

Healthcare Improvement Scotland

Three Year Delivery Plan 2024-27

Healthcare Improvement Scotland’s medium-term planning and priorities

Planning context

Healthcare Improvement Scotland (HIS) exists to lead improvement in the quality and safety of health and care for the people of Scotland using our skills and knowledge to tackle the quality challenges being faced. Our role is to be at the heart of national efforts to understand and shape the quality of health and care, and with partners, to embed quality management across the provision of health and care.

We fully recognise the exceptionally difficult choices that are now facing the health and social care system at this time. HIS also acknowledges the need to visibly play its part in demonstrating value for money and in continuing to make a tangible impact in improving outcomes.

Our [five-year strategy](#), published in 2023, recognises these serious challenges and the needs of our stakeholders in meeting those. In response, we will maintain a relentless focus on quality and safety, with **four strategic priorities across 2023-2028**:

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

Across all our priorities, we work to ensure that the design, delivery, improvement, and assurance of care are underpinned by:

- the voice of people needing, using, and delivering care
- evidence about what works and how
- data to understand where to focus change and whether change is leading to improvement
- a culture which enables continuous learning, innovation, and improvement

Consistent with the Quality Management System, which underpins our strategy, we are embedding a coordinated ‘One Team’ approach to how we confront and respond to the substantial threats to safety and the quality of care. Increasingly, this means that we are integrating our thinking and delivery regarding priorities such as in acute care, mental health or primary care and deploying our

expertise in a more systematic fashion across evidence, improvement support and external assurance.

In the medium term (2024-27), we will focus on:

- 1. Driving a stronger and more consistent focus on safety at a national level and ensuring safety is at the heart of all we do**
- 2. Proactively supporting the recovery and renewal of our health and social care system**
- 3. Reducing inequalities in care by making sure the views of diverse and seldom heard groups are listened to and acted upon**
- 4. Supporting care that improves health and wellbeing outcomes, provides value for money and supports a sustainable health and care service**

Our Three Year Plan and Annual Delivery Plan are set within a challenging financial environment, which will require our steadfast commitment to:

- protecting statutory functions
- retaining a key focus on the safety and quality of healthcare
- being responsive to changing pressures and risks in the system
- ensuring our priorities are in line with the delivery of our strategy

We will be guided by the key principle, as set out in our legislation, that,

"The safety and wellbeing of all persons who use services provided under the health service and independent health care services are to be protected and enhanced."

In particular, we will protect and maintain delivery of our **statutory duties and powers**, including:

- to further improve the quality of health and care
- to provide information to the public about the availability and quality of NHS services
- to support and monitor public involvement
- to monitor the quality of healthcare provided or secured by the health service
- to evaluate and provide advice to the health service on the clinical and cost effectiveness of new medicines and new and existing health technologies

Further, our strategy states that:

"we will drive a stronger and more consistent focus on safety at a national level and support a better understanding of what actions are needed to deliver sustained improvement."

We intend to apply this approach to meeting the following major national priorities, which directly align with Scottish Government (SG)'s national drivers of recovery:

- maternal healthcare
- primary and community care
- mental health
- acute care

- clinical governance and health system

Our strategy sets out how we will bring together knowledge and skills from across our organisation to target our resources where they will have most impact in reducing waste, variation and harm. This applies across our functions and priorities, to whichever service area, condition or aspect of quality we are working on.

We will also apply the following principles to our support for the system:

- focus on those who are at most risk
- protect people and services from harm
- keep the system safe
- maximise scarce clinical resources

Our plans for 2024-27

In line with SG guidance we have focussed on updating our delivery plan for the next three years (2024-27) with fuller details of planned activity for 2024-25.

Our Annual Delivery Plan 2024-25 sets out our planned programme of work for the coming year, with a specific focus on our contribution to the SG's ten national areas for recovery ("the recovery drivers"), as outlined in the 2024-25 delivery planning guidance.

Our three-year plan sets our work in the broader context of delivering our five-year strategy, including our statutory responsibilities and our relentless focus on the safe delivery of high quality care.

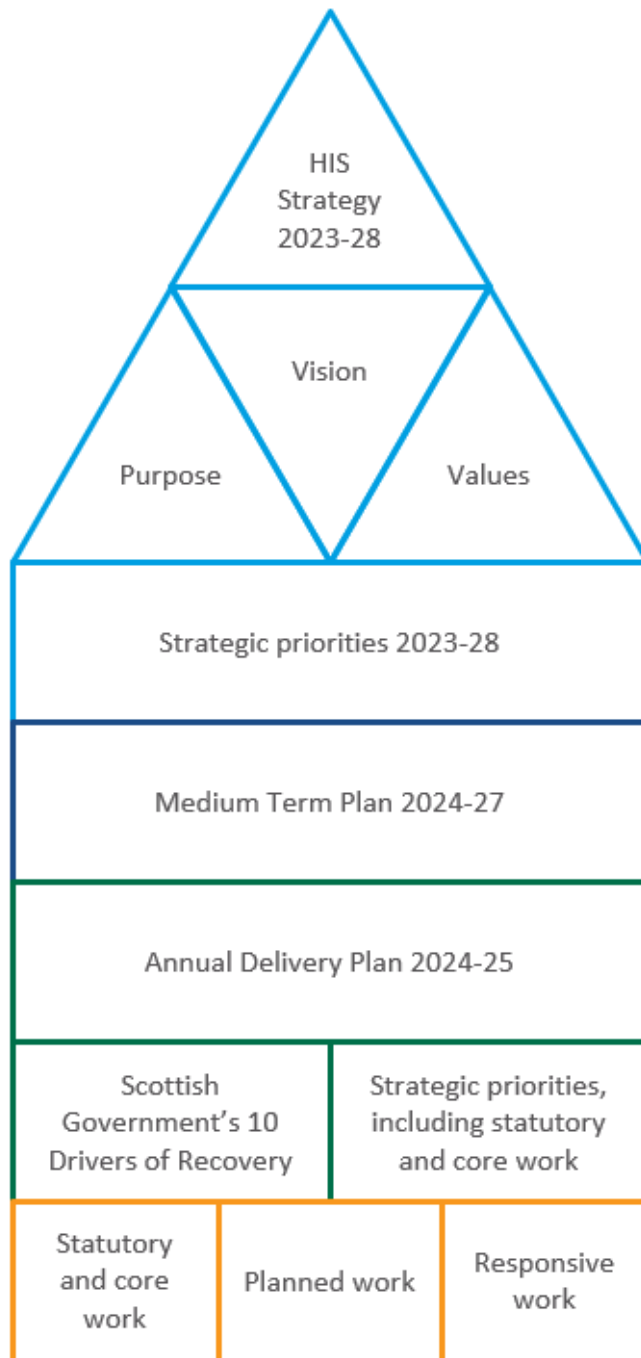


Figure 1: Interrelationships between HIS's strategy, SG planning requirements, and our core areas of work.

Our three-year delivery plan

We outline below what we plan to deliver from 2024–27. Much of our work will cut across more than one recovery driver, however we have highlighted the primary drivers supported through each of our priorities areas to demonstrate alignment.

1. Driving a stronger and more consistent focus on safety at a national level and ensuring safety is at the heart of all we do

Recovery drivers supported:

- **Cross-cutting**
- **Workforce**
- **Women and children’s health**
- **Mental health**

The safety of patients and service users is paramount, and we believe it is a priority that HIS continues to provide appropriate external assurance of the safety and quality of care. 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.

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.

National leadership and intelligence sharing

As part of providing national leadership for safety in Scotland, 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 focussing our own work on the right areas, and to discuss, debate and improve approaches to key safety challenges with partners and stakeholders.

Maintaining agility and responsiveness to changing pressures and risks

Recognising that HIS has a statutory responsibility to protect and enhance the safety and wellbeing of all people who use health and care services, this must continue to be at the heart of all we do. It is essential that in the context of current service pressures, we maintain our focus on safety and quality, and making sure people get the right care in the right place, through our statutory assurance and regulatory functions as well as point of care tools and improvements.

Previous high-profile failures in care have involved failures in both first and second lines of defence for patient safety, through those at the 'front line' raising concerns and not being listened to, and corporate governance systems failing to effectively identify and respond to risk indicators and signals of potential failures in safety and quality of care. As a national organisation we have a role in providing a third line of defence in terms of our statutory duty to support, ensure and monitor the quality of healthcare in Scotland.

Maternal healthcare

External quality assurance of the safety and quality of maternity services in Scotland is an area of growing focus, particularly following the Ockenden review in England, the forthcoming publication of the HIS Neonatal Mortality Review and the first report from the National Hub for Reviewing and Learning from the Deaths of Children and Young People, which HIS co-hosts in collaboration with the Care Inspectorate.

We therefore believe there is a need to have maternal healthcare as a significant strategic priority for our organisation and consistent with the Quality Management System approach. We intend to strengthen external assurance, develop, in time, national standards, and build a programme of improvement for maternity care, which reflects our existing commitment through the SPSP Perinatal Collaborative. As an immediate step, we will widen the scope of the existing safe delivery of care inspections to include maternity services. 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. Assurance work for maternity services will be in parallel with standards development using the Quality Assurance Framework, existing standards and guidance to give a baseline assessment and inform ongoing priority areas for the organisation.

Support to NHS Boards

Following the positive feedback regarding the bespoke support we previously provided to two boards, we are committed to further developing our targeted, responsive and agile and support for boards both before and after our inspections on the safety and quality of care. This work includes person-centred approaches, safe communication, leadership culture and safe clinical processes. Embedding this holistic quality management approach to our assurance, improvement, evidence and engagement functions, will deliver significant benefits for other NHS Boards.

We will continue to bring together our knowledge and experience in safety in a more connected way across the organisation through our Quality Management System, for example by strengthening

connections between point of care improvement work and inspection findings, especially in our mental health work in the forthcoming year.

Helping boards to improve workload and workforce planning to ensure they have the right people, with the right skills, in the right place at the right time

1 April 2024 will see the enactment of the Health and Care (Scotland) (Staffing) Act 2019. We have delivered responsive and proactive improvement support and expertise to boards through their preparations for the enactment, providing opportunities to develop a national learning system and network. Looking ahead, we will help boards to improve workload and workforce planning to ensure they have the right people, with the right skills, in the right place at the right time. Our work also supports key priorities in the National Workforce Strategy for Health and Social Care.

2. Proactively supporting the recovery and renewal of our health and social care system

Recovery drivers supported:

- **Primary and community care**
- **Urgent and unscheduled care**
- **Mental health**
- **Planned care**
- **Health inequalities and population health**

Supporting the shift in the balance of care closer to people's homes

Hospital at Home (H@H) 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 sites. Since 2020 we have supported NHS Boards and Health and Social Care Partnerships (HSCPs) across Scotland develop and expand H@H services and we will continue to do so by providing a national infrastructure which includes national data collection and analysis, providing opportunities for peer-to-peer learning and collection and synthesis of evidence demonstrating its impact.

Developing more sustainable primary care

The Primary Care Phased Investment Programme will support HSCPs and primary care services to accelerate progress on implementing aspects of the [General Medical Services \(GMS\) contract \(2018\)](#). The programme will be delivered at pace to support teams to explore challenges, identify areas for change and improve services.

Mental health

We will support delivery of the Mental Health and Wellbeing strategy across our improvement, assurance and evidence functions.

Following the publication of the new SG mental health standards we will use SPSP methodology: The Essentials of Safe Care and our Quality Management System approach to develop and pilot tools to help services self-assess whether they were achieving the standards. Through this we will make and

suggest improvements to both the self-assessment tool and the standards, alongside the development of an improvement programme to support services in areas identified. We will work to reform mental health services for people who experience the poorest care to deliver safer, higher quality, more equitable care that builds capacity and reduces demand on unscheduled/inpatient care. This work will take a co-design approach, engaging with people, communities and the system to identify the high priority challenges and improve pathways of care.

National mission to reduce drug related deaths and harms

To support the delivery of the national mission to reduce drug related deaths and harms, SG commissioned HIS in April 2022 to work with Alcohol and Drug Partnerships (ADPs) to improve the long-term health outcomes for the most vulnerable people who seek treatment and recovery from drug and alcohol use.

We are consolidating our various work programmes in this area, to focus on areas of greatest need, including:

- Breaking down silos between substance use and mental health services by developing and supporting implementation of a protocol of how they work together
- Providing a learning system to support improvement and reform across ADPs
- Providing improvement programmes in specific service areas including residential rehabilitation and implementation of Medication Assisted Treatment (MAT) standards

3. Reducing inequalities in care by making sure the views of diverse and seldom heard groups are listened to and acted upon

Recovery drivers supported:

- **Health inequalities and population health**
- **Women and children's health**

These priority areas reflect the commitments in our Anchors Strategic Plan for 2023-26. As a national board our focus is on impacts across Scotland, and 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.

We will share our expertise on equality, inclusion and human rights, person-centred care and deliver on our statutory duties relating to equality and children and young people which have associated action plans. We will report on progress on 2, 3 and 4-yearly cycles. We outline key activity relating to children and young people in our [Corporate Parenting Action Plan 2023-26](#).

As mentioned above, we will also be focussing on maternal healthcare as a strategic priority, particularly through external assurance, the development of national standards, and a programme of improvement for maternity care.

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 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. Through this activity we will support the implementation of the Women’s Health Plan and ensure our work aligns with the United Nations Convention on the Rights of the Child, The Promise, Getting it Right for Everyone and Getting it Right for Every Child.

Embedding best practice in listening, understanding and acting on the views of people who need, use and deliver services and use of our Quality Framework for Community Engagement and Participation

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

At a time of unprecedented change in the system, it becomes 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 Community Engagement function supports, ensures and monitors NHS bodies' statutory duties on public involvement and meaningful engagement in relation to service change. This includes providing advice and support on best practice as well as assuring engagement is undertaken.

We will also 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 empower people, communities and the public to have their say in health and care. This will include informing policies and decisions on health care services by building evidence from engagement, such as through our Citizens' Panel.

Embedding perspectives of service users and carers across our work programme

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 Scottish Medicines Consortium (SMC).

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.

Healthcare and justice

HIS also plays a crucial role in providing quality assurance of the healthcare provided to people within the justice system. We do this by managing the healthcare element of His Majesty's Inspectorate of Prisons for Scotland inspections of prisons and His Majesty’s Inspectorate of Constabulary in Scotland of police custody suites. We work to ensure individuals in custody and

prison receive equitable healthcare and support compared to the general population, while considering the constraints of the prison or custody environment. Our Health and Justice programme further supports pharmacy and prescribing in prisons.

4. Supporting care that improves health and wellbeing outcomes, provides value for money and supports a sustainable health and care service

Recovery drivers supported:

- **Cancer care**
- **Digital services innovation adoption**
- **Climate**

HIS is a key delivery partner in [Delivering value based health and care: a vision for Scotland](#). Many areas of our work supporting this, including Realistic Prescribing, the work of the Scottish Health Technologies Group (SHTG) and the work of the SMC and the National Cancer Medicines Advisory Group (NCMAG).

In relation to effective prescribing and stewardship, the Scottish Antimicrobial Prescribing Group (SAPG) works closely with NHS National Services Scotland to identify unwarranted variation in antimicrobial prescribing and then supports boards with improvement initiatives.

Supporting digital transformation

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

Across our Evidence and Digital Directorate in particular, we will support improved delivery through better use of digital and tools, including the expansion of the [Right Decision Service \(RDS\)](#). RDS aims to provide access to local and national guidance, pathways, calculators and other decision support tools on a Once for Scotland basis to health and care professionals in Scotland. This is a key objective within Scotland's Digital Health and Care Strategy and the Health and Social Care Data Strategy.

Through the Healthcare Staffing Programme we will also continue to support real-time staffing decision making through a suite of digital tools.

Within HIS, we will invest in our digital capability to ensure 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.

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

The SHTG provides evidence support and objective advice to NHS Scotland on the use of new and existing health technologies. SHTG will continue to provide evidence support to the Accelerated National Innovation Adoption (ANIA) pathway to fast-track proven innovations into the healthcare

frontline on a Once for Scotland basis. ANIA will ensure the quick and safe rollout of technological innovations that will improve patient outcomes, improve patient and staff experience, and which are both financially and environmentally sustainable.

The cost of new medicines remains a financial pressure across the NHS, and while SMC will continue to work within policy and statutory obligations, 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 health 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 the Area Drug and Therapeutics Committee Collaborative (ADTCC).

The NCMAG programme will continue to work closely with the SMC to support improvements in patient's outcomes and experiences and support territorial board efficiency and consistency in medicines governance and medicines access.

Supporting a sustainable health and care service

We are part of the National Board Collaborative Charter, whose purpose is maximising the effective use of our collective resources, improving the quality and sustainability of our services, and making the best use of public funds.

We also have a role in the delivery of the NHS Scotland climate emergency and sustainability strategy, as well as in the consideration of how we incorporate sustainability a core element and underpinning of our work. We continue to enhance our collaborative work on sustainability and climate change and help develop and implement national sustainability plans while meeting our statutory duty. We have established a National Boards Sustainability Group, to share learning and undertake joint activity.

Risks

We fully recognise the exceptionally difficult choices that are now facing the health and social care system. HIS also acknowledges the need to visibly play its part in demonstrating value for money and in continuing to make a tangible impact in improving outcomes.

Financial risks

Our overall savings target for 2024-25 is £2.5m which equates to 8% savings against £33.8m baseline funding, which has been already reduced by 4% from the 2023-24 position. This includes our contribution to the non-patient facing national boards collective reduction in recurring funding of £30m. Alongside other national boards, this carries a substantial degree of stretch and will have an impact on aspects of our work.

HIS carries a significant degree of risk with regard to additional allocations funding, which accounts for £9.7m or 29% of our projected total income in 2024-25. To ensure we meet our financial obligations and ensure we do not destabilise key programmes, we are required to make difficult choices about what we can sustain in 2024-25 while meeting our statutory duties.

In addition, other significant financial risks in the medium term include certainty of recurring funding for pay awards and further savings targets required of our board in the medium term.

Reputational risks

HIS has responsibilities set out in legislation in fulfilling its duties. These include protecting and enhancing the safety and wellbeing of those that require healthcare. The proposed budget for 2024-25 will potentially have an impact on how we discharge these responsibilities and the breadth of our efforts in supporting improvements in health and social care. We are therefore ensuring we protect and maximise the impact we make in key priority areas, especially statutory functions.

Workforce risks

Our staff remain the largest asset to the organisation and a key enabler in delivering this plan. Our workforce model must be flexible and agile to focus our strengths and resources on addressing challenges to secure positive, sustainable change in the health and care system. We do not underestimate the impact this level of change and uncertainty will have on our staff and the risk that creates staff wellbeing and retention.

Challenges in workforce planning

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

- **Financial pressures**

A proportion of the work commissioned by SG 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 One Team 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 One Team 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.