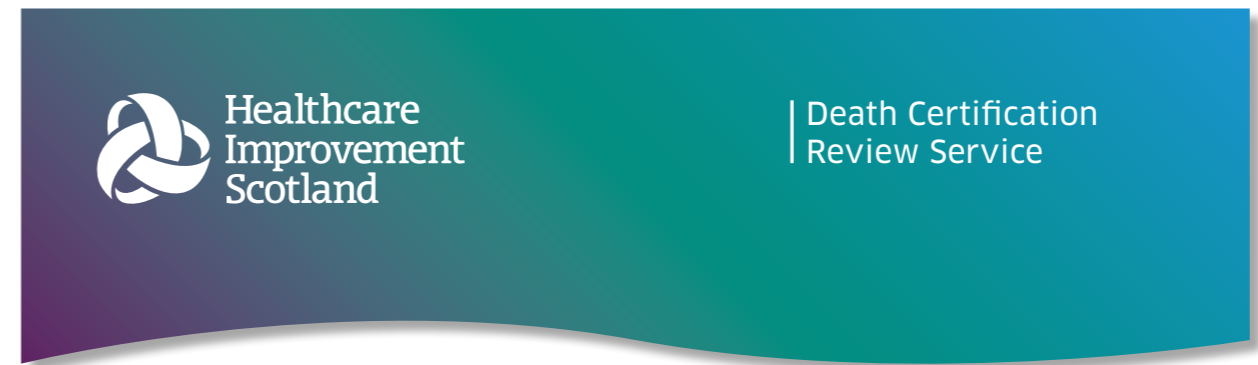
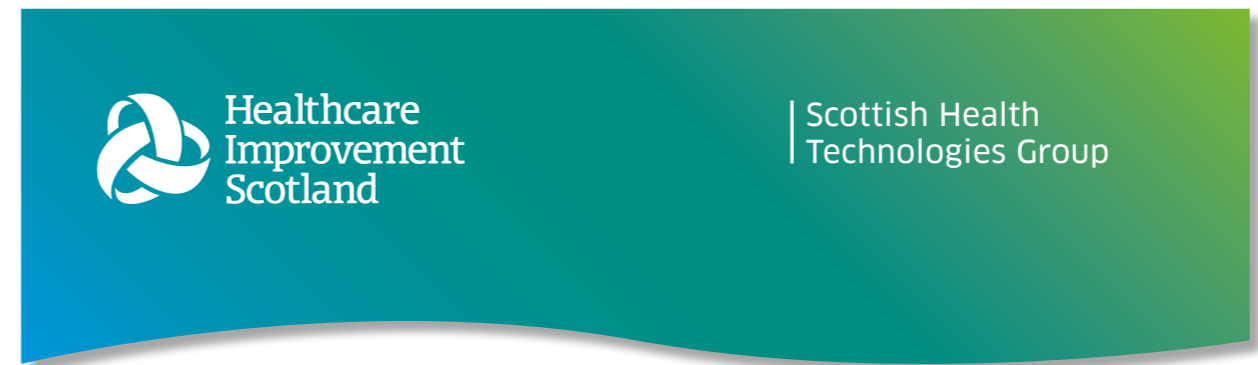
The brand style applied

Other bespoke applications using the brand style.



Specific products or services

Where a specific product or service name needs to appear on a communication, it should be spelled out in full and presented in the approved style shown below, alongside the Healthcare Improvement Scotland logo. This supports clarity and recognition within a single HIS brand identity and does not create separate sub-brands. Directorate, team or local identities should not be developed or used in external-facing materials.



Healthcare Improvement Scotland – one organisation



System Intelligence Summary

Meeting: Board - Public

Meeting date: 29 June 2026

Agenda item: 4.2

Responsible Executive: Safia Qureshi (Director of Evidence & Digital)

Report Author: Donald Morrison (Head of Data, Measurement & Business Intelligence)

Report Contributor: Laura Fulton (Chief Pharmacist and Chair of Internal Sharing Intelligence Network)

Purpose of paper: Discussion

1. Purpose

This paper provides an update on the mechanisms being established to ensure that the decisions Healthcare Improvement Scotland (HIS) makes about its areas of focus are appropriately informed by the information the organisation holds about the safety and quality of care across Scotland. The Board is asked to note these developments and support proposed next steps.

2. Executive Summary

As set out in the HIS Strategy 2023–2028, the Digital & Intelligence Strategy and the Strategic Safety Plan, HIS aims to make better use of the information it holds on the safety and quality of care across Scotland. This intelligence will help inform decisions about HIS strategic priorities, work programme and Annual Delivery Plan, supporting the organisation to maximise its positive impact on safety and quality of care.

The Intelligence Implementation Group (IIG) and Internal Sharing Intelligence Network (ISIN) are working to improve how key information from HIS programmes is collected, synthesised and used to help identify potential implications for HIS.

IIG is focusing on collating and organising information from HIS programmes. This includes qualitative data from inspections and nationally led improvement programmes alongside quantitative data from the HIS core set of indicators. IIG has mapped the range of information HIS programmes hold about safety/quality of care and is developing an approach for structuring and risk assessing pieces of information. The proposed approach is with the Clinical Oversight Group for review.

A new core indicators dashboard has recently been developed and will be demonstrated to the Board at its meeting in September 2026.

ISIN has focused on synthesising the updated information collated by IIG and using this to identify potential implications for HIS. ISIN will have a role in the responsible handling and

assessment of emerging intelligence that may not yet be fully triangulated. Alongside ISIN, the new portfolios will benefit from access to information about safety/quality of care.

There will be a presentation from ISIN at the Board meeting.

Further work is needed to refine these processes and ensure that the information gathered, insights identified and proposed actions are robust, reliable and valid.

HIS also needs to embed these insights and proposed actions into routine decision-making on strategy, work programme and Annual Delivery Plan development, alongside the wider information, evidence and expertise available to the organisation.

Next steps include agreeing how the synthesis of information on safety and quality of care across Scotland will be incorporated into HIS governance processes for developing future strategy, work programme and Annual Delivery Plan.

3. Recommendation

The Board is asked to:

1. Note the progress made by ISIN and IIG to develop an approach to collate and synthesise key information HIS programmes hold on safety/quality of care across Scotland.
2. Note there will be a demonstration of the core indicators of safety/quality of care dashboard at the Board meeting in September 2026.

Level of Assurance

The Board is invited to take moderate assurance that processes/mechanisms are being established to ensure that decisions HIS makes about its areas of focus are informed by the information the organisation holds about safety/quality of care across Scotland.

4. Appendices and links to additional information

N/A

Risk Management

Meeting: Board Meeting - Public

Meeting date: 29 June 2026

Agenda item: 6.1

Responsible Executive: Gillian Hennon, Chief Finance and Risk Officer

Report Author: Geoff Morgan, Programme Manager

Purpose of paper: Assurance

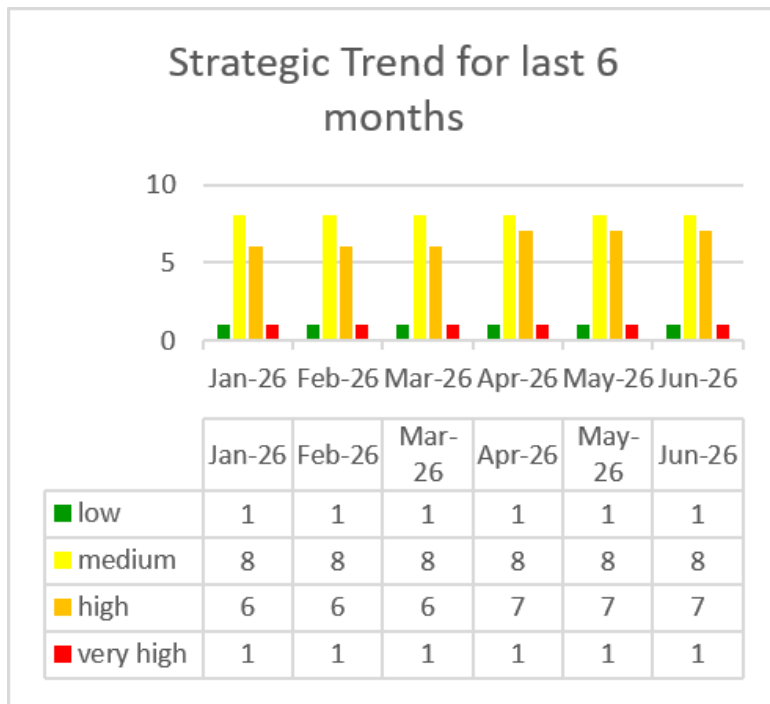
1. Purpose

The Board is asked to review all the current strategic risks (Appendix 1) as of 22 June 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.

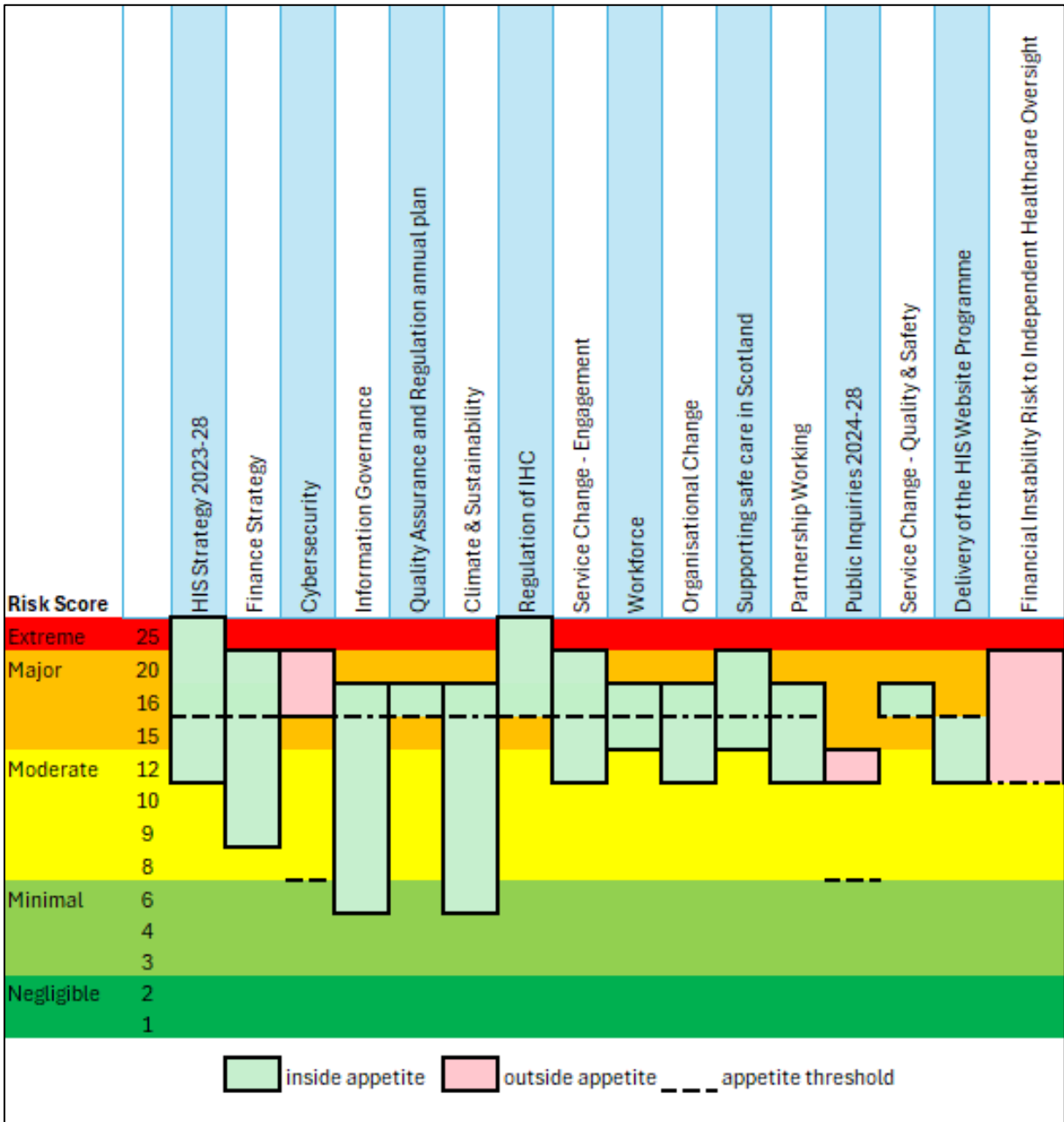
Strategic Risks



There are currently seventeen strategic risks in place. The strategic trend reflects an increase of one risk from sixteen reported in quarter four, with a Communications and Engagement Strategy risk being added. This relates to the risk that HIS will not successfully deliver the ambition and core functions set out in its Communications and Engagement Strategy (approved December 2025), which has been set with an open appetite, an inherent score of 16 and residual score of 12.

Out of Appetite Risks

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



Cyber Security

Residual Risk Score: 16

Appetite Status: Out

A comprehensive suite of technical and organisational controls remains in place to mitigate cyber security risks across HIS systems and networks.

HIS continues to receive and act upon threat intelligence, alerts, and vulnerability notifications from the National Cyber Security Centre (NCSC) and the NHS Cyber Security Centre of Excellence, ensuring timely response to emerging risks.

All staff are required to complete mandatory training in Data Protection, Information Security, Cyber Security, and Freedom of Information prior to being granted system access. In addition, users must formally agree to the HIS Acceptable Use Policy.

This risk remains under ongoing review, with the likelihood score maintained at 4. This reflects the persistent and increasing prevalence of successful, high-profile phishing attacks across the public and private sectors. While existing technical controls remain robust, the primary area of vulnerability continues to be the human factor, reinforcing the need for continued focus on staff awareness and behavioural controls.

Public Inquiries

Residual Risk Score: 12

Appetite Status: Out

HIS continues to actively manage its response to the Eljamel and Scottish Covid Inquiries by monitoring activity, anticipating requirements, and preparing in advance where possible. Engagement with the Central Legal Office remains in place, and staff are being kept informed to support collective preparation. Efforts are also underway to capture critical organisational knowledge, particularly where staff turnover may impact continuity. Ongoing engagement with inquiry teams ensures clarity regarding HIS's role and statutory responsibilities.

Records management practices continue in line with policy and information governance standards. Key documentation and timelines are being identified in advance to support efficient responses, while minimising the burden on staff.

However, risks remain due to capacity pressures, staff turnover, and short deadlines. The Scottish Covid Inquiry recently issued seven Section 21 requests within a short timeframe, followed by further clarification requests, placing significant demand on resources. Turnover in key areas has increased the challenge of responding. It is anticipated that senior HIS staff may be called as witnesses in September Eljamel Inquiry hearings.

Financial Instability Risk to Independent Healthcare Oversight

Residual Risk Score: 12

Appetite Status: Out

Financial performance is being closely monitored, including income against cost recovery, with strengthened aged debt processes now being implemented, supported by engagement with providers and representative bodies to improve compliance and reduce non-payment.

Work is ongoing with the Scottish Government to review the sustainability of the current funding model, including exploration of alternative approaches and consideration of future legislative changes. An updated costing model is also being developed to inform future fee-setting, supported by scenario modelling and aligned to regulatory demand.

Despite these actions, significant risks remain. The current fee-based funding model creates uncertainty in resource availability and challenges HIS's ability to fully discharge its statutory regulatory functions. In addition, anticipated legislative changes through the National Social Care Programme (NSCP) Bill are likely to increase non-fee-generating workload, further compounding existing resource pressures.

3. Recommendation

The strategic risk register was considered by the Audit and Risk Committee on 22 June. It was agreed that it would be timely, particularly in relation to consideration of the Financial Instability Risk to Independent Healthcare Oversight, for risk appetite to be considered again and potentially more frequently than the previous annual basis. This is being taken forward, along with broader risk reporting improvements, alongside the new Risk Manager taking up post.

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 applies structured governance through Performance & Delivery Board and portfolio working to coordinate delivery. Cross-organisational planning ensures resources are used flexibly and aligned to system pressures. Intelligence sharing is strengthened through development of the Data & Intelligence Strategy and Internal Sharing Intelligence Network. Workforce, learning and organisational design improvements support resilience. Delivery is monitored through the Annual Delivery Plan, quarterly reporting, KPIs and Board assurance processes. Continuous engagement with NHS Boards ensures awareness of pressures and informs prioritisation of activity.	The Annual Delivery Plan for 2026/27 has been agreed and is treated as a live document, adapting to emerging pressures. Portfolio structures and executive oversight are now embedded, improving alignment and resource use. Intelligence capability is developing, supporting improved system awareness and response. Workforce and organisational initiatives are progressing to improve flexibility. Despite this, external pressures including reform, recovery and financial constraints continue to challenge delivery, requiring ongoing reprioritisation and adaptive planning.	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	Financial control is maintained through regular forecasting, monitoring and transparent engagement with Scottish Government. Savings programmes are embedded within financial planning, with governance via Performance & Delivery Board. A structured financial plan includes recurring savings, non-recurring investment pipelines and active management of resources. Oversight arrangements ensure alignment with organisational priorities and risk mitigation. Continuous dialogue with Scottish Government supports clarity around funding levels and associated risks.	The 2026/27 financial plan has been approved and includes savings targets and monitoring arrangements. A non-recurring investment pipeline has been introduced to maximise resources and support transformation. However, uncertainty remains around future funding allocations, particularly non-recurring funding, which continues to present risks to planning and delivery. Financial sustainability remains under close review.	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	HIS maintains strong technical controls including network restrictions, firewalls, anti-virus, anti-spyware, secure devices, backups and patching. Threat intelligence is actively monitored via NCSC and NHS Cyber Security Centre alerts. Staff complete mandatory training in data protection and cybersecurity and must comply with Acceptable Use Policy. Continuous monitoring and updating of controls ensure resilience against evolving threats.	Controls remain robust and effective, with ongoing monitoring of external threats. However, likelihood remains elevated due to persistent phishing attacks across sectors. The primary vulnerability continues to be the human factor, requiring sustained focus on staff awareness and behaviour. Risk level remains high despite strong technical controls.	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	16	Controls include policies (data protection, retention, security), training, audits, and technical safeguards. Governance includes quarterly compliance reviews, Information	Controls are largely effective with key indicators reporting green status. Some delays have occurred in email distribution list reviews and ICO framework	3	2	6

Risk Title	Category	Appetite	Risk Director	Risk Description	Inherent Risk Score	Controls & Mitigations	Current update	Impact score	Likelihood score	Residual risk score
				data, potentially leading to loss of trust, financial penalties, or regulatory sanctions.		Commissioner Office (ICO) framework assessments, data protection audits, and supplier controls. Implementation of governance tools (e.g. OneTrust) strengthens oversight. Active monitoring of key indicators ensures compliance and risk awareness.	assessments. The risk remains an inherent medium risk due to the nature of data handling. Further work is planned to complete outstanding reviews and maintain compliance.			In Appetite Score Would be below 8
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 Directorate (QAD). 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 QAD 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.	The regulatory framework for non-surgical cosmetic services is under review, with Healthcare Improvement Scotland (HIS) contributing to forthcoming parliamentary debates on the Non-Surgical Cosmetic Procedures Bill in Autumn 2025. Regulatory change often responds to emerging risks, but HIS is limited to its statutory remit. As the sector grows, enforcement demands for services that should be registered are likely to increase. Cross-regulator intelligence highlights concern about online brokers and detox services operating outside definitions used by HIS, the Care Quality Commission (CQC), and the General Pharmaceutical Council (GPhC). Discussions with the Central Legal Office (CLO) continue. A new strategic financial risk (No. 1546) has been identified.	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 uses structured frameworks including statutory reporting, Net Zero plans, sustainability tools and governance groups. National collaboration with NHS Boards and Scottish Government supports alignment. Leadership roles and partnerships drive sustainability initiatives and funding opportunities.	HIS remains active in national sustainability work, contributing to strategy development and reporting. Learning and capability building are progressing, including digital tools. Increased demand may require review of team structure and resources to sustain progress.	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	20	HIS maintains robust governance through the Scottish Health Council and its Service Change Sub-Committee, ensuring oversight of engagement activity. Comprehensive guidance, including "Planning with People," supports NHS Boards and HSCPs to deliver meaningful engagement. Strategic Engagement Leads work closely with system partners to promote best practice, while practitioner networks strengthen capability and consistency. HIS engages	We have reviewed our existing guidance to ensure it is relevant and the risks around failure to meaningfully engage are considered. We have published additional guidance in areas where we identified gaps. This includes guidance on non-compliance with Planning with People and on major service change. New resources for the public were published in January 2026. Our	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
				untested guidance—potentially impacting engagement quality and reducing public confidence, creating operational and reputational consequences.		regularly with Scottish Government and contributes to national planning discussions. Assurance processes have been enhanced to improve early identification of risks, and additional guidance has been developed to address non-compliance and major service change requirements.	Assurance of Engagement Unit and Strategic Engagement Leads have enhanced our assurance processes, including improving our earlier awareness and scrutiny of service changes in the system. We regularly provide advice to Scottish Government on engagement on nationally determined service changes and we are monitoring progress with use of this new guidance. We have produced interim guidance on engagement for sub-national planning structures and discussed with both structures (March 2026). We are also continuing to discuss engagement within the NHS reform and renewal agenda (ongoing).			
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 structured planning, recruitment, and organisational design processes. Controls include workforce planning frameworks, vacancy review processes, and governance through Staff Governance Committee and Partnership Forum. Active management covers recruitment, development, onboarding, and performance management. Monitoring of workforce risks ensures alignment with organisational objectives and future skill requirements. External labour market awareness and attraction strategies support recruitment. Culture and leadership approaches aim to retain staff and build resilience.	Workforce planning discussions are ongoing across all Directorates to identify and address skills gaps and capacity pressures. Governance processes remain in place, with regular monitoring and oversight of recruitment and vacancies. However, challenges persist due to external labour market pressures and competing resource demands. Further refinement of workforce plans is required to ensure the organisation has the right skills and capacity to deliver its objectives. Risk scoring will be reviewed following completion of these planning activities and associated mitigations.	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 formal policy aligned with NHS Scotland standards and Staff Governance principles. Partnership working is embedded, ensuring transparent and consistent engagement with staff and trade unions. Oversight is provided through Partnership Forum and Staff Governance Committee, supported by the Transformational Oversight Board. Clear communication processes and structured implementation planning ensure consistency and minimise disruption. Change activities are designed to align with strategic priorities and maintain organisational performance.	Organisational change activity continues, with a focus on consistency in role transitions and alignment to the employee model. Oversight arrangements are supporting structured and transparent implementation. Long-term planning is being strengthened to improve sustainability of programmes. Communication and engagement remain key priorities to manage expectations and reduce uncertainty. While progress is being made, ongoing change activity continues to present challenges to delivery and performance, requiring careful	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
							management and continued focus on staff engagement.			
Partnership Working	Strategy	Open	Gillian Gall	There is a risk of partnership working arrangements being destabilised because of the need to respond to the financial position in 2024/25 and beyond which may impact service delivery, potentially straining partnership working and creating a more challenging employee relations environment.	16	HIS has established partnership arrangements with recognised trade unions and staff representatives, embedded within governance structures such as the Partnership Forum. These arrangements ensure collaborative engagement on organisational changes and workforce matters. Communication strategies promote transparency and consistency, supporting effective relationships. Oversight from the Transformational Oversight Board ensures workforce impacts are considered in decision-making and reflect organisational learning.	Partnership arrangements remain stable and effective, supported by strong governance and co-leadership. Financial pressures are influencing service delivery decisions and workforce planning, requiring careful engagement with partners. Communication approaches are being strengthened to ensure clarity and consistency. Lessons from previous organisational change activity are being applied to improve collaboration and reduce risks of employee relations challenges. Despite pressures, partnership working continues to support constructive dialogue and shared decision-making.	3	4	12  In Appetite Score range 06-16
Public Inquiries 2024-28	Strategy	Minimalist	Robbie Pearson	There is a risk that HIS may not meet the demands of five concurrent public inquiries due to competing requests, staff turnover, and challenges in locating or preserving key records.	16	HIS has established proactive arrangements to manage multiple concurrent inquiries, including monitoring activity, anticipating requirements, and engaging the Central Legal Office for support. Staff awareness is promoted, and knowledge capture processes are in place to mitigate the impact of staff turnover. Strong records management policies support information retrieval and compliance. Direct engagement with inquiry teams ensures clarity on HIS's role and statutory responsibilities.	Significant pressures continue due to high demand, short deadlines, and staff turnover. The Scottish Covid Inquiry issued multiple formal requests within tight timescales, followed by clarification requests, increasing workload. Upcoming milestones include finalising responses and participation in hearings. Overall, risk remains elevated due to sustained workload and dependency on staff capacity and knowledge continuity	4	3	12  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 has developed the Scottish Approach to Change to support quality and safety in service redesign. Guidance and frameworks clarify expectations and responsibilities for NHS Boards and Health and Social Care Partnerships (HSCPs). Intelligence gathering and sharing processes support identification of risks, while integration with governance standards ensures alignment. Planned signposting guidance will link to relevant frameworks and resources.	Work is progressing to develop signposting guidance aligned with newly published clinical governance standards. The need for improved awareness of quality and safety frameworks has been identified. Engagement with governance groups and Scottish Government has supported this work. While progress is being made, concerns continue to be identified, highlighting the importance of strengthening awareness and practical application of guidance. Further work is underway to embed improvements.	4	4	16  In Appetite Score range 06-16

Risk Title	Category	Appetite	Risk Director	Risk Description	Inherent Risk Score	Controls & Mitigations	Current update	Impact score	Likelihood score	Residual risk score
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 applies structured monitoring, prioritisation and governance to manage delivery risks. Workforce planning, risk assessments, training programmes and stakeholder engagement support effective delivery. Quality assurance systems and standard operating procedures promote consistency, while escalation processes manage serious concerns. Intelligence sharing supports decision-making.	Resource pressures, including staff absence and programme demands, continue to impact delivery capacity. Ongoing prioritisation and monitoring are required to manage workload and ensure focus on critical activities. Implementation of new processes and regulatory developments adds further pressure. Mitigation remains active but risk persists due to competing priorities and limited resources.	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	Intelligence sharing frameworks, including Internal Sharing Intelligence Network and Sharing Health and Care Intelligence Network, enable identification and management of quality and safety risks. Governance structures and digital strategy support data integration and monitoring. Training, evaluation frameworks and national collaboration underpin effectiveness.	Implementation of intelligence sharing arrangements is progressing, with networks established and early development underway. Further work on governance, training and data systems is needed. National dependencies and delays impact timelines. Risk remains as systems mature.	5	3	15  In Appetite Score range 06-16
Delivery of the HIS Website Programme	Strategy	Open	Safia Qureshi	HIS may fail to deliver a high-quality, accessible corporate website due to limited specialist capacity, outdated stakeholder insights, and prolonged migration (2025–2027), impacting usability, reputation, and compliance with digital standards.	16	HIS has established governance and oversight arrangements for the Website Programme, including a dedicated oversight group and executive sponsorship. Technical support is provided through NSS, alongside contracted web development expertise. Options for improving delivery are being explored, including outsourcing elements of the programme and transitioning to a fully hosted platform. Investment proposals are being developed to secure specialist resources and accelerate progress. In the interim, the Communications Team continues to maintain essential updates, while programme delivery approaches, ownership, and accountability are reviewed to ensure alignment with organisational priorities and digital standards.	Progress on the Website Programme continues to be constrained. While governance structures are in place, they require strengthening to improve oversight and delivery pace. Work is underway to explore alternative delivery models, including outsourcing and additional investment, to address delays. The programme remains high risk, with timelines extending to 2027. In the meantime, only business-as-usual updates are being progressed. Clarifying responsibilities and securing sustainable resourcing will be critical to achieving a modern, accessible and high-quality digital presence aligned with organisational expectations.	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
Financial Instability Risk to Independent Healthcare Oversight	Finance Strategy	Minimalist	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	HIS applies a range of financial and regulatory controls to support sustainability of independent healthcare oversight. These include statutory powers for registration, inspection and enforcement, regular review of fees in line with regulations, and detailed monitoring of income against cost recovery. Enhanced debt recovery processes are being introduced, alongside proactive engagement with providers to reduce outstanding balances. Work with Scottish Government supports exploration of alternative funding models and potential legislative changes. A revised costing model, informed by the Regulation Review, is being developed, supported by scenario modelling and prioritisation to ensure critical public safety activities are protected.	Significant risks remain due to volatility and insufficiency in the current fee-based funding model. Income unpredictability, driven by sector resistance to fee increases, aged debt and market dynamics, continues to challenge financial sustainability. New debt recovery processes are not yet fully tested and will be progressed in 2026. Additional pressures may arise from legislative changes, including the Non Surgical Cosmetic Procedures Bill, which could increase unfunded workload. Despite a baseline allocation being agreed, the overall model is not yet self-sustaining. This creates ongoing risk of reduced regulatory capacity, potential gaps in assurance, and associated impacts on quality of care and organisational reputation.	4	3	12  Out of Appetite Score Should be below 8
Communication & Engagement Strategy	Strategy	Open	Simon Watson	There is a risk that Healthcare Improvement Scotland will not successfully deliver the ambition and core functions set out in its Communications & Engagement Strategy (approved December 2025), due to the Communications Team not yet being structured or equipped with the right skills, roles and ways of working to meet new organisational expectations, including proactive external relations, more strategic upstream work, and consistent improvement-focused messaging, resulting in reduced strategic	16	Internal temporary promotion and reallocation of staff to address staffing/capacity gaps Temporary transition from a portfolio model to a centralised triage and resource-allocation model Introduction of a risk-based approach to assessing and prioritising all communications	Strategic risk agreed following papers to Executive Team on 10th March and 7th April. Support in articulating the risk provided by Chief Finance and Risk Officer. As agreed, this risk will remain in place until capacity, capability, operating model and service resilience have been formally reviewed, strengthened, and stabilised.	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
				impact, diminished organisational visibility, and missed opportunities to build credibility and public trust						

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

Meeting: Board Meeting - Public

Meeting date: 29 June 2026

Agenda item: 7.1

Responsible Executive: Gillian Hennon, Chief Finance and Risk Officer

Report Author: Pauline Symaniak, Governance Manager

Purpose of paper: Decision

1. Purpose

This paper provides a summary for awareness of the actions for this year arising from the Governance Committees' consideration of their 2025-26 annual reports and updates for approval to the Code of Corporate Governance.

2. Executive Summary

The Healthcare Improvement Scotland (HIS) [Code of Corporate Governance](#) sets out the governance framework of the organisation which provides a foundation for good governance and effective stewardship of resources. It includes the requirement for Committees to complete an annual report. When considering their annual reports, the Committees also review their terms of reference for any updates required. At the same time, the Governance Chairs review their terms of reference and those for the Board.

All of the Committees completed an annual report and reported that they met their remit for 2025-26. The annual reports included the key risks that each committee considered and their contribution to ensuring the delivery of best value across the organisation. The annual reports were provided to the Board for discussion at its seminar on 27 May 2025 and are provided again alongside this paper as additional reading. The actions that the Committees agreed to take forward during 2026-27 are set out in Appendix 1 with each action aligned to one or more strategic priorities. An update on these actions will be provided to the Board at its public meeting in December.

Updates are required to the Code of Corporate Governance to reflect changes arising as a result of the committees reviewing their terms of reference and to reflect the new job role of Chief Finance and Risk Officer. The full list of changes and the rationale for each is set out in Appendix 2.

The proposed changes to the Code of Corporate Governance were considered by the Audit and Risk Committee at its meeting on 22 June 2026. They accepted significant assurance on the paper and were content to recommend approval of the changes to the Board.

3. Recommendation

The Board is asked to:

- Note the actions arising from the Committee annual reports for 2025-26.
- Approve the updates to the Code of Corporate Governance.

Given the detailed consideration that the annual reports and terms of reference have already received, 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

Committee Annual reports for 2025-26 are included in the Additional Reading folder on Admincontrol. The following appendices are included in this paper:

- Appendix 1: Actions from the Committee annual reports 2025-26
- Appendix 2: Schedule of proposed changes for the Code of Corporate Governance

Appendix 1 Governance Committee Annual Reports Action Plan

Committee	Action	Strategic Priority*
Audit and Risk	Monitoring the effectiveness of the Investment Pipeline Proposal.	5
Audit and Risk	Oversight of the further roll out of the risk sub-groups.	5
Executive Remuneration	Maintaining oversight of Executive appointments to the organisation.	5
Executive Remuneration	Review of objectives and performance against objectives throughout the annual cycle.	5
Executive Remuneration	Continued overview of senior leadership structures and any planned or potential changes to these arrangements.	5
Executive Remuneration	Ensure continued oversight of our leadership capacity and resilience as an organisation.	5
Executive Remuneration	Ensure due consideration of any appropriate circulars and other information from Scottish Government regarding matters of Executive and Senior manager pay and grading.	5
Quality and Performance	Seek ongoing assurance in relation to Clinical and Care Governance.	1
Quality and Performance	Continue to seek assurance regarding organisational performance.	5
Quality and Performance	Seek assurance regarding introduction of the new portfolio approach and of the impact of their work.	1,3,4,5
Scottish Health Council	Scrutinise and refine the new guidance for engagement at a sub-national level; and scrutinise the engagement undertaken by sub-national planning structures.	3
Scottish Health Council	Continue to scrutinise the implementation of the new guidance for engagement on nationally determined service changes.	3
Scottish Health Council	Continue to monitor the risk and planned mitigations around an increased volume of service change associated with financial and workforce pressures and broader NHS renewal.	3

Staff Governance	Gain ongoing assurance in relation to Equality Outcomes progress.	5
Staff Governance	Gain assurance of delivery of the Staff Governance Action Plan.	5
Staff Governance	Maintain awareness of the impact of the National Business Transformation Programme.	5
Staff Governance	Gain ongoing assurance of the effectiveness of Partnership working and the action plan.	5
Staff Governance	Gain ongoing assurance in the delivery of People and Workplace Delivery Plan and development of a future focused Workforce Plan for 2027-2030.	5
Succession Planning	Receive the results of the non-executive skills evaluation exercise and consider the implications for board appointments and development.	3
Succession Planning	Oversee non-executive recruitment activity in 2026-27.	1-5

*Strategic priorities:

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

Appendix 2 Schedule of Changes for the Code of Corporate Governance

Reference	Subject	Change	Rationale for Change
Throughout document	Job role	Change “Director of Finance, Planning and Governance” to “Chief Finance and Risk Officer.”	Reflects current role in post.
Para 3.1, page 7	Standing Orders	Add to this para: In HIS, the Board decided that the Vice Chair is appointed for a period of three years after which the appointment will be reviewed.	Proposed by Succession Planning Committee in its key points to the Board in Q2 of 2025 and aligns with tenures agreed by the Board for committee membership and chair appointments.
Section 1.0, page 19	Board Terms of Reference (TORs) - Purpose	Replace current text describing purpose of Board with the following text: The four main functions of the Board of a public body are: <ul style="list-style-type: none"> • to ensure that the body delivers its functions in accordance with Ministers’ policies and priorities; • to provide strategic leadership; • to ensure financial stewardship; and • to hold the Chief Executive and senior management team to account. 	The current text lifted the role of the Board from the Operating Framework but the updated Framework no longer contains this text. The updated text provided is from the Scottish Government’s latest On Board guide.
Section 2.0, page 19	Board TORs - Remit	Where it states “Seek assurance that the organisation is delivering effective and efficient services” add “including delivery of best value arrangements.”	To recognise that the Board is now considering the Annual Best Value Report.
Section 3.0, page 21	Board TORs - Membership	Add that Associate Directors will also be invited to attend as required.	Associate Directors are now routinely presenting papers to the Board.
Section 6.0, page 23	Board TORs – Information Requirements	Remove the text “Annual Review Self-assessment Submission.”	The submission is no longer required/prepared.
Section 3.0, page 24	Governance Committee	Add the Chief Executive to the membership list.	Chief Executive now attends the meetings.

	Chairs TORs - Membership		
Sections 6.0 and 8.0, pages 27 and 28	Audit and Risk Committee (ARC) TORs – Membership and Meetings	Change the lead officer to Chief Finance and Risk Officer.	Reflects current role in post.
Section 9.0, page 28	ARC TORs – Information Requirements	Remove from the list the following reports: Information Governance (IG) and non-competitive tenders (NCT).	The IG report is now included in the Digital Solutions Group update and the NCTs are included in the annual procurement report.
Section 9.0, page 28	ARC TORs – Information Requirements	Add to the list: changes to the Assurance Framework and Intelligence Implementation Group updates.	Reflects the committee’s current business planning schedule and that it will undertake an annual review of the Assurance Framework.
Throughout the TORs	Executive Remuneration Committee (ERC) TORs	Change “Director of Workforce” to “Chief People Officer” as lead for the Committee.	Reflects current role in post.
Section 5.0, page 31	ERC TORs - Meetings	Add the following text: Extraordinary meetings can be called to discuss any urgent business outwith the regular meeting schedule.	Reflects regular requirement for extraordinary meetings to meet governance needs of this Committee.
Section 3.0, page 34	Quality and Performance Committee (QPC) TORs - membership	Add that the Lead Director is currently the Director of Evidence and Digital.	Reflects current role in post.
Section 6.0, page 34	QPC TORs – Information Requirements	The following changes are proposed: <ul style="list-style-type: none"> Change “Clinical and Care Governance Group” to “Clinical and Care Governance Oversight Group” 	Reflects the business planning schedule, the name change of the group for clinical and care governance activity and that Associate Directors are presenting at meetings.

		<ul style="list-style-type: none"> • Add that Associate Directors as well as Directors will bring updates • Add that the Corporate and Operational Plans include the Annual Delivery Plan • Change “Sharing Intelligence for Health and Care” to “Sharing Intelligence Updates” • Add Public Protection activity and the Strategic Safety Plan. 	
Section 3.0, page 37	Scottish Health Council TORs - Membership	<p>Change “The Chair of the Committee shall be the Chair of the Scottish Health Council as appointed by the Cabinet Secretary for Health and Sport” to:</p> <p>“The HIS Chair shall nominate a candidate for Chair of the Scottish Health Council to the Cabinet Secretary. The candidate must be a non-executive member of the Board. The Cabinet Secretary will in turn determine who to appoint based on evidence of effective performance and evidence that the member has the skills, knowledge and experience needed for the position.”</p>	To more accurately reflect that the Chair of the Scottish Health Council is appointed from within the HIS Non-executive cohort.
Section 3.0, page 40	Staff Governance Committee (SGC) TORs - Membership	Change lead officer from “Director of Workforce” to “Chief People Officer.”	Reflects current role in post.
Section 3.0, page 40	SGC TORs - Membership	Add to the first paragraph: The Committee will have two Co-chairs and no Vice Chair.	Reflects current chairing arrangements to avoid conflict of interest.
Section 5.0, page	SGC TORs - Meetings	Add the following text: In addition, the Committee Chair may convene additional meetings as required to consider business requiring urgent attention.	Reflects possible requirement for extra meetings to meet governance needs related to workforce.

Section 6.0, page 41	SGC TORs – Information Requirements	Add the following to the list: <ul style="list-style-type: none"> • Add to the Equalities Mainstreaming Report bullet point, other reports on equalities such as the Anti Racism Plan • Anchors Plan, oversight of workforce considerations/inclusion in annual delivery plan • Updates on Whistleblowing activity. 	To ensure inclusion of these reports provided to the Committee but missing on the information requirements list.
Throughout	Succession Planning Committee (SPC) TORs	Change the Committee name to: Succession Planning Committee (Non-executives).	To make clear the committee deals only with non-executive director succession planning.
Section 3.0, page 42	SPC TORs - membership	Change lead director to currently Associate Director of Community Engagement and add one HIS Public Partner.	Reflects current role in post and that a Public Partner has been appointed to the Committee.
Section 6.0, page 43	SPC TORs - membership	The following changes are proposed: <ul style="list-style-type: none"> • Change “updates from NES board development activities” to “updates on board development activity including Public Services Delivery Scotland initiatives” • add “updates to the Succession Plan.” 	Reflects the committee’s current business planning schedule and name change for NHS Education for Scotland.

Governance Committee Chairs Key Points

Meeting: Board - Public

Meeting date: 29 June 2026

Agenda item: 7.2

Responsible Non-Executive: Carole Wilkinson, 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 June 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 progress following her update at the meeting in March given the cross-cutting reach of these activities. She advised that a presentation will be provided to the June Audit and Risk Committee which will focus on delivery of key communications functions during the rest of the year including the website programme. An update will also be provided to the June Board meeting capturing the key outcomes from the Committee's consideration of plans. Chairs will consider any implications for their own committees.

2. Governance Update

The Head of Governance provided an update on various strands of work related to our governance function. This included development work with Associate Directors and additional support for paper authors. There will also be work to better understand and map the end-to-end governance processes in HIS including more clarity on decision making. We noted that the internal audit of governance will commence shortly and this will also inform improvement activity.

3. Cross-Committee Matters

In discussing matters that impact more than one Committee, the Chairs highlighted the various internal reviews that are ongoing. We agreed that there is a need to ensure that the outputs of the reviews are brought together in a way that enables a strategic view to be formed and which links with the Workforce Plan. We noted that this will fall within the remit of the Strategic Design Board.

Audit and Risk Committee Key Points

Meeting: Board Meeting - Public

Meeting date: 29 June 2026

Agenda item: 7.3

Responsible Non-Executive: Rob Tinlin

Purpose of paper: Awareness

This report provides the Healthcare Improvement Scotland Board with an update on key issues arising from the Audit and Risk Committee meeting on 22 June. The approved minutes of the Audit and Risk Committee meeting on 18 March 2026 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. 2025/26 Audit Reports

The Committee noted the Internal and External Audit Reports presented by KPMG and Audit Scotland respectively, noting actions plans will be developed and reported back through the year and welcomed the favourable conclusions from both Auditors.

2. Risk Management

Updates on the operation of the Risk Sub-Committees was discussed, with recognition that monitoring, reporting and thematic analysis would be developed with Directorates when the Risk Manager comes into post in July. Further discussions are planned around the specific challenges faced by Independent Healthcare focusing on the wider risks to HIS as a whole. Audit and Risk will explore a review of the Strategic Risk Register.

3. Financial Plan

The Committee noted the initial update of the Investment Pipeline proposals for 2026/27 and requested that the reporting be developed to outline key timelines, deliverables and milestones and financial forecasting to be brought to Audit and Risk for the September meeting.

The Committee accepted limited or no assurance on the following items:
Information Security Mandatory Training Completion – Limited Assurance

Executive Remuneration Committee Key Points

Meeting: Board - Public

Meeting date: 29 June 2026

Agenda item: 7.4

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

Purpose of paper: Awareness

This report provides the Healthcare Improvement Scotland Board with an update on key issues arising from the Executive Remuneration Committee meeting on 3 June 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. Review of Executive Performance for 25/26

The Committee reviewed the end of 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.

2. Feedback on Senior Recruitment

The Committee received an update on the planned recruitment activity for the substantive posts of Chief People Officer and Director of Quality Assurance and Regulation.

3. Leading for the Future update

The Committee received an update on the Leading for the Future programme and action plan and were assured of its progress.

Quality and Performance Committee Key Points

Meeting: Board - Public

Meeting date: 29 June 2026

Agenda item: 7.5

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

Purpose of paper: Awareness

This report provides the Healthcare Improvement Scotland Board with a draft update on key issues arising from the Quality and Performance Committee meeting on 20 May 2026. The approved minutes of the Quality and Performance Committee meetings on 4 and 30 March 2026 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. Hospital at Home

The committee received an update on the progress in the wider system towards delivering Scottish Government targets and the delivery status of the HIS commitments in the extended commission.

The committee was pleased to see the expansion of this important programme and discussed evolving governance arrangements and the challenging target of 2,000 beds by the end of the calendar year.

The committee accepted a moderate level of assurance.

2. Current Reviews and Associated Risks

The committee received an update regarding the four internal reviews currently underway across the organisation.

The committee noted the pressures relating to capacity, resource management and competing demands involved in review work.

The committee received assurance that the risks were being actively monitored and managed through existing governance arrangements and accepted a moderate level of assurance.

3. Acute Perinatal Improvement Programme

The committee received an overview of progress towards the developing an enhanced acute perinatal improvement programme within an accelerated timeframe.

The committee noted that this work has been accelerated due to the national spotlight following the announcement of the national maternity taskforce and welcomed the role and positive contribution of HIS in this national issue.

The committee accepted a limited level of assurance due to the programme proposal being at a very early stage of development and has requested a plan and timetable, in relation to actions to improve the level of assurance provided.

The Committee accepted a limited level of assurance from the following reports:

- Acute Perinatal Improvement Programme (as above)

Scottish Health Council Key Points

Meeting: Board - Public

Meeting date: 29 June 2026

Agenda item: 7.6

Responsible Non-Executive: Suzanne Dawson, Chair SHC

Purpose of paper: Awareness

This report provides the Healthcare Improvement Scotland (HIS) Board with an update on key issues arising from the Scottish Health Council (SHC) on 14 May 2026. The approved minutes of the SHC meeting on 12 February 2026 can be found [here](#). The HIS Board is asked to receive and note the key points outlined, and review any areas escalated by the Committee to the Board.

1. Progress of the Public Partner role

The importance of Public Partners in bringing a public perspective to HIS's work was discussed. There are currently 14 Public Partners. An annual event is held to celebrate their contribution, this year in March 2026. SHC members reflected on the positive progress made on the work of Public Partners in recent years. They agreed more needs to be done to increase the visibility of Public Partners, including broader attendance from both non-executive members and staff across HIS at the annual celebratory event.

2. Evidence Performance

Each meeting, the SHC has a deep dive into one engagement practice work. At this meeting, the work of the Engagement Practice – Evidence unit was reviewed. The SHC agreed that the pace of delivery in 2025/26 fell short of the unit's Key Performance Indicator and therefore an improvement plan must be developed to achieve improvements in performance within six months.

3. Statutory duties of Engagement

The SHC heard that interim guidance on engagement in a sub-national context has been shared with boards ahead of discussions with engagement leads planned for May/June 2026. Initial feedback has identified a need to engage at a national or sub-national level on some significant NHS renewal shifts that could change multiple services, and to consider how this would fit with *Planning with People*. SHC also decided that the service changes planned at Inch War Memorial Hospital did not meet the threshold for major service change but that specific engagement activities are required.

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

3.1 Evidence Programme- Limited assurance

Staff Governance Committee Key Points

Meeting: Board - Public

Meeting date: 29 June 2026

Agenda item: 7.7

Responsible Non-Executive: Duncan Service, Employee Director

Purpose of paper: Awareness

This report provides the Healthcare Improvement Scotland Board with an update on key issues arising from the Staff Governance Committee meeting on 6 May 2026. The approved minutes of the Staff Governance Committee meeting on 25 February 2026 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. **Workforce Planning**

The committee received an update on the process to be undertaken to produce the next version of the workforce plan. The committee highlighted the need to tie the new plan to initiatives such as agile working.

2. **Mandatory Training**

Implementation of the NHS Scotland 'Once for Scotland' e-learning modules started in March. Staff are now required to complete a total of 19 mandatory modules with a completion deadline of 2 September 2026. It was confirmed that compliance monitoring arrangements were in place including monthly reporting to the Executive Team on Directorate performance and compliance. Current compliance is 75% across the organisation with a steady increase in compliance rates.

The completion of mandatory modules is an organisational objective measured as part of the Performance, Development and Wellbeing Review process.

3. Workforce Risks

The key strategic risks relate to workforce pressures, organisational change and partnership working.

The committee noted that some movement within operational risks across the directorates with key concerns focused on vacancies and recruitment challenges. Specific risk areas highlighted included the Scottish Patient Safety Programme, Chief Midwife capacity, Chief Allied Health Professional vacancy and pressures within the Nursing and Integrated Care Directorate. It was confirmed that recruitment activity was underway to strengthen organisational risk management capacity with both the Risk Manager and Head of Performance and Delivery being advertised. The committee acknowledged the need for stronger cross-organisational ownership of workforce capability, assurance and skills development.