NHS Public Service Reform
Staff Q&A

10 September 2026

The following questions have been collated from staff across NHS Scotland following the Programme for Government announcement. They represent the most common themes emerging from staff engagement and reflect areas where colleagues are seeking greater clarity and reassurance.

Important note: this information applies to staff of the special boards as well as the territorial boards regarding pay, conditions, no compulsory redundancies, approach. For the purposes of overall design and intent they are all covered by the exact same principles.

1. Timescales and Decision-Making

1. What are the expected timescales for consultation, decision-making and implementation of the proposed reforms?
2. Will the reforms be introduced in phases and, if so, what are the key milestones staff should expect over the coming months and years?
3. At what point will staff begin to see practical changes arising from the Programme for Government announcement?
4. When will decisions be made regarding the future structure of NHS Scotland and the move to two Strategic Health Boards?

Answer

The Scottish Government will engage first and foremost with the workforce. One of the first steps the Health Secretary will take is to set out and agree a process with trade unions to ensure the workforce is able to help to shape these plans. Our work must begin from a starting point of improving services and removing the current barriers to improving patient care, not on a spreadsheet of numbers.

We are currently in the design phase of the work, which includes developing the business case. A more detailed transition and implementation timeline will be communicated in due course.

The work will be developed in partnership with staff, staff representatives, trade unions, stakeholders and the public, with a strong focus on the needs of rural and island communities. Robust local, regional and national governance arrangements will be established to support both the transition and the longer-term model.

We will ensure detailed impact assessments will be undertaken as part of the programme's next phase. Equality, fairness and reducing health inequalities will be fundamental considerations in the design of the reforms.

The intention is that structural reform will align organisational arrangements with the way many services, staff and patients are already working across East and West Scotland, as a result of the sub-national planning structures.

2. Workforce Impact and Job Security

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1. What impact is the proposed move from 14 territorial Health Boards to two Strategic Health Boards expected to have on NHS staffing levels?
2. Can staff be assured that there will be no compulsory redundancies as a result of these reforms?
3. Is the Scottish Government considering voluntary severance or voluntary redundancy schemes and, if so, what principles would apply?
4. What organisational change protections will be available to staff whose roles may be affected?
5. How will redeployment arrangements operate if roles or functions change?
6. What will the impact be on staff with skilled working visas?
7. Can Government provide greater clarity on its wider workforce plans, including whether reductions in management, administrative or support posts are anticipated?

Answer
For NHS staff the principal change will, in due course, be the transfer of their employment from their current Board to one of the new NHS Boards. Staff in NHS Scotland continue to receive the best reward package in the UK, and pay, terms and conditions will remain the same, all underpinned by the Scottish Government's Fair Work principles.

Any future workforce changes will be done in full partnership with NHS Trade Unions in a structured and managed way, in line with existing NHS HR policies.

This work will be done *with* the workforce, not *to* the workforce. The Scottish Government will uphold our Fair Work principles that have been in place since 2007 and that includes our commitment to no compulsory redundancies.

That commitment has provided vital reassurance to staff across the public sector during challenging times and continues to underpin our approach to workforce change. This is about ensuring that you, our NHS workforce, can provide the best possible service to the patients of NHS Scotland.

NHS organisations will be expected to consider a range of measures including workforce redesign, redeployment, retraining and reskilling, natural turnover, vacancy management and, where appropriate, voluntary exit arrangements. The focus is on managing change in a planned and sustainable way while continuing to protect and improve patient services.

This is about simplifying how people access health care and reducing the variation in how services are delivered across Scotland. It's about investing in initiatives like Hospital at Home and care in communities which delivers care on people's doorsteps.

The purpose of the reforms is to create a more joined-up NHS that enables services to be planned and delivered more effectively across Scotland, with greater collaboration, less duplication and better use of resources. It should support closer

collaboration, more streamlined processes and greater staff opportunities for learning, development and career progression.

3. Future Roles, Structures and Employment Arrangements

1. How will staff transfer into any new organisational structures, and will staff automatically transfer or be required to apply for roles?
2. What impact do Ministers anticipate on existing management, leadership and corporate support structures?
3. Will support services and administrative functions become more centralised at national or regional level?
4. How will accountability, reporting arrangements and operational responsibility work within the new Strategic Health Boards?
5. Who will be the employer of staff following any future organisational changes?

Answer
Staff will be automatically transferred into the new Boards in their current roles with no change to pay or terms and conditions. We will work fully in partnership with staff and trade unions throughout this process.

Our objective is to create an environment that continues to support professional growth, develops future leaders and enables staff to contribute fully to improving services for patients.

We should not have 14 approaches to workforce planning, recruitment and deployment arrangements and opportunities for career progression when we have an NHS for Scotland where all our workforce should be treated equally.

We are keen to hear directly from the workforce about issues we can resolve through reform of NHS boards.

Detailed governance arrangements – including corporate functions - will be developed during the design phase of the structural reform and we will consider how local democratic voices are best reflected within the new system.

4. Terms and Conditions

1. Will Agenda for Change terms and conditions continue to be protected throughout the reform process?
2. How will differences in grading, job descriptions and role profiles between Health Boards be addressed?
3. Will staff who are displaced from their current role retain access to pay protection and other organisational change arrangements?
4. How will any harmonisation of terms and conditions be managed across newly formed organisations?

Answer
Yes, Agenda for Change terms and conditions will continue to be protected.

We have national workforce policies that are applied consistently across all NHS Boards in Scotland, agreed in partnership on a Once for Scotland basis. These will continue under these changes.

There will be no change to terms and conditions. Current contracts such as Agenda for Change, Medical and Dental will remain in place. As is currently the case, we will continue to work in partnership with trade unions and negotiate any potential necessary future changes through our collective bargaining mechanisms.

5. Social Care, Local Autonomy and Decision-Making

1. What level of local decision-making and operational autonomy will remain under the proposed East and West Strategic Health Boards?
2. How will local population needs, geography and community differences continue to be reflected in service planning and delivery?
3. What local governance arrangements are envisaged beneath the Strategic Health Board level?
4. How will relationships with local authorities, Integration Joint Boards and community planning arrangements be affected?
5. If there is a decision around Social Care coming within the NHS, what does this mean for Integrated Boards who have fully integrated services, Children and Justice?
6. Will there be a need for new legislation?
7. What is expected to be retained within local authorities in terms of adult social care and adult social work?

Answer
A two-Board model offers the best balance of ambition, pace and deliverability. It builds on existing arrangements, supports resilience and mutual aid, and provides a strong platform for wider health and social care reform while maintaining continuity of care.

NHS boards have already been collaborating closely through their sub-national planning structures in the East and West throughout the past 9 months to improve how care is delivered. The important groundwork has begun to allow boards to work more closely together and that has reaped results. But we now need to be able to dismantle the current bureaucratic and geographic obstacles still in place which mean decision-making can be slow and there are limitations in how and where care can be delivered.

A move to two new territorial health boards can be effected using existing powers under the National Health Service (Scotland) Act 1978. This means that these changes do not require primary legislation but can be made by way of secondary legislation.

Local communities will continue to play an important role in helping to shape services. Engagement with patients, service users, communities, elected

representatives and local partners will remain central to decision-making, supported by appropriate governance, participation and locality arrangements.

The reforms are not intended to create a one-size-fits-all system. Planning across larger populations will enable greater sharing of workforce, expertise and capacity, while continuing to support tailored approaches that reflect local circumstances, including the unique needs of rural and island communities.

No decisions have been taken on the future of Integration Joint Boards (IJBs), and the existing integration statutory arrangements will remain in place. However integration arrangements to be reviewed as part of wider health, social care and public service reform.

Over the next three months, we will undertake an intensive programme of engagement with local government and partners to consider how health, social care and wider public services can work more effectively together, make best use of public investment and improve outcomes for people and communities.

Partnership working across local government, health, social care and community planning organisations will remain essential. Detailed arrangements will be developed as part of wider public service reform.

6. Travel, Location and Geography

1. Will staff be expected to travel more frequently or work across a wider geographical area as a result of the reforms?
2. Could staff be required to relocate or change their normal place of work?
3. How will the needs of rural and island communities be reflected within the future model?
4. What will these proposals mean for patient travel and access to services, particularly where services may be delivered across larger geographical regions?

Answer
A more integrated NHS has the potential to create broader opportunities for professional development, leadership, specialist practice and participation in regional and national networks, while allowing staff to continue providing care within their local communities.

We will take account of the specific needs of rural and island communities and will work with island authorities and communities to develop bespoke arrangements with strong local governance and service delivery. This will include exploring Single Authority Models, which bring key public services together under a single system of local governance to support more integrated decision-making and long-term planning.

The reforms are designed to improve equitable access to safe, high-quality health care services across Scotland. Planning services across larger populations will make

better use of workforce, infrastructure and specialist expertise, helping to reduce variation in access and outcomes while maintaining local delivery wherever possible.

The needs of rural and island communities will remain central to service planning, ensuring future arrangements reflect local circumstances rather than taking a one-size-fits-all approach.

Our aim is to provide more care closer to home health care, where appropriate through community services, digital care and local support. However, some highly specialised services may continue to be planned and delivered across larger populations in order to maintain clinical quality, workforce sustainability and patient safety. The principle remains that routine and community-based care should be delivered as locally as possible, while specialist services should be organised in the way that achieves the best outcomes for patients. Structural reform does not change that.

7. Service Configuration and Capital Investment

1. What is the predicted cost of making these changes from 14 Health Boards down to 2?
2. Are there plans to consolidate or centralise clinical or support services as part of the reform programme?
3. Will current service redesign programmes, capital developments and estates projects continue as planned during implementation of the reforms?
4. How will decisions be made about the future location and delivery of services across the new Strategic Health Boards?

Answer
While structural change will support long-term financial sustainability, the greatest benefits will come from service redesign, better planning and reducing variation in health care and outcomes across Scotland.

The costs and benefits of reform will be set out through the programme's business case and developed in partnership with NHS Boards. This work will complement existing plans to improve financial sustainability and support Boards in returning to financial balance.

The programme will be supported by a clear benefits framework and ongoing monitoring to assess whether it delivers improved outcomes and value for money.

Decisions on final service structure models and their locations will be worked through during this design phase.

Current service redesign programmes, capital developments and estates projects will continue as planned for the time being.

8. Governance and Organisational Design

1. What evidence informed the decision to move to two Strategic Health Boards rather than an alternative model?
2. Why was a two-board model selected rather than a single national system or a different regional configuration?
3. How will resources be allocated fairly across large and geographically diverse populations?
4. Where will the new Strategic Health Boards be headquartered and what organisational structures are currently being considered?

Answer
The current landscape is complex, with multiple organisations involved in planning and delivering services. The move to two territorial Boards will:

- simplify governance
- improve accountability
- support more consistent and fair service delivery
- reduce unwarranted variation and
- provide a platform for the long-term sustainability of NHS Scotland.

A two-Board model offers the best balance of ambition, pace and deliverability. It builds on existing arrangements, supports resilience and mutual aid, and provides a strong platform for wider reform while maintaining continuity of care.

No decisions on a HQ for the future of the NHS have been taken; our priority first and foremost is on improving services for people and not structures.

Local communities will continue to play an important role in helping to shape services. Engagement with patients, service users, communities, elected representatives and local partners will remain central to decision-making, supported by appropriate governance, participation and locality arrangements.

9. National Boards and National Functions

1. What is the long-term vision for Scotland's national and special Health Boards?
2. How will national functions such as improvement, assurance, quality, regulation, planning and commissioning operate within the future system?
3. How does the Government envisage organisations such as Healthcare Improvement Scotland contributing within the reformed system?
4. How will relationships between national bodies and the new Strategic Health Boards operate in practice?

Answer
Special Health Boards provide specialist services and national functions that support healthcare across Scotland, rather than serving specific geographic areas. They include organisations such as the Scottish Ambulance Service, Public Health Scotland, NHS 24, the State Hospital and NHS Golden Jubilee.

10 September 2026

As part of wider NHS reform, we will consider opportunities to simplify the Special Health Board landscape where this could improve efficiency, reduce duplication and strengthen national delivery. No decisions have been taken and all options remain under consideration.

In line with our commitment to simplify the health and care assurance landscape, we will explore how assurance arrangements can better support integrated services, reduce duplication and focus more clearly on outcomes and experiences for people using the services. Any proposals will be developed in partnership with stakeholders.

10. Engagement and Consultation

1. What formal consultation and engagement processes will take place with staff, trade unions, professional bodies and stakeholders before decisions are finalised?
2. How will staff views influence the development of future proposals?
3. How will risks and concerns raised during implementation be monitored and addressed?
4. What information can organisations currently provide to staff to help reduce uncertainty while detailed proposals are being developed?

Answer
Engagement will be central to developing the detailed proposals and business case. We will work closely with NHS Boards, staff, trade unions, professional bodies, local government, Integration Authorities, social care partners, patients and the public to help shape future arrangements.

Equality, fairness and reducing health inequalities will be core principles throughout the design process, supported by appropriate impact assessments. Wider public service reform engagement will also inform proposals on civic participation, locality arrangements and community influence.

Feedback will be carefully considered as plans develop, with a commitment to an open and transparent process that identifies and addresses concerns and opportunities wherever possible. Formal consultation arrangements will be determined by the final proposals and any legal requirements, with stakeholders given opportunities to contribute throughout the programme.