Healthcare Improvement Scotland

Best Value Report 2024-25

November 2025

Supporting better quality health and social care for everyone in Scotland

NHS SCOTLAND

Contents

1. Introduction

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

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

Best Value Duty

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

Best value in public services: guidance for accountable officers - gov.scot (www.gov.scot) explains the duty of Best Value and the characteristics of a Best Value organisation. The guidance was prepared to assist Accountable Officers of Public Bodies covered by the Scottish Public Finance Manual and reinforces the importance of the duty and to better reflect the context of public services working in partnership to deliver improved outcomes for the people of Scotland. It is intended to support Accountable Officers and, where appropriate, Board Members (and the organisation which they serve) in focusing on

(i) continuous improvement which will help ensure sustainable economic growth for the people of Scotland and
(ii) delivery of the outcomes required of all public services as articulated in the National Performance Framework.

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

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

2. Best use of resources

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

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

Workforce

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

Workforce Planning

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

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

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

The financial arrangements around this workload can have a significant impact on the workforce, particularly regarding the uncertainty of additional allocations for workstreams. Efforts are being made to develop a strategy to minimise the impact of allocation-based funding, and where anticipated funding has not been baselined, to ensure that appropriate workforce solutions are available which support both staff and programme delivery.

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

HIS Employee

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

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

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

Medical model

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

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

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

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

Additionally, we have initiated development of a multi-professional Clinical and Care Workforce Plan aligned to our organisational strategy. This work will continue to maximise

the value and impact of our investment in Registered Healthcare Professionals, while further strengthening our clinical and care governance.

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

Reduced working week

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

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

Promoting attendance / Management of sickness absence

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

Digital workplace

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

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

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

- define and explain digital concepts
- locate and use digital tools to develop own and others’ digital skills
- self-assess digital capability
- locate and access further digital skills resources
- identify areas where digital tools could lead to efficiencies

• be increasingly confident using digital tools.

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

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

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

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

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

In 2024-25, staff were advised to use the Microsoft 365 (M365) Skills Hub, which contains upcoming training, online learning modules and new or 'coming-soon' features that are curated and tailored for NHS Scotland staff. Recognising that people respond to varied forms of communication and have different learning styles, staff are encouraged to sign up for a monthly roundup of content published on the M365 Skills Hub. Engaging with this National Education for Scotland (NES) resource ensures staff have access to the latest changes in the tools used day-to-day and support in ensuring that we can continue to maximise M365 features and benefits in HIS' work.

Additionally, colleagues in NES started a new network called "Click & Grow". This learning network is aimed at beginners providing advice for beginner computer and digital skills

working with files, folders, and different apps. DSG have reviewed what has been posted to-date and believe all HIS staff will be able to learn something from this new resource, so it was promoted within HIS in early 2025 and will continue to be throughout 2025/26.

HIS Campus

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

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

Recent examples of our best value approach include:

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

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

Financial and resource management

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

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

The committees of the Board have a responsibility to review progress against the duty of Best Value as set out in the SPFM and guidance from Scottish Government. Specifically, there is an

individual and corporate responsibility on the Directors and non-executive members to promote the efficient and effective use of staff and other resources in accordance with Best Value principles.

Delta House lease

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

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

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

Financial reporting and forecasting using M365

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

3. Delivery of our Strategy

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

The Scottish Government published a Value Based Health & Care Action Plan which sets out the actions to support health and care colleagues practice Realistic Medicine and deliver value based health and care, by focusing on outcomes that matter to people, optimising use of health and care resources, and contributing to a more sustainable health and care system.

The following section provides examples during 2024-25 of functions and programmes where we have sought to ensure best value in the design and delivery of our work.

Once for Scotland provision of evidence and advice

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

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

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

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

Safe delivery of care (SDoC) inspections

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

Independent review of regulation (IHC)

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

The recent commencement of legislation in relation to the regulation of independent healthcare services provided by pharmacy professionals, and the regulation of independent medical agencies, further significantly increases the scope of our regulatory responsibilities

and requires HIS to consider how we effectively regulate services that are not provided from fixed premises, in addition to our pre-existing regulatory framework.

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

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

Responding to concerns

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

Primary Care improvement

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

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

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

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

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

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

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

Hospital at Home (H@H)

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

- Reduce pressures on traditional hospitals by enabling 15,470 episodes of care to be delivered at home instead of in a hospital.
- Representing a growth of 200 patients a month compared to the previous year.
- Estimated savings of £16.7 million from reduced hospital costs and £39.4 million from lower healthcare usage post-discharge.
- Without hospital at home, an additional 672 hospital beds and 477 care home places would be needed to meet this demand.

The programme ensures the delivery of best value by:

- Spending less by taking a digital first approach in our resource development and working in collaboration with the frailty programme to share resources and joint visits to services.
- Spending well by actively managing spend against budget and change work plans to ensure any underspends that develop are re-purposed to add value within the programme or released as early as possible into organisational savings. This includes using organisational finance and procurement processes to ensure value for money in all our non-pays and using routine staff turnover as opportunities to assess skills requirements in the team and when needed use RAF process to adjust the skill mix to better meet the needs of services.

- Spending wisely by use evidence, data and an understanding of the issues facing services to guide the focus of our work. This becomes the basis of the guidance we provide to services. This ensures our time and resources are used where they can add practical value to services.

- Spending equity by making adaptations to our programme delivery model to ensure services in all areas of Scotland, include the island communities, can fully engage in the programme. This has become more important in 2025/26 as the scope of the programme has changed from older people to all adult and paediatric services. There is a risk of paediatric services receiving a lower level of support due to the unique clinical needs of their children and families they support. To overcome this the programme has created a workstream focused on paediatrics for more tailored support and are working with the Medical and Safety directorate to ensure appropriate paediatric clinical input.

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

Scottish Approach to Change

The Scottish Approach to Change is being developed to underpin the delivery of both the Scottish Government's Health and Social Care Service Renewal Framework and NHS Scotland's Operational Improvement Plan. The aim is to support the health and care system to do change well, and brings together different change methods into a single approach and translates theory into a practical tool. Importantly, the Scottish Approach to Change uses simple accessible language. This means everyone can achieve high quality change. It does this by:

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

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

Informing policy

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

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

Equalities

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

4. Performance Management

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

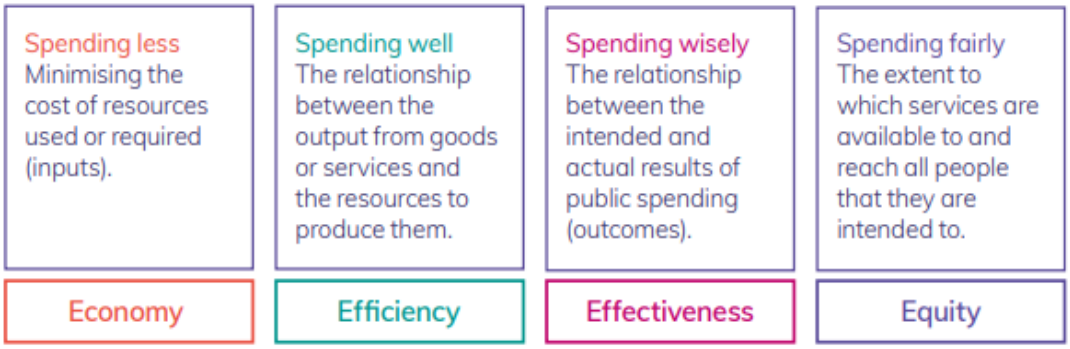

Image 1 CIPFAs 4Es Framework

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

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

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

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

Assessments carried out during 2024-25 are as follows:

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

The full assessments for each are available at Appendix 1. Appendix 2 provides the approved schedule of Best Value assessments for 2025-26. The schedule will be subject to change and will remain flexible in the year due to changes in risk profiles, re-prioritisation and/or funding confirmation.

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

5. Conclusion

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

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

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