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To:

NHS Boards Chief Executives
Digital Health Leads
Local Authority Chief Executives
HSCP Chief Officers

17 August 2026

Dear Colleagues,

Interim Guidance on the use of Artificial Intelligence (AI) in Health and Social Care

Over recent months, the Scottish Government, COSLA and the Digital Office for Scottish Local Government have been engaging with stakeholders across the health and social care system on the development of a Policy Framework for the use of AI in Health and Social Care. This follows commitments made in Scotland's [Data Strategy for Health and Social Care](#), and the [Health and Social Care Service Renewal Framework](#) to develop a framework for the safe, efficient and ethical application of AI across health and social care.

We would like to take this opportunity to thank you for your contribution to the development of the Framework to date. We are currently working in partnership with staff side representatives to ensure that staff perspectives and workforce requirements are reflected in the development of the policy ahead of publication of the full AI framework.

We are clear that the short term position on the deployment of AI is that it is likely to support staff by freeing them up from some tasks in order to be able to spend more time on their core role. On its own we do not see AI as a vehicle for reducing headcount.

We are acutely aware, however, of the new risks and ethical considerations that AI technologies currently present to health and social care. To help you manage this emerging technology, we are writing to provide interim guidance on the use of AI in health and social care.

Policy and Regulatory Landscape

We recognise that the policy and regulatory environment for deploying AI in health and social care is complex and continues to evolve. In Scotland, organisations are subject to a mix of cross-sector and sector-specific requirements, spanning reserved, devolved, domestic and international legislation. To support you in navigating this, **Annex A** summarises the key laws, principles and guidance that should be taken into account when using AI in health and social care settings.

You may also be interested to read the Chief Medical Officer's recent reported which gives his view on AI in NHS Scotland. You can read it here: [Our Path Ahead: Chief Medical Officer for Scotland Annual Report 2025–2026 - gov.scot](https://www.gov.scot/publications/our-path-ahead-2025-2026/pages/100-109.aspx).

*Whilst regulations, standards and practices in relation to AI are evolving, there is consensus on the need to ensure that the use of AI in health and social care **improves outcomes, protects safety, respects privacy, maintain security, reduces inequalities and upholds human rights.***

AI Readiness

To help navigate the complex and evolving policy landscape, it is important that you consider taking steps to ensure that you have the right conditions in place to support AI Readiness.

We encourage all organisations to have a dedicated multidisciplinary AI Oversight group in place, with responsibility for identifying AI risks and benefits for the organisation.

While this does not require the establishment of a new group necessarily, it does need to be clear within your organisation who has responsibility and access to the appropriate expertise to fulfil this requirement. You should also ensure that robust processes for identifying and documenting risks and control for AI implementation projects are in place. [NHS Lanarkshire's information security policy](#) provides a good example of such a governance structure, and the Digital Office for Scottish Local Government's [Draft Combined AI Policy](#) provides a vision for ethical and responsible AI adoption in Scottish local government. This states that local authorities should uphold Data Ethics Boards (or equivalent) including external and citizen representation where possible, to review, approve and monitor AI projects.

Given that risk levels can shift as systems are deployed and new evidence emerges, risk assessment is an ongoing process.

There are various tools that can be used to enhance established processes for managing risks, including the Centre of Excellence for Regulatory Science and Innovation in AI and Digital Health (CERSI-AI) [AI Readiness Checklist](#), which has recently been launched and is open to feedback from health and care organisations.

It is also important to remember that existing data and digital governance, assurance and management guidance and frameworks continue to apply in relation to the application and use of AI. The steps outlined in this interim guidance are intended to complement, rather than replace, existing materials which seek to mitigate data and digital risks.

There are also a range of resources available to support the development of digital skills within the workforce, including in relation to AI. While organisations are responsible for ensuring their workforce has the right tools, training and access to development, our national focus is on building the digital-minded culture and leadership required consistently and at scale, both at individual and organisational levels, across health and social care in Scotland. **Annex B** provides links to resources to support this development, which you may find helpful to share with your teams.

AI Lifecycle

In advance of the publication of the Framework, we are emphasising the importance of adopting an AI Lifecycle approach to the development and deployment of AI in health and social care.

AI Lifecycle models are widely used to show how ethical principles should be considered at different stages of the development and deployment of AI.

Adoption of an AI Lifecycle approach supports consistent, accountable decision-making across the system and increases opportunities to learn from best practice. An AI Lifecycle approach encourages consideration of development and deployment of AI from initiation through to re-evaluation and/or retirement. While the Framework will provide further detail under each of the individual stages of the Lifecycle, we would encourage you to begin to consider any planned deployment of AI in this context. The Information Commissioner's Office (ICO) has developed [helpful guidance](#) to support the application of this approach.

Local Trade Union representatives should be engaged in discussions on new technologies and the impacts this could have for the workforce as early as possible in the lifecycle.

Ambient Voice Technologies (AVT) or AI Scribes

Finally, AVT, or AI Scribes, are already in use across NHS, social work and social care settings, with several Scottish local authorities using scribes to support social work staff, and some GP practices using similar tools designed for Primary Care. During the development of the Framework, in collaboration with the Scottish AI Alliance, [we gathered views from the public on the use of AVT in Primary Care](#). This will be of interest to you if you are considering the adoption of AVT products in your area.

Public trust is strengthened where organisations are transparent about how AI is being used and how information is managed.

In recognition of the prevalence of AVT tools already in use across the NHS and social care, the Scottish Government, alongside the BMA Scotland, Royal College of General Practitioners Scotland and the NHS Caldicott Guardians, [issued an interim position on the use of AVT in NHS Scotland](#). We intend to build on this position in the months ahead. NHS England has recently updated their [guidance](#) on using AI-enabled ambient scribing products in health and care settings. While the Scottish context differs in some elements, this guidance broadly aligns with our previously published interim position and as such, we would encourage you to consider this if you are using AVT in your setting.

AI should support, rather than replace, professional judgement, with appropriate human oversight maintained for decisions affecting people and services.

The MHRA has now [clarified where ambient voice technologies \(AVTs\) sit within current medical device regulations](#). This provides greater regulatory certainty for health and care organisations considering the use of AI-enabled AVT tools. However, this does not remove the need for robust local assurance, effective information governance and clear clinical accountability arrangements. Organisations should also ensure they understand the capabilities and outputs of the technology, and if those capabilities push the technology into being a medical device. Furthermore organisations must fully considered contractual liability arrangements with suppliers.

Conclusion

We will continue to keep you updated on the development of the AI Policy Framework over the coming months. To continue cross-sector collaboration in this important area we expect to hold the next AI roundtable for health and social care in the autumn.

If you would like to discuss any aspect of this work or feedback your experiences of implementing AI in health and care, please do not hesitate to contact the Scottish Government's Digital Health and Care team - DHCPolicyHub@gov.scot.

Yours sincerely,



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Annex A

The Policy Landscape

This annex provides an overview of the key laws, principles and guidance that must be taken into account when using AI in health and care settings.

As the World Health Organisation (WHO) notes, '*laws, policies and principles for regulating and managing the use of AI and specifically use of AI for health are fragmented and limited.*' In Scotland this includes:

- **Cross-sector and sector specific legislation:** Some regulation and standards like data protection law apply to all forms and use of data whereas others are specific to the sector AI is being deployed in.
- **Legislation in reserved and devolved areas:** While health and social care are areas that have been devolved to the Scottish Parliament, much of the regulatory environment falls in reserved policy areas such as medical device regulations and data protection law.
- **Domestic and international legislation:** There are legal frameworks that have been developed outside of the UK. They are relevant to the adoption of AI in Scotland because they set international standards and apply to businesses operating internationally.

The [European Union \(EU\) Artificial Intelligence Act](#) creates a risk-based structure, which bans certain use cases (for example, AI systems that enable unlawful mass surveillance or social scoring), imposes stringent requirements on high risk uses and sets transparency duties for limited risk systems. While the UK is no longer bound by EU law directly, the Act's extraterritorial scope means many UK companies must comply when their AI systems affect EU markets or citizens.

In the UK there is no AI specific legislation yet. Instead a regulator-led approach asks sector regulators to enforce five core [principles](#) (safety, transparency, fairness, accountability, redress) under existing law. The [National Commission on the Regulation of AI in healthcare](#) has been created to review current regulations and provide recommendations for a new regulatory framework for AI in health and social care. They recently published a [Summary of Findings](#) from their call for evidence.

The [AI and Digital Regulations Service for Health and Social Care](#) website helps health and social care organisations navigate regulation, standards and guidance.

The MHRA published the [Software and AI as a Medical Device Change Programme](#) in 2023. This signals a shift the current focus on pre-market assessment for static products to stronger post-market surveillance and real-world performance monitoring for software and AI. An example of this shift is the [guidance](#) for applying the rules around the use of Pre-Control Change Plans (PCCP) which provides a new method for managing rapid product changes often seen with software and AI products.

Due to the [Data \(Use and Access\) Act](#) which came into law on 19 June 2025, ICO guidance on [AI and data protection](#) is under [review](#) and may be subject to change.

Annex B

Workforce learning and development resources

The Digitally Enabled Workforce (DEW) team hosted within Public Services Delivery (PSD) Scotland is the delivery partner for the Scottish Government and COSLA's [Building Digital Capabilities](#) Programme. This programme provides national resources and learning networks that support development of the digital and data mindset and digital leadership, across the entire health and social care workforce.

Within the Programme, the [Thriving in a Digital Age Pathway](#) builds understanding of the role of digital in health and social care. The [Artificial Intelligence](#) topic specific pathway helps to develop knowledge of AI in health and social care.

[The Digital and Data Capability Framework](#) identifies the digital skills, knowledge, and behaviours the workforce needs to do their job and deliver safe and good quality care and support. There are specific capabilities relating to the use and understanding of AI.

- This [AI Webinar Series | Turas | Learn](#) is supporting interested colleagues with an open forum to discuss AI related topics and challenges.
- A [Self-assessment tool](#) offers individuals an interactive way to work through the Digital and Data Capability Framework to review their current levels of digital capability.

Alongside the Digital Capabilities Programme, the following resource may also be of interest to you and your teams:

- The [AI and Digital Regulations Service for Health and Social Care](#) website helps health and social care organisations navigate regulation, standards and guidance. The guidance is structured by Lifecycle stage and is labelled as mandatory or best practice and the scope of application.

Skill requirements differ depending on role and deployment context. Organisations such as the General Medical Council, the Nursing and Midwifery Council, Scottish Social Services Council and the Royal Colleges have a role to play in defining professional standards and education requirements across specialist domains. For example:

- The Royal College of Radiologists has been active in developing guidance and resources such as [AI deployment fundamentals for medical imaging](#).
- Social Work Scotland have worked with experts to develop [Working with Open AI: A Guide for Social Workers](#).
- The Local Government Digital Office has published [core principles](#) on Ethical and Responsible AI Adoption in Scottish Local Government.
- The Oxford collaboration on the Responsible Use of Generative AI in Adult Social Care comprises a range of organisations and individuals working in adult social care, including Scottish Care, that consider the benefits and risks of using generative AI in social care. The collaboration has published agreed [ethical principles](#) on the use of AI

in social care, alongside [guidance](#) on the responsible use of Generative AI in social care.

- Scottish Social Services Council (SSSC) also published their [key principles for the responsible use of AI](#) in social work, social care and children and young people services, and is currently developing guidance and training materials to support those working in the sector to safely use AI.

Annex C

Summary of key messages from referenced links

We have prepared this Annex recognising the guidance has a significant number of links to materials held in different areas online. We would summarise much of the information set out under six key categories as follows:

1. Existing legal and professional responsibilities still apply.
2. Clear governance and accountability are essential.
3. AI should support, not replace, professional judgement.
4. Risk management and assurance are ongoing responsibilities.
5. Higher-risk uses require greater scrutiny and oversight.
6. Transparency is essential to maintaining public trust

We have also set out a short table with a summary message from each which further emphasises their importance within the existing AI context.

Document / Resource	Key Message
Digital Office Draft Combined AI Policy	AI projects should be subject to ethical scrutiny and public accountability, with appropriate governance arrangements in place to oversee both benefits and risks.
CERSI-AI Readiness Checklist	Successful AI adoption is about more than procuring a tool. Organisations should ensure they have appropriate governance, workforce capability, data quality, risk management and leadership arrangements in place before deployment.
ICO AI Lifecycle Guidance	Data protection, fairness and transparency should be considered throughout the entire lifecycle of an AI system, from procurement and development through to monitoring and retirement.
Scottish AI Alliance Public Engagement Research	Public support for AI in health and care is strongest where there is a clear benefit, transparency about how information is used and meaningful human oversight of decisions.
Scottish Interim Position on Ambient Voice Technologies	Organisations remain responsible for ensuring that the use of AI scribes is lawful, secure and professionally accountable, regardless of the supplier or product used.
NHS England AVT Guidance	AI-enabled recording and transcription technologies should be subject to the same governance, clinical safety, information governance and procurement considerations as other digital technologies.
EU AI Act	The level of governance and assurance applied to AI should be proportionate to risk, with the highest levels of scrutiny reserved for the most consequential uses of AI.

UK AI Regulatory Principles	AI systems should be safe, transparent, fair, accountable and subject to mechanisms through which harms can be challenged and addressed.
AI and Digital Regulations Service for Health and Social Care	Organisations should not assume AI requires an entirely new regulatory framework; many relevant obligations already exist and can be navigated through established regulatory requirements.
MHRA Software and AI as a Medical Device Programme	Assurance does not end at deployment. AI-enabled medical devices should continue to be monitored to ensure they remain safe and effective in real-world use.
Predetermined Change Control Plans (PCCPs)	Organisations should recognise that AI systems can evolve over time and should understand how suppliers manage updates, model changes and performance impacts.
ICO AI and Data Protection Guidance	The use of AI does not diminish organisations' responsibilities under data protection legislation. Accountability for lawful, fair and transparent processing remains with the organisation.
Artificial Intelligence Learning Pathway (NES)	Staff using AI do not need to become technical experts, but they should understand the capabilities, limitations and risks of the tools they use.
Digital and Data Capability Framework	Safe and effective use of AI depends on wider digital and data capability, maturity and literacy across the workforce, not solely specialist AI knowledge.
Social Work Scotland – Working with AI	Generative AI can assist practice, but practitioners remain responsible for professional judgement, decision-making and safeguarding responsibilities.
Oxford Collaboration Guidance on Generative AI in Social Care	AI should augment human-centred care and support rather than replace human relationships, empathy and professional judgement.
SSSC Principles for the Responsible Use of AI	Those using AI remain accountable for the quality, accuracy and appropriateness of their work, even where AI has contributed to the output.