Healthcare Improvement Scotland

Agenda

Meeting: Board - Public
Date: 23 September 2026
Time: 10.30
Venue: Delta House, Glasgow
Contact: Pauline Symaniak, his.boardadmin@nhs.scot

Item	Time	Topic	Lead	Report
1.	-	**Opening Business**	-	-
1.1	10.30	Welcome and apologies	Chair	Verbal
1.2	-	Register of Interests	Chair	Paper
1.3	10.35	Minutes of the public Board meeting on 29 June 2026	Chair	Paper
1.4	-	Action Points from the public Board meeting on 29 June 2026	Chair	Paper
1.5	10.40	Chair's Report	Chair	Paper
1.6	10.50	Executive Report	Chief Executive	Paper
2.	-	**Setting the Direction**	-	-
2.1	11.10	Strategic Plan for Safety Plan	Medical Director-Director of Safety/Director of Evidence and Digital	Paper
2.2	11.30	Core Indicators of Safety and Quality of Care	Director of Evidence and Digital	Paper/ presentation
3.	-	**Engaging Stakeholders**	-	-
3.1	11.45	Death Certification Review Service Annual Report 2025-26	Senior Medical Reviewer	Paper
3.2	12.00	Complaints and Feedback Annual Report 2025-26	Associate Director of Nursing and Midwifery	Paper
3.3	12.15	Communications and Engagement Strategy	Chief Pharmacist	Paper
-	-	**Lunch break 12.30 – 13.00**	-	-

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4.	**-**	**Holding to Account – including Finance and Resource**	**-**	**-**
4.1	13.00	Organisational Performance Report Q1	Chief Finance and Risk Officer/ Interim Chief People Officer	Paper
5.	**-**	**Assessing Risk**	**-**	**-**
5.1	13.20	Risk Management: strategic risks	Chief Finance and Risk Officer	Paper
6.	**-**	**Governance**	**-**	**-**
6.1	13.30	Governance Committee Chairs: key points from the meeting on 17 August 2026	Chair	Paper
6.2	-	Audit and Risk Committee: key points from the meeting on 2 September 2026; approved minutes from the meeting on 22 June 2026	Committee Chair	Paper
6.3	-	Executive Remuneration Committee: next meeting will be held on 26 October 2026	Committee Chair	Verbal
6.4	-	Quality and Performance Committee: key points from the meeting on 17 August 2026; approved minutes from the meeting on 20 May 2026	Committee Chair	Paper
6.5	-	Scottish Health Council: key points from the meeting on 17 September 2026; approved minutes from the meeting on 14 May 2026	Scottish Health Council Chair	Verbal/Paper
6.6	-	Staff Governance Committee: key points from the meeting on 5 August 2026; approved minutes from the meeting on 6 May 2026	Committee Chair	Paper
6.7	-	Succession Planning Committee: next meeting will be held on 27 January 2027	Chair	Verbal
7.	13.45	**Any Other Business**	**-**	**-**
8.	13.50	**Close/Date of Next Meeting** Next meeting 2 December 2026	**-**	**-**

Register of Interests

Meeting: Board - Public

Meeting date: 23 September 2026

Agenda item: 1.2

Responsible Executive: Gillian Hennon, Chief Finance and Risk Officer

Report Author: Pauline Symaniak, Governance Manager

Purpose of paper: Assurance

1. Purpose

The Register of Interests is provided to the Board quarterly 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 29 June 2026. Since then, there have been no changes declared for the Register of Interests.

3. Recommendation

The Board is asked to gain assurance that the Register of Interests on the HIS website accurately represents the interests currently declared by the Board and senior staff.

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, 29 June 2026, Delta House, Glasgow/MS Teams

Attendance

Present
Carole Wilkinson, Chair
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
Evelyn McPhail, Non-executive Director
Doug Moodie, Chair of the Care Inspectorate
Robbie Pearson, Chief Executive
Michelle Rogers, Non-executive Director
Duncan Service, Non-executive Director
Rob Tinlin, Non-executive Director

In Attendance
Eddie Docherty, Director of Quality Assurance and Regulation
Melissa Dowdeswell, Director of Nursing and Integrated Care (from item 5.1)
Gillian Hennon, Chief Finance and Risk Officer
Clare Morrison, Director of Engagement and Change
Safia Qureshi, Director of Evidence and Digital
Simon Watson, Medical Director/Director of Safety (from item 4.1)

Apologies
Abhishek Agarwal, Non-executive Director
Gillian Gall, Interim Chief People Officer

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 those in the public gallery. The Chair noted that Doug Moodie and Judith Kilbee were attending their final public Board meeting ahead of their appointments ending. She thanked them for their contribution to the work of the Board. 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 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 25 March 2026

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 25 March 2026

It was noted that all actions were recommended for closure.

Decision: The Board approved closure of all actions.

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) A very positive session was held with the Scottish Government Forum for Directors and Deputy Directors. It enabled awareness to be raised on the range of work delivered by HIS.
b) The Board Chairs met with the new Cabinet Secretary for Health and Care who shared her focus on delivery and commitment to improving maternity services.

In response to a question, the Chief Executive advised that the memorandum with the Patient Safety Commissioner for Scotland is being finalised and an agreement has been reached regarding communications related to the publication of inspection reports.

Decision: The Board noted the update and approved Evelyn McPhail as co-chair of the Staff Governance Committee.

1.6 Executive Report

The Chief Executive provided the report and highlighted the following:

a) Items detailing progress with the Leading for Our Future programme will be covered later on the agenda.
b) The First Minister event for the public sector was attended by the Chief Executive and future updates will be provided to the Board as developments proceed.
c) The responsive support being provided by HIS to NHS Grampian is an intensive piece of work drawing on the time of experienced colleagues. The Executive Team will consider the

implications of delivering more of this type of support in future. Thanks were extended to all staff who have contributed.

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

d) There is no clarity yet on long term funding for NHS boards to deliver Hospital at Home.
e) Regarding the Strengths Deployment Inventory, it will be linked to iMatter, culture and Partnership Forum.
f) Inspections against the new standards for maternity care will start in September and the standards will also be used to prioritise which services are to be inspected.
g) Regarding the business systems project, there will be a consistent national approach with support for each board. The project is still in the procurement phase but HIS is assessing its state of readiness.

Decision: The Board noted the report.

2. Holding to Account including Finance and Resource

2.1 Annual Report and Accounts 2025-26

Claire Gardiner, Audit Scotland, joined the meeting for item 2.2.

2.1.1 Annual Report and Accounts

The Chief Finance and Risk Officer provided the draft Annual Report and Accounts, noting that there had already been detailed scrutiny of these.

The Chair of the Audit and Risk Committee advised that the Committee had noted the very positive audit report and were content to recommend to the Board and Accountable Officer that the accounts are signed. He extended thanks to the teams in HIS and NHS24 for their work on the accounts.

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

a) Inspections of dental services are detailed on the website but more prominent information about this will be considered for next year's report.
b) Work will be ongoing to better articulate in reports the practical support provided to stakeholders to help them to improve.

2.1.2 Annual Audit Report 2025-26

Audit Scotland provided their report on the 2025-26 audit, noting that the Annual Report and Accounts for 2025-26 were free from material misstatement and there were no significant findings or key audit matters to report. There were some recommendations related to the remuneration and staff reports, a PECOS assurance gap which was an NHS-wide issue and the need to update the Workforce Plan in line with other integrated plans.

In response to a question about a deadline date for the recommendation about the Workforce Plan, it was advised that it would be March 2027 given that the plan requires to be developed alongside budget and delivery plans.

Decision: Having considered the two items above, the Board approved the Annual Report and Accounts 2025-26 and accepted the significant level of assurance offered.
Action: Consider including more prominent information about the inspection of dental services within the accounts for 2026-27.

2.2 Whistleblowing Annual Report

Keith Charters, Non-executive Whistleblowing Champion, provided the annual report, advising that there were no whistleblowing cases but other concerns were raised, mostly in relation to workload pressures with possible impacts on service delivery. In the discussion that followed, the importance was noted of triangulating the information in the whistleblowing report with other intelligence.

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

2.3 Organisational Performance Report

The Chief Finance and Risk Officer and the Chief Executive provided the quarter 4 performance report and highlighted the following:

a) 79% of work programmes are reported as on track and 55% of key performance indicators (KPIs) which is low for this point in the year.
b) As at 30 April, there was a £0.2m underspend and plans are set out in the Finance Plan later in the agenda to ensure the underspend is used.
c) In the first two months of the year, staff turnover has decreased and sickness absence levels have increased. There is a need to look at recruitment into HIS and to evaluate the HIS Employee model.

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

d) Regarding the £0.1m of independent healthcare income, this relates to a good uptake of registration activity. It needs to be balanced with managing debt.
e) Regarding the KPI for the Citizens Panel, this was discussed by the Scottish Health Council Committee and an improvement plan is now in place with progress to be reported to the Committee.
f) The sharing of adverse events learning summaries by NHS boards is showing lower compliance than anticipated but HIS has no direct authority over this activity. Sub national activity may in time lead to improvements.

Decision: The Board scrutinised the performance report and accepted the moderate level of assurance offered.
Actions: Future graphs showing sickness absence trends to include a comparison to the same months in previous years; workforce planning to be added to the KPIs in the Scottish Government 15 box grid section.

2.4 Financial Plan 2026-27

The Chief Finance and Risk Officer provided the financial plan for 2026-27, noting that the draft was reviewed by the Board in March ahead of submission to Scottish Government.
In response, to questions from the Board, the following additional information was provided:

a) There are no details available as yet but discussions are underway in relation to the financial implications of the new business systems and of sub national planning activity.
b) Regarding the investment pipeline, the approach will aim to ensure that all spend is within the current financial year and progress will be reported to the Audit and Risk Committee in September. The pipeline includes projects that can be delivered quickly but any overspill into next year will be managed during the planning process.
c) Directorates all have savings plans and progress will be reported to the Performance and Delivery Board.

Decision: The Board approved the financial plan and accepted the moderate level of assurance offered.

3.Setting the Direction

3.1 Scottish Approach to Change (SATC) Update

The Director of Engagement and Change presented the update, noting that it was provided due to the work carrying some areas of risk. The Director set out positive progress as well as challenges.
In response to questions from the Board, the following additional information was provided:

a) The SATC tools could be hosted on the Right Decision Service site but this and the corporate website need enhanced functionality to support them. The website has been proposed as an area for investment and enhanced digital infrastructure will better support boards to adopt the tools. This would mean HIS' limited resources could then focus on coaching.
b) The sub-national groups are using the SATC and HIS will provide support.

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

3.2 Acute Perinatal Improvement Programme Update

This was taken out of order after item 5.1.
The Director of Nursing and Integrated Care provided a paper setting out progress of the programme, noting that emerging themes were similar to those in the Ockenden Report. The key focus now is to support boards with improvement activity.
In response to questions from the Board, the following additional information was provided:

a) The improvement support is being delivered to all boards but there is also some tailored activity in response to inspection findings.
b) Regarding the rise in elective caesarians, the number of births in Scotland is falling but the complexity of births is increasing, requiring additional medical interventions. HIS has a role to consider pre-natal health as part of the programme.
c) Regarding the programme funding, there is a discrepancy in the amount quoted due to the fluid nature of its initiation but the correct amount was confirmed as £352k.

Decision: The Board noted progress and accepted the limited level of assurance offered.
Action: Correct in the paper the programme funding figures.

4.Engaging Stakeholders

Laura Fulton, Chief Pharmacist joined this meeting for item 4.

4.1 Communications and Engagement Strategy Implementation

The Chief Pharmacist provided the delivery plan for communications and engagement, noting that the plan covered a three-year period. Business as usual activity will be delivered in parallel and cross-organisational approaches will be deployed.
In response to questions from the Board, the following additional information was provided:

a) The recent MSP briefing was focused on new MSPs following the election but there will be ongoing engagement with them such as parliamentary events. Consideration will also be given to using the briefing more widely.
b) There is more work to do to ensure the resources are appropriate to deliver the plans.
c) The Chair of the Audit and Risk Committee advised that the Committee had received a fuller report and acknowledged the progress while recognising that more work is needed to build capacity.

d) The brand guidelines were produced externally some time ago and are a good example of using external expertise where there is a gap within HIS.

Decision: The Board approved the next steps set out and accepted the moderate level of assurance offered.

4.2 System Intelligence Summary

The Director of Evidence and Digital provided this paper which set out progress in relation to how HIS uses intelligence and data to prioritise areas for focus.

The Chief Pharmacist presented slides setting out more details about the use of data to identify early safety concerns and how these inform HIS' response. She noted that themes are emerging but there is not a wide enough dataset yet to draw conclusions.

In response to questions from the Board, it was advised that the work is at an early stage of being able to prioritise, trigger specific actions or plan our work within the system. A dashboard of core indicators has been developed and will be demonstrated to the Board at its September meeting.

Decision: The Board noted the progress and accepted the moderate level of assurance offered.
Action: Committee to provide ongoing oversight of the report. To be confirmed which Committee.

5.Influencing Culture

5.1 Board iMatter Report

Sandra Flanigan, Head of Organisational Development and Learning (ODL) joined the meeting for this item.

The Head of ODL presented slides that summarised the high-level results. She highlighted a slight reduction in response rate but no change to the employee engagement index. The results will be discussed by Partnership Forum and the Staff Governance Committee in August along with detail on action plans.

In response to a question from the Board about longer term trends, the Head of ODL advised she will be doing work to examine those areas which have shown a progressive decline over the span of recent years.

Decision: The Board noted the high-level results and were supportive of the next steps that were set out in the slides.

6.Assessing Risk

6.1 Risk Management: Strategic Risks

The Chief Finance and Risk Officer provided the latest strategic risk register, advising that there was one new risk since the report was last presented.

The Chair of the Audit and Risk Committee advised that the Committee considered the risk register and agreed to hold an additional meeting to review risks and risk appetite. This will be held in September when the new Risk Manager is in post and outcomes will be reported to the Board.

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.
Action: Add risk as a cross -cutting issue to the next Governance Committee Chairs' meeting agenda.

7.Governance

7.1 Governance Committee Annual Reports Action Plan and Code of Corporate Governance Updates

The Chief Finance and Risk Officer provided a summary of the actions from the annual reports for 2025-26 as well as proposed updates to the Code of Corporate Governance. The updates to the Code were provided to the Audit and Risk Committee who were content to recommend approval of them to the Board.

Decision: The Board noted the actions and approved the updates to the Code of Corporate Governance. The Board accepted the significant level of assurance offered.

7.2 to 7.8 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 June 2026
b) Audit and Risk Committee: key points from the meeting on 22 June 2026; approved minutes from the meeting on 18 March 2026
c) Executive Remuneration Committee: key points from the meetings on 3 June 2026
d) Quality and Performance Committee: key points from the meeting on 20 May 2026; approved minutes from the meeting on 4 and 30 March 2026
e) Scottish Health Council: key points from the meeting on 14 May 2026; approved minutes from the meeting on 12 February 2026
f) Staff Governance Committee: key points from the meeting on 6 May 2026; approved minutes from the meeting on 25 February 2026
g) Succession Planning Committee: it was noted that a meeting had not been held in the last quarter.

Decision: The Board noted the key points and minutes.

8.Any Other Business

There were no items of any other business.

9.Close/Date of Next Meeting

The next meeting will be held on 23 September2026.

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
29/6/26 Item 2.1	Annual Report and Accounts 2025-26	Consider including more prominent information about the inspection of dental services within the accounts for 2026-27.	31 March 2027	Chief Finance and Risk Officer	**In Progress.** Will be factored into preparation for the production of the Annual Report and Accounts in Q4 26/27.
29/6/26 Item 2.3	Organisational Performance Report	a) Future graphs showing sickness absence trends to include a comparison to the same months in previous years.	10 September 2026	Interim Chief People Officer	**Recommend for closure**. Sickness absence graph updated to show trend.
"	"	b) Workforce planning to be added to the Key Performance Indicators (KPIs) in the Scottish Government 15 box grid section.	31 March 2027	Chief Finance and Risk Officer	**In Progress.** 15 box grid asks *What actions the Board is taking to deliver effective workforce planning in line with SG guidance.* Revised workforce metrics to be considered for 27/28 KPI planning.
29/6/26 Item 3.2	Acute Perinatal Improvement Programme Update	Correct in the paper the programme funding figures.	Immediate	Director of Nursing and Integrated Care	**Recommend for closure**. Paper amended and added to additional reading folder for public Board meeting.

29/6/26 Item 4.2	System Intelligence Summary	Ongoing oversight to be assigned to a Committee. To be confirmed which Committee.	Immediate	Director of Evidence and Digital	**Recommend for closure**. Initial oversight will be provided by the Audit and Risk Committee.
29/6/26 Item 6.1	Risk Management: Strategic Risks	Add risk as a cross -cutting issue to the next Governance Committee Chairs' meeting agenda.	Immediate	Governance Manager	**Recommend for closure**. Added to agenda for Governance Committee Chairs' meeting on 17 August 2026.

Chair's Report

Meeting: Board - Public

Meeting date: 23 September 2026

Agenda item: 1.5

Responsible Non-Executive: Carole Wilkinson, Healthcare Improvement Scotland (HIS) Chair

Purpose of paper: This report provides the HIS Board with information on key strategic and governance developments. The Board is asked to note the content of this report.

1. NHS Scotland Board Chairs Group

Since my report to the June Board meeting, the Board Chairs have met once for their scheduled private meeting on 24 August 2026. The agenda covered waiting times for planned care and an update from the Scottish Public Service Ombudsman. We also held an additional meeting on 4 September 2026 for an early discussion on the key points affecting NHS services within the Programme for Government.

The Board Chairs held their latest meeting with the Cabinet Secretary for Health and Care on 9 September 2026. This agenda focused on the Programme for Government and how Boards use the performance data that is made available to them.

I continue to join whenever possible, the meetings of the east and west Subnational Planning and Delivery Committees and the fortnightly meeting for the National Board Chairs. This ensures HIS remains linked to shared areas of interest. These links will be increasingly important as the commitments in the Programme for Government are delivered. I also continue to take part in the NHS Board Chairs action learning sets.

2. Stakeholder Engagement

External Engagement

The Chief Executive and I have undertaken external joint engagement as follows:

- We met with the Cabinet Secretary for Health and Care on 10 September 2026 by MS Teams. We discussed how HIS might support the Programme for Government and Public Sector Reform; our work to support quality, safety and provide assurance; and our work to bring up to date our approach to evidence. The Cabinet Secretary raised the Scottish Approach to Change and our work with GPs.

- We attended the Scottish Patient Safety Programme national event on 3 September 2026 which covered the Essentials of Safe Care. The Chief Executive chaired the event which also included a ministerial address from the Cabinet Secretary for Health and Care. The event provided an excellent opportunity for engaging with our stakeholders including delegates from NHS Boards, Health and Social Care Partnerships, and Scottish Government.

Looking ahead, we will both attend the Scottish Medicines Consortium 25 years celebratory event on 17 September 2026 to deliver the welcoming remarks. This event will also feature a recorded address from the Cabinet Secretary.

Along with Simon Watson, Medical Director – Director of Safety, I attended the NHS Grampian Board seminar in Aberdeen on 9 July 2026. Alongside the improvement support HIS is providing to NHS Grampian, this provided an opportunity to explain and discuss the role of HIS.

I am also undertaking a short piece of work with NHS Tayside along with Jo Matthews, Associate Director of Improvement and Safety, to support their Quality Management System approaches.

On 15 September I met with the Scottish Government sponsor division, the Chief Nursing Officer and the Deputy Chief Nursing Officer. The meeting was called to discuss the feedback from the Nurse Directors Group about our approach to scrutiny and inspection. I acknowledged their concerns and our willingness to hear feedback and respond, but I also emphasised our independence, and our important role in assuring the quality and safety of services.

Internal Engagement

I provided an update on key governance developments at each of the all staff monthly huddles in July and August, and I provided the welcome to the additional staff huddle on 2 September 2026. This was arranged to share with staff key points from the Programme for Government.

The Chief Executive and I joined the Clinical and Care Staff Forum on 13 August 2026 which had a focus on palliative care. It was an interesting discussion and good to hear from staff.

I was delighted to take part in a new series delivered by HIS Campus called Influential Insights. This online session with staff provided an opportunity to share my career journey including influences, challenges and successes.

3. Governance

Annual Review

The Annual Review will take place on 2 November 2026. It will be hybrid, based in Delta House, and it will be non-Ministerial. We do not anticipate any new guidance to be issued. We are taking forward our planning in line with the principles of guidance issued in previous years and are engaging with Scottish Government, HIS colleagues and external stakeholders accordingly.

Board Appointments

The Cabinet Secretary has confirmed that my appointment has been extended to 9 October 2027 to take account of the year I spent as Interim Board Chair with NHS Tayside. The appointment has also been extended for Doug Moodie, Chair of the Care Inspectorate, from 1 September 2026 to 28 February 2027 and therefore he will continue to be a member of the HIS Board during this period.

Recruitment is well advanced for the two Board vacancies that will arise in September 2026 and February 2027. The start date for both new appointments will be 1 December 2026. A very well attended online information session was held on 11 August 2026 and a high number of applications was subsequently received. Shortlisting has now been completed and interviews will be held on 21 and 22 September 2026 in our Delta House office in Glasgow.

The process to recruit a new Chair for the Scottish Health Council from within the current HIS Non-executive cohort is also well advanced ahead of the start date on 1 March 2027.

Non-Executive Directors

Mid-year reviews are underway for all Non-executive Directors. Given that the Board completed this year's iMatter survey, our discussions will include the themes from our iMatter action plan with a focus on personal and board-wide development requirements.

I mentioned in my last report that Evelyn McPhail, Non-executive Director, will take over the role of sole Vice Chair for the HIS Board. The Vice Chair role will now include joining the Strategic Partnership Board to provide governance for the strategic relationship with the University of Strathclyde. Duncan Service, Employee Director and Non-executive Director, is also a member of this Partnership Board.

Board Development

Since the last Chair's report, the Board held a development session on 26 August 2026. It covered horizon scanning activity related to the Scottish Health Technology Group and the Accelerated National Innovation Adoption Pathway and a masterclass on corporate parenting delivered by Who Cares? Scotland.

We also held our annual strategy day on 16 September 2026 which was attended by the Board, Executive Directors and Associate Directors. The day aimed to guide further implementation of the Board's steer from 2025 while exploring the changing external landscape, opportunities and challenges.

Through the Improving Population Health Group, NHS Chairs asked for the development of a Population Health Organisation framework and a supporting self-assessment maturity matrix for NHS Boards. Work is underway to complete the self-assessment for HIS and it will be provided to the Board for consideration in the latter part of the year.

Scottish Government provided NHS Board Chairs with draft proposals for future self-assessments against the Blueprint for Good Governance. These included a requirement for external reviews of NHS Boards every three years. The final proposals are awaited.

Executive Report

Meeting: Board - Public

Meeting date: 23 September 2026

Agenda item: 1.6

Responsible Executive: Robbie Pearson, Chief Executive

Purpose of paper: This report from the Chief Executive and Directors is intended to provide the Healthcare Improvement Scotland (HIS) Board with information on key developments, including achievements and challenges, as follows:

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

Meeting with Cabinet Secretary for Health and Care

The Chair and I met with Angela Constance on 10 September as part of an introductory meeting. Items discussed included quality, safety and public assurance and support for system reform. The Cabinet Secretary drew particular importance to our role in ensuring the safety of care, and we welcomed her key note address at the Scottish Patient Safety Event on 3 September.

Programme for Government

The Scottish Governments Programme for Government 2026-31 was published on 1 September. Public service reform sits at the centre of the programme, aiming for services to become simpler, more joined-up, and focused on prevention and early intervention. Introducing the Programme, the First Minister announced a three-month period of engagement on a new structure for local government and social care, alongside major restructuring of the NHS and wider public sector. This includes replacing Scotland's 14 territorial health boards with two strategic health

boards. There are also references to reducing the number of special NHS boards and reducing the number of public bodies that carry out inspectorate functions, however at present there are no structural changes that have been shared which directly affect HIS.

Recruitment Controls

Following a letter from Chief Executive of NHS Scotland and Director General for Health & Social Care on 15 July 2026 implementing some immediate controls on certain recruitment until 4 September 2026, all substantive or permanent Executive recruitment is paused. This will ensure that until there is further clarity on the impact of reform, we can ensure effective leadership of the system without expanding the existing cohort of executive leadership. The Executive Remuneration Committee has met and considered HIS directly affected posts.

Nursing Midwifery and Allied Health Professionals (NMAHP)

Both the Chief Midwife and Public Protection/Child Health Lead posts have been successfully recruited with start dates in October.

Scottish Patient Safety Commissioner

We have been working with the office of the Scottish Patient Safety Commissioner (PSC) to develop a Memorandum of Understanding (MoU). This sets out the framework for collaboration between the PSC and HIS. It describes how both parties intend to work together, share information and expertise, and exercise their respective functions in a manner that is complementary, avoids duplication, and advances the shared goal of improving patient safety across Scotland. The MoU will be supported by internal procedures for managing information sharing and communication and will be subject to review after one year. It is anticipated that it will be agreed during October and will be shared with the Board for information.

NHS Scotland Event 2026

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

HIS colleagues presented six posters at the event which included;

- Understanding the infrastructure required to support multi-disciplinary team working in primary care: Insights from the Primary Care Phased Investment Programme (PCPIP)
- From Partnership to Pathway: Enabling MedTech Adoption through Collaboration to Improve Patient Outcomes

- The Scottish Approach to Change
- Making Patient Experience Actionable: A Codesigned Patient Reported Experience Measure (PREM) for Improvement Across Scotland
- A Quality Improvement Framework for Dementia Post -diagnostic Support in Scotland
- Developing an evaluation framework to assess the role of Surgical Care Practitioners (SCPs) in Scotland.

Complaints

During 2026/27 year to date, HIS has received and managed nine formal complaints. These complaints were comprised of 25 individual points of complaint. These complaints all relate to the Quality Assurance and Regulation Directorate. Investigations completed to date provide assurance that core regulatory processes, statutory decision making and inspection activity have generally been applied appropriately and proportionately. While some complaints identified areas for improvement, these predominantly related to communication, transparency and customer experience rather than concerns regarding regulatory judgement or governance.

In addition, the complaints team has managed 46 non-complaint correspondence. The majority of which were signposted to the appropriate organisation, demonstrating the team's wider role in supporting members of the public and stakeholders to navigate the health and care system.

Collective learning from complaints continues to provide valuable intelligence for service improvement. The most significant theme identified is the need to strengthen communication, transparency and expectation management. This includes providing clear explanations of regulatory decisions, timescales and next steps. Other recurring themes include the importance of compassionate and trauma-informed approaches to regulation, maintaining operational resilience and capacity and strengthening arrangements for the recognition and sharing of safety intelligence across organisational boundaries. While these areas will continue to be progressed through improvement activity, complaints activity during the reporting period provides overall assurance that HIS's regulatory functions remain robust and effective.

2. ACHIEVEMENTS

Supporting The Voices and Rights of People and Communities

Rapid insights into maternity services

We have completed our first rapid insights report, which aims to inform decisions through targeted engagement in a short timeframe. The rapid insights approach was developed in response to external feedback received through the Evidence Review. The Scottish Government commissioned us to help inform the scope of an Independent Review of Maternity Services in Scotland. We completed the engagement and analysis within one month and the findings were well received by the commissioning team. A public report was published in September.

Volunteering in NHS Scotland

Roll-out of the new Volunteer Management System is underway. NHS Borders went live in June and so far, the feedback has been very positive regarding the system, with new volunteers applying for roles and existing volunteers embracing the new system by setting up their profiles. Data migration has been completed for five NHS boards, and nine others are continuing implementation and remain in regular contact with the project team.

NHS Recovery and Supporting a Sustainable System

General Practitioner Walk-in-services

We have made good progress in establishing the national GP Walk-in Services learning system and improvement support, with all 13 pilot NHS boards engaging in the first national learning webinar and 12 boards now receiving direct improvement support. Early learning has highlighted significant variation in service models, readiness and use of Adastra, with support therefore being tailored to local needs. A key focus is improving data quality and consistency to support effective improvement, monitoring and evaluation, alongside capturing learning from pilot sites to inform a national Guiding Principles document and future implementation. There is also strong engagement from services in sharing learning and experience, with future national sessions being shaped around the areas of greatest interest to boards, including service models, data, evaluation and workforce.

Evaluation and Monitoring Framework

HIS has completed development of the national Evaluation and Monitoring Framework for GP Walk-in Services following evidence review, stakeholder engagement and expert peer review. The final framework has been shared with Scottish Government and key partners, and HIS is seeking formal confirmation that the proposed approach meets the requirements of the original commission before progressing to full implementation. This reflects established governance and assurance requirements rather than any outstanding methodological issues. The framework provides an independent and proportionate approach to assessing implementation, experience, equity, resource implications and indicators of system impact, with delivery progressing across qualitative, quantitative, economic and service mapping workstreams. As anticipated within the

original commission, findings will be influenced by the availability and quality of local and national data and the evaluation will focus on understanding contribution, implementation and emerging impact within a complex health and care system, rather than attributing system-wide changes solely to the walk-in services programme.

Scottish Approach to Change

The University of the Highlands and Islands has redesigned their undergraduate nursing curriculum to embed the Scottish Approach to Change throughout. This represents an early example of the Scottish Approach to Change being systematically embedded within professional education and offers valuable learning around capability building, practice-based learning and the development of change/improvement skills from the outset of healthcare professionals' careers. We will maintain close links so that learning from the University's experience can be built into future pathfinder discussions, evaluation and learning system.

The Scottish Approach to Change Learning Community held a second reflective practice session in July 2026. Of the 31 attendees, 82% of respondents rated the event as good or very good. Attendees reported that they valued the range of perspectives and new insights shared: "Good open discussion and good to know we are not alone in our frustrations."

A new webpage on 'Scottish Approach to Change for the public' will support people to understand why the Scottish Approach to Change matters to communities and how they can be involved in change.

We supported NHS Dumfries & Galloway to complete a data analysis identifying opportunities for investment across the system to reduce Emergency Department wait times, admissions, and delayed discharges. NHS Dumfries & Galloway will incorporate the findings into a business case requesting permission to use future discretionary Scottish Government funding for acute care on upstream drivers of acute service utilisation.

Improving Access to Integrated Care

We have begun planning for **Single Point of Contact and Rapid Cancer Diagnosis Service (RCDS)** work. We are considering our approach for working with the six current RCDS teams which have been led by Centre for Sustainable Delivery and have now recruited to multiple posts to conduct this work and have now recruited an additional 11 sites to join the programme.

Hospital at Home (H@H)

There has been high press coverage of our 2025/26 annual report which was published in August, including patient stories and media speaking directly to people benefiting from this service. Funding has also been received to undertake Outpatient Parenteral Antimicrobial Therapy (OPAT) work as part of the H@H programme. A SPRINT involving H@H services for OPAT will take place September to November 2026.

Focus on Frailty

The programme impact report for 2025-26 was published at the end of July and the quarterly programme update report for the 26-27 programme was published at the start of August. A series of three project surgeries are taking place throughout August focusing on the three aims for Frailty in the 2026-27 programme.

Focus on Dementia

Both Reducing Stress and Distress (RSD) and Post-diagnostic support (PDS) and Care Co-ordination (CC) Improvement programmes are progressing through their six-month improvement support phase with 2026 teams. PDS have now reached 20 health and social care partnerships. The team have hosted three learning sessions, with 100% attendance by teams so far. Teams have developed their aims statements starting to identify improvement priorities.

Our summer progress report has been published on the HIS website showing the impact so far. For RSD's, cohort 6 have started alongside cohort 5 with 45 care home and hospital teams. Four learning sessions have taken place with cohort 5 with an 82% attendance rate and engagement with teams is strong. A final evaluation report considering the success of cohorts 1-4 was published in August, alongside an evaluation summary for key stakeholders.

Primary Care

The Primary Care Phased Investment Programme (PCPIP) report was published in June and we will continue to present PCPIP results and engage further. We have several academic publications pending now which will disseminate the results of the PCPIP work. There had been a delay in developing/instigating our 2026/27 workplan due to the carryover of PCPIP work but we have now begun recruitment to our Health Equity Collaborative earlier than planned in July, with nine practice teams now having been recruited.

Transformational Change in Mental Health

The Mental Health Renewal team supported NHS Ayrshire & Arran and NHS Grampian to secure full Early Intervention in Psychosis (EIP) funding. This was enabled through active partnership working, engagement with Scottish Government, and targeted support to ensure the case for investment was clearly articulated and understood.

An EIP Community of Practice has been established, with its first workshop in July 2026 attended by 35 people. Participants welcomed the opportunity to come together as practitioners and professionals supporting and delivering EIP services.

The Mental Health Responsive Support team worked with NHS Dumfries & Galloway on three tests of change around effective discharge planning, focusing on communication, escalation, and early planning. This has enabled them to reduce delayed discharges from 24 to 9 (a 62.5% reduction).

We completed the Coming Home Peer Support programme, establishing a peer support network to strengthen connections across the system. We delivered ten network sessions, created an Expert Reference Group to inform and shape the work, and built a foundation to support ongoing peer networking and collaboration. Evaluation of this phase of work is underway. The programme is now transitioning to Scottish Government colleagues to support its continuation and future development.

Community Led Approaches

The Transformational Change Unit presented to the NHS board Chief Executives Population Health Subgroup on Community Appointment Days (CADs) within the wider Community Led Approaches work. Support for NHS boards and Health & Social Care Partnerships, including published resources, upcoming learning events, and improvement support was highlighted. The presentation was well received, with recognition that that NHS boards cannot simply implement CADs alone if they wish to achieve and sustain impact. Rather, they need to consider the broader Community Led Approaches model and the enablers required to support it.

Subnational Planned Care Orthopaedics - reducing demand for services through a population health approach

The Transformational Change Unit developed a prevention intervention mapping insights piece for the Subnational Planned Care Orthopaedics programme to identify evidence-based opportunities to reduce demand for planned care. Analysis and modelling demonstrated the potential impact of prevention and early intervention approaches to significantly reduce demand across the orthopaedic pathway – including lower referral rates, increased self-management, and fewer people progressing to surgery.

This work shifted the focus of discussion beyond hospital flow and waiting lists towards prevention and early intervention approaches that improve outcomes and reduce demand. The findings informed a national investment bid and have also supported a number of NHS boards to pursue implementation using existing resources, recognising the potential benefits for both service sustainability and population health.

A Safer NHS

National Guidance for NHS Staff on Speaking up in NHS Scotland

The NHS Greater Glasgow & Clyde Emergency Department Review report published March 2025 contained the following recommendation: *Healthcare Improvement Scotland should collaborate with the Independent National Whistleblowing Officer, and other relevant bodies, to develop clear and unambiguous guidance for staff in NHS boards on the national routes for staff to raise concerns under Whistleblowing and the Public Interest Disclosure Act. This will enable NHS boards to ensure that they have effective arrangements in place and improve staff awareness and understanding.*

Over the last year, the HIS Responding to Concerns team has been working with the Independent National Whistleblowing Officer (INWO) to implement this recommendation. The 'National guidance for NHS staff on speaking up in NHS Scotland' explains what is involved in speaking up, and the various local and national mechanisms to support this. This includes the roles of INWO and HIS's Responding to Concerns programme. It aims to help staff make informed choices about the different ways they can raise concerns and explains what they can expect from these processes. The guidance was published on 21 July 2026: National guidance for NHS staff on speaking up in NHS Scotland

NHS Grampian Responsive Support

The Medical Director has been providing Executive Sponsorship for diagnostic responsive support with NHS Grampian. This work has focused on clinical governance at Dr Gray's Hospital and the supporting organisational systems. There is a multidisciplinary senior team within HIS supporting this work, including the Director and Associate Director of Nursing and Phil Korsah, Deputy Medical Director – as well as colleagues from elsewhere in NHS Scotland and England. The work is coming to a conclusion and a report will be published in the coming months by NHS Grampian and HIS.

Scottish Patient Safety Programme (SPSP) Mental Health

The SPSP Mental Health team is starting tests of change, with new meaningful measures identified, relating to safety at points of transition, within and out of secondary mental health services, with 11 teams across ten NHS boards. They are also working with Time, Space, and Compassion as a learning partner in testing safety plans as an alternative to stratified and predictive risk assessments.

Falls definition

HIS has developed a national definition for a fall and a fall with harm for use in all clinical and care settings. Falls are a common cause of harm. Implementation of this standardised definition will enable HIS to better support frontline teams, system leaders and policy makers to understand the scale of falls, track the impact of changes in practice, and make well informed policy decisions.

The definition was codesigned through a two-phase research study with subsequent real-world testing and refinement in collaboration with three NHS boards (NHS Ayrshire and Arran, NHS Greater Glasgow and Clyde, and NHS Lanarkshire). This work benefited from a One Team approach, with collaboration from Excellence in Care and the National Adverse Events team.

The cross-organisational frailty portfolio intends to explore the opportunity to widen the use of the definition, for example in care homes, to maximise impact on understanding and reducing falls across health and care.

Martha's Rule

The SPSP is codesigning a national approach to implementation of Martha's Rule in acute adult and paediatric settings in Scotland. Martha's Rule is designed to support early detection of deterioration by systematically listening to and acting on the concerns of patients, families, carers and staff.
SPSP are working with colleagues from NHS England, NHS Wales, NHS Scotland boards, national bodies and Scottish Government to finalise the implementation plan. SPSP will provide support to boards planning to implement Martha's Rule through a learning system integrated into our existing Deteriorating Patient adult and paediatric improvement workstreams from Q4.

National Hub Annual Data Release

The National Hub published its second annual data release in June 2025 National Hub for reviewing and learning from the deaths of children and young people data release 2026 – Healthcare Improvement Scotland, which summarised child death data from the National Records of Scotland from 1 April 2024 to 31 March 2025 and compared it to historic data. Included in this publication is data that compared the rates of child deaths in Scotland to the rest of the UK and other comparative European countries, the last time similar intelligence was published was in 2014. This release also summarises cumulative findings from completed Child Death Reviews from the start of National Hub data collection on 1 October 2021 to 31 March 2025.

Adverse Events National Overview

Learning for improvement: report of the self-evaluation by NHS boards on the implementation of the adverse events framework published on 27 July and provides a national overview of the implementation of the National Framework based on self-evaluation submissions to Healthcare Improvement Scotland (HIS) from NHS boards.

It has been developed in response to a requirement from the Scottish Government to better understand progress in embedding the National Framework across NHS Scotland and support greater consistency, transparency, and shared learning at a system level. This report summarises NHS boards' self-evaluation of how they believe the National Framework is being applied in practice and the extent to which local arrangements align with its expectations. The findings are drawn primarily from the boards' submissions, including qualitative narrative responses, self-reported compliance ratings and, in some cases, supporting documentation. While this approach enables insight into local perspectives, systems, and priorities, it reflects how boards describe their own arrangements rather than providing an independently verified assessment of practice.

The findings are presented across four interconnected themes: governance arrangements, inclusion of patients and families, support to staff, and learning. There are important limitations that should be considered when interpreting these findings. The depth, quality and consistency of submissions varied, and a small number of boards provided supporting evidence to substantiate their self-evaluation. As a result, the analysis relies largely on self-reported information and may not fully capture the extent to which systems and processes are embedded

or effective in practice. Variation in interpretation of the National Framework and differing governance structures also limit the ability to make direct comparisons across organisations. For these reasons, the report should be viewed as an indicative, point-in-time picture of implementation rather than a definitive assessment of compliance or impact. We will be following up with NHS boards to gain a clearer understanding of the rationale and the evidence underpinning the assessment and their position within the red, amber, and green rating framework.

Domestic Homicide and Suicide Review Standards

Working with the Scottish Government, stakeholders, and people with lived experience, we have developed draft Domestic Homicide and Suicide Review (DHSR) Standards to support a coordinated multi-agency and multidisciplinary response to domestic homicide and suicide, informed by the work of the DHSR Taskforce and the emerging legislative framework. The draft standards have now been published for consultation, marking a significant milestone in the programme and providing an opportunity for partners and the public to help shape the final standards.

National Review Group-based Child Sexual Abuse and Exploitation Overview Report

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

The national review assessed Chief Officers' Groups (COGs) understanding and oversight of group-based CSAE and CCE. The joint team undertook a significant programme of work between February and July 2026 to complete this assessment. The team reviewed over 150 national documents, 3,400 supporting documents and conducted structured interviews with all 30 COGs in Scotland.

The overview report contains a number of key messages and national recommendations that multiagency scrutiny partners hope will strengthen the national understanding of the harmful nature of group-based CSAE and CCE and support the collective efforts being made across Scotland to prevent harm, improve protection and ensure learning leads to meaningful change. The findings and recommendations set out within the report have been submitted for the information and consideration of relevant Scottish Ministers. You can read the report here National Review of Group-Based Child Sexual Abuse | Care Inspectorate.

Health and Justice – Prison Pharmaceutical Care

The Health and Justice Team have been successful in obtaining £150K of funding from Scottish Government to undertake test of change for a Prison Pharmaceutical Care Package. The team is now working with NHS boards and other stakeholders to co-produce a package of care that demonstrates improved outcomes for people in prison in relation to maximising the safe and effective use of medicines in this population across the community-prison-community interfaces.

Healthcare Staffing Programme (HSP)

The first bi-annual deep dives into all boards monitoring board compliance work have been completed and will inform the HSP annual report to Scottish Government in September.

The HSP Staff Bank is now established and operational with a report on the development process having been shared at the Staff Governance Committee. The observers have attended induction sessions and have undertaken observation studies during Q2. Currently scoping the feasibility of additional recruitment to the bank in Q4 to increase availability and improve scheduling of observations.

Excellence in Care (EiC)

The refreshed EiCFramework was published in July 2026, providing a clearer, more accessible approach and strengthening alignment with key national quality and improvement programmes. The Patient Reported Experience Measure REM)PREMs has successfully moved into national testing, with 107 teams from 15 Boards participating and more than 300 survey responses received since launch.

More Effective Care

National framework for evaluating the role of Surgical Care Practitioners (SCPs) in Scotland

Scottish Health Technology Group (SHTG) has published the first ever national framework for evaluating the role of SCPs in Scotland. The framework is to support the generation of consistent evidence on the contribution of SCPs across NHSScotland. The topic referrers Public Services Delivery Scotland, stated: *"There are currently limited resources and evidence available to support the evaluation of SCPs. This work provides a much-needed standardised starting point for services, enabling a more consistent approach to evaluation across Scotland. Over time, this will help build a stronger evidence base to inform workforce planning, demonstrate the impact of SCP roles, and support future service and workforce development."*

Scottish Medicines Consortium Abbreviated Pathway

A consultation with Scottish Medicines Consortium (SMC) key stakeholders in early 2026 on the feasibility of expanding the criteria of SMC's Abbreviated Pathway is concluding and has been

received positively. When implemented, the expanded criteria will allow more medicines to be assessed via this shorter route ensuring efficiency of SMC's processes.

Chest Xray AI Programme Delivery Board

The Director of Evidence and Digital, Safia Qureshi, has been appointed to the Chest Xray AI Programme Delivery Board and will chair the Service Evaluation Subgroup. Ed Clifton, SHTG Unit Head, has also joined the Board. These appointments strengthen HIS's strategic contribution to programme governance, providing expert leadership, oversight and advice to support successful delivery of the programme.

Penicillin allergy de-labelling toolkit

Scottish Antimicrobial Prescribing Group (SAPG) has finalised and shared the updated penicillin allergy de-labelling toolkit with health boards to allow them to adapt through local governance processes. 1 in 10 patients have a documented penicillin allergy but only one in 100 have a true allergy. Penicillin allergy de-labelling, removing an allergy label that is no longer required, is beneficial for patients as allows patients to once again receive first line antibiotic options, reduces their likelihood of having an antimicrobial resistant infection and can reduce infection related length of stay in hospital. The updated toolkit will allow more patients to be safely de-labelled when they don't have a true penicillin allergy.

The Scottish Intercollegiate Guidelines Network (SIGN)

The Palliative Care Team published a good practice guide on professional-to-professional handover of care and three clinical guidelines covering opioid toxicity, opioid-induced respiratory depression and cancer-induced bone pain. A further guideline and good practice guide are due for publication in September. The Palliative Care 'Voices Panel' has agreed to support the development on the scope of a good practice guide on 'communications to patients and carers' to be published later in the year.

SIGN introduced a methodology to allow the endorsement of other organisations' guidelines to improve efficiency and use of resources. SIGN is currently collaborating with the British Heart Foundation developing a guideline on preventing cardiovascular disease and the British Thoracic Society developing guidelines on severe and acute asthma. Groups for both collaborations met in August. The aim of collaboration is to ensure quality whilst reducing the amount of time it takes to update or replace existing guidelines and will be a format that can be refined throughout this process to be used more widely for future guideline projects.

Organising Ourselves to Deliver

Promoting Attendance

Over recent months, absence levels have continued to increase gradually, with sickness absence rates remaining higher than those recorded during the same period last year.

Through the Performance & Delivery Board and Directorate Management Team meetings, data and contributing factors have been reviewed to better understand the drivers of absence and identify opportunities to strengthen the support available to line managers in managing and supporting staff experiencing health, wellbeing, or other personal challenges.

These forums will continue to examine areas of the organisation with the highest levels of absence, exploring potential contributory factors and determining whether additional support, interventions, or resources are required.

The Staff Governance Committee will receive assurance on the actions being taken to enhance the supportive management of staff experiencing health and wellbeing issues, while also considering any further tools, initiatives, or measures that could promote positive attendance and wellbeing at work.

Mandatory Training

In March 2026, NHS Scotland introduced nine Once for Scotland (OfS) eLearning modules in line with Protected Learning Time (DL(2025)26) and the Agenda for Change pay settlement agreed for 2023/24. A six-month implementation period was provided by the Scottish Government, with a completion deadline of 2 September 2026, to support staff in undertaking the new learning requirements. Within HIS, all but two of the new OfS modules replaced existing eLearning programmes, resulting in a total of 19 Mandatory for All modules for staff to complete.

A review of completion rates undertaken at close of business on 1 September demonstrated strong organisational compliance. All Mandatory for All modules achieved or exceeded the compliance target of 80%, with the exception of the Prevention and Management of Violence and Aggression module, which reported a completion rate of 79%. Overall, the average completion rate across all mandatory modules was 87%, reflecting high levels of staff engagement and commitment to completing statutory and mandatory learning requirements.

New approach to planning

With the establishment of the Performance and Delivery Board (P&DB) in November 2025, it was agreed that a key purpose for the group is to provide the quality planning function within a quality management system for the whole of HIS. Ahead of the planning process for 2027-28, work has been taking place to develop a new, more dynamic cross-organisational approach. At its meeting in August the P&DB agreed the following:

- Embed planning and performance activities throughout the year, which will reduce the workload in the pre-Christmas period and spread it more evenly across all quarters
- Plan and monitor performance in a cross-organisation way, rather than by individual Directorate

It was agreed that this would be achieved through a quarterly P&DB performance and planning meeting, the first of these taking place in November. The Board will be provided with an update on the approach to integrated planning for 2027-28 in due course.

Gyle Square Replacement Project

The current lease for Gyle Square ends in June 2029. The Chief Finance and Risk Officer is representing HIS on the Project Board and User Group being led by Public Services Delivery Scotland, to inform the strategic assessment by early 2027 for consideration through the Scottish Government Capital Investment process. Work is currently ongoing to assess current and future use to inform the statement of requirement. The project is being influenced by Scottish Government estates strategies which is focusing on maximisation of existing public sector assets.

Office of the Chief Executive

We have recently been successful in recruiting to the Senior Management Accountant role, and have strengthened the Performance, Delivery and Risk Teams, with both the Head of Performance and Delivery and Risk Manager now in post.

Staff Governance Associate Activity

A Sensitive Themes Working Group has been established and is currently developing a proposal for consideration by the Executive Team. This work aims to strengthen the experience of both internal and external audiences by proactively identifying intersectional themes that may not be immediately apparent from publication titles alone. To inform the proposal, two directorates are undertaking retrospective testing of a sensitive themes warning approach to assess its feasibility, impact and practical application.

Work is also progressing on the development of a Free to Speak Up offer for staff, building on existing whistleblowing arrangements and supporting a consistent, accessible route for colleagues to raise concerns. The proposed approach includes clear triage and signposting arrangements to ensure staff receive appropriate support and guidance.

Pulse Survey infrastructure has been successfully developed and deployed across the organisation, providing an enhanced mechanism for gathering colleague feedback and insight. An evaluation will now be undertaken to inform future refinements and maximise its effectiveness.

The HIS Employee Model evaluation was presented to the Partnership Forum, generating valuable discussion around its core principles and opportunities for continuous improvement. Feedback received will help shape ongoing development.

In addition, the Accessibility Working Group has agreed its key priorities and has now moved into the delivery phase, with actions underway to further improve accessibility and inclusion across the organisation.

Social Media

The organisation has ceased proactive posting on X (formerly Twitter). However, the Communications team continues to monitor sentiment relating to HIS through its social media management platform, enabling the organisation to remain aware of stakeholder views and emerging issues.

3. CHALLENGES AND ISSUES

System Demand and Capacity

Scottish Approach to Change

Demand for Scottish Approach to Change support across the system continues to increase and is currently outpacing available capacity. Despite recent investment in additional resource, there remains a risk that the programme may be unable to meet system expectations and deliver planned objectives at the required pace and scale. There is a need to consider further support for wider adoption and sustainable implementation including through a national education and training offer, and independent scrutiny and evaluation.

Quality Assurance and Regulation Directorate (QARD)

QARD continues to review activity and risk across all programmes. Capacity pressures remain, linked to an increase in work requirements, including an expanded inspection portfolio, and an increased number of requests for information. Workforce size, makeup and ability to flex across the system remains challenging, particularly where there are vacancies, increased work requirements and staffing changes. QARD continue to manage these and prioritise work accordingly.

Scottish Medicines Consortium (SMC)

There continues to be pressure on SMC assessment timelines due to the increased number of submissions SMC received from pharmaceutical companies in 25/26. The deferred position peaked at 35 and is now trending downwards following a number of actions taken, however, the position remains high at 27. Activity has increased with the number of advice documents issued per month averaging nine compared to seven in 25/26. This is having a positive impact on the deferred position.

The Scottish Intercollegiate Guidelines Network (SIGN)

Stakeholder engagement remains a challenge due to issues with capacity across the health and social care system to engage.

Healthcare Staffing Programme (HSP)

Progress against a number of staffing level tools has been delayed until February 2027 following advice from the Scottish Government that changes to primary legislation are required. Communications to inform NHS boards of these changes have been prepared and are awaiting final confirmation from the Scottish Government before dissemination. Training sessions have been rescheduled to Q4 in advance of the February 2027 go-live.

The Emergency Care Provision Staffing Level Tool development continues with the observations for the triage pilots largely complete, however a review of project timelines is currently underway due to the increasing complexity of the observation study work. There are also plans to engage with The Royal College of Emergency Medicine regarding the methodology being used.

Shifting the Balance of Care

Improving Access to Urgent Care

The scope of the commission is potentially changing significantly which will be out of sync with the capacity to deliver and Scottish Government expectations on delivery timescales may be higher than our ability to deliver while we still recruit staff.

Hospital at Home (H@H)

Neonatal and paediatric services are facing funding challenges for 2026/27 due to the removal of ringfencing for hospital at home funding. Some services have already been deprioritised by boards.

Focus on Dementia

We were asked to focus on recruiting to only one cohort for Post-diagnostic support (PDS) and Care Co-ordination (CC) in year 2 and consider scoping for a different focus to best support teams. There may be a risk that the system is not in a strong enough position for our focus to come away from PDS. We must ensure what if we do focus on another topic that it is something that the system requires support on and that we are the service to support that. We therefore will start to plan a possible exit strategy for PDS Improvement Programme and consider next steps for the PDS Leads network to minimise reputational risk.

4. EXTERNAL DEVELOPMENTS INCLUDING STAKEHOLDER ENGAGEMENT

Engagement Practice

The Engagement Practice Responsive Support Service has handled 23 requests for support since July 2025. Nine completed evaluations indicate an average satisfaction rating of 90%. Feedback from stakeholders has included:

"The advice provided has given me a really good steer to go into further planning session, I feel much better equipped in terms of potential qualitative feedback options"
"It's re-orientated me around ways to engage patients / public in challenging circumstances."

Membership of the Engagement Practice Network (EPN) has grown by 10% since April 2026 to 322 members; this is a 71% increase since its relaunch in October 2025. Events and sessions across the three EPN Communities of Practice have scored an average satisfaction rating of 92% since April 2026. In June 2026, a session on "Meaningful engagement in the Borders" delivered by speakers from Borders Care Voice, attracted 31 attendees. Participants rated the session 84% for increasing their knowledge and confidence in the topic, and 71% said they were likely to apply the learning in their work. Evaluation feedback indicates that attendees found the sessions informative and useful, particularly the real-life examples shared. The more informal space offered within the Communities of Practice is well received and supports group conversation.

Transformational Change in Mental Health

The Lead Nurse for Mental Health in NHS Dumfries & Galloway has provided positive feedback on the support provided by our Transformational Change in Mental Health team for their NHS Renewal work. She noted that HIS support had made a significant contribution to delivery of the work. There is strong interest in progressing Mental Health Renewal using the Scottish Approach to Change, as evidenced by a whole-day engagement session between HIS and senior leaders and service managers in Dumfries and Galloway in July 2026.

Webinars

On 30 July we hosted a webinar with colleagues from TIDE (Together in Dementia Everyday) on engaging with carers of people with young onset dementia. The webinar was attended by 80 people and scored 96% in evaluation. Evaluation feedback highlighted the value of hearing lived experience from a carer presenting alongside TIDE staff.

The Scottish Approach to Change team led a webinar on 'Diving into the "Understand" Step' on 18 August. Of the 89 attendees, 92% of poll respondents rated the event as good or very good. One HIS Non-Executive Board member provided positive feedback, noting how informative the session was, and that the case studies demonstrated how the approach can support improved outcomes from a relatively low-cost investment. Other attendees appreciated hearing about practical tools.

A SPSP Mental Health webinar on 27 August focused on 'Implementing and evaluating Continuous Interventions' with speakers sharing work that builds upon a previous HIS paper 'From Observation to Intervention' and SPSP collaborative 2022-2023 on reducing restraint and seclusion and improving observation practice in acute mental health services. This webinar had almost 400 registrations.

Improving Access to Integrated Care held a Practicalities webinar in August 2026 for cohort 3 as an opportunity to go into more detail about expectations of the programme and an opportunity to ask questions. A mid-term impact report which will include a summary of cohort 1 and cohort 2 combined will be provided.

Primary Care

A range of engagement sessions have been held between the primary care team and primary care colleagues across Scotland, and we have obtained and submitted a poster presentation for the NHS Scotland Conference.

Scottish Medicines Consortium Public Involvement team

SMC's Public Involvement team co-led a workshop with the Brazilian Ministry of Health at the Health Technology Assessment international (HTAi) annual meeting in June, in Istanbul. The full-day session featured an interactive health technology assessment simulation and peer-learning on patient and public involvement and showcased how SMC continues to be an international leader in this space.

Healthcare Staffing Programme (HSP)

There has been considerable interest from NHS England and NHS Wales in the Maternity Staffing Level Tool. In September, HSP will host colleagues from NHS England for a visit, including a site visit to an NHS board to observe the tool in practice and gain insight into its application and benefits.

Patient and Public Involvement Network

The Scottish Intercollegiate Guidelines Network 'Patient and Public Involvement Network' met in August. The SIGN Programme Lead spoke to members about SIGN's Trusted Voice position statements. Members suggested topics where trusted, evidence-informed guidance could be helpful, including health inequalities, misinformation and disinformation, artificial intelligence, neurodiversity, body image pressures, learning disability, menopause-related issues and weight-loss medications. Members highlighted opportunities to improve public access to trusted information and evidence-informed guidance.

Strategic Plan for Safety

Meeting: Board - Public

Meeting date: 23 September 2026

Agenda item: 2.1

Responsible Executive: Simon Watson - Medical Director and Director of Safety, Safia Qureshi - Director of Evidence

Report Author: Joanne Matthews - Associate Director of Improvement, Donald Morrison - Head of Data, Measurement and Business Intelligence and Kevin McInneny - Head of Digital Services

Purpose of paper: Discussion

1. Purpose

To provide an update on the interdependent safety and intelligence work programmes supporting the delivery of the Strategic Safety Plan and Digital and Intelligence Strategy.

The Board is invited to:

- note progress of work programmes and interdependencies in delivery of aims.
- support Healthcare Improvement Scotland (HIS) directorate and organisational prioritisation and collaboration to achieve 2023-2028 HIS strategic priorities.
- Consider specific assurances offered for key elements of this work.

2. Executive Summary

HIS recognises the significant pressures facing the health and care system in Scotland, including the challenges these create for delivering safe, high-quality care. The Strategic Safety Plan set out the steps required to ensure HIS has a clear and credible role in supporting the system to address these challenges, reduce unwarranted variation and prioritise the actions that will have the greatest impact on safety for people using services across Scotland. These themes align directly with HIS's strategic priorities of enabling a better understanding of safety, sharing intelligence to support high-quality care and delivering practical support for sustainable improvement.

The HIS Strategic Safety Plan was presented to the Board in September 2025 setting out a timetable of organisational wide activity to deliver a safety system. A key requirement was a connected digital layer that supports the flow of information and intelligence through the organisation. The plan adopts a quality management system approach to improve how safety intelligence is gathered, assessed and acted upon across HIS to support delivery of safe care.

The Digital and Intelligence Strategy (2025) sets out the ambition for the development of a digitally connected, accessible information system that informs our work and stakeholders, by

providing curated intelligence through an integrated information layer that provides the digital intelligence base that drives our work

Taken together, HIS' Strategic Safety Plan and Digital and Intelligence Strategy provided the direction for developing new processes for the Safey and Intelligence Action Process (SIAP) (Appendix 1) in HIS for sharing and using information about the safety/quality of care. Key enablers to achieve this included a new group focussed on sense making and actions arising from intelligence and the development of a new digital information system. Progress with the Strategic Safety Plan is overseen by the Quality & Performance Committee and progress with the Digital and Intelligence Strategy is overseen by the Audit & Risk Committee. This paper summarises the key issues and risks considered through the HIS governance processes and assurances taken.

3. Progress

The Strategic Safety Plan described key deliverables within six workstreams across the Safey and Intelligence Action Process and achieving these requires an ongoing cross organisational approach. The development of the Internal Sharing Intelligence Network (ISIN), Clinical and Care Governance Oversight Group (COG), Intelligence and Implementation Group (IIG), and Portfolio Structures are playing a role in supporting this shared recognition and form part of the work in bringing the three stages of Safety and Intelligence Action Process together.

1. Early identification, collation and classification of safety intelligence
2. Governance and assurance
3. Action for improvement

Work has been underway since August 2025 to develop processes for intelligence gathering and categorisation, triangulation of and review to onward consideration of emerging themes and recommendations to inform action. These require ongoing development in systems, culture and quality assurance for maximum impact. In addition, there is an urgent need for accelerated development of a connected digital information layer that will support end to end information and intelligence flow.

Work to date by the Internal Intelligence Group has included:

- clarity about the specific purposes that HIS will use intelligence for.
- cross-organisational mapping exercise to identify the information HIS currently holds on safety and quality of care.
- A structure has also been designed to inform the gathering and use of such pieces of information including, common fields, classifications and tags for recording information, together with a risk assessment matrix. The aim of the risk assessment matrix is to support HIS to use such information, individually and grouped together, to support decision-making, eg to identify emerging concerns with safety/quality of care where HIS might need to take further action. A method for risk assessing pieces of information would ultimately be embedded in the information layer.
- Development of dashboard collating trend data across 24 core quality indicators designed to be used within HIS to enquire and learn about the safety/quality of care. The indicators do not provide definitive proof about the quality of care, good or poor and are not used to make judgements, however they are part of our intelligence gathering that provides an overview at a Board and national level.

- The new dashboard was launched in June and has been tested within ISIN with an aim to be built into the intelligence and information portfolios can access.

4. Programme Governance, Risks and Interdependencies

When the Strategic Safety Plan was published last year, a key risk relating to the dependency on a digital platform which was not yet in place was identified.

The absence of a digital platform perpetuates the risk that HIS fails to capture and respond to intelligence about safety-critical issues, despite holding the relevant information in 'fugitive' form. Addressing this issue is critical to reducing the level of our organisational strategic safety risk. Horizon scanning strongly indicates that this risk will grow in magnitude and consequence over time. It is imperative that the digital system development, and wider work, progress with all-possible speed.

To mitigate some of this risk a manual (non-digital) version of the Safety Intelligence Action Process is being tested. This may offset some of risk but is unlikely to impact on the overall strategic safety risk for the foreseeable future. Furthermore, it comes with significant human dependencies and the attendant risks and overheads. However, it will have the benefit of providing insights into the operation of the final digital solution.

Three directorate teams (Scottish Patient Safety Programme, Safe Delivery of Care Maternity Inspections and Community Engagement) are participating within phased testing, using a Microsoft Forms-based process for capturing and sharing safety intelligence.

The Microsoft Form content has been developed in line with the work undertaken by the IIG to determine an approach for assessing qualitative and quantitative data and classifying risk. It provides a useful opportunity to test the approach that the IIG has proposed for tagging and classifying data. The output of this will inform and assist portfolios to triangulate multiple data sources, identify emerging themes, observe changes in quality indicators and highlight areas for onward discussion within the ISIN.

Further testing will be aligned to the procurement and implementation timetable for the future digital solution informing the design, procurement and implementation. Timelines and key milestones are outlined in Appendix 2. Public Service Delivery Scotland has been commissioned to support the development of the Strategic Outline Case for the informational layer. This work will commence in January 2027 and be informed by the manual process. This business case will outline the investment required to develop the integrated information layer and a timeline for delivery.

4.1 Risks

The work of the Strategic Safety Plan was undertaken following the identification of Strategic risk.

"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." This risk remains at the Very High level.

Mitigations are delivered through the Strategic Safety Plan, the IIG and ISIN as summarised in this paper and described in greater detail in previous committee and Board papers.

To ensure oversight and coordination of interdependencies in controls and mitigations, these operational risks have been brought together within an overarching register. See Appendix 3.

Two high scoring risks currently exist:

- Risk 1510 - Failure to respond effectively to concerns about care quality as a result of insufficient mechanisms for sharing, assessing and acting on intelligence.
- Risk 1557 - Failure to achieve the ambitions of the Strategic Safety Plan as a result of capacity constraints, competing priorities and cross-directorate delivery challenges.

These align to the risks identified within the original plan and progress against mitigating these is managed through the Strategic Safety Plan steering group

- Dependency on the digital platform.
- Cross directorate delivery challenges, particularly in coordinating responsibilities between intelligence generation and assurance functions.
- Capacity limitations, especially for manual intelligence processes and analytical support.

5. Recommendations

The Board is asked to:

- note progress of work programmes and interdependencies in delivery of aims
- support increased HIS directorate and organisational prioritisation to accelerate all elements of this work
- note the levels of assurance currently taken by the Board through its Quality & Performance Committee and Audit & Risk Committee.

The Audit & Risk Committee took **moderate assurance** on the Digital & Intelligence Strategy

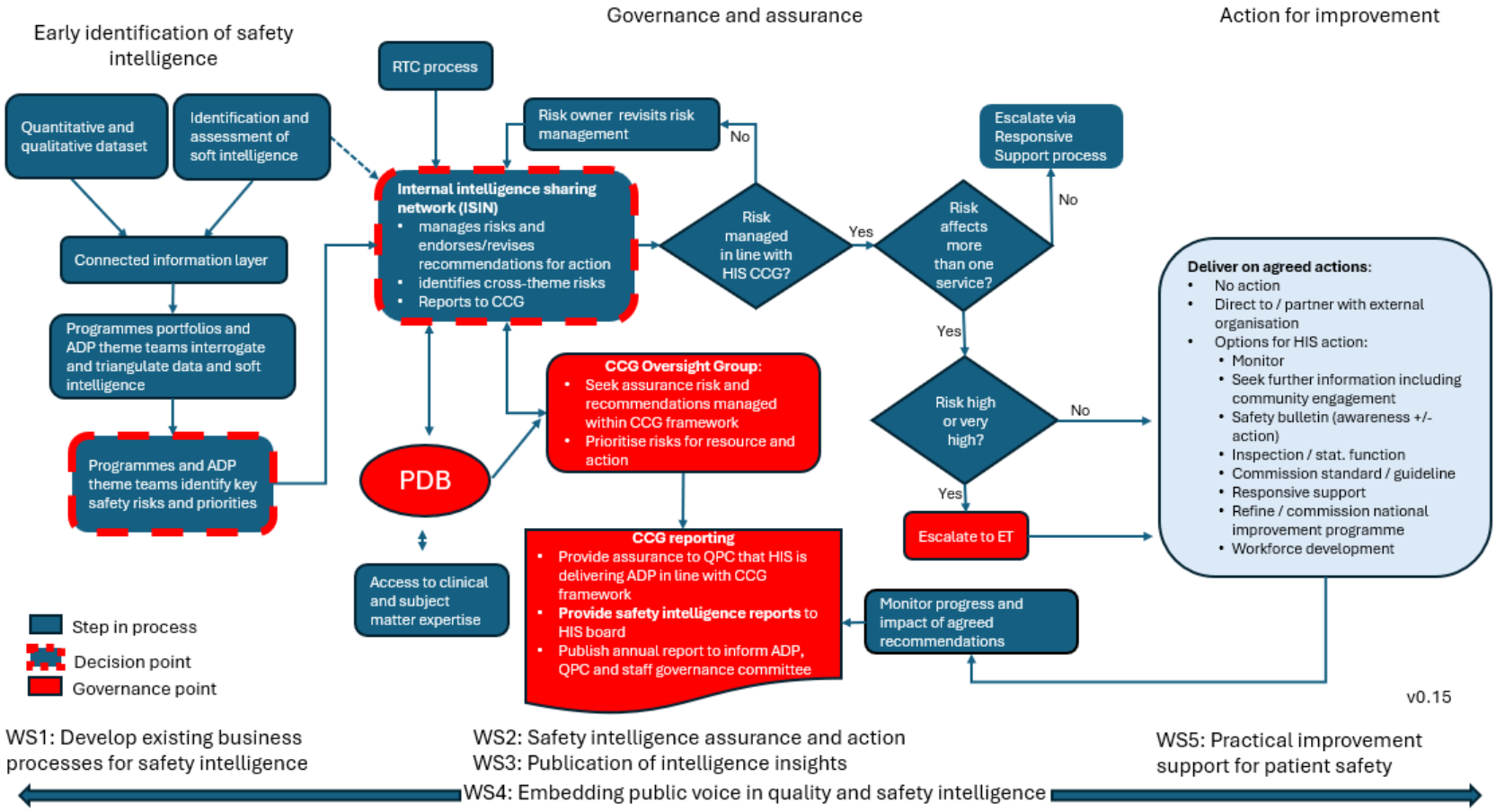
The Quality & Performance Committee took **moderate assurance** on embedding the public voice in safety, practical improvement support for safety. **Limited assurance** was taken on the workstreams relating to safety intelligence.

The Board is asked to accept **moderate assurance** on embedding the public voice in safety, practical improvement support for safety and **limited assurance** on the workstreams relating to safety intelligence.

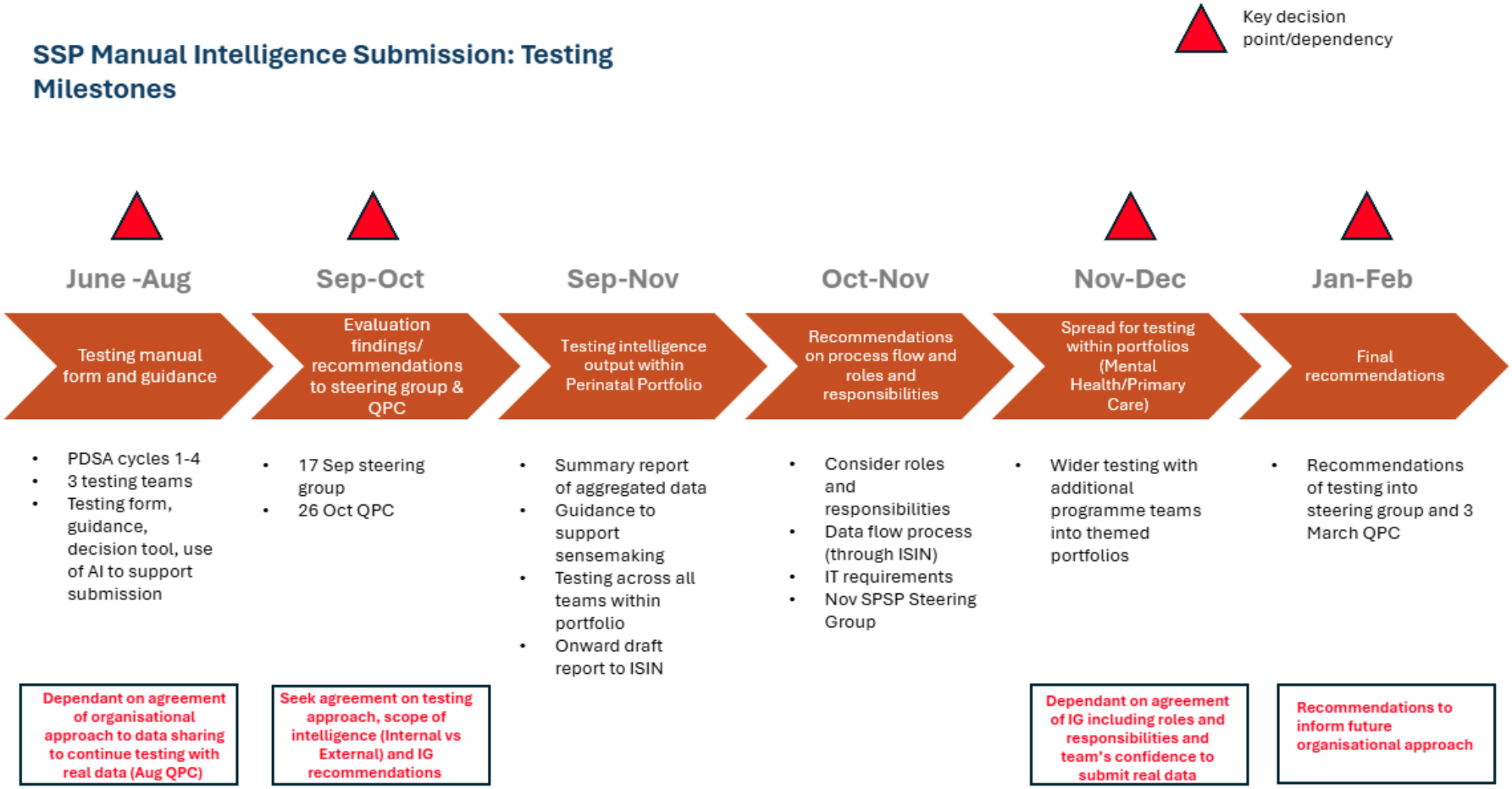
6. Appendices and Links to Additional Information

- Appendix 1 – Safey and Intelligence Action Process
- Appendix 2 – Manual Testing timelines and milestones
- Appendix 3 – Risk Register

Appendix 1 - Safey and Intelligence Action Process



Appendix 2 - Manual Testing timelines and milestones



Appendix 1 Risk Register

Risk No	Risk Title (Please select an appropriate name to describe your risk)	Workstream raising risk	Risk Description (there is a risk of 'x' because of 'y' resulting in 'z')	Risk Category	Assigned Governance Committee	Risk Score	Risk Appetite (set by board)	Risk Assessment (low/medium/high v high)	Controls in place Controls are any operational process, policy, system or procedure that will be used when considering actions to reduce the possibility of the risk occurring	Risk Mitigation Mitigations are the actions to be taken to manage or treat the risk. These could include: the actions to be taken; the timescale for implementation and any resource/budget requirements	Narrative	Risk Director
1510	Internal Intelligence Sharing	Workstream 1	There is a risk that HIS fails to respond to information it holds highlighting potentially serious concerns about the quality of care. This is because corporate mechanisms to assess, share, consider, and act upon such information are still to be established. This results in missed opportunities to support improvement in the quality of care, and also reputational damage for HIS	Operational	QPC	16	Open	High	In March 2025, Healthcare Improvement Scotland's Board approved a Digital & Intelligence Strategy for the organisation. This strategy includes establishing internal, organisation-wide processes/systems for sharing and using information about the safety/quality of care. Healthcare Improvement Scotland previously had some internal processes for sharing such information (these were paused in 2023), and these can be considered to help inform the design of new processes/systems. In September 2025, a paper on our Strategic Plan for Safety was taken to HIS' Board, and this also includes a focus on establishing mechanisms for sharing information/using intelligence	The Intelligence Implementation Group is overseeing the information layer aspect of the Digital and Intelligence Strategy. The Internal Sharing Intelligence Network has also been established as a forum for HIS' teams to share information/use intelligence. Work to develop processes for sharing and considering information are being taken forward as part of the Strategic Plan for Safety work.	The Intelligence Implementation Group has mapped the information HIS holds. This group is also currently overseeing the development of a methodology to risk assess initial pieces of information. The Intelligence Implementation Group is overseeing the delivery of the intelligence component of this strategy (ie the development and use of an 'information layer' for HIS). The group has prepared a logic model, to be used to guide work on designing/establishing information sharing processes/systems for HIS. Processes for sharing and considering information are currently being developed as part of the work on the Strategic Safety Plan. Work is currently underway to test processes using perinatal services as an example	Safia Qureshi
Risk managed locally	Safety bulletin process	Workstream 3	There is risk in the effectiveness of safety bulletins due to lack of an intelligence system that produces timely and relevant information resulting in the production of bulletins that are no longer relevant to the system	Operational	SHC	9	Open	Medium	This workstream is being managed and reported on as part of the strategic safety plan and steering group. Metrics for success have been identified. This work will also be considered within the emerging framework of ISIN and th manual system for intelligence flow	Some examples of safety bulletins have been produced with lessons learned recorded. Draft approval processes have been considered. Use of ISIN, RTC and inspection reports to focus on current system issues	This work is dependant on a safety intelligence flow being established and a framework of recommendations from ISIN to be in place. There is currently a gap in operational lead for this work	Simon Watson
Risk managed locally	Unclear role of public voice within safety intelligence and decision-making	Workstream 4	There is a risk of public voice & lived experience insight not being consistently used within safety intelligence and decision-making because the role of engagement insight within organisational safety processes is not yet clearly defined or embedded, resulting in public-sourced intelligence being overlooked in safety prioritisation, assurance and improvement activity.	Operational	SHC	9	OPEN	Medium	Workstream 4 has been established within the HIS Strategic Safety Plan to define & demonstrate how lived experience and public voice contribute to safety intelligence. Early work includes identifying existing engagement insights across HIS and developing practical use cases with relevant safety and improvement teams to illustrate how engagement insight can inform safety discusssions and decision-making.	Develop & test practical use cases demonstrating how lived experience and public-sourced intelligence inform safety intelligence and decision-making. Work with HIS safety and improvement teams to co-design simple approaches for integrating public voice into safety processes.	Deliverable 1 in workstream 4 is now complete and reported to the Strategic Safety Plan steering group in June 2026. It provides an evidence base for a new HIS process to incorporate lived experience into safety intelligence. It made recommendations on building routes from engagement into formal safety processes on governance, assurance and decision-making. This will be taken forward in the next stage of workstream 4.	Clare Morrison
Risk managed locally	Lived experience intelligence fragmented across programmes and portfolios	Workstream 4	There is a risk of engagement insights relevant to safety remaining fragmented across HIS programmes and portfolios because engagement activity is currently undertaken across multiple teams without a consistent mechanism for collation or synthesis, resulting in missed opportunities to identify safety themes, risks or improvement priorities.	Operational	SHC	9	OPEN	Medium	Phase 1 of Workstream 4 focuses on identifying & reviewing safety-related engagement activity across HIS from the last 3 years. This work will create an initial evidence base of engagement insight relevant to safety and support the development of a more systematic approach to synthesising and sharing lived experience intelligence across the organisation.	Align Workstream 4 activity with the developing HIS safety intelligence and action framework to ensure lived experience and public-sourced intelligence are incorporated alongside other intelligence sources.	Deliverable 1 in workstream 4 synthesised engagement activity across HIS including via submissions from all Directorates to the Governance for Engagement process, specific CETC activity and a systematic search of papers. This has created an initial evidence base for the design of a new HIS process to incorporate lived experience within the wider organisational safety intelligence framework.	Clare Morrison
Risk managed locally	Limited capacity to respond to emerging safety engagement needs	Workstream 4	There is a risk of emerging safety themes not being explored through timely public or lived experience insight because of limited capacity to undertake engagement activity alongside existing work commitments, resulting in gaps in the evidence available to inform safety intelligence and improvement activity.	Workforce	Staff Governance	9	OPEN	Medium	The initial phase of Workstream 4 prioritises the collation & synthesis of existing engagement insights across HIS rather than undertaking new engagement activity. Where further engagement is required, this will be targeted to priority safety themes and aligned (where possible) with wider engagement activity to maximise efficiency.	Prioritise analysis and synthesis of existing engagement insights where possible and align activity with wider NHS Scotland renewal engagement planning. Target new engagement activity only where there is a clear safety intelligence requirement.	Deliverable 1 in workstream 4 identified that HIS holds rich safety-relevant insight from lived experience which is used at a programme level to shape decisions, improvement activity and assurance. The challenge is not about generating insight but about how it is connected and interpreted within a HIS-wide safety intelligence process. This will be taken forward in the next deliverables in workstream 4.	Clare Morrison
Link to risk 1526	Reduced system capacity to participate	Workstream 5	There is a risk that key external stakeholder groups and individuals will be unable to engage with HIS and our work due to pressures in the system, resulting in gaps in our understanding and ability to ensure our work's quality and impact.	Operational	Audit & Risk	9	OPEN	Medium	Controls are in place to ensure external stakeholder engagement is systematically supported through strategic alignment, clinical governance, leadership oversight, and effective communication. Regular monitoring and structured review processes reinforce the organisation's ability to manage this medium-level risk effectively.	Risk Mitigations in place for this parent risk are: **Strengthening Strategic Engagement:** SNCL roles include a strategic focus on developing and activating professional networks across the health and care system to enhance engagement. **Enhancing Leadership Connectivity:** Programme of regular meetings between the Medical Director and key external stakeholders helps maintain strategic alignment and visibility. Operational infrastructure with representation across SPSP programmes supports consistent stakeholder engagement. **Inclusive Co-Design and Recruitment:** A robust co-design approach has been developed with key stakeholders to ensure relevance and shared ownership of programme activities. A comprehensive recruitment strategy, embedded in the communications plan, supports broader stakeholder inclusion **Ongoing Communication and Member Engagement:** Regular communications are used to raise awareness of relevant activities and opportunities. Community members are actively consulted to understand their priorities and inform future delivery.	Ongoing communication efforts ensure stakeholders remain informed and engaged. Stakeholders are regularly consulted to identify priorities and shape future activities, helping align programme delivery with stakeholder expectations.	Simon Watson
Links to risk 1345 and 1523	HIS capacity to engage and deliver	Workstream 5	There is a risk of not be able to deliver ADP commitments and core responsibilities because of a number of programmes experiencing resource capacity challenges resulting in work pausing or stopping and a decrease in staff job satisfaction/ mental wellbeing.	Workforce	Staff Governance	9	OPEN	Medium	Workplans will now be considered routinely as part of DMT meetings with programme leads updating on work progress, issues and challenges	Regular portfolio and SPSP leadership planning meetings take place to consider priority work areas and supporting resources.	Some PMO vacancies have recently been filled by HIS employees. They will take a little time to become established within their roles. Some gaps remain within programmes.	Simon Watson
Risk managed locally	Limited capacity to engage internationally	Workstream 6	There is a risk that teams within HIS are unable to engage, collaborate and share learning with international partners because of capacity within teams to build relationships resulting in missed opportunity to introduce international insights, best practice or learning to help strengthen national safety programmes	Operational	QPC	6	OPEN	Low	Work has been undertaken to understand and map the range of international collaborations ongoing across the organisation and identify potential opportunities	Higher value collaborative opportunities will be identified with priory focus placed on these along with a clear process to consider and apply international insights to improvement work	28 examples of national and international partnerships	Simon Watson
1557	Delivery of safety pan	Risk to all workstream	There is a risk that the ambitions of the strategic safety plan are not achieved because individual workstreams are unable to progress as planned due to competing priorities, capacity challenges and unclear alignment across programmes resulting in HIS being unable to deliver against key organisational objectives.	Operational	QPC	16	OPEN	HIGH	A safety plan steering group has been established and meets monthly to oversee delivery of the plan. Governance and reporting infrastructure has been established which includes regular reporting against delivery timescales and success metrics. The safety plan is included within 2025-26 ADP with delivery timescales and KPI's attached. This work reports monthly to PDB and quartelty to QPC	Workshops have taken place to strengthen coordination and collaboration across workstreams including the identification of priority actions and critical dependencies. This has included how safety intelligence flows through the organisation and roles and responsibilities relating to governance.	Workstreams have futher reprofiled delivery milestones. These will be presented to PDB and QPC in July/Aug. Some programme are still experiencing delays caused by capacity and resource restraints alongside some of the complexities of the work	Simon Watson

HIS' Core Indicators of Safety/Quality of Care

Meeting: Board - Public

Meeting date: 23 September 2026

Agenda item: 2.2

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

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

Purpose of paper: Awareness

1. Purpose

The Data, Measurement & Business Intelligence (DMBI) team has created a new dashboard for sharing, within HIS, information about HIS' core set of indicators of safety/quality of care. The dashboard summarises key observations from the analyses for the set of indicators, with direct links to the underlying analyses. The dashboard was made available to all HIS staff in June 2026, and it is updated quarterly. Specific observations are also proactively highlighted with relevant HIS programmes, groups and portfolios, to help inform their work. Information from the dashboard will contribute to the wider sharing and use, within HIS, of intelligence about the safety/quality of care.

2. Executive Summary

HIS has a core set of indicators of safety/quality of care, designed to help HIS colleagues enquire and learn about the safety/quality of care and to open up questions and discussions[1]. The core set of indicators supports the first strategic priority from HIS' strategy for 2023-2028: 'Enable a better understanding of the safety and quality of health and care services and the high impact opportunities for improvement.' In line with our Digital & Intelligence Strategy the indicators are to be used within HIS, and alongside other information, to help i) identify emerging concerns with safety and quality of care, so HIS can take appropriate action where required, and ii) inform the development of HIS' strategy and work programme.

There are currently 24 indicators of safety/quality of care, selected through a Delphi-style consensus study. The new dashboard presents summaries of key observations across the set of indicators, together with the underlying analyses. These typically include information at Scotland-level and also for NHS boards and Integration Authorities. There is no person

[1] The indicators do not provide definitive proof about the quality of care (good or poor) and should not be used to make judgements about quality/performance. The data are derived from national datasets – and NHS boards are not asked to provide HIS with data for, or routinely respond to, this set of indicators.

identifiable information. Some of the underlying data are not in the public domain (for example, data sourced from Public Health Scotland's Discovery system).

The dashboard has been created to improve both user experience and the efficiency and reliability of updating the analysis[2]. DMBI used iterative versions of the dashboard to develop features and assess usability and performance. The Core Indicators Analysis Group, which has input from most HIS Directorates and two Public Partners, also informed dashboard development.

A first release version of the dashboard was successfully shared with all HIS staff[3] at the end of June 2026. Enabling access to HIS' core indicators for all HIS staff will promote the use of consistent, reliable analysis across the organisation. This will also support enhanced data literacy, intelligence-led decision making, and more integrated ways of working. DMBI raised awareness of the new dashboard/the core set of indicators at HIS' all staff huddle on 25 June, and then ran two HIS Campus learning sessions on the core indicators (in July and August). DMBI is currently liaising with HIS' Communications Team about how best to communicate with all HIS staff when the dashboard is updated on a quarterly basis. The dashboard will continue to be refined on an ongoing basis, including in response to feedback from colleagues and when specific indicators are introduced to/retired from the set. An assessment is also currently being carried out on whether, in future, data over time should continue to be visualised in the dashboard using run charts and/or if statistical process control charts should be used for this.

In parallel with the introduction (and ongoing development) of the new dashboard, specific observations from the core indicators continue to be proactively highlighted with relevant HIS programmes, groups and portfolios. The remit of the Core Indicators Analysis Group includes providing advice on engaging with HIS colleagues about specific observations from the indicators (as well as overseeing refinements to which indicators are included in the set and to the dashboard). For example, specific observations from the latest analyses have recently been highlighted with the Internal Sharing Intelligence Network, and this led to engagement with two of HIS' portfolios.

3. Recommendation

The Board is asked to note that HIS has a core set of indicators of safety/quality of care, and that a new core indicators dashboard is being used within HIS to support staff use this information to help inform their work.

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[2] With the approval of HIS' Security Architecture & Review Board, and having first considered various options, the new dashboard has been developed using the R Shiny platform. The dashboard is hosted by Public Service Delivery Scotland's R Shiny Deployment Service. The dashboard replaces the summary report (Microsoft PowerPoint) and workbook with the underlying analysis (Microsoft Excel) that were used previously.

[3] Due to information security arrangements, the dashboard cannot be accessed by HIS' Non Executive Directors or Public Partners.

Death Certification Review Service Annual Report

Meeting: Board - Public

Meeting date: 23 September 2026

Agenda item: 3.1

Responsible Executive/Non-Executive: Dr George Fernie, Senior Medical Reviewer and Eddie Docherty, Director of Quality Assurance and Regulation

Report Author: Dr George Fernie/Camilla Young

Purpose of paper: Decision

1. Purpose

To approve the report for publication on 29 September 2026.

2. Executive Summary

The Death Certification Review Service is responsible for review and quality assurance of medical certificates of cause of death (MCCD) as set out in the Certification of Death (Scotland) Act 2011. The Senior Medical Reviewer is legally required to prepare a report each year on the service activities.

The report provides an overview of the work of the service over the last 12 months and includes details on the number of reviews undertaken, review outcomes, service performance against agreed service level agreements, stakeholder feedback and updates on developments and projects during 2025/26.

Key highlights

- 6311 MCCD reviews completed
- 79.4% of certificates reviewed were “in order”
- 47.7% of “not in order” cases were due to administrative errors
- Standard reviews were completed in under 7.5 hours
- 6.5% of cases breached Service Level Agreement timescales
- 93.4% of advanced registration applications (61 requests) were completed within an hour, all were completed in under 2 hours

- Requests for repatriations (193) were approved within 2 days
- 2,370 enquiries were received. 90.3% from doctors seeking clinical advice on completing MCCD
- The service received 1 complaint, that was not upheld, and 3 Freedom of Information requests

3. Recommendation

To approve the report for publication 29 September 2026.

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

4. Appendices and links to additional information

Appendix 1 - Death Certification Review Service Annual Report 2025/26

Published 2026

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Healthcare Improvement Scotland | DCRS Death Certification Review Service

Appendix 1

Death Certification Review Service

Annual Report 2025–2026

NHS SCOTLAND

Contents

Overview by Senior Medical Reviewer

Dr George Fernie

Senior Medical Reviewer

This marks the eleventh occasion on which I have introduced the annual report for the Death Certification Review Service (DCRS). Last year, we reflected on and consolidated the achievements of our first decade.

Our three core drivers remain unchanged: improving the quality and accuracy of Medical Certificates of Cause of Death (MCCDs), deriving better public health data, and enhancing clinical governance. While these ambitions are critical, we remain acutely aware that each certificate represents an individual life lost, and that families and loved ones are often experiencing profound grief. With this in mind, we continue to place strong emphasis on a trauma-informed, bereavement-centred approach. Despite ongoing pressures across the public sector, we remain committed to avoiding unnecessary delays to funeral arrangements.

We are equally mindful of the demands on colleagues across the NHS, in both primary and secondary care, whose priority must be the care of the living. My aim has always been to place patients and families at the heart of our work, delivering improvements in a supportive and educational way.

While early progress in improving MCCD content has naturally plateaued, we are optimistic about further gains. The successful trial of electronically completed MCCDs (eMCCDs) in NHS Lothian is expected to enable full integration with the Forward Electronic Register (FER) at National Records of Scotland in the near future—what I have previously described as the “final piece of the jigsaw”. Alongside our structured annual reviews with each health board, this provides a realistic opportunity to further reduce the ‘not-in-order’ rate, which is the metric that we use. The roll out of eMDDCs into NHS Lothian is anticipated to be the first step towards a national rollout in the coming years.

Being able to access the clinical portal in all boards was, indeed, a ‘gamechanger’ for DCRS and although the more difficult information governance requirements had been negotiated some time earlier, the technical firewall difficulties allowing us to do this were finally overcome. A minor consequence is that the need to physically obtain and scan medical records has reduced significantly, leading to less familiarity with this process when it is required.

In previous reports, I highlighted the importance of enabling interested person reviews, even where an initial assessment of the MCCD had already taken place. DCRS has now influenced legislative change in this area, culminating in amendments to primary legislation. One of the high spots was providing evidence to the Health, Social Care and Sport Committee in December 2025. Although I have had experience of giving evidence at a variety of courts and tribunals, interrogation by this committee, gentle and civilised as it was, made me grateful that I had prepared thoroughly for the process and appreciated the wider organisational support along with that from colleagues in the Scottish Government to realise this improvement.

These legislative changes not only widen access to interested person reviews but also reinforce the principle of respecting death certification arrangements across the UK. This is particularly important in supporting families who wish funerals to take place in Scotland.

Our service level agreements remain focused on delivering reviews efficiently and compassionately, without placing additional burden on families or staff. Currently, Level 1 reviews are completed on average within 5 hours, and Level 2 reviews within 7.5 hours. Once again, we have been able to approve 100% of advance registrations within 2 hours which has been greatly valued by minority faith groups and also those with cultural requirements for burial within 3 days which remains the expectation in some remote and rural parts of Scotland.

Finally, I would like to extend my sincere thanks to colleagues across Healthcare Improvement Scotland, our stakeholders, public partners, and sponsors. Their continued support has enabled the service to achieve results that exceed expectations.

Service highlights

Over the last 11 years the service, through the review of MCCDs and informed developments to processes and systems, has supported improvement in the quality and accuracy of MCCDs, whilst reducing the impact MCCD reviews have on families. Fuller details are contained within the report.

In the last year (2025 – 2026)

Public Assurance	6118 MCCD reviews completed	6118
Sustained Improvement	79.4% of certificates reviewed were 'In Order'	79.4%
Impact on families	On average, standard reviews were completed in under 7.5 hours	<7.5 hours
Advance Registrations	93.4% completed within an hour, all under 2 hours	<2 hours
Repatriations to Scotland	On average, requests for repatriation were approved within 2 days	<2 days

Death Certification Review Service (DCRS)

The Death Certification Review Service operates within the Certification of Death (Scotland) Act 2011[1] legislative framework and the role of the service[2] is to improve:

- quality and accuracy of Medical Certificates of Cause of Death (MCCD)s, giving the public assurance in the death registration process in Scotland
- public health information about causes of death in Scotland, supporting consistency in recording that will help resources to be directed to areas most needed
- clinical governance3, helping to improve standards in Scottish healthcare

In Scotland last year, doctors certified over **60,000** deaths of which **12%** were randomly selected[4] for a medical review by National Records of Scotland (NRS).

Our medical reviewers look at these MCCDs and speak with the certifying doctor about the circumstances of the death to ensure the information on the certificate is accurate.

If the certificate is **'not in order'** the medical reviewer will request the certificate is amended.

The local authority will complete death registration which then allows families to finalise funeral arrangements.

Families can ask for an MCCD to be reviewed either before or after death registration if they feel the certificate does not accurately reflect the cause of death.

The service is also responsible for approval of burial or cremation to Scotland for persons who have died abroad. Registration of deaths abroad occur in accordance with the local regulations where the person died.

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1 https://www.legislation.gov.uk/asp/2011/11/pdfs/asp_20110011_en.pdf

2 https://www.healthcareimprovementscotland.scot/inspections-reviews-and-regulation/death-certification-review-service-dcrs

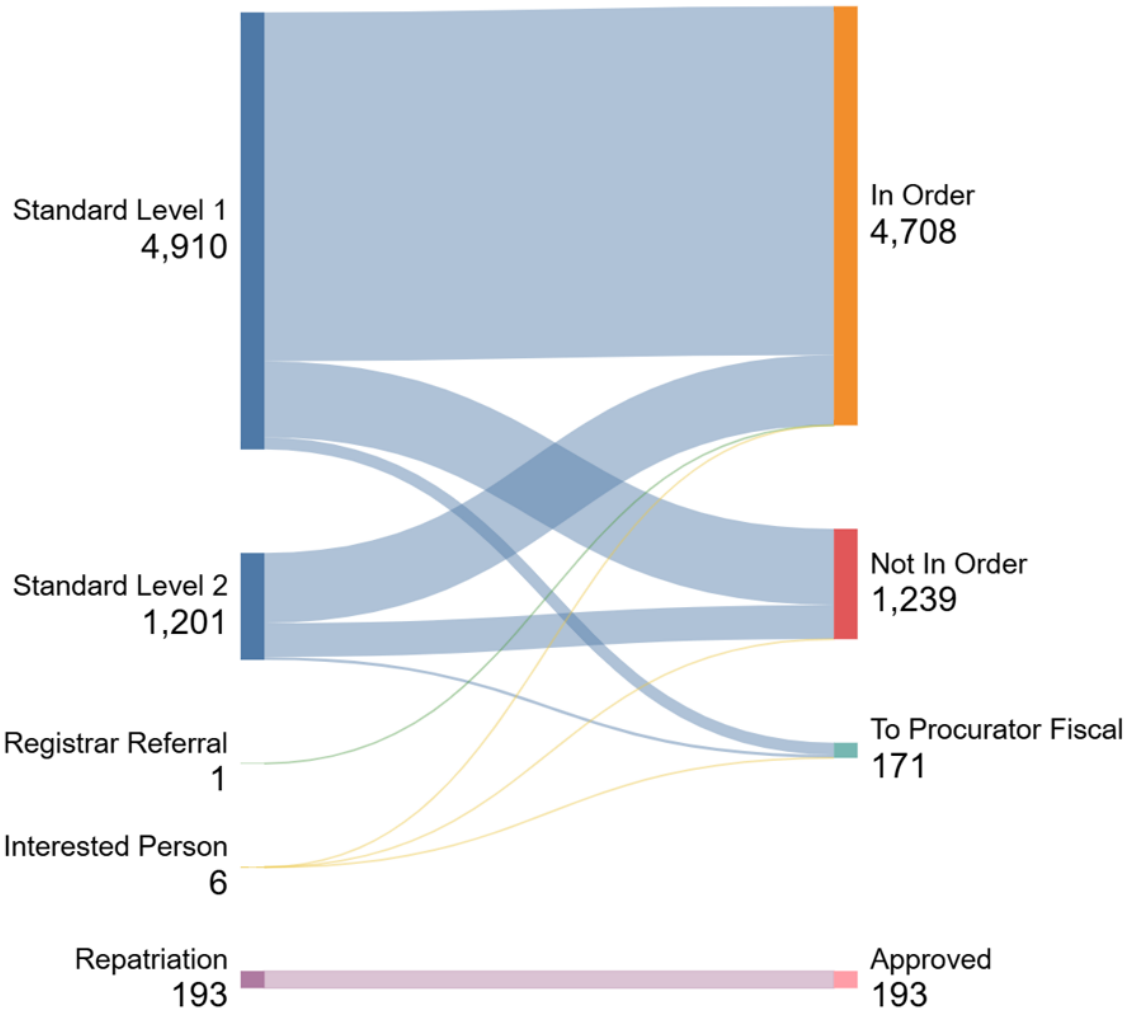
3 The framework through which healthcare organisations are accountable for continuously improving the quality of their services and safeguarding high quality of care.

4 During death registration, National Records of Scotland randomly select MCCDs for medical review and forward to DCRS.

Case overview

The service reviewed a total of **6311** cases in 2025/26, of which 6,111 **(97%)** were standard reviews[5] and 200 **(3%)** non-standard[6] reviews. The diagram [7] below shows a breakdown by case type and the outcome for cases reviewed.

Sankey diagram of number of cases and breakdown of case type and outcome in 2025/26[8]



[5] Standard Reviews (Level 1, Level 2). Level 1 reviews consist of a review of the MCCD and a discussion with the certifying doctors. Level 2 reviews also require a review of patient medical records.

[6] Non-standard Reviews (Interested Person reviews, Registrar referrals and Repatriations to Scotland)

[7] The Sankey diagram should be read from left to right. It shows how one category is broken down into components, then how second/subsequent categories are broken down. The diagram shows the size of the connecting paths between the categories.

[8] See Appendix 1 for full breakdown of cases and enquiries over last 3 years.

Enquiry Line

The service dealt with 2,370[9] enquiries last year. The majority of calls **(90.3%)** were from doctors seeking clinical advice on how to best represent a death on a MCCD:

- GP clinical advice 1,802 **(76.0%)**
- hospital clinical advice 279 **(11.8%)**
- hospice clinical advice 58 **(2.4%)**

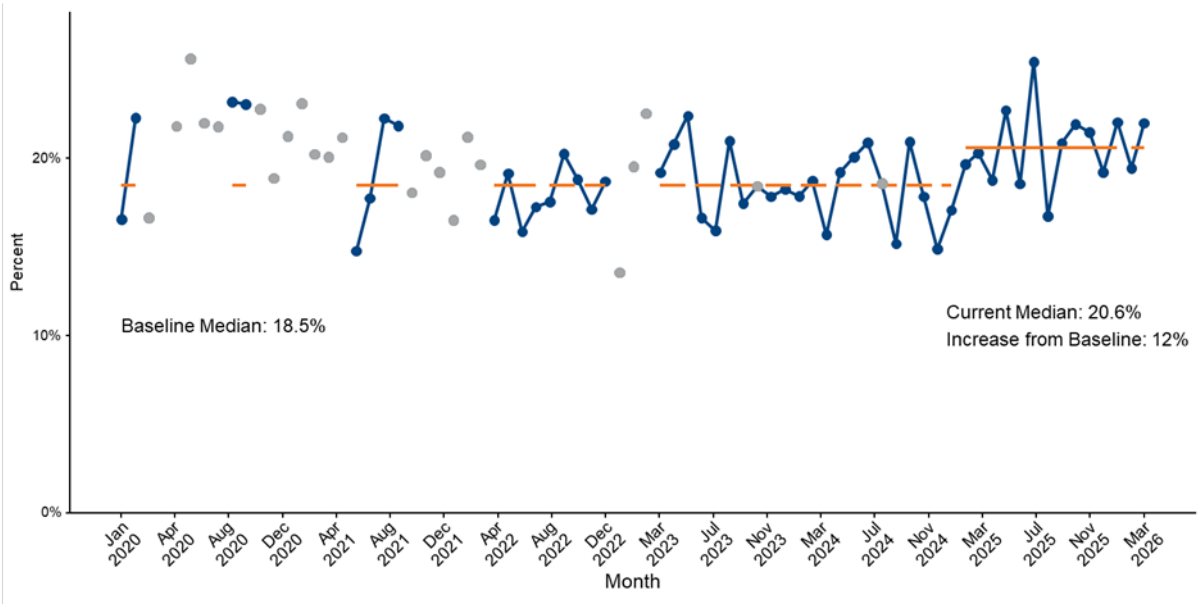
We also provided advice on 231 **(9.7%)** other calls: to registrars, families and the Procurator Fiscal.

[9] See Appendix 1 for full breakdown of enquiries over last 3 years.

Improving the Quality and Accuracy of Medical Certificates of Cause of Death (MCCD)

Run chart analysis of monthly percentage 'not in order'[10] from January 2020 to March 2026 indicates that the percentage 'not in order' has increased to a current median of **20.6%** in 2025; an overall increase of **12% from** the baseline of **18.5**%.

Run chart of monthly percentage case MCCDs 'Not in Order' in Scotland



Note: *Run chart analysis includes periods when the service is operating as 'business as usual' (blue dots). Hybrid reviews implemented during the pandemic are not included in the analysis (grey dots)*

Review outcomes

In 2025/26, 6,111 medical reviews were carried out, of which:

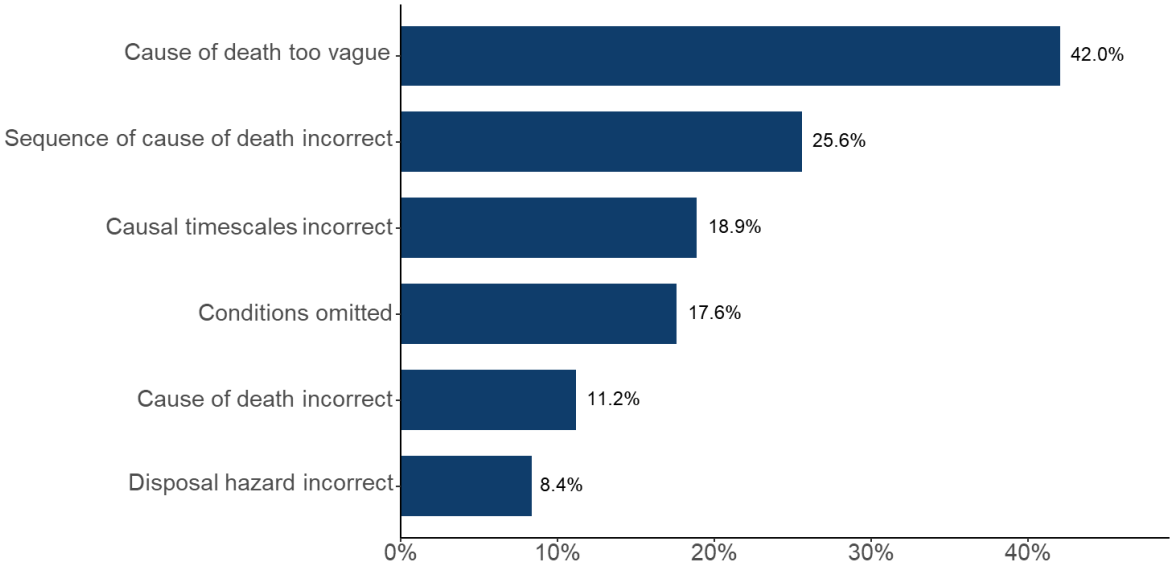
- 1,236 **(20.2%)** were found to be **'not in order'.** Of these,
- 778 **(62.9%)** had at least **one clinical closure category** error recorded[11], of which
- **42.0%** were classified as '**Cause of Death too Vague'**

[10] The Certification of Death (Scotland) Act 2011, s8 (4) explains 'not in order' as "where a medical reviewer is not satisfied, on the basis of the evidence available to the medical reviewer, that the certificate represents a reasonable conclusion as to the likely cause (causes) of death, and the other information contained in the certificate is correct."

[11] The cause(s) of death detailed on the MCCD must represent a reasonable conclusion as to the likely cause(s) of death, and the other information contained in the certificate is correct. Where changes are required to the cause of death, these are categorised by clinical category, for changes to the information on the certificate this is categorised as administrative errors.

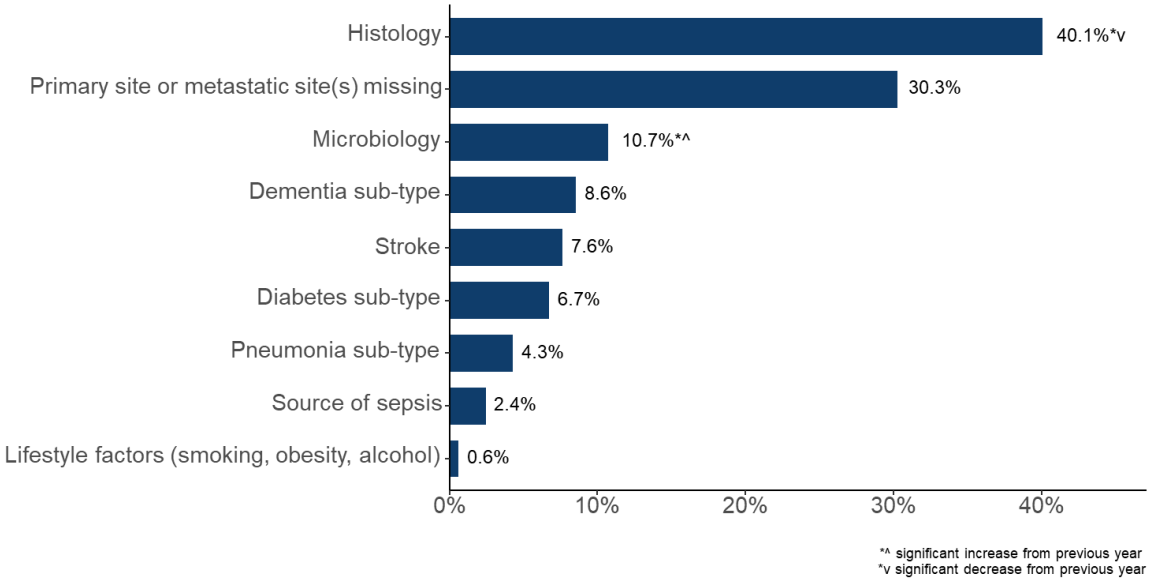
MCCDs can be closed with more than one closure category and the graph below shows the most common errors and omissions on MCCDs reviewed.

Breakdown of clinical closure categories as a percentage of MCCDs with clinical category errors[12]



Analysis of reviews deemed to have 'cause of death too vague' shows **40.1%** are due to histology, which was a significant decrease from **50.7%** the previous year. **30.3%** due to primary site or metastatic site(s) missing[13]. Microbiology saw a significant increase from 5.9% to 10.7%.

Breakdown of 'cause of death too vague' closure as a percentage of MCCDs with a clinical category error of 'cause of death too vague'



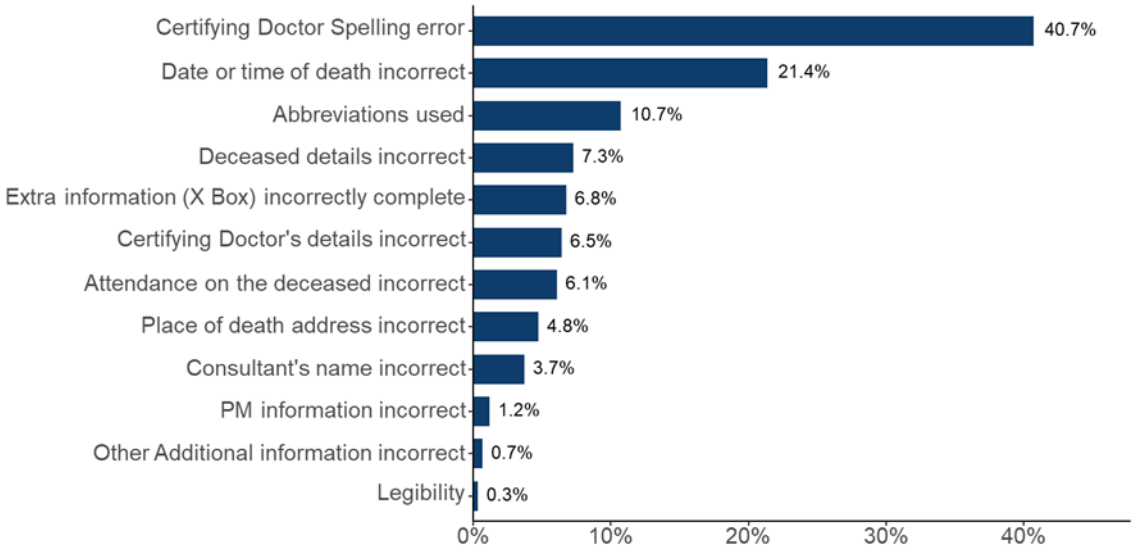
[12] Table 3 within Appendix 1 provides full details of clinical and administrative errors recorded over the last 3 years

[13] See Appendix 1 for full breakdown of reasons for 'not in order'.

Administrative improvements

Administrative errors include spelling mistakes, use of abbreviations and failing to sign the certificate. Last year**, 47.7%** of MCCDs 'not in order' had an administrative closure category[14] recorded. Certifying doctor spelling error was recorded against 240 **(40.7%)** of MCCDs with at least one administrative error.

Breakdown of administrative errors as a percentage of MCCDs with administrative errors



[14] Changes to fields other than the 'cause of death' on the MCCD are categorised as 'administrative' errors.

Reports to the Procurator Fiscal

Sudden, suspicious, accidental, and unexplained deaths including deaths which may give rise to public anxiety, are required to be reported to the Procurator Fiscal[15].

Our medical review team found 169 **(2.8%)** of all certificates reviewed last year had not been reported to the Procurator Fiscal by the certifying doctor when this should have taken place. The most common oversight in reporting was where there was fracture or trauma **(60.4%)** or a known industrial disease **(17.2%)** that caused or contributed to the death. Causes due to a known industrial disease however had reduced significantly from **27.4%** in 2024/25.

Educational Learning – Pleural plaques case study

Crown Office and Procurator Fiscal Service (COPFS) advised last year that the incidental finding of pleural plaques, which is a marker of exposure to asbestos, no longer requires to be reported if it did not contribute to the death of that person. Although there has been occasional confusion with this different approach, the revised position has generally worked well over this period.

Educational conversation with the certifying doctor via enquiry line

The doctor called to seek advice about whether the death should be reported to the Procurator Fiscal in view of the presence of pleural plaques.

A retired manual worker died from cancer of the pancreas with liver metastases and progressive liver failure. He had an incidental finding of pleural plaques on chest X ray and CT of his chest. There was no asbestosis seen on CT. The pancreatic cancer was not known to be associated with asbestos exposure.

The proposed sequence of cause of death was:

1a – liver failure 1 week

1b – metastases to the liver 3 months

1c – carcinoma of the head of pancreas 3 months

The medical reviewer advised that the death was NOT reportable according to current Chief Medical Officer (CMO) and COPFS guidance.

Learning points:

- A death does not require to be reported to the Procurator Fiscal if pleural plaques feature and the doctor is satisfied that they played no part in the person's death.
- Deaths where asbestosis or mesothelioma were present should be reported to the Procurator Fiscal unless compensation has already been paid.

[15] reporting-deaths-information-for-medical-practitioners.docx (live.com)

Educational conversations

Medical reviews are 'educational conversations' and whilst some MCCDs require an amendment, many are deemed 'in order' **(77%)**. Of those deemed to be "in order", **44%** were given educational support. Of the cases with education offered, **40.8%** were offered to primary care doctors, and **59.2%** were offered to secondary care doctors. Of the total cases where education was offered, the most common education types offered were 'add sub-type or make more specific' **(33.9%)**, and 'Intervals' **(23.3%)**. 'Intervals', 'Extra Information (X box)', and 'PM information' each saw significant increases from the previous year.

Educational Learning – Review Case study

Review of MCCD completed by certifying doctor for 86 year-old

Part I Disease of the condition directly leading to death and antecedent causes

1a Chronic Lymphocytic Leukaemia

Part II Other significant conditions

2a Malignant Neoplasm of Colon

Medical reviewer observations of certificate and review of patient medical records

Cause of death too vague.

Adenocarcinoma of Caecum.

Educational conversation with the certifying doctor

The certifying doctor agreed to amend the certificate to correct above to add specific site and histology.

Death registered as

Part I Disease of the condition directly leading to death and antecedent causes

1a Chronic Lymphocytic Leukaemia

Part II Other significant conditions

2a Adenocarcinoma of caecum

Below are the **three** most common areas where medical reviewers provide education to certifying doctors to support improvement in the quality of death certification.

Cause of death sub-type should be more specific	The MCCD should be specific, e.g. if the cause of death is Dementia, the MCCD should, if known, include the sub-type, such as Alzheimer's Vascular, Lewy Body etc. Similarly, adding histology, the organism in deaths from infection, type of diabetes, type of stroke are important.
Intervals inaccurate	Duration of illness should be recorded, but is not necessary with old age, frailty of old age or conditions since birth.
Time of death incorrect or ward details missing	Time of death should be time of 'last breath' or if not witnessed, best estimate from available information. Ward information/number must be included.

Educational delivery

Educational events

During 2025/26, the Medical Reviewers (MRs) and Medical Reviewer Assistants (MRAs) delivered a wide range of educational sessions to medical students, trainee doctors, doctors and registrars across Scotland. More than **350** participants attended these sessions over the year, with feedback consistently rated as excellent.

"I learned about how to properly fill in a death certificate and how it is important to mention hazards especially for those who handle the body. I also learnt about the role of DCRS. It was very interesting, and the cases were helpful to get a better understanding."

Educational resources

A new eLearning module, ***Improving the quality of Medical Certificates of Cause of Death: Avoiding errors***, was launched on TURAS in June 2025. The module addresses frequently occurring errors on MCCDs in Scotland through nine scenarios set in primary and secondary care, with content applicable to all clinical settings. Since its launch **229** professionals have completed the module with another **89** in progress.

During the year, the ***Common admin errors*** and ***Top tips for certifying doctors*** resources were also updated and published on the DCRS website.

Health Board Annual Review Meetings

Annual review meetings took place with all Health Boards during November 2025 and January 2026.

Individual meetings were carried out with all Boards to discuss the outcomes for Medical Certificate of Cause of Deaths written within their board and reviewed by our service.

The meetings concentrated on quality improvement and control with the purpose of strengthening how we:

- support quality improvement through constructive professional dialogue
- promote a learning system by sharing and spreading any innovative and effective practice that we identify
- use the range of information available to us to assist in identifying and recommending areas for improvement and providing practical support where possible

Example Board improvement action	The board will liaise with their local improvement advisors (within their Improvement Academy) to help devise appropriate quality improvement methodology to encourage CDs to lower the 'not in order' rate, thereby avoiding administrative errors, such as spelling mistakes, incorrect dates and times, and also when to report cases to Scottish Fatalities Investigation Unit (SFIU).
DCRS learning point - CMO Guidance	Reminder to all Boards that CMO guidance states that the MCCD should not be given directly to the family but rather sent to the registration office.

Clinical Governance

As part of the MCCD review process, medical reviewers review a patient's prescriptions on the Emergency Care Summary (ECS) and if necessary, discuss these with the certifying doctor during the review conversation. This ensures clinical governance around prescribing. However, once adequate detail for the purpose of the review has been obtained, in keeping with the Caldicott principles, no further examination of the deceased person's records is performed.

Advance Registration

Families may, for religious observance or compassionate reasons, require a funeral to go ahead promptly. The service aims to support this through our advance registration process, which allows funerals to proceed before the MCCD review is complete.

The number of advance registration applications remains low. In 2025/26, there were:

- **61** requests, of which
- **All (100%)** were approved. This was a significant increase from **91.7%** approved in 2024/25

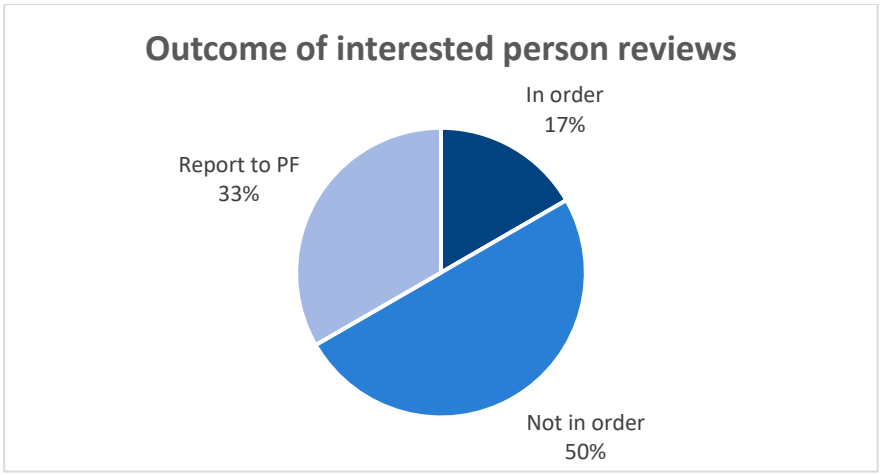
The service continues to successfully meet its aim of completing all advance registration requests within two hours, indeed 57 **(93.4%)** of requests considered this year received a decision within one hour.

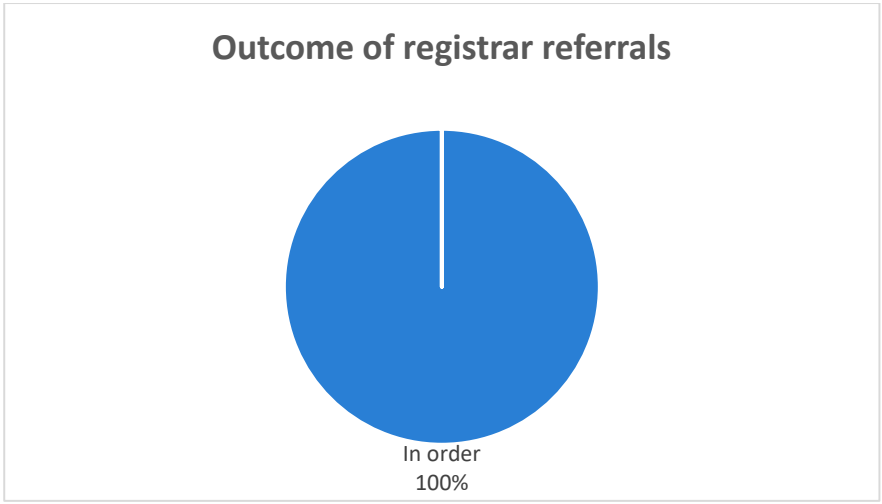
Non-randomised reviews

Interested person, registrar referrals, 'for cause' reviews

The service reviews MCCDs at the request of members of the public (Interested Person review)[16] and local authority registrars (Registrar Referral) if they feel the certificate is not accurate.

The volume of these types of requests remains low[17]. Last year, the service received **six** Interested Person requests, and **one** Registrar referral. The two charts below provide an overview of the outcomes from these reviews.





[16] https://www.healthcareimprovementscotland.scot/inspections-reviews-and-regulation/death-certification-review-service-dcrs/death-certification-review-service-interested-person-review/

[17] See Appendix 1 for full breakdown of Interested person and Registrar referral reviews

Deaths outwith Scotland (repatriations)

The service is responsible for approving burial or cremation in Scotland, of people who have died abroad and are to be repatriated to Scotland[18]. In 2025/26, the service received **193** repatriation requests, of which:

- **138** (71.5%) were male, **55** (28.5%) were female
- **121** (62.7%) were individuals aged 60 years or older
- **61** people (31.6%) died in Spain
- **61** cases (31.6%) were reported to the Procurator Fiscal (PF)
- **4** requests for a postmortem examination were made and approved.

The tables below provides some additional demographics including age, top **six** countries people have been repatriated from, funeral type and the most common causes of death.

Age	No of deaths
0 - 19	5
20 - 39	21
40 - 59	46
60 - 79	97
80+	24

Repatriated from	No of deaths
Spain	61
Turkey	14
UAE	11
France	8
Portugal	8
Republic of Ireland	8

Funeral type	No of deaths
Burial	62
Cremation	131

Causes of death*
Cardiovascular
Not stated**
Infective
Traumatic
Respiratory

**top 5 in order of greatest frequency*

***For privacy reasons, some countries do not provide the actual cause of death on the medical certificate*

[18] Death Certification Review Service: deaths abroad – Healthcare Improvement Scotland

Service Performance

Service Level Agreements

The service aims to complete reviews without any negative impact on families, and staff work relentlessly to complete reviews as quickly as possible.

Standard level 1 reviews are now completed on average within **5** hours and level 2 reviews within **7.5** hours. The table below details our average performance against service level agreement timeframes set by the Scottish Government. These times are monitored for changes and where issues are identified we modify processes accordingly.

Around **413** (6.5%) of case reviews breached SLA timescales, of which:

- **250** (60.5%) were due to the certifying doctor being unavailable
- **73** (17.7%) were due to a dual delay[19]
- **302** (73.1%) were in secondary care

Identification of delays due to internal processes have been identified and improvement plans have been put in place.

[19] The dual delay category was brought in in March 2025 to allow capture of delays across the review process. It identifies where delays are attributable to both DCRS and the availability of the certifying doctor.

Stakeholder engagement

In January 2025, the service sought feedback from registrars across Scotland to better understand their experience of the advance registration service. The Advance Registration (AR) process is offered to help avoid unnecessary delays for families by enabling funeral arrangements to proceed while a review is underway. This is carried out through local authority registrars.

A total of **77 registrars from 23 Scottish local authorities** participated.

Awareness of the AR Process

Overall awareness of Advance Registration eligibility criteria was high, indicating that national guidance is reaching registrars effectively.

Awareness was high across all AR categories:

- religious/cultural: 94.8%
- compassionate: 89.5%
- practical/administrative: 90.9%

Use of the Advance Registration Process

Almost half of respondents (47%) reported having used the AR process, with most indicating experience of using it between one and ten times. The process is most commonly used for practical reasons, such as travel arrangements, but is also applied in religious, cultural and compassionate circumstances.

Feedback suggests that the AR process is generally perceived as efficient, clear and well-supported by staff. However, respondents identified opportunities for improvement, particularly in relation to **administrative burden**, **digital functionality** and **inconsistency in certain operational scenarios**. Given the low-volume but highly sensitive nature of AR cases, clarity and confidence in the process remain essential.

Overall Conclusion

The AR process is performing well, with **excellent processing times, strong staff performance**, and **high registrar awareness**.

Modernisation—particularly **increased digitisation and improved system integration**—represents the most significant opportunity to enhance efficiency and further reduce administrative burden for both registrars and families.

As part of the improvement work the need to submit an additional supplementary details form has been removed. This has reduced paperwork giving registrar process efficiencies.

"I always call DCRS to let them know I am sending AR request over and I have never had any issues, seems like a streamlined process"

MCCD Process Improvements

eMCCD roll out into secondary care

Electronic MCCD in the hospital setting has been developed by NHS Lothian and has been successfully piloted with doctors using the system to generate eMCCDs. Connectivity with Sci-Gateway and NRS has now been established, and it is anticipated that eMCCDs will be fully rolled out across NHS Lothian in Summer 2026.

Scottish Government are leading on the roll-out across Scotland and have established an NHS Board implementation group to support this.

Complaints and Freedom of information requests

Complaints

The service received **one** complaint this year from someone who raised concerns over the review taking longer to complete than was informed. The complaint was not upheld as the Level 2 review had been completed within the SLA timescales.

Freedom of Information

The service also responded to **three** Freedom of Information (FOI) requests.

Next we will aim to…

- sustain the improvement in the quality of MCCDs written in Scotland by developing our educational approach with doctors and Health Boards
- support implementation of eMCCD into secondary care with key stakeholders
- continue to work with NHS boards to reduce the number of clinical and administrative errors on MCCDs and educate on early and appropriate reporting of deaths to the Procurator Fiscal to reduce impact on families awaiting to register a death
- develop our Health Board annual review process and encourage local quality assurance checks to support improved quality in the completion of MCCDs
- regularly engage with stakeholders to ensure our medical reviews do not negatively impact on families waiting to register a death
- in partnership with Public Services Delivery Scotland (PSD Scotland) review and update our existing e-learning resources and develop new resources around neonatal death certification.

Death Certification Review Service Management Board

The service is funded by the Scottish Government and supported by the DCRS Management Board.

Acknowledgements

The Management Board would like to thank the medical review service staff and colleagues within Healthcare Improvement Scotland, National Records of Scotland and families. Your contributions since the service began have helped us to assure and improve the quality of death certification across Scotland.

Special thanks to our data analysts and advisors, Keir Robertson, Lucy Aitken and Tim Norwood, for all your support in developing our data reports.

Also, to NHS Lothian, who led the development of IT systems to support eMCCD in secondary care. A significant step in achieving a fully integrated electronic MCCD system in Scotland.

Your Feedback

We hope you have found the report on our work informative and reassuring. If you have any comments, please get in touch.

Our Board members

Name	Designation	Organisation
Chioma Agoucha	Public Partner	Healthcare Improvement Scotland
Lucy Aitken	Data & Measurement Advisor	Healthcare Improvement Scotland
Eddie Docherty	Director of Quality Assurance	Healthcare Improvement Scotland
Cathy Dunlop	Registration Manager, East Ayrshire	Association of Registrars of Scotland
Dr George Fernie	Senior Medical Reviewer	Healthcare Improvement Scotland (DCRS)
Angela Hay	Operations Team Manager	Healthcare Improvement Scotland (DCRS)
Katrina McNeill	Scottish Government Senior Policy Manager	Burial, Cremation, Anatomy and Death Certification team
Dr Janice Nicolson	Principal Educator, Medical Education	Public Services Delivery Scotland
Carolyn Nickels	Head of Registration	National Records of Scotland
Sarah Patterson	ICM Representative for SARDG	Scottish Academy Resident Doctors Group
Rosemary Pengelly	Public Partner	Healthcare Improvement Scotland
Elainne Sibbald	Principal Procurator Fiscal Depute	Scottish Fatalities Investigation Unit
Dr Ruth Stephenson	Deputy Senior Medical Reviewer	Healthcare Improvement Scotland (DCRS)
Andrea Telford	Service Manager	Healthcare Improvement Scotland (DCRS)
Camilla Young	Programme Manager	Healthcare Improvement Scotland (DCRS)

Appendix 1: Service data

The tables below provide a more detailed breakdown of the service data over the last 3 years[20]. Percentages have been rounded to 1 decimal place. This means they do not always add up to 100%.

Table 1: Cases reviewed by type

	Year 9		Year 10		Year 11	
Case Type	01 Apr 2023 - 31 Mar 2024		01 Apr 2024 - 31 Mar 2025		01 Apr 2025 - 31 Mar 2026	
Standard Level 1, Level 1 hybrid and Level 2	6,174	97.2%	6,237	97.0%	6,111	96.8%
Repatriation	178	2.8%	181	2.8%	193	3.1%
Interested Person	1	0.0%	6	0.1%	6	0.1%
Registrar Referral	1	0.0%	7	0.1%*	1	0.0%*
MR For Cause Referral	0	0.0%	0	0.0%	0	0.0%
Total	*6,354*		*6,431*		*6,311*	

**Significant change from previous year*

Table 2: Number and percentage of 'not in order' standard cases by outcome

	Year 9		Year 10		Year 11	
Case Type	01 Apr 2023 - 31 Mar 2024		01 Apr 2024 - 31 Mar 2025		01 Apr 2025 - 31 Mar 2026	
Email amendments	985	88.1%	980	88.3%	1,060	85.8%
Replacement MCCD	133	11.9%	130	11.7%	176	14.2%
Total	*1,118*		*1,110*		*1,236*	

[20] Data source: Death Certification Review Service eCMS and National Records of Scotland.

Table 3: Number and percentage of clinical closure categories for MCCDs with errors

Case Type	Year 9 01 Apr 2023 - 31 Mar 2024		Year 10 01 Apr 2024 - 31 Mar 2025		Year 11 01 Apr 2025 - 31 Mar 2026	
Cause of Death too vague	316	40.6%	306	42.9%	327	42.0%
Cause of Death incorrect	121	15.6%	94	13.2%*	87	11.2%
Sequence of Cause of Death incorrect	213	27.4%	174	24.4%	199	25.6%
Causal timescales incorrect	158	20.3%	146	20.5%	147	18.9%
Conditions omitted	140	18.0%	119	16.7%	137	17.6%
Disposal Hazard incorrect	59	7.6%	64	9.0%	65	8.4%
Total	*1,007*		*903*		*962*	

**Significant change from previous year*

Note: there can be more than one closure category error in each case

Table 4: Number and percentage of cases with closure category 'administrative error'

Case Type	Year 9 01 Apr 2023 - 31 Mar 2024		Year 10 01 Apr 2024 - 31 Mar 2025		Year 11 01 Apr 2025 - 31 Mar 2026	
Attendance on the deceased incorrect	44	9.4%	44	8.2%	36	6.1%
Abbreviations used	63	13.5%	66	12.4%	63	10.7%
Certifying Doctor's details incorrect	24	5.2%	40	7.5%	38	6.5%
Certifying Doctor Spelling error	179	38.4%	202	37.8%	240	40.7%
Consultant's name incorrect	7	1.5%	11	2.1%	22	3.7%
Date or time of death incorrect	102	21.9%	117	21.9%	126	21.4%
Deceased details incorrect	39	8.4%	42	7.9%	43	7.3%
Extra information (X Box) incorrectly complete	36	7.7%	30	5.6%	40	6.8%
Legibility	0	0.0%	1	0.2%	2	0.3%
PM information incorrect	8	1.7%	13	2.4%	7	1.2%
Place of death address incorrect	13	2.8%	21	3.9%	28	4.8%
Other Additional information incorrect	2	0.4%	3	0.6%	4	0.7%
Total	*517*		*590*		*649*	

Note: there can be more than one administrative error in each case

Table 5: Cases reported to procurator fiscal by type

Case Type	Year 9 01 Apr 2023 - 31 Mar 2024		Year 10 01 Apr 2024 - 31 Mar 2025		Year 11 01 Apr 2025 - 31 Mar 2026	
Standard Level 1, Level 1 hybrid and Level 2	199	99.5%	180	96.8%	169	98.8%
Interested Person	1	0.5%	4	2.2%	2	1.2%
Registrar Referral	0	0.0%	0	0.0%	0	0.0%
MR For Cause Referral	0	0.0%	2	1.1%	0	0.0%
Total	*200*		*186*		*171*	
% cases reported to PF	3.2%		2.9%		2.8%	

Table 6: Reasons Cases reported to procurator fiscal

Case Type	Year 9 01 Apr 2023 - 31 Mar 2024		Year 10 01 Apr 2024 - 31 Mar 2025		Year 11 01 Apr 2025 - 31 Mar 2026	
Choking	3	1.5%	3	1.6%	5	2.9%
Concerns Over Care	9	4.5%	13	7.0%	19	11.1%
Drug Related	6	3.0%	10	5.4%	8	4.7%
Flagged in Error	0	0.0%	0	0.0%	0	0.0%
Fracture or Trauma	103	51.5%	98	52.7%	102	59.6%
Industrial Disease	68	34.0%	51	27.4%	29	17.0%*
Infectious Disease	2	1.0%	5	2.7%	4	2.3%
Legal Order	4	2.0%	4	2.2%	2	1.2%
Neglect or Exposure	7	3.5%	8	4.3%	8	4.7%
Stroke	0	0.0%	0	0.0%	0	0.0%
Other Report to PF	2	1.0%	2	1.1%	5	2.9%
Total Cases	*200*		*186*		*171*	

**Significant change from previous year*

Note: there can be more than one reason in each case

Table 7: Number of calls received by the enquiry line

	Year 9		Year 10		Year 11	
	01 Apr 2023 - 31 Mar 2024		01 Apr 2024 - 31 Mar 2025		01 Apr 2025 - 31 Mar 2026	
Funeral Director	23	1.0%	24	1.0%	11	0.5%*
GP Clinical advice	1,637	67.8%	1,739	72.6%*	1,802	76.0%*
GP Process advice	130	5.4%	74	3.1%*	88	3.7%
Hospice Clinical advice	63	2.6%	46	1.9%	58	2.4%
Hospice Process advice	5	0.2%	6	0.3%	9	0.4%
Hospital Clinical advice	349	14.5%	321	13.4%	279	11.8%
Hospital Process advice	39	1.6%	33	1.4%	34	1.4%
Informant or family	40	1.7%	26	1.1%	20	0.8%
Interested Person	2	0.1%	4	0.2%	8	0.3%
Other	26	1.1%	27	1.1%	27	1.1%
Police Scotland	0	0.0%	2	0.1%	2	0.1%
Procurator Fiscal	11	0.5%	4	0.2%	6	0.3%
Registrar	38	1.6%	38	1.6%	19	0.8%*
Repatriation	5	0.2%	3	0.1%	6	0.3%
Signposted	47	1.9%	47	2.0%	1	0.0%*
No advice type recorded	0	0.0%	0	0.0%	0	0.0%
Total	*2,415*		*2,394*		*2,370*	

**Significant change from previous year*

Table 8: In order cases with education offered

Education Offered	Year 9 01 Apr 2023 - 31 Mar 2024		Year 10 01 Apr 2024 - 31 Mar 2025		Year 11 01 Apr 2025 - 31 Mar 2026	
PM information	6	0.3%	3	0.1%	13	0.6%*
Did a condition need to be there	55	2.4%	35	1.7%	33	1.6%
Part B Details of Certifying Doctor	75	3.3%	114	5.4%*	125	6.1%
Unnecessary narrative or symbols	76	3.3%	51	2.4%	62	3.0%
Part D Hazards	71	3.1%	41	1.9%*	43	2.1%
Extra information (X Box)	85	3.7%	98	4.6%*	155	7.5%*
Lifestyle factors (alcohol, smoking or weight)	95	4.2%	106	5.0%	101	4.9%
Attendance on deceased	139	6.1%	121	5.7%	148	7.2%
Sequence	158	6.9%	115	5.4%*	109	5.3%
Part A Details of Deceased including ward details	196	8.6%	291	13.8%*	292	14.2%
Intervals	366	16.1%	406	19.2%*	479	23.3%*
Add sub type or make more specific	846	37.2%	706	33.4%*	695	33.9%
Total	*2,168*		*2,087*		*2,255*	

**Significant change from previous year*

Table 9: Advance registration requests with outcomes

Request Outcome	Year 9 01 Apr 2023 - 31 Mar 2024		Year 10 01 Apr 2024 - 31 Mar 2025		Year 11 01 Apr 2025 - 31 Mar 2026	
Approved	49	75.4%	44	91.7%*	61	100.0%*
Not Approved	16	24.6%	4	8.3%*	0	0.0%*
Request Outcome						
In Order	54	83.1%	37	77.1%	52	85.2%
Not in Order	8	12.3%	11	22.9%	9	14.8%
PF	3	4.6%	0	0.0%	0	0.0%
Total	*65*		*48*		*61*	

**Significant change from previous year*

Table 10: Number (and percentage) of Breached Cases

Reason for Breach	Year 9 01 Apr 2023 - 31 Mar 2024		Year 10 01 Apr 2024 - 31 Mar 2025		Year 11 01 Apr 2025 - 31 Mar 2026	
Certifying doctor unavailable	141	83.9%	195	89.9%	250	60.5%*
DCRS delay	6	3.6%	1	0.5%*	47	11.4%*
Delay in obtaining/receiving required information**	20	11.9%	18	8.3%	40	9.7%
Dual delay	0	0.0%	0	0.0%	73	17.7%*
Other	1	0.6%	3	1.4%	3	0.7%
Total	168		217		413	

**Significant change from previous year*

***Includes delay in obtaining additional information, receiving medical notes, or receiving email amendment/replacement*

Table 11: Number and percentage of interested person reviews

Request Outcome	Year 9 01 Apr 2023 - 31 Mar 2024		Year 10 01 Apr 2024 - 31 Mar 2025		Year 11 01 Apr 2025 - 31 Mar 2026	
Approved	1	100.0%	6	100.0%	6	100.0%
Not Approved	0	0.0%	0	0.0%	0	0.0%
Total Requests	*1*		*6*		*6*	
Review outcome approved						
In Order	0	0.0%	1	16.7%	1	16.7%
Not in Order	0	0.0%	1	16.7%	3	50.0%
Reported to PF	1	100.0%	4	66.7%	2	33.3%

Table 12: Number and percentage of registrar referral reviews

Review Outcome	Year 9 01 Apr 2023 - 31 Mar 2024		Year 10 01 Apr 2024 - 31 Mar 2025		Year 11 01 Apr 2025 - 31 Mar 2026	
In Order	0	0.0%	0	0.0%	1	100.0%
Not in Order	1	100.0%	5	71.4%	0	0.0%
Escalated to PF	0	0.0%	2	28.6%	0	0.0%
Total	*1*		*7*		*1*	

Table 13: Number and percentage of repatriation reviews

	Year 9		Year 10		Year 11	
Request Outcome	01 Apr 2023 - 31 Mar 2024		01 Apr 2024 - 31 Mar 2025		01 Apr 2025 - 31 Mar 2026	
Approved	178	100.0%	181	100.0%	193	100.0%
Not Approved	0	0.0%	0	0.0%	0	0.0%
Total	*178*		*181*		*193*	

Appendix 2: Glossary of terms

AR	Advance Registration
CMO	Chief Medical Officer
COPFS	Crown Office and Procurator Fiscal Service
DCRS	Death Certification Review Service
eCMS	Electronic Case Management System used by the service to manage reviews.
eMCCD	Electronic Medical Certificate of Cause of Death
FOI	Freedom of Information requests
For Cause Reviews	The DCRS medical reviewer can, if concerned, request a series of MCCDs written by a specific doctor are reviewed for a specific period of time.
HIS	Healthcare Improvement Scotland
In Order	The Certification of Death (Scotland) Act 2011, s8 (4) explains 'in order' as "where a medical reviewer is satisfied, on the basis of the evidence available to them, the certificate represents a reasonable conclusion as to the likely cause (causes) of death, and the other information contained in the certificate is correct."
Interested Person Review	A request by a family member, healthcare professional involved in the deceased's care, funeral director or person in charge of burial/cremation can request a review of an MCCD if the death has not already been considered by the Procurator Fiscal or reviewed by the service already.
Level 1 Review	Level 1 reviews consist of a review of the MCCD and a discussion with the certifying doctors.
Level 2 Review	Level 2 reviews consist of a review of the MCCD and the patient medical records and a discussion with the certifying doctors. Level 2 reviews also require a review of patient medical records.
MCCD	Medical Certificate of Cause of Death
MR	Medical Reviewer
MRA	Medical Reviewer Assistant

Not In Order	The Certification of Death (Scotland) Act 2011, s8 (4) explains 'not in order' as "where a medical reviewer is not satisfied, on the basis of the evidence available to them, that the certificate represents a reasonable conclusion as to the likely cause (causes) of death, and the other information contained in the certificate is correct."
Non-Standard Review	Non-standard Reviews are - Interested Person reviews, Registrar referrals and Repatriations to Scotland
NRS	National Records of Scotland
PF	Procurator Fiscal. Criteria for reporting to the PF: reporting-deaths-information-for-medical-practitioners.docx (live.com)
Registrar referral	A local authority registrar can request a review of an MCCD if the death has not already been reported to PF or reviewed by the service already.
Repatriation	Burial or cremation of a person who has died abroad in Scotland
Sankey Diagram	Sankey diagram should be read from left to right. The diagram shows how one category is broken down into components, then how second/subsequent categories are broken down. The diagram shows the size of the connecting paths between the categories.
SFIU	Scottish Fatalities Investigation Unit
SLA	Service Level Agreements are the agreed timescales within which the service will complete reviews.
Standard Review	Standard Reviews are Level 1 and Level 2 reviews.
The 'Act'	Certification of Death (Scotland) Act 2011 https://www.legislation.gov.uk/asp/2011/11/pdfs/asp_20110011_en.pdf

Published 2026

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Annual Complaints Report

Meeting: Board - Public

Meeting date: 23 September 2026

Agenda item: 3.2

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

Report Author: Mhairi Hastings, Associate Director Nursing and Midwifery

Purpose of paper: Decision

1. Purpose

To present the Healthcare Improvement Scotland (HIS) Annual Complaints Report 2025-26 and associated Scottish Government Complaints Data Return to Board for review and approval prior to publication and submission in accordance with the requirements of the Patient Rights, (Feedback, Comments, Concerns and Complaints) (Scotland) Directions 2017, as amended by the 2024 Directions. These Directions require NHS Boards to publish an annual complaints report and submit the report and associated data within six months of the year end.

This report has been reviewed by the Quality and Performance Committee (QPC), which supported the report and recommended its submission to Board for approval and publication.

2. Executive Summary

HIS is committed to delivering a person-centred, trauma-informed complaints process and to using complaints and wider feedback as a source of organisational learning, service improvement and assurance. The Annual Complaints Report 2025–26 provides assurance regarding the effectiveness of complaints handling arrangements, learning identified through complaint investigations, and actions taken to improve services and organisational practice.

During 2025-26, HIS received ten formal complaints regarding its services, of which eight were concluded during the reporting period. In addition, 81 contacts were received that did not meet the definition of a complaint against HIS services and were appropriately signposted to other organisations. Information from these contacts is increasingly being used as organisational intelligence to support horizon scanning, assurance and improvement activity

Performance at Stage 1 remained strong, with 100% of complaints concluded within statutory timescales. Complaints requiring Stage 2 investigation were generally more complex and often involved multiple complaint points, requiring proportionate evidence gathering and, where necessary, agreed extensions in accordance with Scottish Public Services Ombudsman guidance

Analysis of complaints identified recurring themes relating to:

- Communication and transparency.
- Management of expectations.

- Consistency in the application of procedures.
- Person-centred and trauma-informed practice.
- Public understanding of HIS's regulatory role and remit.

Learning from complaints has informed revisions to complaints procedures, strengthened staff training, development of investigator capability, promotion of trauma-informed practice and improvements to governance and oversight arrangements

Following detailed scrutiny by QPC, the report was significantly enhanced to increase transparency, provide greater evaluation of complaint intelligence and demonstrate organisational learning. Whilst the report fully meets Scottish Government reporting requirements, it goes beyond the minimum guidance by including:

- Seven-year complaint trend analysis.
- Three-year comparative performance reporting.
- Detailed thematic analysis of complaint themes and individual complaint points.
- Evaluation of organisational learning and improvement actions.
- Analysis of wider intelligence from non-complaint contacts.
- Explicit links between complaints intelligence, governance, risk management and organisational improvement

The report therefore moves beyond compliance reporting and provides a more mature, intelligence-led assessment of what complaints are telling us about people's experience of HIS services, processes and governance arrangements.

No significant risks requiring escalation beyond existing governance arrangements have been identified through the review. The report provides assurance that effective systems are in place to receive complaints, investigate concerns, identify learning and implement improvements.

3. Recommendation

The Board is asked to:

- Review the HIS Annual Complaints Report 2025-26.
- Review the associated Scottish Government Complaints Data Return for 2025-26.
- Note that the report has been scrutinised by QPC and revised following Committee feedback to strengthen transparency, analysis and organisational learning.
- Approve the Annual Complaints Report 2025-26 for publication.
- Approve submission of the report and associated data return in line with national reporting requirements.

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

Significant Assurance: Significant assurance is provided that Healthcare Improvement Scotland has effective arrangements in place to manage complaints, support fair and proportionate investigation, identify organisational learning and implement improvements. The report

demonstrates a mature and increasingly intelligence-led approach to complaints handling, with learning being translated into improvements in policy, practice, workforce capability and governance.

4. Appendices and links to additional information

Appendix 1: HIS Scotland Annual Complaints Report 2025-26

Appendix 2: HIS Complaints Data Return 2025-26

Appendix 1

Healthcare Improvement Scotland

Annual Complaints Report

2025-26

V1.0

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Contents

Healthcare Improvement Scotland Complaints Annual Report

At a glance 2025/2026

91 Communication Contacts Received

- 81 Signposted (not meeting Healthcare Improvement Scotland Complaint Handling Role or Remit)

10 Complaints about Healthcare Improvement Scotland Services

- **8 Complaints closed in reporting year**
- **2 complaints remain open and will be reported in 2026-7**

Of the 10 complaints received, 9 (90%) related to our Quality Assurance and Regulation Directorate (QARD), with 8 specifically concerning Independent Healthcare Regulation.

Of the 8 complaints closed in reporting year:

- 1 complaint was Upheld
- 4 complaints were Partially Upheld
- 3 complaints were Not Upheld

Within the 8 complaints closed 46 individual complaint points were raised requiring response.

Executive Summary

We produce this Complaints Annual Report, as required by the Scottish Government, to demonstrate our performance against the nine Key Performance Indicators and to show how we listen and learn from those who use, work within, or are impacted by our services. Healthcare Improvement Scotland (HIS) remains dedicated to welcoming and valuing all forms of feedback, including complaints, and using this intelligence to improve the quality, safety and effectiveness of our work. We aim to handle complaints in a person-centred and trauma-informed way that upholds the rights of everyone involved, and we routinely gather learning from the public and from health and social care staff to strengthen how we deliver our functions. As a National Board, HIS works with a wide range of stakeholders, including service users, patients, carers, Health and Social Care Partnerships, NHS Boards, the Scottish Social Services Council, the Care Inspectorate, Scottish Government, third sector organisations, Independent Healthcare providers and professional regulators.

We are committed to ensuring that people are heard by our organisation. Since adopting the Scottish Public Service Ombudsman's NHS Model Complaints Handling Procedure in 2017 across both our Independent Healthcare Regulation and corporate complaints functions, we have continued to listen actively to service users and stakeholders and use feedback to drive improvement. This approach aligns with our strategic ambitions for 2023–2028, including resolving concerns as close to the point of delivery as possible and handling every complaint fairly, without bias and on the basis of robust evidence.

In 2025–26, we received 10 complaints, with the majority relating to our quality assurance and regulation functions; 4 were concluded at Stage 1 - early resolution, and 6 required Stage 2 investigation, reflecting the complexity of the concerns received this year. At of the close of the 2025-26 reporting period, 2 of the Stage 2 complaints remain open and therefore will be reported within 2026-27 reporting period.

We continue to strengthen our timeliness, quality and consistency of our complaint handling. During 2025-6 we embedded our refreshed HIS Complaints Handling Procedure, ensuring it is accessible to staff and the public and supporting more consistent, transparent and person-centred handling of concerns. Performance at Stage 1 remained strong, with all Stage 1 complaints closed within the 5-day statutory timescale. At Stage 2, a small proportion of cases were concluded within the standard 20-day timeframe, with several requiring agreed extensions due to the complexity of issue raised, the need for proportionate evidence-gathering, and the involvement of multiple services. This reinforces the importance of robust investigation planning, clear expectations-setting with complainants, and sustained communication throughout the process.

Alongside procedural improvements, we have continued to build organisational capability. SPSO training programmes have strengthened the skills of those directly involved in complaint handling, and in 2026-7 we will extend core complaints training to all staff, recognising that effective complaint handling is a shared organisational responsibility. We will also continue to develop and support our pool of trained complaint investigators, ensuring they are equipped to undertake independent, unbiased and high-quality Stage 2 investigations, with a consistent focus on

evidence-based decision-making, high-quality written responses, and the practical application of reasonable adjustments and trauma-informed practice.

In addition to formal complaints, we received 81 non-complaint contacts in 2025-6. These were triaged in line with the HIS Complaint Handling Procedure and signposted to the most appropriate organisation, most commonly the relevant NHS board providing care. This reflects both strong public engagement with HIS and the wider complexity of routes for feedback and redress across the health and care system. In line with our Digital & Intelligence Strategy, information from these contacts is used as organisational intelligence to support tour wider assurance and improvement functions.

Melissa Dowdeswell
Director of Nursing and Integrated Care

Healthcare Improvement Scotland Complaints Systems

Healthcare Improvement Scotland operates two distinct complaint handling processes. The first relates to complaints about Independent Healthcare Services, which are managed by the Independent Healthcare Team under a dedicated regulatory process. The second is the Healthcare Improvement Scotland (HIS) Complaints Handling Procedure, which manages complaints about the organisation's own services and functions. While these processes are separate, they can interrelate in practice. For example, where an individual raises a complaint about an independent healthcare provider and remains dissatisfied with how this has been handled by the Independent Healthcare Team, the matter may be escalated and managed by the HIS Complaints Team under the HIS Complaints Handling procedure. In addition, as Healthcare Improvement Scotland is an NHS body, complainants who remain dissatisfied with the outcome of a complaint about HIS services have the right to refer their complaint to the Scottish Public Services Ombudsman (SPSO) for independent external review.
This report provides for Complaints Received regarding HIS's service provision.

Healthcare Improvement Scotland Complaints Definition

Healthcare Improvement Scotland's definition of a complaint aligns to the Scottish Public Service Ombudsman's definition:
"An expression of dissatisfaction by one or more members of the public about the organisation's action or lack of action, or about the standard of service provided by or on behalf of the organisation".

A complaint may relate to delays, failure to provide a service, inadequate standards, dissatisfaction with policy, staff attitudes, environmental issues, procedural concerns, or difficulty contacting departments. These categories reflect the breadth of HIS's national role and the diverse ways in which our work impacts the public, providers and partners.

Non-Complaint Contacts and System Navigation

In addition to formal complaints accepted and handled in accordance with our Complaint Handling Procedure, HIS received 81 communications in 2025-26 relating to Complaints, Concerns and Feedback about the wider Health and Social Care system. These included:

- Complaints about NHS Boards, GP Practices, or Social Care Provision
- Concerns raised by clinical staff
- Freedom of Information related enquiries
- General enquiries or requests for advice.

All such communications were triaged and signposted to the appropriate organisation, in line with the HIS Complaints Handling Procedure. This reflects strong public engagement with HIS but also highlights the complexity of routes for redress across the health and care system. HIS plays an important role in supporting navigation, ensuring individuals reach the correct organisation quickly and with appropriate information, including Scottish Public Services and Patient Advice and Support guidance.

In line with our Digital and Intelligence Strategy, information from non-complaint contacts is also used as organisational intelligence to support horizon scanning, risk assessment and wider assurance activity.

Healthcare Improvement Scotland Complaints Overview 2025-26

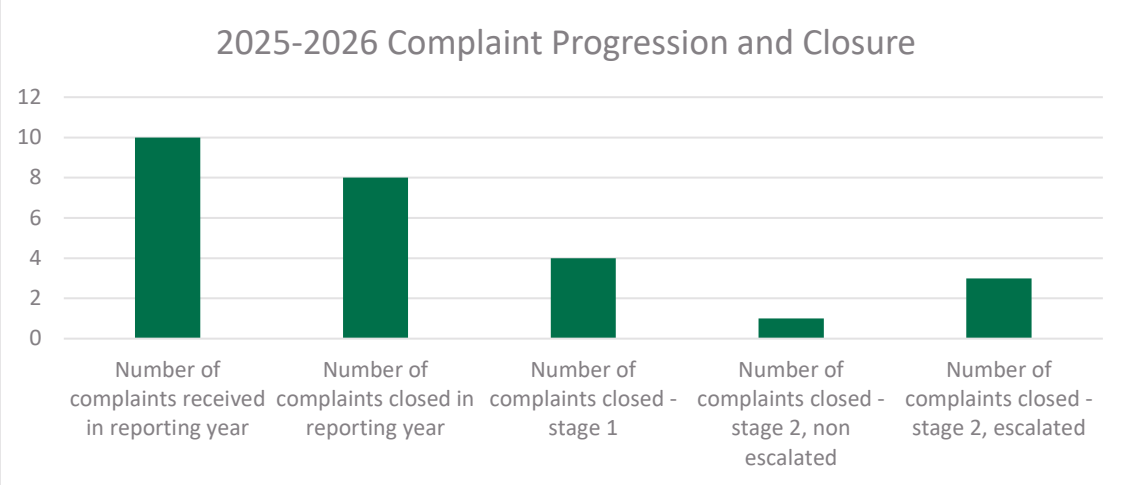
Complaints Progression, Stage and Closure

10 complaints received in 2025-26 were progressed through the complaints process:

- 4 complaints (40%) were resolved at Stage 1
- 6 complaints (60%) required Stage 2 investigation, including:
    - 1 non-escalated
    - 5 escalated by HIS

Of these, 8 complaints were closed within the reporting year and are provided for in this report.

The 2 remaining open complaints will be reported in 2026-27 once concluded.



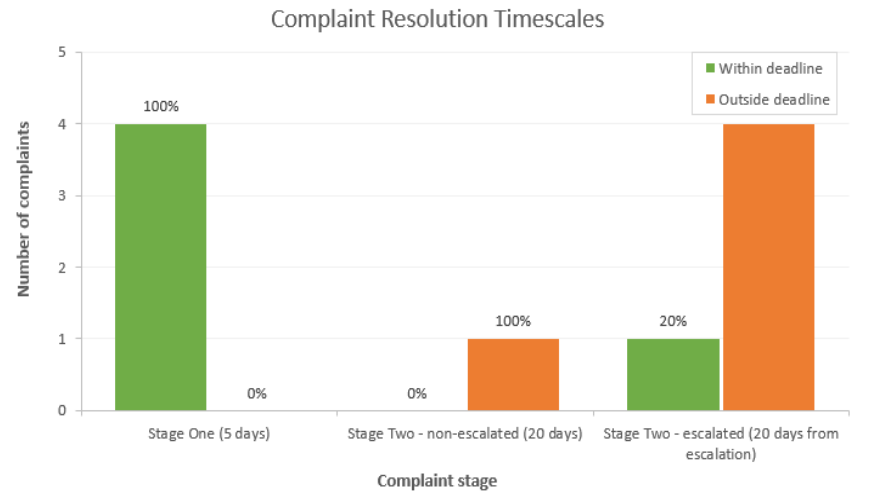
Performance Against Statutory Timescales

Performance in 2025-26 shows a mixed picture, reflecting both strong early-resolution practice and increasing complexity of Stage 2 investigations:

- 100% of Stage 1 (early resolution) complaints were closed within the 5-day statutory timescales

- 1 Stage 2 complaint (10%) was closed within the 20-day timescale
- 3 Stage 2 complaints (50% of Stage 2 cases) were completed with an agreed extension

Figure 1:Complaint Resolution Timescales (2025-26)



Complaint Outcomes

The outcomes of the 8 closed complaints in 2025-26 are summarised below:

Stage 1 (Early Resolution) -4 complaints

- Upheld: 1 (25%)
- Partially upheld: 1 (25%)
- Not upheld: 2 (50%)

Stage 2 (Full Investigation) -4 complaints

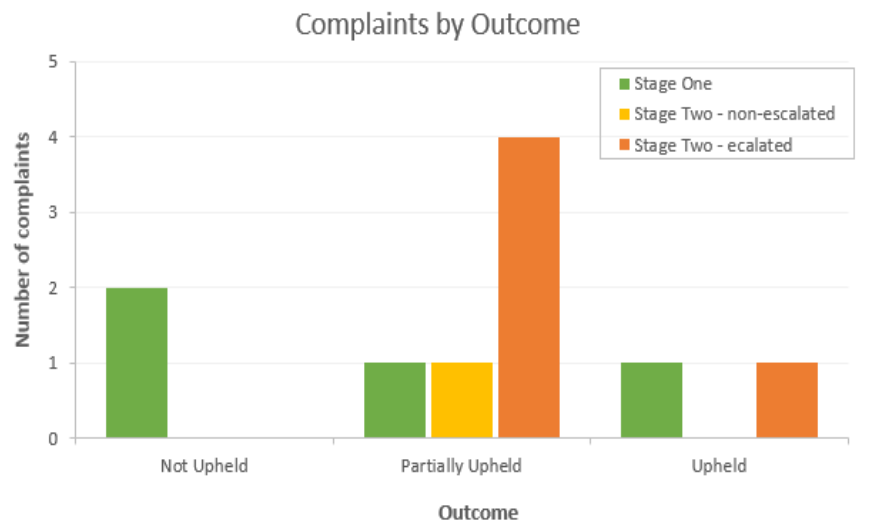
- Upheld: 1 (25%)
- Partially upheld: 3 (75%)
- Not upheld: 0

Overall:

- Upheld 25%
- Partially upheld 50%
- Not upheld 25%

The high proportion of partially upheld outcomes at Stage 2 reflects the complexity of regulatory complaints and the nuanced findings that arise from detailed investigation. Small numbers mean percentages should be interpreted with caution.

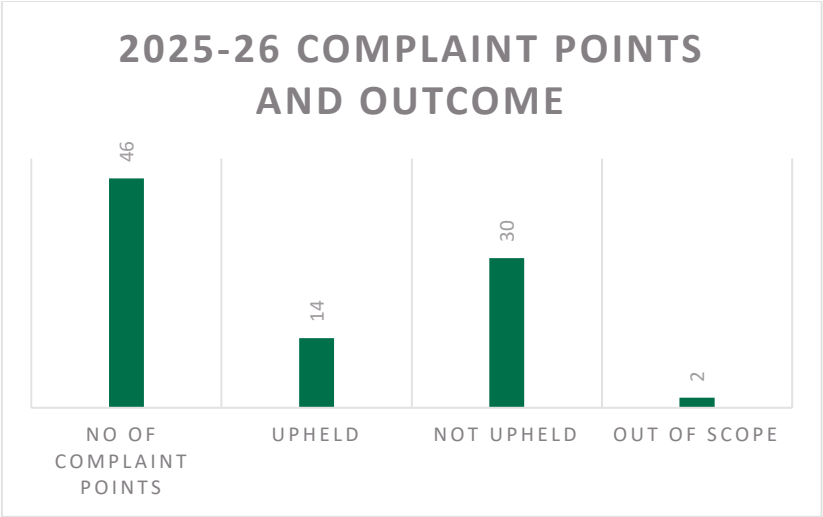
Figure 2:Complaints by Outcome (2025-26)



Within the 8 complaints received and closed in reporting year, 46 complaint points were raised and individually responded to. Review of these 46 complaint points and their outcome is detailed below, and demonstrated in Figure X.

- Number of Complaints: 8
- Number of Complaint points: 46
- Number of Complaint points Upheld: 14 (31%)
- Number of Complaint Points Out of Scope: 2 (4%)
- Number of Complaint points Not Upheld: 30 (65%)

Figure 3 :Complaint Points and Outcomes (2025-26)



Review of these 46 complaint points collectively highlights that concerns were less about isolated service failures and more about how we applied our processes, communicated decisions, and demonstrated sensitivity to individual circumstances. While individual complaint contexts varied (Independent Healthcare Regulation, Independent Healthcare related complaint handling, Recruitment, and Operational issues) several recurring themes emerge.

Complaints Reviewed by the Scottish Public Services Ombudsman (SPSO)

During the reporting period, the SPSO considered a complaint relating to HIS's handling of a complaint referenced in the previous year's report (2024-25). In line with the NHS Complaints Handling Procedure, individuals who remain dissatisfied following the conclusion of a local investigation have the right to ask the SPSO to undertake an independent review of both the outcome and the process followed. In this case, the complainant raised concerns regarding the breadth and outcome of our investigation into a complaint about an independent healthcare provider.

The SPSO completed its review and did not uphold the complaint, confirming that our investigation and conclusions were reasonable in the circumstances. However , the SPSO provided constructive feedback to support service improvement, particularly in relation to clarity and accuracy of communication with complaints. We have fully considered this feedback and implemented the required actions, including strengthening internal processes and ensuring improved consistency in correspondence. The complainant has been updated on these actions and provided with a further apology and additional information, and assurance has also been provided to the SPSO.

This represents the first instance of the SPSO reviewing a complaint specifically about our handling of complaints. We welcome the opportunity for external scrutiny and remain committed to continuous improvement, openness, and learning.

Complaint Review 2025-26

Why complaints were received

In reviewing all complaints, three principal drivers were identified:

1. Application and boundaries of process

We have found that complaints arose where processes were either not applied correctly, for example progressing a complaint out with timeframes and remit or applied rigidly without sufficient explanation and leading to perceived unfairness. This includes decisions to accept and process complaints that were out with our complaint remit and timeframe - ultimately creating unrealistic expectations, which could not be met within our organisational powers. Similarly, dissatisfaction arose where correct procedural decisions (e.g. inability to investigate during legal proceedings) were not well understood or accepted by the complainant. This informs us that complaints are not only triggered by what decisions we make, but how clearly, we communicate the limits of our organisational remit at the outset.

2. Communication, clarity and transparency

A consistent factor across complaint review was a perceived lack of clarity in our decision-making and incomplete responses or failure to address all points of complaint raised, alongside perceived delays or lack of responsiveness. For example, we failed to address specific points and incorporate evidence to support our decision making and on one occasion failed to provide clarity and accessible communication, which contributes to escalation of complaints from Independent Health Care Complaint Handling to HIS Complaint Handling Procedure.

These issues have resulted in complainants feeling the process was not open, accountable, or responsive, even where decision themselves were defensible.

3. Quality and Consistency of handling experience

Complaint review also points us to consider the tone and approach of our interactions, with a need to further promote trauma-informed practice as we have failed to adapt to individual's needs. Such complaints demonstrate that experience of engaging with HIS- rather than outcome alone- significantly influences whether a complaint is escalated.

Emerging themes 2025-26

Reviewing all complaints that were investigated at Stage 2 (4 Complaints), 5 overarching themes emerged:

Theme 1: Managing expectations at the outset

Where we accepted or progressed issues outside of our remit or without clear explanation, this led to dissatisfaction when expected outcomes could not be delivered.

Insight and Learning: We recognised a need for stronger front-end triage and clearer communication of scope, powers, and limitations to prevent avoidable escalation. We have reviewed and updated our Independent Complaint Handling Procedure and our Healthcare Improvement Scotland Complaint Handling Procedure and are taking a collaborative approach across teams to provide independent triage where necessary. We are also reviewing our Independent Healthcare Service as a whole.

Theme 2: Communication as a core determinant of perceived fairness

Aligning with Theme 1, even when decisions were ultimately upheld, our review of complaints reinforced a lack of clarity, delayed response and perceived assumptions of misrepresentation.

Insight and Learning: We understand that perceptions of fairness are strongly influenced by how decisions are communicated, not just about the decisions themselves. Transparent, timely, and tailored communication is critical. Ongoing training for the workforce is being provided and taken up, including progression of after-action learning reviews.

Theme 3: Person-centred and inclusive practice

Complaints have demonstrated gaps in our application of Trauma-informed, person-centred approaches, those required to meet individual's needs.

Insight and Learning: We know that regulatory and complaints processes should be person-centred, inclusive, and adaptable, particularly for vulnerable individuals. We are continuing to provide and promote our Trauma-informed training sessions and practices across our workforce and will continue to monitor this theme closely for improvement or need for further improvement actions.

Theme 4: Consistency and rigour in process application

Issues such as acting out with procedure, gaps in clinical input, delays in invoicing and missed opportunities to direct requests appropriately indicate variability in how our widest processes are applied.

Insight and Learning: Consistency in applying processes - and ensuring our workforce understand when and how to apply different frameworks (Complaints, Freedom of Information, Subject Access Requests) is an area for improvement which will be addressed through provision of training in these areas and ongoing discussion in team meetings. We will continue to monitor this theme for improvement.

Theme 5: Complexity of regulatory role and public understanding

Complaints received in 2025-26 demonstrate that, even where actions are appropriate and within remit, regulatory decision can still be perceived as disproportionate, lacking transparency and unfair.

Insight and learning: There is an inherent challenge in explaining regulatory judgements and risk-based decision making in a way that is accessible and trusted by stakeholders. However, we continue to review our public facing information and will continue to work with providers to ensure that the regulatory standards they are required to meet are clear.

Taken together, our review of the 8 complaint and 46 complaint points received in 2025-26 suggest that:

- Most dissatisfaction does not stem from deliberate failings, but from gaps in process clarity, communication, and consistency
- There is a need for strong early decision-making and expectation setting to avoid complaints progressing unnecessarily and causing ongoing anxiety and stress for individuals.
- We must continue to evolve towards a more person-centred, trauma informed, and inclusive practice, especially when dealing with vulnerable individuals.
- Communication is a critical organisational capability, influencing trust, perceived fairness, and ultimately complaint escalation.

- There is an opportunity to improve how we explain our regulatory role and limitations, particularly in complex or sensitive cases.

There are also areas of strength and positive performance:

- Through this review we have maintained a strong focus on patient safety within our regulatory decision-making. We continue to demonstrate a clear commitment to prioritising patient safety, with regulatory actions (including escalation and publication decision) found to be proportionate, evidence-based, and fully within remit, despite challenge from providers.
- There is evidence of robust and defensible regulatory processes. Investigations into complaints about inspection and enforcement activity confirm that processes were followed correctly, consistently, and transparently, reinforcing the integrity of our regulatory functions.
- Across multiple compliant points, we are able to clearly evidence decision-making and refute serious allegations, including claims of bias, inconsistency, and lack of transparency.
- There remains to be clear adherence to statutory and procedural boundaries. In several cases, complaint points were not upheld where we acted appropriately within our Complaints Handling Procedure or regulatory remit, including decisions relating to: legal constraints on investigations, scope of regulatory oversight, validation of provider compliance with standards.
- We have confirmed that our core governance processes have been applied fairly, consistently, and transparently, even where some service improvements and learning were identified.
- Our review findings show that we have maintained independent, evidence-based assessments, particularly in cases where providers disputed inspection findings, ensuring decisions remained focused on quality and safety rather than external pressure.
- Despite the complexity of complaints, we have demonstrated our ability to systematically assess and respond to each complaint point, demonstrating resilience and structure in handling detailed and challenging contexts.

Overall, our review of complaints received in 2025-26 reflect a balanced picture of a regulatory system that remains robust in protecting patient safety and applying our statutory remit with consistency and integrity, even when subject to challenge. At the same time, the complaints highlight important areas for improvement, particularly in relation to clear boundary-setting, communication and delivering a more person-centred, trauma-informed approach. Collectively, this provides valuable insight that, while core regulatory functions are strong and defensible, continued focus on consistency of process and quality of engagement will further strengthen trust, experience, and outcomes for those who interact with us.

How Learning is Used Beyond Individual Complaints

A key development in 2025-26 was the integration of complaint learning into HIS's wider organisational intelligence. Information from both complaints and non-complaint contacts now contributes to:

- Horizon scanning
- Risk assessment
- Regulatory prioritisation
- The development of the Digital and Intelligence Strategy
- Cross directorate learning and improvement

This reflects a shift toward a more intelligence-led approach, where learning from complaints informs not only how HIS handles concerns, but also how we support improvement and public protection across the wider health and care system.

Complaint Process Experience

In 2024-25 HIS introduced a semi-structured interview process, led by our colleagues in the Community Engagement and Change Team, to strengthen how we gather learning about people's experience of our complaints profess. Following the closure of a complaint, individuals are invited to participate in a reflective conversation about how their complaint was handles, how they felt throughout the process, and any suggestions they wish to offer for improvement. Participation is voluntary and requires explicit consent.

During 2025-26, no complainants chose to take up this offer. While numbers remain small, this lack of participation provides important learning itself. Feedback from staff and complainants suggest that individuals may feel they have already invested significant emotional and practical effort in the complaint process and may not with to revisit the experience once a decision has been issued. This is particularly relevance in the context of complex regulatory complaints, where investigations can be lengthy and sensitive.

In 2026-27, HIS will strengthen this by exploring alternative approaches to gathering user experience, including more flexible timing, clearer communication about the purpose of the interview and the option of providing feedback through written or digital formats – those we had moved away from. This work will be supported by the Community Engagement and Change team and is aligned with our broader organisational commitment to person-centred and trauma-informed practice.

A significant development in 2024-25 was the inclusion of SPSO guidance on Child-Friendly Complaints Handling within the refreshed HIS Complaints Handling Procedure. This ensures that our processes support the implementation of the United Nations Convention on Rights of a Child (UNCRC) Incorporation (Scotland) Act 2024, including its four guiding principles: non-discrimination, the best interest of the child, the right to life, survival and development, and the right to be heard. These principles apply to all public

service decisions and actions concerning children, including complaints, and HIS will continue to embed them across our work in 2026-27.

Together, these developments reflect our maturing approach to understanding the lived experience of complainants. While participation in formal feedback interviews has not been achieved, HIS continues to gather learning through complaint themes, upheld findings, non-complaint intelligence and staff reflection. This ensures that the voices of people who raise concerns continue to shape how we improve our processes, strengthen our communication and enhance the quality and consistency of our complaint handling.

Staff Awareness and Training

Our commitment to effective complaints handling is underpinned by ensuring staff are aware of, confident in and consistently apply the principles and procedures set out in our Complaints Handling Procedures (CHPs). We have engaged widely with staff in the development and refresh of the CHPs to foster a shared understanding of its purpose, expectations and the importance of a person-centred, trauma-informed approach.

Building on this, our corporate and Independent Healthcare complaint functions has been further strengthened through participation in SPSO training programmes, helping to embed good practice and reinforce consistent application of national guidance.

Looking ahead to 2026–27, our focus will be on sustained implementation of the CHPs across the organisation, supported by a structured programme of complaints handling training for all staff, recognising that creating a positive complaints culture is everyone's responsibility. In parallel, we will continue to embed after-action reviews into practice and enhance our capacity for Stage 2 investigations by expanding and supporting our pool of trained complaint investigators. This will ensure we have a workforce available and equipped to undertake timeous, independent, proportionate and evidence-based investigations. This investment in capability and consistency will strengthen our ability to respond effectively to complaints, learn from feedback, and drive continuous improvement in the services we provide.

Healthcare Improvement Scotland Complaint Trends

Over the past seven years, Healthcare Improvement Scotland (HIS) has experienced a fluctuating but overall upward trend in complaints, rising from 5 in 2018-19 to a peak of 30 in 2024-25, before reducing to 10 complaints received in 2025-26.

Understanding the Data: Changes in Reporting Practice

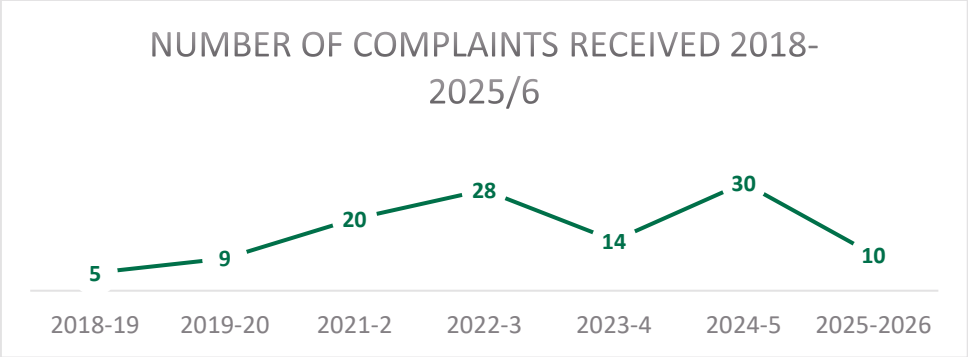
It is important to note that complaint data prior to 2024-25 included all concerns received, including those that, after triage, were signposted to the most appropriate organisation because they fell out with the remit of the HIS Complaints Handling Procedure.

From 2024-25 onwards, HIS introduced a clearer distinction between:

- Complaints (matter investigated under the HIS Complaints Handling Procedure)
- Non-complaints (concerns signposted elsewhere)

This change in reporting practice means that complaint figures from 2017/18-2023/24 are not directly comparable with those from 2024-25 onwards, as earlier years included a broader range of contacts.

Figure 4: Number of complaints received (2018/19 -2025/6)



This chart illustrates the fluctuating trend in complaints received over the past seven years, including the non-complaints, the peak in 2024-25 and the subsequent reduction in 2025-26.

The 2024-25 Spike: Safety-Critical Public Messaging

The increase to 30 complaints in 2024-25 was significantly influenced by a single-month spike in March 2025, when 17 complaints were received in response to HIS's public safety messaging on a critical Independent Healthcare issue.

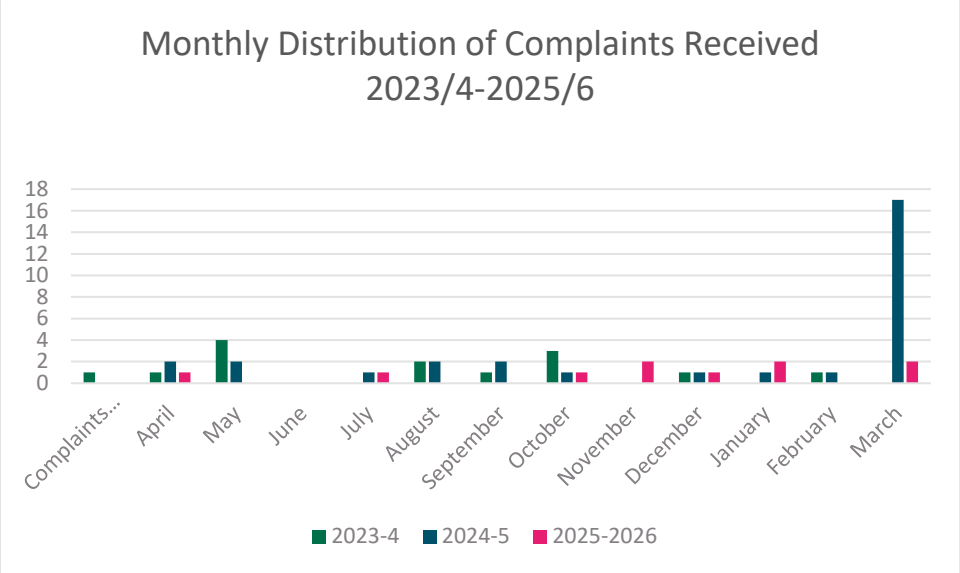
As reported in the 2024-25 Annual Complaints report none of these 17 complaints were upheld, because the messaging was found to be accurate, proportionate, and necessary for public protection, and aligned with HIS's statutory responsibilities as a national regulator.

This context is essential in interpreting the 2024-25 data, as the spike does not reflect a systemic issue with HIS service delivery, but rather the response to a high-profile safety intervention.

Interpreting the Reduction in 2026-26

The reduction to 10 complaints in 2025-26 should be interpreted with caution. It may reflect actions taken to improve clarity in regulatory messaging, strengthened early resolution and expectations-setting, and increased understanding of HIS's statutory remit. It may also be influence by the removal of signposted concerns from complaints totals and the absence of any comparable safety-critical public messaging events.

Figure 5: Monthly Distribution of Complaints Received (2023/4-2025/6)



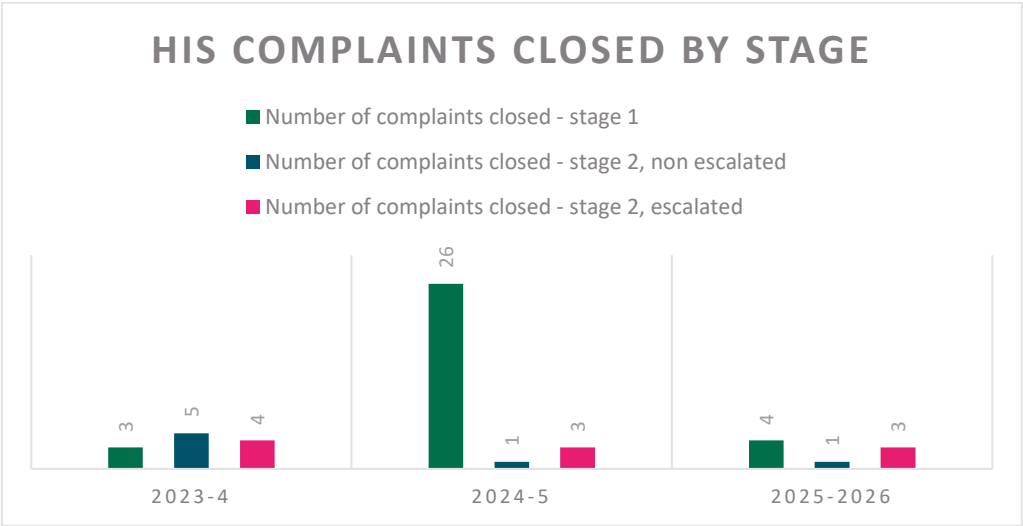
This chart illustrates the monthly pattern of complaints received across three reporting years. The significant spike in March 2024-25 reflects the complaints received relating to HIS's public safety messaging on Independent Healthcare, as detailed in the 2024-25 Annual Complaints Report. Figures for 2024-25 and 2025-26 exclude signposted non-complaints, following the introduction of revised reporting arrangements.

Complaints Closed by Stage

The pattern of complaints closed at each stage over the past three years is illustrated in Figure 6.

This distribution demonstrates continued use of early resolution where appropriate, while ensuring that more complex concerns receive full, proportionate investigation.

Figure 6: Complaints Closed by Stage (2023-24 to 2025-26)



This figure shows the distribution of complaints closed at Stage 1 and Stage 2 over the past three reporting years. The marked increase in Stage 1 closures in 2024-25 again reflects the unique volume of complaints received in March 2025 following HIS's public Safety messaging. In contrast, 2025-26 shows a return to a

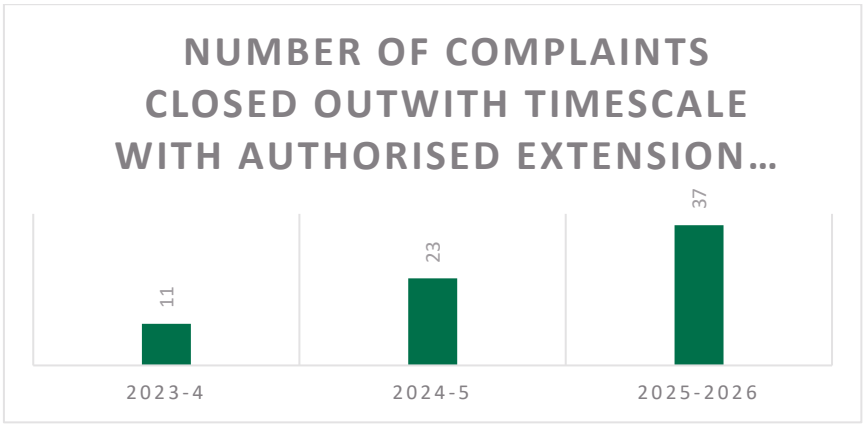
more typical profile, with an even balance between Stage 1 and Stage 2 closures, reflecting the complexity of concerns investigated during the year.

Performance Against Statutory Timescales

Whilst we have reported that performance in 2025-26 shows a mixed picture, the pattern emerging over time reflects the increasing complexity of Stage 2 investigations, which often involve multiple services, multiple complaint points (min 3, max 21) and as such the need for extensive evidence-gathering and clearer, trauma-informed communications with complainants.

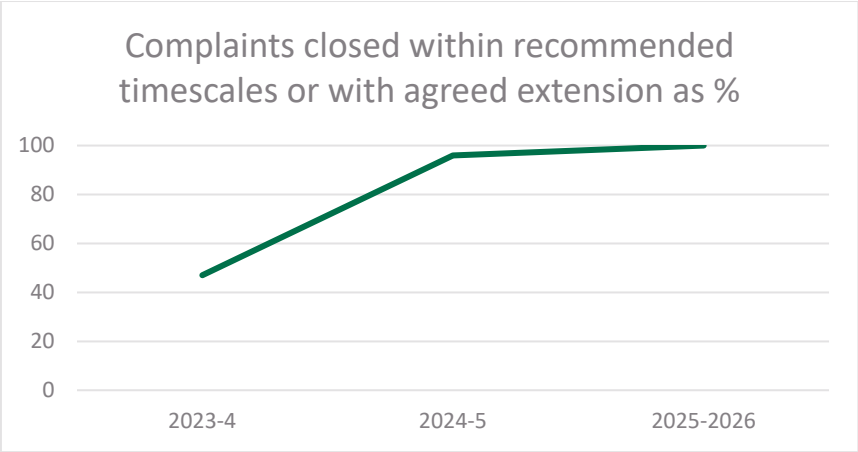
Together, Figures 7 and 8 below demonstrate that HIS is increasingly confident in using extensions, but only where necessary, and in line with SPSO guidance to ensure that investigations are not rushed and that complainants remain informed and involved throughout. This reflects a shift toward a more mature, person-centred and transparent complaints culture, where quality of investigation is prioritised alongside timeliness. Reducing the need for extensions is an area of focus for 2026-27, with actions being taken to increase our pool of investigators.

Figure 7: Percentage of Complaints Closed Out with Timescale with an Authorised Extension (2023/24 to 2025/26).



This figure illustrates the increasing use of authorised extensions over the past three years. This reflects the growing complexity of Stage 2 complaints and HIS's maturing practice in agreeing extensions transparently and proactively with complainants, ensuring investigations remain robust, fair and proportionate.

Figure 8: Percentage of Complaints Closed within Recommended Timescales or With an Agreed Extension (2023/24 to 2025/26).



This figure shows a steady improvement in the proportion of complaints closed either within statutory timescales or within an authorised extension. The upward trend demonstrates HIS's strengthened approach to planning, managing and communicating investigation timelines, ensuring that extensions are used appropriately to support thorough, person-centred and evidence-based investigations.

Complaint Outcomes

The outcomes of the 8 closed complaints in 2025-26 are summarised earlier in this report. Figures 9,10 and 11 show Stage 1 and Stage 2 outcomes over the past three reporting years. Taken together, the three-year trend highlights the influence of both external events and internal process improvements on complaint outcomes. The 2024-25 spike in not upheld outcomes being driven by a single safety-critical public message. The increasing 'partially upheld' findings align with the data and narrative provided in this report regarding the number of complaint points for investigation received within complaints. This also aligns with our learning themes, demonstrating that HIS is identifying specific areas for improvement while maintaining robust, evidence-based decision-making to protect the public and improve the quality and safety of healthcare across the sectors it regulates and assures.

Figure 9: Overall Complaint Outcomes (Stage 1 &2 Combined), 2023-24 to 2025-26

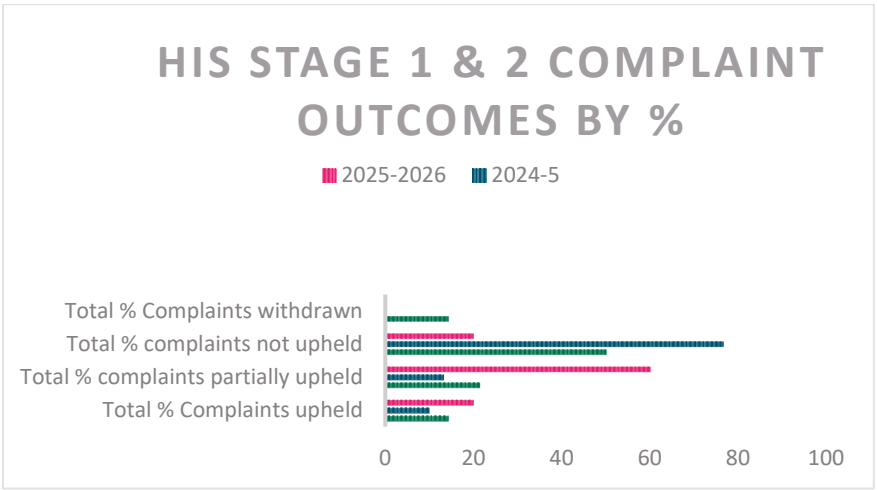
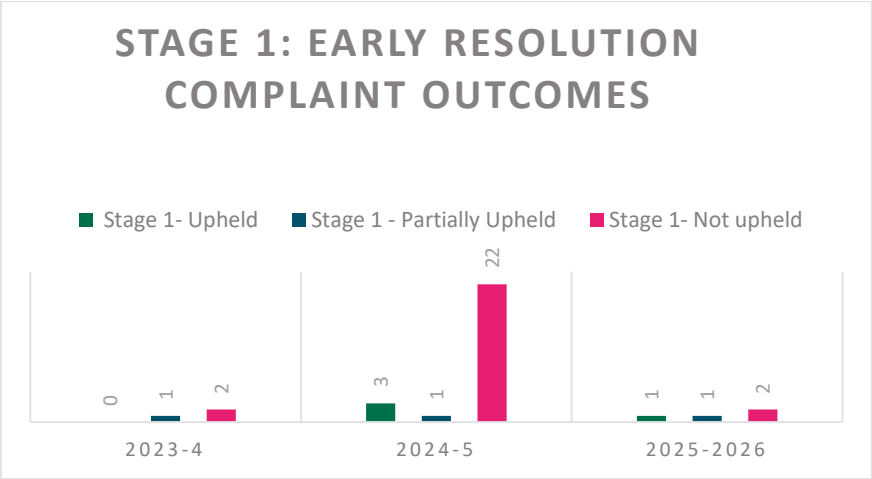
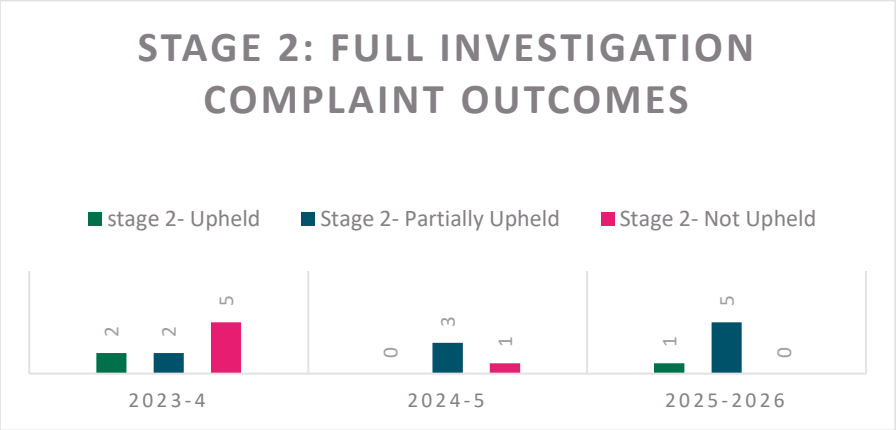


Figure 10: Stage 1 Early Resolution Complaint Outcomes (2023-24 to 2025-26)



This figure shows the distribution of Stage 1 outcomes over the past three years. The spike in "not upheld" outcomes in 2024-25 reflects the March 2025 increase relating to public safety messaging. The 2025-26 profile shows a return to a more typical pattern, with a balanced distribution of upheld, partially upheld and not upheld outcomes.

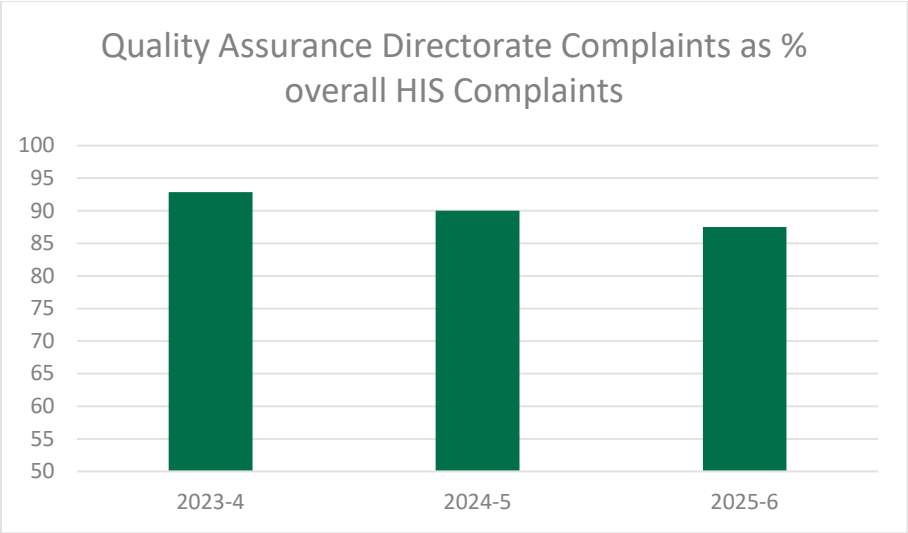
Figure 11: Stage 1 Early Resolution Complaint Outcomes (2023-24 to 2025-26**)**



This figure illustrates Stage 2 outcomes across three reporting years. The predominance of partially upheld outcomes in 2025-26 reflects again the complexity of Independent Healthcare Regulatory complaints, where investigations often identify some areas for improvement without substantiating all elements of the complaint. The absence of "not upheld" outcomes in 2025-26 also reflects the detailed, evidence-based nature of Stage 2 investigations undertaken during the year.

Together, Figures 9, 10 and 11 demonstrate that HIS continues to apply a robust, proportionate and evidence-based approach to complaint investigation, with outcomes reflecting the complexity of the issues raised and the organisation's commitment to transparency, fairness and learning.

Figure 12: Quality Assurance Directorate Complaints



It is notable throughout this report that the majority of complaints received by HIS over the past three years relate to the work of the Quality Assurance and Regulation Directorate (QARD), although the proportion has decreased slightly from 93% in 2023-4 to 87% in 2025-6. This is demonstrated in Figure 12 above. This is due to the nature of HIS's statutory functions - QARD lead on Independent Healthcare Regulation and national quality assurance activity, both of which involve complex, strategic decision-making and therefore attract a higher volume of complaints than other areas of the organisation. As detailed earlier in this report, it is useful to remind that the next stage for individuals who remain dissatisfied with complaints made about Independent Healthcare Providers is to escalate their complains to the HIS Complaint Handling Procedure, and not the SPSO.

The gradual reduction in the proportion of QARD-related complaints should be interpreted with caution due to small numbers, but may reflect improved clarity in regulatory messaging, learning arising from internal review of the Independent Regulation team function, strengthened expectations-setting, and the impact of the divisions refreshed Complaints Handling Procedure. It also aligns with the broader trend described previously, where overall complaint numbers have reduced following the exceptional spike in 2024-5.

Themes and Learning

While complaint volumes remain low, the themes emerged in 2025-26 are consistent with those identified in previous years and reflect the nature of HIS's regulatory and assurance work. Analysis of Stage 1 and Stage 2 outcomes (Figures 10 and 11) show that learning continues to cluster around five areas:

- **Communication and expectations management-** ensuring clarity about HIS's remit, regulatory powers and investigation processes, particularly in Independent Healthcare.
- **Clarity of regulatory scope and process** -early conversations with complainants remain critical in preventing misunderstanding and supporting proportionate investigation

- **Adherence to procedure**- including consistent application of the Complaints Handling Procedures, time limits and decision-making frameworks.
- **Reasonable adjustments and trauma-informed practice**- ensuring communication is accessible, sensitive and tailored to individual needs.

These themes continue to inform organisational learning and capability building. They have directly shaped improvements such as the refreshed HIS Complaints Handling Procedures, strengthened oversight arrangements, enhanced SPSO-aligned training, and the shift to collaborative working and shared communication systems.

Importantly, these themes also align with intelligence emerging from non-complaint contacts, reinforcing the value of HIS's triage and signposting function as a source of wider organisational insight.

Conclusion

Overall, 2025–26 was characterised by a lower volume of complaints (10) than the previous reporting year, with 10 complaints received and 8 closed, in line with guidance. As shown throughout this report, the majority of complaints continued to relate to quality assurance and regulatory activity, reflecting the complexity, scrutiny and public protection focus of this work. The profile of complaints remains consistent with previous years, with Independent Healthcare Regulation accounting for the largest share.

Early resolution remained effective, with 100% of Stage 1 complaints closed within the 5-day statutory timescale. However, a greater proportion of concerns required full investigation, with 50% of closed complaints being managed at Stage 2. This shift reflects the increasing complexity of issues raised, the need for proportionate evidence-gathering, and the importance of ensuring that complainants receive a thorough and fair investigation where concerns span multiple services or involve regulatory decision-making.

Performance against statutory timescales at Stage 2 was mixed, with 1 complaint concluded within 20 working days and 3 concluded with an agreed extension. As illustrated in the data provided HIS is maturing in its approach to agreeing extensions transparently and appropriately, ensuring that investigations are not rushed and that complainants remain informed throughout. This approach supports our focus on robust, independent and trauma-informed investigations, particularly where issues are complex or require multi-agency input.

Complaint outcomes also reflected this complexity. Stage 2 findings were predominantly partially upheld, demonstrating that investigations frequently identified areas for improvement whilst not substantiating all elements of the concerns raised. This aligns with the broader learning themes identified across the year. These themes have informed updates to the HIS Complaints Handling

Procedures, improvements in communication systems, and strengthened expectations for consistent, evidence-based decision-making.

Looking ahead, HIS will focus on embedding consistent practice across the organisation, strengthening capacity and capability for timely and high-quality Stage 2 investigations, and ensuring that learning from complaints is systematically translated into service and process improvements. This includes integrating complaint intelligence into our Digital and Intelligence Strategy work, enhancing cross-directorate learning, and continuing to build a culture where feedback- whether complaint or non-complaint- is valued as a critical source of organisational insight and system-wide improvement.

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

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Appendix 2 Healthcare Improvement Scotland

Annual Report on Feedback and Complaints
Performance Indicator Data collection
2025/26

Performance Indicator Four

4. Summary of total number of complaints received in the reporting year

4a. Number of complaints received by the NHS Territorial Board or NHS Special Board Complaints and Feedback Team	**10**
4b. Number of complaints received by NHS Primary Care Service Contractors (*Territorial Boards only)*	**N/A**
4c. Total number of complaints received in the NHS Board area	**10**

NHS Board - sub-groups of complaints received

NHS Board managed Primary Care services;	**N/A**
4d. General Practitioner	**N/A**
4e. Dental	**N/A**
4f. Ophthalmic	**N/A**
4g. Pharmacy	**N/A**
Total - Board managed Primary Care services (this total should be included in 4a)	**N/A**
Independent Contractors - Primary Care services;	
4h. General Practitioner	**N/A**
4i. Dental	**N/A**
4j. Ophthalmic	**N/A**
4k. Pharmacy	**N/A**
Total – Independent Contractors (this total should be entered at 4b)	**N/A**
4l. Combined total of Primary Care Service complaints	**N/A**
4m. Total of prisoner complaints received *(Boards with prisons in their area only)* **Note: Do not count complaints which are unable to be concluded due to liberation of prisoner / loss of contact.**	**N/A**

Performance Indicator Five

5. The total number of complaints closed by NHS Boards in the reporting year *(do not include contractor data, withdrawn cases or cases where consent not received).*

Number of complaints closed by the NHS Board	**Number**	**As a % of all NHS Board complaints closed (not contractors)**
5a. Stage One	4	50
5b. Stage two – non escalated	1	13
5c. Stage two - escalated	3	37
5d. Total complaints closed by NHS Board	8	100

Performance Indicator Six

6. Complaints upheld, partially upheld and not upheld

Stage one complaints

	Number	**As a % of all complaints closed by NHS Board at stage one**
6a. Number of complaints upheld at stage one	1	25
6b. Number of complaints not upheld at stage one	2	50
6c. Number of complaints partially upheld at stage one	1	25
6d. Total stage one complaints outcomes	4	100

Stage two complaints

Non-escalated complaints	**Number**	**As a % of all complaints closed by NHS Boards at stage two (non-escalated)**
6e. Number of non-escalated complaints upheld at stage two	0	0
6f. Number of non-escalated complaints not upheld at stage two	0	0
6g. Number of non-escalated complaints partially upheld at stage two	1	100
6h. Total stage two, non-escalated complaints outcomes	1	100

Stage two escalated complaints

Escalated complaints	Number	As a % of all escalated complaints closed by NHS Boards at stage two
6i. Number of escalated complaints upheld at stage two	1	33
6j. Number of escalated complaints not upheld at stage two	0	0
6k. Number of escalated complaints partially upheld at stage two	2	67
6l. Total stage two escalated complaints outcomes	3	100

Performance Indicator Eight

8. Complaints closed in full within the timescales

This indicator measures complaints closed within 5 working days at stage one and 20 working days at stage two.

	Number	As a % of complaints closed by NHS Boards at each stage
8a. Number of complaints closed at stage one within 5 working days.	4	100
8b. Number of non-escalated complaints closed at stage two within 20 working days	0	0
8c. Number of escalated complaints closed at stage two within 20 working days	1	33
8d. Total number of complaints closed within timescales	5	63

Performance Indicator Nine

9. Number of cases where an extension is authorised

This indicator measures the number of complaints not closed within the CHP timescale, where an extension was authorised* .

	Number	As a % of complaints closed by NHS Boards at each stage
9a. Number of complaints closed at stage one where extension was authorised	0	0

9b. Number of complaints closed at stage two where extension was authorised (this includes both escalated and non-escalated complaints)	3	75
9c. Total number of extensions authorised	3	38

***Note:** The SPSO confirm that there is no prescriptive approach about who exactly should authorise an extension – only that the organisation takes a proportionate approach to determining an appropriate senior person – and this is something that NHS Boards should develop a process for internally. This indicator aims to manage the risk of cases being extended beyond the CHP timescale without any senior officer approval.

Communications and Engagement Strategy Implementation

Meeting: Board - Public

Meeting date: 23 September 2026

Agenda item: 3.3

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

To provide the Board with a further update on implementation of the Communications and Engagement Strategy since June 2026 and assurance on progress since approval of the interim working strategy in December 2025.

2. Executive summary

The Communications and Engagement Strategy was approved as an interim working strategy in December 2025, with the expectation that it would evolve through implementation, organisational learning and stakeholder feedback. It provides a clear and organisation-wide framework for communications, engagement and public affairs activity across Healthcare Improvement Scotland (HIS). The strategy is intended to support the organisation in communicating effectively, consistently and credibly with the people and organisations it works with and serves, while demonstrating the impact of its work and supporting its statutory purpose.

Over the past nine months, implementation has continued alongside substantial business-as-usual communications activity. Feedback from Board members, the Executive Team, the Performance and Delivery Board and staff highlighted opportunities to strengthen the strategy's clarity and focus. In response, the strategy has been refined into a concise six-page framework, attached at Appendix 1.

Overall, implementation remains broadly on track and is strengthening the foundations for a more coordinated, consistent and strategic approach to communications and engagement across HIS.

The Board should note that the organisational website remains a key enabler of the Communications and Engagement Strategy. While business-as-usual publishing and content management activity continues to be delivered through the Communications Team, ongoing work is required to establish sustainable governance, ownership and delivery arrangements for the wider Website Programme as part of the organisation's broader digital transformation ambitions.

2.1 Progress against strategic objectives

Implementation activity remains at varying stages of development. Consistent with the Year 1 implementation plan, progress has focused largely on establishing the governance, planning, capability and brand foundations required to support sustainable delivery and longer-term outcomes. Trial arrangements involving a Programme Manager, Senior Project Officer and administrative support have broadened the skills available to support implementation. Early indications suggest these roles are strengthening planning, coordination and delivery and may help inform future operating model decisions.

An implementation update was presented to the Performance and Delivery Board in August 2026, with member feedback informing the next phase of work.

Objective 1: Increase visibility and demonstrate impact

- Establishment of monthly Directorate Communications Meetings to strengthen planning, coordination and organisational alignment.
- Development of resources to support consistent organisational messaging.
- Increased focus on identifying and communicating organisational impact and outcomes.
- Improved coordination of communications activity across programmes and directorates.

The Performance and Delivery Board highlighted the importance of continuing to demonstrate the impact of our work through communications and engagement activity.

Objective 2: Strengthen engagement and build trust

- Establishment of regular communications planning arrangements across directorates.
- Earlier involvement of communications colleagues in programme and project planning.
- Improved prioritisation of communications and engagement support.
- Continued development of a One Team approach to communications and engagement delivery.

The Performance and Delivery Board suggested exploring a Communications Champion model within Directorates to strengthen local ownership and support implementation of the Strategy.

Objective 3: Promote and protect our reputation

- Approval of the Brand Identity Guidelines by the Performance and Delivery Board, with member feedback informing ongoing implementation.
- Communication of the refreshed Brand Identity Guidelines through Executive Team and staff engagement channels, with positive early feedback from colleagues.
- Development of supporting resources including corporate templates, style guidance and social media governance.
- Progress towards greater consistency across organisational communications and publications.
- Strengthened support for staff producing communications content.

The Performance and Delivery Board welcomed the emphasis on consistency across presentations, papers and communications materials.

Objective 4: Communicate evidence, learning and improvement clearly

- Development of communications standards, guidance and supporting resources.
- Improved planning and coordination of digital communications activity.
- Increased focus on accessibility and audience-centred communications.
- Appointment of a Digital Communications Officer to enhance digital capability and capacity.

The Performance and Delivery Board highlighted accessibility as a priority, with accessibility requirements now being embedded across templates, guidance, publishing processes and staff development activity.

The next phase of implementation will focus on strengthening the evidence base for communications and engagement activity through stakeholder mapping, audience insight and evaluation arrangements. Priorities will also include developing public affairs capability, enhancing the use of digital analytics, finalising supporting communications and brand guidance, establishing sustainable governance arrangements for the organisational website, and strengthening local ownership of communications and engagement activity across Directorates.

2.2 Risks and mitigations

The principal strategic risk relates to the organisational website which is a critical component of our communications and engagement approach and an important enabler of the strategy's objectives.

The Communications Team continues to provide business-as-usual website publishing, content management, accessibility support, social media integration and wider digital communications activity. However, delivery of the wider Website Programme requires specialist expertise in digital transformation, technical architecture, service design, procurement and programme management.

There is a strong interdependency between Digital and Communications in delivering a successful future website. As longer-term arrangements are developed, clear ownership and accountability will be required through appropriate digital governance structures, with Communications continuing to lead on content, accessibility, engagement, user experience and digital communications.

Mitigating actions include:

- Publication of the Brand Framework, templates, style guide and Social Media Policy.
- Recruitment of a Digital Communications Officer.
- Trialling of Programme Manager, Senior Project Officer and administrative support arrangements.
- Ongoing work with Digital colleagues, Public Services Delivery Scotland and external partners to clarify governance, ownership and future delivery arrangements for the Website Programme.

- Continued prioritisation of accessibility and compliance improvements.

3. Recommendation

The Board is asked to:

1. **Gain assurance** from the progress reported in implementing the Communications and Engagement Strategy 2026-2028 and the mitigating actions being taken to support delivery.
2. **Note** the refined Communications and Engagement Strategy (Appendix 1), developed in response to implementation learning and stakeholder feedback.
3. **Note** the planned circulation of the refreshed Communications and Engagement Strategy and supporting communications resources by the end of September 2026.
4. **Note** the importance of the Website Programme as a key enabler of the Communications and Engagement Strategy and the ongoing work to establish sustainable governance and delivery arrangements.

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: Revised Communications and Engagement Strategy

Healthcare Improvement Scotland

Appendix 1

Communications and Engagement Strategy 2026-2028

Connecting our work, demonstrating our impact

September 2026

NHS SCOTLAND

Published | September 2026

www.healthcareimprovementscotland.scot

Contents

Purpose

The purpose of this Communications and Engagement Strategy is to support Healthcare Improvement Scotland (HIS) to communicate and engage effectively, consistently and credibly with the people and organisations we work with and serve.

Effective communications and engagement help us demonstrate the impact of our work and build trust and understanding. This supports our statutory purpose of improving the safety and quality of healthcare and peoples' experiences using health and social care services in Scotland.

This strategy provides a shared framework for communications, engagement and public affairs activity across HIS. It recognises that communicating and engaging effectively is a shared responsibility and that all teams and directorates have a role in helping people understand who we are, what we do and the difference we make.

Strategic context

Healthcare Improvement Scotland occupies a unique position within Scotland's health and care system. We bring together assurance, improvement, evidence and engagement within a single organisation. This enables us to identify opportunities for improvement, support change and understand the impact it has on people and services.

A key strength of HIS is our independence. We provide objective scrutiny, evidence and advice that help improve the safety, quality and experience of health and social care services across Scotland.

Clear communication and meaningful engagement are essential to achieving our statutory purpose. They help people understand our role, strengthen relationships with stakeholders, support transparency and ensure that learning, evidence and improvement are shared effectively across the system.

The health and care landscape continues to evolve. Rising demand, financial pressures, workforce challenges, changing public expectations, and advances in technology all increase the need for clear communication, meaningful engagement and evidence-based decision making.

This strategy aims to help HIS:

- explain who we are, what we do and the difference we make
- strengthen relationships with the people and organisations we work with

- support a One Team approach to communications and engagement across the organisation
- improve understanding of the impact of our work
- contribute effectively to discussions that shape the future of health and care in Scotland.

By taking a clear, consistent and coordinated approach to communications, engagement and public affairs, we can strengthen trust, improve understanding of our role and increase our influence across Scotland's health and care system.

Objectives

This strategy has four objectives:

1. Increase visibility and demonstrate impact

Increase awareness of our work and demonstrate the impact it has on the safety, quality and experience of health and social care services in Scotland.

2. Strengthen engagement and build trust

Build and maintain meaningful relationships with the people and organisations we work with, creating opportunities for dialogue, feedback and collaboration.

3. Promote and protect our reputation

Maintain our reputation as a trusted, credible and evidence-based organisation that supports improvement across Scotland's health and care system.

4. Communicate evidence, learning and improvement clearly

Share evidence, insight, learning and good practice in ways that are clear, accessible and relevant to different audiences, helping people understand changes that matter to them.

Principles

Our communications, engagement and public affairs activity will be guided by the following principles.

Clear and accessible

We will communicate clearly and consistently, using plain English wherever possible. We will make information accessible and tailor it to the needs of different audiences.

Audience-focused

We will seek to understand the needs, interests and perspectives of our audiences and stakeholders, using insight and feedback to shape our approach.

Open and trustworthy

We will communicate honestly and transparently, using evidence to support our messages and decisions. We will work to build and maintain trust with the people and organisations we engage with.

Engagement and collaboration

We will promote meaningful two-way engagement and encourage collaboration across Healthcare Improvement Scotland and with our stakeholders. We will listen, learn and act on feedback where appropriate.

One Team approach

Communications, engagement and public affairs are shared responsibilities. We will work together across teams and directorates to ensure a coordinated and consistent approach that supports organisational priorities and demonstrates our collective impact.

Impact-focused

We will focus our efforts on activity that delivers the greatest benefit, improves understanding of our role and demonstrates the difference our work makes. We will use insight and evaluation to continuously improve our approach.

Responsive and forward looking

We will remain responsive to emerging issues, opportunities and changes in the health and care landscape, adapting our approach where needed and making effective use of new ways to communicate and engage.

Our communications and engagement approach

Our approach focuses on six connected components:

Internal communications

Internal communications help our people understand organisational priorities, share learning and feel connected to our purpose. We will support a One Team approach by making it easier for staff to access information, understand decisions and recognise how their work contributes to improving health and care across Scotland.

External communications

External communications help people understand who we are, what we do and the difference we make. We will communicate clearly and consistently with our audiences, demonstrating the impact of our work and strengthening Healthcare Improvement Scotland's reputation as a trusted and credible organisation.

Stakeholder engagement

Stakeholder engagement is a shared responsibility across Healthcare Improvement Scotland. Teams and directorates engage with stakeholders every day to inform, improve and deliver their work.

This strategy promotes a consistent approach to stakeholder engagement across the organisation, supporting meaningful dialogue, collaboration and feedback. By listening to and learning from our stakeholders, we can strengthen relationships, improve our work and better understand the needs and priorities of the people and organisations we work with.

Public affairs

Public affairs helps us to build strategic relationships and contribute effectively to discussions that shape health and care policy and delivery in Scotland.

We will develop constructive relationships with parliamentarians, policy-makers and system leaders, sharing evidence, insight and learning from our work while improving our understanding of emerging priorities and issues across the health and care system.

Digital communications

Digital communications play a key role in how people access information and engage with Healthcare Improvement Scotland. We will continue to develop accessible and effective digital channels that help us reach our audiences, share evidence and learning, and demonstrate our impact.

Brand and identity

A strong and consistent brand helps people recognise Healthcare Improvement Scotland and understand our role. We will maintain a clear and consistent identity that reflects our values, supports accessibility and reinforces our position as a trusted national organisation.

Measuring success

The success of this strategy will be measured by the extent to which it helps Healthcare Improvement Scotland achieve its objectives and supports our wider organisational priorities.

Over the course of this strategy, we aim to:

- increase awareness and understanding of Healthcare Improvement Scotland and the work we do
- strengthen relationships with the people and organisations we work with
- improve how we communicate evidence, learning and improvement
- increase understanding of the impact of our work
- support a more coordinated and consistent approach to communications and engagement across the organisation
- strengthen Healthcare Improvement Scotland's contribution to discussions about the future of health and care in Scotland.

Progress will be reviewed regularly using a combination of quantitative and qualitative information, including audience insight, stakeholder feedback, digital analytics and other measures of impact and engagement. Detailed measures, reporting arrangements and performance indicators will be set out in supporting delivery and evaluation plans.

We will use learning and feedback to continuously improve our approach, ensuring that our communications, engagement and public affairs activity remains effective, relevant and aligned with organisational priorities.

Published | September 2026

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Q1 Organisational Performance Report

Meeting: Board - Public

Meeting date: 23 September 2026

Agenda item: 4.1

Responsible Executives: Gillian Hennon, Chief Finance and Risk Officer, and Helen Meldrum, Interim People Officer

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

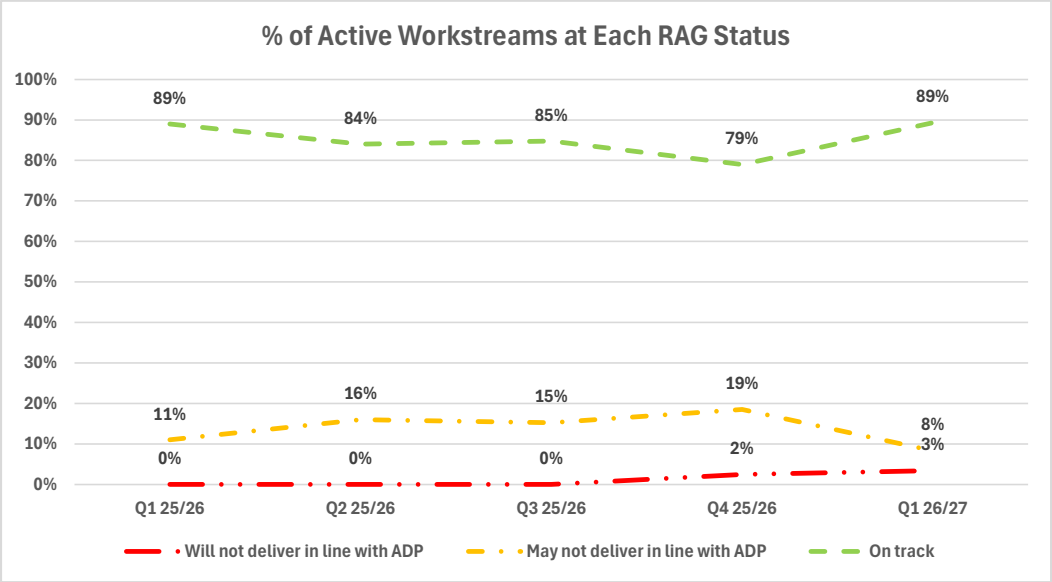
Detailed reports have been considered by the following governance Committees:

- 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 first quarter for 2026/27 overall performance was positive with 89% of our work programmes reporting as 'green - on track to deliver in line with the Annual Delivery Plan (ADP)/commission' representing an improved position from Q4 2025/26 (79%). There continue 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 69% of corporate performance measures which is lower than anticipated (see Appendix 1).



The graph above shows the percentage of active workstreams within our 2026/27 Work Programme at each RAG status and indicates that overall performance is positive with 89% of work programmes reporting as 'green - on track to deliver in line with the Annual Delivery Plan (ADP)/commission'.

The following achievements demonstrate progress against our strategic milestones during the first Quarter of 2026/27.

Strategic Priority 1: Safety and Quality

- Healthcare Staffing Programme (HSP) published a variety of staffing level tools and data capture templates for maternity, neonatal and emergency care services. Also published guidance on using Safecare for reporting for NHS Scotland Boards.

Strategic Priority 2: Evidence

- Scottish Health Technologies Group (SHTG) published recommendations on Robotic Assisted Bronchoscopy for diagnosing lung cancer and also on the topic of virtual wards.
- SHTG Innovative Medical Technology Overviews published for Accelerated National Innovation Adoption: Computed Tomography Fractional Flow Reserve (CT-FFR) for assessing functionally significant coronary artery stenosis, summarising the evidence on using artificial intelligence software to estimate CT-FFR based on standard coronary computed tomography angiography in adults with suspected coronary artery disease; Intelligent Liver Function Testing for the earlier diagnosis of chronic liver disease (CLD) including the use of enhanced liver fibrosis testing for the earlier diagnosis of CLD; and Home-testing devices for diagnosing obstructive sleep apnoea hypopnoea syndrome (OSAHS) summarising the evidence on home-testing devices to diagnose OSAHS in adults compared with home respiratory polygraphy or in-hospital sleep testing.

- Pharmacological Management of Migraine and Epilepsy in Children Scottish Intercollegiate Guidelines Network guidelines published in Q1 including plain language versions.
- 10 new toolkits went live in Q1 through the Right Decision Service.
- Completed and circulated two National Cancer Medicines Advisory Group impact reports to key stakeholders.

Strategic Priority 3: Voices

- Citizens' Panel 17 report relating to views on planning for healthcare services published in June.
- Feedback from Scottish Government on Citizens Panel 16 (Duty of Candour) showing how responses are being used to directly influence future priorities and endorsing the Citizens' Panel approach.
- Accessible Engagement Guidance published to support HIS staff to create accessible engagement materials and understand the inclusion principles that underpin good accessibility. It supports our commitment to advancing equality of opportunity by ensuring that Scotland's diverse communities can participate fully in our work.

Strategic Priority 4: Improvement

- Focus on Dementia published an update on Reducing Stress and Distress Improvement Programme providing the latest progress, impact and next steps.
- The Primary Care Phased Investment Programme final launch report was published in June. The programme looked at the progress of multidisciplinary team development within general practice, focused on pharmacotherapy and community treatment and care services (such as chronic disease monitoring and wound care) across four demonstrator sites.
- Publication of an evaluation into the Leading Excellence in Care (EiC) Education and Development Framework. The framework is a leadership education and development framework for Nursing, Midwifery and Allied Health Professionals. The evaluation highlighted several useful insights that can be used to develop the resource further.

The performance report specifically considers areas across the organisation in terms of best value by undertaking value for money reviews and in line with the NHSScotland Value Based Health and Care Action Plan (September 2023) . These one-off reviews form part of the Annual Best Value report. This quarter no best value assessment has been carried out due to team capacity pressures but the intention will be to report two assessments next quarter.

At the QPC on 17 August 2026, the Committee acknowledged the overall positive position at the end of Quarter 1. The following points were discussed:

- It was noted that we will continue to review the performance report with a view to cross referencing our financial investment plans and the development of a framework to consistently report on the impact of our work across health and care system.
- The increase in current sickness absences was discussed and the potential impact this could have on delivering our Strategy and Annual Delivery Plan, something the Performance and Delivery Board are sighted on.
- The increase in the number of high and very high operational risks was discussed, especially in terms of the correlation between these and work programme delivery.
- There was a query regarding our Corporate Key Performance Indicators (KPIs) and alignment with HIS' and Scottish Government priorities. It was agreed to amend KPI Area description "Timely Access to Services" to read "Person-Centred Access to Services" which better aligns with the two metrics that sit under this heading.

Financial Performance Report – July 2026 (P4)

At 31 July 2026, total income received was £16.9m and total expenditure was £16.4m, driving a £0.5m (3%) underspend. This was driven by higher than budgeted income within Independent Healthcare (IHC), due to higher registration of services, and a reduced IHC bad-debt provision of £0.2m following change in debt management arrangements, resulting in higher recovery of debt, alongside lower than budgeted non-pay expenditure across the organisation of £0.3m.

	Annual Budget (m)	Annual Forecast (m)	YTD Actual (m)	YTD Budget (m)	YTD Variance (m)
Income	£51.6	£53.5	£16.9	£16.9	-
Pay	£45.1	£46.5	£14.9	£14.9	-
Non-Pay	£6.5	£7.0	£1.5	£2.0	£0.5
Under/(over) spend	-	-	**£0.5**	-	**£0.5**

We are forecasting a break-even position for the financial year 2026-27, as we expect to utilise any non-recurring slippage to fund the Investment Pipeline projects identified through the budget planning process.

We have received our P4 allocation letter and have received £3.9m in allocations to date, with a further £4.0m expected.

The detailed Financial Performance Report at 31 July 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 split between £0.2m relating to savings to be achieved through the Vacancy Review Group and £0.3m pro-rated across Directorates.

Directorate	YTD Target (£m)	YTD Actuals (£m)	YTD Variance (£m)	Full Year Target (£m)
Community Engagement & Transformational Change	(0.01)	(0.02)	(0.00)	(0.04)
CorporateProvision	(0.00)	-	0.00	(0.00)
Digital	(0.00)	-	0.00	(0.02)
Evidence	(0.01)	-	0.01	(0.06)
Medical And Safety	(0.00)	-	0.00	(0.04)
Nursing And Integrated Care	(0.01)	-	0.01	(0.06)
Office of the Chief Executive	(0.01)	(0.03)	(0.02)	(0.03)
Quality Assurance and Regulation	(0.01)	-	0.01	(0.06)
Vacancy Review Group	(0.04)	-	0.04	(0.20)
Reduced Working Week	(0.27)	(0.27)	0.00	(0.80)
Total	**(0.36)**	**(0.32)**	**0.04**	**(1.33)**

We have achieved £0.3m in savings year-to-date (YTD) against a YTD target of £0.4m – the majority of savings are expected to be achieved from Q2 onwards, with Finance continuing to work with Directorates to support.

Workforce Report

Workforce indicators current YTD.

YTD Period: April - August 2026 (refer to Appendix 3 for Key Workforce Key Performance Indicators (KPIs) trends):

- As of 31 August 2026, our total workforce headcount (payroll and non-payroll) is 630 (572.2 whole time equivalent - WTE), of this 594 (557.9 WTE) were payroll staff. This represents a net increase of 18 payroll staff and 7 non-payroll/secondees during the current financial year.

  94% of our workforce are payroll staff (82% permanent, 5% fixed term and 7% HIS employees on internal secondment) and 6% are non-payroll (secondees from other NHS boards).

- Total workforce turnover YTD stands at 1.4%, which is significantly lower compared to the same period last year (4.0%). Current trends forecast the end of year turnover rate to be circa 3.6% (previous year-end turnover was 10.5%).

- As shown in Appendix 3, the sickness absence rate in this period was 5.1% which is higher than the same period last year (3.1% in August 2025). Although increasing this year, sickness absence has shown signs of stabilising this period. Our sickness rates remain lower than the national rate for NHS Scotland of 6.6% (June 2026 - latest published data) with most of the long-term absence being attributed to anxiety, stress, or depression related conditions.

  Sickness absence levels are being closely monitored with regular updates provided to the Executive Team and the Performance and Delivery Board with Human Resources continuing to provide appropriate support and guidance to staff and managers.

- The Workforce Strategy Group has reviewed 131 resource requests in total since April, of which 94 were recruitment related. The majority of recruitment requests (62%) were being funded from baseline allocation. All posts were reviewed in line with budget and service priorities.

- 67 new recruitment campaigns were advertised since April 2026 - 38 have already been filled (22 of these by existing internal/NHS staff) with others progressing through recruitment stages.
- We are seeking alternative opportunities for 9 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: Q1 26/27 Corporate KPIs
- Appendix 2: Summary Financial Performance Report P4 at 31 July 2026
- Appendix 3: Key Workforce Key Performance Indicators (KPIs) at 31 August 2026

Appendix 1: Q1 26/27 Corporate Key Performance Indicators (KPIs)

Corporate KPIs:	Number of KPIs	% of KPIs
Red (behind target >10%)	6	19%
Amber (within 10% of target)	1	3%
Green (ahead/on target)	22	69%
N/A	3	9%

Source	KPI Area	KPI Metric	26/27 Target	26/27 Q1 Target	Outturn Q1	Comments
Enabling Reform	**Mental Health**	% of Boards receiving a clearly aligned HIS-wide offer on mental health (e.g., assurance, improvement, evidence)	75%	0%	0%	Quarterly breakdown: Q1 0%, Q2 10%, Q3 40%, Q4 75%
	Scottish Approach to Change	% of NHS Reform publications by Scottish Government that include meaningful references to the Scottish Approach to Change	75%	N/A	N/A	Quarterly targets: Q1 N/A, Q2 25%, Q3 50%, Q4 75%
Delivering Quality - Person-Centred & Equitable	**Person-Centred Access to Services**	Number of published outputs of evidence from engagement	8	2	2	Citizens' Panel and Gathering Views also reported to SHC
		Number of standards or supporting documents published	8	1	1	Quarterly breakdown: Q1 x1, Q2 x2, Q3 x0, Q4 x5

Delivering Quality – Safety	**NHS Inspections**	NHS acute hospital inspections	7	2	2	Quarterly breakdown for the 3 inspections programmes: Q1 x6, Q2 x6, Q3 x6, Q4 x6 (total 24)
Delivering Quality – Safety		NHS acute adult mental health inspections	7	1	1	
		NHS acute maternity unit inspections	10	3	3	
	Improvement Action Plans	% of inspection reports published with an associated improvement action plan	100%	100%	100%	100% target applies across all quarters
	Independent Healthcare Inspections	Process 80% of registrations within a 6-month timeframe	80%	80%	41%	Timeframe previously 90 days but due to complexity and volume of registrations for 26/27 communication updated to reflect this. Workload has increased across the regulatory activities with no associated increase in available staffing. The increase in complaints and registrations meant that some planned activities, such as low-risk inspections were rescheduled to free up time to focus on these high-priority activities.
		Undertake 90% of inspections due per quarter by the service's due date	90%	90%	17%	90% target applies across all quarters. Please see explanation above.
		% of complaints triaged within the agreed timescale of Complaint Handling Procedure (CHP)	100%	100%	95%	Target 100% of complaints assessed within 5 working days of receipt. Total number of complaints received Q1 = 34. Please see explanation above.

	Ionising Radiation (Medical Exposure) Regulations (IR(ME)R)	Number of IR(ME)R inspections carried out	10	3	3	Quarterly breakdown Q1 & Q2 x3, Q3 & Q4 x2
	Adverse Events	Number of monthly national reports of quantitative data on Adverse Events submitted to Scottish Government within agreed timelines	12	3	3	Based on an expectation of 1 report being submitted to Scottish Government each month
		Number of quarterly national progress reports on adherence to the Adverse Events national framework submitted to Scottish Government within agreed timelines	4	1	0	Based on an expectation of 1 report being submitted to SG each quarter. The first quarterly report has been delayed as it's still going through internal quality assurance.
	Responding to Concerns	% of cases with initial assessment undertaken within agreed timescales	100%	100%	100%	100% target applies across all quarters
	Scottish Patient Safety Programme - Essentials of Safe Care	% of participating Boards that have started testing changes towards implementation of the Scottish approach to Martha's rule	60%	0%	0%	Quarterly breakdown: Q1: 0%, Q2: 0%, Q3: 30%, Q4: 60%

	Scottish Patient Safety Programme - Paediatrics	% of participating Boards testing implementation of the updated Scottish Paediatric Early Warning System	25%	0%	0%	Quarterly breakdown: Q1: 0%, Q2: 0%, Q3: 0%, Q4: 20%
	Scottish Patient Safety Programme - Perinatal	% of participating Boards that have commenced implementation of the national Maternity Early Warning System	75%	0%	0%	Quarterly breakdown: Q1: 0%, Q2: 25%, Q3: 50%, Q4: 75%
		% of participating teams demonstrating modest improvement in at least one workstream	80%	0%	0%	Quarterly breakdown: Q1: 0%, Q2: 20%, Q3: 60%, Q4: 80%
	Scottish Patient Safety Programme - Medicines	% participating Boards progressing to review for implementation on the Scottish Approach to Change	40%	0%	0%	Quarterly breakdown: Q1: 0%, Q2: 0%, Q3: 20%, Q4: 40%
	Strategic Safety Plan	% of safety plan deliverables achieved across all workstreams within planned timeframe	95%	25%	25%	Quarterly breakdown Q1 25%, Q2 45%, Q3 70%, Q4 95%

	Controlled Drug Governance	Response rate from designated bodies in the annual audit of Controlled Drugs Accountable Officers arrangements within designated bodies in Scotland	100%	N/A	N/A	Quarterly breakdown: Q1 N/A, Qs2-4 100%
Delivering Quality - Effective & Evidence-Based	**Death Certification Review Service**	% of Medical Certificates of Cause of Death reviewed	12%	12%	12%	12% applies across all quarters
		% of requests for Advance Registration completed within 2 hours	100%	100%	100%	100% applies across all quarters
	New Medicines Advice	% of decisions communicated within target timeframe	75%	75%	5%	Based on consistent level of submissions annual target reduced to *75%.* Six-month delay to start reviewing medicines (unless prioritised via particular criteria) is significantly impacting achievement of this KPI and it is anticipated this trend will continue throughout the remainder of the year.
		Number of submissions on the deferred / waiting list	</=10	</+10	31	Provides an indication of backlog/deferred position & reports number at the end of each quarter. Aligning likelihood scorings on COMPASS risk about being unable to issue timely advice as follows: 10 or over is likelihood 3, 15 or over is likelihood 4 and 20 or over is likelihood 5. This is all stemming from the significant number of submissions we received in 25/26.

	Service Change Engagement	Number of NHS board/Integrated Joint Boards service change engagement plans supported by HIS advice, assurance or review activity	70	70	70	Annual target applies across all quarters. Also reported to Scottish Health Council
	Healthcare Staffing (HSP)	% of NHS Boards that have completed the full HSP monitoring cycle within the reporting period	100%	22%	37%	Quarterly breakdown: Q1: 4 Boards (22.2%) Q2: 5 Boards (50%) Q3: 5 Boards (75%) Q4: 4 Boards (100%)
	Scottish Health Technologies Group (SHTG)	Number of advice outputs issued	12	3	5	25/26 target retained
	National Position Statements	Delivery of national evidence statements on major priority areas	2	N/A	N/A	Quarterly breakdown: Q2 x1, Q4 x1
External - SG '15 box grid'	**Sickness Absence Rate**	In line with national target	4%	4%	4.9%	National target
	Recurring Savings	As approved in budget	£1.33 m	£0.2m	£0.2m	Per 26/27 financial plan. Annual target breakdown Q1 £0.2m, Q2 £0.3m, Q3 £0.4m, Q4 £0.4m. Year-to-date savings variance relates to directorate savings targets, plans are in place however majority haven't progressed yet. Expectation savings will be achieved by year-end.

Appendix 2 Summary Financial Performance Report P4 2026-27

Year to Date - Performance Summary – P4

At 31 July 2026 total income was £16.9m and total expenditure was £16.4m, driving a £0.5m underspend (3%).

IHC was underspent by £0.2m due to lower than budgeted pay and reduction in bad debt provision in year resulting in lower non-pay expenditure.

The other £0.3m was underspent due to 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	£16.9	£16.9	-
Pay	£45.1	£14.9	£14.9	-
Non-Pay	£6.5	£1.5	£2.0	£0.5
Under/(over) spend	-	£0.5	-	£0.5
Total WTE		546.6	-	-

	YTD Actual WTE
Baseline WTE	457.5
Allocation WTE	67.7
Grant WTE	3.0
IHC WTE	18.4
Total	**546.6**

Total Whole Time Equivalents (WTEs) at the end of July were 546.6 – an increase of 3.2 from June. A full breakdown of the YTD WTE position is available in **Appendix 1**.

Year-to-date 8 people had left the organisation in total - representing an overall turnover rate of 1.3% YTD. 15 people have joined the organisation since the beginning of the financial year.

There are currently 9 staff on the redeployment register and 27 roles that have live campaigns.

Performance by Funding Source

Year to Date – P4

	Baseline (£m)	Additional Allocations (£m)	Independent Healthcare (£m)	Grant and Other Income (£m)	Total (£m)
Income	£14.1	£2.1	£0.6	£0.1	**£16.9**
Pay	£12.7	£1.7	£0.4	£0.1	**£14.9**
Non-Pay	£1.4	£0.1	-	-	**£1.5**
Under/(over) spend	**-**	**£0.3**	**£0.2**	**-**	**£0.5**

Full Year Forecast

	Baseline (£m)	Additional Allocations (£m)	Independent Healthcare (£m)	Grant and Other Income (£m)	Total (£m)
Income	£42.3	£8.5	£2.0	£0.7	**£53.5**
Pay	£38.2	£6.2	£1.8	£0.3	**£46.5**
Non-Pay	£5.4	£1.0	£0.2	£0.4	**£7.0**
Under/(over) spend	**(£1.3)**	**£1.3**	**-**	**-**	**-**

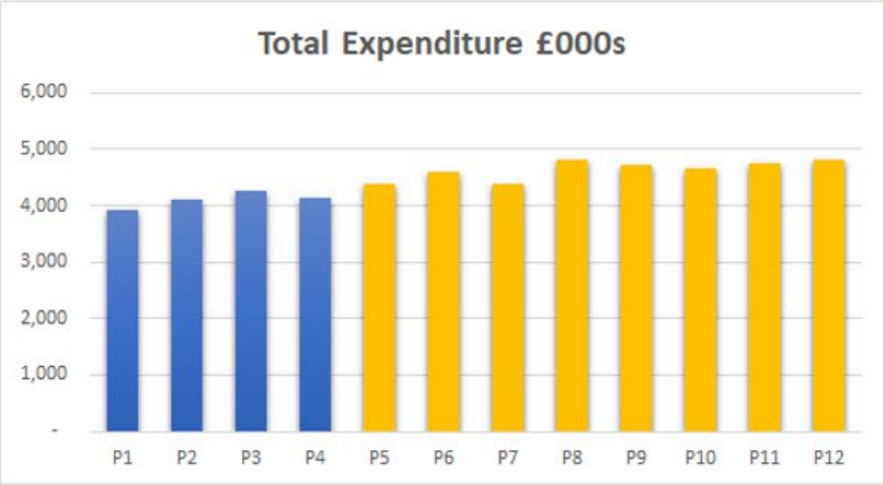
Key areas of variance YTD are:

- Additional Allocations underspend driven by pay and non-pay underspend across projects, primarily within Drugs and Alcohol (£0.1m), CSAE (£0.1m) and Mental Health (£0.1m).
- IHC underspend driven by lower than budgeted pay and reduction in bad debt provision in year resulting in lower non-pay expenditure.

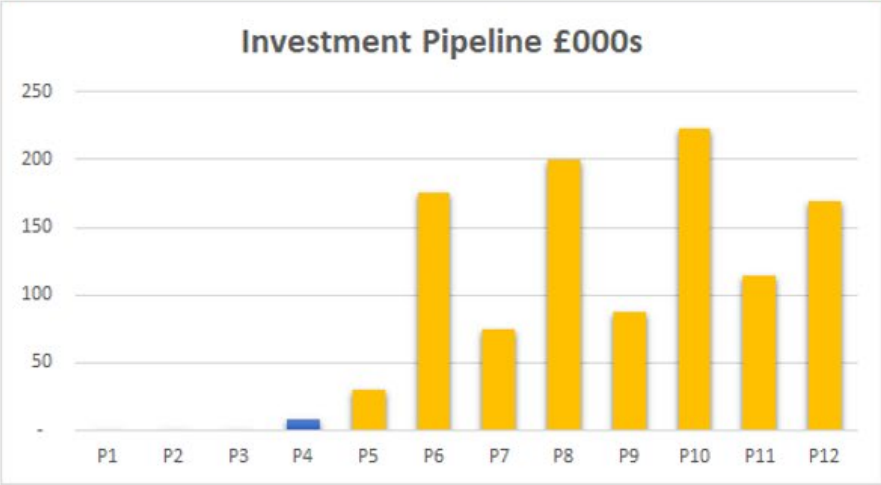
- Baseline income of £42.3m has been confirmed by SG for the full year.
- Other income relates to rental income £0.2m.
- Baseline expenditure includes agreed Investment Pipeline expenditure hence overspend position.

Expenditure Trend

Cumulative Expenditure by Month



Cumulative Investment Pipeline Expenditure by Month



- The graphs above show the expected total expenditure for the organisation alongside the expected Investment Pipeline expenditure for each month.
- The periods P1 to P4 reflect actual expenditure while P5 to P12 reflects forecast expenditure.
- Investment Pipeline expenditure is expected to be incurred from P5 onwards, with majority of investment planned for Q3 and Q4.
- Total Expenditure for the organisation is forecast to be £53.5m
- Investment Pipeline expenditure is forecast to be £1.1m

Additional Allocations

Additional Allocations – P4

Funding Status	Sum of Funding Received (£)	Funding Expected (£)	Additional Allocations Totals	Actual Expenditure YTD	Over/Underspend YTD	Allocation Budget
Funding Anticipated	**0**	**4,020,901**	**4,020,901**	**940,298**	**276,427**	**3,704,011**
167 - RR & Medicated assisted treatment / Pathways & substance	0	1,550,000	1,550,000	366,618	120,793	1,550,000
486 - Voluntary Scheme for Branded Medicine Pricing, Access, and Growth – Life Sciences Investment Programme	0	794,150	794,150	223,521	28,576	794,150
27 - Right Decision Support	0	718,890	718,890	117,748	(2,206)	402,000
204 - Palliative Care Guidelines & Scottish Palliative Care Guidelines on Right Decision	0	226,095	226,095	75,253	4,420	226,095
147 - Volunteer Management System	0	132,000	132,000	53,403	17,669	132,000
TBC - Police Custody	0	178,000	178,000	53,010	9,519	178,000
TBC - CSAE	0	368,626	368,626	50,547	79,291	368,626
444 - Development of national standards for domestic homicide and suicide reviews	0	53,140	53,140	198	18,365	53,140
Funding Received	**3,909,192**	**0**	**3,909,192**	**824,051**	**71,656**	**2,593,102**
79 - Service renewal and population health frameworks	1,167,294	0	1,167,294	323,374	48,957	1,218,608
37 - Improvement support for hospital at home	514,000	0	514,000	170,219	6,172	514,000
67 - Recurring Allocation from 2025-26	471,121	0	471,121	133,011	29,654	471,121
138 - National Cancer Medicines Advisory Group	230,078	0	230,078	105,101	(22,660)	230,078
120 - GP walk-in	573,216	0	573,216	37,778	5,467	0
94 - Scottish antimicrobial prescribing group	95,498	0	95,498	28,750	4,276	95,498
13 - Peer approved Clinical System Tier 2 National Review Panel	66,189	0	66,189	15,802	6,823	63,797
40 - Single Point of Contact	146,242	0	146,242	10,016	(7,034)	0
Held Back	645,554	0	645,554			0
No Funding Anticipated	**0**	**0**	**0**	**(0)**	**0**	**210,000**
118 - Excellence in Care Programme expansion into multidisciplinary professions	0	0	0	0	0	210,000
Total	**3,909,192**	**4,020,901**	**7,930,093**	**1,788,520**	**323,913**	**6,507,113**

- Budget totalling £6.5m reflects the expected funding as signed-off by the Board as part of the 26/27 planning process.
- We have received confirmation from SG that we no longer expect to receive £0.2m of funding for Excellence in Care.
- RDS expected funding is higher than budget as funding previously expected as grant now expected as allocation.
- We are still waiting on confirmation of funding from SG for several allocations.

Savings Targets

Directorate	YTD Target (£)	YTD Actuals (£)	YTD Variance (£)	Full Year Target (£)	Presented to PDB
Community Engagement & Transformational Change	(14,800)	(15,088)	(288)	(44,400)	Yes
CorporateProvision	(378)	-	378	(3,400)	Yes
Digital	(2,400)	-	2,400	(21,600)	Yes
Evidence	(6,700)	-	6,700	(60,300)	Yes
Medical And Safety	(4,922)	-	4,922	(44,300)	No
Nursing And Integrated Care	(6,389)	-	6,389	(57,500)	Yes
Office of the Chief Executive	(10,367)	(33,333)	(22,967)	(31,100)	Yes
Quality Assurance and Regulation	(7,011)	-	7,011	(63,100)	Yes
Vacancy Review Group	(40,000)	-	40,000	(200,000)	N/A
Reduced Working Week	(266,667)	(266,667)	-	(800,000)	N/A
Total	**(359,633)**	**(315,088)**	**44,545**	**(1,325,700)**	

- 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 split between £0.2m relating to savings to be achieved through the Vacancy Review Group and £0.3m pro-rated across Directorates.

Appendix 1 – YTD Financial Position

Financial Position at P4

Category	Actuals (£)	Budget (£)	Variance (£)
Income			
Allocation Income	2,112,433	2,082,428	30,005
Baseline Income	13,987,636	13,987,636	0
Grant and Other Income	779,405	784,013	(4,608)
Pay Costs			
Agency Costs	29,441	0	(29,441)
Pay Costs	14,875,268	14,926,007	50,739
Non Pay Costs			
Communications	36,084	47,881	11,797
Depreciation	86,867	87,973	1,106
IT Costs	287,023	499,490	212,466
Miscellaneous	(53,547)	202,322	255,869
Non Pay Savings Targets	0	(198,314)	(198,314)
Payments To Other Organisations	502,456	554,548	52,093
Professional Fees And Charges	346,057	403,143	57,086
Rent, Occupancy & Office Costs	182,969	171,976	(10,993)
Training	37,172	38,764	1,592
Travel & Subsistence	60,924	120,287	59,364
(Over)/Underspend	**488,760**	**(0)**	**(488,760)**

WTE at P4

Funding Source	Actual WTE
Baseline Funding	457.5
Additional Allocation	67.7
IHC Income	18.4
Grant and Other Income	3.0
Total	**546.6**

Directorate Position at P4

Directorate	Actuals (£)	Budget (£)	(Over)/Underspend (£)
Quality Assurance and Regulation	273,184	0	273,184
Community Engagement + Transformational Change	268,541	0	268,541
Nursing and Integrated Care	186,248	0	186,248
It + Digital	37,883	0	37,883
Evidence	23,950	0	23,950
Property	20,834	0	20,834
Medical And Safety	(56,320)	0	(56,320)
Office of the Chief Executive	(120,171)	0	(120,171)
Corporate Provision	(145,390)	0	(145,390)
Total	**488,760**	**0**	**488,760**

WTE by Directorate at P4

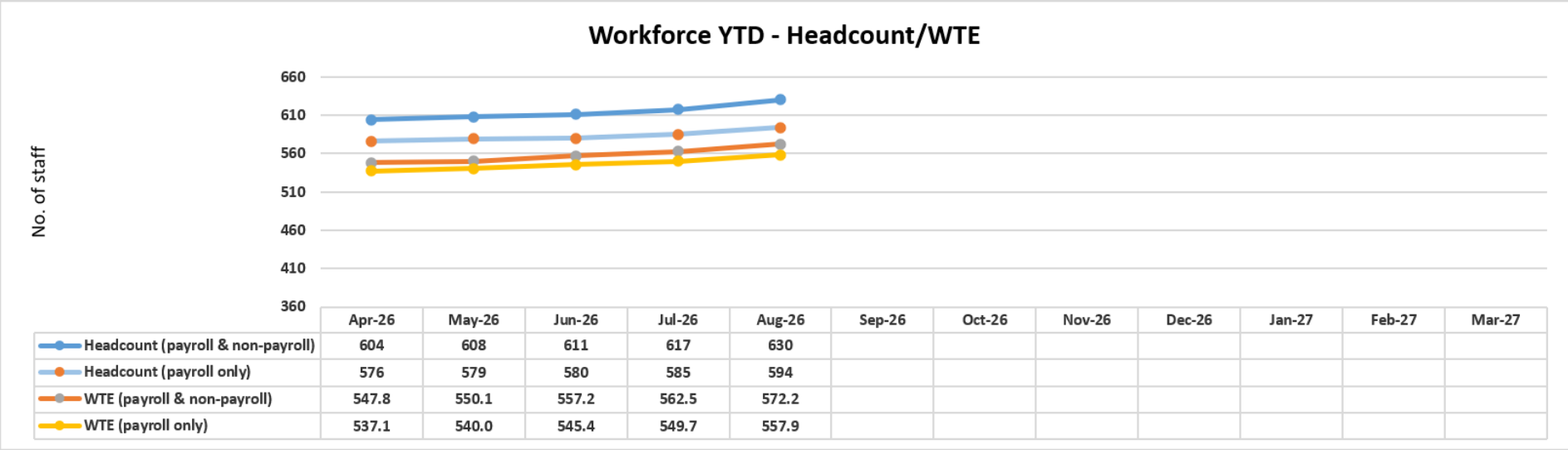
Directorate	Payroll	Secondee	Total
Quality Assurance and Regulation	116.4	1.0	**117.4**
Evidence	106.7	4.3	**111.0**
Nursing and Integrated Care	94.5	1.6	**96.1**
Community Engagement + Transformational Change	91.1	0.4	**91.4**
Medical And Safety	59.5	2.7	**62.1**
Office of the Chief Executive	48.3	1.0	**49.3**
It + Digital	19.2		**19.2**
Corporate Provision			
Total	**535.7**	**10.9**	**546.6**

- IT Costs are lower than budget due to expenditure not yet incurred for licences in Healthcare Staffing Programme and lower expenditure across organisation.
- Miscellaneous costs are lower than budget due to reduction of bad debt provision in IHC and lower expenditure across organisation.
- **£443k of costs have not been correctly raised** or receipted on the PO system by users across the organisation. This is an increase from £384k in P3. **Directors are asked to remind teams of the importance of timely raising and receipting of Purchase Orders**.

Appendix 3 Key Workforce Key Performance Indicators (KPIs)

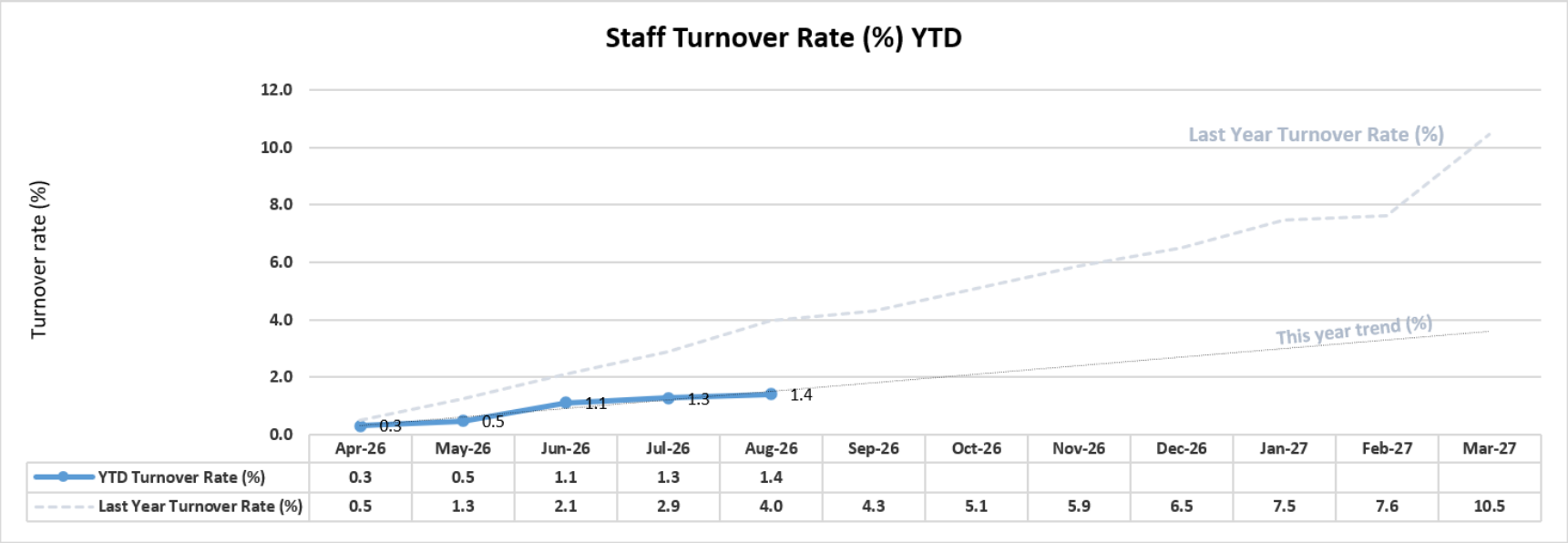
Healthcare Improvement Scotland

Workforce headcount (April 2026 – YTD):



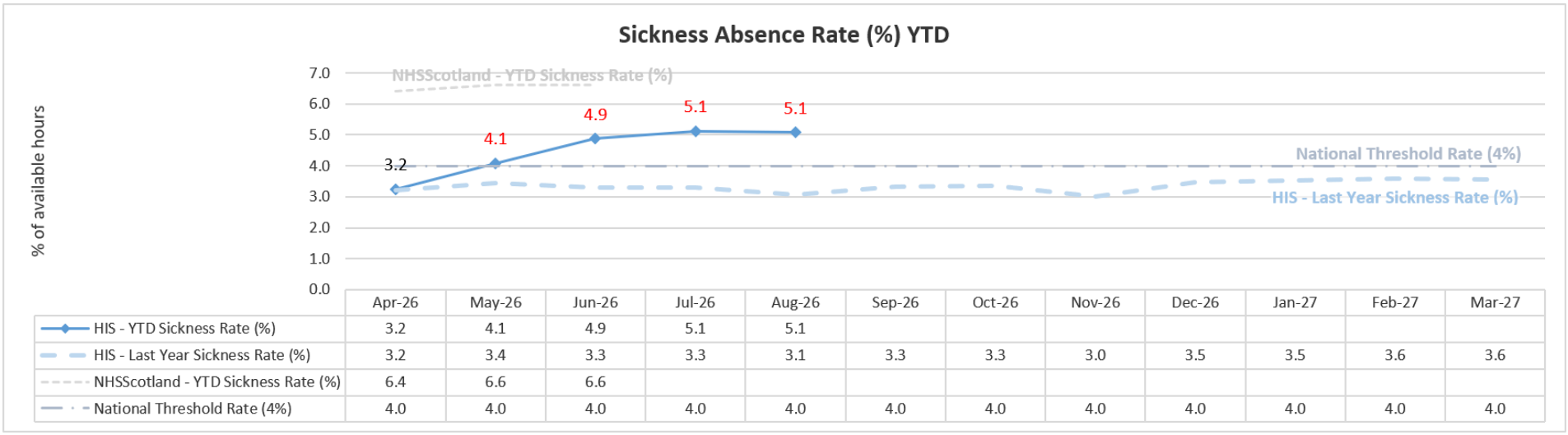
	Apr-26	May-26	Jun-26	Jul-26	Aug-26	Sep-26	Oct-26	Nov-26	Dec-26	Jan-27	Feb-27	Mar-27
Headcount (payroll & non-payroll)	604	608	611	617	630							
Headcount (payroll only)	576	579	580	585	594							
WTE (payroll & non-payroll)	547.8	550.1	557.2	562.5	572.2							
WTE (payroll only)	537.1	540.0	545.4	549.7	557.9							

Staff turnover (April 2026 – YTD):



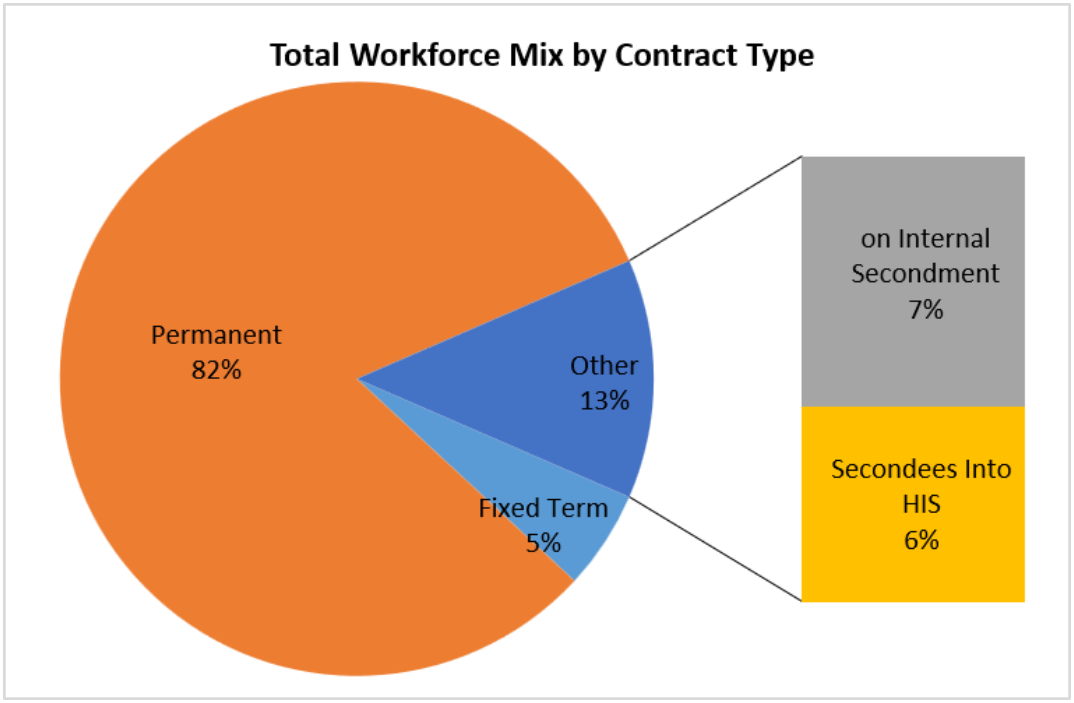
	Apr-26	May-26	Jun-26	Jul-26	Aug-26	Sep-26	Oct-26	Nov-26	Dec-26	Jan-27	Feb-27	Mar-27
YTD Turnover Rate (%)	0.3	0.5	1.1	1.3	1.4							
Last Year Turnover Rate (%)	0.5	1.3	2.1	2.9	4.0	4.3	5.1	5.9	6.5	7.5	7.6	10.5

Sickness absence (April 2026 – 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
HIS - YTD Sickness Rate (%)	3.2	4.1	4.9	5.1	5.1							
HIS - Last Year Sickness Rate (%)	3.2	3.4	3.3	3.3	3.1	3.3	3.3	3.0	3.5	3.5	3.6	3.6
NHSScotland - YTD Sickness Rate (%)	6.4	6.6	6.6									
National Threshold Rate (4%)	4.0	4.0	4.0	4.0	4.0	4.0	4.0	4.0	4.0	4.0	4.0	4.0

Workforce composition (Current):



Risk Management

Meeting: Board - Public

Meeting date: 23 September 2026

Agenda item: 5.1

Responsible Executive: Gillian Hennon, Chief Finance and Risk Officer

Report Author: Joan Hephzibah, Risk Manager

Purpose of paper: Assurance

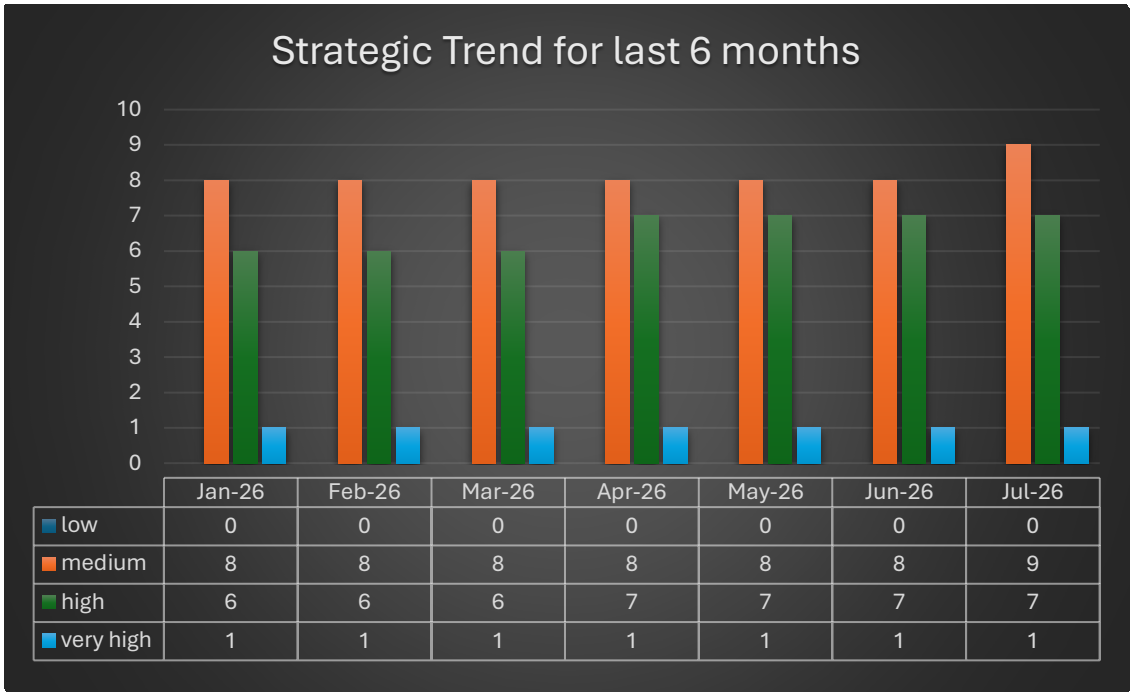
1. Purpose

The Board is asked to review all the current strategic risks (Appendix 1) as of 23 August 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

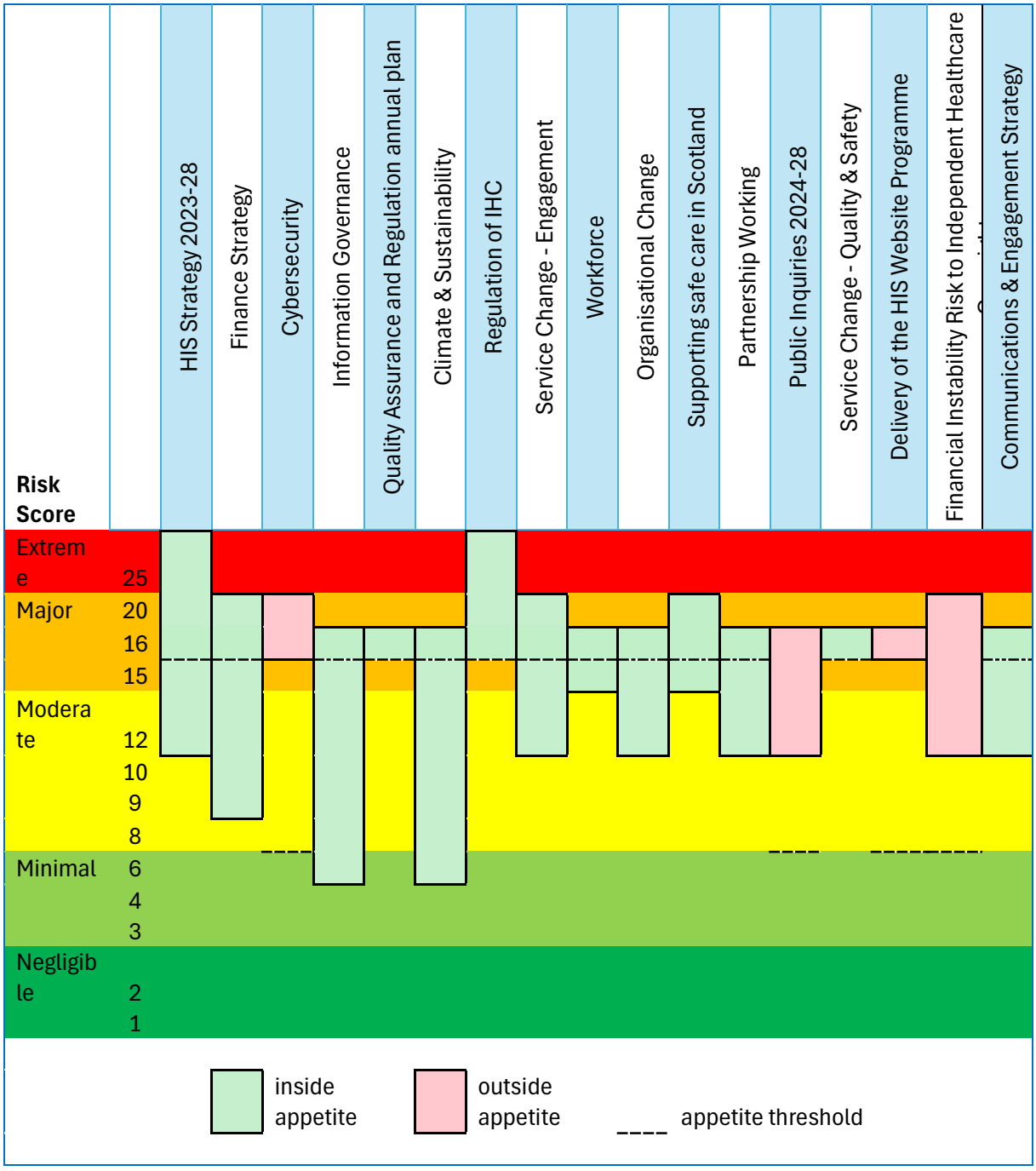


	Jan-26	Feb-26	Mar-26	Apr-26	May-26	Jun-26	Jul-26
low	0	0	0	0	0	0	0
medium	8	8	8	8	8	8	9
high	6	6	6	7	7	7	7
very high	1	1	1	1	1	1	1

There are currently seventeen strategic risks in place. The strategic trend reflects an increase of one risk from sixteen reported in the last quarter's report, with 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. Senior HIS staff will be called as witnesses in September Eljamel Inquiry hearings.

Delivery of the HIS Website Programme

Residual Risk Score: 16
Appetite Status: Out

HIS has taken steps to strengthen delivery of the Website Programme through revised governance arrangements, executive sponsorship, technical support from Public Services Delivery Scotland (PSDS), establishment of a Website Oversight Group, and continued support from an external WordPress developer. Work is also underway to explore alternative delivery approaches, including an outsourced model and a fully hosted platform, supported by potential investment funding to increase specialist capacity.

Despite these actions, significant risks remain. Progress continues to be constrained by limited capacity, capability gaps and reliance on a small number of specialist resources. The migration and rationalisation of legacy content is expected to extend over a prolonged period, while stakeholder insight requires refreshment to ensure content remains relevant and user centred. Further work is also required to strengthen governance arrangements, including review of the effectiveness of the Website Oversight Group, and to ensure delivery aligns with digital accessibility requirements and recognised best practice.

The effectiveness of the proposed delivery model and revised governance arrangements remains unproven, with key decisions regarding ownership, accountability and long-term resourcing still to be finalised. Delays in securing specialist support, funding or procurement approvals may further impact delivery timescales and benefits realisation.

Overall, there is an ongoing risk that delays or shortcomings in delivery of the Website Programme could limit accessibility to information and services, reduce stakeholder confidence, and adversely affect HIS's reputation and ability to communicate effectively with the public and partners.

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

A review of risk management in HIS is underway since the Risk Manager took up post in July 2026. This will include revisiting risk appetite, along with broader risk management and reporting improvements. In addition to the review of the Strategic Risk Register which was flagged at the June Audit and Risk Committee, it is also planned to use a Board Development Day for wider Board input into this process.

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.

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, Key Performance Indicators 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 are considering future policy and funding. Debt-recovery improvements with the Central Legal Office (CLO) and PSDS are in progress. The QAD Clinical Care Governance Group oversees risks and clinical input, supported by the Regulation Medical, Dental and Pharmacy Clinical Group. A UK-wide regulator forum shares learning on digital healthcare.	The regulatory framework for non-surgical cosmetic services is under review, with 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, and the General Pharmaceutical Council. Discussions with the 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 untested guidance—	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 Health and Social Care Partnerships (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 regularly with Scottish	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 Assurance of Engagement Unit and	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
				potentially impacting engagement quality and reducing public confidence, creating operational and reputational consequences.		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.	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 CLO 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 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 PSDS, 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 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 HIS 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 impact, diminished organisational visibility, and missed	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
				opportunities to build credibility and public trust						

Governance Committee Chairs Key Points

Meeting: Board - Public

Meeting date: 23 September 2026

Agenda item: 6.1

Responsible Non-Executive: Carole Wilkinson, HIS Chair

Purpose of paper: Awareness

This report provides the Healthcare Improvement Scotland (HIS) Board with an update on key issues arising from the Governance Committee Chairs' meeting on 17 August 2026. 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. Cross-Committee Matters

In discussing matters that affect more than committee, we noted the importance of early identification of the appropriate committee to consider items. We agreed that this can sometimes be complex as matters, such as the current internal reviews or the system intelligence activity, can have aspects which fall within the remit of more than committee. Nonetheless, we agreed that accountability for complex items could be made more clear by assigning a lead committee.

In this discussion, we also noted the importance of effective and early agenda planning, and the key role for committee lead officers in this.

2. Governance Internal Audit

The Head of Governance provided an update on the Internal Audit of governance, noting that the report was nearing conclusion and will provide significant assurance with minor improvements required. Indications are that its findings will assist us in clarifying roles and responsibilities of each committee as noted above. The report and an update on actions being taken forward will be provided to our next meeting.

Audit and Risk Committee Key Points

Meeting: Board - Public

Meeting date: 23 September 2026

Agenda item: 6.2

Responsible Non-Executive: Rob Tinlin, Chair Audit and Risk Committee

Purpose of paper: Awareness

This report provides the Healthcare Improvement Scotland (HIS) Board with an update on key issues arising from the Audit Risk Committee meeting on 2 September 2026. The approved minutes of the Audit and Risk Committee meeting on 22 June 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. Equality Report Next Steps

The Committee received a paper from the Employee Director and Director of Engagement and Change, providing assurance that actions have been agreed that include, and go beyond, the recommendations of the recent internal Equality Audit. Commitment to the proposals has been provided by the Executive Team and ongoing reporting and oversight will be provided through links with the Partnership Forum and Staff Governance Committee

The Committee accepted the moderate level of assurance in relation to the proposals laying out a clear action plan to address the gaps outlined in the audit.

2. Intelligence Implementation Group Update

The Committee received an update from the Director of Evidence and Digital on behalf of the Intelligence Implementation Group on the delivery of actions from the Digital and Intelligence Strategy. This included work underway in relation to securing the provision of specialist digital and data support and the development of the information layer to improved intelligence sharing processes.

The Committee accepted moderate assurance that controls are suitably designed and effectively applied and noted there remains a moderate amount of residual risk in relation to the work.

3. Annual Procurement Report

The Committee received an update from the Head of Finance and Alex Little, Deputy Head of Procurement and Logistics at the Scottish Ambulance Service. The purpose of the paper was to provide assurance on our procurement practices and the effectiveness of internal controls that are in place.

The Committee accepted moderate assurance that controls are in place and are suitably designed and effectively applied. The Head of Finance also committed to the inclusion of an analysis of HIS procurement being included in the standing Finance agenda item.

The Committee accepted limited assurance on the following items;

- Independent Health Care Fees Setting – on the basis that there remains a significant amount of residual risk which requires actions to be taken and will be clarified as the work on the outputs of the recent regulation review take effect.
- Risk Management - Risks that are out of appetite.

Quality and Performance Committee Key Points

Meeting: Board - Public

Meeting date: 23 September 2026

Agenda item: 6.4

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

Purpose of paper: Awareness

This report provides the Healthcare Improvement Scotland (HIS) Board with an update on key issues arising from the Quality and Performance Committee meeting on 17 August 2026. The approved minutes of the Quality and Performance Committee meeting on 20 May 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. Internal Review Process

The Committee received an update on the organisational approach to learning from the reviews taking place across the organisation.

The Committee welcomed the approach which is aligned to the Scottish Approach to Change and brings together learning from across the organisation to strengthen the approach to future reviews and ensure implementation of recommendations from current reviews.

The Committee accepted the limited level of assurance offered on the understanding that, once the actions outlined in the paper are complete, the level of assurance will increase. The Committee asked for an update on the progress at the next meeting.

2. Standards Prioritisation

The Committee noted the ongoing increase in the number and complexity of requests being received to develop standards and considered a proposal for new governance arrangements to oversee and agree the standards and indicators work programme. The Committee felt that a fuller understanding of the proposed arrangements would be beneficial and recommended that the standards and indicators Team Lead be invited to present at an upcoming Board Seminar.

The Committee did not accept the significant level of assurance offered given the uncertainty regarding future processes. The Committee agreed to a moderate level of assurance.

3. Clinical and Care Governance Update

The Committee received an update covering the plan to use the Clinical and Care Governance standards self-assessment tool within Healthcare Improvement Scotland and the increasing visibility of emerging clinical and care governance risks across the organisation.

The Committee asked to see data regarding the frequency of use of the self-assessment tool by territorial boards.

The Committee noted the positive progress to embedding Clinical and Care Governance within Healthcare Improvement Scotland including the development of a training module to improve understanding.

The Committee agreed to a moderate level of assurance.

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

- Leading improvement by internal review (as noted above)
- Strategic Safety Plan in relation to some of the workstreams within this programme of work.

Staff Governance Committee Key Points

Meeting: Board - Public

Meeting date: 23 September 2026

Agenda item: 6.6

Responsible Non-Executive: Duncan Service, Staff Governance Committee Chair

Purpose of paper: Awareness

This report provides the Healthcare Improvement Scotland (HIS) Board with an update on key issues arising from the Staff Governance Committee meeting on 5 August 2026. The approved minutes of the Staff Governance Committee meeting on 6 May 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. Workforce Strategy and Workforce Delivery Plan

An update on the development of the workforce plan was presented to the committee. It was agreed that we would proceed with a full review of the workforce plan as part of the development of the new Board Strategy. In the short term it was agreed that would take forward actions from the Audit reports and actions around the work programme and capacity planning.

2. Use of Clinical Expertise across HIS

An update was given on the progress on the new model of Medical Leadership across HIS, it was agreed that this would be expanded to cover other clinical roles within HIS and this work was already underway and an updated model would be presented to a future meeting.

3. Mandatory Training

An update was given on the progress with all the Mandatory Training which has been brought in as part of the new Once for Scotland approach. Good progress has been made but there was still more progress to be made before the deadline.