Healthcare Improvement Scotland

Agenda

Meeting: **Board - Public**
Date: 2 December 2026
Time: 11.00
Venue: Delta House, Glasgow
Contact: Pauline Symaniak, his.boardadmin@nhs.scot

Item	Time	Topic	Lead	Report
1.		**Opening Business**		
1.1	11.00	Welcome and apologies	Chair	Verbal
1.2	-	Register of Interests	Chair	Paper
1.3	11.05	Minutes of the public Board meeting on 23 September 2026	Chair	Paper
1.4	-	Action Points from the public Board meeting on 23 September 2026	Chair	Paper
1.5	11.10	Chair's Report	Chair	Paper
1.6	11.20	Executive Report	Chief Executive	Paper
2.		**Setting the Direction**		
2.1	11.40	Integrated Planning 2027-28 Update	Director of Engagement and Change	Paper
2.2	11.55	Becoming a Population Health Organisation	Chief Finance and Risk Officer/Associate Director of Transformational Change	Paper
3.		**Holding to Account – including Finance and Resource**		
3.1	12.10	Organisational Performance Report Q2	Chief Finance and Risk Officer/ Interim Chief People Officer	Paper
3.2	12.30	Best Value Annual Report	Chief Finance and Risk Officer	Paper

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4.		**Assessing Risk**		
4.1	12.40	Risk Management: strategic risks	Chief Finance and Risk Officer	Paper
		12.50 – 13.20 Refreshment break		
5.		**Governance**		
5.1	13.20	Schedule of Board and Committee Meeting Dates 2027-28	Chief Finance and Risk Officer	Paper
5.2	13.30	Committee Annual Reports 2025-26 Action Plan Updates	Chief Finance and Risk Officer	Paper
5.3	13.40	Governance Committee Chairs: key points from the meeting on 24 November 2026	Chair	Paper
5.4	-	Audit and Risk Committee: key points from the meeting on 25 November 2026; approved minutes from the meeting on 2 September 2026	Committee Chair	Paper
5.5	-	Executive Remuneration Committee: key points from the meetings on 26 October and 26 November 2026	Committee Chair	Paper/Verbal
5.6	-	Quality and Performance Committee: key points from the meeting on 26 October 2026; approved minutes from the meeting on 17 August 2026	Committee Chair	Paper
5.7	-	Scottish Health Council: key points and approved minutes from the meeting on 17 September 2026; key points from the meeting on 26 November 2026	Scottish Health Council Chair	Paper/Verbal
5.8	-	Staff Governance Committee: key points from the meeting on 21 October 2026; approved minutes from the meeting on 5 August 2026	Committee Chair	Paper
5.9	-	Succession Planning Committee: next meeting will be held on 27 January 2027	Chair	Verbal
6.	13.55	**Any Other Business**		
7.	14.00	**Close/Date of Next Meeting:** Next meeting 24 March 2027		

Register of Interests

Meeting: Board - Public

Meeting date: 2 December 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 23 September 2026. Since then, the following changes have arisen and will be added to the published register:

- Helen Meldrum, who is covering the Chief People Officer role, has been added to the register with the following interests: Non-executive Director, Scottish Courts and Tribunals Service – People Committee (category 1, remuneration); and Committee Member, Scottish Courts and Tribunals Service – Justice of the Peace Appointments Committee (category 2, other roles).
- Eddie Docherty, Director of Quality Assurance and Regulation, has declared that his wife is currently employed within the NHS Tayside Mental Health and Learning Disabilities Directorate (category 9, close family members). This relates to an inspection of mental health services within NHS Tayside but is not considered a direct conflict of interest in relation to the inspection.
- Michelle Rogers, Non-executive Director, has declared that her interest as an employee for Clackmannanshire Council ended on 20 May 2026 and the role is now sessional worker for Clackmannanshire Council (category 1, remunerated)

- Bob Benson, new Non-executive Director from 1 December 2026, has been added to the register with nil declarations as his role at NHS Tayside ended in October 2026.
- Peter Murray, new Non-executive Director from 1 December 2026, has been added to the register with the following interests (category 1, remunerated): Scottish Social Service Council (SSSC) Convenor; member of the Judicial Advisory Board; member of the Care Inspectorate Board (remunerated through SSSC).

3. Recommendation

The Board is asked to gain assurance that the Register of Interests 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, 23 September 2026, Delta House, Glasgow/MS Teams

Attendance

Present
Carole Wilkinson, Chair
Abhishek Agarwal, Non-executive Director
Keith Charters, Non-executive Director
Suzanne Dawson, Non-executive Director/Chair of the Scottish Health Council/Vice Chair
Nicola Hanssen, Non-executive Director
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
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

Apologies
Helen Meldrum, 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 Evelyn McPhail will take over as sole Board Vice Chair after the meeting and thanked Suzanne Dawson for her contribution to the Vice Chair role since 2022.

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 29 June 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 29 June 2026

The Board considered the action point register and noted the progress updates for those actions still open.

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

1.5 Chair's Report

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

a) The Scottish Public Services Ombudsman (SPSO) attended the Board Chairs Group meeting and highlighted the need for implementing improvements that arise from complaints. The Chair indicated a willingness to work with the SPSO on this as it is a common theme found through HIS' work.
b) Two very successful events were held that showcased the work of HIS to stakeholders: the Scottish Patient Safety Programme national learning event and the Scottish Medicines Consortium 25 years celebratory event.

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

c) The Influential Insights event was open to all staff and further events will follow.
d) There are currently two areas of Board self-assessment under development – the Blueprint for Good Governance external review proposals which are awaiting progress and the Population Health Organisation matrix. In respect of the latter, HIS will be supporting delivery and completing the self-assessment.

Decision: The Board noted the update.

1.6 Executive Report

The Chief Executive provided the report and highlighted the following:

a) The Memorandum of Understanding with the Patient Safety Commissioner for Scotland is being finalised and the Medical Director/Director of Safety will be the lead contact at HIS.
b) The Chief Executive recently gave evidence at the Eljamel Public Inquiry. He highlighted the resource implications of responding to this inquiry and the Scottish Covid Inquiry.

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

c) HIS has been clear what support it is able to provide in support of the GP walk-in centres and this will be development of the framework for evaluation.
d) HIS' work to support Hospital@Home expansion also encompasses virtual wards but it is the decision of NHS boards what they invest and where.
e) Regarding Martha's Rule, HIS is supporting rollout in Scotland.
f) Regarding Significant Adverse Event Reviews, the Director of Quality Assurance and Regulation has written to NHS boards to set out a new approach to improve the process and increase engagement by boards.
g) Portfolios are engaged with integrated planning work for 2027-28 and report to the Performance and Delivery Board to ensure alignment.
h) The evaluation of the HIS Employee model fits within wider work around agile working and workforce implications in relation to commissions. The Strategic Design Board will be examining these considerations.
i) In relation to prisoner healthcare, work is ongoing to consider a new pharmacy approach that could add value in relation to patient safety and efficiency.

Decision: The Board noted the report.
Actions: Provide additional detail on HIS' work in the rollout of Martha's Rule; circulate information highlighted about the Scottish Approach to Change roles pack.

2.Setting the Direction

2.1 Strategic Safety Plan and Intelligence

The Medical Director/Director of Safety and the Director of Evidence and Digital provided a paper updating on the interdependent safety and intelligence work programmes that support the delivery of the Strategic Safety Plan and Digital and Intelligence Strategy. It was highlighted that several workstreams have made progress but developments in our use of intelligence remain challenging, particularly in relation to the architecture to support the digital information layer.

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

a) Tagging of data and development of a prototype intelligence system is showing good results and a proof of concept is in place with the perinatal team. All available security protocols have been applied to the system and back-ups will be in place.
b) Given that external support for developing the information architecture is not available until January 2027, there has been engagement with other similar bodies but they are generally using bespoke systems.
c) It may be possible in future to use Artificial Intelligence to aid with analysis of the data but the first step is to secure appropriate and good quality data.
d) There are links to the escalation framework already in place and these will be more visible as the system develops.

Decision: The Board noted the update and accepted the moderate assurance offered on embedding the public voice in safety and practical improvement support for safety, and accepted the limited assurance on the workstreams relating to safety intelligence.

2.2 Core Indicators of Safety and Quality of Care

Tim Norwood, Data and Measurement Advisor, joined the meeting for this item and provided a demonstration of the core indicators dashboard which summarises key observations from the analyses for the set of indicators. The dashboard will contribute to the wider sharing and use within HIS of intelligence about the safety and quality of care.

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

a) The work does not duplicate with data produced by Public Health Scotland because it triangulates data across a range of sources then collates it into outputs that HIS can use in its work, such as the Internal Sharing Intelligence Network.
b) The indicators are regularly reviewed and the review groups include clinicians.

Decision: The Board noted the update on the dashboard.
Action: Consider an opportunity for the Board to review the dashboard in more detail.

3.Engaging Stakeholders

3.1 Death Certification Review Service Annual Report

Dr George Fernie, Senior Medical Reviewer, provided the annual report. He highlighted that the not in order rate for medical certificates of the cause of death (MCCD) had reached a plateau but a full connectivity pilot in NHS Lothian is expected to bring improvements.

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

a) The vision is to have outcomes set for the service and the most appropriate timing for this will be when MCCDs move into secondary care.
b) The impact on families when MCCDs move into secondary care will be limited as the process will be complete by the time the death is registered.

Decision: The Board approved the report for publication and accepted the significant level of assurance offered.

3.2 Complaints Annual Report 2025-26

The Director of Nursing and Integrated Care provided the annual complaints report and data return. This year's report aims to provide richer analysis and goes beyond the national guidance, for example by including longer term trends in the data.

It was noted that the report had already been discussed in detail by the Quality and Performance Committee.

Decision: The Board approved the report for publication and the data return for submission, accepting the significant level of assurance offered.

3.3 Communications and Engagement Strategy

The Chief Pharmacist provided a paper setting out an update on progress with the Communications and Engagement Strategy since the interim version was approved in December 2025. She noted the positive impact of the multi-team approach and closer working with directorates.

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

a) Key measures will be the annual review and the annual report.
b) In the next phase of implementation there will be planning in relation to stakeholder

engagement and mapping of stakeholders is underway.

c) A deep dive will look at the development of the corporate website given the risk related to this but it is noted that the website is an enabler for the strategy.

Decision: The Board noted the update provided and accepted the moderate assurance offered on the progress reported but only limited assurance on the corporate website developments.
Action: Future updates to be provided to the Board within the executive report.

4. Holding to Account including Finance and Resource

4.1 Organisational Performance Report

The Chief Finance and Risk Officer provided the quarter 1 performance report and highlighted the following:

a) 89% of work programmes are reported as on track and 69% of key performance indicators (KPIs).

b) There was a £0.5m underspend at the end of July but a breakeven position is forecast for year-end supported by the investment pipeline.

c) Sickness absence levels have increased to 5.1%.

In response to a question from the Board, it was advised that the reported performance improvement in the work programmes is likely due to delivery progressing as the year advances rather than a different approach being employed.

The Board expressed concern about the rate of sickness absence and the co-chair of the Staff Governance Committee advised that this Committee will seek further updates and assurance in this area.

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

5.Assessing Risk

5.1 Risk Management: Strategic Risks

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

The Board noted the need for a review of the strategic risks presented and for mitigations to include more detail and timelines.

Decision: The Board reviewed the strategic risk register and 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: Undertake a review of the risk register/risk management at the Board development session in November 2026.

6.Governance

6.1 to 6.7 Committee Key Points and Minutes

Committee Chairs provided key points and approved minutes as follows:

a) Governance Committee Chairs: key points from the meeting on 17 August 2026
b) Audit and Risk Committee: key points from the meeting on 2 September 2026; approved minutes from the meeting on 22 June 2026
c) Executive Remuneration Committee: it was noted that the next meeting will be on 26 October 2026
d) Quality and Performance Committee: key points from the meeting on 17 August 2026; approved minutes from the meeting on 20 May 2026
e) Scottish Health Council: verbal key points from the meeting on 17 September 2026; approved minutes from the meeting on 14 May 2026
f) Staff Governance Committee: key points from the meeting on 5 August 2026; approved minutes from the meeting on 6 May 2026
g) Succession Planning Committee: it was noted that the next meeting will be held on 27 January 2026.

In relation to the Scottish Health Council update, it was advised that HIS worked with the east and west sub national units to create a proposal for the approach to engagement on public sector reform (PSR).

Decision: The Board noted the key points and minutes.
Action: Share the PSR engagement proposal with the Board.

7.Any Other Business

There were no items of any other business.

9.Close/Date of Next Meeting

The next meeting will be held on 2 December2026.

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
23/9/26 Item 1.6	Executive Report	Provide additional detail on the HIS work in the rollout of Martha's Rule.	Immediate	Medical Director- Director of Safety	**Recommended for closure.** Information circulated to Board on 25 September 2026.
"	"	Circulate the information highlighted about the Scottish Approach to Change roles pack.	Immediate	Director of Engagement and Change	**Recommended for closure.** Information circulated to Board on 25 September 2026.
23/9/26 Item 2.2	Core Indicators of Safety and Quality of Care	Consider an opportunity for the Board to review the dashboard in more detail.	31 January 2026	Director of Evidence and Digital	**Recommend for closure.** Data Measurement and Business Intelligence added to list of future topics for board informal workshop/drop-in session.
23/9/26 Item 3.3	Communications and Engagement Strategy	Future updates to be provided to the Board within the executive report.	2 December 2026	Chief Pharmacist	**Recommend for closure.** Included in executive report and ongoing updates will be provided to Audit and Risk Committee.

23/9/26 Item 5.1	Risk Management: Strategic Risks	Undertake a review of the risk register/risk management at the Board development session in November 2026	18 November 2026	Chief Finance and Risk Officer	**Recommended for closure.** Risk session included on agenda for 18 November development session.
23/9/26 Item 6.5	Scottish Health Council: key points from the meeting on 17 September 2026; approved minutes from the meeting on 14 May 2026	Share the Public Service Reform engagement proposal with the Board.	Immediate	Director of Engagement and Change	**Recommended for closure.** Information circulated to Board on 25 September 2026.
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, revised to 21 June 2027	Chief Finance and Risk Officer	**In Progress**. Update remains as will be factored into preparation for the production of the Annual Report and Accounts in Q4 26/27. Will be complete once draft accounts and report provided.
29/6/26 Item 2.3	Organisational Performance Report	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**. Update remains as 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. Will be part of the discussion for future KPI setting.

Chair's Report

Meeting: Board - Public

Meeting date: 2 December 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 and approve the committee appointments for the two new Non-executive Directors.

1. NHS Scotland Board Chairs Group

The Board Chairs held their annual development session on 8 and 9 October 2026 and on this occasion, Board Chief Executives joined us. The programme focused on NHS Simplification with an update on local government and social care reform. The Cabinet Secretary for Health and Care joined the second day of the event.

I attended the Board Chairs' private meeting on 16 November 2026. I provided an overview of the Scottish Approach to Change and the agenda also covered NHS Simplification. We discussed clinical governance following publication of HIS' report from the diagnostic review at NHS Grampian Review, particularly training and development in this area for non-executives.

The Board Chairs held their latest meeting with the Cabinet Secretary for Health and Care on 28 October 2026. The agenda covered Population Health Organisations and winter preparedness.

I continue to join whenever possible, the meetings of the east and west Subnational Planning and Delivery Committees, the fortnightly meeting for the National Board Chairs and the Board Chairs action learning sets. This ensures HIS remains linked to shared areas of interest.

2. Public Sector Reform

I have attended a number of events to ensure HIS remains sighted on the implications of public sector reform. These included the public sector reform summit on 30 September 2026 which brought together leaders from across the public sector to consider how we work collectively to deliver reform. I also joined a roundtable discussion at St Andrews

House on 3 November 2026 which looked at ways of strengthening capability and capacity during reform.

3. Stakeholder Engagement

External Engagement

In terms of joint engagement with the Chief Executive, we both attended the following:

- Quarterly Strategic Meeting with Scottish Government on 29 September 2026. Our agenda included the financial position as well as the Programme for Government and Public Service Reform.
- Scottish Approach to Change national event on 5 November 2026 in Glasgow. This was an excellent event which showcased practical examples of using the approach. The event was also attended by Ivan McKee MSP, Cabinet Secretary for Public Sector Reform.

I also undertook the following engagement:

- I had an introductory meeting with Dr Busi Mooka, new Chair of the Scottish Antimicrobial Prescribing Group, on 1 October 2026.
- My regular meeting with Professor Dame Carrie MacEwen, Chair of the General Medical Council, was held on 27 October 2026. We discussed the implications of the Programme for Government as well as HIS' maternity programmes and diagnostic review at NHS Grampian.
- I attended the Royal College of Physicians and Surgeons of Glasgow President's Conference on 13 November 2026 in Glasgow. The theme was AI in healthcare. It covered the uses and benefits as well as the importance of healthcare remaining person-centred. The speakers came from a range of backgrounds and from across the UK.

Internal Engagement

My engagement with staff in the last quarter has covered:

- I provided updates on key governance developments at the all staff monthly huddles in October and November, and opened the additional huddle on 12 November 2026. This was arranged to share with staff key points from the published reports on our work with NHS Grampian.
- I joined the Quality Assurance and Regulation Directorate development day on 16 November 2026 in Delta House to take part in an in-person huddle.
- The Chief Executive and I have held two informal discussion sessions with small groups of staff on 22 October and 19 November 2026.

3. Governance

Annual Review

We held our Annual Review on 2 November 2026. This was a hybrid event in Delta House. We shared a presentation about our progress, successes and challenges in 2025/26, and we heard from our Public Partners, the Clinical and Care Forum, and the

Partnership Forum about their experiences during the year. We were joined by guest reviewers Peter Moore (Chief Executive, NHS Borders) and James Morton (Glasgow GP and SIGN Council Vice Chair). The Scottish Government response and questions were led by Stephen Gallagher, Chief Operating Officer and Deputy Chief Executive of NHS Scotland. We also took questions from the audience. The recording is available on the HIS website, and we will publish the formal response from Scottish Government once received.

Board Appointments

The Cabinet Secretary for Health and Care has confirmed the appointment of Bob Benson and Peter Murray as Non-executive Directors for terms of four years from 1 December 2026. The Board is asked to approve their appointments from 1 December 2026 to the following committees:

- Bob Benson to join Staff Governance Committee, Scottish Health Council (SHC) and Succession Planning (Non-executives) Committee.
- Peter Murray to join the Audit & Risk and Quality & Performance Committees.

A decision is awaited from the Cabinet Secretary in relation to the new Chair of the SHC and the Employee Director. Both of these appointments are due for renewal in February 2027.

Non-Executive Directors

Mid-year reviews have been held for all Non-executive Directors. Themes have been captured from the discussions and include areas for board development activity, one of the actions in the Board's imatter action plan.

Board Development

Since the last Chair's report, the Board held a development session on 18 November 2026 which covered a masterclass on the Scottish Approach to Change, a review of our risk management approaches and an update on work to enable HIS to become a population health organisation. A workshop delivered by staff from our mental health programmes preceded the development session.

Executive Report

Meeting: Board - Public

Meeting date: 2 December 2026

Title: Executive Report

Agenda item: 1.6

Responsible Executive: Robbie Pearson, Chief Executive

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

1. REPORT FROM CHIEF EXECUTIVE 1
2. ACHIEVEMENTS 5
3. CHALLENGES 12
4. EXTERNAL DEVELOPMENTS INCLUDING STAKEHOLDER ENGAGEMENT 13

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

Office of the Chief Executive Development Day
A successful and inclusive Office of the Chief Executive Development Day took place in November reflecting on the first 12 months of its creation and focusing on how we continue to build on this to ensure we continue to drive and support HIS in the achievement of its strategic aims and objectives.

Leading for Our Future
The Leading for Our Future Action Plan is now one year into delivery, and the Board has received formal updates on the Plan and specific areas of progress (e.g. Communications Strategy) throughout the year.
All actions have been completed or are now part of existing workstreams, programmes or reviews. The updated Action Plan is included in the Board's additional reading folder.

Recruitment Controls
I previously reported that the Chief Executive of NHS Scotland and Director General for Health & Social Care had paused all substantive or permanent Executive recruitment until September. Following the publication of Programme for Government and the announcement of the NHS Simplification programme, the senior recruitment controls will remain in place with a further review taking place by 31 March 2027.

Agile Working
The HIS Strategic Design Board (SDB) has identified Agile working as an organisational development priority. The external impetus is the need for HIS to respond quickly and effectively to Scottish Government (SG) asks, system challenges and safety issues, and to demonstrate that it is using available resources appropriately and for maximum impact.

The proposed project will establish a shared definition and practical basis for Agile working. It will consider four potential applications: workforce deployment and career development; responsive support; governance and prioritisation; and planning and commissioning with SG. The intended outcomes are clearer arrangements for responding to external needs, better use of available resources and benefits for staff, while protecting quality, safety, specialist expertise, continuity and wellbeing.

The work will use the *Scottish Approach to Change* and proceed gradually through evidence gathering, engagement, and option appraisal. The work will be delivered in Partnership and support a psychologically safe learning culture. Staff perspectives on specialist identity, dedicated teams, development opportunities, continuity, workload and fairness must shape the approach.
A Project Initiation Document for this work is under consideration by the Strategic Design Board, including Directorate and Partnership representation and resourcing of a core team.

NHS Grampian Diagnostic Review and inspection Reports
On 12 November we published a Responsive Diagnostic Review of clinical governance in NHS Grampian. We carried out the review in response to significant patient safety and quality of care issues. The review found serious shortcomings with NHS Grampian's leadership and oversight of clinical governance. There was particular concern about learning from serious adverse events and about patterns of repeated and avoidable harm. The review was published alongside two Safe Delivery of Care inspection reports on maternity services at Dr Gray's Hospital and Aberdeen Maternity Hospital as well as a mental health and acute services inspection report at Dr Gray's Hospital.

An extraordinary all-staff huddle was held on the morning of publication to keep staff informed and signpost to resources in case of any direct media outreach and recognising that staff may have connections to or receive treatment within NHS Grampian.

The reports gathered significant media attention as expected, including interviews with our Medical Director. It was also raised at First Minister's Questions on 12 November, with a Ministerial Statement following on 17 November. We continue to engage with relevant stakeholders on the next steps.

NHS Greater Glasgow and Clyde Emergency Departments Progress Review

The NHS Greater Glasgow and Clyde Emergency Department Review report was published in March 2025. It included 41 recommendations, of which 30 are for NHS Greater Glasgow and Clyde (NHS GGC).

HIS has established a Progress Review Panel to assess NHS GGC's progress against the 30 recommendations for the board. The panel comprises relevant HIS staff, supported by external subject matter experts in emergency medicine and nursing. It has completed an initial assessment of the board's May 2026 position statement, supporting appendices and associated evidence, identifying key lines of enquiry and requesting further evidence. The progress review is ongoing, with meetings taking place during November with senior NHS GGC staff and on-site engagement planned with staff across the board's three emergency departments: Queen Elizabeth University Hospital (QEUH), Glasgow Royal Infirmary and the Royal Alexandra Hospital.

During the progress review, consultants in the QEUH Emergency Department have raised continuing concerns with HIS about serious pressures within the department, their impact on patients, patient flow and staff wellbeing, and a perceived lack of an appropriate response from the board when these matters are escalated. HIS has discussed these concerns with consultants and senior NHS GGC staff and, given their significant and continuing nature, has also informed SG. Responsibility for delivering and implementing any necessary improvements rests with NHS GGC. HIS will continue to engage with relevant stakeholders, monitor progress and provide independent assurance as appropriate. The progress review report is expected to be published by March 2027.

Winter Preparedness, Patient Flow and Whole-System Action

The SG wrote to Chief Executive leads of Sub-National East and West in October requesting assurance on winter preparedness, patient flow and whole-system action. A Sub-National East and West response has been submitted which builds on existing Board winter planning processes with a key focus this year on work to deliver the National Improving Flow Plan. There are also references to work supported by HIS including Hospital at Home and frailty.

National Programme to Eliminate Use of Non-Standard Care Areas

The SG's winter preparedness and patient flow work includes a national programme addressing corridor care and the wider use of non-standard care areas. HIS is directly contributing to this programme to support Boards in understanding, defining, measuring and reducing 'corridor care'.

A key principle of this work is that quality and safety measures for patients cared for in non-standard care areas should not be viewed as an endorsement of the practice by HIS, but recognition that it is the reality some patients face. The immediate focus will be on supporting Boards to improve the quality and safety of care for patients cared for in non-standard environments, while maintaining a clear emphasis on reducing reliance on these spaces through improved patient flow, escalation and de-escalation planning, and whole-system operational management with the elimination of use of these areas over time.

Initial work to contribute to the national definition working group, and to compile inspection, assurance and improvement evidence to identify key quality, safety and patient experience concerns and priority improvement areas for Boards is due to be completed in December. Work will then progress on development of an improvement framework for testing in early 2027.

EXTERNAL DEVELOPMENTS INCLUDING STAKEHOLDER ENGAGEMENT

Parliamentary Committee Engagement

HIS was invited by the Criminal Justice Committee to give evidence in a September 2026 session focussed on cross-agency collaboration between the police, NHS health boards, and social care providers. We ultimately declined the invitation on the basis that HIS was not best placed to attend, but did offer a written response, which is available online along with papers considered by the committee.

In October 2026, I gave evidence to the Health, Care and Sport Committee as part of their 2027/28 pre-budget scrutiny, alongside representatives from Audit Scotland, University of Edinburgh, and Enlighten. The committee's questions gave me the opportunity to highlight the difference our work makes to health and care in Scotland. I spoke about the importance of preventive measures, supporting people to live healthier lives at home for longer, and the findings from our maternity inspections on leadership and culture. I also reaffirmed that, during the restructuring of 14 boards into two, we will continue to expect boards to deliver safe, high-quality care, and that we will maintain our role in holding boards to account and supporting improvement. The committee has since published its pre-budget scrutiny report to the Cabinet Secretary for Health and Care.

Health and Social Care Reform

Further to the announcement of Programme for Government, SG has produced a communications update designed to keep staff, stakeholders and partners informed about progress on health and care reform. The first update outlines the leadership and structures for the NHS Simplification and Board Reform Programme (lead: Gillian Russell, Director of Health Workforce, SG) and Social Care Reform Programme (Donna Bell, Director of Social Care and National Care Service Development, SG). Full details can be found at: Health and care reform: overview - gov.scot

Healthcare Strategy Forum

In November 2026 I attended the Healthcare Strategy Forum. I gave a presentation which focussed on quality management and the Scottish Approach to Change. This highlighted the unique approach taken in Scotland and how elements of a more integrated approach could support more consistent national delivery across England.

Complaints Handling

The Complaints Handling Procedure continues to provide assurance regarding the effectiveness of complaint management arrangements across HIS.

In the year to date 11 complaints have been received, with 10 closed and one progressing through Stage 2 investigation. Investigation outcomes continue to demonstrate that the organisation's regulatory and statutory decision-making processes are being applied appropriately and proportionately, with no evidence of systemic failure identified.

Complaints activity has generated valuable organisational learning, with communication and expectation management remaining the most significant recurring theme. Key areas for improvement include providing clearer explanations of processes, decisions and timescales, alongside maintaining proactive engagement with stakeholders throughout investigations. Additional learning has informed actions to strengthen operational resilience, governance arrangements, intelligence sharing and the consistency of complaints handling processes.
Overall, complaints continue to provide greater assurance than concern. The organisational risk profile remains stable, with improvement activity focussed on enhancing transparency, stakeholder experience and organisational resilience while maintaining confidence in the integrity of Healthcare Improvement Scotland's regulatory functions.

2. ACHIEVEMENTS

Supporting The Voices and Rights of People and Communities

Citizens' Panel
In October 2026, we published the **18th Citizens' Panel report** which presents findings from a survey carried out between May and July. The survey sought public views on Hospital at Home and organ and tissue donation after death. 646 people took part (a 60% response rate) and we made a total of ten recommendations for NHS boards, SG and relevant stakeholders.

Volunteering in NHS Scotland
Ten NHS boards (HIS, Greater Glasgow & Clyde, Ayrshire & Arran, Western Isles, Golden Jubilee, Shetland, Borders, Lanarkshire, Dumfries & Galloway and Tayside) have now started using the Volunteer Management System to effectively manage their volunteers. An additional six boards (Fife, Forth Valley, Highland, NHS 24, State Hospital and Scottish Ambulance Service) are progressing well. Our Volunteering team delivered 12 individual or drop-in support sessions to help boards to go live.

Engagement Practice Learning and Improvement System
In October 2026, we published an adapted Ladder of Participation framework. The tool helps engagement practitioners to reflect on how much power, influence and decision-making input communities have within engagement and change processes. It describes how engagement can range from limited or none through to true partnership working and shared power and encourages reflection on the degree to which engagement is being done *to*, *for* or *with* people and communities.

We published two case studies in September. One showcases the use of visual artwork to capture an individual's experience of recovery from alcohol and drugs, increase understanding and reduce stigma. The second describes how children and families shaped improvements to the hydrotherapy pool at CHAS Robin House in Balloch, using the Care Experience Improvement

Model to ensure that their feedback was heard and translated into meaningful person-centred action.

NHS Recovery and Supporting a Sustainable System

Scottish Approach to Change

A national event was held on 5 November 2026. The 82 delegates included senior leaders from SG, NHS boards, health and social care partnerships and national health and social care organisations and the third sector. Ivan McKee MSP, Cabinet Secretary for Public Service Reform gave the closing remarks. Presentations from leaders across health and social care shared how the Scottish Approach to Change is supporting change at a local service level – NHS Dumfries & Galloway, North Lanarkshire and mental health delayed discharge and at a system level, including subnational system planning and prevention intervention mapping. We described the learning from the first year implementing the Scottish Approach to Change, and provided a space for peer networking, sharing experiences of delivering change, and taking part in our learning community.

Feedback from attendees has been very positive. Attendees highlighted how the event reinforced their commitment to embedding and spreading the Scottish Approach to Change within their organisations. Many also welcomed the challenge to consider how it could be extended beyond health and social care, to encompass the wider public sector.

We published tailored resource packs which help staff in distinct roles to apply the Scottish Approach to Change to their day-to-day work. Delivery teams, senior leaders, Integration Joint Board members and NHS non-executive directors can read role-specific guidance, practical examples and case studies that will support them to plan, lead and sustain change.

Transformational Change in Alcohol & Drugs

In September we hosted a webinar for over 300 attendees to launch HIS's 5-year programme in support of the SG's Alcohol & Drugs Strategic Plan 2026-2035 *Preventing Harm, Promoting Recovery*. Presenters described how HIS aims to support improvements in treatment, care, recovery, and rights-based support for people affected by alcohol and drug use across Scotland. The unit will focus on learning and improvement, pathway redesign, consistent implementation, and better outcomes across acute, mental health and substance use, residential services and justice settings. Funding for the programme was confirmed by SG in October. Work has begun scoping the new Drug and Alcohol Treatment Standards. This work will be led by the Standards and Indicators team, supported by the Alcohol and Drugs Unit.

Mental Health Renewal

We published an Early Intervention in Psychosis Implementation Guide and Personality Disorder Toolkit which will support staff in NHS boards and health and social care partnerships who are working in complex mental health. A second workshop in for the Early Intervention in Psychosis Community of Practice is planned for early December.

In NHS Ayrshire & Arran, there have been zero readmissions since their Early Intervention in Psychosis service launched in September 2025. The previous readmission rate before the service was introduced was 35%.

Shifting the Balance of Care portfolio

Hospital at Home (H@H)
There has been a rapid launch of Outpatient Parenteral Antimicrobial Therapy improvement sprints. Services from ten boards applied to join with kick-off event at start of October.

Focus on Frailty
Successfully coordinated and delivered two national Frailty Directed Enhanced Service (DES) Webinars in partnership with SG and Royal College of General Practitioners Scotland, attracting over 600 attendees and generating strong engagement from general practice teams across Scotland. Resources are now being shared nationally to extend the reach and impact of the learning beyond the live events.

Focus on Dementia
Both Reducing Stress and Distress (RSD) and Post-diagnostic support (PDS) and Care Co-ordination Improvement programmes are progressing through their improvement programmes.

PDS have reached 20 Health and Social Care Partnerships (HSCPs) across three cohorts. Cohort 3 teams are coming to the end of the initial six-month improvement support phase and have developed aims statements, identified change ideas and are starting to test these changes.

The 19 teams in cohort 5 for RSD are at the end of their initial six-month improvement support phase. Initial progress includes reduction in incidence of stress and distress, reduced use of psychoactive medication administered when required (PRN) and reduction in falls. From cohort 5, one ward from Dumfries & Galloway Royal Infirmary published a **case study** about taking a holistic approach to improve understanding and support for patients experiencing stress and distress. The ward has seen a marked reduction in PRN and positive feedback from patients and unpaid carers.

Primary Care
HIS presented a poster on 'Understanding the infrastructure required to support multidisciplinary team working in primary care' at the NHS Scotland event in September 2026. Also have several academic publications published or pending which will disseminate the results of the Primary Care Phased Investment Programme work.

We recruited eight practice teams to our upcoming Health Equity Collaborative with coaching now started, and recruitment for our Multidisciplinary team (MDT) collaborative is now open.

Improving Access to Integrated Care
We have received interest from services to work on reducing long waits, one of which includes our first subnational west group. We have two emergency services taking part in the reducing long waits programme. All Single Point of Contact (SPoC) and Rapid Cancer Diagnosis Service services have been engaging via site visits and MS Teams calls. We have recently setup a SPoC Network MS Teams channel as a way of sharing learning, resources and networking. Within the first month of launch, we currently have 106 members. We also held our first SPoC forum

meeting which includes management from SPoC services with good engagement and discussions taking place**.**

Registration is open for the first General Practice (GP) Cluster Improvement Network session in December. On 27 October and 4 November 2026, we delivered Continuity of Care and Frailty Cluster Sessions: Opportunities beyond the DES (Directed Enhanced Service) to improve Continuity of Care as a Cluster. These sessions were open to Cluster Quality Leads and Practice Quality Leads and provided an opportunity to share experiences and challenges of initiating a quality improvement approach to the Continuity of Care and Frailty DES, and to generate change ideas. There were 31 registrants across 13 boards.

More Effective Care

Scottish Medicines Consortium (SMC)
SMC continues to receive positive feedback from patient groups and Public Partners about their involvement in SMC processes, as highlighted at the HIS annual review. SMC released a position statement on the use of AI in medicine health technology assessment, to set out expectations on the appropriate use of AI by pharmaceutical companies within their submissions. The SMC Connect portal which streamlines the process for patient group submissions has been fully rolled out after a pilot phase.

Scottish Intercollegiate Guideline Network (SIGN)
In her role of member of the Guideline International Network GIN Public working group the SIGN Patient and Public Involvement Advisor, was co-author of the publication S. Scott, A. Synnot, K. Graham, et al., "*The Guidelines International Network Public Toolkit: Supporting Guideline Developers to Implement Best-Practice for Patient and Public Involvement*," *Clinical and Public Health Guidelines* 3 (2026): e70084, https://doi.org/10.1002/gin2.70084.

The SIGN Programme Lead has been elected for a second 1-year term as the Chair of the Guidelines International Network Board of Trustees. In recognition of her contribution and that of SIGN Evidence Manager and former GIN Chair and Treasurer, both were awarded Fellowship of Guidelines International Network at the recent annual conference.

SIGN has been shortlisted for the Scottish Public Services Awards sustainability category for our Trusted Voice sustainability and climate principles for healthcare, which were developed by a working group of SIGN Council members and external experts. Our methodology handbook, SIGN 50, has been updated to put the principles into practice.

Scottish Health Technologies Group (SHTG)
SHTG is leading the national service evaluation of the chest X-ray artificial intelligence programme following its progression through the Accelerated National Innovation Adoption (ANIA) pathway into implementation. The evaluation will assess the benefits of an artificial intelligence-enabled lung cancer diagnostic pathway in routine NHSScotland practice and provide evidence to inform future decisions on longer-term adoption. The Director of Evidence and Digital and the Head of SHTG were invited to join the Programme Board overseeing this work and the Director was invited to chair the evaluation working group.

Scottish Antimicrobial Prescribing Group (SAPG)
National antimicrobial prescribing indicators, developed by SAPG in collaboration with NHS Board Antimicrobial Management Teams have been embedded within Scotland's antimicrobial stewardship infrastructure. Following publication through a Chief Officers Letter, the indicators were aligned with the National Therapeutic Indicators programme and will be included in the 2025 Scottish One Health Antimicrobial Use and Antimicrobial Resistance report. The indicators are in place to help Scotland achieve the UK antimicrobial resistance National action plan.

In collaboration with NHS Boards, GPs, Public Service Delivery Scotland and VISION system partners, SAPG supported implementation of evidence-based default antibiotic treatment durations within the GP VISION prescribing system. By embedding stewardship recommendations, aligned with the national antibiotic indicators, directly into prescribing workflows, this work helps translate national evidence into routine clinical practice.

To support World Antimicrobial Resistance Awareness Week (WAAW) (18 -24th November), SAPG developed a national antimicrobial stewardship activities toolkit bringing together resources and engagement activities for healthcare teams across a wide range of settings, including hospitals, primary care, community pharmacy, dental services and care homes. The toolkit promotes a coordinated national approach to awareness raising while enabling local teams to tailor activities to their own audiences and priorities. By combining educational resources, practical activities and stewardship messaging in a single accessible resource, the toolkit supports both professional engagement and wider awareness of antimicrobial resistance as a critical patient safety and public health issue.

Right Decision Services (RDS)
RDS has been working on a toolkit for Centre for Sustainable Delivery called Isla's Principles that was launched by the Cabinet Secretary at the Scottish Cancer Conference in November. The Principles are a set of good practice points based on the experience of Isla Sneddon. In the final months of her life, Isla, a 17-year-old from Airdrie, experienced a complex journey through the healthcare system before being diagnosed with a rare and aggressive breast tumour. Her case highlighted the challenges that can arise when a young person's symptoms do not fit established clinical pathways, raising questions about diagnosis, communication and continuity of care.

Transition to a Facilities-Based IR(ME)R Inspection Programme (2026-29)
HIS is responsible for enforcing the Ionising Radiation (Medical Exposure) Regulations in Scotland. The current provider-based inspection model samples services and modalities but does not provide a defined inspection frequency for every facility using ionising radiation for medical exposures.

In response to Recommendation 15 of the Integrated Regulatory Review Service mission, a facilities-based graded approach is proposed to support systematic inspection across acute and community hospitals, independent healthcare providers and screening centres. The model will be introduced in phases, aligned with planned workforce growth, inspector competency development and refinement of the graded inspection methodology. Delivery will be reviewed periodically to assess whether workforce assumptions remain sufficient, the methodology is

operating as intended, and inspection intelligence or stakeholder feedback necessitates adjustments to the programme.

The Quality Assurance and Regulation Directorate management team and the Executive Team supported the proposed phased transition to a facilities-based, graded approach to the IR(ME)R inspection model, which will increase inspection activity over three years and be supported by SG agreed funding and additional inspector recruitment. The importance of maintaining a clear focus on risk across different facility types was noted and that work is underway to develop the new methodology. It was also recognised that inspection of mixed economy dental services remains outside the current scope and requires further consideration.

Assurance was provided that the SG is aware of the proposed approach and associated risks. We have received information from SG that the next IRRS mission visit is likely to now take place in 2030/31 (originally anticipated in 2029/30).

A Safer NHS

Five Years of Child Death Reviews: What's Been Achieved and What Comes Next
In its first five years to October 2026, the National Hub for reviewing and learning from the deaths of children and young people marked, through a progress report and an in-person event, key achievements made in conjunction with its stakeholders.

From 1 October 2021, we started collecting child death reviews data nationally for the first time and built highly collaborative working relationships with those responsible for conducting reviews across Scotland. Our aims are to:

- ensure the death of every child in Scotland is subject to a quality, consistent review,
- improve families and carers' experiences during the review process, and
- use learning from reviews to help reduce preventable deaths.

Our progress report, to be published on 30 November 2026 on the HIS website, details what we've done and what this means in real terms, under four themes: data, learning, families and engagement.
We are grateful for the work that's being done across Scotland to prioritise child death reviews, improve families' experiences and to draw out the learning, such as that discussed at the in-person stakeholder event in Glasgow on 29 October 2026.

We focussed on learning from those deaths that had the highest proportion of modifiable factors, which included deaths from suicide, self-harm, trauma, infection and sudden unexpected deaths in infancy and childhood. Through this focus we aim to draw out actions that may help to avoid harms and lead to a reduction in future preventable deaths.

Healthcare Staffing Programme (HSP)
Work to provide updates to the Neonatal and Maternity staffing level tools is progressing well. High level recommendations were submitted to SG regarding a proposed uplift to staffing establishments where ratios have been applied. In addition, further observation studies have been completed to support refinement of the Mental Health and Learning Disabilities Nursing

Inpatient Staffing Level Tool. Recommendations arising from this work have also been submitted to SG. The final report for these recommendations will be published in January 2027 with implementation planned for April 2027.

Excellence in Care (EiC)
Testing activity for the EiC Patient Reported Experience Measure (PREM) is now concluded, with final data collation underway. A total of 111 testing teams participated across 15 boards, with approximately 70% having submitted data to date. The PREM work has achieved notable profile and recognition, including:

- Display of the PREM poster at the NHS Scotland Event in September
- An international presentation delivered to academic colleagues from Australia

Area Drug and Therapeutics Committee Collaborative (ADTCC)
ADTCC has linked with colleagues in Northern Ireland and Welsh health services to explore their arrangements for medicines incident reporting to help inform our team considerations. The future direction of the ADTCC as an agent of medicines safety and quality is under active review.

Health & Justice
Health & Justice successfully negotiated hosting arrangement for funding a prison pharmaceutical care package test of change. Extension of prison pharmacy contract to June 2029 formally signed off through NHS Specialised Prison Discharge Services. Controlled Drugs Accountable Officer Self-Assessment and Self Declaration Report finalised and ready for publishing.

Organising Ourselves to Deliver

Nursing Midwifery and Allied Health Professionals (NMAHP)
Both the new Chief Midwife and Public Protection/Child Health Lead took up their posts in October and are undertaking induction.

Communications Team
The communications team have been heavily involved in the publication of the NHS Grampian diagnostic report and the three unannounced inspection reports. HIS key messages were accurately reported on and HIS has been viewed favourably in the media. An evaluation will also take place to ensure all learning will be gathered and can be acted upon for the future.

NHS Scotland Business Systems Project
Both the finance and people and workforce teams continue to be involved in the Business Systems project, contributing insight to the meetings that are taking place with the recently appointed client-side partners to prepare for implementation once the procurement process to identify the preferred system supplier is concluded.

Gyle Square Replacement Project
The Chief Finance and Risk Officer continues to be involved in the Gyle Replacement Project Board and User Group, respectively, to inform and input to the development of the initial

Strategic Assessment and high level first draft of the Statement of Requirements which will be submitted to the SG for initial feedback as part of their Capital Investment prioritisation process. HIS will continue to be represented in discussions as the project refines the requirements and identifies options for alternative accommodation.

NHS Simplification – Finance Workstreams
The SG Chief Finance Officer has established nine workstreams in relation to the proposed reforms with the Programme for Government which will include Directors of Finance from all Boards. The Chief Finance and Risk Officer has been included within the Integration workstream, and overall co-ordination and updates are provided through the Directors of Finance networks.

3. CHALLENGES AND ISSUES

System engagement

Sub-National Engagement
We are receiving a range of requests for support from both sub-national planning structures and individual boards in what continues to be a complex landscape. The lack of clarity at this time about structures announced in the Programme for Government is creating uncertainty around the extent to which decisions could or should be made at local, regional or once-for-Scotland basis.

Winter pressures
Winter pressures are anticipated to place heavy demands on health boards, leaving staff and managers with less time to engage fully in our improvement programmes, which could have a knock-on effect on project milestones.

We will review and manage the situation on an ongoing basis and – as we have done in previous years – do what we can to reprioritise deadlines and offer alternative methods of engagement, including virtual, in order to minimise the required ask from territorial colleagues.

Scottish Intercollegiate Guideline Network (SIGN)
SIGN is facing challenges in recruiting experts to join the asthma guideline development groups because of the number of healthcare professionals with potential groupment conflicts of interest. The guideline is being developed in partnership with the British Thoracic Society.

Capacity pressures

Interim Arrangements
The continued vacancies in both the Director of Nursing and Integrated Care and Associate Director of Healthcare Staffing and Care Assurance posts remain a significant challenge for the Directorate. Interim arrangements are in place, with the Director portfolio being covered

jointly by the Director of Quality Assurance and Regulation and our Strategic Lead. The Associate Director portfolio is being absorbed across the existing Associate Director team as part of an agreed test of this approach.

Quality Assurance and Regulation Directorate (QARD)
Demand for QARD services has increased significantly over the reporting period, resulting in ongoing capacity pressures. This growth is being driven by an expanded inspection portfolio, an increasing volume of requests for information, and wider expectations relating to assurance, quality improvement and regulatory compliance.

There has been an increase in both volume and complexity of Freedom of Information (FoI) requests received by QARD. With a particular focus on Independent Healthcare, these requests require correspondence to be produced within a statutory timeframe and this is having a significant impact on business-as-usual activity, particularly within our project management function.

4. EXTERNAL DEVELOPMENTS INCLUDING STAKEHOLDER ENGAGEMENT

Collaborative Working with Public Health Scotland
We have established joint working groups including an overarching alcohol and drugs collaborative space, justice, alcohol and drugs harm intelligence and data. An in-person workshop is planned for January. These will support the Alcohol and Drugs Unit's National and Pathway deliverables and strengthen intelligence sharing between the two organisations.

Quality Improvement (QI) Leads
Feedback from a Quality Improvement (QI) Leads session in September suggested a positive shift in attitudes towards the Scottish Approach to Change. Participants demonstrated increased engagement and ownership, with several comments indicating that the approach is influencing thinking and practice. One participant said: "*we're adopting this Scottish Approach to Change now as our organisational model for change, so that's kind of starting to become more embedded*."

Healthcare Financial Management Association
The Scottish Approach to Change was presented at the Healthcare Financial Management Association annual conference in October. The session equipped NHS Chief Finance Officers and their teams to understand their role in change, including driving difficult conversations about spending, making drastic changes to commissioning processes, providing a whole-system view of the implications of decisions to defund services, and building confidence and organisational culture in the midst of uncertainty.

Engagement Practice Improvement
In September, the Engagement Practice Improvement team delivered two workshops on people-led practice at the Dumfries & Galloway Annual Safety and Quality Conference. A total of 31 individuals attended; most fed back that the sessions had been "very valuable" for informing

their work. Comments included: "*This has given me some great thoughts about how we can utilise this in our work in care assurance"* and "*I was involved in a small pilot of gathering patient journeys a few years ago – this was a good refresher and reminder of the value they hold*."

Scottish Patient Safety Programme

We co-organised a Scottish Patient Safety Programme national learning event in September, delivering sessions on the essentials of safe care for mental health and being people-led in planning and delivering safe care. Feedback from participants indicates that they found the sessions useful and informative, highlighting the value of shared learning, reflection, practical tools and hearing about others' experiences. Participants identified a range of intended changes to practice, including involving patients more, asking and listening before advising, challenging barriers and keeping people at the centre of decision-making.

Engagement Practice Network

Since April 2026, membership of the network has increased by 19% to 349 members. A September session for our Improving Engagement Community of Practice, with the topic of improving engagement with vulnerable adults and their carers, attracted 30 participants. Attendees scored the session 90% in terms of increasing their knowledge.

In November a session on making AI useful in our everyday work attracted 63 attendees. Ross McCulloch, Director of Third Sector Lab, led a practical and engaging discussion on using AI effectively and responsibly, while ensuring human judgement and relationships remain central. Participants scored the session 76% in terms of increasing their knowledge. Feedback included - "*Great session and topic, very relevant with a very big attendance. Thanks*" and "*Really helpful to understand safe and practical implementation of AI.*"

Service Change Community of Practice

At a Service Change Community of Practice session in September, attendees discussed public services reform, GP Walk-in Centres and the use of AI in community engagement. There was some concern that a lack of clear and consistent information made it more difficult to build trust and provide assurance. Participants shared experience of using AI to analyse feedback and support plain language reporting, though they agreed that human oversight is still essential to double-check accuracy.

Scottish Medicines Consortium (SMC)

SMC attended the annual meeting of the British Oncology Pharmacy Association in October in London, enabling the team to keep up to speed with developments in oncology medicine. SMC was also represented at the Centre for Innovation in Regulatory Science annual meeting, in Amsterdam, which focussed on the impact on Health Technology Assessment (HTA) of current regulatory changes. SMC showcased its expertise in patient involvement and evidence generation at two international events, sharing learning on its PACE process with health leaders in Abu Dhabi and on its Summary of Information for Patient Groups form with patient involvement stakeholders in Spain. The invitations demonstrate the continued international interest in SMC's approaches to meaningful patient involvement in HTA.

Scottish Intercollegiate Guideline Network (SIGN)
With the help of the Communications Team, SIGN showcased our recent work on using AI to make evidence-based advice more accessible on World Evidence-Based Healthcare Day. The work has shown that AI can enable us to produce initial plain language drafts more quickly, supporting better use of the time public partners give when they volunteer and the lived experience they bring to reviewing and improving guidelines.

Scottish Health Technologies Group (SHTG)
SHTG is supporting the University of Glasgow's new MSc in MedTech Innovation, sharing practical NHSScotland experience of HTA, health economics and evidence-informed innovation. The collaboration uses real-world examples to give students an understanding of how evidence supports decisions as technologies progress from early identification towards adoption in the NHS.

Excellence in Care (EiC)
Following strategic engagement sessions with key programme stakeholders, we have mapped out which executive and professional groups we should be engaging with within our current workplan for 2026/27. This review aims to streamline processes, strengthen decision-making pathways, and ensure governance arrangements are better aligned to support programme delivery going forward.

Focus on Dementia
September was World Alzheimer Month when Alzheimer Scotland's annual conference and NHSScotland events took place, a joint poster was also presented online at the NHSScotland event and six of seven participating teams that applied from the 2025 improvement programme were also accepted to present and one care home team was invited to present in-person. Our Focus on Dementia programmes presented at the Alzheimer Europe conference in October.

Hospital at Home (H@H)
H@H Adult National Event was held on 29 September 2026 which was well attended and positively received. We are delivering learning system activities for adult and paediatric services and have developed learning systems for both workstreams. Both learning systems involve a high level of engagement activities and resources through regular networking sessions, cross site visits, in-person learning sessions and events. We have hosted separate sessions for the two work streams but plan to do a joint national event in March 2027, and the team are in the process of planning for this event.

Visit to Death Certificate Review Service (DCRS) by Department of Health Northern Ireland
The DCRS recently hosted a one-day visit from colleagues from the Department of Health Northern Ireland who have been piloting a system of random reviews of Medical Certificates of Cause of Death in secondary care and are planning to extend this on a statutory basis.

Having visited other parts of the UK, they were particularly impressed by DCRS's experience as part of a national quality improvement organisation. In particular, they highlighted the service's electronic case management system and the robust processes that have been established to

ensure consistency, which they considered to be significantly more advanced than alternative arrangements.

Collaboration with Healthcare Inspectorate Wales

In September 2026, senior colleagues from the Quality Assurance and Regulation Directorate visited Healthcare Inspectorate Wales (HIW) following a request from HIW for support in developing its new maternity and neonatal inspection programme, including inspection methodology and framework. The request reflects external recognition of HIS's expertise and leadership in maternity service inspection, quality assurance, and improvement. It also demonstrates the growing influence of the HIS maternity inspection model as an example of effective scrutiny and assurance practice across the UK.

To support practical learning and knowledge exchange, HIW representatives also accompanied the HIS maternity inspection team during an on-site inspection in NHS Lanarkshire in September 2026. This provided HIW with direct insight into HIS's inspection planning, multidisciplinary team working, stakeholder engagement, evidence collection, assessment processes, and reporting arrangements.

Feedback from HIW has been highly positive, recognising the openness, expertise, and collaborative approach demonstrated by HIS colleagues throughout the programme of support. HIS will continue to engage with HIW as it implements its maternity and neonatal inspection programme, providing ongoing opportunities to share learning, reflect on emerging practice, and identify areas for further collaboration.

Integrated Planning 2027-28

Meeting: Board - Public

Meeting date: 2 December 2026

Agenda item: 2.1

Responsible Executive: Clare Morrison, Director of Engagement and Change, Gillian Hennon, Chief Finance and Risk Officer; Helen Meldrum, Interim Chief People Officer

Report Author: Jane Illingworth, Head of Governance

Purpose of paper: Decision

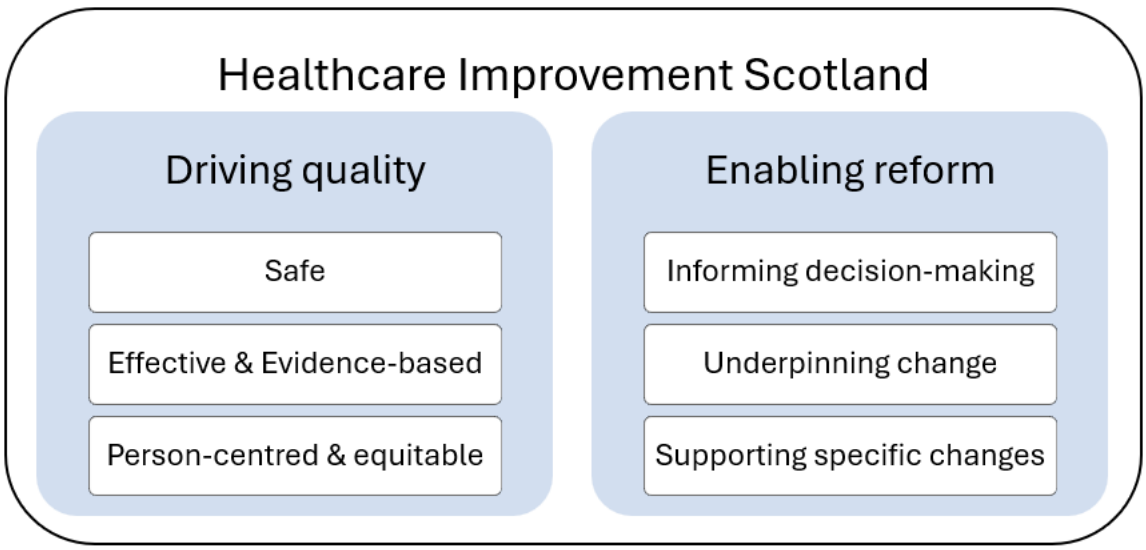
1. Purpose

This paper sets out the proposed approach to integrated planning for 2027-28, including development of Healthcare Improvement Scotland (HIS)'s 2027-28 Annual Delivery Plan (ADP) and Financial Plan, for the approval of the Board.

2. Executive Summary

With the emerging changes to national structures and planning, NHS boards will not be receiving an ADP commission from Scottish Government (SG) for 2027-28. This provides an opportunity to consider planning in a way which is more tailored to the needs of HIS, its approach and strategic priorities.

A significant amount of work was undertaken in preparation of the 2026-27 ADP to articulate HIS' approach to delivering both our strategic purpose and supporting national renewal and reform. This included being more deliberate in describing our collective, connected purpose as one organisation to maximise the impact of the totality of HIS's work. In response, we defined our two high-level aims: driving quality and enabling reform. Within these aims, we set out six priority areas for delivery:



We also brought much of our work into eight cross-organisational portfolios, underpinned by a quality management approach. The portfolios enable us to consider intelligence and plan our work across our functions of assurance, evidence, engagement and improvement to maximise our collective impact. In addition, we directly aligned some of the portfolios to the delivery priorities of the sub-national planning structures.

It is therefore proposed that rather than develop an entirely new ADP for 2027-28, the ADP for 2026-27 is refreshed, retaining the existing structure around HIS' aims and portfolios, while recognising the changing context and any key changes to delivery.

The refreshing of the ADP will be led by the Performance and Delivery Board (PDB) which provides the quality planning function within a quality management system for the whole of HIS. It started taking a more dynamic approach to cross-organisational planning on a quarterly basis in November 2026 (instead of annually). This will help HIS be more responsive to system changes and demands. The PDB takes an intelligence-led approach by combining the insights from all eight portfolios and from directorates, intelligence from Internal Sharing Intelligence Network, performance data and resource data (finance and workforce). To support this, the output from the September 2026 Board Strategy Day has been shared with the PDB to guide its consideration of current delivery and future prioritisation and approach.

It is also important to note that the current HIS strategy is for 2023-28, and therefore a new strategy will be needed from 2028 onwards with preparation work beginning on this in 2027. The development of a future approach to delivery planning can then be aligned to the next HIS Strategy (2028-).

It may be that future delivery plans cover a longer time period, alongside this shift towards a more agile approach to planning, with quarterly reviews and potentially annual updates.

The Quality and Performance Committee considered and endorsed the proposed approach to the 2027-28 ADP at its meeting in October.

Financial planning for 2027-28

Building on the approach from 2026-27 budget setting, the focus of the 2027-28 budget will be initially on identifying the recurring expenditure requirements aligned to our work programme. This will allow us to fully understand the committed expenditure for 2027-28 and plan for how best to utilise funding across recurring and non-recurring requirements.

The proposed approach to the financial planning process was approved by the Audit and Risk Committee at its meeting in November, including an initial financial outlook for 2027-28. This will provide an estimate of the recurring operating costs for HIS based on the delivery of the ADP. This is the initial forecast, which will incorporate the 3% savings target and will factor in projected pay award, inflationary uplifts and any residual 2026-27 investment pipeline spend.

Any requested service developments or investment requirements arising from the planning discussions undertaken at the November PDB will then, subject to prioritisation and agreement, be considered as part of the wider financial planning process. Confirmation of the delivery plans for 27-28 savings targets will be required to be undertaken prior to March 2027.

Non-recurring allocations will continue to be planned as a ring-fenced budget with all Directorates required to provide assumptions on anticipated allocations as part of the financial planning process.

Workforce planning

At its October meeting the Staff Governance Committee was updated that work is progressing towards a comprehensive workforce strategy which will be aligned with the planned new strategy for HIS from 2028, as referenced above.

In the meantime information has been gathered through directorate workforce planning exercises and learning needs analysis activity was now being used to identify common organisational capability requirements and workforce gaps. This includes the need for a future-focused workforce model capable of supporting organisational change and increasing digital demands.

Work is underway to identify strategic interventions that could support multiple directorates simultaneously rather than addressing needs individually, and the Committee welcomed the emphasis on organisation-wide planning.

Next steps

- Governance arrangements and timescales will be in line with previous years i.e. consideration of the draft financial and delivery plans at the January 2027 Board seminar with final plans being presented to the March 2027 Board meeting for approval.
- We will undertake engagement in relation to our plans with SG and policy teams in line with previous approaches, via the sponsor team.

3. Recommendation and next steps

The Board is asked to consider and approve the proposed approach to integrated planning for 2027-28 including development of HIS' 2027-28 Annual Delivery Plan and Financial Plan.

It is recommended that the Board accept the following Level of Assurance in relation to the approach to planning:

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 at all.

In relation to the detailed content of the Annual Delivery Plan and Financial Plan, it is proposed that a MODERATE level of assurance is accepted, due to the further work required at this point in time.

Becoming a Population Health Organisation

Meeting: Board - Public

Meeting date: 2 December 2026

Agenda item: 2.2

Responsible Executive: Gillian Hennon, Chief Finance and Risk Officer

Report Author: Jane Illingworth, Head of Governance; Diana Hekerem, Associate Director of Transformational Change

Purpose of paper: Decision

1. Purpose

The Board is asked to consider this paper and approve the proposed approach towards Healthcare Improvement Scotland (HIS) becoming a Population Health Organisation (PHO).

This includes a draft high-level improvement plan for submission to Public Health Scotland (PHS) and which will provide a mechanism for ongoing assurance on how HIS is supporting the six principles of a PHO.

2. Executive Summary

Background

NHS Boards are working towards becoming PHO, a 26/27 NHS Annual Operational Priority, by evolving from predominately treatment-focused organisations to ones centred on improving population health: working collaboratively with partners to prevent ill health and reduce inequalities, while delivering sustainable, value-based health and care.

NHS Chairs, Scottish Directors of Public Health, PHS, HIS and the Scottish Government have co-developed guidance and a PHO Maturity Matrix to support NHS Boards with implementation.

Boards are asked to complete their first PHO maturity assessment and submit an accompanying improvement plan to PHS by the end of December 2026. It is emphasised that this is not a performance management process. Instead, PHS will bring together an anonymised summary of key themes and insights to support shared learning across Boards.

It is recognised that a different approach may be needed for national boards and the PHO framework has been designed to be used in a way to fit local/delivery context. For that reason, national boards are not required to complete the maturity assessment and instead to develop an improvement plan focused on a small number of priorities.

The HIS Board participated in a session on what it means to become a PHO at its development day on 18 November which provided additional context on this work.

Healthcare Improvement Scotland as a Population Health Organisation

Much of HIS's work is already directly aligned with the six PHO principles and the Annual Delivery Plan 2026-27 (ADP) explicitly positions the Population Health Framework and Service Renewal Framework as part of its strategic context and identifies becoming a population health organisation as an Annual Operational Priority.

Through the ADP, HIS already demonstrates alignment in collaboration and whole system working, prevention, shifting care towards primary and community settings, evidence-informed decision making, supporting value-based care, and reducing unwarranted variation. From a practical perspective, examples such as the frailty, dementia, mental health, Hospital at Home and Primary and Community Care programmes all seek to provide earlier intervention, avoid unnecessary hospital admission and improve access to care closer to home.

To support further progress towards HIS becoming a PHO, a workshop was held on 8 October to support members of the Performance and Delivery Board (PDB) with reflection and action planning in relation to the PHO agenda and identify opportunities to strengthen the application of population health approaches across the organisation. The output of the workshop directly informed the development of the improvement plan.

Workshop participants also recognised that many of the building blocks required to become a PHO already exist within HIS, including expertise, partnerships, established programmes of work and growing organisational focus on tackling inequalities, and in population health.

However, there was a strong view that these assets remain fragmented and are not yet connected through a consistent organisational narrative or approach. Participants emphasised the importance of moving population health from a concept owned by a small number of teams towards an organising principle that shapes culture, planning, decision-making and day-to-day practice across the organisation.

Across all six principles, five overarching themes emerged:

1. Understanding population need through better use of citizen insight, data and intelligence.
2. Breaking down organisational silos and strengthening collaboration.
3. Giving greater visibility and prominence to primary and community care.
4. Embedding prevention and inequalities more consistently into prioritisation and decision-making.
5. Using the Scottish Approach to Change to support long-term cultural and organisational change rather than introducing new processes alone.

An overarching priority for improvement is the ability of HIS to more clearly demonstrate that population health principles systematically shape how the organisation operates and makes decisions. This should be about both the practical delivery of work, and the values behind the way in which HIS operates, for example being an anti-racist organisation.

The Quality Management System approach and structures of the PDB, and portfolio working, provide an important mechanism for further embedding the PHO principles into organisational planning, performance and governance.

The outputs of the workshop have supported the identification of four priorities for inclusion in a high-level improvement plan (**appendix 1**) around:

- strengthening the use of citizen insight across HIS;
- improving use of data, evidence and intelligence to understand population need, with a particular focus on highlighting and tackling inequalities and gaps in data;
- embedding a PHO approach in governance and planning; and
- increase organisational visibility of primary and community care contributions to population health

The improvement plan is intended to cover 2027-28. In parallel, the refresh of the ADP, as well as the PDB's quarterly approach to performance and planning, provide opportunities to further embed population health principles in HIS' work. Engagement with PDB and more broadly across HIS is planned to support developing cross-organisational understanding of what it means to be a PHO.

Subject to Board approval, the plan will be submitted to PHS and their feedback and insights will inform the further development of HIS' approach.

3. Recommendation and next steps

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.

This is because there are existing structures in place which will support embedding population health approaches within HIS, in addition to demonstrating strong alignment to population health principles across a range of externally facing work. There remains a moderate amount of residual risk in terms of achieving understanding across the organisation alongside capacity to implement the proposed actions in the context of a system under pressure.

4. Appendices

Appendix 1: Population Health Organisation: Draft Improvement Plan for 2027-28

Appendix 1: Population Health Organisation: DRAFT Improvement Plan for 2027-28

PHO Principle and Development Area	Improvement Priority	Improvement Action to be Taken	By Whom?	By When?	Indicators of Success
Understanding Population Need	Strengthen the Use of Citizen Insight Across the Organisation	Consider opportunities to share learning and impact from the 'governance for engagement' process to provide a more coordinated approach to citizen insight and lived experience	Community Engagement and Transformational Change Directorate	Ongoing from April 2027	Lived & Living Experience (LLE) insights included in all board papers LLE inclusion on expert reference groups and other governance Improved reporting at Governance for Engagement
Understanding Population Need	Improve Organisational Understanding of Population Need Through Data, with a particular focus on highlighting and tackling inequalities and gaps in data	Develop a shared approach to bringing together data, evidence and intelligence from across the organisation in relation to population need	Evidence Directorate	Ongoing from April 2027	Better use of population data within planning and reporting Overview of intelligence within reporting and new commissioning discussions Reporting on impact from total work at population level

Governance and accountability	Embed PHO principles, prevention and inequalities within governance, planning and prioritisation processes.	Build PHO principles into the ongoing approach to performance and planning being developed by the Performance & Delivery Board Consider opportunities to embed consideration of PHO principles in governance activity	PDB / portfolios; Office of the Chief Executive	Ongoing from January 2027	Board reporting and business cases explicit on impact on inequalities Quarterly reporting explicit on impact on inequalities Accountability for anti-racism plan including within board reporting
Increase organisational visibility of primary and community care contributions to population health	Ensure review of Annual Delivery Plan and new commissions cognizance of balance in organisation for primary and community care	Work balance of primary and community care	PDB / Primary and Community Care portfolio		Reporting of HIS £ on improvements in primary and community care visible to board Organisational Key Performance Indicators and key data sets bring visibility to quality and safety issues and impacts in primary and community care

2026/27 Q2 Organisational Performance Report

Meeting: Board - Public

Meeting date: 2 December 2026

Agenda item: 3.1

Responsible Executive: Gillian Hennon, Chief Finance and Risk Officer and Helen Meldrum, Interim Chief 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. Further details can be found at Appendix 1 2026/27 Q2 Organisational Performance 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.

3. Performance Delivery

At the end of the first half of 2026/27 overall performance was positive with 84% of our work programmes reporting as 'green - on track to deliver in line with the Annual Delivery Plan (ADP)/commission' although it represents a slightly worsening position from Q1 (89%). 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 56% (Q1 69%) of corporate performance measures which is lower than anticipated.

Key Performance Indicators

At the end of Quarter 2, 8 KPIs reported as red (behind >10%) and 2 amber (behind <10%). Full details of all KPIs, including reasons for those reporting as not being on track, are included in the main report.

Work Programme Status Report

At the end of the quarter there were **86** active workstreams.

- **84%** (Q1 89%) of active workstreams were rated green (on track to deliver in line with ADP/commission),
- **1%** (Q1 2%) rated red (will not deliver in line with ADP/commission)
- **15%** (Q1 8%) rated amber (may not deliver in line with ADP/commission) representing a worsening position from the previous quarter. The main reasons for workstreams reported as off track (red or amber) continue to be as a result of team capacity/availability of resource or adjustment in delivery/timescales.
- **1** programme of work completed: Alcohol and Drugs: Integrating Community Pathways to Recovery - treatment, recovery and care allocation plan finalised with Scottish Government enabling final sign off of award and deliverables for 2026-27.

Key Achievements Q2

A number of achievements demonstrate progress against our strategic milestones during Quarter 2 and a summary has been included in the main report.

Best Value Assessments

Two best value assessments were carried out, Focus on Dementia and Standards and Indicators. A summary of each is included in the main report.

4. Financial Performance – October 2026 (P7)

At 31 October 2026, total income received was £29.7m and total expenditure was £30.0m, driving a £0.3m (1%) overspend.

This was driven primarily by timing differences - Investment Pipeline spend of £0.2m year to date (YTD) and £0.2m relating to the bad debt provision within Independent Healthcare.

HIS are forecasting a £0.1m overspend position for the 2026/27 financial year. This is driven by the derecognition of the Child Sexual Abuse and Exploitation (CSAE) allocation upon confirmation will not be received this financial year (£0.4m), offset by additional income received relating to Improving Acute Perinatal Care (£0.3m). The Finance team are currently working with each Directorate to ensure the organisation returns a balanced financial position for this financial year.

We have received our P7 allocation letter and have received £8.0m in allocations to date, with a further £0.7m expected.

The detailed Financial Performance Report at 31 October 2026 is available in the main report.

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 will be met through absorbing impact of the Reduced Working Week. 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.

We have achieved £0.6m in savings YTD against a target of £0.7m. As part of the Q2 financial review a number of Directorates have flagged concerns around their ability to meet savings targets so Finance are working with them to help identify and support how these savings can be achieved.

5. Workforce Report

Workforce indicators are shown in the full report with trends over time within the appendices. A summary of the key workforce headlines as at 31 October2026 is as follows:

- Total workforce headcount is 649 (payroll and non-payroll) with Q2 showing a net increase. 94% of our workforce is payroll staff.
- Our total workforce turnover is 3.0% and remains lower than the same period last year (5.1%).
- Sickness absence rates have decreased to 4.9% in October 2026 from 5.1% during Q2.
- Since April 2026, 74 approved vacancies were advertised with 60 (81%) appointments made and others progressing.
- 8 staff members are currently being supported through redeployment.

6. 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.

7. Appendices

The following appendices are included with this report:

- Appendix 1: 2026/27 Q2 Performance Report

Appendix 1

Performance Report

Quarter 2 2026/27

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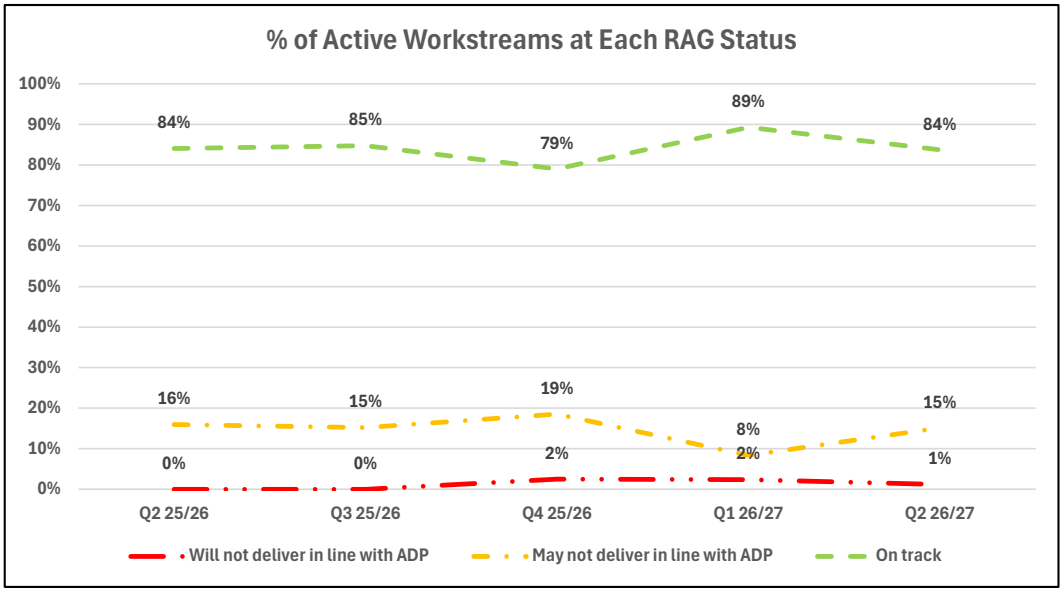
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1. Delivery Performance Report

At the end of the first half of 2026/27 overall performance was positive with 84% of our work programmes reporting as 'green - on track to deliver in line with the Annual Delivery Plan (ADP)/commission' although it represents a slightly worsening position from Q1 (89%). 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 56% (Q1 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 84% 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 Quarter 2.

Strategic Priority 1: Safety and Quality

- Publication of the Phase 1 Review of Group Based Child Sexual Abuse and Child Criminal Exploitation report.
- Participation in the World Health Organisation's annual World Patient Safety Day.
- Publication of our Health and Care (Staffing) (Scotland) Act 2019 Annual Report 2025-26.

Strategic Priority 2: Evidence

- Published a recommendation for Surface Guided Radiation Therapy (SGRT), a non-invasive, non-ionising technology that uses three-dimensional (3D) cameras to monitor a patient's body surface during radiation treatment. The technology is intended to improve the accuracy, safety and efficiency of radiotherapy treatments for patients with cancer.

- Publication of a National Framework for evaluating the role of Surgical Care Practitioners (SCPs) in Scotland.
- 5 Innovative Licensing and Access Pathway (ILAP) innovation passports were granted.
- Plain language version of migraine and epilepsy in children Scottish Intercollegiate Guidelines Network (SIGN) guidelines published.
- Publication of professional-to-professional handover of care and bone pain guidelines.
- Publication of National Cancer Medicines Advisory Group (NCMAG) 127 and NCMAG 128 advice in July 2026.
- Systemic Anti-Cancer Therapy (SACT) Risk Stratification: publication of 2 proposals on West of Scotland Cancer Network (WoSCAN) webpages (September).

Strategic Priority 3: Voices

- Evidence for Engagement Rapid Engagement with Recent Users of Maternity Services published in September 2026 and shared with Scottish Government to influence the ongoing independent review of maternity services.

Strategic Priority 4: Improvement

- Publication of Hospital at Home 25/26 Annual Report 2025/26 in August 2026.
- Launch of the new Alcohol and Drugs Learning System.
- Scottish Patient Safety Programme (SPSP) Adults in Hospital published the updated change packages for falls, pressure ulcers and deteriorating patient.

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) . This quarter we reviewed Focus on Dementia (FoD) and Standards and Indicators (S&I) and the summary of each is provided below (the full assessments are available on request and will be included in our Annual Best Value Report 2026/27).

Focus on Dementia (FoD)

The Focus on Dementia programme is a national improvement programme within the Shifting the Balance of Care Portfolio. It aims to improve access to, and the experience of, health and social care for people living with dementia through person-led, coordinated care that improves outcomes. The programme currently focuses on two priority areas: the Post-Diagnostic Support (PDS) and Care Co-ordination Improvement Programme, and the Reducing Stress and Distress (RSD) Improvement Programme.

The Focus on Dementia programme contributes to national efforts to improve dementia care by supporting consistent, evidence-based practice and reducing unwarranted variation in access to and experience of services. Through its improvement programmes, national networks and collaborative partnerships, the programme enables teams to test, implement and spread improvements that support better outcomes for people living with dementia, their families and carers. Engagement with people with lived experience, unpaid carers and key stakeholders

helps shape programme design and delivery, ensuring improvement activity remains relevant and responsive to service needs.

The assessment concludes that the Focus on Dementia programme delivers measurable improvements in the quality of care, support and services for people living with dementia while operating efficiently and effectively. Evidence from performance data, case studies, evaluations and participant feedback demonstrates positive impacts across participating services and ongoing adaptation of programme delivery to maximise benefit. The programme demonstrates contributions across all four dimensions of Best Value: economy, efficiency, effectiveness and equity.

Standards and Indicators (S&I)

Healthcare Improvement Scotland's Standards and Indicators (S&I) team develops, reviews and maintains national standards that support safe, effective, person-centred and equitable health and care services across Scotland. Standards are developed using evidence-informed methodologies and extensive stakeholder engagement, including people with lived experience, health and social care professionals, policy representatives, academia, professional bodies and third sector organisations.

The Standards programme supports national consistency by providing a single evidence-based framework that can be applied across health and care services, reducing the need for organisations to develop separate local standards and guidance. Through evidence reviews, stakeholder engagement and consultation activities, the programme identifies opportunities for quality improvement, supports reduction of unwarranted variation and helps promote safe, effective, person-centred and equitable care. Continued investment in digital approaches has increased accessibility, reduced administrative burden and enabled wider participation across Scotland.

The assessment concludes that the Standards and Indicators programme delivers value through the efficient development, review and maintenance of national standards. By translating evidence, policy priorities and lived experience into practical standards, the programme supports quality improvement, consistency of practice and better outcomes for people using health and care services across Scotland. The programme demonstrates contributions across all four dimensions of Best Value: economy, efficiency, effectiveness and equity.

At the Quality and Performance Committee (QPC) on 26 October 2026, the Committee acknowledged the overall positive position at the end of Quarter 2. The following points were discussed:

- Members welcomed the continued evolution of the performance report including the introduction of a cover paper providing key highlights from the main report.
- Noted the worsening trend in Corporate Key Performance Indicators (KPIs) between Q1 and Q2 which resulted from changes to a range of metrics quarterly targets affecting their respective RAG status for Q2. The changes were made at the request of HIS Board.
- The Forward Look section was cited as being helpful for highlighting organisational direction. Consideration will be given in how we provide greater insight and pull themes together to better inform the Committee.
- Where programmes highlight capacity as being a factor for under performance, this is a HIS wide issue although noted that for smaller teams the impact is greater.
- A question was raised about Scottish Medicines Consortium (SMC) performance. There continue to be delays in assessing new submissions and managing the backlog reported in previous quarters as a result of a sustained increase in the number of submissions. The position is improving but still causing pressure on service delivery.
- The Best Value Assessments were discussed, in particular the inclusion of an infographic for the Focus on Dementia programme. Whilst the image provided a good high level summary it was suggested that it might help to include some context to help better understand the overall assessment.
- It was suggested it would be helpful to look at performance in the context of demand, capacity, workforce and financial planning.

2. Financial Performance Report – October 2026 (P7)

At 31 October 2026, total income received was £29.7m and total expenditure was £30.0m, driving a £0.3m (1%) overspend.

This was driven primarily by timing differences - Investment Pipeline spend of £0.2m was incurred year-to-date (YTD), which will be funded through further non-recurring slippage expected throughout the rest of the financial year. We have also recognised an increase of £0.2m relating to the bad debt provision within Independent Healthcare, though we expect this position to improve by year-end as we recover debt through the new debt management arrangements in place.

	Annual Budget (m)	**Annual Forecast (m)**	**YTD Actual (m)**	**YTD Budget (m)**	**YTD Variance (m)**
Income	£51.6	£53.9	£29.7	£29.9	(£0.2)
Pay	£45.1	£46.1	£26.6	£26.3	(£0.3)
Non-Pay	£6.5	£7.9	£3.4	£3.6	£0.2
Under/(over) spend	-	**(£0.1)**	**(£0.3)**	-	**(£0.3)**

HIS are forecasting a £0.1m overspend position for the 2026/27 financial year. This is driven by the derecognition of the Child Sexual Abuse and Exploitation (CSAE) allocation upon confirmation from Scottish Government that this will not be received this financial year (£0.4m). This is offset by additional income received relating to Improving Acute Perinatal Care (£0.3m) previously planned to be funded through the Investment Pipeline.

The Finance team are currently working with each Directorate to validate expected expenditure this financial year and to identify areas where expenditure can be reduced to ensure the organisation returns a balanced financial position for this financial year.

We have received our P7 allocation letter and have received £8.0m in allocations to date, with a further £0.7m expected.

The detailed Financial Performance Report at 31 October 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 will 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 (£)
Community Engagement & Transformational Change	(0.03)	(0.03)	(0.00)	(0.04)
CorporateProvision	(0.00)	-	0.00	(0.00)
Digital	(0.01)	-	0.01	(0.02)
Evidence	(0.03)	-	0.03	(0.06)
Medical And Safety	(0.02)	-	0.02	(0.04)
Nursing And Integrated Care	(0.03)	-	0.03	(0.06)
Office of the Chief Executive	(0.02)	(0.06)	(0.04)	(0.03)
Quality Assurance and Regulation	(0.03)	-	0.03	(0.06)
Vacancy Review Group	(0.10)	-	0.10	(0.20)
Reduced Working Week	(0.47)	(0.47)	0.00	(0.80)
Total	**(0.72)**	**(0.55)**	**0.17**	**(1.33)**

We have achieved £0.6m in savings YTD against a YTD target of £0.7m. As part of the Q2 financial review the Finance team have been meeting with each Directorate to discuss the plans for achieving recurring savings within 2026/27. A number of Directorates have flagged concerns around their ability to meet savings targets so Finance are working with them to help identify and support how these savings can be achieved.

3. Workforce Report

Workforce indicators for the period April - October2026 (refer to Appendix 3 for Workforce Key Performance Indicators (KPIs) trends):

- As of 31 October2026, our total workforce headcount (payroll and non-payroll) is 649 (585.4 whole time equivalent (WTE)), of this 609 (567.8 WTE) were payroll staff. This

represents a net increase of 26 payroll staff and 11 non-payroll/secondees during the current financial year.

94% of our workforce are payroll staff (79% permanent, 7% fixed term and 8% HIS employees on internal secondment) and 6% are non-payroll (secondees from other NHS boards).

- Total workforce turnover YTD stands at 3.0%, which is significantly lower compared to the same period last year (5.1%). Current trends forecast the end of year turnover rate to be circa 4.7% (previous year-end turnover was 10.5%).
- As shown in appendix 3, the sickness absence rate in this period was 4.9%. Although higher than the same period last year (3.3% in October 2025), sickness absence has decreased compared to a peak in Q2 (5.1%). Our sickness rates remain lower than the national rate for NHS Scotland of 6.6% (August 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 160 resource requests in total since April, of which 109 were recruitment related. The majority of recruitment requests (64.2%) were being funded from baseline allocation. All posts were reviewed in line with budget and service priorities.
- 74 new recruitment campaigns were advertised since April 2026 - 60 have already been filled (31 of these by existing internal/NHS staff) with others progressing through recruitment stages.
- We are seeking alternative opportunities for 8 staff who are currently on redeployment, some are of a specialist nature which do not frequently arise through vacancies.

4. Appendices and links to additional information

The following appendices are included in this report:

- Appendix 1: Q2 26/27 Corporate Key Performance Indicators (KPIs)
- Appendix 2: Summary Financial Performance Report P7 at 31 October 2026
- Appendix 3: Key Workforce KPIs at 31 October2026

Appendix 1: Q2 26/27 Corporate Key Performance Indicators (KPIs)

Corporate KPIs:	Number of KPIs	% of KPIs
Red (behind target >10%)	8	25%
Amber (within 10% of target)	2	36
Green (ahead/on target)	18	56%
N/A	4	13%

Source	KPI Area	KPI Metric	25/26 Actual	26/27 Target	26/27 Q2 Target	Outturn Q1	Outturn Q2	Comments
Enabling Reform	**Mental Health**	% of boards receiving a clearly aligned HIS-wide offer on mental health (e.g., assurance, improvement, evidence)	-	75%	10%	N/A	10%	Quarterly breakdown: Q1 N/A, 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 (SATC)	-	75%	25%	N/A	14%	Quarterly targets: Q1 N/A, Q2 25%, Q3 50%, Q4 75%. Letter from Scottish Government referenced SATCs significant contribution to NHS Renewal and wider transformation however more direct engagement is needed to deliver change through the programme

Delivering Quality - Person-Centred & Equitable	**Person-Centred Access to Services**	Number of published outputs of evidence from engagement	2	8	2	2	2	Citizens' Panel and Gathering Views amended description. Also reported to Scottish Health Council (SHC)
		Number of standards or supporting documents published	-	8	2	1	2	Quarterly breakdown: Q1 x1, Q2 x2, Q3 x0, Q4 x5
Delivering Quality - Safety	**NHS Inspections**	NHS acute hospital inspections	24	7	2	2	2	Quarterly breakdown for the 3 inspections programmes : Q1 x6, Q2 x6, Q3 x6, Q4 x6 (total 24)
		NHS acute adult mental health inspections		7	1	1	2	
		NHS acute maternity unit inspections		10	3	3	3	
	Improvement Action Plans	% of inspection reports published with an associated improvement action plan	-	100%	100%	100%	100%	100% target applies across all quarters
	Independent Healthcare Inspections	Process 80% of registrations within a 6-month timeframe	-	80%	80%	41%	73%	Timeframe previously 90 days but due to complexity and volume of registrations for 26/27 communication updated to reflect this. Increased regulatory workload with on 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%	41%	90% target applies across all quarters. Increased regulatory workload 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.
		% of complaints triaged within the agreed timescale of Complaint Handling Procedure (CHP)	-	100%	100%	95%	94%	Target 100% of complaints assessed within 5 working days of receipt. Total number of complaints received Q2 was 33 with 31 completed within the timescale.
	IR(ME)R - Ionising Radiation (Medical Exposure) Regulations	Number of IR(ME)R inspections carried out	-	10	3	3	1	Quarterly breakdown Q1 & Q2 x3, Q3 & Q4 x2. A number of visits were cancelled or rescheduled due to planned IT upgrades and staffing capacity to support inspections. 7 inspections planned Q3.
	Adverse Events	Number of monthly national reports of quantitative data on Adverse Events submitted to Scottish Government within agreed timelines	-	12	3	3	3	Based on an expectation of 1 report being submitted to Scottish Government (SG) 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	2	Based on an expectation of 1 report being submitted to SG each quarter. Delayed report submitted Q2.

	Responding to Concerns	% of cases with initial assessment undertaken within agreed timescales	100%	100%	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%	N/A	N/A	N/A	Quarterly breakdown: Q1: N/A, Q2: N/A, Q3: 30%, Q4: 60%
	Scottish Patient Safety Programme – Paediatrics	% of participating boards testing implementation of the updated Scottish Paediatrics Early Warning Score (PEWS)	-	25%	N/A	N/A	N/A	Quarterly breakdown: Q1: N/A, Q2: N/A, Q3: 0%, Q4: 25%
	Scottish Patient Safety Programme – Perinatal	% of participating boards that have commenced implementation of the national Maternity Early Warning Score (MEWS)	-	75%	25%	N/A	29%	Quarterly breakdown: Q1: 0%, Q2: 25%, Q3: 50%, Q4: 75%
		% of participating teams demonstrating modest improvement in at least one workstream	-	80%	20%	N/A	36%	Quarterly breakdown: Q1: N/A, 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%	N/A	N/A	N/A	Quarterly breakdown: Q1: N/A, Q2: N/A, Q3: 20%, Q4: 40%

	Strategic Safety Plan	% of safety plan deliverables achieved across all workstreams within planned timeframe	-	95%	45%	25%	35%	Quarterly breakdown Q1 25%, Q2 45%, Q3 70%, Q4 95%. Due to the complexities of the work and competing priorities/capacity challenges across the organisation, timelines have been reprofiled and approved at QPC. Aiming to be back on track Q3.
	Controlled Drug Governance	Response rate from designated bodies in the annual audit of Controlled Drugs Accountable Officers (CDAO) arrangements within designated bodies in Scotland	-	100%	100%	N/A	100%	Quarterly breakdown: Q1 N/A, Qs2-4 100%
Delivering Quality - Effective & Evidence-Based	**Death Certification Review Service**	% of Medical Certificates of Cause of Death (MCCDs) reviewed	-	12%	12%	12%	12%	12% applies across all quarters
		% of requests for Advance Registration completed within 2 hours	-	100%	100%	100%	100%	100% applies across all quarters
	New Medicines Advice	% of decisions communicated within target timeframe	46%	75%	75%	5%	44%	KPI continues to be affected by current delays in assessing new submissions following a large intake during 25/26. SMC currently getting stakeholder buy-in with process changes that can help speed up particular kinds of submissions. It is anticipated this trend will continue throughout the remainder of the year.

		Number of submissions on the deferred / waiting list	-	</=10	</+10	31	23	Provides an indication of backlog/deferred position & reports number at the end of each quarter. This is all stemming from the significant number of submissions we received in 25/26.
	Service Change Engagement	Number of NHS Board/Integration Joint Boards service change engagement plans supported by HIS advice, assurance or review activity	65	70	70	70	32	Annual target applies across all quarters. Also reported to SHC. Reported service change activity has reduced in Q2 as capital funded projects have been suspended by Scottish Government. Service change activities were also paused during the election period and new Programme for Government published in September will halt many planned capital spends.
	Healthcare Staffing	% of NHS Boards that have completed the full Healthcare Staffing Programme (HSP) monitoring cycle within the reporting period	100%	100%	50%	37%	68%	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	9	12	3	5	2	25/26 target retained. Quarterly breakdown Q1 x 5, Q2 x 2, Q3 x 2, Q4 x 3
	National Position Statements	Delivery of national evidence statements on major priority areas	3	2	1	N/A	N/A	Delay in prioritising topics has resulted in an adjustment to quarterly breakdown: Q3 x1, Q4 x1. Annual target will still be met by year-end.
External - SG '15 box grid'	**Sickness Absence Rate**	In line with national target	3.6%	4%	4%	4.9%	5.1%	National target. Absence rate has remained static throughout Q2.

	Recurring Savings	As approved in budget	£1.5m	£1.3m	£0.3m	£0.2m	£0.3m	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. As part of the Q2 financial review the Finance team have been meeting with each Directorate to discuss the plans for achieving recurring savings within 2026/27. A number of Directorates have flagged concerns around their ability to meet savings targets so Finance are working with them to help identify and support how these savings can be achieved Also reported to ARC.

Appendix 2 Summary Financial Performance Report P7 2026-27

Year to Date - Performance Summary – P7

At 31 October 2026 year-to-date total income was £29.7m and total expenditure was £30.0m, **driving a £0.3m overspend (1%).**

We have moved from a £0.2m YTD overspend position at P6, **so have reflected a £0.1m overspend within P7**. This is **primarily driven by an increase in the Investment Pipeline spend in P7 (£0.2m)** which is out-with budget and therefore contributing to the movement, **offset by IHC reduction in bad debt provision of £0.1m**.

A full breakdown of the YTD position is shown in the YTD Financial Position slide.

	Annual Budget (£m)	YTD Actual (£m)	YTD Budget (£m)	YTD Variance (£m)
Income	£51.6	£29.7	£29.9	(£0.2)
Pay	£45.1	£26.6	£26.3	(£0.3)
Non-Pay	£6.5	£3.4	£3.6	£0.2
Under/(over) spend	-	**(£0.3)**	-	**(£0.3)**
Total WTE		**574.9**	**561.9**	**(13.0)**

	YTD Actual WTE	YTD Budget WTE	YTD Variance WTE
Baseline WTE	461.9	454.8	(7.1)
Allocation WTE	87.0	83.0	(4.0)
Grant WTE	3.2	3.2	-
IHC WTE	22.8	20.9	(1.9)
Total	**574.9**	**561.9**	**(13.0)**

Total Whole Time Equivalents (WTEs) at the end of October were 574.9 – an increase of 5.4 from September. A full breakdown of the YTD WTE position is available in the YTD Financial Position slide.

Year-to-date 19 people had left the organisation in total – representing an overall turnover rate of 3.0%. 56 people have joined the organisation since the beginning of the financial year.

There are currently 8 staff on the redeployment register and 5 roles that have live campaigns.

Performance by Funding Source

Year to Date – P7

	Baseline (£m)	Additional Allocations (£m)	Independent Healthcare (£m)	Grant and Other Income (£m)	Total (£m)
Income	£24.7	£3.6	£1.2	£0.2	**£29.7**
Pay	£22.3	£3.3	£0.9	£0.1	**£26.6**
Non-Pay	£2.8	£0.2	£0.3	£0.1	**£3.4**
Under/(over) spend	**(£0.4)**	**£0.1**	-	-	**(£0.3)**

Key areas of variance YTD were:

- Baseline overspend due to YTD spend on Investment Pipeline projects.
- Additional Allocations underspend driven by pay and non-pay underspend across projects, primarily within Drugs and Alcohol (£0.2m) and Mental Health (£0.1m), offset by overspend in CSAE following derecognition of income (£0.1m), and H@H (£0.1m).

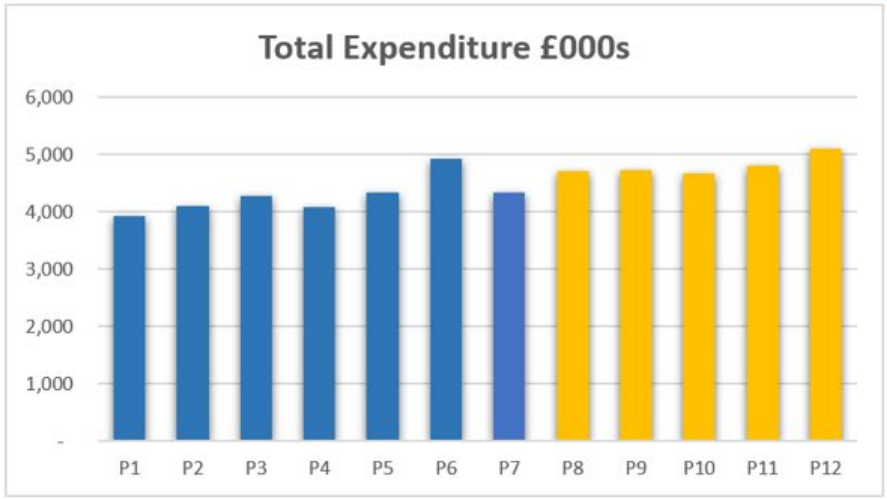
Full Year Forecast

	Baseline (£m)	Additional Allocations (£m)	Independent Healthcare (£m)	Grant and Other Income (£m)	Total (£m)
Income	£42.6	£8.6	£2.1	£0.6	**£53.9**
Pay	£37.5	£6.5	£1.8	£0.3	**£46.1**
Non-Pay	£5.9	£1.2	£0.5	£0.3	**£7.9**
Under/(over) spend	**(£0.8)**	**£0.9**	**(£0.2)**	-	**(£0.1)**

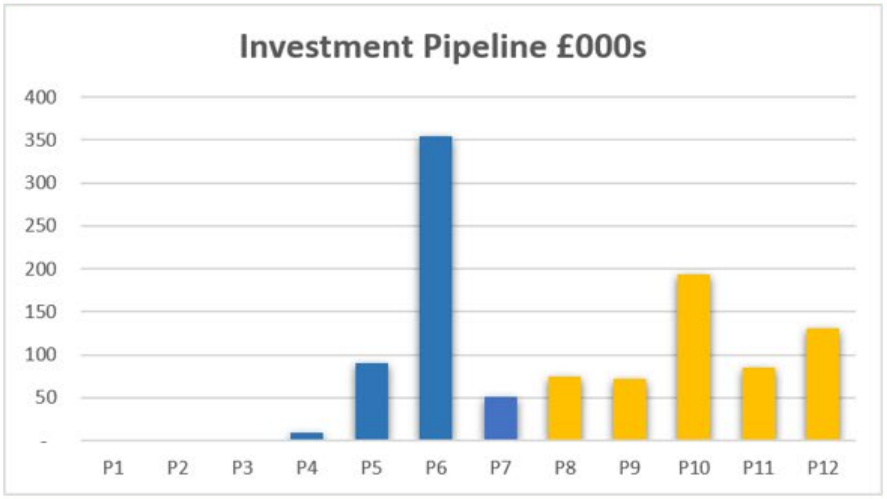
- Baseline income of £42.6m has been confirmed by SG for the financial year.
- Other income relates to rental income £0.2m.
- Baseline includes agreed Investment Pipeline expenditure hence overspend position.
- The overall forecast overspend position is driven by the derecognition of the CSAE income (£0.4m) offset by additional income received related to Improving Acute Perinatal Care (£0.3m).

Expenditure Trend

Expenditure by Month



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 P7 reflect actual expenditure while P8 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 in 2026/27 is forecast to be £54.0m.
- Investment Pipeline expenditure for the financial year is forecast to be £1.1m.
- As we have received funding from Scottish Government for Improving Acute Perinatal Care this expenditure is no longer included within Investment Pipeline.

Additional Allocations

Additional Allocations – P7						
Funding Status	Sum of Funding Received (£)	Funding Expected (£)	Additional Allocations Totals	Actual Expenditure YTD	Over/Underspend YTD	Allocation Budget
⊟ Funding Received	7,649,927	0	7,649,927	2,970,678	271,245	5,286,960
⊞ 261 - Alcohol and drugs	1,513,867	0	1,513,867	691,268	197,135	1,550,000
⊞ 79 - Service renewal and population health frameworks	1,151,207	0	1,151,207	597,541	90,338	1,218,608
⊞ 37 - Improvement support for hospital at home	596,933	0	596,933	270,891	(52,113)	514,000
⊞ 67 - Recurring Allocation from 2025-26	471,121	0	471,121	248,682	35,983	471,121
⊞ 120 - GP walk-in	599,011	0	599,011	229,998	(124)	0
⊞ 285 - Right decision service	686,142	0	686,142	203,916	(10,890)	402,000
⊞ 191 - National Cancer Medicines Advisory Group	230,078	0	230,078	182,965	(34,528)	230,078
⊞ 264 - Voluntary Scheme for Branded Medicine Pricing, Access, and Growth – Life Sciences Investment Programme	290,793	0	290,793	169,933	26,652	431,858
⊞ 246 - Volunteer management system (new costs)	132,000	0	132,000	86,566	6,013	132,000
⊞ 226 - Police custody inspections healthcare aspects	178,000	0	178,000	81,687	27,715	178,000
⊞ 40 - Single Point of Contact	146,242	0	146,242	74,697	(21,640)	0
⊞ 278 - Perinatal safety work	268,654	0	268,654	54,782	(12,932)	0
⊞ 94 - Scottish antimicrobial prescribing group	95,498	0	95,498	50,265	7,531	95,498
⊞ 13 - Peer approved Clinical System Tier 2 National Review Panel	66,189	0	66,189	27,488	12,105	63,797
⊞ 282 - Non-surgical procedures planning for implementation	99,940	0	99,940			0
⊞ 283 - Ionising radiation medical exposure - inspections uplift	60,000	0	60,000			0
⊞ TBC - Held Back	1,064,252	0	1,064,252			0
⊟ Funding Anticipated	312,207	314,235	626,442	336,905	56,029	641,527
⊞ 264 - Voluntary Scheme for Branded Medicine Pricing, Access, and Growth – Life Sciences Investment Programme	312,207	35,000	347,207	212,571	9,587	362,292
⊞ 204 - Palliative Care Guidelines & Scottish Palliative Care Guidelines on Right Decision	0	226,095	226,095	124,137	13,592	226,095
⊞ 444 - Development of national standards for domestic homicide and suicide reviews	0	53,140	53,140	198	32,850	53,140
⊟ No Funding Anticipated	0	0	0	137,603	(137,603)	578,626
⊞ N/A - CSAE	0	0	0	137,603	(137,603)	368,626
⊞ 118 - Excellence in Care Programme expansion into multidisciplinary professions	0	0	0	0	0	210,000
Total	7,962,134	314,235	8,276,369	3,486,021	148,836	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 and £0.4m of funding for CSAE.
- RDS funding is higher than budget as funding previously expected as grant now expected as allocation.

Savings Targets

Directorate	YTD Target (£)	YTD Actuals (£)	YTD Variance (£)	Full Year Target (£)
Community Engagement & Transformational Change	(25,900)	(26,404)	(504)	(44,400)
Corporate Provision	(1,511)	-	1,511	(3,400)
Digital	(9,600)	-	9,600	(21,600)
Evidence	(26,800)	-	26,800	(60,300)
Medical And Safety	(19,689)	-	19,689	(44,300)
Nursing And Integrated Care	(25,556)	-	25,556	(57,500)
Office of the Chief Executive	(18,142)	(58,333)	(40,192)	(31,100)
Quality Assurance and Regulation	(28,044)	-	28,044	(63,100)
Vacancy Review Group	(100,000)	-	100,000	(200,000)
Reduced Working Week	(466,667)	(466,667)	-	(800,000)
Total	**(721,908)**	**(551,404)**	**170,504**	**(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.
- Review of each Directorate savings plans is underway. The feedback is signalling that there is a real risk that individual savings targets are not likely to be met on a recurring basis. Further conversations are required to ensure the organisation meets its financial targets.

YTD Financial Position

Financial Position at P7

Category	Actuals (£)	Budget (£)	Variance (£)
Income			
Allocation Income	3,634,856	3,749,932	(115,075)
Baseline Income	24,576,208	24,600,457	(24,248)
Grant and Other Income	1,462,777	1,527,816	(65,039)
Pay Costs			
Agency Costs	76,648	0	(76,648)
Pay Costs	26,469,490	26,298,389	(171,101)
Non Pay Costs			
Communications	64,027	116,069	52,042
Depreciation	152,018	153,952	1,935
IT Costs	747,438	965,222	217,784
Miscellaneous	284,624	385,437	100,813
Non Pay Savings Targets	0	(347,049)	(347,049)
Payments To Other Organisations	926,332	997,149	70,817
Professional Fees And Charges	644,831	664,778	19,947
Rent, Occupancy & Office Costs	352,947	340,670	(12,277)
Training	62,029	80,689	18,660
Travel & Subsistence	154,821	222,897	68,076
(Over)/Underspend	**(261,362)**	**(0)**	**261,362**

WTE at P7

Funding Source	Actual WTE	Budget WTE	Variance
Baseline Funding	461.9	454.8	(7.1)
Additional Allocation	87.0	83.0	(3.9)
IHC Income	22.8	20.9	(1.9)
Grant and Other Income	3.2	3.2	
Total	**574.9**	**561.9**	**(12.9)**

Directorate Position at P7

Directorate	Actuals (£)	Budget (£)	(Over)/Underspend (£)
Community Engagement + Transformational Change	280,463	0	280,463
Nursing and Integrated Care	256,579	(0)	256,579
Property	39,857	(0)	39,857
Evidence	36,910	(0)	36,910
It + Digital	(63,216)	(0)	(63,216)
Medical And Safety	(95,643)	(0)	(95,643)
Office Of The Chief Executive (oce)	(183,198)	(0)	(183,198)
Corporate Provision	(264,351)	(0)	(264,351)
Quality Assurance and Regulation	(268,765)	(0)	(268,765)
Total	**(261,362)**	**(0)**	**(261,362)**

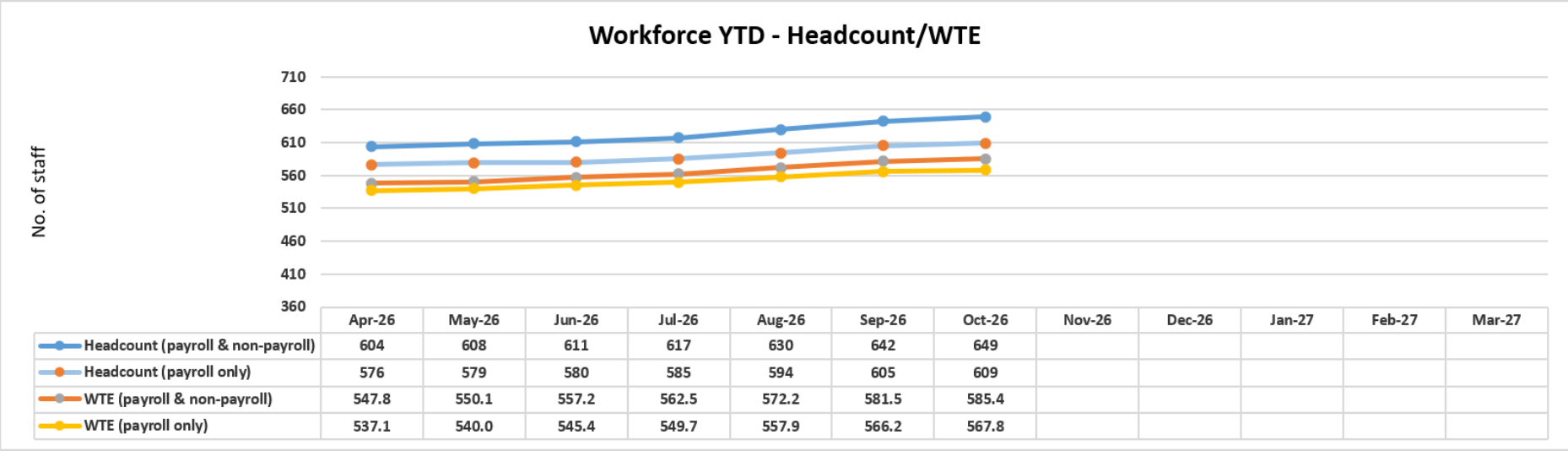
WTE by Directorate at P7

Directorate	Payroll	Secondee	Total
Quality Assurance and Regulation	118.2	1.2	**119.4**
Evidence	107.2	4.4	**111.5**
Nursing and Integrated Care	99.6	1.5	**101.1**
Community Engagement + Transformational Change	97.4	0.4	**97.7**
Medical And Safety	63.9	2.2	**66.1**
Office Of The Chief Executive (oce)	56.0	0.6	**56.6**
It + Digital	21.3	1.0	**22.3**
Corporate Provision			
Total	**563.5**	**11.3**	**574.9**

- IT Costs are lower than budget due to spend on website maintenance in RDS being behind budget.
- Miscellaneous costs are underspent YTD primarily due to Business Systems costs not yet being incurred (£0.1m).
- Payments to Other Organisations are lower than budget due to lower YTD expenditure relating to HSP bank staff.
- **£259k of costs have not been correctly raised** or receipted on the PO system by users across the organisation. This is an increase from £189k in P6. **Directors are asked to remind teams of the importance of timely raising and receipting of Purchase Orders**.

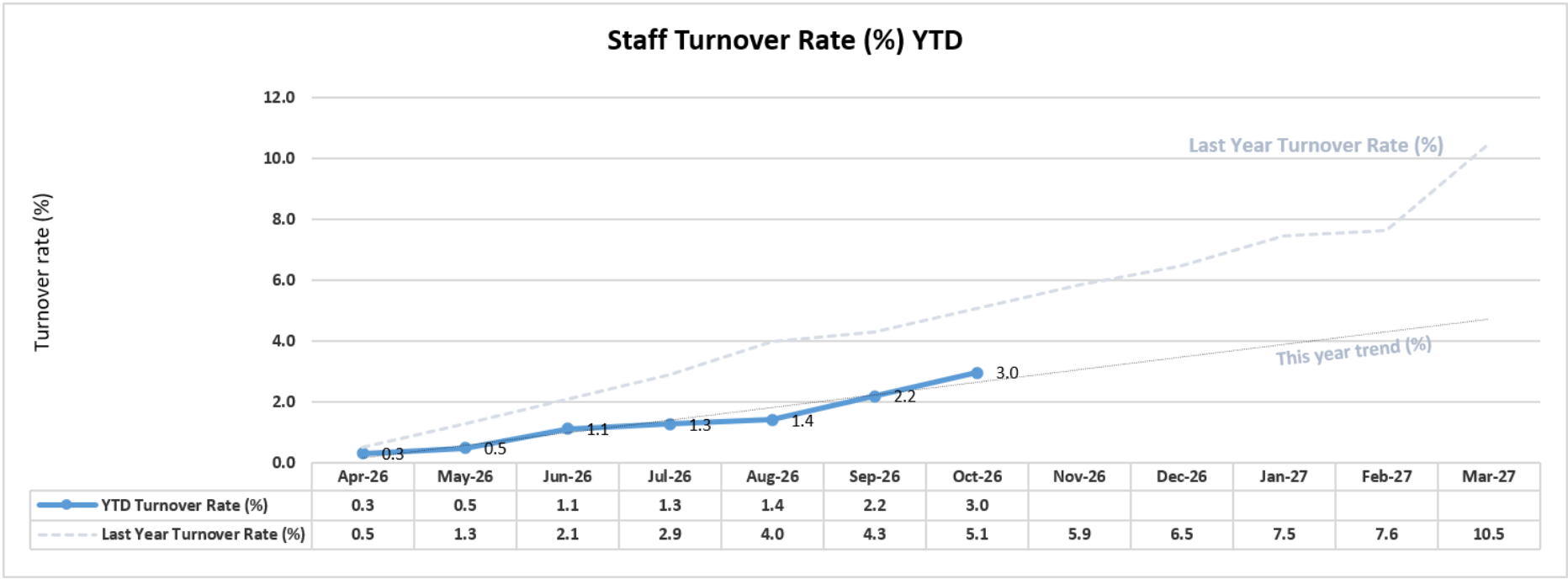
Appendix 3 Key Workforce Key Performance Indicators (KPIs)

Workforce headcount (April 2026 – YTD):



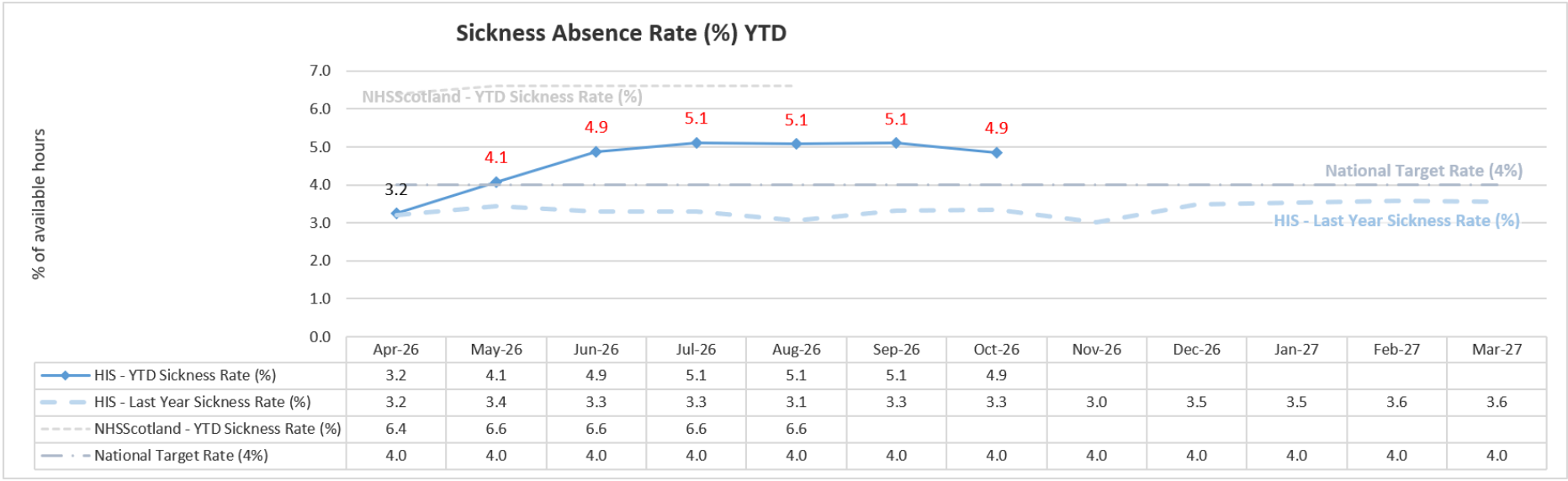
	Apr-26	May-26	Jun-26	Jul-26	Aug-26	Sep-26	Oct-26	Nov-26	Dec-26	Jan-27	Feb-27	Mar-27
Headcount (payroll & non-payroll)	604	608	611	617	630	642	649					
Headcount (payroll only)	576	579	580	585	594	605	609					
WTE (payroll & non-payroll)	547.8	550.1	557.2	562.5	572.2	581.5	585.4					
WTE (payroll only)	537.1	540.0	545.4	549.7	557.9	566.2	567.8					

Staff turnover (April 2026 – YTD):



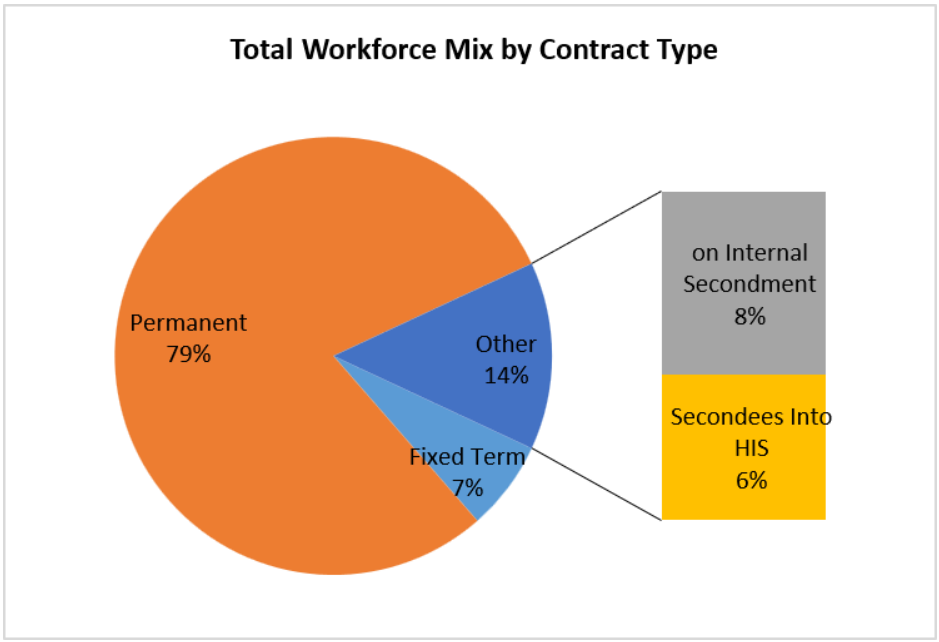
	Apr-26	May-26	Jun-26	Jul-26	Aug-26	Sep-26	Oct-26	Nov-26	Dec-26	Jan-27	Feb-27	Mar-27
YTD Turnover Rate (%)	0.3	0.5	1.1	1.3	1.4	2.2	3.0					
Last Year Turnover Rate (%)	0.5	1.3	2.1	2.9	4.0	4.3	5.1	5.9	6.5	7.5	7.6	10.5

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	5.1	4.9					
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	6.6	6.6							
National Target 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):



Annual Best Value Report 2025/26

Meeting: Board - Public

Meeting date: 2 December 2026

Agenda item: 3.2

Responsible Executive: Gillian Hennon, Chief Finance and Risk Officer

Report Author: Caroline Champion, Performance Manager

Purpose of paper: Approval

1. Purpose

The Board is presented with Healthcare Improvement Scotland's (HIS) Annual Best Value Report for 2025/26 for approval. This report is intended to provide assurance in relation to value for money across the organisation over the last twelve months and represents our third annual publication.

2. Executive Summary

Our 2022/23 Annual Audit Report included the recommendation that HIS 'should consider how it articulates that arrangements are in place to secure and demonstrate best value'.

Our Annual Best Value 2025/26 report sets out how, as a best value organisation, HIS continues to demonstrate how we make effective, risk-aware and evidence-based decisions on the use of all our resources to deliver our Strategy 2023-28.

Since 2023/24, our quarterly performance reports have included Best Value assessments as outlined in our Performance Management Framework. The learning from these assessments is considered in the Annual Best Value Report along with broader considerations in relation to performance management, workforce planning and financial planning. As requested by the Chair of the Audit and Risk Committee last year where greater cross-committee input was sought, this year's report again includes a range of functions across the organisation both in terms of internal efficiency and value as well as the external delivery of our strategic priorities.

HIS' support for the external service reform agenda, including the Scottish Government's Service Renewal Framework and Operational Improvement Plan has also been highlighted including reference to areas such as Hospital at Home, Primary Care Improvement and the Scottish Approach to Change.

Within HIS we do not yet routinely or consistently gather impact and outcomes data for all programmes of work, however there is evidence of positive outcomes and improvement at programme or project level in a range of areas. This was highlighted in an internal audit report on Measuring Impact (June 2025) which recognised that there is rarely a magic bullet solution to assessing best value, and that measuring impact and outcome improvements is difficult especially where it takes time to embed. That said, this is a critical component in determining best value and demonstrating HIS' impact across the health and care system as well as delivery against our Strategy, and as such we continue to look at this strategically to ensure we are better placed going forward and there is a consistent approach across the organisation. In addition, it will be even more important to focus our outcome and impact reporting on priorities being delivered through the emerging portfolios supported by a Quality Management System approach rather than restricted to individual programmes of work and our best value assessments will also need to align.

Best Value is covered in our Performance Management Framework. This is the organisations third annual best value report and is part of our governance accountability. The report has been considered by Performance and Delivery Board, endorsed by the Executive Team, approved by Audit and Risk Committee and now being presented to the HIS Board for approval prior publication.

3. Recommendation

It is recommended that the Board approves our Annual Best Value Report 2025/26.

It is recommended that the Board accepts 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.

HIS' Annual Best Value reports demonstrate how, as a best value organisation, we make effective, risk-aware and evidence-based decisions on the use of all our resources to deliver our Strategy 2023-28.

4. Appendices and links to additional information

Appendix 1: HIS Annual Best Value Report 2025/26

Healthcare Improvement Scotland

Appendix 1

Best Value Report 2025-26

November 2026

Supporting better quality health and social care for everyone in Scotland

NHS SCOTLAND

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1. Introduction

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

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

Best Value Duty

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

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

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

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

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

2. Best Use of Resources

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

We continue to operate in a challenging financial environment and recognise the impact of this both on the wider system as well as our own planning and resourcing, and in particular note the workforce and capacity pressures that continue to be faced. We continue to review and undertake a range of initiatives designed to mitigate these pressures and ensure best use of our resources in line with the Scottish Government Health and Social Care Service Renewal Framework, to secure sustainable, efficient, quality and accessible health and care service delivery.

During the year we reviewed and made changes to our Organisational Structure to ensure we are leading for the future. We are also currently progressing with establishing nine new cross-organisational portfolios which were highlighted as a key development within our Annual Delivery Plan 2026/27. The portfolios aim to bring together our work programmes in a structured way so we can maximise our collective impact. The nine portfolios are shown in diagram 1 below:



Diagram 1

Across our work, our teams have brought expertise, insight and practical support to areas that matter most, whether by providing up-to-date, high-quality evidence to inform frontline clinical practice, evaluating the effectiveness and value of new medicines, providing rigorous

regulation of independent healthcare providers or supporting the expansion of care closer to home through initiatives such as Hospital at Home. Having this high-level of knowledge and experience brought together within HIS strengthens our impact as an organisation and enables us to drive meaningful improvements for the people of Scotland. Together, these contributions help ensure care is safe, effective and person-centered, and that improvement activity is grounded in evidence and real-world impact.

Workforce

Our workforce is our most valuable asset. Accounting for around 87% of HIS annual expenditure it is essential that we plan, support and deploy staff efficiently and effectively as shown in diagram 2 below.

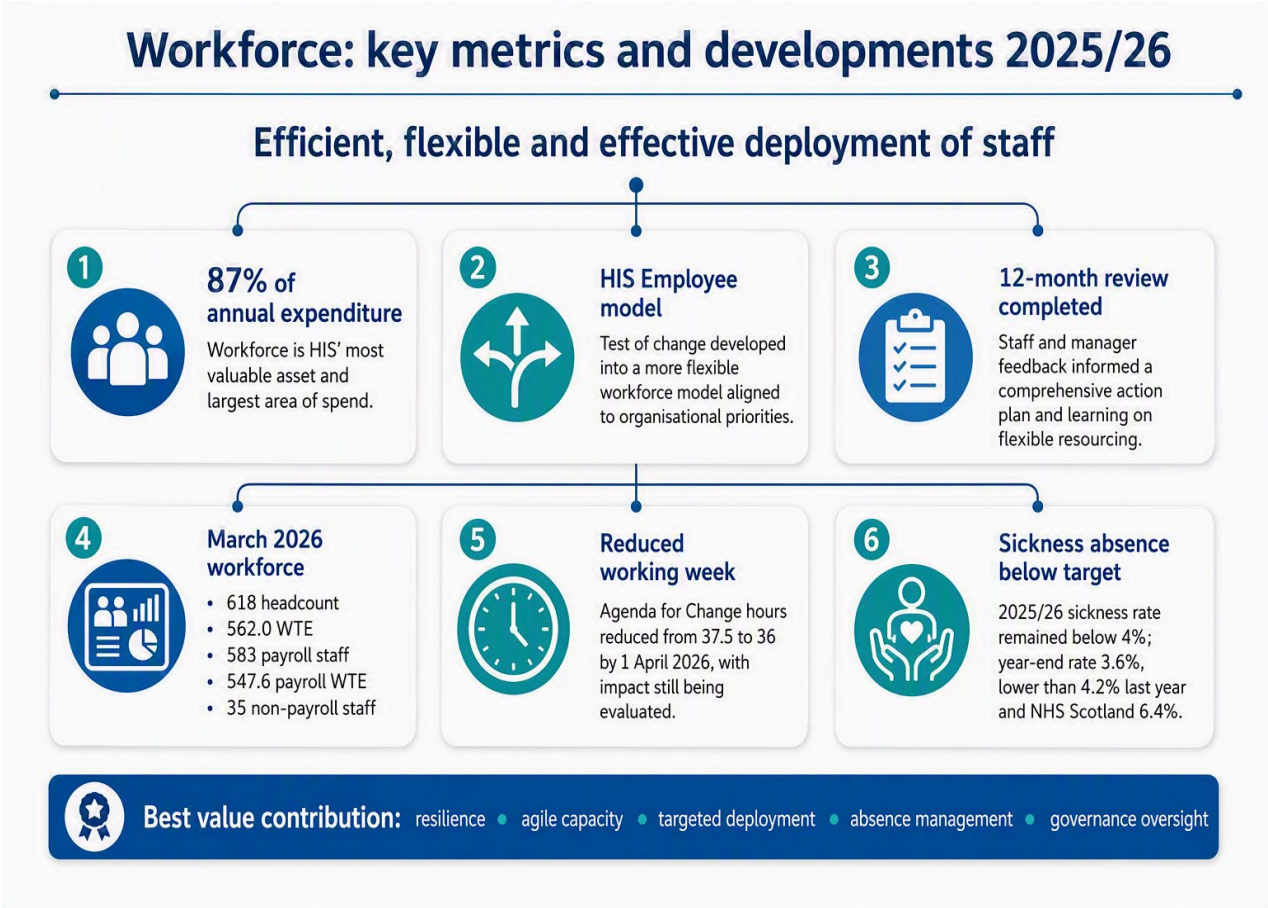


Diagram 2

Workforce Planning

In 2024-25 we revised our approach to managing fixed term contracts and undertook a test of change by introducing a new workforce model (HIS Employee) that aligned to organisational priorities but also enabled a flexible and agile approach to capacity and delivery across HIS. In 2025–26 we developed this further with additional recruitment and roll out to other roles.

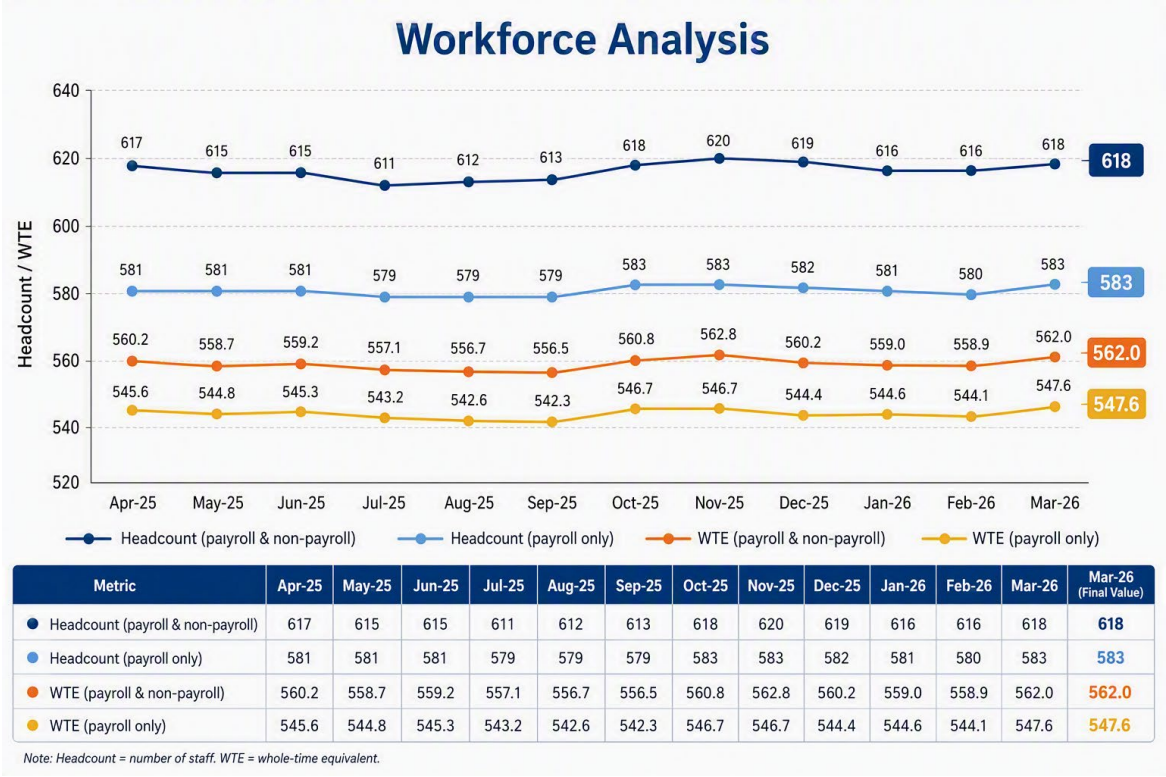
During 2025-26 our interim workforce plan continued to focus on embedding the approach to introduce a flexible workforce model for the organisation and how we support and develop our workforce to work across and between internal boundaries. We have now completed the

first 12 months of this process and have been able to pick up on specific learning and organisational requirements in relation to how resources can be managed and directed to maintain flex where it is required. An in-depth review was completed, involving staff and managers who have been part of the 'HIS Employee' process. This has resulted in compilation of a comprehensive Action Plan.

The opportunity to establish a critical mass of experienced and flexible support roles will, assist with ensuring resilience across the organisation. Upscaling and spreading this model to other roles beyond administrative and project officer roles is potentially a next step for us in the diversification of the workforce models available to us.

Overall headcount and whole-time equivalent (WTE) employees remained relatively static as shown in chart 1 below.

The total workforce in-post at the end of March 2026 stood at 618 (headcount) or 562.0 WTE with 583 staff equating to 547.6 WTE being payroll staff and 35 staff or 14.4 WTE non-payroll (i.e. secondees-in).



Metric	Apr-25	May-25	Jun-25	Jul-25	Aug-25	Sep-25	Oct-25	Nov-25	Dec-25	Jan-26	Feb-26	Mar-26	Mar-26 (Final Value)
Headcount (payroll & non-payroll)	617	615	615	611	612	613	618	620	619	616	616	618	618
Headcount (payroll only)	581	581	581	579	579	579	583	583	582	581	580	583	583
WTE (payroll & non-payroll)	560.2	558.7	559.2	557.1	556.7	556.5	560.8	562.8	560.2	559.0	558.9	562.0	562.0
WTE (payroll only)	545.6	544.8	545.3	543.2	542.6	542.3	546.7	546.7	544.4	544.6	544.1	547.6	547.6

Note: Headcount = number of staff. WTE = whole-time equivalent.

Chart 1

Non-recurring funding allocation for commissioned projects can have a significant impact on the workforce, particularly where have any uncertainty relating to the ongoing funding for workstreams. We continue to develop strategies to minimise the impact of allocation-based funding, and where anticipated funding has not been baselined, to ensure that appropriate workforce solutions are available which support both staff and Programme delivery.

The Staff Governance Committee will continue to provide oversight on the development of an effective and efficient workforce aligned to the workforce strategy and strategic objectives of HIS.

Reduced Working Week

As part of the pay negotiations for Agenda for Change workforce in 2023-24, it was agreed that the working week hours would reduce from 37.5 hours to 36 hours (pro rata for part-time staff) by 1st April 2026. The Scottish Government issued Circular PCS(AFC)2024/2 which outlined the approach and engagement that was required with managers in conjunction with partnership representatives across HIS. The initial 30-minute reduction came into effect on 1st April 2024 followed by the 60-minute reduction effective from 1st April 2026.

Directorates planned for the impact of the reduction in the working week prior to it being implemented. At the time of writing, the operational, financial and workforce impact of this initiative is still to be fully evaluated, addressed and mitigated. HIS will also reflect any learning and guidance from the wider national impact and will consider local monitoring based on any guidance issued.

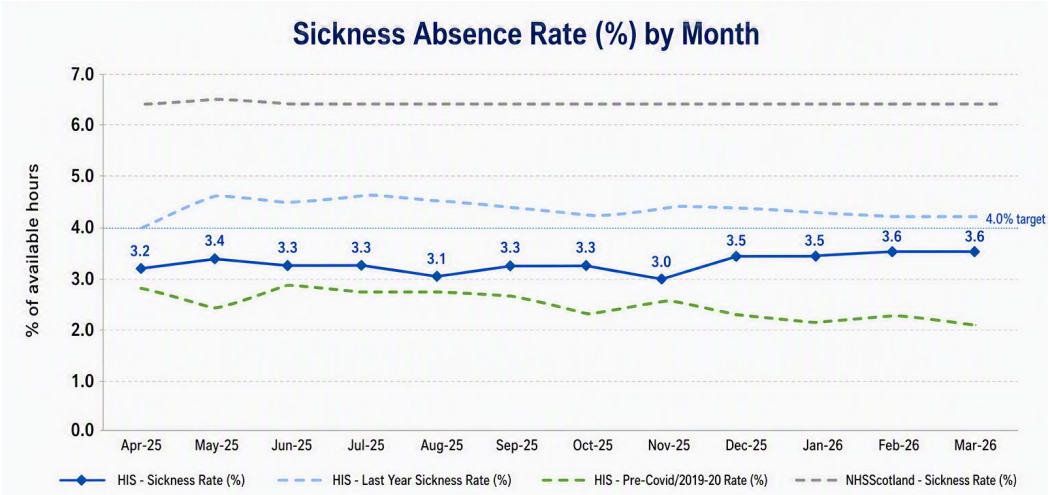
Promoting Attendance / Management of Sickness Absence

HIS has previously reported sickness absence levels below the NHS Scotland national target of 4%. During 2024-25 the levels of sickness absence consistently sat above 4% and at the highest level reached 4.6% in July 2024. Following discussions with Partnership colleagues and direction from the Staff Governance Committee, a 'Deep Dive' programme was undertaken resulting in a stable reduction, returning to threshold sickness absence levels of 4% or less.

Throughout 2025-26, the sickness absence rate consistently remained below 4%, and any long-term absences were managed under the Once for Scotland Attendance Policy. The People and Workforce team continues to work with managers to monitor and manage absences. Full use is made of the Occupational Health Service, Employee Assistance Programme and other agencies and services as appropriate.

Cumulatively YTD, a total of 38,671 hours (5225.9 days) were lost due to sickness absence, representing a sickness rate of 3.6% with 61.9% attributed to long-term conditions.

The reported sickness rate remains lower compared to the same period last year (4.2 %) and significantly lower than the NHS Scotland average rate of 6.4% compared to latest available national data as chart 2 below shows.



	Apr-25	May-25	Jun-25	Jul-25	Aug-25	Sep-25	Oct-25	Nov-25	Dec-25	Jan-26	Feb-26	Mar-26
HIS - 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
HIS - Last Year Sickness Rate (%)	4.0	4.6	4.5	4.6	4.5	4.4	4.3	4.4	4.4	4.3	4.2	4.2
HIS - Pre-Covid/2019-20 Rate (%)	3.7	3.2	3.8	3.7	3.7	3.6	3.2	3.4	3.1	3.0	3.1	3.0
NHSScotland - Sickness Rate (%)	6.4	6.5	6.4	6.4	6.4	6.4	6.4	6.4	6.4	6.4	6.4	6.4

Chart 2

Digital Workforce

One of our four digital essentials from our Digital and Intelligence Strategy 24/25 is:

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

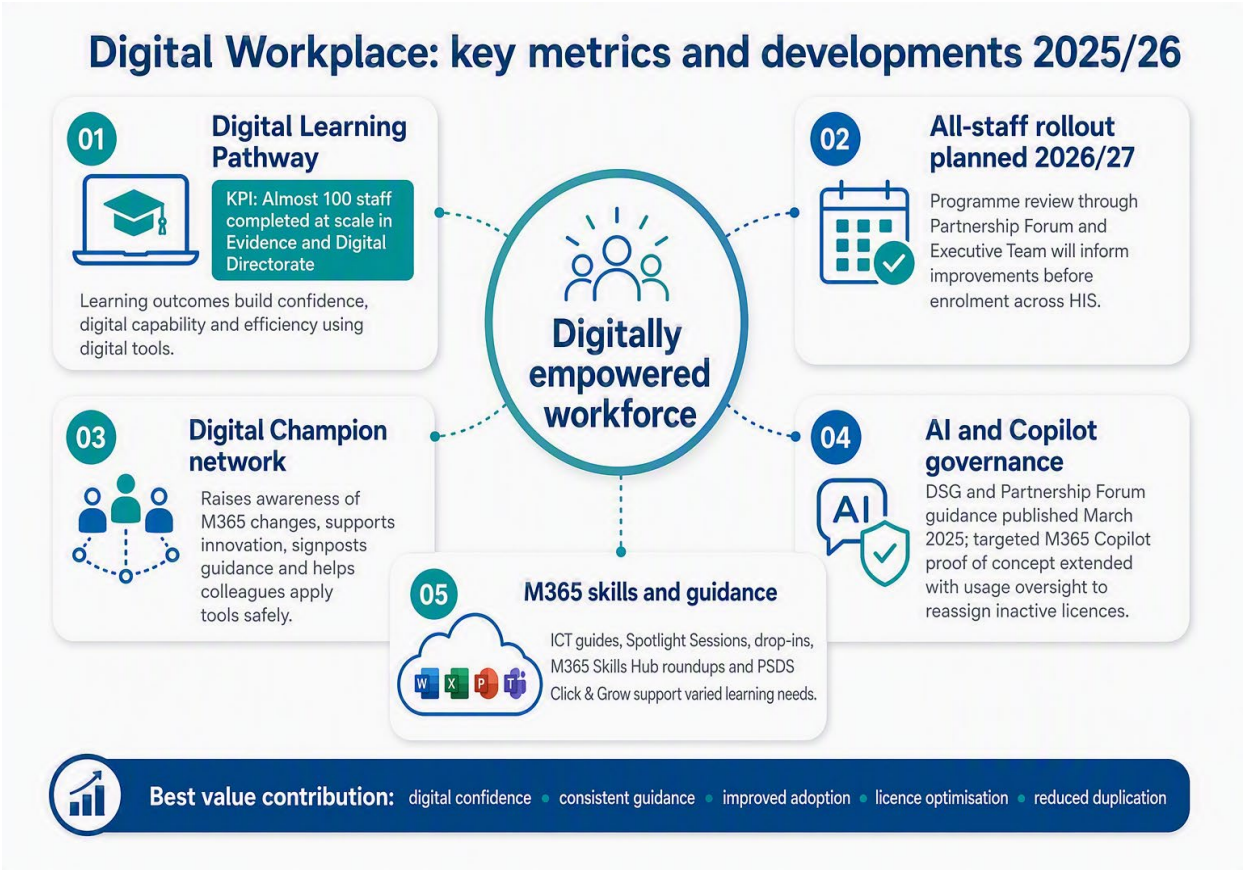


Diagram 3

The HIS Digital Learning Pathway (DLP) is a training programme written to help HIS work towards developing a digitally empowered workforce. The learning outcomes for the programme are for attendees to be able to:

- define and explain digital concepts
- locate and use digital tools to develop own and others' digital skills
- self-assess digital capability
- locate and access further digital skills resources
- identify areas where digital tools could lead to efficiencies
- be increasingly confident using digital tools.

Following a successful pilot, the DLP was tested at scale in the Evidence and Digital Directorate during 2025/26, where almost 100 staff completed the programme. The feedback from this is currently being reviewed to inform the further development of the programme. Following review from the Partnership Forum and the Executive Team, it is planned to enrol all HIS staff during 2026/27. Having all HIS staff complete this course demonstrates a willingness and acknowledgement to further use of M365 tools and understand how best to deliver value, in a digital workplace, when using these tools.

Our Digital Champion network

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

Colleagues are supported by using different approaches, including drop-in sessions for staff with digital-related queries. 'Spotlight Sessions' are open to all staff covering M365 tools and topics and posting hints and tips about M365 features.

The Digital Services Group (DSG) works closely with Partnership Forum (PF) to provide and update guidance on the use of Artificial Intelligence within HIS, with the first guidance published in early March 2025. A small proof of concept team tested M365 Copilot as a productivity tool and found that usage depended on the individual. Based on this the proof of concept has been extended to specific targeted individuals, determined their expected use prior to granting access, and we will follow this up after a number of months of usage. We also now have access to tooling which allows us oversight on how often Copilot is being used and from within which applications. This will enable us to identify who is not actually using their licence and then we can remove and reassign.

The Information and Communications Technology (ICT) Team continues to host a number of topic-specific guides on aspects of M365 tools on their intranet page, and all DSG updates and guides are regularly shared with the HIS All-Staff Team, Digital channel. The main recommendation from the recent KPMG internal audit "M365 Benefits Realisation" was that HIS establish a management working group to assign clear organisational ownership for establishing M365 strategy, adoption and oversight. This will be a significant piece of work and is being programmed for 2027/28.

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

Additionally, colleagues in PSDS introduced a new network called "Click & Grow" a learning network aimed at beginners providing advice for computer and digital skills working with files, folders and different applications. DSG continued to review what is available and actively promoted throughout 2025-26.

HIS Campus

HIS Campus is the one-stop-shop for cross-organisational learning and development for all our colleagues at Healthcare Improvement Scotland. Diagram 3 below shows the learning and leadership impact of HIS Campus in 2025/26:

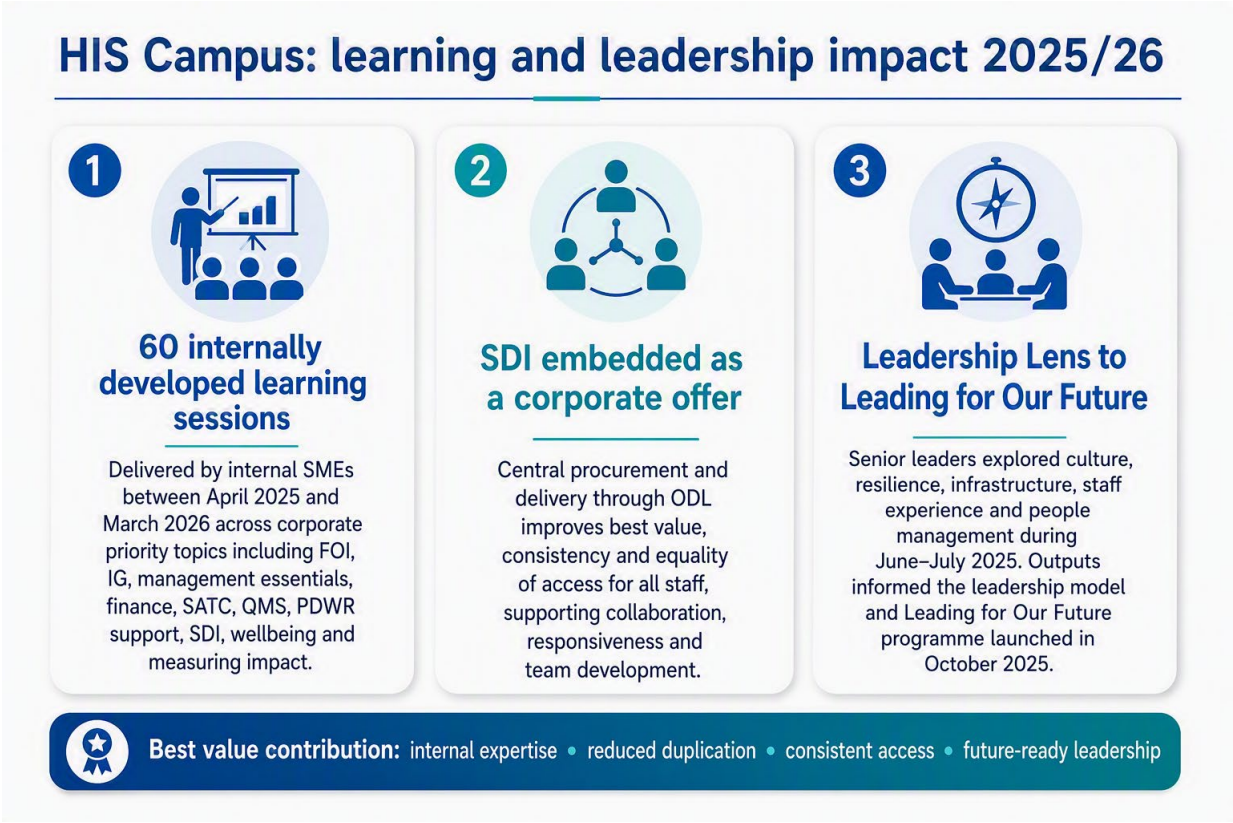


Diagram 4

Aligned to our strategic and intelligence driven HIS Learning and Development Model, drawing from existing resources and utilising internal Subject Matter Experts (SMEs) from across the organisation and trusted learning partners across NHS Scotland we create and deliver a responsive learning offer.

HIS Campus, adds value by:

- Providing accessible, inclusive and high-quality learning to supports personal development and organisational priorities, enabling colleagues to reach their full potential;
- Offering a shared virtual learning space for HIS colleagues to come together to learn, share and collaborate; and
- Building and sustaining a community of active learners and the foundations of a learning organisation.

HIS Campus is managed and co-ordinated by the Organisational Development and Learning (ODL) Team with the support and guidance of the HIS Campus Group. The HIS Campus Group is a sub-group of the PF consisting of representatives from each directorate, the ODL Team and our PF, ensuring a collaborative and inclusive approach to learning governance.

Between April 2025 and March 2026, 60 learning sessions were internally developed and delivered by our internal SMEs. These sessions covered a variety of topics of corporate interest/value including Social Media Safety, Freedom of Information (FOI), Information Governance (IG), Management Essentials, Finance, Scottish Approach to Change (SATC) and

Quality Management System (QMS), Personal Development and Wellbeing Review (PDWR) support, Strength Deployment Inventory (SDI) and, Measuring Impact. A total of 529 attendances were recorded across all 60 learning sessions.

Securing organisational investment to introduce and embed SDI across HIS. Prior to becoming a corporate offering in 2024, SDI was purchased and operated inconsistently within small pockets across the organisation. To address these inconsistencies, and to ensure best value and equality of access, all SDI activity is now procured and delivered centrally via the ODL Team. Available to every member of staff, SDI is a workplace personality assessment tool that provides insights into individuals' motivations, behaviours and relationships dynamics in the workplace. In addition to enhancing our abilities to work collaboratively and responsively, the SDI tool is intended to support team development activities across HIS.

Leadership Lens Sessions (Leadership Development): During June and July 2025, the Chief Executive and Employee Director invited our senior leadership cohort to participate in future-focused discussions on organisational culture and resilience. During the sessions, themes raised and discussed included senior leadership in HIS; organisational infrastructure; staff experience; and people management. Outcomes of these discussions were used to inform the development of the Leading for Our Future programme and leadership model launched in October 2025.

HIS Campus activity is constantly evolving and adapting to meet the needs of our organisation.

Financial and Resource Management

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

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

The committees of the Board have a responsibility to review progress against the duty of Best Value as set out in the SPFM and guidance from Scottish Government. Specifically, there is an individual and corporate responsibility on the Directors and non-executive members to promote the efficient and effective use of staff and other resources in accordance with Best Value principles.

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

In 2025/26 HIS broke even with all the savings targets met on a recurring basis. A three-year financial plan was submitted to the Scottish Government for 2026/27 which outlined our savings and investment proposals to ensure our resources are allocated effectively to meet our priorities.

Property Assets

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

Delta House is under a ten-year lease from 2021 to 2031. The mid-point break clause passed in March 2026 and in line with the SPFM an options appraisal was undertaken and approved by the Cabinet Secretary so HIS will remain until the end of the lease.

Gyle Square lease is due to expire in June 2029. A Gyle Square Replacement Project Board has been established by the lead tenant PSDS, and HIS is a member of that group to inform scoping and shortlisting of alternatives which will consider organisational requirements and best value principles.

Financial Reporting and Forecasting Using M365

HIS continues to provide financial reporting using Power BI which allow various sources of data to be brought together into static or interactive data dashboards. This form of automation reduces the manual input normally required to prepare financial reports creating efficiencies in our financial function. Work is continuing to review this to ensure it best meets user needs and can be developed further by consolidating with other organisational data to provide one version of the truth to both monitor performance and inform decision-making.

3. Delivery of our Strategy

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

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

Acknowledged in the Plan as a key national delivery partner, the next section provides examples of HIS programmes and initiatives where the best value in the design and delivery

of our work is key to support efficiency and effectiveness in the wider health and social care system.

Once for Scotland Provision of Evidence and Advice

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

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

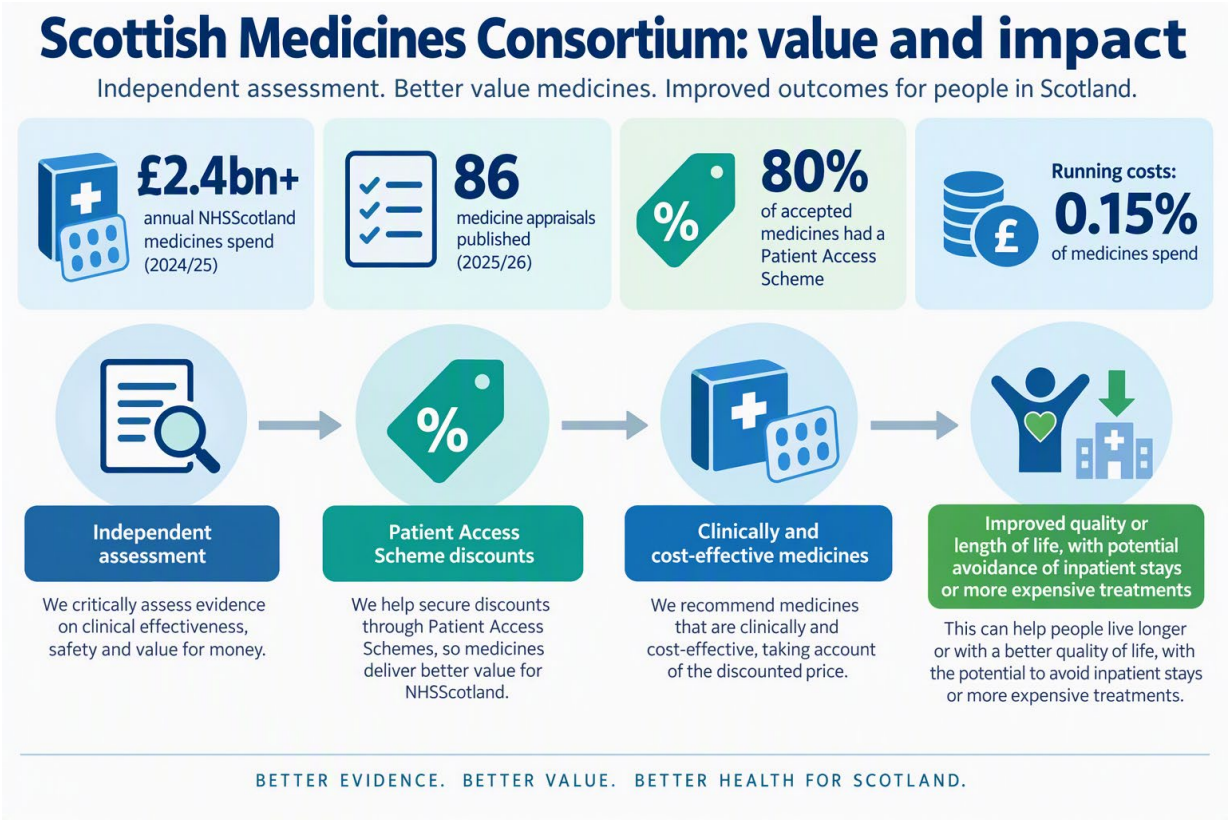


Diagram 5

Scottish Health Technologies Group (SHTG) provides horizon scanning, evidence review and evaluation for innovative health technologies, supporting national adoption through the Accelerated National Innovation Adoption (ANIA) Pathway. Our role in the ANIA programme means that evidence has influenced and scaled up innovation adoption across NHS Scotland.

ANIA innovations being implemented across Scotland include genetic testing for stroke and neonatal patients; people with impaired metaboliser who have had a stroke have their

medication changed to reduce their risk of recurrent stroke and babies with a specific gene receive alternative antibiotics to remove their risk of hearing loss. The type 2 diabetes remission programme has led to clinically significant weight loss for people completing the diet replacement programme.

The Scottish Intercollegiate Guidelines Network (SIGN) collaborates with health and social care professionals, patient organisations and individuals to produce evidence-based guidelines to support decision making and improve care in Scotland.

This year SIGN published guidelines on Pharmacological management of migraine (March 2026) and Management of chronic pain (December 2025), as well as several topics in the suite of Scottish Palliative Care guidelines. The following image demonstrates the number of active users for the two main SIGN guidelines published since April 2025.

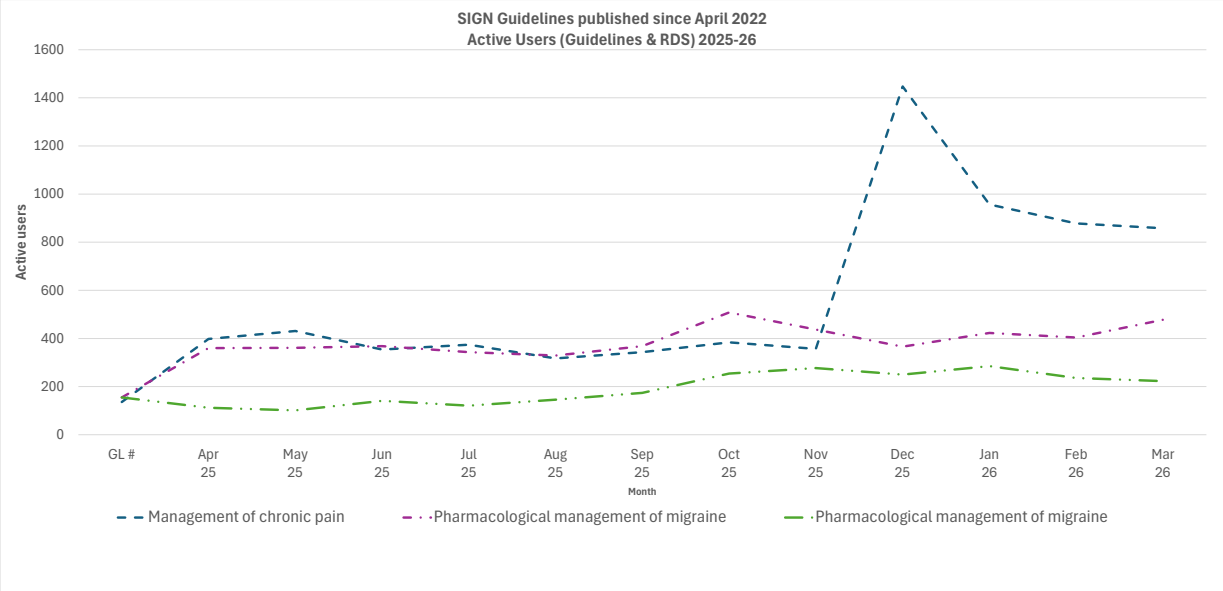


Chart 3

To avoid duplication and maximise resources, SIGN has ongoing collaborations with the British Thoracic Society and the British Heart Foundation to develop national guidelines on asthma and CVD prevention.

SIGN has introduced new Trusted Voice position statements, to provide evidence-based, forward-looking perspectives on complex issues facing the health service, supporting clinicians, policymakers, and the wider public with authoritative advice. Trusted Voice statements on Paracetamol in pregnancy and Sustainability and climate principles for healthcare were published in 2025.

Evidence has ongoing national and international collaborations with Aberdeen University to use the PRO EDI tool, developed by Trial Forge and partners, as a structured approach to assessing and reporting equity, diversity, and inclusion considerations in systematic reviews

and processes associated with evidence review and synthesis and through membership of the advisory committee of the Planetary Health Recommendation Map (PLANET RecMap), which is an international initiative to systematically integrate planetary health and climate change considerations into health guidelines.

Safe Delivery of Care (SDoC) Inspections

The SDoC inspection operating model for our NHS acute, maternity and mental health assurance programmes continues to deliver assurance and support essential improvement across NHS Scotland. The model for delivery provides a transparent operating system focused on patient safety and quality of care, which enables HIS to continue to provide an efficient and effective programme of assurance through inspections, while supporting the organisation's wider portfolio of work.

The following provides a breakdown of the number of onsite SDoC inspections carried out during 2025-26.

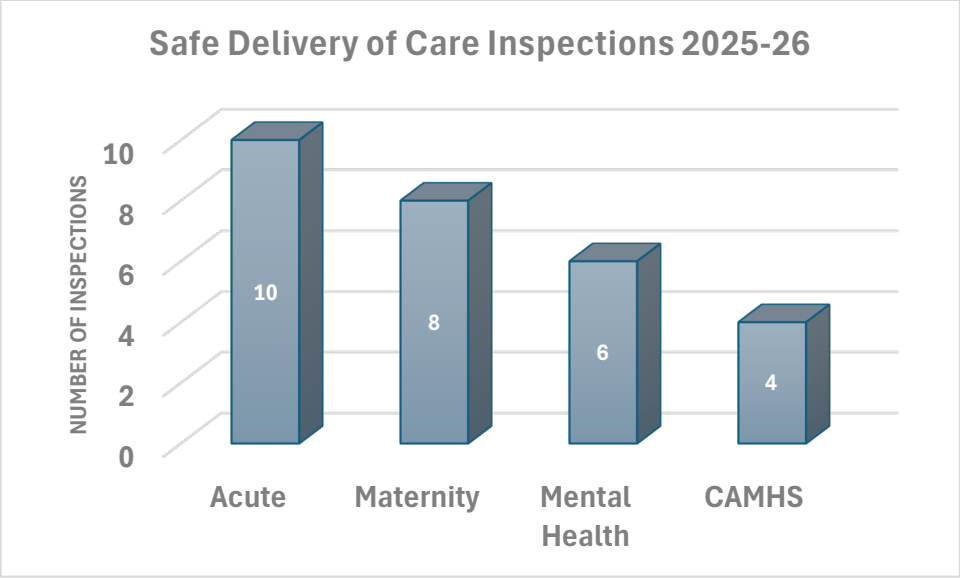


Chart 4

**Child and Adolescent Mental Health Services (CAMHS)*

Independent Review of Regulation

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

New legislation in relation to the regulation of independent healthcare services provided by pharmacy professionals, and the regulation of independent medical agencies, further significantly increased the scope of our regulatory responsibilities and required HIS to

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

During 2025/26, there was a 32% increase in the number of inspections completed compared with the previous year, along with a 63% increase in registrations for the same period as demonstrated in the table below.

	2025-26	2024-25	2023-24	2022-23
Number of registered services	604	554	540	549
Number of services registered in year	103	63	53	71
Number of inspections completed	127	96	158	152

Table 1

*It should be noted that the relationship between number of registered services in year and total number of registered services are not linear, some services may cancel or stop trading during the financial year.

A review of our regulatory function was commissioned and taken forward in collaboration with staff and relevant stakeholders with support from the HIS Corporate Improvement Team. The conclusions were presented to the HIS Board in March 2026, the consideration of the recommendations and implementation of such are supported by the Regulation Assurance Oversight Group and the Associate Director Lead for Regulation Review. There are elements of non-recurring investment that are being supported in financial year 2026/27 but some aspects will require recurring resource, and these are being considered through the budget planning and fee setting processes ensuring best value is firmly embedded.

Responding to Concerns

An external review of our Responding to Concerns programme in 2024 resulted in recommendations for improvement which are being implemented through an Action Plan. These recommendations highlighted opportunities for more efficient and effective working, with progress in implementing these reported to the Quality and Performance Committee in March 2026. This included improvements to the Responding to Concerns process, a revised HIS and Scottish Government Operating Framework approved by the HIS Board in March 2026, and improvements to ensure consistent and robust handling of intelligence about the safety and quality of care which are being progressed through implementation of the Strategic Plan for Safety and the Digital and Intelligence Strategy.

The Responding to Concerns team also worked collaboratively with the Independent National Whistleblowing Officer (INWO) during 2025-26 to develop guidance for NHS staff on speaking up in NHS Scotland. This was subsequently published in July 2026. It explains local routes for whistleblowing and sets out the roles of both HIS and INWO in responding to concerns. The aim is to support staff to make an informed choice about how to speak up with their concerns

and avoid duplication or confusion about local and national roles and responsibilities, which should enable a more efficient and effective process.

Primary Care Improvement

The Primary Care Phased Investment Programme (PCPIP) was commissioned by the Scottish Government to evaluate the implementation and impact of the 2018 General Medical Services (GMS) contract, particularly the expansion of multidisciplinary team (MDT) models. This stage of the work has now concluded, with the Final Evaluation Report published in June 2026, providing a comprehensive evidence base and recommendations to inform future policy and investment.

HIS producing this report demonstrates Best Value achievable within the health and social care system by setting out clear, evidence-based recommendations to improve how resources are used across primary care. It highlights the importance of strengthening MDT implementation through clearer roles, optimal skill mix and prioritisation of MDT working, ensuring care is delivered by the most appropriate professional and releasing GP capacity. Efficiency gains are identified through better workforce utilisation, including reducing the volume of work undertaken by GPs that could be delivered by other MDT professionals.

A key strength has been in the use of quality improvement methods. The report recommends sustaining this approach across the system to support continuous improvement at scale. It also highlights the need for stronger, more consistent data to improve the quality of monitoring and evaluation.

Finally, the recommendations emphasise ensuring MDT models contribute to reducing health inequalities and improving equitable access to care.

Overall, PCPIP demonstrates Best Value by providing a robust, evidence-based pathway to improve effectiveness, efficiency and equity in primary care, supporting better outcomes and more sustainable use of public resources.

A few examples of data which illustrates best value within the PCPIP Final Report are shown in the below:

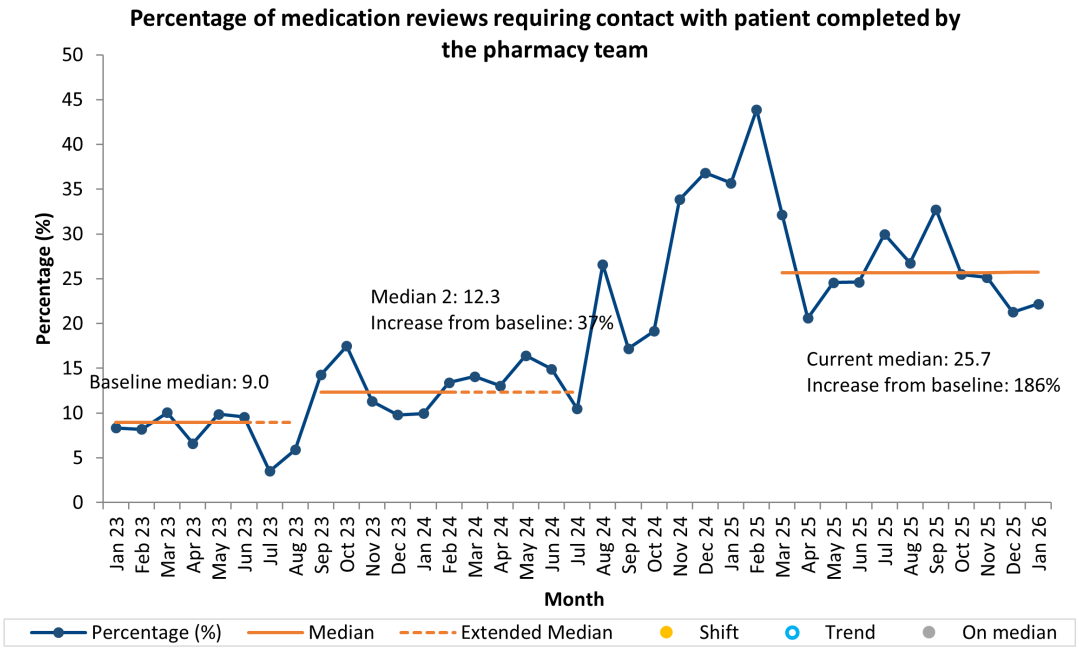


Chart 3 – The chart above highlights the percentage of medication reviews which required contact with a patient completed by the pharmacy team in NHS Shetland. The baseline median increased from 9% to 25.7%. This indicates that the increase in medication reviews completed by pharmacists included medication reviews with the patient which would have previously been completed by a GP, as well as notes-based reviews.

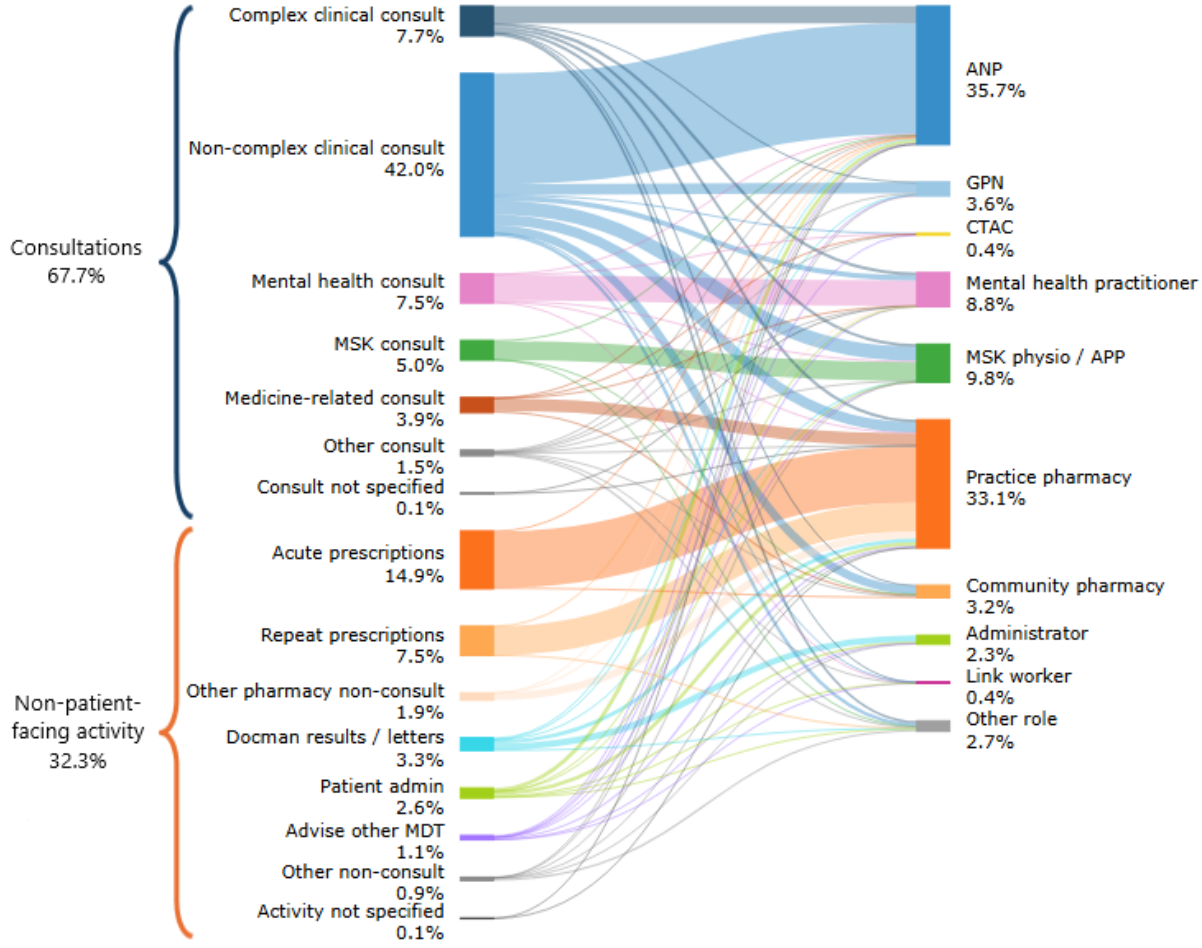


Diagram 5 - The left-hand side of the diagram above shows the time spent on various types of consultation and non-patient facing activities that GPs identified as more appropriate for other members of the MDT. The right-hand side shows the MDT members that GPs reported more appropriate for each task. The percentage at each node represents the proportion of all

values on that side of the chart. (Note: Tasks that GPs reported as being appropriate for themselves are not included in this diagram).

Appropriate staff member	Cost incurred by GP doing these tasks	Comparative cost of appropriate staff member to do these tasks (shown as a ratio for GP: appropriate staff member time taken to complete tasks)				Range of difference in cost of GP vs appropriate staff member at ratios of 1:0.5 to 1:2 in terms of time taken to complete tasks	Range of difference in cost of GP vs appropriate staff member at ratios of 1:0.5 to 1:4 in terms of time taken to complete tasks
		1:0.5	1:1	1:2	1:4		
Advanced Nurse Practitioner (ANP)	£39,238	£5,188	£10,377	£20,753	£41,507	£18,484 to £34,049	-£2,269 to £34,049
Practice pharmacy	£33,339	£4,808	£9,617	£19,234	£38,468	£14,105 to £28,531	-£5,129 to £28,531
Mental health nurse	£9,752	£1,085	£2,169	£4,338	£8,676	£5,414 to £8,668	£1,076 to £8,668
Physiotherapy	£10,824	£1,206	£2,412	£4,824	£9,648	£6,000 to £9,618	£1,176 to £9,618
Total ANP and practice pharmacy	**£72,577**	**£9,997**	**£19,994**	**£39,987**	**£79,974**	**£32,589 to £62,580**	**-£7,398 to £62,580**
Total mental health and Physiotherapy	**£20,576**	**£2,291**	**£4,581**	**£9,162**	**£18,324**	**£11,414 to £18,286**	**£2,252 to £18,286**
TOTAL	**£93,153**	**£12,287**	**£24,575**	**£49,149**	**£98,298**	**£44,003 to £80,065**	**-£5,146 to £80,865**

Table 2 - Potential savings were estimated per 1,000 registered patients by applying PHS practice list size data to each of the practices included in the audit. The combined registered population across the registered sites was 130,182. On this basis, the estimated potential saving for a single audit week ranged from £40 to £621 per 1,000 registered patients as shown in table 2 above.

Hospital at Home

The Hospital at Home (H@H) programme supports NHS Boards and Health and Social Care Partnerships (HSCPs) set up, grow and optimise hospital at home services. In 2024/25, the focus of the national hospital at home programme was sustaining the capacity that had been built to date, by developing the maturity of services.

For 2025/26, in line with Scottish Government's Operational Improvement Plan (OIP) the focus shifted to expansion of hospital at home including roll out to new localities, addition of new disease pathways and the addition of neonatal and paediatric services to the national programme.

The number of patients managed in March 2026 was over 2,150, an increase from over 500 patients compared to 1,616 patients in March 2025. This indicates that services are progressing towards increasing capacity by December 2026 in line with the OIP.

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

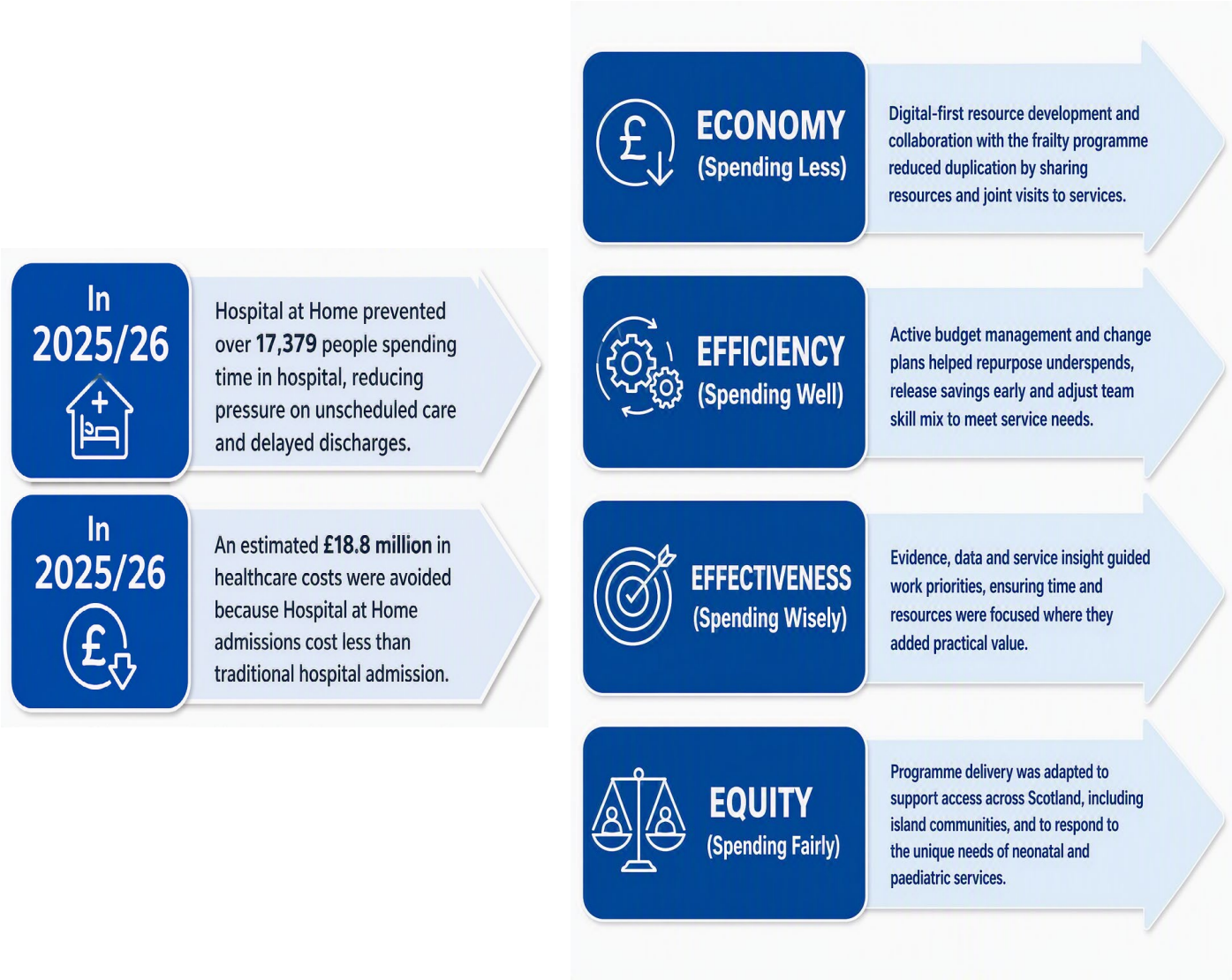


Diagram 7

The Hospital at Home annual report shows the service supported 340 babies and children between November 2025 and April 2026. The service allows babies and children to receive treatment, monitoring and support in their own homes, reducing the need for a hospital stay. It also helps families remain together while children receive care reflecting the feedback below from a couple whose baby was treated for a kidney infection at home, meaning they did not have to spend a week in hospital. The programme expanded last year to include neonatal and paediatric services.

"The difference in being able to have Jude treated by Hospital at Home was invaluable and I can't praise the service highly enough."

— Parent

Focus on Frailty

The Focus on Frailty programme for 2025-26 focused on setting up hospital front door frailty pathways, and improving integrated care coordination in primary, community and acute care. The programme supported the ambition of the NHS Scotland OIP (2025) for every emergency department in Scotland to provide access to specialised staff in frailty teams, and implementation of the Ageing and Frailty standards (2024).

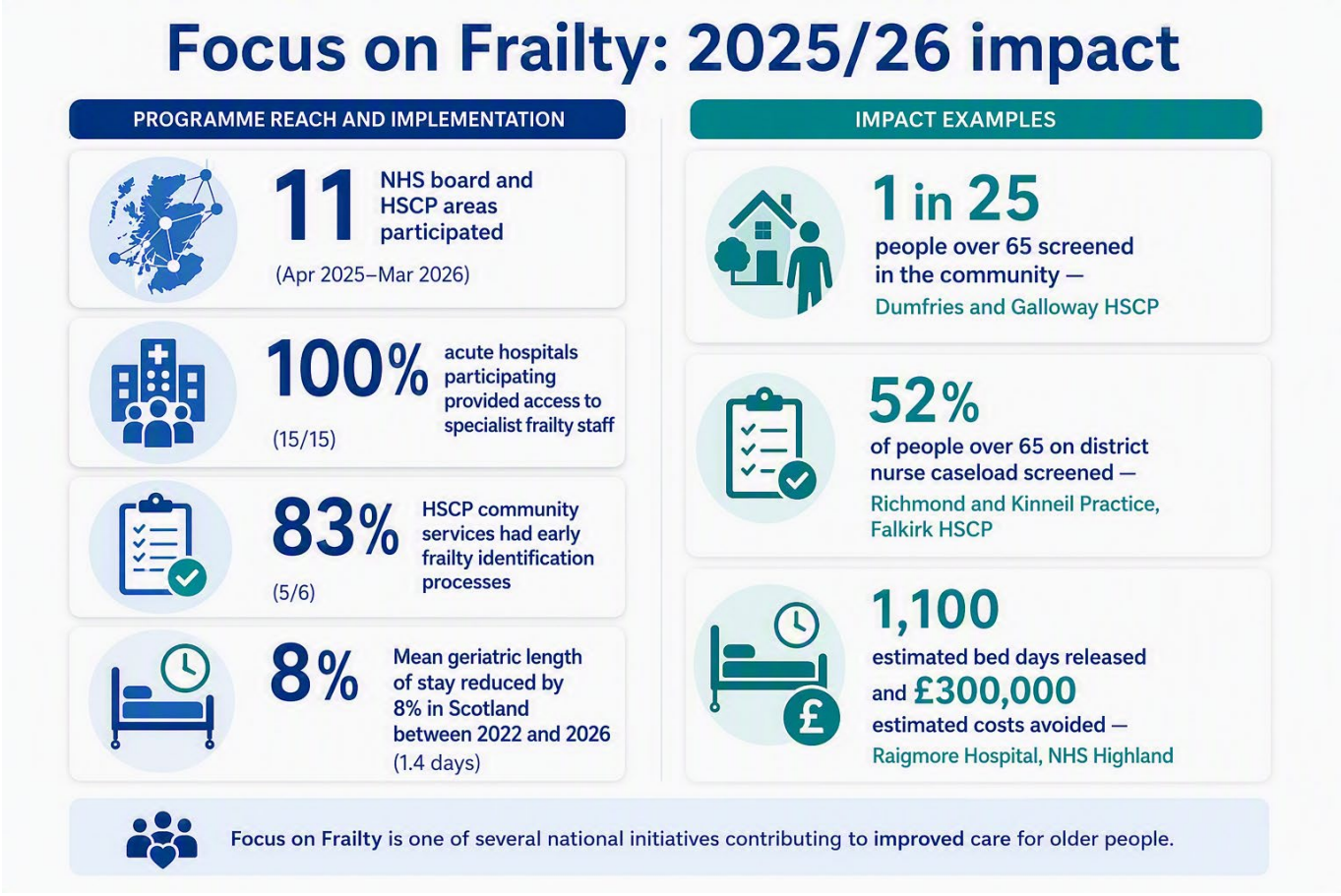


Diagram 8

The Focus on Frailty programme supported participating teams to identify, test and spread evidence-based change ideas through:

- in-person learning sessions and virtual events which enabled networking and shared learning
- evidence-based tools and resources to support decision-making site visits
- quality improvement coaching calls which provided direct support and problem solving, and a learning system with over 2400 members sharing learning nationally.

Between 2022 and 2026 mean geriatric length of stay (LoS) in Scotland reduced by 8% (1.4 days) shown in chart 4 below. This change has taken place in the context of several national initiatives all of which aim to improve outcomes for older people living with frailty. These include: the Focus on Frailty programme, the Discharge Without Delay programme and Getting It Right For Everyone (Scottish Government).

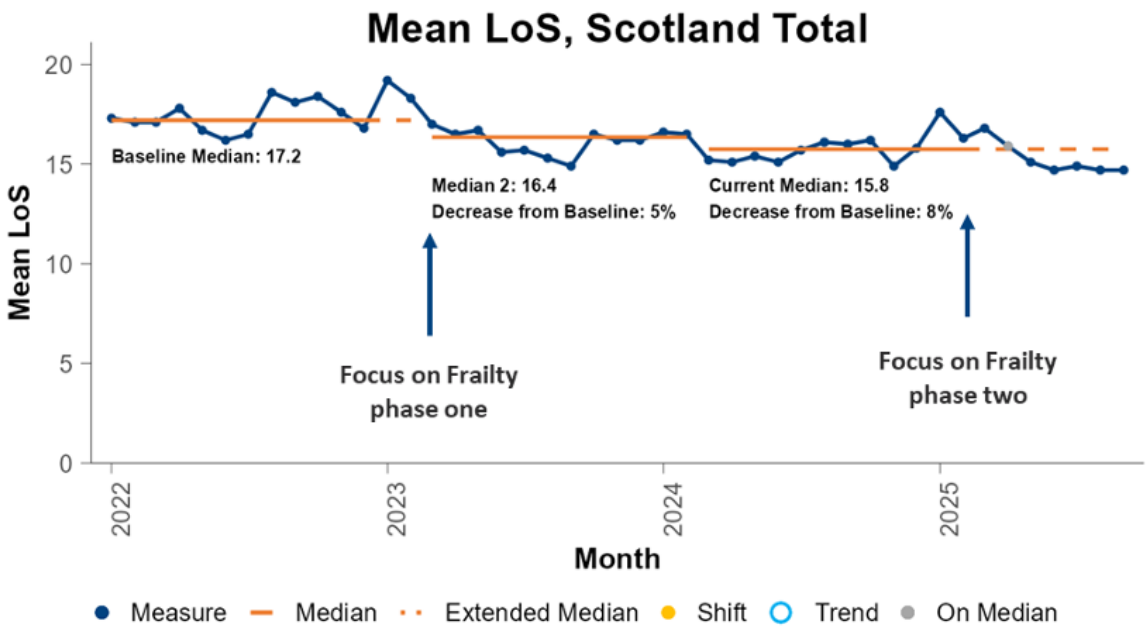


Chart 6: Mean geriatric LoS in Scotland. Analysis carried out by HIS on data extracted from the Discovery information management system hosted by Public Health Scotland on 11 December 2025.

Improving Access to Planned Care

HIS worked with NHS Lanarkshire gynaecology service with the aim of reducing unnecessary outpatient appointments and supporting more effective clinical decision-making. The team developed a questionnaire, and after replies were received, it estimated that just 27% of patients were likely to need a face-to-face appointment.

Scottish Approach to Change

The Scottish Approach to Change (SATC) continues to gain traction nationally, supporting the health and care system to do change well. The methodology is increasingly being adopted across major programmes and organisations including subnational planning, the Scottish Learning and Improvement Framework, the Population Health Organisation, across all Care Inspectorate work, and the Centre for Sustainable Delivery's (CfSD) urgent and unscheduled care work. A national symposium in February 2026 brought together 50 practitioners, system leaders, academics and third-sector representatives to reflect on the approach and explore what is needed to embed it more consistently across the health and care system.

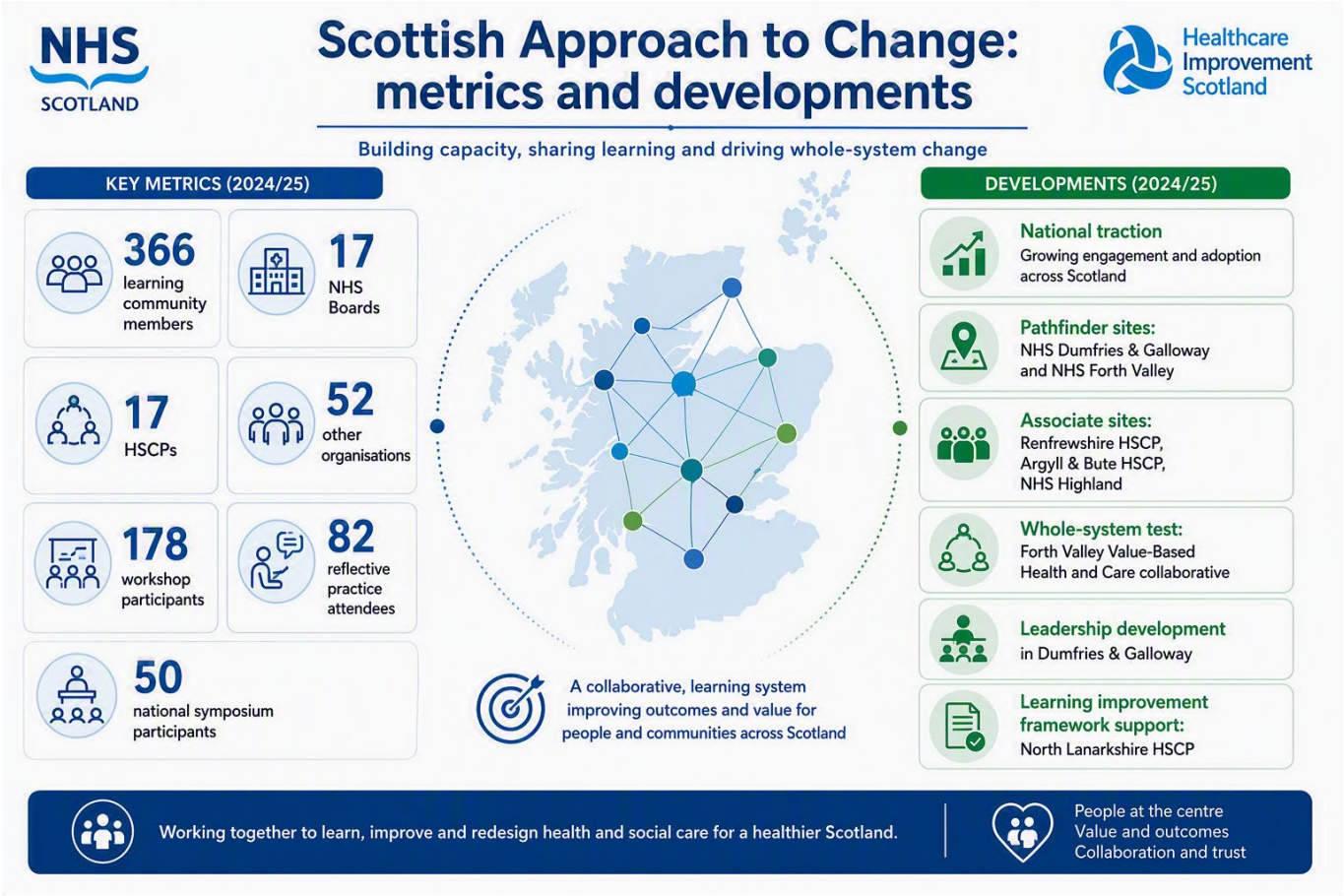


Diagram 9

We are working with two pathfinder sites, NHS Dumfries and Galloway and NHS Forth Valley and several associate sites including Renfrewshire HSCP, Argyll and Bute HSCP and NHS Highland.

A whole-system test is being carried out with Forth Valley Value-Based Health and Care collaborative. Three leadership development sessions in Dumfries and Galloway have received highly positive feedback, particularly for creating a safe space to explore organisational culture and barriers to change. Our team's embedded, collaborative approach was valued for building trust and maintaining engagement. Our work with North Lanarkshire HSCP to help them develop a learning improvement framework highlighted the importance of external reflection to sustain motivation and recognise progress. Our observations helped build their resilience during challenging times.

The SATC learning community launched in January 2026 and now has 366 members from across 17 NHS Boards, 17 HSCPs and 52 other organisations across Scotland and the UK. 178 members participated in a workshop in March 2026 to co-design the future of this community. The first reflective practice session in June brought together 82 attendees from across health and social care to reflect on their experience of delivering change, and how best to get started with the approach.

Informing Policy

Our Gathering Views and Citizens' Panel reports apply insights from targeted engagement with communities across Scotland to inform recommendations for policy makers. In 2025-26, public opinions and lived experiences shaped policy areas including medicines safety, long-term conditions, pre-conception health and care, the Duty of Candour, the Charter of Patient Rights and Responsibilities, and personal continuity of care. The Scottish Government described our findings as "extremely useful…[and] will directly influence future priorities," and highlighted our collaborative approach.

Our Palliative Care Report (June 2024) directly informed the Scottish Government's Palliative Care Strategy 2025-30 (published September 2025). It explored the experiences of five key groups, older people, carers, hospice users, parents and children and people in rural and island communities, helping to fill evidence gaps, including around earlier access to palliative care.

Our 14th Citizens' Panel Report (November 2024) strengthened the Realistic Medicine elements of both the Population Health Framework and the Service Renewal Framework (published June 2025). Its findings have been widely shared and embedded in national messaging across health boards, professional bodies and partners including Integrated Care Boards in NHS England and Ireland.

The 15th Citizens' Panel Report (June 2025) informed the national Long-Term Conditions Framework and improvement outcomes. Public views on pre-conception health were also shared with the Preconception Collaborative, marking the first time the Scottish Government has directly heard public perspectives on this issue. These insights are now helping shape cultural shifts, targeted actions and more inclusive, effective communication to meet the needs of diverse communities.

Equalities

Our Equality Mainstreaming Report describes how HIS embeds equality in its work and meets the duties under the Equality Act 2010 (Specific Duties) (Scotland) Regulations 2012. This includes working towards a set of four equality outcomes to further the needs of the Public Sector Equality duty in respect of our staff and members of the public who share protected characteristics. We have specifically focused actions for disabled, LGBT+ and minority staff as well as minority ethnic people and communities and those with the poorest outcomes when accessing pregnancy and maternity services.

We take a robust approach to the use of equality impact assessment (EQIA), ensuring that all our work programmes identify their potential equality impacts and take appropriate action. We successfully reached our target of 100% of programmes having an appropriate level of EQIA in place. Our Equality, Inclusion and Human Rights Team monitor compliance and support new programmes to meet the requirements.

To give better effect to our duties under the Children and Young People (Scotland) Act 2014 UNCRC Incorporation (Scotland) Act 2024, we have brought relevant functions together as

part of a new portfolio. The portfolio will streamline organisational intelligence, including to deliver the commitments we set out in our recent Corporate Parenting Plan and Children's Rights Report.

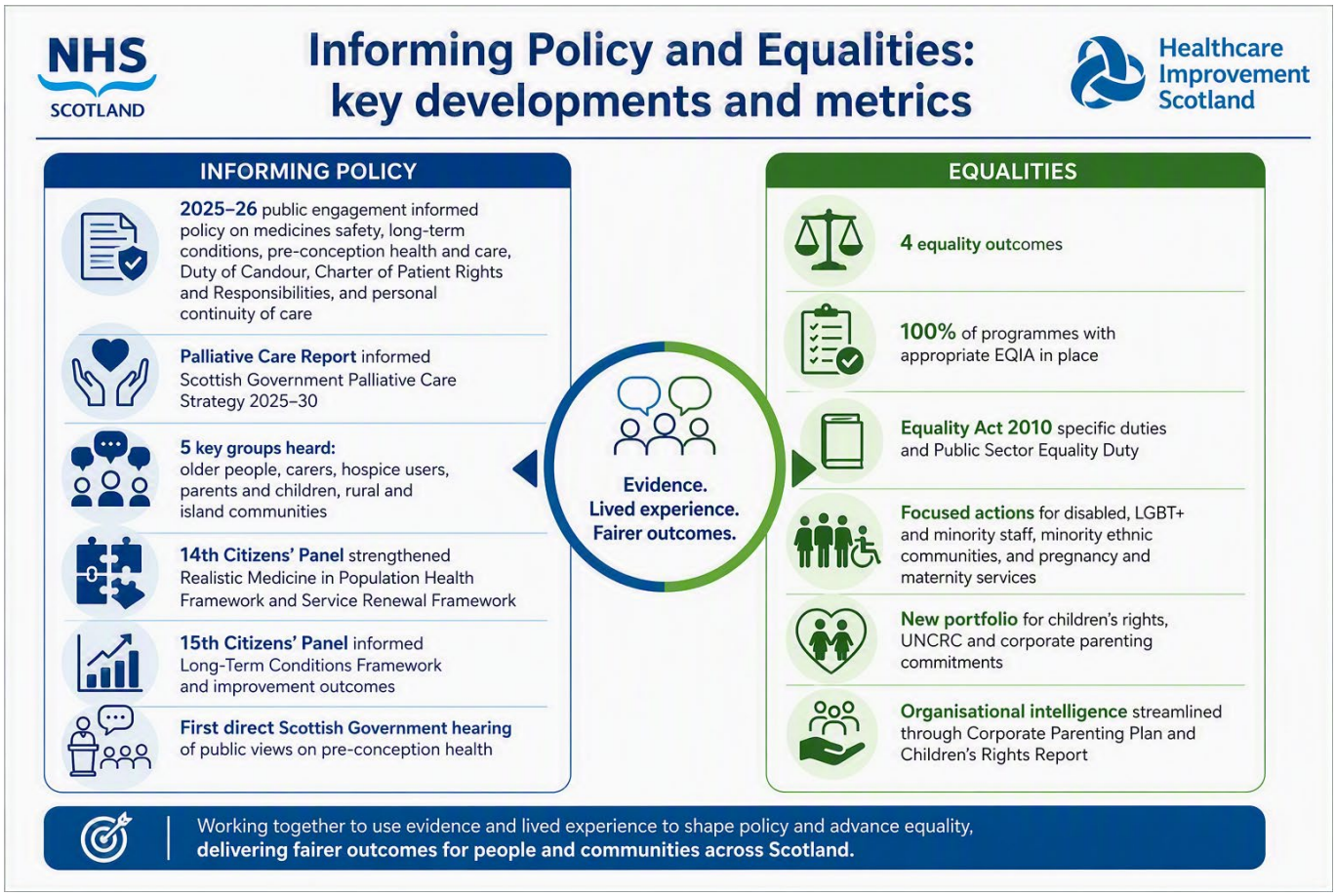


Diagram 10

4. Performance Management

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

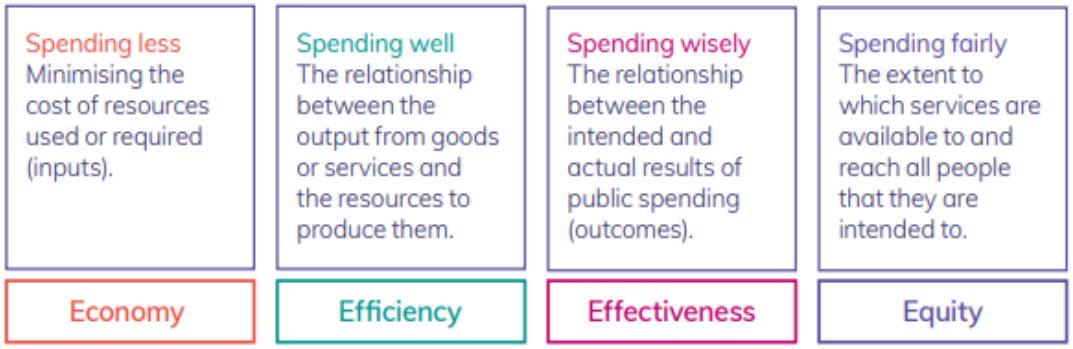


Diagram 11 CIPFAs 4Es Framework

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

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

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

We continue to ensure we focus on key priorities as described in HIS' Annual Delivery Plan 2026 and Strategy 2023-28. Following a cross-organisational multi-disciplinary approach when undertaking these assessments enables us to benefit from expertise in measurement and valuation from teams across HIS.

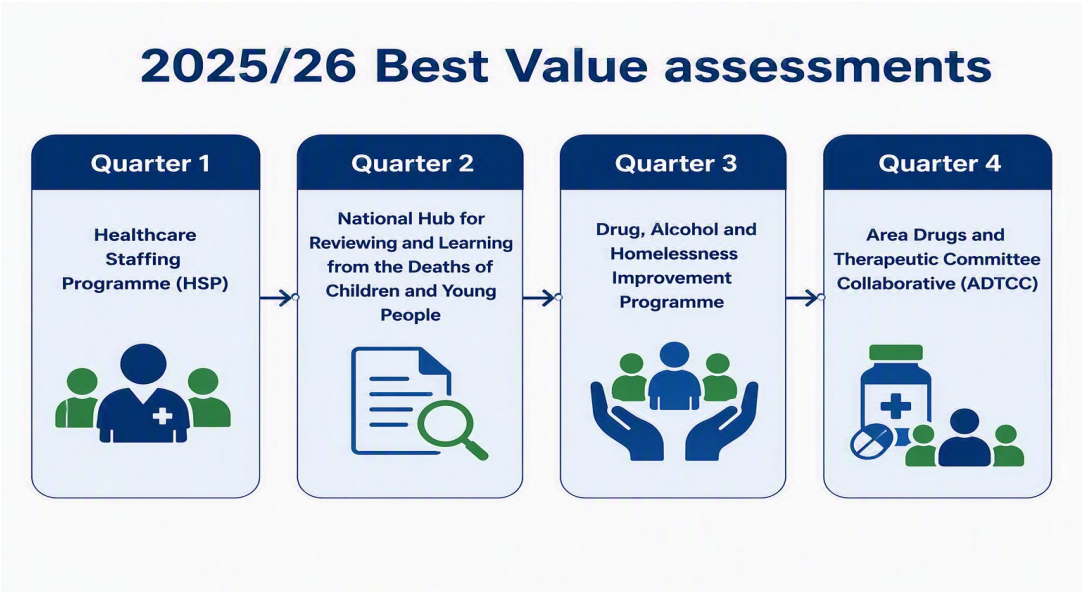


Diagram 12

The full assessments for each are available at Appendix 1.

Appendix 2 provides the planned schedule of assessments for 2026-27 which will remain subject to change and flexible in light of any changes in risk profiles, re-prioritisation and/or funding confirmation. From 2027/28 we intend to start revisiting previous best value assessments and will develop an appropriate framework to support these.

We acknowledge that HIS should strengthen and develop a consistent approach to our reporting and monitoring of impact and outcomes for all programmes of work, we do however have evidence of positive outcomes and improvement at programme or project level in a range of areas, and we continue to report on those.

This is a critical component in determining best value and demonstrating HIS' impact across the health and care system as well as delivery against our strategy, and we continue to look at this strategically to ensure we are better placed going forward and there is a consistent approach across the organisation. The creation of the portfolio structure means it will be even more important to focus our outcome and impact reporting on priorities being delivered supported by a QMS approach rather than restricted to individual programmes of work and our best value assessments will also need to align.

5. Conclusion

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

Over the past year we have continued to demonstrate the delivery of best value in a range of activities both from the perspective of how we use our resources internally and how we deliver programmes of work that provide value for the wider health and social care system in Scotland.

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

APPENDIX 1

2025/26 BEST VALUE ASSESSMENTS

Quarter 1

4Es	Healthcare Staffing Programme (HSP)
Brief description	The Healthcare Staffing Programme, is dedicated to improving workload and workforce planning within NHS Boards in Scotland. This programme aims to help NHS Boards meet their obligations as set out in the Health and Care (Staffing) (Scotland) Act 2019. The Act stipulates several functions in relation to staffing in which HIS will be required to undertake as follows: 12IP HIS: monitoring compliance with staffing duties 12IQ HIS: monitoring and review of Common Staffing Method 12IR HIS: monitoring and development of staffing tools 12IS HIS: duty to consider multi-disciplinary staffing tools 12IT HIS: duty on Health Boards to assist staffing functions 12IU HIS: power to require information 12IV HIS: ministerial guidance on staffing functions The programmes operational framework defines the key roles and responsibilities of the programme and the wider organisation in meeting our legislative duties. It defines when and how we consult with stakeholders, when and how we make recommendations report to Scottish Ministers and, where appropriate, publish the findings of any review. The programme achieves its objectives through several key approaches: providing education and training, developing staffing level tools and methodologies, monitoring compliance and offering tailored support and guidance. The programme also makes recommendations to Scottish Ministers on revisions to these staffing tools. Furthermore, it offers a range of learning resources and toolkits to help deliver safe and effective patient care.

	HSP Monitoring Board Compliance function provides scrutiny on Boards implementation of the legislation. Using a multi-faceted approach of review of data from various sources (including quarterly Board reports and Annual Reports) and planned meetings with each Board, this enables HSP to review all aspects of implementation and inform the Internal Advisory Group and HSP internal governance of Boards compliance with the duties.
Key Facts (based on 24/25)	Health and Care Staffing Act 2019 HIS functions in relation to staffing annual report 2024-2025: April 2025 – Healthcare Improvement Scotland Please see our Annual Report- this provides a full review of the activities to implement the legislation.
Economy (spending less)	The HSP contributes to economy in healthcare by enabling better workload and workforce planning, which is fundamental to the efficient and appropriate use of resources. By helping NHS Scotland services plan the necessary number of staff, the programme inherently supports the optimisation of human resources. This aligns with the broader aim of Value-Based Health and Care (VBH&C) to reduce waste and ensure that healthcare expenditure results in improved health outcomes. The Chief Medical Officer for Scotland notes that approximately 20% of healthcare spend does not result in health improvement, contributing to waste and potentially worsening health inequalities. The HSP directly focuses on development of and updating Staffing Level Tools through robust testing and engagement from services users. The implementation of appropriate staffing levels can indirectly lead to more economic use of overall healthcare resources by ensuring the right staff are in the right place, reducing over or under-staffing that can lead to waste or poor clinical outcomes or quality of care. HSP scrutiny of implementation of the legislation within health boards provides intelligence on the operational implementation of the Act.
Efficiency (spending well)	The HSP is designed to enhance efficiency in healthcare delivery by providing robust and validated staffing level tools and methodologies that help NHS Boards plan their workforce needs effectively. This direct support for workload and workforce

	planning is crucial for operational efficiency, ensuring that services have the appropriate number of staff to plan, lead, oversee and deliver care without unnecessary delays or resource expenditure. The programme also includes learning and development resources to support safe and effective staffing. Furthermore, the "Healthcare staffing operational framework" underpins the programme's operational approach. By optimising staffing, the programme contributes to a more efficient healthcare system, which is a core component of VBH&C, defined as delivering better outcomes and experiences through the "equitable, sustainable, appropriate and transparent use of available resources.
Effectiveness (spending wisely)	The core objective of the HSP is to improve workload and workforce planning to meet the statutory obligations of the Health and Care (Staffing) (Scotland) Act 2019. The programme provides resources and toolkits aimed at supporting "safe and effective staffing" which is a direct measure of its effectiveness in contributing to quality patient care. The team have a national remit and engagement with all Boards and other key stakeholders. This enables continuity and excellent communication. HIS, as a key delivery partner, is explicitly tasked with ensuring access to high-quality evidence-based knowledge and information that supports Realistic Medicine goals, including safe, person-centred care and reducing unwarranted variation. Therefore, by improving staffing planning and providing tools for evidence-based decision-making, the programme directly contributes to the effectiveness of healthcare delivery in Scotland. HSP are working to the implementation of digital platforms for Staffing Level Tools. The HSCP duties and responsibilities ensure that tools are available for employers to utilise. An example of their application in practice was highlighted in NHS National Services Scotland April 2025 public report. They highlighted several key achievements and results from implementing the Act and using HIS HCSP designed and delivered tools: **Evidence-Based Workforce Planning**: • NHS NSS used the Act's requirements to strengthen their workforce planning processes. • They adopted a more data-driven approach to determine staffing needs, ensuring the right staff with the right skills were in place at the right time.

	Improved Staff Engagement: • The Act encouraged a culture of openness and transparency. • Staff were more involved in staffing decisions and felt empowered to raise concerns about staffing levels, which improved morale and communication. **Service Redesign and Innovation**: • The flexibility allowed by the Act enabled NHS NSS to redesign services to better meet patient needs without being constrained by rigid staffing ratios. • This led to more efficient service delivery and better patient outcomes. **Risk Identification and Mitigation**: • Real-time staffing risk identification procedures were implemented. • This proactive approach helped prevent service disruptions and ensured continuity of care. **Annual Reporting and Accountability**: • NHS NSS submitted detailed reports to the Scottish Government, promoting accountability and continuous improvement in staffing practices.
Equity (spending fairly)	The HSP, by assisting NHS Boards in developing staffing levels tools and methodologies, contributes to ensuring that all services across Scotland are adequately staffed, which is a prerequisite for equitable access to care. Adequate and well-planned staffing can help address disparities by ensuring that care is available and accessible to all population groups, including those most at risk of health inequalities. The VBH&C plan explicitly works on actions to address racialised inequalities and promote culturally sensitive care. While not directly stated for the staffing programme, effective workforce planning is crucial for delivering equitable care across diverse populations.
Additional Information	

Overall Assessment	The HSP is a key initiative for achieving the broader goals of VBH&C in Scotland. By focusing on essential elements like workload and workforce planning, it aims to ensure that the healthcare system has the right number of staff to deliver safe, effective and person-centred care. Its provision of tools, education and guidance supports efficiency by optimising resource allocation and promotes effectiveness through evidence-based practices. While its direct contribution to equity is implicit rather than explicit, adequate staffing is a critical enabler for reducing health inequalities and ensuring equitable access to care across the system. The programme's emphasis on continuous development and providing resources for evidence-based decision-making positions it as a key enabler for a more sustainable and value-driven healthcare system in Scotland.
NHSScotland VBH&C Action Plan	The HSP directly aligns with and supports the NHS Scotland Value-Based Health and Care Action Plan. The VBH&C Action Plan explicitly identifies HIS as a key delivery partner responsible for ensuring access to "high-quality evidence-based knowledge and information that supports delivery of the Realistic Medicine goals of safe, person-centred care; reducing unwarranted variation and inequality; reducing waste and harm; and empowering people to make informed choices about their care through shared decisions." Within this commitment, HIS, through the HSP plays a crucial role: **Supporting evidence-based decisions** **Reducing unwarranted variation and harm**: The broader aim of the HSP to help plan staffing needs can indirectly contribute to reducing harm and waste by ensuring appropriate staffing levels, impacting quality and safety of patient care and workforce experience and retention. **Empowering informed choices**: The HSP, contributes significantly to the VBH&C Action Plan's vision by fostering a workforce equipped to deliver value-based care, promoting the use of evidence-based tools, and enabling the broader goals of safety, person-centredness, reduction of variation and empowerment of patients. For example:

	NHS Highland highlighted in their Quarter 2 2024/5 report that they had embedded the Act into their Annual Operational Plan, aligning staffing with strategic outcomes like “Care Well” and “Perform Well.” They also introduced a Risk Escalation Framework, a structured process for staff to escalate staffing concerns, ensuring timely interventions and improved patient safety, engaging the workforce and promoting a culture of transparency and inclusion, where staff are informed and involved in staffing decisions through utilisation of the Act’s tools. This allowed Outcome-Focused Reporting, whereby the Board aligned Act implementation with quality ambitions such as “Effective” and “Person-Centred” care, directly linking staffing to patient outcomes. NHS Golden Jubilee in their Quarter 3 report identified the following key contributions to best value: • Compliance and Risk Monitoring: The Board tracked high-cost agency use and severe staffing risks, aligning with financial stewardship and risk management. • Annual Reporting to Ministers: Demonstrated accountability and continuous improvement through structured reporting mechanisms. • Focus on Outcomes: Emphasised the link between staffing levels and patient safety, supporting the delivery of high-quality care. These examples collectively demonstrate that HIS’s HSP has played a pivotal role in supporting the effective implementation of the Health and Care (Staffing) (Scotland) Act 2019 across NHS Scotland. Through the provision of national guidance, tools and tailored improvement support, the programme has enabled NHS Boards to embed evidence-based workforce planning and governance structures that align with the Act’s statutory duties. In its first year of enactment, HIS has facilitated cross-Board collaboration, shared learning and capacity building—ensuring that Boards are not only compliant but also delivering staffing models that are safe, effective and person-centred. This proactive and system-wide approach has contributed significantly to improved staff engagement, risk mitigation and service redesign, demonstrating clear alignment with the principles of Best Value: accountability, sustainability, partnership and continuous improvement.

Quarter 2

4Es	The National Hub for Reviewing and Learning from the Deaths of Children and Young People
Brief description	HIS and the Care Inspectorate have hosted the National Hub for reviewing and learning from the deaths of children and young people (NH) since October 2021. By ensuring that the death of every child in Scotland is subject to a quality review and that bereaved families and carers are engaged in those review processes, the NH aims to identify and share learning from reviews and help reduce preventable deaths. Reviews are conducted into the deaths of all live born children between 0-17 years, and young people up to the age of 26 years who are in receipt of continuing care or aftercare services at the time of their death. The National Hub worked with stakeholders, including bereaved families to create national guidance for NHS Boards and local authorities to use when reviewing the deaths of children and young people in Scotland. The guidance recommends keeping family and carers at the centre of the review process and provides key steps to ensure consistency when reviewing the circumstances surrounding the death. Information from each review is captured in a core review dataset (CRDS). Each NHS Board and local authority or HSCPs across Scotland uploads completed CRDS to a secure online reporting portal, which allows the National Hub to analyse data at a national level.
Key Facts (based on 2025)	• NH hosts an active Community of Practice which currently has 85 members. In the last year, the site has been visited 435 times, and there has been a total of 1,423 downloads of the resources we have uploaded. • Two learning summaries have been raised with Scottish Government policy teams, resulting in the introduction of legislation for landlords to promptly address damp and mould issues and to work with farming communities to raise awareness of the dangers of quad bikes. • Publication of a Data Report, a Data Release. • Our work has directly informed stakeholders of the data we have gathered; it has helped influence work by identifying preventable deaths of children and young people and support initiatives for us to take forward work in collaboration with national agencies.

	• The short-life working groups and engaging with people with lived experience, enabled us to develop forms to establish a consistent approach to data gathering and quality reviews for every child in Scotland. The data gathered to date has enabled the Hub to drive national improvements and influence at a strategic level. • £254,620 National Hub and £67,000 Sudden Unexplained Death in Infancy (SUDI) Improvement baseline funding from the Scottish Government. • 1x WTE Senior Reviewer and 2x WTE Reviewers plus 2x sessions of Clinical Lead's time per week. • Programme management, project officer and admin officer support provided via Quality Assurance and Regulation Directorate (QARD) Programme Management Function (PMF).
Economy (spending less)	The NH team has sought to ensure value for money through use of technology for virtual internal team working on a day-to-day basis as well as externally for regular meetings with stakeholders. The new PMF staffing structure enables us to allocate staff with resilience cover in place which enables an efficient, continuous allocation of staffing with support in place to cover administrative and operational tasks during periods of scheduled or unscheduled leave. We make the most efficient use of our clinical lead by making the majority of our contact on a concentrated approach during the agreed sessional time to reduce costs by maximising our time to the sessional allocation over the working week. The NHS works closely with other organisations involved in the reviewing and learning from child deaths in England, Wales and Northern Ireland. This four Nations work allows the NH to review tools, knowledge and resources that have already been published and tailor them to fit the Scottish context. Recently the NH has utilised a pre-existing form developed by National Child Mortality Database (NCMD) to gather further information relating to two important causes of death in Scotland - sudden, unexpected deaths and road traffic collisions. This drastically reduces the amount of stakeholder involvement and staff time needed to create an appropriate resource. This collaboration and sharing of materials have also been undertaken with internal programmes, with the NH utilising work undertaken by the Adverse Event programme in developing a learning summary that captures and shares learning identified in the deaths of children and young people.

	The NH hosts national meetings to share updates and learning with key stakeholders from the territorial boards and local authorities (Clinical Leads group). Holding single, online events saves travel, space and staff resources compared to meeting in-person or with each region individually.
Efficiency (spending well)	The NH receives completed CRDS that contain learning and insights into the deaths of children and young people in Scotland. The effectiveness of the NH is reliant on CRDS being appropriately completed with sufficient, consistent, pertinent information in a timely manner. To improve efficiency of completion and accuracy/appropriateness of information being collected, the NH has funded the portal development team, TrueNorth, to implement several changes to improve the clarity of questions being asked and the user experience when entering the information. The NH is regularly asked to provide boards with excerpts and analytics from the online portal. This information is used by the boards to monitor review performance indicators. The retrieval and analysis of this data is time consuming and reliant on data analytical skills within the team. The NH has therefore developed "Dashboards" – a front-facing, interactive platform within the online portal that allows boards to retrieve raw and analysed data independently without input from the NH. This development will reduce the admin and analytical time of the NH team. The current process for notifying services of a death within their area requires 8 hours (variable - estimate) of administrative time per week. This includes processing the notification data, creating and sending emails to each area, and quality checks to ensure accuracy of work done. This estimate does not include the time taken to develop process documents, error checking, responding to Board queries or updates on notifications, or training other members of staff to complete the process. There is also an emotional toll that regular exposure to the death notification data has on our administrative staff, which could potentially lead to absence. To mitigate this staff impact in the short-term the NH is working with the Nursing, Midwifery and Allied Health Professional (NMAHP) Directorate to hold restorative wellbeing sessions. For a longer-term improvement, as part of a digital transformation project, the NH is in the process of exploring the possibility of automating this administrative process in collaboration with the NH portal developers, True North. If approved, this process will automatically retrieve death notification data from the National Records of Scotland and distribute them to the necessary boards

	and local authorities, saving a substantial cost in working hours and emotional impact. This will alleviate the additional stress on resources when further reduction of the working week is applied for staff in April 2026. In May 2025, the NH published its first, annual Data Release, which displayed the data that the NH has collected since launch.
Effectiveness (spending wisely)	• The aims of the NH are to ensure that the deaths of all children and young people in Scotland receive a high-quality review, which engages with families and carers that the NH can then use to identify and share national learning. The NH are undertaking quality assurance of completed reviews to ensure a high-level national consistency, accuracy and comprehensiveness. As part of this process, the NH will develop a metric and guidance on assessing quality when completing a review. This quality assessment will subsequently result in stronger comparative analysis in our publications and clearer focus on the elements of the review process requiring the most improvement. The investment of NH staff time now in the QA process will subsequently strengthen all products of the NH work in the future. • After a successful and positively received trial, The NH are expanding the use of learning summaries, completed by the boards/local authorities to capture and share the outcomes and learnings from child deaths. These learning summaries are shared nationally to improve practice as well as with the Scottish Government to inform and influence policy change. • The NH is issuing letters to the chief executives of each Health Board. These letters will accompany a Board area specific report that will inform strategic leaders of key performance indicators for their region compared to National data and therefore where to focus their resources to have the greatest impact. • Following updates to the core review data set and the introduction of the new Sudden Unexpected Deaths in Children (SUDIC) reporting process, The National Hub team is running a learning session for all stakeholders re the changes and improvements in the forms and datasets. Rather than scheduling and running several information sessions, it was considered more cost-effective to run one electronic session over a lunchtime period to allow as many clinical staff as possible to attend virtually. It was also considered best to record the session to enable those who are unable to attend virtually on the day, to view it at a more convenient time. This event has been scheduled for 27 October. • The programme budget is reviewed on a regular (quarterly) basis in line with the programme's 3-year plan with a view to maximising the most effective outputs for the work programme.

	• The programme has put programme management tools in place to support the efficient functionality of the work programme, to reduce the number of and time spent in meetings. • The NH has analysed and published a data release from information submitted to our online portal. This publication has allowed for visibility of the programmes work, including areas that need further exploration (family engagement and common contributory factors, trends). • The NH is developing a process of upskilling other staff members within the programme to allow for flexible work across the directorate.
Equity (spending fairly)	To ensure that the investments made into the NH are reaching and impacting as many people as possible the NH shares information via a range of initiatives, these include: • Short-life working groups (SLWG) for SUDIC and Road Traffic Collisions (RTCs). • Community of Practice (CoP) website which is updated weekly with information and developments relating to child and young person deaths in Scotland. • Learning Summaries: The NH has adopted a template utilised in the adverse event programme for boards to complete and capture learning that can then be shared nationally. • The NH completed an EQIA and Child Rights and Wellbeing Impact Assessment (CRWIA) at launch that are reviewed annually to ensure our work is inclusive. There is a new EQIA template that, once finalised, is published on the HIS website. • NH links with PHS to gain a greater quality of data relating to ethnicity. • Third-sector targeted work with the group “voices of carers and families.” • Regularly track and report data relating to family involvement in reviews and bereavement support that is being provided. This data prompted the NH to liaise with specific health boards who were engaging with families and carers less often. • The NH coordinates with Comms colleagues to ensure that publications made on the HIS website are accessible to all. • The NH uses publicly available information relating to socio-economic disparity (SIMD) and compares this with data relating to child and young person deaths, in this way monitoring the impact that deprivation could have on child deaths. This information is then relayed back to Scottish Government.

Research emphasised the importance of providing clear and accessible information for bereaved families and carers:

- The National Hub produced a national leaflet, Supporting families in Scotland with the child death review process
- The leaflet, written in plain English, has a reading age of 9-10 in line with the UK national average for adults. The leaflet can be printed or shared digitally. The digital version can be amended with the key contact's details and local support organisations.
- Subsequently the National Hub commissioned an easy read booklet for use in Scotland, based on the NCMD's booklet for England.
- Published in May 2025, the National Hub's booklet, After your child has died was created in collaboration with Easy Read UK. It was designed for families who might struggle to read English and utilises simple graphics with limited text.
- It was tested by a reader panel from an independent self-advocacy group. The panel checked the information was accessible to the groups we are trying to reach.
- Professionally printed, colour booklets were distributed to all NHS Boards in Scotland and have been well received.

Equity of spending can also be realised in the following list of meetings/events both internal and external the National Hub has hosted/contributed to since January 2025:

- Internal Collaborations (Adverse Event Joint meeting, Perinatal QMS, Scottish Patient Safety Programme's Perinatal and Paediatric Programmes (SPSPP&P)).
- External stakeholder meetings (Expert Advisory Group, Child Death leads, SUDI SLWG, RTC SLWG, Scottish Cot Death Trust, Police Scotland, COPFS, CBUK, ACDRP, Strathclyde University, PHS, National Clinical Advisory service for Paediatric Palliative Care, Water Safety Scotland).
- UK wide meetings (4 Nations- England, Wales, Northern Irelands, Scotland, Channel Islands).
- Scottish Government meetings.
- Conferences (Royal College of Paediatrics and Child Health (RCPCH) conference, Bereavement conference, the British Association of Community Child Health (BACCH), and the Scottish Association for Community Child Health (SACCH)).

Additional Information	Scotland was considered to have one of the highest death rates of children in Western Europe. To address this, The Scottish Government requested a system be established for reviewing and learning from the circumstances surrounding the deaths of all children and young people in Scotland, based on a National Hub, with an aim to co-ordinate all current review activity. HIS, in collaboration with the Care Inspectorate (as co-hosts) worked together with a wide range of stakeholders, to establish a National Hub, which became operational on 1 October 2021. The programme uses a multidisciplinary and multi-agency approach, focused on using evidence to deliver change, and ultimately aims to reduce preventable deaths of children and young people. Reviews are now conducted on the deaths of all live born children up to the date of their 18th birthday, or 26th birthday for young people in a continuing care placement or in receipt of aftercare services at the time of their death. It is understood that the quality of reviews varies across services, and across Scotland. To ensure that learning is effectively identified, and appropriate actions are implemented to reduce the risk of future occurrence, all child death reviews need to be completed to a high-quality and within a timely manner. The Hub was established to ensure that the death of every child in Scotland is subject to a quality review by: • developing a methodology and documentation to ensure all deaths of children and young people, which are not subject to any other review, are reviewed through a high-quality and consistent process • improving the quality and consistency of existing reviews • improve the experiences and engagement with families and carers • channel learning from current review processes across Scotland that could direct action to help reduce preventable deaths.
Overall Assessment	Between March 2024 and April 2025, NRS notified the National Hub of 250 deaths of children under the age of 18. Notifications were relayed to the health boards and local authorities of residence and death, that subsequently undertook the reviews, involving other areas and agencies as appropriate.

	The information gathered from completed reviews and engagement with families has been utilised to inform services of potential areas for improvement. The plans for future digitalisation will dramatically reduce the administrative pressures that are currently present within the NHS services that are involved in the child death review process, placing HIS as a key contributor to dramatically improving the NHS in Scotland.
NHSScotland Value-Based Health and Care Action Plan	

Quarter 3

4Es	**Drug and Alcohol Improvement Programme**
Brief description	Delivering two programmes of work: • **Pathways to Recovery: Redesigning Residential Rehabilitation** - This programme was commissioned by the Scottish Government with the aim of redesigning care pathways into, through and out of residential rehabilitation across Scotland. Using a multi-disciplinary approach consisting of a mix of quality improvement, strategic planning and public involvement expertise, HIS offer local and regional support to ensure people experience high-quality, co-designed and effective pre-care and aftercare in the journey to recovery. Through 'Regional Improvement Hubs' we are leading the way in collaboration and engagement to design and ensure safe and effective community-based recovery journeys. • **Improving Quality and Safety in Drug and Alcohol Services (including Improvement Support for Medication Assisted Treatment (MAT) Standards Implementation, Pharmacy Impact) –** This programme progresses the learning from the 2022 -

	2025 Improvement Support for MAT Standards Implementation programme. HIS will continue to progress improvements in 2025-26 by building quality management approach to offer a coordinated and consistent approach to managing the quality of treatment and recovery services in Scotland, and support system transformation by developing our understanding the needs of people in recovery, their communities and the services they engage with.
Key Facts (based on 25/26)	The Transformational Change in Drugs, Alcohol and Housing portfolio is funded from the Drugs and Alcohol Policy Team within Scottish Government. The set up is as follows:

Housing and Homelessness			
Programme Name	Funding type	WTE in-post (Vacancies)	Budget
Housing and Homelessness	Core funded	2.0	£163,514
Substance Use Transformation			
Programme Name	Funding type	WTE in-post	Allocation 2025-26
Pathways to Recovery: Redesigning Residential Rehabilitation	Additional Allocation	7	£612,220
Improving Quality and Safety in Drug and Alcohol Services	Additional Allocation	5	£396,914

Economy (spending less)	**HIS** In 2024–25, the additional allocation for HIS Improvement and Implementation Support for the National Mission – Residential Rehabilitation and MAT Standards totalled **£915,297**, rising to **£1,009,134** in 2025–26. Despite this increase, we have consistently delivered underspends due to vacancies and efficient resource utilisation, forecasting an **11.5% underspend on additional allocations** and **4% on core budget** for Q3. To maximise value, we have adopted a **portfolio-wide resource-sharing model**, leveraging roles such as Programme Manager, Administrative Officer and Strategic Planner across multiple programmes. Subject matter expertise from Evidence and

Community Engagement teams has been integrated without additional cost, while the Portfolio Lead provides strategic oversight across Housing, Homelessness and substance use programmes—optimising leadership capacity.

We have reduced duplication and costs by automating processes, hosting **virtual events** to minimise travel, and streamlining stakeholder engagement through online learning series. Our trauma-informed collaboration with third-sector partners has further reduced waste and improved reach to vulnerable populations, ensuring equitable access to improvement support.

Pathways to Recovery: Redesigning Residential Rehabilitation

The Pathways to Recovery programme supports Alcohol and Drug Partnerships (ADPs) across Scotland to improve access to residential rehabilitation through local, regional and national collaboration. To minimise costs and maximise reach, **regional improvement hubs are delivered virtually**, reducing travel expenses while enabling participation from all 30 ADPs. These hubs provide a cost-effective platform for sharing best practice, addressing challenges and accelerating improvement.

In addition to system-wide support, bespoke assistance was provided to Angus and Perth and Kinross ADPs to:

- Develop a **draft pre-care and aftercare resource** aimed at improving retention and completion rates.
- Identify barriers for people routinely excluded from residential rehab and co-design solutions.
- Contribute to the **National Commissioning Framework for Residential Rehabilitation** led by Scotland Excel, ensuring lived experience informed commissioning decisions and reduced waste.

To further demonstrate cost-conscious delivery, a joint workshop for both ADPs was held at £1,000, compared to an estimated £3,500 for a larger-scale event. This approach delivered the same strategic outcomes at significantly lower cost, supporting Best Value through efficient resource use and collaborative design.

Improving Quality and Safety in Drug and Alcohol Services

To support the final year of Scotland's National Drugs Mission, HIS developed a **Leadership Learning System** connecting senior leaders—including ADP Chairs, Public Health Scotland and Scottish Government—to mobilise knowledge and foster a whole-system approach to treatment and recovery. By delivering this system **virtually to over 1,000 professionals**, we ensured broad accessibility while significantly reducing travel and venue costs.

	A **blended delivery model** was adopted to balance engagement and cost efficiency: • **Virtual events** minimised travel expenses and time commitments, particularly for independent ADP Chairs contracted for limited hours. • **In-person sessions** were hosted in-house or alongside existing Scottish Government events, avoiding additional venue costs. All learning resources were made available online for on-demand access, further reducing duplication and ensuring long-term value without recurring costs. This approach demonstrates cost-conscious delivery while maintaining high-quality engagement and system-wide impact.
Efficiency (Spending well)	**Pathways to Recovery: Redesigning Residential Rehabilitation** The Pathways to Recovery programme has enabled every ADP in Scotland to identify priority improvements through the development of **short-, medium- and long-term action plans** aimed at enhancing access to and outcomes from residential rehabilitation. To support this efficiently, we provided a **standardised action planning template and toolkit**, developed entirely in-house at no additional cost. Bespoke feedback and virtual one-to-one sessions were offered to maximise engagement while minimising expense. Regional improvement hubs were delivered virtually, reducing travel costs and enabling participation across Scotland's diverse geography. This approach expanded reach and accelerated collaboration without incurring significant overheads. By Q3, **82% of ADPs had submitted action plans**, with **95% receiving tailored feedback and support**. These plans were informed by lived experience, service insights, and local data, ensuring improvements target areas with the greatest impact while optimising local budgets and resources. This demonstrates efficient use of organisational capacity to deliver system-wide change at minimal cost. **Improving Quality and Safety in Drug and Alcohol Services** The programme is driving system transformation by deepening understanding of recovery needs and service gaps. To achieve this efficiently, we commissioned a short-term project—*Understanding the Role of Recovery Communities in the Drug and Alcohol System*—through a competitive procurement process capped at £20,000. The successful bid from Harbour Ayrshire was awarded

	at **£18,500**, delivering a **7.5% cost saving** while securing specialist expertise from an organisation with direct experience of recovery services. Outputs will be delivered in Q4, enabling a full efficiency review. We have maximised value through **strategic partnerships with Public Health Scotland**, creating a joint huddle series to share intelligence, reduce duplication and strengthen alignment. Online events were sequenced with PHS activities to minimise system burden and optimise engagement. Additionally, we produced case studies showcasing best practice in MAT Standards implementation, ensuring knowledge transfer without additional cost. Operational efficiency has been maintained by **redistributing deliverables during staff absences**, ensuring all outputs were delivered on time and within budget. This approach demonstrates prudent resource management while sustaining programme impact.
Effectiveness (spending wisely)	**Pathways to Recovery: Redesigning Residential Rehabilitation** ADPs face significant challenges in balancing limited resources against complex needs. Through structured action planning, the programme has enabled ADPs to **prioritise improvements that deliver the greatest impact**, ensuring resources are targeted where they matter most. Insights from people with lived experience have shaped our approach, confirming that **effective pre-care and aftercare are critical for sustaining engagement and improving treatment retention**. By embedding these perspectives, we are investing in interventions that directly improve outcomes. Our low-cost workshop, delivered jointly for Perth and Kinross and Angus ADPs, exemplifies spending wisely. At **£1,000 versus an estimated £3,500**, it brought together two large geographical areas to co-design impactful pathway improvements using **evidence-based personas** developed by the programme team. Additionally, the **Dynamic Alcohol and Drug Profiling Tool** is being tested in these areas, enabling data-driven prioritisation of improvements and ensuring decisions are informed by local intelligence.

	This approach demonstrates how targeted, evidence-based interventions and stakeholder engagement can achieve **maximum impact at minimal cost**, supporting Scotland's ambition for person-centred, outcome-focused care. **Improving Quality and Safety in Drug and Alcohol Services** Embedding a **Pharmacy Clinical Lead** within the team has proven highly effective, ensuring clinical expertise is integrated into programme delivery without additional external costs. This role strengthens care and clinical governance, supports implementation of change and contributes to the organisation's Safety Strategy and assurance processes—maximising impact through targeted leadership. Our **National Learning System** has produced a suite of learning resources and case studies showcasing best practice in care quality and safety. By making these materials freely accessible online, we have enabled widespread knowledge sharing across Scotland without incurring extra costs. This approach reduces duplication and supports continuous improvement at scale. To further enhance governance and leadership capacity, we developed a **learning system for ADP Chairs**, reducing local burden and standardising support. This work led to the creation of a **role profile now embedded in the Scottish Government Partnership Delivery Framework**, co-designed with independent chairs and stakeholders. This demonstrates how collaborative, evidence-based solutions can drive systematic change efficiently and effectively.
Equity (spending fairly)	The Transformational Change Drug, Alcohol, and Housing portfolio is underpinned by **Equality Impact Assessments**, ensuring all activities consider the needs of people affected by substance use and identify actions to mitigate any negative impacts. We have prioritised support for groups disproportionately affected by drug and alcohol harms through targeted partnerships with specialist organisations. For example, collaboration with **Aberlour Childcare Trust** on Recovery Housing for Women and Children addresses the unique challenges faced by families, embedding a **trauma-informed approach** to minimise harm and promote safety. Our engagement model is inclusive and compassionate, working with statutory, private and third-sector providers to ensure **meaningful involvement of people with lived and living experience**. This approach informs programme design, closes systemic

gaps and supports Scotland's ambition for a **joined-up, person-centred system of care**. By focusing resources where they have the greatest impact and ensuring fair access to improvement support, we demonstrate equity in both delivery and outcomes.

Pathways to Recovery: Redesigning Residential Rehabilitation

The Pathways to Recovery programme has ensured **equal support for all 30 ADPs across Scotland** by facilitating six regional improvement hubs, held quarterly and providing tailored one-to-one coaching, guidance and feedback. This inclusive approach guarantees that every ADP has access to the tools and expertise needed to develop evidence-based action plans.

Recognising varying levels of need, we have provided **additional support to areas facing greater challenges in embedding residential rehabilitation pathways**, ensuring fairer access and reducing regional disparities. Feedback from hubs and in-person events confirms that ADPs value this dedicated time and support, which has enabled them to prioritise residential rehabilitation amidst competing demands.

Since programme inception, statutory-funded placements for residential rehabilitation have increased by **56%**, driven by targeted funding and improved pathways. This growth means more people can access **pre-care and aftercare support through their local ADP**, strengthening recovery outcomes and promoting equity across Scotland.

Improving Quality and Safety in Drug and Alcohol Services

We have initiated a commission with a local third-sector provider, **Harbour Ayrshire**, to strengthen inclusion and equity within recovery services. This partnership focuses on understanding the **journeys people take to recovery**, the role of NHS and statutory services, and the wider impact of recovery on individuals and their families. By collaborating with an organisation rooted in peer-led recovery, we aim to maximise the benefits of community-based support and ensure that NHS services are **inclusive of recovery communities**.

This work will provide valuable insights into how peer-led models complement statutory provision, helping us design approaches that reduce barriers, promote fairness and deliver person-centred care for those most affected by substance use harms.

Additional Information ***(include any outcome / impact to help demonstrate value in the wider context)***	• Residential rehabilitation delivers significant benefits at both individual and societal levels. Evidence shows improvements in substance use outcomes, mental and physical health, social functioning and reductions in criminal activity—contributing to safer, healthier communities. Importantly, recovery impacts extend beyond the individual: an average of **11 people within a person's network** are affected by substance use, highlighting the need for holistic, family-inclusive approaches that reduce harm and strengthen resilience. • The Scottish Government's National Mission on Drugs reflects this commitment, with targets to **increase statutory-funded residential rehabilitation placements by 300%** and expand bed capacity by 50%, aiming for **650 beds and 1,000 publicly funded placements annually by 2026**. Progress is evident: **938 statutory-funded placements were approved in 2023–24**, representing a **75% increase since 2021–22**. Alongside this, implementation of **MAT Standards** has reached **90% compliance for Standards 1–5**, improving accessibility and equity in treatment. • These outcomes demonstrate value beyond cost efficiency—they reflect a system-wide transformation toward person-centred care, reduced unwarranted variation, and harm reduction, in line with Scotland's **Value-Based Health Care Action Plan** and the principles of Realistic Medicine.
Overall Assessment	The Drug and Alcohol Improvement Programme demonstrates clear alignment with Best Value principles and the Value-Based Health Care Action Plan by delivering person-centred, evidence-informed interventions that reduce harm, improve equity and optimise resource use. Over this quarter, the programme has: • **Strengthened system capability** through regional improvement hubs and bespoke support to ADPs, enabling evidence-based action planning for residential rehabilitation pathways. • **Advanced quality and safety** by embedding clinical leadership, commissioning research on recovery communities, and supporting MAT Standards implementation—now at 90% compliance for Standards 1–5. • **Delivered efficiencies and cost-conscious practices**, including virtual engagement to reduce travel costs, in-house toolkit development, and procurement savings (e.g. Harbour Ayrshire commission at 7.5% below budget). • **Promoted equity and inclusion**, targeting disproportionately affected groups and collaborating with partners like Aberlour Childcare Trust to ensure trauma-informed approaches for women and children.

	• **Contributed to national outcomes**, supporting a 75% increase in statutory-funded residential rehab placements since 2021–22 and progress toward the Scottish Government's target of 1,000 placements annually by 2026.
NHSScotland Value-Based Health and Care Action Plan	• Person-centred care and shared decision-making • Reducing unwarranted variation and inequality, and • Reducing harm.

Quarter 4

4Es	**ADTCC**
Brief description	ADTCC give professional and clinical advice and leadership to NHS boards. This supports safe, clinically effective, cost-effective and patient-centred use of medicines. The ADTCC support a programme of shared learning and Knowledge into Action activities in relation to Area Drugs and Therapeutics Committees (ADTCs), between local boards and regions.
Key Facts (based on 24/25)	In 25/26 the ADTCC team was funded by a baseline allocation of £326k. This equated to 3.6 WTE of which 2.1WTE is clinical (pharmacist) staff. During 25/26 this allowed for delivery of: • Collaborative working with NHS Boards and ADTCs to share learning and make better use of medicines and promote consistency in medicines governance. • Hosting of a quarterly forum for ongoing engagement with Boards and related NHS Scotland organisations to share learning and support putting knowledge into action e.g. SMC, National Cancer Medicines Advisory Group (NCMAG), National Procurement, Scottish Cancer Collaborative, Scottish Patient Safety Programme (SPSP), etc.

	• Contribution to the medicine's safety agenda in NHS Scotland including support and development with HIS colleagues of the SPSP Medicines in Hospital programme and the development of HIS Safety Briefing re GLP-1 medicines. • Hosting the Sodium Valproate Learning Network meetings biannually involving representation from Medicines and Healthcare Products Regulatory Agency (MHRA) and Scottish Government. • In addition to this we provide support for the Formulary Network bimonthly meetings which encourage the sharing of best practice and resources and facilitates interaction with wider stakeholders. • Engagement with the MHRA Early Access to Medicines Scheme and coordination with pharmaceutical companies to develop and promote operational guidance for NHS Scotland. During the period 25/26 there was engagement with 10 pharmaceutical companies and delivery of operational guidance for one Early Access to Medicines Scheme (EAMS) medicine. • Working with academia (University of Strathclyde) to identify opportunities for research on learning from medicines incident reporting.
Economy (spending less)	Work is completed on behalf of the NHS Boards in Scotland through collaboration and where necessary consensus. This therefore avoids duplication or repetition of work in NHS Boards that improves consistency, avoids variation and delivers efficiency across the system. The ADTCC team is lean with 3.6 WTE comprising of clinical and programme staff.
Efficiency (spending well)	The ADTCC delivers work in collaboration with the Boards across Scotland removing variation, developing consistent approaches and taking a Once for Scotland approach to avoid duplication of work. Through quarterly forum we promote and encourage the sharing of learning into practice related to medicines governance, promoting areas of work such as the progression to regional formulary development and exploration of opportunities to streamline processes to access medicines that are not on formularies within Boards. Related to the MHRA EAMS, the Once for Scotland approach removed the need for individual health boards to replicate the required communication and negotiation with pharmaceutical companies. This ensures a standardised approach and access to

	EAMS medications and reduces geographical variation in access. In 24/25 communication with pharmaceutical companies was delivered on 10 promising innovative medicine notifications from the MHRA. During 2024/25 there were extensive communications with 2 pharmaceutical companies progressing with EAMS. However, due to a lack of agreement for exit strategy for one of these medicines only 1 medicine, triheptanoin, progressed with operational guidance issued to NHS Scotland in May 2025. The work delivered by the ADTCC illustrates the efficiency of the programme in delivering at a Once for Scotland level.
Effectiveness (spending wisely)	The ADTCC supports the delivery of medicines governance processes in Boards to ensure appropriate access to medicines through the utilisation of advice from SMC, NCMAG, Scottish Antimicrobial Prescribing Group (SAPG) and supporting the implementation of guidelines from SIGN. The ADTCC promotes consistency in approach and demonstrates opportunities for collaborative working such as through the delivery of consensus recommendations for the NHS Scotland Pharmacy First Approved Medicines List. The ADTCC produces Operational Guidance for NHS Scotland circulated to all Boards for medicines that are accessible via the UK medicine regulator (MHRA) via their EAMS ensuring consistency of approach and access and avoiding duplication of effort. The outputs described above demonstrate the effectiveness of the ADTCC in supporting the safe clinically effective, cost-effective and patient-centred use of medicines across NHS Scotland.
Equity (spending fairly)	All outputs are provided to all NHS Boards. An EQIA was previously undertaken for work related to the safe use of sodium valproate. Assurances are sought from pharmaceutical companies that access to EAMS medicines will be equitable no matter the complexity of the operational process or the geography of the patient. Support and information /outputs are available for all NHS healthcare organisations in Scotland. Contact information for the team is located on the HIS website for all to access.

Additional Information	ADTCC Forum Terms of Reference 2025-09-18 ADTCC Terms of Reference FINAL v1.0.docx Examples of regular outputs circulated include: ADTCC Newsletters - ADTCC newsletter Dec 2025 ADTCC newsletter June 2025 ADTCC newsletter Sept 2025 ADTCC Newsletter Mar 2025 Sodium Valproate Learning Network flash reports - Sodium Valproate Flash Report August 2024 Sodium Valproate Flash Report February 2025 Sodium Valproate Flash Report August 2025 EAMS Operational guidance for NHS Scotland - EAMS Operational Guidance
Overall Assessment	The ADTCC deliver good value for money through a lean programme that supports safe, effective and equitable medicines use across NHS Scotland. Operating with a modest baseline allocation and as a small multidisciplinary team, ADTCC undertakes work once on behalf of all NHS Boards, avoiding duplication of effort, reducing unwarranted variation and promoting consistency in medicines governance. The collaborative, Once for Scotland Approach demonstrably improves efficiency by streamlining engagement with national partners and pharmaceutical companies, producing shared operational guidance and facilitating learning networks that would otherwise require local replication. While the financial impact of changes in prescribing practice and patient outcomes cannot be directly quantified, the avoidance of duplicative governance work releases capacity within NHS Boards and supports frontline clinical care. ADTCC's outputs are available to all NHS Boards, with explicit consideration of equity of access, including for medicines accessed through national early access regulatory routes. The work aligns with the NHSScotland VBH&C Action Plan and supports the aims of Realistic Medicine by promoting evidence-based decision-making, reducing unwarranted variation and supporting safe, person-centred care.

	Taken together, this demonstrates that ADTCC meets Best Value expectations across economy, efficiency, effectiveness and equity.
Scotland Value-Based Health and Care Action Plan	This work contributes to the following aims: • Support the development of tools that enable health and care colleagues to eliminate unwarranted variation in access to healthcare, treatment and outcomes. • To continue to develop and support effective prescribing practices.

APPENDIX 2

26/27 Best Value Assessments Schedule*

Best Value Assessments are included in quarterly performance reports and annual best value reports

		Strategic Risk Currently Out of Appetite	Largest Programme of Spend 26/27	Strategic Plan 23-28	Annual Delivery Plan
Quarter 1					
Focus on Dementia	NIS			Driving Quality, Safety & Quality, Evidence, Voices, Improvement	Enabling Reform (Frailty), Supporting Specific Changes (Planned & Acute Care, Primary & Community Care, Urgent & Unscheduled Care)
Quarter 2					
Standards and Indicators	QARD			Driving Quality, Evidence, Improvement	Enabling Reform, Underpinning Change Perinatal, Statutory
Quarter 3					
Systemic Anticancer Therapy (SACT)	M&S			Driving Quality, Safety & Quality, Evidence	Enabling Reform
Quarter 4					
Right Decision Service (RDS)	E&D			Driving Quality, Evidence, Voices, Improvement	Enabling Reform, Underpinning Change, Frailty, Mental Health, Perinatal, Children & Young People, Planned & Acute Care, Primary & Community Care, Urgent & Unscheduled Care

**The schedule above will be subject to change and remain flexible due to changes in risk profiles, re-prioritisation and/or funding confirmation*

Appendix 3

Glossary - Table of Abbreviations

ADP	Alcohol and Drug Partnerships
ADTC	Area Drugs and Therapeutics Committees
ADTCC	Area Drugs and Therapeutic Committee Collaborative
ANP	Advanced Nurse Practitioner
BACCH	British Association for Community Child Health
CAMHS	Child and Adolescent Mental Health Service
CRWIA	Child Rights and Wellbeing Impact Assessment
CRDS	Core Review Dataset
DLP	Digital Learning Pathway
DSG	Digital Services Group
EAMS	Early Access to Medicines Scheme
EQIA	Equality Impact Assessment
GMS	General Medical Services
GP	General Practitioner
HIS	Healthcare Improvement Scotland
HSCP	Health and Social Care Partnerships
HSP	Healthcare Staffing Programme
ICT	Information and Communications Technology
IG	Information Governance
IHC	Independent Healthcare
LoS	Length of Stay
MAT	Medication Assisted Treatment
MDT	Multi-Disciplinary Team
MHRA	Medicines and Healthcare Products Regulatory Agency

NCMAG	National Cancer Medicines Advisory Group
NCMD	National Child Mortality Database
NES	National Education for Scotland
NH	National Hub
NHS	National Health Service
NMAHP	Nursing, Midwifery and Allied Health Professional
ODL	Organisational Development and Learning
OIP	Operational Improvement Plan
OPAT	Outpatient Parenteral Antimicrobial Therapy
PCPIP	Primary Care Phased Investment Programme
PDWR	Personal Development and Wellbeing Review
PF	Partnership Forum
PHS	Public Health Scotland
PMF	Programme Management Function
PSDS	Public Services Delivery Scotland
QA	Quality Assurance
QARD	Quality Assurance and Regulation Directorate
QMS	Quality Management System
RCPCH	Royal College of Paediatrics and Child Health
RTC	Road Traffic Collisions
SAPG	Scottish Antimicrobial Prescribing Group
SACCH	Scottish Association for Community Child Health
SATC	Scottish Approach to Change
SDI	Strength Deployment Inventory
SDoC	Safe Delivery of Care
SHTG	Scottish Health Technologies Group
SIGN	Scottish Intercollegiate Guidelines Network
SIMD	Scottish Index for Multiple Deprivation

SLWG	Short-Life Working Group
SMC	Scottish Medicines Consortium
SME	Subject Matter Experts
SPFM	Scottish Public Finance Manual
SPSP	Scottish Patient Safety Programme
SUDI	Sudden Unexplained Death in Infancy
SUDIC	Sudden Unexpected Deaths in Children
VBH&C	Value-Based Health and Care
WTE	Whole-time equivalent

Risk Management

Meeting: Board Meeting - Public
Meeting date: 2 December 2026
Agenda item: 4.1
Responsible Executive: Gillian Hennon, Chief Finance and Risk Officer
Report Author: Joan Hephzibah, Risk Manager
Purpose of paper: Assurance

Purpose

The Board is asked to review all the current strategic risks (Appendix 1) as of 23 November 2026 to gain assurance of the effectiveness of risk management at Healthcare Improvement Scotland (HIS).

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 aligns with HIS's strategic goal of strong governance to support safe, effective and person-centred care, and supports the strategic priority of Organising Ourselves to Deliver.

The Board at a glance

No change in the strategic profile. Seventeen strategic risks, with the same four out of appetite as in September.

Little room for movement. Six further risks are within one scoring step of breaching appetite.

The pattern points to appetite. Where HIS has the least appetite for risk (Minimal), two of three risks are outside it. The Board Development Day is the chance to test whether those limits are attainable. (Data cleaning is ongoing at the point of writing this paper, next quarter will provide a clearer picture on the information provided)

17	4	6	7
strategic risks (no change)	out of appetite	within one step of breaching appetite	emerging risks on the horizon scan

Table 1: The Board strategic profile at a glance

Strategic Risks

There are currently seventeen strategic risks in place, unchanged from the position reported to the Board in September. [Confirm no additions or closures since the previous report.]

Out of Appetite Risks

The chart and heat map below summarise our strategic risks by residual score and appetite. Four of the seventeen risks are out of appetite: Cybersecurity, Public Inquiries, Delivery of the HIS Website Programme and Financial Instability Risk to Independent Healthcare Oversight. Details are provided below.

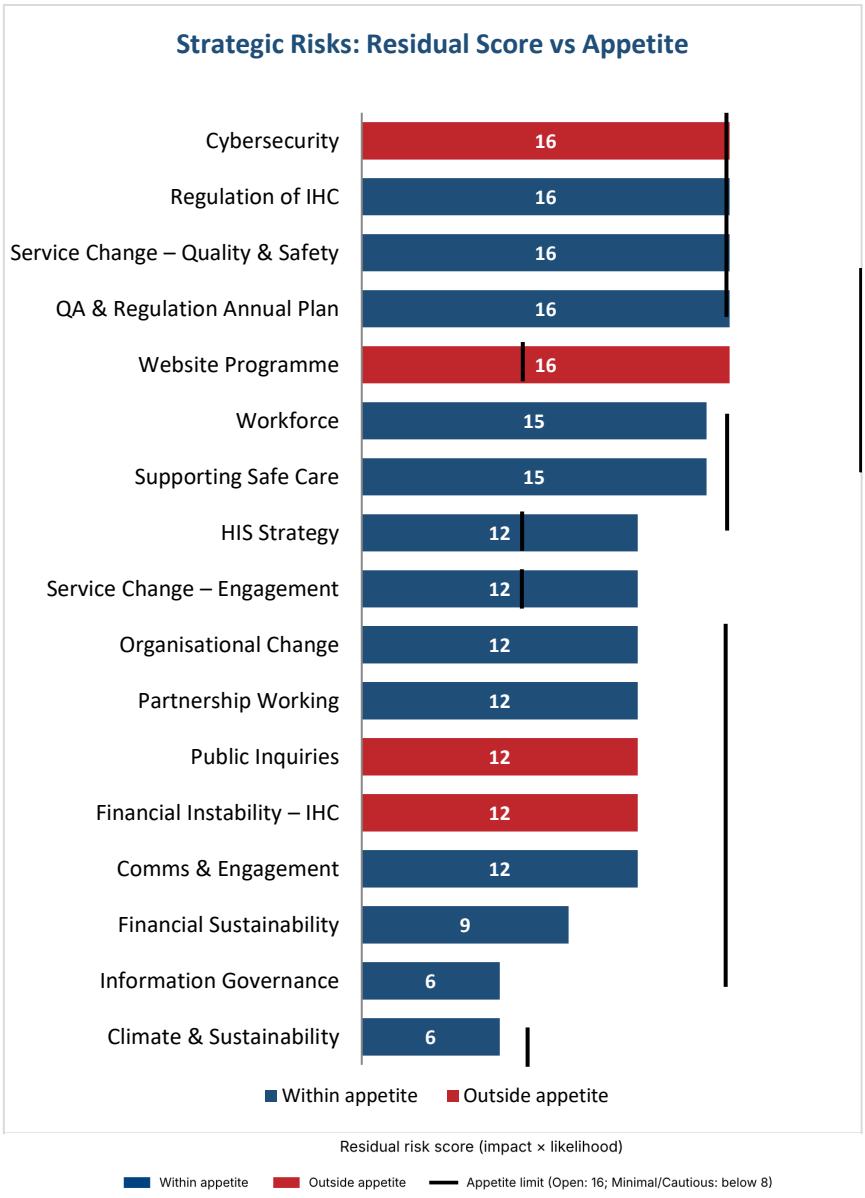


Figure 1: Strategic risks ranked by residual score, with the appetite limit marked for each risk.

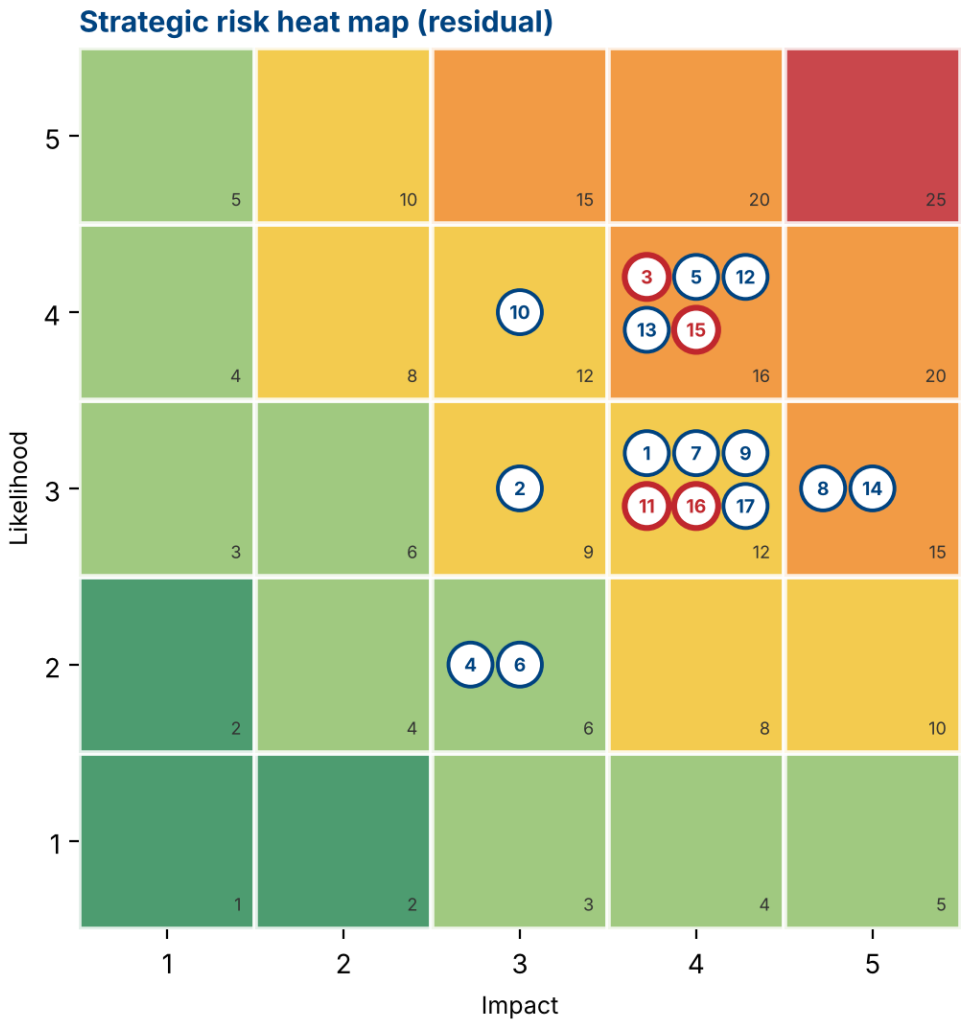


Figure 2: Residual heat map. Red-outlined circles are out of appetite.

Strategic risk dashboard

Headroom is the appetite limit minus the residual score (Open: 16; Minimal and Cautious: below 8). Amber rows are within one scoring step of breaching appetite; red rows are outside it.

#	Strategic risk	Risk Director	Appetite	Inherent → residual	Appetite headroom	Last reviewed
3	Cybersecurity	Safia Qureshi	Minimal	**20 → 16**	**Outside (9 over)**	14 May 2026 ⚑
5	Regulation of Independent Healthcare (IHC)	Eddie Docherty	Open	**25 → 16**	**0 (at limit)**	13 Mar 2026 ⚑
12	Service Change – Quality & Safety	Clare Morrison	Open	**16 → 16**	**0 (at limit)**	21 Aug 2026 ⚑
13	QA & Regulation Annual Plan	Eddie Docherty	Open	**20 → 16**	**0 (at limit)**	16 Oct 2026

#	Strategic risk	Risk Director	Appetite	Inherent → residual	Appetite headroom	Last reviewed
15	Website Programme	Safia Qureshi	Open	**16 → 16**	**Outside***	20 May 2026 ⚑
8	Workforce	Gillian Gall	Open	**16 → 15**	**+1**	12 Jun 2026 ⚑
14	Supporting Safe Care	Simon Watson	Open	**20 → 15**	**+1**	27 Oct 2025 ⚑
S1	HIS Strategy	Robbie Pearson	Open	**25 → 12**	**+4**	23 Jul 2026 ⚑
7	Service Change – Engagement	Clare Morrison	Open	**20 → 12**	**+4**	21 Aug 2026 ⚑
9	Organisational Change	Gillian Gall	Open	**16 → 12**	**+4**	13 Oct 2025 ⚑
10	Partnership Working	Gillian Gall	Open	**16 → 12**	**+4**	6 Feb 2026 ⚑
11	Public Inquiries	Ann Gow	Minimal	**16 → 12**	**Outside (5 over)**	5 May 2026 ⚑
16	Financial Instability – IHC	Eddie Docherty	Cautious	**20 → 12**	**Outside (5 over)**	13 Mar 2026 ⚑
17	Comms & Engagement	Simon Watson	Open	**16 → 12**	**+4**	7 May 2026 ⚑
2	Financial Sustainability	Robbie Pearson	Open	**20 → 9**	**+7**	6 May 2026 ⚑
4	Information Governance	Safia Qureshi	Minimal	**16 → 6**	**+1**	4 Nov 2025 ⚑
6	Climate & Sustainability	Safia Qureshi	Open	**16 → 6**	**+10**	9 Sep 2026

** Recorded with an Open appetite but as outside appetite at 16; the category or status is being confirmed.*

Strategic risks out of appetite

3 Cybersecurity

Residual 16 (impact 4 × likelihood 4) | Appetite: Minimal – out of appetite | Risk Director: Safia Qureshi | Last recorded review: 14 May 2026

Position

Residual score maintained at 16. Technical controls are operating effectively, and staff complete mandatory data protection and cyber security training before gaining system access. Likelihood remains at 4 because successful, high profile phishing attacks continue across all sectors.

What the Board should know

People remain the main vulnerability, and awareness activity is being strengthened. The emerging risk scan rates the cyber threat landscape as critical and immediate, so a Minimal-appetite limit of below 8 may not be reachable without a time-bound tolerance. This is for the appetite review.

11 Public Inquiries 2024-28

Residual 12 (impact 4 × likelihood 3) | Appetite: Minimal – out of appetite | Risk Director: Ann Gow | Last recorded review: 5 May 2026

Position

Residual score held at 12. Preparation with the Central Legal Office, knowledge capture and records management are in place, and permanent Programme Officer support has been secured. [Q3 update: Eljamel hearings and Scottish Covid Inquiry requests.]

What the Board should know

Demand is unpredictable and arrives at short notice from more than one inquiry, with turnover in key areas making it harder to respond. The inquiries run to 2028, so the Board may wish to consider an explicit tolerance rather than a target to return to a Minimal-appetite.

15 Delivery of the HIS Website Programme

Residual 16 (impact 4 × likelihood 4) | Appetite: Open – out of appetite | Risk Director: Safia Qureshi | Last recorded review: 20 May 2026

Position

Residual score 16. Governance has been revised, with executive sponsorship, a Website Oversight Group and external developer support. An outsourced delivery model and a fully hosted platform are being explored, with investment funding proposed.

What the Board should know

The effectiveness of the new model is unproven and decisions on ownership and long-term resourcing are outstanding. At least four operational risks depend on the migration. A decision on delivery model and funding is the critical path

16 Financial Instability Risk to Independent Healthcare Oversight

Residual 12 (impact 4 × likelihood 3) | Appetite: Cautious – out of appetite | Risk Director: Eddie Docherty | Last recorded review: 13 Mar 2026

Position

Residual score held at 12 against a Cautious appetite. Income is monitored against cost recovery, aged-debt processes have been strengthened, and an updated costing model is being developed with Scottish Government.

What the Board should know

The fee-based funding model is volatile and the recent Regulation Review shows it is not self-sustaining. The National Social Care Programme Bill, now passed, is expected to add non-fee-generating work. The outcome rests largely on a Scottish Government funding decision. This risk sits alongside Regulation of IHC and four high operational risks, which together form the single largest cluster of exposure.

Within appetite, but close to the limit

Six risks are within appetite but have little headroom: Regulation of IHC, Service Change – Quality & Safety and the Quality Assurance & Regulation annual plan (each at 16, the Open limit), Workforce and Supporting Safe Care (15), and Information Governance (6 against a Minimal limit of below 8). A single-point increase in likelihood or impact would take any of them out of appetite. The Board is offered a moderate level of assurance on these risks.

Looking ahead: the horizon scan

An initial emerging risk scan [status to confirm] identifies seven risks beyond the current register. Three deserve the Board's early attention because they are near, fast-moving or both.

Ref	Emerging risk	Horizon	Velocity	Where it would land
ER-003	Escalating Cyber Threat Landscape	Immediate	Immediate	3 Cybersecurity; S4 Information Governance
ER-006	Public Sector Funding Volatility	1–3 years	Fast	2 Financial Sustainability; S16 Financial Instability – IHC
ER-002	NHS Scotland Reform	2–5 years	Moderate	1 HIS Strategy; S7 and S12 Service change

Links are indicative. The full scan of seven risks is provided to the Audit and Risk Committee.

Shaping our approach to risk

A review of risk management has been under way since the Risk Manager took up post in July 2026. It will revisit risk appetite, strengthen reporting and move HIS towards a mature, enterprise-wide approach. [Status of each item to confirm.]

- **Enterprise Risk Management Strategy 2026–2029.** Five workstreams run across three phases. Phase 1 (Foundation) covers Quarter 3 2026 to Quarter 2 2027. The ambition is Managed (Level 4) maturity by 2029.
- **One consolidated register.** HIS now holds 228 risk records: 17 strategic, 205 open operational and 6 closed. Where operational risks duplicate strategic ones, they will be

consolidated, and risks that have already happened will move to a new Issue Register. We are still cleaning the database.

- **A new system.** HIS is moving from Compass to Ideagen Risk Management, with an interim consolidated database in use meanwhile.
- **Risk appetite.** Appetite statements will be revisited, building on the Strategic Risk Register review flagged in June and using a Board Development Day for wider Board input.

Revised Risk Management Approach

The Risk Manager updated the Board Development Day on the 18th of November in relation to the revised Risk Management Approach and following discussions the Chair of the Audit and Risk Committee advised that they would answer the following questions and submit recommendations to the Board.

1. Is the Board content with the proposed appetite levels, especially minimal for patient safety, governance and information governance?
2. What does the Board need each quarter? The Strategic Register only or the Corporate register too?
3. How should the Board and Audit and Risk Committee (ARC) divide scrutiny of strategic risk, issues and assurance?
4. What resource will the Board commit for phase 1 given that the total programme resource is not yet quantified?
5. Is Level 4 by March 31 2029 the right ambition and date?

It is anticipated that these discussions will be undertaken through the Risk Sub-Committee.

Recommendation

The Board is offered a limited level of assurance on the strategic risks which are out of appetite. Regarding the risks which are within appetite the Board is offered a significant level of assurance when the residual score is medium or low and a moderate level of assurance when the score is high.

The Board is asked to:

1. Assure themselves that the levels of assurance provided are reasonable.
2. Assure themselves that the risks presented are recorded and mitigated appropriately.
3. Note the proposed approach to the risk appetite review, including the use of a Board Development Day.

Appendices and links to additional information

Appendix 1, **Strategic Risk Register**

Appendix 1: Strategic Risk Register

Inherent scores are carried forward from the previous Board paper. Control and update text is as recorded in the register. A flag (⚑) shows that the next review date has passed.

Risk Title	Category	Appetite	Risk Director	Risk Description	Inherent Risk Score	Controls & Mitigations	Current update	Impact score	Likelihood score	Residual risk score	Review dates
1 HIS Strategy 2023-28 RISK-0163	Strategy	Open	Robbie Pearson	There is a risk that the development and implementation of our strategy and the associated operational plan, will be impeded by the unprecedented combination of external factors, including economic, political and environmental pressures and the recovery from the pandemic, resulting in a negative impact on the availability, performance and priorities of HIS.	25	We continue to deliver our strategic approach with a stronger focus on systematically managing all the resources in HIS in a more efficient, flexible, integrated and agile way to ensure we are meeting the needs of the health and social care system. Most recently this is supported by the establishment of the Performance & Delivery Board and by the shift to a cross-organisational portfolio working approach. We continue to work closely with all Boards to understand the challenges and system pressures across NHS Scotland. The development of the HIS Data and Intelligence Strategy and Internal Sharing Intelligence Network will strengthen this understanding and mechanisms are being established to ensure full understanding of intelligence and any action HIS needs to take, along with systems to provide assurance to the Board. Broader work in HIS eg refreshing the Workforce Strategy, development of the HIS Employee approach and learning / improvement initiatives from internal reviews, supported by the establishment of the Strategic Design Board, will provide a platform for us building a more flexible and cohesive response to the challenges facing the system. The Annual Delivery Plan 2026-27 has been finalised and agreed by the Board, in the context of the operational and financial challenges facing HIS and the broader Scottish Government (SG) reform and renewal context. Progress against the plan is reported to Quality and Performance Committee (QPC) and it will be treated as 'live' and subject to ongoing review and updating during the year in response to external developments and internal pressures.	The quarterly performance report will provide progress reporting to QPC and the Board against the 2026-27 ADP as well as financial and workforce reporting and KPIs for the year are being finalised. The establishment of a portfolio approach to delivery will ensure greater cross-organisational coherence and seeks to maximise the impact of resources, aligned to system pressures. Portfolios are now in place with Executive leads and consistent operational arrangements for these are being developed.	4	3	**12** **In Appetite** Range 06-16	Last: 23 Jul 2026 **Next: 23 Sep 2026** ⚑

Risk Title	Category	Appetite	Risk Director	Risk Description	Inherent Risk Score	Controls & Mitigations	Current update	Impact score	Likelihood score	Residual risk score	Review dates
2 Financial Sustainability RISK-0164	Operational	Open	Robbie Pearson	There is a risk of financial instability due to national funding challenges resulting in changes to the organisational priorities, impact on staffing levels and a potential over/under spend	20	Regular financial monitoring via forecasts continues to be a key control in our ability to deliver financial balance. We have been transparent with SG on our position regarding allocation funding while awaiting confirmation in 25/26 and continue to highlight the risk and impact on our Annual Delivery Plan.	Update 6/05/2026 G Hennon. 2025/26 financial year concluded with all recurring savings being achieved and starting 2026/27 in financial balance. The 2026/27 Financial Plan has outlined savings targets and approach and plans and monitoring for this are being monitored through monthly Performance and Delivery Board. The Financial Plan was accepted by Scottish Government in March 2026. Ongoing discussions continue with SG about non recurring allocation funding and the impact on planning and resourcing. In addition, board approval was given to establish a non-recurring investment pipeline to maximise our available resources through pump priming developments in year to enact redesign, address pressures and mitigate organisational risks. Governance arrangements are in place to track and monitor as part of monthly finance reporting, and this will be reported as part of overall financial performance reports to SG.	3	3	**9** **In Appetite** Range 06-16	Last: 6 May 2026 **Next: 6 Jul 2026**
3 (ICT) Strategy: Cybersecurity RISK-0165	Strategy	Minimal	Safia Qureshi	There is a risk that our Information Communications Technology (ICT) systems could be disabled due to a cybersecurity attack resulting in staff being unable to deliver our work and causing reputational damage.	20	Controls that are in place include a suite of processes and applications which protect us across our networks and systems, including; no direct connection to the internet, firewall devices, anti-spyware and anti-virus scanning, devices protected, data backups and security updates. HIS ICT receive notifications and alerts from National Cyber Security Centre and NHS Cybersecurity Centre of Excellence regarding security exploits and vulnerabilities and act accordingly. Staff are trained on Data protection, Information Security, Cyber Security and Freedom of information before being allowed access to HIS computers. Users also sign the HIS Acceptable Use Policy.	This risk continues to be reviewed, and we have maintained the Likelihood as a 4. This is informed by the continuation of successful high profile phishing attacks on public sector bodies and other business sectors along with their effects. Whilst our technical controls remain effective it is the human element that needs to be addressed.	4	4	**16** **Out of Appetite** Should be below 8	Last: 14 May 2026 **Next: 14 Jun 2026**
4 Information Governance Strategy RISK-0166	Strategy	Minimal	Safia Qureshi	There is a risk of a significant data breach due to the unintended disclosure of personal data of staff, stakeholders and	16	staff training, records retention policy, data protection policy, information security policies, technical security controls; data processor contractual arrangements, retention schedule; Staff	Mitigations remain in progress, the risk remains at medium as an inherent risk to business activities. The key risk indicator report regarding technical security controls remains Green with all controls	3	2	**6** **In Appetite** Should be below 8	Last: 4 Nov 2025 **Next: 4 Feb 2026**

Risk Title	Category	Appetite	Risk Director	Risk Description	Inherent Risk Score	Controls & Mitigations	Current update	Impact score	Likelihood score	Residual risk score	Review dates
				the public resulting in reduced stakeholder/public confidence, financial penalty and/or sanctions from the Data Protection Regulator (Information Commissioner).		training and awareness; review of the information asset register for compliance gaps on quarterly basis; review of HIS practices against the ICO accountability framework on annual basis; quarterly governance directorate review meetings; monthly KRI report to PRAM Implementation of OneTrust governance modules; adverse event reporting; data protection audits; supplier management; training and awareness; review of email distribution lists.	operating as planned/required. Email distribution list review timeline revised to end of Q4 due to delays in obtaining the data for analysis. Annual review against the ICO accountability framework yet to be scheduled.				
5 Regulation of Independent Healthcare (IHC) RISK-0167	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	IHC team members come from a range of professional backgrounds to enable the team to cover the wide range of services, in addition we have access to other clinical specialists working in HIS. . The Quality Assurance and Regulation (QAD) Clinical Care Governance Group considers and monitors relevant risks and is seeking to ensure appropriate and timely clinical input. RMPCG was established to support IHC with a diversity of staffing to support IHC with clinical decisions that may support our regulatory functions; this has been increased to include complex complaints and registrations - the SMEs needed for novel and emergent markets may not be readily available. Forum between Care Quality Commission, Regulation and Quality Improvement Authority, Healthcare Inspectorate Wales & HIS in place to discuss UK wide regulatory considerations and share emerging issues in relation to digital healthcare and other regulatory areas. . Regulation Review was commissioned in late Autumn 2024 and report with recommendations and future approach to regulation awaited in early Autumn 2025. This has been independently resourced but with high level involvement of IHC team. A detailed review is being undertaken of ways of working, policies, processes and distribution of workload to review the effective and sustainable delivery of	Narrative The regulatory framework is under review; next phases include parliamentary debates on Non Surgical Cosmetic Bill in Autumn 2025, HIS are contributors. The regulatory reform and evolution is often evolves in response to emergent risks within the sector but HIS can only regulate within their framework. There is potential that enforcement of unregulated services will continually increase, ie those that are in scope and should be registered, as the sector grows. This should be considered in the outputs of the review and future operating models, including the comms plan. Cross regulator intelligence about online brokers that do not meet definition for regulation with HIS, CQC or General Pharmaceutical Council (GPhC) and there is potential that these do not follow principles of remote prescribing in addition there is intelligence with regard to detox systems operating a similar model that do not meet the definition of Independent Healthcare Services as per the Act. Discussions with Central Legal Office (CLO) and other regulators remain ongoing. New strategic risk to solely address the financial risk is 1546.	4	4	**16** **In Appetite** Range 06-16	Last: 13 Mar 2026 **Next: 13 Apr 2026** ⚑

Risk Title	Category	Appetite	Risk Director	Risk Description	Inherent Risk Score	Controls & Mitigations	Current update	Impact score	Likelihood score	Residual risk score	Review dates
						statutory duties, Interim AD in post until 2027 report anticipated by April 2026 with a future implementation plan to be confirmed. Independent Medical Agencies (IMAs) have been redefined based on Counsel advice, reading in healthcare in relation to the nature of the services, and comms plans have been updated, pre registrations have now commenced In addition. This is now entering a business-as-usual phase. Dates have been agreed for March/April to consider potential future options for the redesign of the regulation of IHC and will include any relevant reccs from Regulation Review A new bill is being debated in parliament relating to further regulation of Non-surgical Cosmetic Procedures (NSCP) & implications for HIS are being considered, we have submitted a formal responses at the appropriate stages.					
6 Climate Emergency & Sustainability Strategy RISK-0168	Strategy	Open	Safia Qureshi	There is a risk that HIS will be unable to achieve the Scottish Government and UN sustainability requirements or the NHS Scotland net zero target for 2040. This would be mainly due to a lack of capacity to deliver the work required resulting in reputational damage to HIS and a failure to capitalise on the financial and health & wellbeing opportunities associated with sustainable delivery of our work.	16	Public Bodies Duty Report Annual Climate Emergency and Sustainability report HIS Annual Delivery Plan National Sustainability Assessment Tool (NSAT) Net Zero Action Plan Climate Change Risk Assessment and Adaptation Plan HIS Annual Accounts International Financial Reporting Standards (IFRS) HIS Audit & Risk Committee and Resilience Group. HIS have been working nationally with Scottish Government and NHS Assure to change the environmental and sustainability reporting landscape for all 22 NHS boards. HIS Chair the National Boards sustainability group and are collaborating with the other boards on Active Travel, biodiversity and bids for available external sustainability funding. The control in place gives the board the focus it needs to drive improvement across the organisation.	HIS continues to play an active role in national sustainability and resilience activities. The organisation represents NHS National Boards on the Climate Resilience Adaptation Group and has recently submitted key statutory reports to the Scottish Government. In addition, HIS has chaired a session of the National Boards Sustainability Group, contributing to the development of the emerging national Climate Emergency and Sustainability Strategy. Recommendations arising from this work have now been formally incorporated. Alongside these activities, HIS is beginning to explore how digital tools, including Microsoft Copilot, can support more efficient ways of working across reporting, collaboration, and knowledge sharing.	3	2	**6** **In Appetite** Range 06-16	Last: 9 Sep 2026 Next: 9 Dec 2026
7 Service Change - engagement RISK-0169	Strategy	Open	Clare Morrison	There is a risk that NHS renewal, public sector reform, and financial and workforce pressures in	20	The Scottish Health Council and its Service Change Sub-Committee provide governance on engagement on service change (discussed at every meeting).	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	4	3	**12** **In Appetite** Range 06-16	Last: 21 Aug 2026

Risk Title	Category	Appetite	Risk Director	Risk Description	Inherent Risk Score	Controls & Mitigations	Current update	Impact score	Likelihood score	Residual risk score	Review dates
				external organisations will increase the pace and volume of service change at a local, sub-national and national level. This may have an impact on the quality of engagement undertaken by NHS boards, Health and Social Care Partnerships (HSCPs) and Scottish Government, and this may reduce public confidence in meaningful engagement. In addition, although, new guidance for engagement on national and sub-national service change provides clarity, these are yet untested. Altogether, this means there is an operational and reputational risk to HIS that it will be unable to meet its statutory duties to monitor, support and assure engagement activities both locally and nationally.		Revised Planning with People guidance published in 2024 and circulated to all Boards and HSCPs. Information for the public also produced. Strategic Engagement Leads regularly meet Boards and HSCPs to emphasise the need for engagement and support available via HIS. Our Engagement Practitioner Network also raises awareness across the system about best practice and requirements. Regular meetings held with Scottish Government and membership of national groups on national service change to provide input into national planning. Regular discussions with Scottish Government to monitor all risks around application of Planning with People.	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 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 have engaged with boards on this (July 2026). We have produced a joint paper with Scotland East and Scotland West making recommendations for Scottish Government on a national approach to communication and engagement on NHS reform and renewal, and there are ongoing discussions about this (August 2026).				**Next: 21 Oct 2026** ⚑
8 Workforce RISK-0170	Workforce	Open	Gillian Gall	There is a risk that we may not have the right skills at the right time, at all levels of the organisation, to deliver our work because of a skills shortage or lack of capacity resulting in a failure to meet our objectives. Within this risk it is recognised that there is a risk in relation to executive remuneration and recruitment which is reflected in the operational risk register.	16	Management of workforce risks occurs through everyday management activities including business planning, role design, departure practices, organisational design, staff development, knowledge of the external labour market, attraction activities, recruitment activities, 'on-boarding', performance management and organisational culture. Workforce planning arrangements are in place. Activity and progress monitored quarterly via Staff Governance Committee and Partnership Forum. Oversight of recruitment and vacancy arrangements for the organisation are monitored via the Vacancy Review Group, alongside any structural and service requirements.	Discussions ongoing through workforce planning activity across all Directorates. Risks and mitigations will be reviewed following these discussions. Score will be reviewed on completion of this process.	5	3	**15** **In Appetite** Range 06-16	Last: 12 Jun 2026 **Next: 12 Jul 2026** ⚑

Risk Title	Category	Appetite	Risk Director	Risk Description	Inherent Risk Score	Controls & Mitigations	Current update	Impact score	Likelihood score	Residual risk score	Review dates
9 Organisational Change RISK-0171	Workforce	Open	Gillian Gall	There is a risk that the current and potential future organisational change activity within HIS will impact on delivery of our strategic priorities and also on our organisational performance leading to possible adverse outcomes, poor quality care and the associated reputational damage to HIS.	16	Organisational Change proposals and processes for the organisation are governed by the 'Organisational Change' policy in place. This is in line with organisational change requirements for NHS Scotland contained in the current circulars and as detailed in the existing Staff Governance Standards for NHS Scotland. The principles of 'One Team' specifically stipulate the need for a consistent and Partnership approach to all organisational change activity. The Partnership Forum and Staff Governance Committee within HIS ensure appropriate oversight and due diligence in terms of governance and transparency regarding implementation and engagement. Individual and collective communication and partnership working is a requirement of this activity.	Organisational change activity continues to evolve, with a focus on maintaining consistency in role transitions and employee model application. Oversight mechanisms are in place to review and guide change proposals, ensuring alignment with strategic priorities and governance standards. Long-term planning is being strengthened to support programme sustainability, and efforts are ongoing to manage expectations and maintain transparency throughout change processes. Engagement with staff and partnership colleagues remains a priority to mitigate risks to performance and reputation.	4	3	**12** **In Appetite** Range 06-16	Last: 13 Oct 2025 **Next: 13 Dec 2025**
10 Partnership Working RISK-0172	Strategy	Open	Gillian Gall	There is a risk of partnership working arrangements across the organisation being destabilised because of the need to respond to the financial position in 2026/2027 and beyond which will require changes to service delivery which could result in a more challenging employee relations environment for HIS.	16	HIS has a long-established formal agreement regarding working in Partnership with both recognised Trade Union colleagues but also partnership representatives. This process is embedded in terms of the operation of the Partnership Forum (PF) and also the opportunity to respond to service issues and any potential changes on a partnership basis. The Partnership forum is co-chaired by the Employee Director and the Chief Executive of the organisation. The need for clear, consistent and transparent communication regarding any service issues or potential areas of change is actively managed. The Transformational Oversight Board provides oversight to Organisational Change proposals to ensure any impact on workforce reflects the learning from previous reviews and utilises the established processes and policy frameworks in place.	Financial constraints are influencing service delivery decisions and workforce planning. Resource allocation and budget flexibility are under active review, with consideration being given to centralised budgeting approaches for new programmes. Partnership working remains stable, supported by established governance structures and co-leadership. Communication strategies are being reinforced to ensure clarity and consistency in response to service changes. Learning from recent organisational change processes is being applied to strengthen collaboration and reduce the risk of employee relations challenges.	3	4	**12** **In Appetite** Range 06-16	Last: 6 Feb 2026 **Next: 6 Apr 2026**
11 Public Inquiries 2024-28 RISK-0173	Strategy	Minimal	Ann Gow	There is a risk that we fail to comply with the demands of five concurrent health and	16	We will monitor each of the inquiries as they run, anticipate requirements and prepare for these in advance as far as we can, engaging with Central Legal Office	Capacity pressures, staff turnover and short deadlines imposed by both the Eljamel and Scottish Covid Inquiries continue to pose risks. The Scottish Covid	4	3	**12** **Out of Appetite**	Last: 5 May 2026

Risk Title	Category	Appetite	Risk Director	Risk Description	Inherent Risk Score	Controls & Mitigations	Current update	Impact score	Likelihood score	Residual risk score	Review dates
				social care focused public inquiries due to competing and conflicting requests across a breadth of subject matters; along with the risk of staff churn and a risk to inadvertent destruction and an inability to locate and retrieve files. The Inquiries are: • Scottish Covid Inquiry • UK Covid Inquiry • Eljamel & NHS Tayside Inquiry • Scottish Child Abuse Inquiry • Scottish Hospitals Inquiry		for support and advice as required. We will make all relevant staff aware, so preparation is shared within teams and find a way to harvest the individually held knowledge (memory) of our key staff if we or they know they are planning to leave within the timeframe of the Inquiries taking place. We will engage directly with the inquiries teams to build awareness of the role and contribution of HIS to each, and which will vary in accordance with our role and statutory functions. Records management retention and disposal policy and guidance, along with other information governance good practice guidance continues to be adhered to. We continue to anticipate requests from the Inquiries by identifying key documentation and timelines of activity in advance, while trying to avoid overburdening staff.	Inquiry issued seven formal orders for information under Section 21 of the Inquiries Act, within a few days of each other, imposed strict short deadlines for response, and has recently reviewed them leading to the issue of a request for further clarifications. The organisation has experienced a significant turnover of staff in a number of key subject areas which increases the degree of challenge in responding. Recently for Eljamel, support from the Quality Assurance and Regulatory Division (QARD) enabled timely document submission, and ongoing ad hoc administrative support is needed. Permanent PO support for the Inquiries has now been secured. Next steps for May 2025 will be to finalise the seven responses to the formal orders from the Scottish Covid Inquiry (SCI), and a procedural hearing to be held by the Eljamel Inquiry on May 14 setting out a revised hearings timetable for 2026-27. The Scottish Covid Inquiry decided not to interview the Chief Executive and Director of Evidence and Digital, however this will more than likely mean they will be asked to appear as witnesses during the September hearings.			Should be below 8	**Next: 5 Jul 2026** ⚑
12 Service Change - quality and safety RISK-0174	Strategy	Open	Clare Morrison	There is a risk that HIS becomes aware of concerns about the quality and safety of a proposed service change but does not have a statutory role to act on prospective concerns. In particular, such concerns may be identified while HIS carries out its statutory duty to assure engagement on service change which results in a risk to HIS of public and staff misunderstanding of HIS' role. Furthermore, there is a risk of harm to patients if	16	HIS has developed the Scottish Approach to Change which defines a framework for achieving high quality change. We will add to the framework specific guidance on how to consider quality and safety standards in service change; we will then provide this when assuring engagement on service change. More broadly, we will explicitly define how to feed the intelligence gathered from engagement into our new HIS intelligence system. We will also clearly define our role and responsibilities in service change, and the responsibilities of NHS boards/HSCPs.	Discussed at Executive Team (ET), SHC and Responding to Concerns (RTC) Oversight Group in May 2025. Scottish Government made aware of assurance gap in June 2025 and endorsed plan to produced guidance. Potential guidance scoped across HIS in July 2025. This identified that new clinical governance standards are being development and that these, in combination with the updated Quality Management System (QMS) and Essentials of Safe Care, define the quality & safety considerations required. However, the ongoing concerns being identified demonstrates the need for better awareness of relevant guidance. Therefore a signposting document will be created defining the key	4	4	**16** **In Appetite** Range 06-16	Last: 21 Aug 2026 **Next: 21 Sep 2026** ⚑

Risk Title	Category	Appetite	Risk Director	Risk Description	Inherent Risk Score	Controls & Mitigations	Current update	Impact score	Likelihood score	Residual risk score	Review dates
				potentially significant quality and safety concerns are not appropriately scrutinised.			quality & safety considerations and linking to the relevant guidance. This will be proactively signposted by the Assurance of Engagement team and within the Scottish Approach to Change. An update was taken to QPC in August 2025 and the Scottish Health Council in September 2025 and agreed to progress. March 2026: now that the new HIS clinical governance standards have been published, work will begin on developing the signposting guidance outlined above. This work has had to be paused due to prioritisation of other work but it will be re-started in the autumn (August 2026).				
13 Quality Assurance and Regulation annual plan RISK-0175	Strategy	Open	Eddie Docherty	There is a risk that HIS fails to fully deliver inspection, regulation or review programmes in line with its annual business plan, because of a range of inhibitors, including competing demands, staff capacity, access to relevant data and intelligence, challenges in accommodating reactive work, and meeting changing legislative requirements, resulting in reputational damage to HIS.	20	QARD DMT proactively monitor challenges and agree remedial steps, with prioritisation decisions supported by STEP diagram approach. Review of regulation function is nearing completion and will identify any necessary improvements to systems, processes and approach in light of evolving demands and requirements. An updated QARD Learning and Development plan is being produced to ensure staff are appropriately trained and skills developed. Risk assessments inform decisions on frequency and focus of inspection and other assurance activities. Intelligence is shared across relevant programmes within QARD and with other agencies to inform decision making. QAD Clinical and Care Governance Group ensures monitoring of Clinical and Care Governance (CCG) issues and management of relevant risks, and QAD also reports into HIS CCG. Staff levels to deliver the annual scrutiny plan together with responsive reviews or inspections are monitored. For clinical staff, arrangements are in place to support professional supervision, CPD requirements and revalidation. Quality Assurance System and associated Standard Operating Procedures promotes a consistent and robust approach and a clear escalation policy (QARD Serious	There remains a need to continuously monitor and prioritise work within QARD to inform staffing allocation to manage the current pressures and risk within the directorate in order to deliver commitments in the annual QARD plan and KPIs. Staff resources continue to be stretched primarily due to a combination of absence and the impact of continuing programme development activity within QARD. This includes a need for continuous improvement of our Responding to Concerns process including moving to a new digital system, implementation of the regulation review (IHC and IRMER) and recommendations from the NHS GGC After Action Review, and developments in our NHS and multi-agency inspections, including the Child Sexual Abuse and Exploitation review. In addition to this, a significant volume of reactive requests such as Freedom of Information Requests (FOIs), media enquiries, and information requests also impact on capacity. Allocation of staff to support priority areas is being proactively monitored.	4	4	**16** **In Appetite** Range 06-16	Last: 16 Oct 2026 Next: 16 Nov 2026

Risk Title	Category	Appetite	Risk Director	Risk Description	Inherent Risk Score	Controls & Mitigations	Current update	Impact score	Likelihood score	Residual risk score	Review dates
						Concerns Standard Operating Procedures (SOP) and HIS-SC Operating Framework) is in place. Links to stakeholder groups including SEND, SAMD and NHS Liaison Group are utilised to support stakeholder engagement on key developments.					
14 Supporting safe care in Scotland RISK-0176	Clinical & Care Governance	Open	Simon Watson	In the context of wider significant system pressures, there is a risk that our work is not attuned to these pressures, and we fail to fulfil our commitments to support safe care in Scotland resulting in avoidable harm for patients and the public.	20	The Internal Sharing Intelligence Network (ISIN) meetings are established. The aim of the network is to promptly share intelligence on any emerging issues regarding safety and quality of care in the health and care system. With representation from all HIS directorates the network will, utilise the I-SIN Analytic Framework and I-SIN Operational process, to bring, collate, monitor, assess and make decisions relating to proportionate actions required, converging quality and safety concerns. Example action focused decisions from the network could be specific actions to be taken by individual network member directorates, other programmes of work, further exploration with the External Sharing Health and Care Intelligence Network (SHCIN) for further intelligence gathering, or escalation. SHCIN has been established and is embedded.	The HIS Board has approved the Digital and Intelligence Strategy, A key element of this strategy is the development of an "information layer" for safety and quality data, emphasising culture, skills, and people-led processes. The Intelligence Implementation Group has been formed, aligned with the Independent Review of Responding to Concerns (2023), with early developments including a draft logic model and planning for improved use of current intelligence. This will leverage the extensive learning from the evolution of the external Sharing Intelligence for Health and Care Network (SIHCN) to apply similar approaches internally, ensuring consistency and best practices in intelligence sharing. Next steps include design and implementation of: appropriate guidelines to ensure both that intelligence is shared and the appropriate rights of patients, the public and employees are protected during intelligence sharing. Establish a robust monitoring and evaluation framework to assess the effectiveness of ISIN and the intelligence sharing processes. Regular feedback loops and performance metrics will be used to identify areas for improvement. Education, Training and Development sessions for those with responsibility, and wider staff awareness sessions regarding intelligence sharing responsibilities Adoption of the NHS Scotland Healthcare Support Worker Code and Induction Standards (relating to extant CEL23/2010) is under consideration. There will be a delay in decision making regarding adoption. The Code and Standards are currently being refreshed at national level, once scope	5	3	**15** **In Appetite** Range 06-16	Last: 27 Oct 2025 **Next: 27 Nov 2025** ⚑

Risk Title	Category	Appetite	Risk Director	Risk Description	Inherent Risk Score	Controls & Mitigations	Current update	Impact score	Likelihood score	Residual risk score	Review dates
							and breadth of application and implementation is better understood– potential mandating – then assessment, planning and decision making can be recommenced. The, the estimated time frame for this is February 2026. Development and investment in a digital "information layer" for safety and quality data, which will facilitate better data management and sharing practices. The Core Indicator Group sub-group of the Intelligence Implementation Group has been formed to agree and ensure the availability of core data and intelligence for use within this intelligence system The Internal Sharing Intelligence Network (ISIN) meetings have commenced.				
15 Delivery of the HIS Website Programme RISK-0177	Strategy	Open	Safia Qureshi	There is a risk that HIS's website may not deliver the high quality online experience for users expected for our organisation. This includes having a fully functioning and usable website which enhances the reputation of the organisation by improving the experience for users, consolidating the legacy content and improving digital accessibility across the organisation. This risk arises due to: Limited capacity and specialist skills within the Communications Team and teams with a significant amount of content to be transferred, leading to extended timelines for full migration (2025–2027) Outdated stakeholder engagement insights, risking reduced relevance and usability of content Current corporate website	16	The Head of Communications has been delegated responsibility for re-establishing the Website Programme as a structured programme of change and delivery and to demonstrate progress, mitigation and solutions to senior leadership, the Audit & Risk Committee and the Board. Website Oversight Group established to monitor progress and risks (but meets infrequently and requires review.) Executive sponsorship reassigned to Director of Evidence and Digital. Technical Support from Public Services Delivery Scotland. Contract with a WordPress web developer has been extended for another 6 months to support the web programme.	A potential transition to an outsourced delivery model for the project and website is under consideration, with support from the Head of Digital and in collaboration with Public Services Delivery Scotland (formerly NSS). A turnkey, fully hosted web platform is being scoped, with investment portfolio funding proposed to enable procurement of specialist resource and support more rapid delivery. In the interim, Communications Team involvement has been limited to essential business-as-usual website updates. Residual risk is currently assessed as high, reflecting ongoing capacity and capability constraints, alongside the need for clearer definition of ownership and accountability for delivery of the Website Programme.	4	4	**16 Out of Appetite** Range 06-16	Last: 20 May 2026 **Next: 20 Jun 2026** ⚑

Risk Title	Category	Appetite	Risk Director	Risk Description	Inherent Risk Score	Controls & Mitigations	Current update	Impact score	Likelihood score	Residual risk score	Review dates
				is in development and requires to be brought up to best practice.							
16 Financial Instability Risk to Independent Healthcare Oversight RISK-0178	Finance Strategy	Cautious	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	Statutory powers for registration, inspection and enforcement are available to HIS. Continue to review annual fees for services in line with the Fees Regulations. Financial monitoring of income vs. cost recovery, including aged-debt processes that are due to be commenced with instruction of Sheriff Officers. Close liaison with sector and representative bodies to support compliance and reduce non-payment. Prioritisation and risk-based decision making for regulatory activity and use of resource. Engagement with the Scottish Government on the sustainability of the funding framework and potential legislative changes. Work with Scottish Government to review alternative funding models, dates set for IHC future planning considerations. Introduce improved debt recovery and proactive engagement with providers to reduce aged-debt, providers notified 13th March of change of process proposed. Develop updated costing model for future fee-setting proposals, aligned with activity levels and regulatory need, in line with recommendations of the Regulatory Review, including scenario modelling. Current allocation of £252k per annum baseline agreed for 26/27 Continue to operate on risk-based intelligence and prioritisation to ensure public-safety-critical activity is protected.	There is a risk that HIS will be unable to effectively regulate the independent healthcare sector due to volatility and insufficiency within the current fee-based funding model as prescribed in The Healthcare Improvement Scotland (Fees) Regulations 2024. Change would require engagement with Government and public consultation.. The unpredictability of income, driven by sector resistance to fee changes, aged/bad debt, and market dynamics, may result in inadequate resources to discharge statutory regulatory functions. The resource requirements to implement and consider the recently concluded Regulation Review that shows the model is someway adrift of being self sustaining are not readily available. The process for addressing aged/bad debt is yet untested and will be progressed in 2026, including the ability to cancel service registrations for non payment of fees. The ongoing parliamentary processes for NSCP bill will potentially add to the non fee generating workload of HIS that is currently unfunded, ie expansion of enforcement powers in addition to rising operational and regulatory costs. This increases the likelihood of gaps in assurance, undetected poor quality care, adverse outcomes for people using services, and associated reputational damage to HIS	4	3	**12** **Out of Appetite** Should be below 8	Last: 13 Mar 2026 **Next: 13 May 2026** ⚑
17 Communications & Engagement Strategy RISK-0179	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	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 work Completion of Q1 directorate forecasting and organisational priority alignment Prioritisation of	Strategic risk agreed following papers to ET 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** Range 06-16	Last: 7 May 2026 **Next: 7 Jul 2026** ⚑

Risk Title	Category	Appetite	Risk Director	Risk Description	Inherent Risk Score	Controls & Mitigations	Current update	Impact score	Likelihood score	Residual risk score	Review dates
				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 opportunities to build credibility and public trust		foundational work from the strategy delivery plan to enable new ways of working Informal advice and mentoring arrangement for Acting Head of Comms (HoC) with the with the Deputy HoC at NHS 24 Backfill of staff on maternity and secondment Limiting team involvement in website work to business-as-usual updates, while the oversight and delivery of the website programme is reviewed by senior leaders					

Schedule of Meeting Dates 2027-28

Meeting: Board Meeting - Public

Meeting date: 2 December 2026

Agenda item: 5.1

Responsible Executive: Gillian Hennon, Chief Finance and Risk Officer

Report Author: Pauline Symaniak, Governance Manager

Purpose of paper: Decision

1. Purpose

This paper sets out a proposed schedule of meeting dates for the Board and its Governance Committees for 2027-28 for Board approval.

2. Executive Summary

The terms of reference for the Board contained within the Code of Corporate Governance state that the Board will approve the schedule of meeting dates for the Board and its Committees.

The schedule of meeting dates presented at appendix 1 follows a similar pattern to that of recent years and is based on a quarterly reporting cycle such that every Committee (with the exception of the Succession Planning Committee) holds a meeting each quarter which reports into the Board meeting at the end of that quarter. There are then additional seminar and development events between the formal Board meetings. Extraordinary meetings for the Board and its Committees will be held if required.

The proposed schedule has been shared with the HIS Chair, Committee Chairs and Lead Officers to ensure the dates fit within the timelines for the regular items of assurance presented to the Board and its Committees. The dates of some national meetings are not yet available for 2027-28. It is possible that some of the dates in appendix 1 will require adjustment once these dates are known.

The schedule of meeting dates provides opportunities for the Board and its Committees to deliver their functions as set out in the Blueprint for Good Governance and the HIS Code of Corporate Governance. There are no financial or workforce impacts as a result of this paper and no risks related to the matter presented.

3. Recommendation

The Board is asked to approve the schedule of meeting dates for 2026-27 and accept the following level of assurance given that the schedule mirrors previous patterns and has been reviewed by Lead Directors and Chairs for alignment to assurance needs:

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 at all.

4. Appendices

Appendix 1 – Proposed Schedule of Meeting Dates 2027-28

Appendix 1

DATE	MEETING
Quarter 1	
21 April 2027	BOARD DEVELOPMENT
(Thurs) 22 April 2027	Governance Committee Chairs
12 May 2027	Staff Governance Committee
(Thurs) 13 May 2027	Scottish Health Council
19 May 2027	Quality and Performance Committee
26 May 2027	BOARD SEMINAR
02 June 2027	Executive Remuneration Committee
09 June 2027	Succession Planning Committee
(Mon) 21 June 2027	Audit and Risk Committee
30 June 2027	BOARD MEETING
Quarter 2	
(Tues) 20 July 2027	Governance Committee Chairs
11 August 2027	Staff Governance Committee
18 August 2027	Quality and Performance Committee
25 August 2027	BOARD SEMINAR
01 September 2027	Executive Remuneration Committee
(Tues aft) 7 September 2027	Audit and Risk Committee
(Thurs) 9 September 2027	Scottish Health Council
15 September 2027	BOARD STRATEGY DAY
29 September 2027	BOARD MEETING
Quarter 3	
(Thurs) 21 October 2027	Governance Committee Chairs
27 October 2027	Succession Planning Committee
3 November 2027	Quality and Performance Committee
10 November 2027	Staff Governance Committee
(Thurs) 11 November 2027	Scottish Health Council
24 November 2027	BOARD DEVELOPMENT
(Tues) 23 November 2027	Executive Remuneration Committee
1 December 2027	Audit and Risk Committee
8 December 2027	BOARD MEETING
Quarter 4	
(Tues) 18 January 2028	Governance Committee Chairs
26 January 2028	BOARD SEMINAR
9 February 2028	Staff Governance Committee
23 February 2028	BOARD SEMINAR
(Thurs) 24 February 2028	Scottish Health Council
1 March 2028	Quality and Performance Committee (1)
8 March 2028	Audit and Risk Committee
15 March 2028	Executive Remuneration Committee
22 March 2028	Quality and Performance Committee (2)
29 March 2028	BOARD MEETING

Action Plan Updates - Governance Committee Annual Reports 2025-26

Meeting: Board Meeting - Public

Meeting date: 2 December 2026

Agenda item: 5.2

Responsible Executive: Gillian Hennon, Chief Finance and Risk Officer

Report Author: Pauline Symaniak, Governance Manager

Purpose of paper: Assurance

1. Purpose

This paper presents updates to the actions identified by Governance Committees in their annual reports for 2025-26.

2. Executive Summary

The Code of Corporate Governance requires that each Governance Committee produces an annual report which summarises its activities during the course of year, how it has met its remit and what future actions are proposed for the subsequent year. All Committees of the Board prepared an annual report for 2025-26 which included actions they agreed to take forward in 2026-27. Those actions were reported to the public Board meeting on 29 June 2026. As at quarter 3, Committee Lead Officers have provided a status update for each action to demonstrate if it is ongoing or complete. These can be found in Appendix 1.

3. Recommendation

The Board is asked to:

- Gain assurance from the progress reported with the Committee annual reports action plan.

It is recommended that the Board accept the following Level of Assurance given the progress reported for Committee actions:

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 – Committee Annual Reports 2025-26 Action Plan Updates

Appendix 1 Governance Committee Annual Reports Action Plan

Committee	Action	Progress Update as at November 2026	Strategic Priority*
Audit and Risk (ARC)	Monitoring the effectiveness of the Investment Pipeline Proposal.	ARC on 2 September received an Investment Pipeline update with a further update scheduled for ARC on 25 November which will highlight benefits realised to date, likelihood of delivery and the financial impact within the current year and any provision requiring to be made as part of the budget setting exercise for 27/28.	5
Audit and Risk	Oversight of the further roll out of the risk sub-groups.	Meeting held 7 September with risk sub-group chair and board member and chair of ARC with newly appointed Head of Performance and Delivery and Risk Manager to review purpose of risk sub-groups and agree agenda points for meetings this year. This will continue to be worked on and reviewed as part of the review and reset of the Risk Management process which is currently underway.	5
Executive Remuneration (ERC)	Maintaining oversight of Executive appointments to the organisation.	Executive and Non-Executive Recruitment Controls Director Letters from July, Aug and Nov all circulated to Committee, detailing current restrictions on Executive level recruitment.	5
Executive Remuneration	Review of objectives and performance against objectives throughout the annual cycle.	Executive Objectives approved for 26/27, and mid-year review will be undertaken by ERC on 26 November 2026.	5
Executive Remuneration	Continued overview of senior leadership structures and any planned or potential changes to these arrangements.	Executive Level Appointments update provided at October 2026 Committee by Chief Executive, including ongoing arrangements for Director of Quality Assurance and Regulation, cover of Nursing and Integrated Care Director vacancy and Interim Chief People Officer.	5

Executive Remuneration	Ensure continued oversight of our leadership capacity and resilience as an organisation.	Leadership Diagnostic Exercise presented by Chief Executive at Committee meeting on 21 October 2026.	5
Executive Remuneration	Ensure due consideration of any appropriate circulars and other information from Scottish Government regarding matters of Executive and Senior manager pay and grading.	Medical Director Pay and Grading Circulars shared in October 2026 Committee. • DL's PCS (DD)2026-01 • PCS (MD) 2026-02	5
Quality and Performance	Seek ongoing assurance in relation to Clinical and Care Governance (CCG).	The Committee receives a quarterly update from the CCG Oversight Group. CCG arrangements have continued to mature across the organisation with enhanced organisational reporting and thematic analysis of risks. The implementation of a directorate reporting framework has improved visibility of emerging risks and areas requiring escalation whilst highlighting opportunities to strengthen assurance. The Clinical Governance self-assessment tool has been adapted to support directorates assessing their arrangements against the seven core domains. All Directorates will be required to complete the self-assessment by the end of the financial year.	1
Quality and Performance	Continue to seek assurance regarding organisational performance.	The Committee receives a quarterly report from the corporate performance team which outlines the status of the work programmes across the organisation; compliance with key performance indicators; key achievements from each quarter and an overview of the very high and high operational risks. The Committee has encouraged the performance team to evolve the presentation of the quarterly performance report to create a better picture of progress across the financial year.	5

Quality and Performance	Seek assurance regarding introduction of the new portfolio approach and of the impact of their work.	At the Q3 meeting the Committee received an update regarding changes in portfolio management across the organisation. The Committee also noted the portfolio approach will be integrated into annual delivery planning for 27/28.	1,3,4,5
Scottish Health Council (SHC)	Scrutinise and refine the new guidance for engagement at a sub-national level; and scrutinise the engagement undertaken by sub-national planning structures.	Discussed at all quarterly SHC meetings. Agreed to keep guidance in an interim status until there is greater clarity on broader NHS board structural reform and co-ordination of engagement across sub-national structures.	3
Scottish Health Council	Continue to scrutinise the implementation of the new guidance for engagement on nationally determined service changes.	Monitored throughout the year. This is a key item for discussion at the November 2026 meeting due to changes in how nationally determined service changes are commissioned/delivered.	3
Scottish Health Council	Continue to monitor the risk and planned mitigations around an increased volume of service change associated with financial and workforce pressures and broader NHS renewal.	Monitored throughout the year at both the Service Change Sub-Committee meeting and the full Scottish Health Council meeting.	3
Staff Governance	Gain ongoing assurance in relation to Equality Outcomes progress.	Committee received an update on Equalities Outcome Audit in August and October and an update on Anti-Racism plan progress on 21 October 2026.	5
Staff Governance	Gain assurance of delivery of the Staff Governance Action Plan.	Staff Governance Action Plan Directorate Presentations from Medical and Safety (Q1) and Evidence & Digital (Q2).	5
Staff Governance	Maintain awareness of the impact of the National Business Transformation Programme.	Agreed that this would be a standing agenda item going forward. Updates in relation to progress given in August and October Committee.	5

Staff Governance	Gain ongoing assurance of the effectiveness of Partnership working and the action plan.	Agreement that the Partnership Forum self-assessment and associated Action Plan will be presented to Committee during 26/27. Co-Chair attending December Partnership Forum as an observer.	5
Staff Governance	Gain ongoing assurance in the delivery of People and Workplace Delivery Plan and development of a future focused Workforce Plan for 2027-2030.	The Workforce Delivery Plan 2026–2028 was approved in August 2026 and is now in delivery. Looking ahead, the Workforce Strategy for 2028 will be developed in tandem with the Organisational Strategy and Financial Plan, ensuring strategic, workforce and financial planning are fully aligned and collectively support the organisation's future direction and priorities.	5
Succession Planning	Receive the results of the non-executive skills evaluation exercise and consider the implications for board appointments and development.	Committee received the anonymised results of the exercise in June 2026 by email.	3
Succession Planning	Oversee non-executive recruitment activity in 2026-27.	Recruitment of two new board members delivered in line with the HIS succession plan actions.	1-5

*Strategic priorities:

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

Governance Committee Chairs Key Points

Meeting: Board Meeting - Public

Meeting date: 2 December 2026

Agenda item: 5.3

Responsible Non-Executive: Carole Wilkinson, HIS Chair

Purpose of paper: Awareness

This report provides the Healthcare Improvement Scotland Board with an update on key issues arising from the Governance Committee Chairs' meeting on 24 November 2026. The Healthcare Improvement Scotland Board is asked to receive and note the key points outlined, and review any areas escalated by the Committee to the Board.

1. NHS Grampian Diagnostic Review

This discussion arose as one of our cross-cutting issues as the Chief Executive provided an update on activity since the publication of our NHS Grampian review report, noting implications for the work of all of the committees. In particular, the ongoing activity related to the report was requiring a lot of staff time and having a significant impact on capacity to deliver other work. This was especially evident for the senior staff involved. The Committee Chairs were supportive of the need to examine what areas of work might be reprioritised to free up capacity.

2. Safety

Following on from the point above, we discussed broader safety concerns in the system and noted the importance of the HIS strategic plan for safety which is reporting progress to the Quality and Performance Committee. We again supported an ask of the Board to consider what areas of work might be paused to reduce workforce pressures and enable a focus on the most important safety matters at the moment. We also agreed to review the plans for board development activity to ensure sessions had sufficient focus on safety in the external system.

3. Risk Management

The Chair of the Audit and Risk Committee reflected on the risk management discussion at the board development session on 18 November. He noted that work is ongoing to review and refresh the strategic risk register to ensure it better reflects the key risks within the system, such as safety and reform, that have implications for HIS.

Audit & Risk Committee Key Points

Meeting: Board Meeting - Public

Meeting date: 2 December 2026

Agenda item: 5.4

Responsible Non-Executive: Rob Tinlin, Committee Chair

Purpose of paper: Awareness

This report provides the Healthcare Improvement Scotland Board with an update on key issues arising from the Audit & Risk Committee meeting on 25 November 2026. The approved minutes of the Audit & Risk Committee meeting on 2 September 2026 can be found here. The Healthcare Improvement Scotland Board is asked to receive and note the key points outlined, and review any areas escalated by the Committee to the Board.

1. Sustainability / Climate Change

Brian Ross, Resilience and Digital Solutions Lead, provided an update on Sustainability and Climate Change and how HIS, within NHS Scotland, is working towards meeting targets and objectives, and playing a key role co-ordinating other NHS Boards as part of the wider discussions taking place. The Committee noted the informative presentation and suggested it should be shared wider at an All-Staff Huddle to increase awareness and outline actions that can be taken.

2. Risk Management

Gillian Hennon, Chief Finance and Risk Officer, provided an update on the strategic and high/very high risks and also following the discussions led by Joan Hepzibah, Risk Manager, at the Board Development Day on 18 November the Committee noted that it would ask for a specific discussion on risk appetite to be scheduled with pre-work to be undertaken to require Board Members to undertake independent assessments prior to a wider discussion. Committee also noted the importance on tracking mitigating actions and horizon scanning and that the risk management approach required to be proportionate to HIS and streamlined to enable staff to engage and embed as part of day to day operations.

3. Financial Planning 2027/28

Gillian Hennon, Chief Finance and Risk Officer outlined the Financial Planning approach for 27/28 aligned with the refresh of the Annual Delivery Plan, noting the financial sustainability challenges within NHS Scotland and the need for HIS resources to be prioritised and directed appropriately and that pausing or stopping work programmes may require to be considered to operate within the HIS financial envelope.

The Committee accepted limited assurance on the following items:

- **Regulation Review Update** – in relation to the continuing risks around the Independent Health Care Sector, however requested that in relation to the actions being taken to mitigate and prepare were noted as moderate risk.

Executive Remuneration Committee Key Points

Meeting: Board Meeting - Public

Meeting date: 2 December 2026

Agenda item: 5.5

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

Purpose of paper: Awareness

This report provides the Healthcare Improvement Scotland Board with an update on key issues arising from the Executive Remuneration Committee meeting on 26 October 2026. The Healthcare Improvement Scotland Board is asked to receive and note the key points outlined, and review any areas escalated by the Committee to the Board.

1. Leadership Diagnostic Report

The Committee received an update from Elaine Melrose who presented her report and supporting diagnostic findings regarding the leadership capability, effectiveness and readiness of the Executive Team to deliver the ambitions set out in Leading for Our Future.

2. Overview of executive level vacancies and recruitment

The Committee received an update on the constraints associated with executive level recruitment due to the Programme for Government and its impact on the current vacancies.

3. Review of the issues register

The Committee reviewed the issues register and asked for it to be refreshed passing any relevant items to the Staff Governance Committee for action as they affect the wider Healthcare Improvement Scotland workforce.

Quality and Performance Committee Key Points

Meeting: Board - Public

Meeting date: 2 December 2026

Agenda item: 5.6

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

Purpose of paper: Awareness

This report provides the Healthcare Improvement Scotland Board with an update on key issues arising from the Quality and Performance Committee meeting on 26 October2026. The approved minutes of the Quality and Performance Committee meeting on 17 August 2026 can be found here. The Healthcare Improvement Scotland Board is asked to receive and note the key points outlined and review any areas escalated by the Committee to the Board.

1. Perinatal Improvement Programme

The Committee received an update on the new work of the programme which has secured additional allocation funding.

The Committee welcomed the approach to engagement with clinicians and people with lived experience which will be a critical part of making the improvement programme a success and securing change within NHS Scotland.

The measurement plan for this programme is ambitious, but the Committee noted that HIS has connections with the National Review of Perinatal Services which will support engagement with the programme on a once for Scotland basis.

The Committee accepted the moderate level of assurance offered.

2. Internal Intelligence Sharing Network

The Committee noted the progress that the Network has made to review emerging concerns. The process is dependent on manual handling of qualitative and quantitative data, however, there is a clearer understanding of how this information is used across the organisation and the user requirements for an electronic system.

The Committee accepted the moderate level of assurance offered.

3. Clinical and Care Governance Update

The Committee received an update detailing the work undertaken to increase the visibility of clinical and care governance across the organisation.

The Committee noted the plans to implement the self-assessment tool across the organisation which will be accelerated to ensure that all Directorates have completed the process by the end of this financial year.

The Committee welcomed the suggestion that clinical and care governance should be considered at Board level as well as at operational level. Clinical and care governance will be proposed for a future Board development session.

The Committee accepted the moderate level of assurance offered.

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

- None

Scottish Health Council Key Points

Meeting: Board - Public

Meeting date: 2 December 2026

Agenda item: 5.7

Responsible Non-Executive: Suzanne Dawson, Chair Scottish Health Council (SHC)

Purpose of paper: Awareness

This report provides the Healthcare Improvement Scotland Board with an update on key issues arising from the Scottish Health Council meeting on 17 September 2026. The approved minutes of the Scottish Health Council meeting on 14 May 2026 can be found here. The Healthcare Improvement Scotland Board is asked to receive and note the key points outlined and review any areas escalated by the Committee to the Board.

1. HIS's statutory duty to assure NHS Board/Integration Joint Boards (IJBs) duties of public involvement

The SHC discussed strategic considerations on HIS's statutory duty to assure NHS Boards/IJBs duties of public involvement within the context of the risks and uncertainties around planned health and social care structural change. The SHC reflected that assurance of engagement is likely to change and be challenged in response to sub national working and public sector reform. SHC members reinforced the need for Scottish Government to lead a coherent approach to national communication and engagement.

The SHC agreed that the expansion of the initial pilot of GP Walk In Centres should now be considered a nationally determined service change, while recognising this is progressing before the evaluation of the pilot is complete. It was agreed this meant local engagement for each of the walk in centre service models was needed along with appropriate impact assessments, and that assurance of engagement should be aligned with the HIS evaluation of the pilot.

2. Update from Engagement Practice – Improvement

The SHC welcomed an annual update from the Engagement Practice- Improvement Unit including detail on delivery against the workplan and Key Performance Indicators (KPIs), and future work planned. The Unit's role in strengthening capability, improving consistency and quality of engagement practice was outlined, with specific achievements highlighted. These included the successful launch of the Engagement Practice Learning and Improvement System and the much-welcomed development of a TURAS module in Engagement Practice. The deployment of the Volunteer Management System remains a key priority for the Unit.

3. Progress update – Engagement Practice – Evidence Unit

As requested at the May 2026 SHC meeting, the SHC received an update on progress on improvement in the performance of the Engagement Practice - Evidence Unit which had previously fallen far short in delivery of KPIs. SHC members were content that the improvement plan and actions to date were progressing well, and thanks were given to members of staff who had stepped up to deliver this work in the unplanned absence of other colleagues.

The Committee accepted limited or no assurance on the following items: None

Staff Governance Committee Key Points

Meeting: Board - Public

Meeting date: 2 December 2026

Agenda item: 5.8

Responsible Non-Executives: Duncan Service and Evelyn McPhail, Co-Chairs Staff Governance Committee

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 21 October 2026. The approved minutes of the Staff Governance Committee meeting on 5 August 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. Absence Management

The Committee considered the continuing organisational factors influencing absence, including organisational change, workforce pressures and workforce demographic health and wellbeing considerations. It welcomed the comprehensive action plan being overseen through the Performance and Delivery Board, alongside management development to strengthen confidence and consistency in supporting attendance. The Committee also highlighted the importance of building organisational and workforce resilience alongside attendance interventions. Limited assurance was provided at this stage, with the expectation that assurance will strengthen as the agreed actions are implemented and their impact evidenced.

2. Workforce Strategy and Workforce Planning

The Committee welcomed progress towards a more strategic, organisation-wide approach to workforce planning, aligned to the future organisational strategy. It noted that intelligence from directorate workforce plans and learning needs analysis is beginning to provide a clearer picture of shared capability requirements and workforce gaps. The Committee strongly supported development of a future-focused, flexible workforce model, capable of responding to organisational change and increasing digital demands, with greater emphasis on organisation-wide interventions and a one-team approach rather than individual directorate solutions.

3. Review of HIS Evidence and Evaluation Services

The Committee welcomed progress with the review and focused particularly on the workforce implications of the proposed future model. It supported the ambition to create a more flexible and responsive workforce model, enabling capability to be deployed around emerging organisational priorities and needs through a problem-led rather than product-led approach. The Committee requested further assurance on workforce impacts and organisational change arrangements following HIS Board decisions. Significant assurance was provided and the report's recommendations were accepted.

4. National Business Services Programme

The Committee noted the continued uncertainty surrounding the National Business Services Programme, particularly national timescales, wider NHS reform and the workforce capacity required from HIS to support the programme. It recognised that significant elements remain outside HIS's direct control and agreed that, given the nature of the emerging organisational risks, future oversight should be shared with the Audit and Risk Committee. Limited assurance was provided due to continuing uncertainty around national decisions, implementation timescales and workforce capacity requirements.

The Committee accepted a limited level of assurance from the following reports, reflecting actions still in progress and external uncertainties respectively:

- Absence Management (as noted above)
- National Business Services Programme (as noted above).

The Committee did not highlight any areas of concern or issues for escalation to HIS Board.