



Healthcare Improvement Scotland

Annual Delivery Plan 2024-25

Changes since submission

Updated July 2024

Our Annual Delivery Plan (ADP) for 2024-25 was submitted to Scottish Government (SG) in March 2024, and signed off in June 2024 subject to the following changes:

Date	Addition	Background	HIS governance
June 2024	National Review Panel	Agreed to reinstate following feedback from policy team/Ministerial direction	<ul style="list-style-type: none">Reported to Quality and Performance Committee and Board in Q1
June 2024	Palliative Care Guidelines	Request from SG policy team to reinstate following submission of draft ADP	<ul style="list-style-type: none">Reported to Quality and Performance Committee and Board in Q1

We may need to stop, pause, and/or repurpose existing work and delay or not proceed with new work programme commissions. We are committed to being flexible and responsive to tackle quality challenges faced by the system, and as a result we may need to continue to adapt our work programme throughout the year. We will engage with Scottish Government, our staff, strategic partners, and stakeholders throughout the year to ensure that our actions reflect priorities and needs while recognising that difficult decisions may have to be made. We welcome the support of our sponsors in these.

Healthcare Improvement Scotland Annual Delivery Plan 2024-25

March 2024

Introduction

The financial context and associated uncertainty create a challenging set of circumstances for Healthcare Improvement Scotland (HIS) in developing the Annual Delivery Plan. Arguably, the combination of factors – a health and care system under the most significant strain, a tough and deteriorating outlook for public finances and deep-seated workforce pressures – makes this the most difficult year since the inception of HIS. As an improvement organisation we need to work within our resources and be agile in response to changing circumstances while at the same time maintaining a focus on our strategic priorities.

Our plans for 2024-25 require commitment to:

- Retaining a key focus on the safety and quality of healthcare
- Being responsive to changing pressures and risks in the system
- Protecting statutory functions
- Ensuring our priorities are in line with the delivery of our strategy

In order to develop our Annual Delivery Plan (ADP) for 2024-25, we have had to make key decisions in the following areas regarding our budget and work programme:

- How we will achieve our savings and deliver a balanced budget
- How we will use our baseline funding, including repurposing some of our funds
- How we will proceed with additional allocation-funded work, including how we will limit expenditure and risk in the absence of a guarantee of funding from Scottish Government

As a result, we may need to stop, pause, and/or repurpose existing work and delay or not proceed with new work programme commissions. We are committed to being flexible and responsive to tackle quality challenges faced by the system, and as a result we may need to continue to adapt our work programme throughout the year.

This means that our ADP needs to be treated as a live document, subject to change. We will engage with Scottish Government, our staff, strategic partners, and stakeholders throughout the year to ensure that our actions reflect priorities and needs while recognising that difficult decisions may have to be made. We welcome the support of our sponsors in these.

Refocusing our priorities

The priorities in the ADP reflect major policy imperatives and objectives which reflect our strategy for 2023-28. In the coming year we will be putting additional or new emphasis on the following areas which are intended to ensure we are focused on protecting and enhancing the safety and wellbeing of those requiring health and care:

1. Further investment in external assurance

We will redirect resources to further invest in external assurance in relation to the safety and quality of care, in response to system pressures and quality challenges.

This will include recruitment of inspector and reviewer posts to ensure that HIS continues to meet existing statutory inspection functions in assuring safety and quality of healthcare across hospital, justice and integrated care settings, as well as stabilise resource for established review programmes (including adverse events and Responding to Concerns).

2. Establishing responsive support to boards experiencing safety and quality challenges

We will establish capacity to deliver on-site improvement work in the form of a multidisciplinary responsive support team to NHS Boards and systems experiencing safety and quality challenges. It will focus on high-risk issues emerging in the system identified via issues raised through our assurance function.

The programme will support increased safety for a specific site or service in collaboration with the organisation seeking support. HIS will draw upon assets from across the organisation to address immediate issues and support sustainable improvement.

The proposed workforce model comprises a core team who co-ordinate the work, and an adaptive team tailored to the specific needs of each situation. The approach to setting up the teams and resource implications is in development and is likely to impact on delivery of existing programmes of work in the ADP. We will establish governance structures and engage with stakeholders to manage these changes during the year.

3. Improving the safety and quality of maternity services

We will redirect resources to introduce a quality management approach to the quality and safety of perinatal services and care delivery within Scotland. This is a recognised priority for us to address, particularly following several high-profile failures in maternity services and over the last year HIS has been in discussion with SG and the service to explore how this might be progressed.

During 2024-25 we will prioritise national work in maternal health inspections and standards. In the first instance this will be addressed through incorporating maternity services in existing Safe Delivery of Care methodology for inspecting acute hospitals. The ongoing delivery of the SPSP perinatal collaborative will also be a key element of the QMS approach, along with the work of the Healthcare

Staffing Programme.

In our ADP (Section 7), we provide further information on our plans to use a QMS approach to manage the quality and safety of perinatal services and care delivery within Scotland. As noted above this comes with implications for the prioritisation of other programmes in our ADP and there are risks to delivery in the absence of additional funding, further outlined below.

4. Protection of our statutory functions

We will also continue to deliver against and protect our statutory obligations, recognising that:

- We must retain a relentless focus on the safety and quality of healthcare delivery.
- Significant service change is expected in 24/25, resulting in further demand for HIS to support Boards in their statutory duties relating to involving people and communities in service change.
- We need to support the national prescribing pressures in relation to sustainability and value around medicines.
- We may need to respond to Ministerial directions and reviews (e.g. the Independent Review of Inspection, Scrutiny and Regulation).

Risks relating to these areas are outlined further below.

Our approach to supporting delivery of the ADP

To deliver in these areas, we will need to prioritise resources and make some difficult decisions about reshaping or stopping some of our current work programmes.

1. We will **refocus our Continuous Quality Improvement Allocations** (baseline funding of £0.9m) to resource the priorities outlined above. To date these annual allocations to all territorial boards have been used to support targeted approaches to improving quality and efficiency, in particular via clinical governance teams. The usage of the money has varied notably from board to board and it is proposed that this new approach will provide for more consistent delivery and impact in the safety and quality of a key area of concern.
2. We have **reviewed our additional allocations** and identified opportunities to apply efficiency savings, pause or stop these from 1 April 2024, to reduce the risk to HIS. The Scottish Government has strengthened controls regarding the issuing of additional allocations and all allocations above £1m will require the approval of the Cabinet Secretary. As previously stated these new controls mean that we can no longer accept verbal or written indications of funding from Scottish Government which are outside this new process. Our approach is as follows:
 - If allocations are not received, or received in part only, we will need to review whether we can continue deliver of these programmes as outlined in the ADP. For this reason, the detail in a number of areas of **the ADP is subject to confirmation of funding**.

- We are taking a **phased approach** to three large programmes of work in order to minimise both the financial and delivery risk to HIS. We will only continue the work beyond Q1 if funding from Scottish Government is confirmed, otherwise this work will be paused and resources redirected elsewhere in the organisation.
- For some programmes of work, we will **combine several allocations** and apply **efficiency savings** for 2024-25.
- Any new programmes of work emerging after approval of the budget and ADP must follow HIS' new commission process to determine whether they will proceed. This includes new work identified by our SG sponsors as well as programmes identified internally by HIS.

The table below sets out our planned approach to additional allocations in 2024-25:

To proceed			To Pause
Continue as is	Cost savings applied	Funded from HIS baseline in absence of alternative funding source	May be reconsidered in-year based on allocations and other priorities
Adult Support & Protection	Drugs & Alcohol Programmes*	Volunteering Systems	Excellence in Care
Police Custody	Mental Health Reform Programme inc. inspections*	Barnahus Standards	Infection Prevention Control inspections of inpatient mental health units*
Hospital at Home	Primary Care Improvement Programme	Gender Identity Standards	Unpaid Carers
Right Decision Service	Health & Care Staffing Act (<i>additional to baseline funding</i>)	Sudden Unexpected Death in Infancy (SUDI)	Palliative Care Guidelines
National Cancer Medicines Advisory Group (NCMAG)	Scottish Medicines Consortium (SMC) (<i>additional to baseline funding</i>)	Caesarean Section	SHTG Scientific Advice
		Citizens' Panel	Systematic Anti-Cancer Therapy Improvement
		What Matters To You	National Review Panel

* Existing programmes will be consolidated and repurposed

Programmes highlighted in red will be paused and hibernated at the end of Q1 if confirmation of funding for the remainder of the year has not been received by SG

Further risks and interdependencies of note

The above approach to additional allocations highlights several programmes at risk should allocations not be forthcoming. In addition, the ADP sets out the high-level risks in relation to HIS' financial balance and delivery in the coming year.

It is particularly important to note the **£2.5m savings target** (8%) across the organisation and the uncertainty of funding of the 2024-25 pay award; further work is needed to understand additional impacts on this on the ADP. It is likely further changes or pausing of work will be required to work within this affordability criteria. Teams across the organisation are continuing to model and plan how we can ensure delivery against our priority areas, but the following specific areas are worth noting:

- A number of our statutory functions continue to be funded by unconfirmed additional allocations, putting these at risk. These include Adult Support and Protection and Police Custody inspections as well as elements of the Healthcare Staffing Programme and SMC.
- The current programme of **inspections of mental health** inpatient units has been paused to deploy resource to other urgent statutory assurance priorities, pending confirmation of the future funding of mental health assurance work. If the allocation is confirmed during Q1 this resource will need to be redirected back to mental health work which may impact on the delivery of other inspection programmes.
- If additional funding for the development of **a comprehensive approach to improving the quality of maternal health care** is not received, a decision will need to be made in relation to pausing or postponing the development of other aspects of our work, which will also require the consideration of SG policy colleagues.
- It is anticipated that the level of volume and complexity of **service change**-related work across the healthcare system will increase sharply during 2024/25 and subsequent years as services are forced to move to more sustainable models of delivery. There will be a need to prioritise and redirect resources to respond to the anticipated increase in these activities.

Developing our ADP for 2024-25 has required difficult choices for us as an organisation in ensuring we meet our statutory obligations and our central role in enhancing and protecting the safety and wellbeing of those that require health and care. However, we are committed to working closely with Scottish Government as we negotiate the challenges that lie ahead and value the support of our sponsors and policy colleagues.

Annual Delivery Plan 2024-25

The following plan outlines our work for 2024-25 as it aligns with the Scottish Government guidance and recovery drivers. It will not capture the full breadth of our work, but should be read alongside the Three-Year Plan, which outlines all our priorities including statutory work.

Many programmes of work will align to multiple recovery drivers and will be reported in this way in our work programme. For this delivery plan, we have organised our work based on the primary recovery driver it will support.

Within the Scottish Government guidance for the development of this plan, several planning priorities were indicated for each recovery driver. We have included information on those that are relevant to as well as information on additional areas.

Safety

As we describe in our Three-Year Plan, a focus on safety at a national level will underpin our work for 2024-25 and beyond. This work will cut across the recovery drivers.

We will continue with our inspection and review activities in a proportionate and sensitive way that minimises the impact on the delivery of frontline care while still providing assurance for patients and the public. Our [Quality Assurance System](#) underpins the design and delivery of our assurance programmes and includes a Quality Assurance Framework. Our methodologies also align to the Excellence in Care framework which includes a Quality Management System approach. Healthcare Staffing expertise and support with the triangulation with the quality and safety of care will also be provided by members of the HIS HSP supporting HIS's role and function to monitor boards' compliance with staffing duties.

In 2024-25 we aim to carry out a minimum of 12 Safe Delivery of Care hospital inspections considering the inclusion of community hospitals as well as acute sites where data suggested an inspection would be required.

We will continue to focus on the core components of the Scottish Patient Safety Programme (SPSP) which include the Essentials of Safe Care and programmes in acute adult, primary care, mental health and perinatal and paediatric services. We will co-design and launch the next phase of the SPSP Acute Adult Programme and continue our redesign of SPSP mental health by identifying key safety themes. The SPSP Perinatal Collaborative will focus on reducing stillbirth, understanding and addressing the variation in the caesarean section rate, improving the recognition, response and review of the deteriorating woman/birthing person, and reducing neonatal mortality and morbidity. The SPSP Paediatrics Programme will focus on the deteriorating child and young person, with an aim to reduce harm caused by deterioration in acute paediatric settings. The work in SPSP will build on the mental health collaborative which focused on reducing use of restraint, seclusion and improving observation in inpatient settings.

The Responding to Concerns programme will continue to focus on assessment of concerns raised by NHS staff. HIS has a statutory duty under Public Interest Disclosure Act (PIDA) legislation to respond to these concerns that have the potential to impact on safety or quality of care within the NHS. The approach for the programme is being reviewed during 2024.

The adverse events framework is currently under revision in collaboration with all NHS Boards and partner organisations. This framework will include guidance for reporting, reviewing and learning. The standardisation programme of reporting of all levels of adverse events for key categories continues which will provide more robust analysis of adverse events reporting on a national basis.

We continue to undertake our regulatory functions in relation to independent healthcare and the use of medical ionising radiation. Both are key to protecting patient safety. We will continue to inspect services and respond to notifications of adverse or other events that impact the services. For independent healthcare services, we will continue to investigate complaints made by patients.

We will develop a more regular and systematic approach to sharing advice, knowledge and intelligence for safety in the system at a national level. A key focus in 2024-25 and beyond will be strengthen our ability to identify, understand and proactively respond to concerns. We will ensure systems and processes (such as the Sharing Intelligence for Health and Care Network) are in place to enable effective sharing of intelligence both internally and with key stakeholders. We are developing the HIS Safety Network which shares and considers the intelligence held across our organisation, enabling us to ensure we are focusing our own work on the right areas, and to discuss, debate and improve approaches to key safety challenges with partners and stakeholders.

HIS will establish a programme to deliver on-site improvement work through the development of a multidisciplinary responsive support team to NHS Boards and systems experiencing quality challenges. It will focus on high-risk issues emerging in the system identified via issues raised through HIS's assurance function and support increased safety for a specific site or service in collaboration with the organisation seeking support. HIS will draw upon assets from across the organisation to address immediate issues and support sustainable improvement. The proposed workforce model comprises a core team who coordinate the work, and an adaptive team tailored to the specific needs of each situation. The approach to setting up the teams and resource implications is in development, including potential impact on delivery of existing programmes of work.

We are also developing core care and clinical governance standards which will incorporate key aspects of safe care.

The Right Decision Service (RDS) will continue to contribute to patient safety by delivering evidence for decision making through everyday technology to clinicians at point of care. It also provides tools to package and present learning from inspection and improvement in decision-ready formats that enable scale up and spread of good practice. More information on the RDS is available in Section 9.

Additional work in safety is referenced throughout this plan.

Delivery of core primary care services and ongoing development of Community Treatment and Care (CTAC) services

We will undertake several programmes to support the delivery of primary care services.

Primary Care Phased Investment Programme

This programme will support NHS Boards, Health and Social Care Partnerships (HSCP) and primary care services to accelerate progress on implementing aspects of the [General Medical Services \(GMS\) contract \(2018\)](#). The programme will consist of two main components:

- Demonstrator sites: We will support four demonstrator sites from across Scotland to use a quality improvement approach to test full implementation of the two regulated contract services, CTAC and pharmacotherapy services while continuing to deliver the other services. We will work closely with the demonstrator sites to:
 - create the conditions for change
 - understand local population needs
 - design and test models of care
 - evaluate impact on patients and staff
- Collaborative: The Primary Care Improvement Collaborative is open to all primary care services across Scotland and builds on the success of the Primary Care Access Programme (PCAP) and our previous work with pharmacotherapy and CTAC services. Participating teams will be supported to focus on improving an aspect of access, pharmacotherapy or CTAC services or a combination of these. We will offer participating teams a range of activities including:
 - short improvement sprints
 - monthly learning and support sessions
 - Quality Improvement (QI) skills sessions

Primary Care Learning System

Key actions and deliverables for 2024-25 include:

- Capturing and sharing key learning from the Primary Care Phased Investment Programme to support ongoing implementation of the GP contract throughout the life of the programme.
- Developing the evidence base for and evaluating each stage of the Primary Care Phased Investment Programme throughout the duration of the work, publishing updates regularly.
- Working with people leading and supporting GP Cluster working to share learning that improves the implementation and development of GP Clusters.
- Maintaining the Primary Care QI Faculty to provide clinical support and leadership for our programmes.
- Supporting the delivery of the Improving Together Advisory Group (ITAG).
- Synthesising and disseminating learnings into tools and resources that enable spread and implementation.

- Working with primary care stakeholders to develop standards including standards for older people with frailty.
- Collaborating with the Centre for Sustainable Delivery (CfSD) and with local NHS Boards to deliver and spread decision support tools for consistent, evidence-based referral management across primary and secondary care boundaries.
- Designing and spreading an implementation model to support embedding of RDS tools for self-management and shared decision making in the community.
- Evaluating demonstrator projects of support from the national knowledge services network for primary care needs. This includes sourcing and summarising evidence, delivering decision support, delivering digital and health literacy skills training, and facilitating the sharing of good practice.

Future Care Planning

Key actions and deliverables for 2024-25 include:

- Maintaining guidance and resources on all aspects of Future Care Planning to support health and social care professionals throughout the care planning process.
- Continuing to deliver Future Care Planning work in line with our available budget and capacity including developing the evidence base for future activities.

Safety in primary care

Key actions and deliverables for 2024-25, subject to capacity, include:

- Continuing to embed Essentials of Safe Care (EoSC) in all our work, ensuring this supports the SPSP and is informed by engagement with key stakeholders.
- Continuing to embed medicines safety across primary care and deliver support to the system to improve pharmacotherapy, including exploring opportunities for improvement in the level 2/3 pharmacotherapy space, for example polypharmacy. This will be delivered through the Primary Care Phased Investment Programme.
- Continuing to engage and collaborate with other SPSP programmes and contribute to the national SPSP programme.
- Support appropriate SPSP Primary Care resources.

RDS will play a role by:

- Expanding delivery of primary care referral guidance as decision support tools.
- Delivering national prescribing guidance for polypharmacy, diabetes, respiratory and medicines of dependency as decision support tools in web and mobile formats and embedded in primary care electronic health record systems.

Early detection and improved management of the key cardiovascular risk factor conditions, primarily diabetes, high blood pressure and high cholesterol

As part of our contribution to the Accelerated National Innovation Adoption (ANIA) pathway, the Scottish Health Technologies Group (SHTG) will continue to provide evidence support on the following diabetes-related interventions:

- Digital programme for diabetes remission

- Digital programme for diabetes prevention
- Closed loop technologies (connection system for glucose monitoring and insulin delivery)

The Scottish Intercollegiate Guidelines Network (SIGN) will work on guidelines including those on:

- Type 2 diabetes (T2D)
- Diabetes in pregnancy
- Cardiovascular disease (CVD) prevention

The RDS will support decision making through the sharing of tools in relation to cardiovascular risk and diabetes.

Delivery of sustained and improved equitable national access to NHS dentistry

We will focus on:

- Development of oral health standards (which will apply wherever anyone receives oral healthcare, with anticipated publication in summer 2025).
- RDS collaboration with Public Health Scotland to deliver decision support for implementation of oral care guidance in care homes and care at home settings.

Scottish Patient Safety Programme (SPSP)

The SPSP is a national quality improvement programme that aims to improve the safety and reliability of healthcare and reduce harm.

SPSP has three core components:

- SPSP EoS: A practical package of evidence-based guidance and support that enables Scotland's health and social care system to deliver safe care
- SPSP Programmes of Work (Acute Adult, Primary Care, Mental Health, Perinatal, Paediatric services)
- SPSP Learning System

The SPSP EoS will be reviewed throughout 2024-25. Work will take place to ensure the EoS are embedded into the next phase of SPSP primary care, mental health and acute adult, which are all in redesign throughout the year.

We will continue to build on previous work with the social care sector to help integrate the EoS within improvement offers in alignment with the Scottish Government Healthcare Framework for Adults Living in Care Homes.

This work will be underpinned by our SPSP learning system delivering a national webinar and later in 2024, a learning event, which will support the sharing of knowledge and learning across the system.

SPSP Acute Adult

The SPSP Acute Adult Programme has led national improvement collaboratives resulting in tangible improvements in the safety and reliability of care and reduce harm in acute hospitals.

The current programme of work is delivering a breakthrough series collaborative which was launched in September 2021. The collaborative, with the participation of all NHS Scotland Boards, aims to reduce falls and improve the recognition, response, and reassessment of deteriorating patient which aims to reduce cardiopulmonary resuscitation rates. The collaborative is due to end in June 2024. An evaluation, which will include synthesis of a range of data gathered throughout the delivery of the programme, will be published late summer 2024.

Building on the success of the current collaborative which has supported a reduction in falls at a national level (sustained reduction in falls across eight acute hospitals by at least 9%) and a sustained reduction in cardiopulmonary resuscitation rates across three acute hospitals, we will work with strategic partners, NHS Boards and wider stakeholders to co-design and launch the next phase of the SPSP Acute Adult Programme in autumn 2024.

Improving access to Hospital at Home services across a range of pathways including OPAT, Respiratory, Older People, Paediatrics and Heart Failure

Hospital at Home provides a safe, patient centred alternative to an acute hospital admission. It provides a better outcome for the patient, who receives treatment in the safety and comfort of their own home, as well as reducing pressure on hospital.

We are in discussion with SG policy leads for Unscheduled Care and Home First Unit to agree a workplan for 2024-25. This may include working with NHS Boards and HSCPs in the following areas:

- Continue to support newly established older people/acute adult Hospital at Home services, particularly in remote and rural areas, to grow and become more sustainable.
- Continue to facilitate a national learning system across all Hospital at Home services to increase the pace and scale of change.
- Increase the efficiency of Hospital at Home service by supporting the testing and adoption of Point of Care Testing.
- Increase the number of people who can access Hospital at Home as an alternative to an unplanned hospital admission, specifically those who are living in care homes, those who have acute heart failure symptoms, and those who have dementia.
- Testing palliative and end of life care as well as paediatric Hospital at Home services
- Continue to work with NHS Education for Scotland (NES), NHS National Services Scotland (NSS) and Public Health Scotland (PHS) to develop national infrastructure that supports the continued growth of Hospital at Home.
- Continue to co-ordinate with other national bodies providing support to increase Outpatient Parenteral Antimicrobial Therapy (OPAT) and Respiratory services.

RDS will deliver a Planned Date of Discharge decision support tool for NHS Lanarkshire. This is designed to facilitate timely and appropriate use of Hospital at Home services when appropriate for the patient.

The Scottish Antimicrobial Prescribing OPAT Group is working to support the safe and effective delivery of OPAT across Scotland. OPAT can help patients to get the treatment they need without having to stay in hospital. For suitable patients it can prevent admission to hospital or support early discharge. The Scottish Antimicrobial Prescribing Group (SAPG) supports the delivery of OPAT by developing national good practice prescribing guidance, clinical pathways and key performance indicators for the management of patients in an OPAT setting in a Once for Scotland approach. This utilises experience from across Scotland to support new or established OPAT services to introduce new clinical pathways for OPAT.

SAPG will also work with Scottish Government to support the delivery of the UK Antimicrobial Resistance National Action (UK AMR NAP) Plan 2024-29 (due for publication in March 2024) which will support antimicrobial stewardship outcomes at national and UK level.

The Healthcare Staffing Programme (HSP) will continue to co-develop and test a new multidisciplinary Hospital at Home Staffing Level Tool to inform workforce planning with the

intension of recommending to Scottish Ministers for the inclusion of Hospital at Home as a named 'type of healthcare' required to meet the Duty pertaining to the Common Staffing Method under the Health and Care (Staffing) (Scotland) Act 2019.

Frailty support

Frailty Implementation and Improvement Programme

The programme will focus on improving access to person-centred and coordinated health and social care services for people over 65 who are living with frailty, as well as carers and family members with a current focus on supporting the establishment of acute frailty assessment units and identifying people living with frailty, key to effective use of frailty assessment unit bed capacity.

We will also deliver a national frailty learning system which involves sharing practice examples, tools and resources on frailty improvements in practice, through case studies and webinars for our network of over 1,200 health and social care professionals.

RDS is contributing to frailty work through:

- Delivery of frailty improvement decision support toolkit, in collaboration with the Focus on Frailty Programme.
- Delivery of new national polypharmacy prescribing guidance as web and mobile decision support tools, and embedded in primary care electronic health record systems. This includes guidance on managing high risk prescribing in people with frailty.

Focus on Dementia Improvement Programme

We will work with health and social care teams, national partners and people living with dementia and carers across Scotland to support the implementation of key recommendations from the Dementia SIGN Guideline. Support in 2024-25 includes:

- Working with community health and social care teams across Scotland to improve quality and experience of dementia post-diagnostic support. We will also Lead the Dementia Post Diagnostic Support Network across Scotland.
- Updating the Quality Improvement Framework for Post Diagnostic Support and supporting documentation for people with dementia and carers, to ensure alignment with the SIGN Guideline.
- Taking the learning from our Dementia in Hospitals programme and Specialist Dementia unit work to support shared learning into Hospital at Home, SPSP Acute Care Programme and Focus on Frailty programme.
- Develop a Quality Improvement Framework for reducing stress and distress in inpatient and residential settings for people with dementia and test with up to three sites.
- Deliver a national dementia learning system, sharing practice examples, tools and resources on dementia improvements, running webinars and learning sessions for our network of over 1700 health and social care professionals and other national organisations.

RDS will support this work through:

- Delivering a dementia improvement decision support toolkit, in collaboration with the Dementia Improvement Programme.

- Delivering a decision support toolkit for the SIGN dementia guideline.
- Launching interactive “Living well with dementia” toolkits offering post-diagnostic support for people living with dementia and carers, localised for support in Angus, Aberdeenshire, Orkney and Edinburgh City. This involves scale up and spread of the toolkit initially developed successfully for Inverclyde.
- In collaboration with the Scottish Library and Information Council, the ALLIANCE and Alzheimer Scotland, expanding provision of Dementia Information Hubs in public libraries across Scotland.

We will also publish new ageing and frailty standards for the care of older people in late summer 2024. These will replace the Care for Older People in Hospital (COPAH) standards (2015). The standards will apply to all older adults who are or may be at risk of frailty as they age and will apply in all settings where people receive assessments, treatment, care or support from health or care professionals. The themes of prevention and palliative care will be included throughout.

We will focus on supporting mental health services and systems by taking a HIS QMS approach that places the voice of lived experience at its core and is underpinned by a mental health wide learning system. This will allow a focus on broader priorities within the mental health system including addressing inequalities and those highlighted by the recent [Audit Scotland Report](#):

- Governance and accountability
- Intervening early to prevent mental health crises
- Support for people with complex needs for example people with a diagnosis of personality disorder, vulnerable children and young people

We will focus on supporting mental health services within three core functions: reform, standards, and assurance, and are working with SG policy colleagues to further clarify and agree deliverables.

Reform

Our aim is to reform mental health services for people who experience the poorest care. Moving away from a condition-specific approach, we will build upon and learn from current work in Early Intervention in Psychosis, SPSP Mental Health, Personality Disorder Improvement Programme, Coming Home, inspections and other mental health related HIS work.

We will focus in improving access to safer, higher quality, more equitable care that builds capacity and reduces demand on unscheduled/inpatient care. This includes tackling inequalities in accessing mental health and complex care services and transferring care from acute to more appropriate community settings.

Through early intervention improving access to mental health services, we will support building capacity to sustainably deliver outcomes, for example the Child and Adolescent Mental Health Services (CAMHS) and PT 18-week referral to treatment standard and the Scottish Government target for people experiencing episode of psychosis to have a rereferral to treatment time of 14 days.

We will take a co-design approach, engaging with people, communities, third sector partners and the system to identify the high priority challenges and improve pathways of care.

Standards

Our aim is to support the implementation of the new [core mental health standards](#) published by Scottish Government (with a focus on adult secondary care services, across mental health inpatient and community mental health teams). We will use SPSP methodology, the EoS and a QMS approach to support the national roll out of a self-assessment tool and form a related improvement programme.

Assurance

Our aim is to move from a programme of infection prevention control (IPC) inspections of adult

mental health inpatient units to a programme in line with the Safe Delivery of Care inspection methodology for acute hospitals.

Discussions are ongoing with Scottish Government regarding the future funding and scope of our mental health inspection programme as part of the HIS QMS approach described above. The current programme of IPC inspections of mental health patient units will be paused from 1 April 2024 until the future funding and scope of mental assurance work is agreed. It is proposed that the scope of our adult mental health inpatient services inspections be expanded in line with our well-established Safe Delivery of Care inspection methodology for acute hospitals. This will enable a more detailed and in-depth assessment of a wider range of factors that impact the safety and quality of inpatient mental health services against relevant standards and guidance, including the new mental health standards, and the delivery of care in accordance with the Health and Care (Staffing) (Scotland) Act 2019, with the findings from these inspections being used to inform ongoing improvement support to the system. This programme will also support the SG priority area of tackling inequalities in relation to accessing mental health services, strengthening provision in Community Mental Health teams, and better supporting those with complex needs and delivering service reforms aimed at supporting more people in the community.

Joint Inspections of Adult Services

We will deliver joint inspections, with the Care Inspectorate, of HSCP, focusing on integration and outcomes. The intention, subject to resourcing, is to undertake up to three joint inspections during 2024-25 focusing on adults living with mental illness and their unpaid carers. The joint inspections will result in published reports outlining how integration of health and social care is contributing to good outcomes and experiences for this group of adults.

Adult Support & Protection Inspections (ASP) Inspections (phase 2)

We will deliver joint inspection and improvement support activity with the Care Inspectorate and His Majesty's Inspectorate of Constabulary in Scotland. The phase 2 programme includes progress reviews of adult protection partnerships that were allocated the lowest progress statements during phase 1 inspection activity and had significant areas for improvement identified (6 partnerships). It will also involve development of a comprehensive quality improvement framework for ASP which will be available to the sector to support multiagency self-evaluation and thematic supported evaluation work with several (approximately 5-8) partnerships focusing on early intervention and prevention. This proposed work in 2024-25 is subject to confirmation of ongoing funding.

RDS will support this through scale up and spread of decision support toolkit for Adult Support and Protection developed for South Lanarkshire HSCP.

Improving support and developing the Mental Health workforce

As part of our HSP, we will conclude the development and digitalisation of the mental health and learning disabilities inpatient staffing level tools. This will be informed through observation studies, multi-level regression analysis and extensive stakeholder engagement and national testing. The HSP will continue to support the boards in utilising the real time staffing Mental Health Nursing resource to inform staffing decision making and risk assessment. The HSP is further outlined in Section 8.

System Change

The System Change programme supports an increase in quality and a reduction in harm for some of the most vulnerable people by supporting the health and social care system to balance its efforts and focus on longer-term sustainability for the whole system, in addition to focusing on critical, shorter-term service and system changes required to address immediate system pressures.

We will deliver this through:

- Supporting high risk service change, including supporting identification of areas where current models of delivery are no longer fit for purpose and identification of areas of innovation for investment to move towards a more viable and sustainable future. This will include the engagement and involvement of people to support the development of alternative sustainable solutions which meet their needs, minimise the negative impacts of service change, and ensure equality impacts are taken into consideration.
- Providing specialist input from strategic planners and service designers to planned high priority systems changes in the areas of mental health and drugs and alcohol.
- Developing spreadable practice in relation to governing through change (including approaches to engagement-led planning, performance management, and commissioning).
- Undertaking strategic analysis to ensure that we are directing our efforts to the areas which best support minimising in harm for the most vulnerable people.

Improving Access to Planned Care (previously known as Access QI)

Since 2020, we have supported planned care service use QI methods to reduce waiting times to access care. This has been achieved by supporting services to identify opportunities for sustainable improvements and test, refine and implement changes that reduce avoidable demand, remove waste to become more efficient and change the use of existing capacity. A consistent theme from working with over 30 planned care services is a high level of avoidable referrals that could have been managed in the community.

In 2024-25 we will shift focus to work with community-based planned care services that can reduce referrals to key elective care specialities with long waiting lists. We will adapt the short access improvement sprints we use to improve access to general practice and focus on community-based planned care teams to reduce the number of referrals to elective care services.

Area Drugs & Therapeutic Committee Collaboration (ADTCC)

The ADTCC Forum provides a learning network for the Board Area Drugs and Therapeutics Committees (ADTCs) and is hosted quarterly to provide an opportunity to share information and learning between boards on medicines governance and the safer use of medicines. The learning network provides national groups such as Scottish Medicines Consortium (SMC), National Cancer Medicines Advisory Group (NCMAG), SAPG and others the opportunity to update the Board ADTCs.

The ADTCC supports the boards to share and work collaboratively and leads the development of national consensus statements for specific medicines when required to improve patient access to these medicines. The ADTCC will continue work to enable early access to medicines, appeals and improve medicine safety.

Through SMC we will continue to provide advice to NHS Scotland regarding the clinical and cost effectiveness of newly licensed medicines and new indications for existing medicines, as well as provide NHS Boards with early intelligence on new medicines in clinical development to support financial and service planning for their managed introduction. We will also support learning on the clinical and cost effectiveness of medicines through a range of opportunities including via the ADTCC.

RDS will support this through:

- Support from RDS and the national knowledge services network for the national Waiting Well programme. This involves creation and implementation of interactive decision support tools to support prehabilitation, so that people on waiting lists can maintain and improve their health and wellbeing during the waiting period.
- Continued expansion of RDS delivery of decision support tools for NHS Board and Managed Clinical Network guidance on planned care.

SIGN will support this through development of the SIGN guideline on prophylactic antibiotics during surgery. This guideline will provide guidance on the use of prophylactic and therapeutic antibiotics in patients undergoing surgical or interventional procedures in a hospital setting. It is being developed in collaboration with SAPG.

The SMC will continue to provide advice to NHS Scotland on a Once for Scotland basis on the clinical and cost effectiveness of newly licensed medicines for cancer and new indications for existing cancer medicines. As part of the process of advising on new medicines, the SMC will continue to produce a horizon scanning report to provide NHS Boards with early intelligence on new cancer medicines in clinical development to support financial and service planning for their managed introduction.

SMC will continue to collaborate with the Cancer Medicines Outcome programme (CMOP). CMOP provides a valuable opportunity to use real world evidence to strengthen each part of the SMC assessment process for cancer medicines.

Subject to confirmation of funding, the NCMAG will continue to provide evidence-based advice on the clinical and cost effectiveness of cancer medicines outwith the remit of SMC for patients to improve outcomes, service efficiency and consistency. This would include:

- Undertaking a planned review of medicines used for chemoprevention of breast cancer.
- Continuing to work with cancer clinicians to horizon scan for future proposals and undertake assessment to provide information which supports service planning for territorial health boards.
- Continuing to collaborate with the Scottish Cancer Network to review medicines proposals within remit where variation in access has been highlighted as part of Clinical Management Pathway development.
- Continuing to collaborate with the CMOP and PHS SACT data team to identify real world evidence that can be used towards reviews and explore areas of future data collection to provide outcomes data for NCMAG supported decisions.
- Engaging with SG and medicines governance leads to ensure medicines policy supports implementation of NCMAG supported decisions.

As host of the RDS, HIS will work with the Scottish Cancer Network to provide support for the creation of decision aids to support Once for Scotland cancer management pathways.

SHTG will continue to provide evidence-based advice on the clinical and cost effectiveness of health technologies, to improve outcomes for patients and to ensure value within the service. Following on from SHTG advice on tumour profiling tests to guide adjuvant chemotherapy decisions for patients with early breast cancer, SHTG will publish advice on the following technologies:

- Outpatient biopsies (reusable and disposable) equipment for suspicious laryngeal and pharyngeal lesions.
- Cancer e-prehabilitation (digitally supported prehabilitation programmes) for people who have been diagnosed with cancer, prior to definitive treatment.

Other work that supports delivery of the National Cancer Action Plan includes:

- Developing proposals for a revised approach to quality assurance of cancer services encompassing consideration of external screening services for cancer and cancer quality performance indicators.
- Our Research and Information Service is supporting CfSD with the evidence input into a clinically led review of emerging and existing data to update the Scottish Referral Guidelines for Suspected Cancer.
- We are revising the cervical screening standards (publication anticipated December 2024). We work closely with the screening community (including Scottish Screening Committee) to prioritise the review of our extant standards (this is an annual activity).
- Support the ANIA collaborative to focus on fast-tracking the adoption of proven technological innovations across NHS Scotland. As part of our contribution to ANIA, SHTG will provide advice on the following technologies:
 - Capsule sponge technologies for the detection of Barrett’s oesophagus and early stage oesophageal cancer
 - Colon capsule endoscopy for the detection of colorectal polyps and cancer
- In collaboration with the RDS-led national feasibility study for implementation of PROMs, develop and agree on a Once for Scotland basis, core principles for the collection of cancer PROMs (patient-reported outcome measures), influenced by our investment in the regions and Scottish Cancer PROMs Advisory Group.

Working with partners to support the National Mission on Drugs to reduce death and improve lives, including the implementation of MAT Standards, delivery of the treatment target and increasing access to residential rehabilitation

Transformation and improvement in drugs, alcohol, and housing

To maximise the role HIS has in the delivery of the national mission to reduce drug related deaths and harms, we will support the system to use evidence from data, literature, and individual experience to improve the quality of care for those seeking recovery. Blending practical improvements, national learning and local implementation support we will support the highest possible care for those in need. We are reprofiling some of this work to ensure it is deliverable within the available funding.

Pathways to Recovery: Redesigning Residential Rehabilitation Pathways

The aim of this work is to continue to embed good pathways of care for Residential Rehabilitation in Scotland. Using our model for improvement we will offer local and regional support to ensure people experience high quality care, and co-design effective pre-care and after care in the journey to recovery. Our 'Improvement hubs' are leading the way in collaboration and engagement that will design and ensure safe and effective community-based recovery journeys.

- We will continue to work with ADPs across Scotland to map existing pathways against the Scottish Government's Good Practice Guide for Pathways into, through and out of Residential Rehabilitation in Scotland. We will thematically analyse by triangulating existing evidence, and data and insights from people with lived and living experience to identify pathway improvements. This will provide a national picture of the key areas of strength, challenges and potential solutions in the **delivery of Residential Rehabilitation in Scotland**.
- This work will support the development of better **planning and commissioning** in relation to demand and capacity by developing data visualisation and a better understanding of the role of commissioning in securing safe, high quality care. Exploring the governance and assurance of residential rehabilitation services, we will examine the practical solutions that exist to embed a QMS within ADPs in Scotland.
- We will also focus on **improving care before and after residential rehabilitation**. To support this work, our regional improvement hubs will identify the critical components of good pre- and aftercare in collaboration with those who use services. We will also design a tool that supports the considerations of inequalities in the design of good, safe care. Our journey maps will support an understanding of how care is experienced.

Improvement support for MAT Standards implementation

This work will support the sharing of learning and improvements in the delivery of MAT standards through a multi-channel learning system. It will promote the quality and safety of care for those in recovery by accelerating innovation and supporting local systems to use data for improvement and embed practical resources and learn from user experience. We will also continue to develop the

national MAT learning system, offering multi-channel engagement including blogs and case studies, to share good practice and accelerate learning.

- The **national learning system** will continue to be developed and events to support those implementing the MAT standards, promoting the importance of partnership working and involving those with lived and living experience to ensure safe, effective and person-centred care is delivered.
- The findings of our forthcoming report on **community pharmacy** will feed into the design of the national improvement programme and will be disseminated nationally to inform and influence the provision of the standards within community pharmacy.
- The **National Improvement Programme** will focus on triangulation of drug related death data, the Scottish Index of Multiple Deprivation (SIMD), rating within the PHS MIST benchmarking and exception areas (remote and rural, prisons) to embed data visualisation that can support better care locally.
- By engaging with those with lived and living experience we will support the role of **engagement-led recovery communities** to act as advocates and effective sources of referral. By evolving our support to release community-based recovery capital we hope to support integration and good, safe care.

Mental Health and Substance Use Protocol

Building upon work undertaken in the Improving Our Response Programme, the Mental Health Improvement Portfolio is leading on work to support the implementation of recommendation one from the Rapid Review of Co-Occurring Substance Use and Mental Health Conditions in Scotland. The main aim of this work is to develop a 'gold standard' protocol setting out how mental health and substance use services would work together to improve outcomes for people with co-occurring mental health and substance use issues. This work will help support areas to meet MAT Standard 9, to engage across sectors and agencies, to deliver most appropriate care to those with concurrent mental health and substance use support needs. This work commenced in September 2023 and runs until March 2026.

Embedding Housing in Healthcare (Allied Delivery Programme)

Our aim in 2024-25 will be to provide specialist housing input to improvement programmes; focusing on those areas where there would be greatest impact from embedding housing into our work (for example, those with a focus on home-based delivery of care such as Hospital at Home and Frailty).

Improving custody healthcare

Joint Inspection of Prisoner Healthcare

In partnership with His Majesty's Chief Inspector of Prisons for Scotland (HMIPS), HIS is responsible for inspecting all aspects of healthcare that is delivered in prisons. A full programme of inspections will be scheduled by HMIPS for 2024-25 and HIS will undertake additional follow-up inspections when required. Inspection reports outlining the findings from inspections are published on the HMIPS website.

Joint Inspection of Police Custody Suites

We provide expertise to the inspection of healthcare in police custody centres in Scotland led by His Majesty's Inspectorate of Constabulary for Scotland (HMICS) and undertake follow-up inspections where required. Inspection reports are published on the HMICS website. The deliverables for this work programme are subject to confirmation of funding and wider planning of our assurance work.

Health & Justice (formerly Prison Pharmacy)

Key actions/deliverables for 2024-25 include:

- Contributing to the Five Nations Health and Justice Collaborative, Prison Pharmacy Group (PPG), National Prisons GP group and Health Centre Manager Group to identify areas for best practice development followed by production and dissemination of guidance and policy.
- A detailed, costed options appraisal will be produced to inform the decision on future models of service provision.
- Leading the development and implementation of an electronic prescribing and administration system to NHS Healthcare Centres in prisons.
- Lead the PPG on a 'review and lessons learned' exercise of the pharmacy contractor incident.
- Catalogue local arrangements for substance use services, including opioid substitution treatment (OST) that are provided by NHS Board Pharmacy and Community Pharmacy services and identifying variance.
- Clarify the expected role of NHS Board Pharmacy and Community Pharmacy Services to deliver each of the MAT standards.
- Identify the training, support, service, and infrastructure developments that will be required to allow Pharmacy Services to effectively deliver the MAT standards.
- Producing prescribing guidance for the use of z drugs in prison healthcare.
- Leading on the implementation of value-based prescribing in the prison setting focusing on polypharmacy reviews and the output from isympathy.
- Working with the University of Strathclyde and other stakeholders in prison healthcare to increase access to self care for people in prison, improve engagement with primary care and release GP and Nurse clinical resources.

Addressing the wider determinants of health inequalities, through actions set out in the Anchors Strategic Plan

Our key areas of focus are outlined in our Anchors Strategic Plan for 2023-2026. While progress towards becoming an Anchor institution will look different for HIS than territorial health boards for example, we remain committed, through the delivery of our strategic priorities, to the Anchor principles, and that our work as a national board will supplement the activity of territorial boards. As a national board our focus is on impacts across Scotland. Given our unique position in the system, we see our greatest contributions as an Anchor institution as being in the areas of procurement, employment, equalities, and community empowerment and involvement in service design.

As an Anchor institution, we will strive to place equity at the centre of all decision making. One of our strategic priorities, outlined in our corporate strategy, is to 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.

While the Anchor institution principle of the use of land and assets for the benefit of the local community and economy is not directly relevant to HIS, we do place an important focus on the role of communities across our work. In particular, we support communities to be engaged in the decisions that their local boards make regarding land and asset use as well as service change. Our statutory role to support, ensure and monitor NHS legal responsibilities around public involvement is one way we help ensure health and care services co-design changes with those who rely on them to ensure we place their needs, rights and preferences at the heart of the delivery of services.

We enable inclusive engagement of people and communities in health and care services through:

- Building and sharing evidence around engagement.
- Using knowledge and expertise to improve engagement.
- Providing assurance that people are involved in shaping services.
- Delivery and tailored implementation of the 'Being a partner in my care' RDS app developed in collaboration with the Scottish Government Realistic Medicine Policy Unit. This app provides **people with tools and resources to become active partners in Realistic Medicine**. Through RDS leadership and collaboration with the Scottish Library and Information Council, the ALLIANCE and other third sector partners, this will support strengthening the role of public and school libraries in empowering citizens and communities to engage actively in improving their health and wellbeing.

Through our Volunteering in NHS Scotland programme, we support NHS Boards to develop sustainable volunteering programmes through peer networking, sharing good practice and developing resources.

Tackling local health inequalities (including racialised health inequalities) and reflecting population needs

We carry out equality monitoring of all our engagement activity so that we understand who we have worked with and – importantly – who we have not, so that these gaps in representation can be addressed. We will also continue to ensure our all our work undergoes an Equality Impact Assessment (EQIA) process and includes the voice of those with lived experience, for example through reference groups, short life working groups and third sector commissions for wider engagement.

At a time of unprecedented change in the system, it is increasingly important that we support and promote the use of innovative approaches to inclusive engagement in the design, delivery, improvement and assurance of health and care across Scotland. Our service change function will provide advice and support to NHS Boards and Integration Joint Boards on their statutory duties and meaningful engagement in relation to service change.

We will embed use of our Quality Framework for Community Engagement and Participation to help NHS Boards and HSCPs self-evaluate how they are meeting the principles within Planning with People guidance, and inform improvement plans for their engagement activities.

We will continue to capture the perspectives of service users and carers across our work, bringing highly valuable qualitative evidence to support decision making, for example in the SMC. Through focus groups, interviews and surveys, we gather the opinions and experiences of users of health and care services, and members of the general public on a wide range of topics. This feedback is used to inform and influence national policy and practice.

Our Public Partners and People's Experience Volunteers provide a public perspective on developing guidelines and standards, contributing to health technology assessments, supporting improvement programmes, sharing good practice, carrying out inspections, testing questions and making our publications more accessible.

Our work in increasing engagement in improving quality of care supports people-led care and improvement by providing practical implementation support in national priority areas, with a focus on addressing inequalities. In 2024-25 we will focus on support for engagement-led improvement within services, delivering advice, networking opportunities and practical implementation support to health and social care organisations to take a person-centred approach to engaging with and improving the services they deliver as well as outcomes for people, families and carers.

We are also developing standards for gender identity healthcare services, which seek to underpin what high quality, equitable healthcare looks like for trans and non-binary people to support current and future service provision. The standards cover shared and supported decision making, reducing inequalities in gender identity healthcare and services, access to gender identity healthcare, collaborative leadership and governance, staff training and support, referral into specialist gender identity services, gender identity services for young people, and assessment and care planning.

Maternity safety

Reflecting the priorities and ambition described within the HIS strategy to develop and embed a QMS within HIS and the wider health and social care system, HIS will develop and apply this approach to manage the quality and safety of perinatal services and care delivery within Scotland.

While some elements of the QMS exist currently within HIS, two core areas require investment and development. These include the development of standards that services can plan, deliver and manage in line with and a scrutiny and assurance process for perinatal services. We also intend to build a programme of improvement for maternity care, which reflects our existing commitment through the SPSP Perinatal Collaborative.

Discussions have been ongoing with Scottish Government about the establishment of an inspection programme as well as development of national standards for maternity services. As an immediate step, we will widen the scope of the existing Safe Delivery of Care (SDoC) inspections to include perinatal services, with a focus initially within acute care settings. This assurance work for maternity services will use the Quality Assurance Framework, existing standards and guidance to give a baseline assessment and inform ongoing priority areas for the organisation.

This will take place in parallel with standards development, subject to receipt of additional funding.

Together, this will give a holistic assessment of the safety and quality of NHS services within a board, particularly when considered alongside findings from justice and integrated care service inspections, which can help inform ongoing improvement support.

Our SPSP perinatal national improvement programme will continue following the launch in 2023 and will inform and support the wider Perinatal QMS approach.

Joint Inspections of Services for Children & Young People

We deliver joint inspections of community planning partnerships focusing on children and young people at risk of harm in partnership with the Care Inspectorate, Education Scotland, and His Majesty's Inspectorate of Constabulary in Scotland. Subject to agreement with scrutiny partners, the intention is to undertake a minimum of three inspections during 2024-25 with published reports outlining what is working well and what needs to improve to ensure that children and young people are safe and protected. A thematic inspection focusing on the experiences of young people leaving care in Scotland will also be undertaken.

National Hub for Reviewing and Learning from the Deaths of Children and Young People, including Sudden Unexpected Death in Infancy (SUDI)

HIS, in collaboration with the Care Inspectorate, co-hosts the National Hub for Reviewing and

Learning from the Deaths of Children and Young People (known as the “National Hub”). The National Hub aims to:

- ensure the death of every child and young person is reviewed to an agreed minimum standard.
- improve the experiences of and engagement with bereaved families and carers.
- channel learning from current review processes across Scotland that could direct action to help reduce preventable deaths.

Through our online portal we receive and quality assure core review data sets for every child death review from NHS Boards and local authorities.

Taking forward the relevant actions set out in the Women’s Health Plan

We currently have SIGN guidelines in development on diabetes in pregnancy. We are also currently consulting on the draft standards for gender identity healthcare. We are also developing guidelines on CVD, which will cover the management of cardiovascular risk, including a focus to identify any sex-specific gaps.

The HSP will conclude the development and digitalisation of a new maternity staffing level tool which will meet the requirements of the service delivery model outlined in The Best Start Maternity and Neonatal Plan. This will be informed by observation studies, multi-level regression analysis and significant stakeholder engagement and national testing. We will continue to support the boards in utilising the real time staffing maternity resource to inform staffing decision making and risk assessment.

SPSP Perinatal and Paediatrics programmes

Following extensive co-design in 2022-23, the SPSP Perinatal programme and SPSP Paediatric programme and collaboratives were launched in 2023.

SPSP Perinatal will focus on the following key areas:

- Reducing stillbirth
- Understanding and addressing the variation in caesarean birth rate
- Improving the recognition, response and review of the deteriorating woman/birthing person
- Reducing neonatal mortality and morbidity

13 NHS Boards have joined the SPSP Perinatal Collaborative.

SPSP Paediatric will focus on the deteriorating child and young person, with an aim to reduce harm caused by deterioration in acute paediatric settings.

In 2024-25 we will focus on continued delivery of both programmes using a breakthrough series model. We will also focus on iterative evaluation including quantitative and qualitative data to monitor progress against aims, demonstrate impact and generate learning.

The HSP will support the implementation and use of the newly developed Generic Real Time Staffing Resource to inform staffing decision making and risk assessment within paediatric and neonatal services.

Children and young people

We outline key activity relating to children and young people in our [Corporate Parenting Action Plan 2023-26](#). Our work in 2023-24 has related to children and young people's mental health and poverty. The UN Convention on the Rights of the Child was enacted on 16th January 2024, as a public body HIS will comply with enactment responsibilities and provisions set out in the act, reporting on this in 2026.

At the national level, HIS contributes to and influences the agenda on:

- National Getting it right for every child (GIRFEC) learning network
- Child Protection Committee Scotland
- Multi-agency Preventing Online Child Sexual Abuse and Exploitation Group

RDS will support this through:

- Delivery of neonatal guidance for NHS Lothian as a web and mobile decision support toolkit.
- Completing the piloting and implementation of decision support tool for assessment of paediatric sepsis with the Scottish Ambulance Service.
- Delivery of the Scottish Paediatric Endocrinology Group (SPEG) Managed Clinical Network guidelines.

SIGN will support this through:

- Updating the Epilepsy in Children guideline to reflect changes following Medicines and Healthcare products Regulatory Agency (MHRA) revised regulatory measures regarding the prescribing of valproate.
- Contributing to the British Thoracic Society (BTS)/SIGN/National Institute for Health and Care Excellence (NICE) collaborative guideline on diagnosis, monitoring and management of chronic asthma, which updates and unifies current guidance, with the aim of improving outcomes for people with asthma in the UK. The remit includes children and young people who are being investigated for suspected asthma or who have been diagnosed with asthma. Evidence has been reviewed and recommendations updated for diagnosing asthma in children, as well as pharmacological treatment pathways for children under five and for children and young people aged five to 16.

SAPG will support this through group project support for the paediatric stewardship steering group project support.

Healthcare Staffing Programme (HSP)

1 April 2024 will see the implementation of the Health and Care (Scotland) (Staffing) Act 2019. The HSP has delivered responsive and proactive improvement support and expertise to boards in their preparations for the enactment of the Act, providing opportunities through an established national learning system and network. Looking ahead, we will continue to provide tailored and responsive support to boards to improve healthcare staffing and boards' compliance with the Act to ensure services have the right people, with the right skills, in the right place at the right time to meet the needs of service users.

Our work also supports key priorities in the National Workforce Strategy for Health and Social Care for planning and retaining staff by ensuring robust workforce planning and effective arrangements for managing real time staffing and risk through the development and implementation of Once for Scotland Staffing Level Tools, Professional Judgement Tools and Real Time Staffing systems and processes.

Through HIS's new role and function to monitor boards' compliance with the staffing duties outlined within the Act, HIS will provide assurance to Scottish Ministers that relevant organisations are complying with the duties required in the Act. This will enable areas of good practice and learning to be identified and shared, appropriate improvement support to be provided, and where applicable inform decisions by Scottish Ministers regarding any intervention required or any decision relating to policy in health care staffing.

HSP key priorities for 2024-25 include:

- Building sustained knowledge and capability around the Health and Care (Staffing) (Scotland) Act 2019 across NHS Scotland to promote compliance with staffing duties
- Monitoring NHS Board compliance with staffing duties
- Monitoring and development of staffing level tools (considering multidisciplinary tools)
- Developing a Once for Scotland approach for real time staffing and risk escalation
- Working with national digital partners to test and build digitally enabled Staffing Level Tools and Real Time Staffing resources on national platforms

Professional governance

The active engagement and involvement of Registered Health and Care Professionals (RHCPs) is essential to the delivery of our strategy. Clinical professional leadership is about how we formally and informally interact with and support RHCPs, at all levels, to work with us. In 2024-25 we will focus on development, implementation, communication and embedding into practice a Professional Governance Strategy and supporting Framework for RHCPs employed or working with HIS.

Our RHCP Professional Framework will consider various elements across the key stages of an RHCPs employment with us, from recruitment to appraisal support to succession planning and exit interview. The development and management of a central database, our *RHCP Register*, will be key to assuring current live registration as well as and ensuring our support of registrants to maintain that registration and keep abreast of relevant and appropriate professional matters. It will also allow us as an organisation to understand the RHCP clinical knowledge, skills and expertise we have at our disposal that can be easily accessed and deployed to best effect of our priorities and programmes of work.

In the current financial climate, making the most of what we have is vitally important and our *RHCP Register* will enable us to do just that. By understanding who is working with us and where, we can develop clear and robust processes to support all RHCPs working with us in a professional capacity. This will strengthen our reputation with the wider health and care service and enable us to continue to attract the highest calibre of RHCPs to work with us.

When NHS staff are released to work with us on fixed term contracts, service level agreements or memorandums of understanding, it has an impact on service provision locally as well as on the individual. We recognise this as part of our ongoing engagement with RHCPs, managers and employers.

Building QI/QMS capacity & capability

HIS/NES Service Level Agreement (SLA)

Through this work we will focus on enabling training and development opportunities for health and care staff, such as the Scottish Improvement Leader (SciL) programme, the “Managing Quality in Complex Systems” programme. We will also focus on delivering continuing professional development sessions focused on QMS for QI alumni, and collaborating with NES to ensure quality management is included as a key learning outcome in all programmes.

Further information on the HIS workforce strategy is available below.

Adoption and implementation of the national digital programmes

We will develop digital capability that gives frontline staff access to high quality online and up-to-date resources to inform professional decision making.

Within HIS, we will invest in our digital capability to ensure we have secure, resilient and sustainable systems and that our staff are digitally empowered. We will also focus on developing digitally-connected, accessible information systems that inform our work and stakeholders, including our intelligence and web presence. We will also continue our rollout and embedding of M365 across the organisation.

The HSP will continue to work with national digital partners including RLDatix, NSS Digital and Security and NES Technology Services to develop digitally enabled Staffing Level Tools and Real Time Staffing arrangements. The HSP is a key stakeholder in the development of a national Seer Platform to support HIS's role in the monitoring boards' compliance with the Health and Care (Scotland) (Staffing) Act 2019 and the monitoring and development of staffing tools.

Working collaboratively with other organisations to scale and adopt innovation

We will evaluate promising technological and service innovations and practices that improve health and wellbeing outcomes, provide value for money, support a sustainable health and care service.

SHTG will continue to provide evidence support to the ANIA pathway to fast track proven innovations into the healthcare frontline on a Once for Scotland basis. Each ANIA programme is subject to SHTG assessment; the SHTG advice feeds directly into the Innovation Design Authority (IDA) for an implementation decision.

In addition to providing advice on the technologies under review within ANIA, SHTG will develop horizon scanning (or topic selection) methodology for ANIA. The horizon scan output will be used to inform IDA decision making on the selection of topics that are suitable for ANIA (that is, identifying technologies that are ready for consideration for national implementation).

Together with knowledge and learning leads in NES, the RDS team is scoping the potential for initial demonstrator work to use knowledge and decision support approaches to facilitate adoption and spread of ANIA-supported innovations.

SMC is a full partner, alongside the MHRA, National Institute for Health and Care Excellence (NICE) and the All-Wales Therapeutics and Toxicology Centre (AWTTC) to deliver the UK Innovative Licensing Access Pathway (ILAP). ILAP connects the medicines regulator with health technology assessment (HTA) bodies to create a pathway for early patient access to innovative medicines.

Optimising use of digital & data technologies in the delivery of health services

The Right Decision Service (RDS)

The mission of the RDS is to bring evidence for decision making to the fingertips of practitioners and citizens through everyday technology. The RDS formally completed its transition to HIS on 30th November 2023. HIS aims to lead development of the RDS as a major digital enabler of the radical reform and innovation needed across workforce and services, to deliver sustainable, high value health and care across Scotland.

National delivery of the RDS is a key objective in the [Digital Health and Care Delivery Plan](#), the [Data Strategy for Health and Social Care](#), and the Value Based Health and Care [Vision](#) and [Action Plan](#).

The Right Decision Service has two components:

- 1) **The technology platform.** This includes:
 - A “no-code” decision support builder toolset, which the central RDS team and knowledge services staff across Scotland can use to build decision support web and mobile apps.
 - A knowledge base comprising guidance, evidence and other informational resources.
 - User-friendly interfaces enabling access through the “Once for Scotland” RDS web and mobile app and electronic care record systems.

- 2) **The implementation support which maximises the impact of RDS technology.** This support is delivered by the RDS team in collaboration with the national network of knowledge services across Scotland. It includes:
 - Support for RDS governance, quality assurance and evaluation.
 - Implementation and knowledge mobilisation support to help organisations to embed decision support in delivery of health and care services.
 - Digital, information and health literacy skills for practitioners and citizens, collaborating with public and school libraries to reach communities and citizens and support their access and skills.
 - Communication, outreach and engagement.

Meaningful engagement in the design and delivery of care

We will continue to capture the perspectives of service users and carers across our work, bringing highly valuable qualitative evidence to support decision making. Across the Evidence directorate, involvement is embedded in health technology assessments and in the development of standards and guidelines. This includes written Patient Group Partner submissions and meaningful participation at key meetings including Patient and Clinician Engagement (PACE) meetings to support SMC Committee decision making, SIGN Guideline Development Groups and at SHTG Council.

Our Public Partners and People’s Experience Volunteers provide a public perspective on developing guidelines and standards, contributing to health technology assessments, supporting improvement programmes, sharing good practice, carrying out inspections, testing questions and making our publications more accessible.

We will continue to improve how we involve people in our work, including providing training and support to lived experience representatives involved in guideline development. We will explore approaches to making sure guidelines are more effective and relevant to people including using real world data to gather a more accurate representation of patient experience and outcomes, offer focus groups/discussions for peer review in addition to surveys, and use of social media platforms to engage with patients and public to get feedback on the guideline scope.

Improving cyber resilience and compliance with the Refreshed Public Sector Cyber Resilience Framework

Cybersecurity requirements will be provided by SG Department of Health and Care and NHS Cybersecurity Centre of Excellence (CCoE). We will further explore this once additional detail is available.

HIS has a role in the delivery of the NHS Scotland Climate Change & Sustainability Strategy, as well as in the consideration of how we incorporate sustainability as a core element that underpins our work. Our focus areas for 2024 are to:

- Implement the actions from the NHS Scotland Climate Change & Sustainability Strategy
- Focus on the Chief Medical Officers report “Realistic medicine: a fair and sustainable future”
- Adhere to the Public Bodies Climate Change Duties Report
- Refresh the HIS Sustainability and Climate Emergency Strategy
- Deliver a new Net Zero route map action plan (reset our carbon footprint)
- Implement the Scottish Government Environmental Management System (EMS)
- Measure our progress through NHS Scotland Sustainability Assessment Tool (NSAT) submission and assessment
- Embrace opportunities in Sustainable Care, Sustainable Communities and Reducing Harm

HIS’s Evidence and Digital directorate is also working on a sustainability impact assessment to include in the development of work, with the intention that this is eventually used across the organisation, in the same way that we currently undertake EQIAs.

Reducing the environmental impact of healthcare

HIS does not provide direct healthcare, however some areas of our work have a direct focus on reducing environmental impact. For example, a patient decision aid on asthma inhalers and climate change was published in September 2022 to support our work with the BTS and the National Institute for Health and Care Excellence (NICE) on UK-wide guidance for the diagnosis and management of chronic asthma in adults, young people and children.

The SHTG has been asked to look at volatile capture technologies (VCTs) designed for use in anaesthetic rooms and operating theatres, including consideration of evidence supporting the use of VCTs in reducing carbon emissions from inhaled anaesthetics as well as whether these offer good value for money.

SIGN is working with NICE and BTS on a UK guideline for the diagnosis, monitoring, and management of chronic asthma, due to be published Q2 2024. The aim of the guideline is to ensure that patients are correctly diagnosed and that their asthma is well controlled on the most appropriate combination of medicines to ensure good quality of life and avoid unscheduled hospital visits. This will include updating the patient decision aid on asthma inhalers and climate change.

The ADTCC will continue to provide opportunities via the quarterly forum and through the Formulary Pharmacist Network to support the consistency of approach to ‘green’ inhalers and allow opportunities to share good practice between boards.

Service sustainability

HIS undertakes an annual integrated planning process, which is a consolidated view of three key plans: financial plan, workforce plan and our ADP. This allows assurance to be given over delivery within available and affordable resources.

Collaboration across National Boards

Through the National Directors of Planning Group, we are supporting and participating in an integrated approach to recovery and delivery planning across NHS Scotland. We will be sharing the content and focus of our annual and medium term plans as a collective group of national boards with the intention of identifying any key activities or projects that would benefit from wider collaboration.

Reducing greenhouse gas emissions

HIS is a tenant at two sites: Delta House, Glasgow and Gyle Square, Edinburgh; as a tenant, HIS is limited in actions which can be taken in relation to decarbonisation. Energy companies within the national framework supply our electricity through national contracts.

Delta House only uses electricity for energy, and HIS has installed energy efficient technology such as low-level LED lighting throughout the building. The building heating system was replaced during our 2021 building renovation.

HIS will work with NSS to maximise the decarbonisation of Gyle Square and explore the wider benefits of solar power energy generation for discussion with our property owners.

Adapting to the impacts of climate change, enhancing the resilience of the healthcare assets and services of NHS Boards

HIS's overall waste generation is low at present, as the majority of staff have adopted hybrid working. Within our Public Bodies Duties Report we have identified key priority actions by emission sources and associated pathways which will achieve the targets set out in the DL (2021) 38 which are to:

- reduce domestic waste by a minimum of 15%
- ensure that no more than 5%, and less where possible, of all its domestic waste goes to landfill
- reduce the food waste it produces by 33%
- ensure that 70 % of all its domestic waste is recycled or composted

To develop and implement an effective EMS, HIS is gathering baseline data for energy, waste and water. Once identified we can monitor these data, identify our aspects and impacts on the environment, develop an environmental risk register, set achievable targets, monitor and report on these targets and ensure compliance with any regulatory requirements.

The decarbonisation of the NHS fleet and the implementation of the sustainable travel approach

HIS chairs the NHS Scotland National Boards Sustainability Group (NBSG) collaborating and sharing ways in which we can reduce the need for business travel within our boards.

During 2021-22 HIS reduced then removed all lease vehicles used by management and staff. Since then, during 2022-23 we worked with Active Travel Scotland to produce an Active Travel Plan and a draft business travel policy.

It is our intention to work closely with our lead for Travel and Transport and senior Finance colleagues to develop more robust ways to measure and monitor our reduction in business travel both in terms of financial cost and the cost to the environment.

HIS Workforce Plan

In accordance with Scottish Government guidance, the 2022-25 Workforce Plan for HIS provides the following:

- Information on our current workforce (comparing demand analysis with current workforce) – completed activity is reported to the Staff Governance Committee and the Board. Further work is being undertaken in the early part of 2024 which will provide a further update to the plan to follow via information available once the future workforce numbers have been confirmed in line with financial forecast.
- Our assessment of further workforce needs, including describing and analysing the gap between projected future workforce needs and current staffing levels – this work for 2024-25 has begun and final detail will follow based on realigned financial budgets and associated impact on directorate workforce plans.
- An action plan to address the gap and achieve the necessary changes to the workforce.

Progress against actions in the 2022-25 Workforce Plan

We report on progress against the action plan to our Staff Governance Committee on a quarterly basis using a 'RAG' (red, amber, green) status as well as evidence to support assessment of progress. In line with previous guidance, the full revision to this action plan will be discussed with our Committee and the Board throughout the year.

At the time of writing, the following actions in our Workforce Plan have been completed:

- A review of the role and membership of our Workforce Strategy Group which supports greater scrutiny of vacancy requests and the identification of opportunities to explore role redesign, standardisation of roles and collaboration of roles.
- The use of a wider range of social media platforms to reach wider audiences and positively market the employment opportunities at HIS as well as promoting the organisation as an employer of choice which is committed to more sustainably and more flexibility in how and where our staff work.
- Following participation in the NHS Scotland pilot for the Equally Safe at Work, we have received employer accreditation and recognition for this programme.

Priorities during 2024-25 include:

- We will review our approach towards our workforce model, particularly fixed term contracts and developing a new framework to change the way we manage fixed term contracts. This will include working in partnership to agree the new approach and model that will enable a more comprehensive scope to maximise the skills, knowledge and experience of our workforce. It will also ensure a more collaborative and flexible way of working to meet our strategic and service delivery needs.
- Creation of an updated Workforce Plan reflecting the new workforce model and further planning ahead to assist with meeting the financial and service challenges.
- In relation to recruitment, we are reviewing specialist posts within HIS and looking at alternative methods to attract candidates. We will also continue our approach to recruitment

on a Scotland-wide basis to create a more agile and flexible workforce, maximising the opportunities of agile and hybrid working.

- We will also explore and review the range of employability programmes and other opportunities available so that we are able to assess these within the context of the organisation and the work we do. This will support us to take a more strategic approach to what we support and how we resource it as well as influence how we will progress our responsibilities as an Anchor organisation going forward.
- We will implement a new model for learning and development across HIS. This is a significant shift for the organisation (in terms of how we develop staff), and will run as a test of change, in recognition of the level of change underway within HIS. This is to ensure that the direction of travel can be adjusted depending on emerging circumstances-need. This aims to contribute towards the achievement of becoming an exemplar employer and prioritising the development of our staff. An important element is creating a learning environment which supports the growth of a flexible and agile workforce. This will include launching HIS Campus, a virtual space to share learning opportunities and creating a focus on developing organisational capabilities as a means of building capacity for change.
- Our Organisational Development Framework highlights a number of areas for development and progression in the coming year and this is aligned with the change environment in HIS. Key areas of focus will include the following:
 - implementing HIS Campus
 - strengthening our focus on management development
 - growing our leadership capacity and contextual awareness across the organisation
 - implementing a psychometric profiling tool to support team development and relationship building
 - establishing a clear method of reviewing and assessing the range of intelligence which is gathered around workforce. This will enable timely assessment of progress on (mainly) corporate activity, and influence future plans.

Challenges

The current challenges in relation to workforce planning are as follows:

- **Financial pressures:** A proportion of the work commissioned by Scottish Government from HIS is funded annually on an additional allocation basis. Delays to date in receiving allocation letters for the current year present a risk to our ability to deliver certain programmes of work. The revised approach to how we manage our fixed term contracts in the future will assist and support our workforce development plans as well as our organisational strategy and delivery plans.
- **Workforce shortages/competition:** Within HIS we recruit to a range of specialist roles that are not replicated elsewhere within NHS Scotland, for example in improvement, service redesign and health economics. We are often in competition with private industry, such as large pharmaceutical companies, or seeking to employ to these roles from a smaller skills base than other roles.

- **Recruitment employment challenges:** Given the nature of our funding we are reliant on a proportion of fixed term contract appointments and the need to attract individuals on secondment from other NHS Boards. The revised approach to developing a new framework to manage fixed term posts and a new workforce model should support us to overcome these challenges by minimising the reliance on the use of fixed term contracts and having greater scope to flexibly deploy and develop staff across the organisation as work priorities change.

Risks

We have identified several risks as part of the development of our ADP for 2024-25.

- There are a significant number of risks to achieving financial balance, ranging from uncertainty on allocation funding, confidence in achieving our savings targets, and unfunded pay awards, which will materially impact our financial position next year. We are taking a risk-based approach to progressing additional allocation-funded work to reduce the potential impact of this.
- There is a risk we are unable to deliver significant parts of our work programme, resulting in a failure to bring about improvement, and reputational damage with key stakeholders including Scottish Government and the public. We are seeking to protect our statutory functions and maintain a fundamental focus on quality and safety in a system under pressure.
- There is an increased risk of not having the right people in the right place at the right time caused by higher staff turnover (for example because of fixed term contracts and uncertainty about future programme of work). We will need to take this work forward in partnership and the interim workforce plan will be a key mitigation.

These risks are being developed and reviewed as part of our ongoing strategic risk management processes.