



# Annual Delivery Plan Template

**Template: ADP1**

**NHS Board: Healthcare Improvement Scotland**

## 2023/24 Annual Delivery Plan (extract from Scottish Government guidance)

Boards are requested to develop their 2023/24 Annual Delivery Plans (ADPs) to reflect the following key areas, using the relevant template. The ADPs should also set out in detail how the board will achieve and maintain the expected levels of operational performance with specific detail and trajectories required in relation to the first year of the Plans.

#	Area	Board Actions	Template
<b>A</b>	<b>Recovery Drivers and HIS Priorities</b>	Set out your approach to delivering the agreed ten national areas for recovery. <b>This reflects all policy areas.</b> ADPs must include clearly what will be delivered, by when and the expected impact. Where appropriate, trajectories are also required. <i>To note, these national areas are not exclusive, and Boards are expected to continue to recover and deliver all core services.</i>	ADP1 ADP2
<b>B</b>	<b>Finance &amp; Sustainability</b>	Boards are asked to identify any risks and issues to delivery of the ADP, with reference to the need for financial balance and associated improvements through, for example, Sustainability and Value Programme.	ADP1
<b>C</b>	<b>Workforce</b>	Boards are asked to include an update on the implementation of board workforce plans.	ADP1
<b>D</b>	<b>Internal Improvement Programmes</b>	Boards are asked to summarise improvement programmes that are underway, along with the expected impact and benefits of this activity.	ADP1

**This document should be read alongside the ADP2 template.**

## Section A: Recovery Drivers and HIS Priorities

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### Primary & Community Care

Improve access to primary and community care to enable earlier intervention and more care to be delivered in the community

No.	Board action
1.1a	<p>Outline your plans for the Primary Care Improvement Programme, which includes access sprints with GP practices, CTAC learning network, improvement support for pharmacotherapy alongside SPSP Primary Care ensuring ongoing focus on key safety issues.</p>
	<p>In 2023/24, the Primary Care Improvement Portfolio (PCIP) will:</p> <ul style="list-style-type: none"> <li>• deliver, evaluate, and spread the Primary Care Access Programme (PCAP)</li> <li>• test dedicated improvement sprints for pharmacotherapy to support spread of the serial prescriptions and acute prescribing toolkits</li> <li>• launch the Quick Guide to Acute Prescribing (short version of the aforementioned toolkit)</li> <li>• scope opportunities for improvement in the level 2/3 pharmacotherapy space, for example polypharmacy</li> <li>• ensure all shared Scottish Patient Safety Programme (SPSP) medicines resources are up-to-date, reliable and trustworthy and further embed medicines safety across all PCIP workstreams</li> <li>• scope approaches and initiate work to establish the current safety climate and culture in general practice</li> <li>• enable and support implementation of Community Treatment and Care (CTAC) services to share learning that improves the delivery of CTAC services</li> <li>• lead Primary Care Resilience Webinar sessions</li> <li>• develop, review, evaluate and disseminate resources to support improvements which aid key challenges facing primary care</li> </ul> <p>The above will be underpinned by our learning system which spreads learning to key stakeholders to enable improvement.</p>
1.2a	<p>Outline your plans to lead the national support for the roll out of Hospital at Home.</p>
	<p>We will continue to support NHS boards and Health and Social Care Partnerships (HSCPs) to implement or expand Hospital at Home services. We will support services increase the number of patients managed by 50 % by the end of March 2024. We will do this by:</p> <ul style="list-style-type: none"> <li>• creating additional capacity through setting up new services</li> <li>• broadening the scope of services to increase demand</li> <li>• maximising the use of capacity to increase activity</li> </ul> <p>We will also deliver national infrastructure to support the expansion of Hospital at Home. This includes:</p> <ul style="list-style-type: none"> <li>• national data collection and analysis</li> <li>• collection and synthesis of evidence demonstrating the impact of Hospital at Home</li> </ul>

	<ul style="list-style-type: none"> <li>• supporting NHS Education for Scotland (NES) to implement the Hospital at Home competency framework</li> <li>• providing opportunities for peer-to-peer learning</li> </ul>
<b>1.3a</b>	Outline your plans to support the Anticipatory Care Programme (ACP).
	<p>Several teams will deliver work to support this area.</p> <p>In 2023/24, PCIP will continue to deliver ACP work in line with our available budget and capacity, including developing the evidence base for future activities. We will:</p> <ul style="list-style-type: none"> <li>• refresh, republish and promote current case studies, guidance and resources as required, including those focused on electronic Key Information Summaries (eKIS)</li> <li>• engage in cross-organisational work on frailty and dementia (see sections 1.4a and 2.1a for more information)</li> </ul> <p>The Focus on Frailty work will support teams to consider anticipatory care planning as part of enhanced integrated team working and implementation of person-centred care planning.</p> <p>The SPSP Acute Adult Collaborative will continue to support teams to:</p> <ul style="list-style-type: none"> <li>• consider the role of Treatment Escalation plans as part of person-centred care planning</li> <li>• share learning around tools implemented by teams to promote anticipatory care planning</li> </ul> <p>Finally, a Scottish Intercollegiate Guidelines Network (SIGN) guideline on care of deteriorating patients will be published in Q1. The guideline covers observation, data collection, escalation, early warning scores, sepsis antimicrobial management, anticipatory care planning, treatment escalation plans and person-centred communication for adults in hospital and community healthcare settings.</p>
<b>1.4a</b>	Outline your plans for the Dementia Improvement Programme, with a focus on timely diagnosis and effective provision of post diagnostic support and care coordination.
	<p>Due to issues around funding to continue our wider programme of work on timely diagnosis, post-diagnostic support and care coordination, we have consolidated our core resource to develop a HIS dementia improvement programme (the Focus on Dementia improvement programme). This will support the implementation of key recommendations from the SIGN guideline on assessment, diagnosis, care and support for people with dementia and their carers which will be published in Q2. The guideline covers the identification and diagnosis of dementia (including the use of remote technology), post-diagnostic support, non-pharmacological management of aggression, agitation and sleep problems, grief and dementia, changes needs of people with dementia, and palliative approaches.</p> <p>The focus of the improvement support work will be:</p> <ul style="list-style-type: none"> <li>• working with HSCPs and Health and Social Care Teams to improve the quality and experience of post-diagnostic support</li> </ul>

	<ul style="list-style-type: none"> <li>• leading the Dementia Post Diagnostic Support Network across Scotland</li> <li>• taking the learning from our Dementia in Hospitals programme to support shared learning with Hospital at Home, SPSP Acute Care Programme and Focus on Frailty programme</li> <li>• learning Sessions to share and spread practice improvements</li> </ul> <p>We will continue to work in collaboration with Scottish Government Dementia Policy team to secure future longer term funding to enable a wider programme of improvement support aligned to the new Dementia Strategy for Scotland.</p>
<b>1.5a</b>	<p>Outline your plans for undertaking SHTG reviews of:</p> <ul style="list-style-type: none"> <li>• the clinical and cost effectiveness of community-based management of respiratory conditions</li> <li>• the evidence for outpatient biopsies compared with inpatient procedures</li> <li>• Teledermatology for triage of primary care referrals; and</li> <li>• The benefits and cost savings of MDTs within primary care.</li> </ul>
	<p>The Scottish Health Technologies Group (SHTG) will publish advice for Scottish Government's General Practice Policy Division on the role of multidisciplinary teams (MDTs) within primary care, and on the value of community-based management of respiratory conditions.</p>
<b>1.6a</b>	<p>Please outline any other projects, programmes, or core business activities you would expect HIS to lead and/or contribute to in relation to improving the effectiveness of primary and community care.</p>
	<p>In Q1, HIS – Community Engagement (HIS-CE) will gather public views on draft principles for accessing general practice services. The report, to be published in Q2, will summarise feedback from the public through discussion sessions and the Citizens' Panel and make recommendations for the policy team in Scottish Government.</p> <p>In 2023/24, the PCIP will:</p> <ul style="list-style-type: none"> <li>• support and enable GP Cluster working in Scotland, and</li> <li>• contribute to the development of Quality Improvement (QI) skills in general practice by supporting the Scottish Quality and Safety Fellowship (SQSF) Programme. If funding permits, we will provide financial support for up to three Cluster Quality Leads to participate in SQSF Cohort 15.</li> </ul> <p>The SIGN guidelines on epilepsy (in children and in adults) will be updated to take account of new Medicines and Healthcare products Regulatory Agency (MHRA) advice about the risks of valproate in pregnancy and the Pregnancy Prevention Programme and the potential risks of valproate in other patients following a review of the latest safety data. The revisions will be published in Q2/Q3.</p>
<b>1.7a</b>	<p>Please outline your plans to further develop community-led models of care.</p>
	<p>Within the People-led Care Portfolio there will be a focus on several workstreams covering:</p> <ul style="list-style-type: none"> <li>• Ethical, collaborative commissioning: supporting local HSCPs with partnership/provider relationship development to enable community-led models of care and support</li> </ul>

	<ul style="list-style-type: none"> <li>Promoting Variety: supporting pathfinder sites to test out innovative models for short breaks for unpaid carers</li> </ul> <p>Specific programmes include:</p> <ul style="list-style-type: none"> <li>Designing and Delivering Models of People-led Care: This will include contributing to work in a range of HIS improvement programmes (including those in mental health and substance use, early intervention in psychosis, unpaid carers, and frailty improvement) and in partnership with other national and third sector organisations (eg Social Work Scotland, national carers organisations, NES), to support community-led and person-centred models of care.</li> <li>People-led Systems Transformation Support (including place-based support)</li> <li>Unpaid carers (including supporting quality planning in preparation for the introduction of the right to short breaks for unpaid carers through workshops, impact stories, guidance and working in partnership with national carers organisations and Scottish Government)</li> </ul>
<b>1.8a</b>	Please outline your plans for improvement work in care homes eg Anticipatory Care Planning and Essentials of Safe Care.
	<p>We are currently in discussion with the Care Inspectorate about arranging an Excellence in Care (EiC) learning event to highlight some of the work currently being undertaken in care homes and highlight opportunities for the board EiC Leads to be involved with or initiate this within their Boards.</p> <p>SPSP will collaborate with the Care Inspectorate to continue to promote awareness of the SPSP Essentials of Safe Care (EoSC) and alignment to the Scottish Government Healthcare Framework for Adults Living in Care Homes. This will include:</p> <ul style="list-style-type: none"> <li>an SPSP EoSC national webinar</li> <li>care home representation within Falls and Pressure Ulcer improvement resource development and support</li> <li>updated EoSC evidence, resources and guidelines to ensure support to social care provision</li> </ul>
<b><i>The following actions have been set for the territorial boards. Please indicate – where appropriate – how HIS will contribute.</i></b>	
<b>1.2</b>	Boards to set out their plans to deliver a sustainable Out-of-Hours service, utilising multidisciplinary teams as referenced in the recommendations within the Sir Lewis Ritchie Review.
	We are in discussion with Scottish Government to design and test improvement support to use QI methodology to improve access to GP out-of-hours (OOH) services. This would adapt the approach used to improve access to GP and elective care to OOH services.
<b>1.3</b>	Build and optimise existing primary care capacity to align with existing and emerging mental health and wellbeing resources with primary care resource – with the aim of providing early access to community-based services.

	<p>The PCIP will</p> <ul style="list-style-type: none"> <li>• lead Primary Care Resilience Webinar sessions</li> <li>• develop, review, evaluate and disseminate resources to support improvements which aid key challenges facing primary care</li> </ul>
<b>1.4</b>	<p>In 2023/24, set out plans and approaches for the early detection and improved management of the key cardiovascular risk factor conditions: diabetes, high blood pressure and high cholesterol.</p>
	<p>The SIGN/National Institute for Health and Care Excellence (NICE)/British Thoracic Society collaborative guideline for the diagnosis, monitoring and management of chronic asthma is due to be published in Q2. The aim of the guideline is to ensure that patients are correctly diagnosed and that their asthma is well controlled with 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.</p> <p>The suite of SIGN cardiovascular disease (CVD) guidelines will be updated according to priorities identified by stakeholders, including the Scottish Government CVD task force. Guidelines on CVD risk assessment and secondary prevention and cardiac arrhythmias are seen as the first priority and will be updated in 2023/24. The SIGN diabetes guideline is to be updated according to priorities identified by Scottish Diabetes Group. Guidelines on glycaemic control in people with type 1 diabetes and prevention of type 2 diabetes due are to be published Q4 and Q1 respectively.</p>
<b>1.7</b>	<p>As part of the objective of delivering more services within the community, transition delivery of appropriate hospital-based eyecare into a primary care setting, starting with the phased introduction of a national Community Glaucoma Scheme Service. Within your response, please include forecast 2023/24 eyecare activity that will transition from hospital to primary care settings.</p>
	<p>An update to SIGN 144 Glaucoma referral and safe discharge will be considered once data from implementation of the national Community Glaucoma Scheme Service are available.</p>

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**Urgent & Unscheduled Care**

Provide the Right Care, in the Right Place, at the right time through early consultation, advice and access to alternative pathways, protecting inpatient capacity for those in greatest need.

No.	Board action
<b>2.1a</b>	Outline your plans for the Integrated Frailty programme.
	<p>We will design and deliver a new national Frailty Improvement Programme (Focus on Frailty). This work commences in May 2023 and will run until March 2025. We will be working with six teams (from NHS boards, HSCPs and GP Practices) to improve the experience of and access to person-centred, coordinated health and social care for people aged 65 and over who are living with frailty or at risk of frailty. Teams will focus on one or more of the following three areas outlined in the programme's driver diagram:</p> <ul style="list-style-type: none"> <li>• early identification and assessment of frailty</li> <li>• people living with frailty, carers and family members access person-centred health and social care services</li> <li>• leadership and culture to support integrated working</li> </ul> <p>There will also be support for teams to engage with people with lived experience of frailty.</p>
<b>2.2a</b>	Outline your plans for the Scottish Patient Safety Programme (SPSP), supporting critical safety work including quality and safety at front door.
	<p>The next steps for the SPSP Acute Adult programme will include an evidence review, learning from other home nations, and a period of codesign with stakeholders which may include focus on quality and safety at the front door.</p> <p>The Healthcare Staffing Programme (HSP) will provide responsive and proactive improvement support and expertise to boards through their preparations for the enactment of the Health and Care (Scotland) (Staffing) Act 2019 in April 2024 and provide opportunities to develop a national learning system and network. The team will work in collaboration with EIC and SPSP to support boards to understand and implement the common staffing method.</p> <p>Safety is a Key Delivery Area for HIS and we have mechanisms to ensure appropriate clinical input in this activity. Key Delivery Areas are specific aspects of the health and social care system to which we want to bring a particular focus, with the intention of increasing our impact by ensuring effective cross-organisational working, underpinned by a Quality Management System approach.</p> <p>The HIS Safety Network will:</p> <ul style="list-style-type: none"> <li>• discuss, debate and improve approaches to key safety challenges with key partners and stakeholders</li> <li>• showcase innovative approaches from across Scotland</li> <li>• consider government policy developments and their impact on the safety of care</li> </ul>

	Additional details on SPSP work are noted in sections 1.1a (medicines), 1.3a, 1.4a, 2.5a (acute care), 1.8a (EoSC), 2.8a (perinatal and paediatric programmes), and 3.2a (mental health).
<b>2.3a</b>	Please outline any other projects, programmes, or core business activities you would expect HIS to lead and/or contribute to in relation to urgent and unscheduled care.
	<p>The Strategic Planning Portfolio will be developing and publishing an Actionable Insights resource for Unscheduled Care, as part of the Good Practice in Strategic Planning Programme. This approach uses strategic planning to inform innovation and improvement to complex quality problems such as the whole system challenges in the unscheduled care system. This will be supported by targeted learning system activity.</p> <p>Please also see section 1.2 on Hospital at Home; Hospital at Home adds capacity to unscheduled care services and reduces admissions to hospital.</p> <p>Our approach to quality assurance is the provision of a range of inspection, regulation and review programmes, in a planned and proactive manner to provide public assurance on the safety and quality of care and highlight areas of good practice and opportunities for learning across the whole of Scotland. Our range of inspection, regulation and review programmes are set out in our <a href="#">Scrutiny Plan 2023/24</a>. Our <a href="#">Quality Assurance System</a> underpins the design and delivery of our assurance programmes and includes a Quality Assurance Framework. Our methodology also supports the use of the EiC framework which includes a Quality Management System approach, and will also be supported by HSP expertise in workforce planning.</p>
<b>2.4a</b>	Outline your plans to support prescribing.
	<p>The EiC team is currently in discussion with the Hospital Electronic Prescribing and Medicines Administration (HEPMA) national groups regarding the EiC omitted medicine measure to explore the opportunity to include Boards using HEPMA.</p> <p>The Area Drug and Therapeutics Committee Collaborative (ADTCC) supports the delivery of the approved medicines list for the NHS Pharmacy First Scotland service, which allows patients to use a community pharmacy as the first port of call for treatment.</p> <p>SIGN is collaborating with Effective Prescribing and Therapeutics at Scottish Government to update the Polypharmacy Guidance, Realistic Prescribing, which is due to be published in Q2. The aim of the guideline is to prevent inappropriate polypharmacy and avoidable harm at every stage of the patient journey by identifying patients at greatest risk of harm and to agree a medication regimen that is tailored to their changing needs and expectations.</p>
<b>2.5a</b>	Outline your plans in relation to safety issues eg falls and the deteriorating patient.

	<p>In 2023/24 the SPSP Acute Adult Collaborative will focus on:</p> <ul style="list-style-type: none"> <li>• reducing falls and falls with harm</li> <li>• recognition, response and review to deteriorating patients</li> <li>• publishing the updated SPSP Pressure Ulcer change package and resources and support formation and delivery of a Pressure Ulcer Improvement Network to support shared learning</li> </ul> <p>EiC currently has patient safety measures relating to falls, pressure ulcers and Early Warning Score (EWS) on the Care Assurance and Improvement (CAIR) dashboard. This informs local and national improvement work and care assurance as part of the Quality Management System (QMS). Patient safety data are reviewed and utilised to provide improvement support through EiC coaching calls between board leads and members of the HIS team as well as through the provision of board reports from the CAIR resource.</p> <p>The HSP continues to work with Scottish Government and NES to develop systems for the monitoring of real-time staffing to inform the management of safe staffing and risk escalation, ultimately improving the safe delivery of care.</p> <p>The SIGN guideline on care of deteriorating patients will be published in Q1. The guideline covers observation, data collection, escalation, early warning scores, sepsis antimicrobial management, anticipatory care plans, treatment escalation plans and person-centred communication for adults in hospital and community healthcare settings.</p>
<p><b><i>The following actions have been set for the territorial boards. Please indicate – where appropriate – how HIS will contribute.</i></b></p>	
<p><b>Reducing Admissions: Alternatives to inpatient care</b>  <i>Optimise Virtual Capacity pathways to deliver care closer to home and prevent admission.</i></p>	
<p><b>2.4</b></p>	<p>Set out plans to implement and further develop OPAT, Respiratory and Hospital at Home pathways.</p>
	<p>Building on SHTG advice (2021) that contributed to the rollout of Outpatient Parenteral Antimicrobial Therapy (OPAT) by demonstrating its effectiveness and cost effectiveness, SHTG will be publishing an OPAT cost calculator. The calculator will enable boards to calculate their own expected cost savings as part of local planning decisions. SHTG advice due for publication in July 2023 will support decision making regarding the expansion of community-based respiratory care services for people with chronic respiratory conditions. The Scottish Antimicrobial Prescribing Group (SAPG) supports the rollout and scale up of OPAT services across Scotland by providing clinical expertise, governance, clinical pathways and detailed clinical information to support clinicians. SAPG works collaboratively with the OPAT clinical network led by Scottish Government.</p> <p>SHTG will continue to support decision making on the effectiveness and cost effectiveness of new pathways, for example through support to the Remote Health Pathways Programme board.</p> <p>Please also see section 1.2a for more information on Hospital at Home.</p>

2.5	Set out plans to introduce new pathways, including paediatrics and heart failure.
	We will collaborate with Centre for Sustainable Delivery (CfSD) and National Cancer Network to support the development of evidence-based patient pathways.
<b>Best Start Maternity and Neonatal Plan</b>	
2.8	<p>Best Start Maternity and Neonatal Plan: <i>you should continue to move to full delivery of The Best Start programme, as outlined in your Plan submitted to the Best Start Programme Board in Autumn 2022.</i></p> <p>Outline your approach to move towards full delivery of the Best Start Programme, as outlined in your Plan submitted to the Best Start Programme Board in Autumn 2022. This should include summary of the delivery and assurance structures in place including oversight at board level.</p>
	<p>The SPSP Perinatal Programme (formerly part of the Maternity and Children Quality Improvement Collaborative (MCQIC)) is in a period of redesign with all NHS boards and wider stakeholders. The collaborative will launch in October 2023 and will be open to all NHS boards and will support:</p> <ul style="list-style-type: none"> <li>• co-design and launch of a stillbirth, term admission, maternal deterioration and neonatal change package including resources and evidence review</li> <li>• co-design of an improvement programme to explore caesarean section variation and improve experience for women undergoing caesarean section</li> <li>• continuing to support the perinatal learning system with an in-person collaborative launch, webinar and learning network</li> </ul> <p>The SPSP Paediatric Programme is also in a period of redesign with all NHS boards and wider stakeholders. The collaborative will launch in September 2023 with all NHS boards invited to participate and support:</p> <ul style="list-style-type: none"> <li>• co-design and launch of a paediatric deterioration change package including resources and evidence review</li> <li>• recruitment and providing improvement and data support to collaborative teams</li> <li>• continuing to support the paediatric learning system with an in-person collaborative launch, webinar and learning network</li> </ul> <p>The HSP is undertaking the redevelopment of the Maternity Staffing Level Tool in 2023/24 which will reflect the service delivery model outlined in The Best Start Maternity and Neonatal Plan. The HSP launched the Maternity Real Time Staffing Resource on TURAS in February 2023. In collaboration with NES Digital, the HSP will monitor the usage of the resource, gather feedback and identify areas for improvement. The HSP will support the boards in utilising this resource to inform staffing decision making and risk. The HSP will also launch the Paediatric and Neonatal Real Time Staffing Resource in 2023/24 which will support frontline teams to identify, mitigate and escalate risk in relation to the workforce.</p>

No.	Board action
3.1a	Outline your plans to deliver Infection Prevention and Control (IPC) inspections of inpatient mental health services.
	<p>The aim of these inspections is to contribute to the safety and wellbeing of patients and service users within mental health services through the provision of independent assurance. Our inspections will specifically consider IPC in mental health units. The findings from each inspection will be published on our website.</p> <p>Our range of inspection, regulation and review programmes are set out in our <a href="#">Scrutiny Plan 2023/24</a>. Our <a href="#">Quality Assurance System</a> underpins the design and delivery of our assurance programmes and includes a Quality Assurance Framework.</p>
3.2a	Outline your plans in relation to Mental Health (MH) Improvement, supporting effective implementation of early intervention in psychosis services, improvements to pathway for people with mental health and substance abuse issues, and key safety issues across mental health inpatients.
	<p>This will be undertaken through work in several areas and include input of appropriate clinical expertise.</p> <p><b>Early Intervention in Psychosis (EIP) Programme:</b> We will work closely with people with lived experience, third sector partners (commissioned work) and other core stakeholders on:</p> <ul style="list-style-type: none"> <li>• continued development and improvement of the EIP hub and bespoke models in NHS Tayside and NHS Dumfries and Galloway respectively</li> <li>• gathering and analysis of data to inform implementation progress and understand impact</li> <li>• delivery of a learning system through national webinars, case studies and communications with a national EIP network to increase learning, share insights and keep stakeholders connected with the activities of the pathfinder sites</li> <li>• development of a knowledge and skills framework</li> <li>• development of an online “Essentials of EIP” clinical training module with NES</li> <li>• development of an implementation guide that can support boards and services as they develop new EIP services across Scotland</li> </ul> <p><b>SPSP Mental Health:</b> key activities include:</p> <ul style="list-style-type: none"> <li>• continuation of the Collaborative until August 2023 with inpatient teams working on improvement projects linked to reducing and improving restraint and seclusion practices and Improving Observation Practice</li> <li>• consulting with a range of stakeholders around the shape of SPSP Mental Health in the post-collaborative phase</li> <li>• participation in EoSC work</li> <li>• development of Patient Safety Climate resources</li> </ul>

	<p><b>Mental Health and Substance Use Programme</b> See section 3.3a.</p>
<b>3.3a</b>	<p>Outline your plans to develop mental health and substance abuse pathfinders.</p>
	<p>The Mental Health and Substance Use Programme will focus on six Pathfinder sites until end March 2024. The keys elements of this work will be to:</p> <ul style="list-style-type: none"> <li>• support leadership conditions that will ensure sustainability and quality in implementation (including considerations of strategic planning, governance, management processes and finance)</li> <li>• understand the system and identify changes with local stakeholders</li> <li>• test and implement changes, including bringing together multidisciplinary teams across sectors</li> <li>• embed and sustain changes</li> <li>• measure and evaluate the impact of the changes made as part of this work</li> <li>• share findings and insights from this activity across all ADPs and Mental Health Services to support the spread of integrated models</li> </ul> <p>We will work with local organisations and services to ensure participation from people with lived and living experience of mental health and substance use.</p> <p>HIS is undertaking a Multidisciplinary Redesign and Improvement Team approach in its national improvement programmes that combines skills from a range of change specialists including strategic planning, service design, QI, evidence specialists, data analysts and programme management.</p>
<b>3.4a</b>	<p>Outline your plans to make progress on the implementation of mental health and substance use rapid review recommendations.</p>
	<p>A business case is progressing through HIS governance and assurance processes. It focusses on “Supporting Implementation of Recommendation 1” (development and implementation of an operational protocol) from the Rapid Review of Co-Occurring Substance Use and Mental Health Conditions in Scotland.</p>
<b>3.6a</b>	<p>Please outline any other projects, programmes, or core business activities you would expect HIS to lead and/or contribute to in relation to mental health services.</p>
	<p><b>HSP activity</b> The HSP will undertake the redevelopment of the Mental Health and Learning Disabilities Inpatient Staffing Level Tool, with multi-professional consideration, in 2023/24 to support boards’ workforce planning and ensure the tool is fit for purpose ahead of the Health and Care (Staffing) (Scotland) Act 2019 implementation.</p> <p>Additionally, the HSP launched the mental health inpatient Real Time Staffing Resource on TURAS in November 2022. In collaboration with NES Digital, the HSP will monitor the usage of the resource, gather feedback and identify areas for improvement. The HSP will support the boards in utilising this resource to inform staffing decision making and risk.</p> <p><b>Personality Disorder Improvement Programme</b></p>

A business case is progressing through HIS governance processes for a commission from Scottish Government to deliver meaningful improvements in services and support for people with a diagnosis of personality disorder as identified in the recommendations from the first phase of this work. These are: supporting boards to develop and implement changes, including supporting staff development and maintaining and further developing a national learning system, and amplifying the voice of people with lived experience to ensure services are co-designed and co-produced.

### **Mental Health Service Standards Implementation Support**

We are currently working with Scottish Government to scope a potential new commission focused on supporting implementation of mental health service standards. The focus initially will be in relation to adult secondary mental health services; however, the longer term aspiration is that this programme will also support implementation of standards in relation to psychological therapies and eating disorder services.

### **Joint inspections**

The joint inspections of adult services will focus on the effectiveness of partnership working in creating seamless services that deliver good health and wellbeing outcomes through the lens of different service user groups. Following the current programme of inspections, which focus on adults with physical disabilities and complex needs, there will be a series of inspections with a mental health focused theme.

The joint inspections of prisoner healthcare and police custody suites include consideration of delivery of mental health assessment and services to people within these settings. The findings of our joint inspections will be published by our partner organisations.

### **Guidelines and assessments**

The update to the SIGN guideline on perinatal mood disorders will be published in Q2. The guideline covers screening and treatment for women or birth parents at risk of, or experiencing a mental health condition during or in the 12-month period after pregnancy.

SHTG has previously assessed digital mental health apps (Togetherall and Feeling Good) for the Scottish Government's Digital Mental Health Programme and could continue to support the assessment of mental health digital apps, or mental health pathways more broadly.

No.	Board action
4.1a	Outline your plans to deliver Access QI, working alongside the Centre for Sustainable Delivery (CfSD), and supporting application of QI to reduction of waiting times
	<p>Access QI will continue to work with Ear, Nose and Throat (ENT), gynaecology and urology services to use a QI methodology to reduce waiting times to access care. Key areas of change will be:</p> <ul style="list-style-type: none"> <li>• reducing inappropriate demand that has traditionally been managed in primary care but is now being referred to secondary care</li> <li>• increasing activity through changing processes and care pathways to release staff time to see more patients</li> </ul> <p>We work with the CfSD Specialty Delivery Groups to share learning from Access QI sites to the wider specialty. This will be particularly key for gynaecology where most services are focused on improving access to the urgent suspected cancer post-menopausal bleeding pathway.</p>
4.2a	Please outline any other projects, programmes, or core business activities you would expect HIS to lead and/or contribute to in relation to planned care.
	<p>This year's programme of SIGN evidence-based guidelines covers CVD, diabetes, dementia, asthma, epilepsy, chronic pain, antibiotic prophylaxis in surgery, palliative care. Additionally, SAPG produces guidance for NHS Scotland on the management of patients with infection based on gaps identified locally within health boards.</p> <p>Activity from the National Cancer Medicines Advisory Group (NCMAG) programme should also support improvement in planned care. Please see section 5.2a for additional information.</p> <p>Our approach to quality assurance is the provision of a range of inspection, regulation and review programmes, in a planned and proactive manner to provide public assurance on the safety and quality of care and highlight areas of good practice and opportunities for learning across the whole of Scotland. Our range of inspection, regulation and review programmes are set out in our <a href="#">Scrutiny Plan 2023/24</a>. Our <a href="#">Quality Assurance System</a> underpins the design and delivery of our assurance programmes and includes a Quality Assurance Framework. Our methodology also supports the use of the EiC framework which includes a Quality Management System approach, and will also be supported by HSP expertise in workforce planning.</p>

No.	Board actions
5.1a	Outline how you will embed new diagnostic optimal pathways and national referral guidelines
	A number of teams participating in the Access QI programme are focusing on cancer pathways. The national change packages that the teams draw from in this programme incorporate new diagnostic pathways and referral guidance into the changes implemented by services as part of the programme.
5.2a	Demonstrate and outline the collation of evidence and economic analysis to support cancer pathway development by the Scottish Cancer Network
	<p>The NCMAG programme is connected with the Scottish Cancer Network (SCN) programme through cross-representation on stakeholder groups NCMAG's evidence-based advice on clinician proposals will support a national position on the inclusion or exclusion of proposed medicines, which are outwith Scottish Medicines Consortium (SMC)'s remit (specifically, off-label and off-patent uses), in SCN pathways. NCMAG advice will support improvements in patients' outcomes and experiences, and support territorial board efficiency and consistency in medicines governance and medicines access.</p> <p>The SMC provides advice to NHS Scotland on the clinical and cost effectiveness of newly licensed medicines and new indications for existing medicines. Many of these are for the treatment of different cancers. This advice informs and supports the cancer pathway development.</p> <p>The Evidence directorate is providing dedicated support for a programme of work to address evidence gaps in the national cancer clinical pathways, identify areas of unmet need, carry out evidence reviews and synthesis, and facilitate the development of evidence-based recommendations. A review of the evidence for dose dense chemotherapy and bisphosphonates treatments is planned over the year.</p> <p>The Right Decision Service platform will enable creation of management pathways to support the cancer network. See section 7.4 for further information.</p>
5.3a	Outline how you will support delivery of the cancer action plan.
	<p>Upon publication of the Scottish Government's new Cancer Strategy and 2023-26 3-year plan, we will review and develop specific plans to support implementation of relevant actions.</p> <p>As host of the Right Decision Service, HIS will provide support for the creation of decision aids to support Once for Scotland management pathways.</p>
5.5a	Demonstrate how you will test and evaluate patient direct or rapid access to the urgent suspicion of cancer pathway
	Access QI has identified a set of outcome measures to understand if an improvement in accessing planned care has occurred. We have supported services in using a sampling tool to identify the time between different stages in

	<p>a pathway to identify areas for improvement in the pathway and to determine if changes have made an improvement.</p> <p>In addition we provide coaching supporting to analysts in NHS boards to use Demand, Capacity, Activity and Queue methodology to identify blockages in pathways and to support services use data to drive and monitor improvement.</p>
<b>5.7a</b>	<p>Outline how you will support adoption of new innovation in cancer treatment and care and supporting of oncology transformation programme</p>
	<p>The systemic anti-cancer treatment (SACT) Governance team will work with the Royal College of Nursing (RCN), the SACT data group, Public Health Scotland (PHS) and SCN to scope out requirements for development of a national workforce planning and monitoring tool for SACT services .</p> <p>SHTG can undertake evidence-informed assessments of innovative cancer technologies, taking into account clinical effectiveness, safety, cost effectiveness and patient and clinical views, to inform decision makers of the value of innovative technologies and treatments. For example, SHTG will publish advice on the use of tumour profiling tests to guide chemotherapy use for people with early breast cancer.</p> <p>The SMC provides advice to NHS Scotland on the clinical and cost effectiveness of newly licensed medicines and new indications for existing medicines. Many of these are for the treatment of different cancers.</p>
<b>5.8a</b>	<p>Outline how you will support NCMAP/SACT and the NCMAG</p>
	<p>The NCMAG programme operates with robust processes for: engagement of stakeholders (including patient groups and clinicians), evidence gathering and review, decision making, communication and governance. It will continue to publish evidence-based advice to improve outcomes and experiences for patients, reduce duplication of effort across the boards, support national consistency in access to off-label and off-patent cancer medicines and make use of national expertise.</p> <p>The SACT Governance team will complete a review of regional, managed service network (MSN) and Independent Healthcare (IHC) SACT audit programme returns alongside Quality Assurance Directorate (QAD), producing a report for publication. There will also be ongoing maintenance of the published register of Controlled Drugs Accountable Officers in Scotland held on HIS website.</p> <p>The SACT Governance team will also work with key stakeholders within the SACT programme board to scope out requirements for the development of a national workforce planning and monitoring tool for SACT services. The SACT Governance team will also undertake a refresh of the SACT Governance framework and associated audit tools following publication of updated CEL30, including an update of SACT audit training.</p> <p>HIS-CE is currently supporting and providing assurance for NHS Ayrshire &amp; Arran's consultation on the redesign of its SACT service which met the threshold of major service change.</p>

<b>5.9a</b>	Please outline any other projects, programmes, or core business activities you would expect HIS to lead and/or contribute to in relation to urgent and unscheduled care.
	<p>The Cancer Quality Performance Indicators and National Screening Programmes are currently in the process of redesigning their methodologies and quality assurance activities in discussion with Scottish Government and key stakeholders.</p> <p>The update of SIGN Guideline 146 on cutaneous melanoma will be published in Q1. The guideline covers prevention, surveillance and genetics, diagnostic and prognostic indicators, surgical management and staging, imaging and non-surgical staging, treatment options according to cancer stage and melanoma in women.</p> <p>A programme to support the continued maintenance and development of palliative care living resources for NHS Scotland is in place, which will sustain and help implement the collection of 35 Scottish Palliative Care Guidelines, 22 accompanying medicine information sheets and 14 patient information leaflets. Over 2023/24 the programme will provide a series up-to-date, high-quality evidence-based resources to enable healthcare professionals to provide a palliative care approach that focuses on the person, not the disease, and applies a holistic approach to meeting the physical, practical, functional, social, emotional and spiritual needs of patients and carers facing progressive illness and bereavement.</p>

6

**Health Inequalities**

Enhance planning and delivery of the approach to tackling health inequalities, with a specific focus in 2023/24 on those in prison, those in custody and those who use drugs.

No.	Board action
<b>6.1a</b>	<p>Demonstrate your contribution to delivery of the National Mission on Drugs through improvement in the treatment and care we provide for people with drug problems and their families, specifically through support of implementation of MAT Standards, delivery of the treatment target and increasing access to residential rehabilitation, leading work on redesign of pathways into and out of rehab and supporting work on Mental Health and substance use (detailed in sections 3.3a and 3.4a above).</p>
	<p>In 2023/24, HIS will continue to deliver a range of programmes commissioned by Scottish Government in their National Mission to reduce drug deaths in Scotland. At the beginning of 2023 we have three significant programmes of work:</p> <ul style="list-style-type: none"> <li>• Pathways to Recovery: Improving pathways into, through and out of residential rehabilitation</li> <li>• Medication Assisted Treatment (MAT) Standards Implementation Support</li> <li>• Mental Health and Substance Use programme (Please see section 3.3a for more details)</li> </ul> <p>We also promote implementation of MAT Standards through our healthcare within justice joint inspection programmes (prisoner healthcare and police custody).</p> <p>These areas of work are supported by clinical input from HIS's Pharmacy Clinical Lead and the National Clinical Lead for Health and Justice.</p>
<b>6.2a</b>	<p>Demonstrate how you will continue to support the Residential Rehab: Pathways Development programme for drugs and alcohol and the development of a Good Practice Guide for Pathways into, through, and out of Residential Rehabilitation in Scotland, including development of a universal pathway.</p>
	<p>The aim of the "Pathways to Recovery: Improving pathways into, through and out of residential rehabilitation" work is to improve referral pathways into and from rehabilitation services, in particular for those with multiple complex needs, so that pathways to residential rehab and aftercare pathways following rehab are clear, consistent and easy to navigate.</p> <p>We are supporting Alcohol and Drug Partnerships to understand their current pathways to identify areas for development. This will build on previous work undertaken by the Pathways to Recovery team following the launch in March 2023. These areas of work are supported by clinical input from HIS's Pharmacy Clinical Lead and the National Clinical Lead for Health and Justice.</p>
<b>6.3a</b>	<p>Outline how you will continue to contribute to the delivery of the Medication Assisted Treatment (MAT) standards through the MAT Standards Substance Use Transformation Programme, delivery of a MATS National Learning System, and Design of a National Improvement Programme for MAT Standards Implementation.</p>

	<p>The aim of Medication Assisted Treatment (MAT) Standards Implementation Support is to support the MAT Implementation Support Team (MIST) with the implementation of the MAT standards. It will support their aim that people with problematic drug use will have timely access to effective care and treatment, with a focus on quality of life and recovery. This will include the development of national learning system and design of a national improvement programme.</p> <p>Work for 2023/24 will build on activity undertaken in the lead up to and launch of the programme in November 2022. These areas of work are supported by clinical input from HIS's Pharmacy Clinical Lead and the National Clinical Lead for Health and Justice.</p>
<b>6.4a</b>	<p>Confirm and outline the production of an Anchors strategic plan by October 2023 which sets out governance and partnership arrangements to progress anchor activity; current and planned anchor activity particularly in relation to: workforce; procurement; and (if relevant) use or disposal of land and assets for the benefit of the community.</p>
	<p>We are developing a strategic plan for October 2023 in line with the guidance issued. The areas of most relevance to HIS will concern procurement and fair work.</p>
<b>6.5a</b>	<p>Demonstrate how you will strengthen the delivery of healthcare in police custody and prison; ensuring improvement in continuity of care when people are transferred into prison and from prison into the community.</p>
	<p>HIS works with His Majesty's Inspectorate of Prisons for Scotland (HMIPS) and His Majesty's Inspectorate of Constabulary for Scotland (HMICS) to provide expertise to the inspection of healthcare in prisons and police custody centres in Scotland. Inspection reports are published by HMIPS and HMICS outlining the inspection findings and recommendations for improvement. The HSP will provide subject matter expertise and any support required in these inspections to ensure quality of care and patient safety.</p> <p>The EiC team is also currently in the process of scoping and developing measures for prison and police custody services.</p>
<b>6.7a</b>	<p>Outline how you will support the delivery of the Women's Health Plan through supporting change, sharing best practice and innovation.</p>
	<p>The programmes described in the following sections will all have implications in supporting change, sharing best practice and innovation in women's health:</p> <ul style="list-style-type: none"> <li>• Section 1.4 (update of the suite of SIGN CVD guidelines, which will take account of section 9.4 on heart health in the Scottish Government Women's Health Plan)</li> <li>• Section 2.8 (SPSP Perinatal Programme and Maternity Staffing Level Tool)</li> <li>• Section 3.6a (SIGN guideline on perinatal mood disorders)</li> <li>• Section 4.1a (with a focus on gynaecology pathways)</li> <li>• Section 5.9a (SIGN guideline on cutaneous melanoma, including melanoma in women)</li> <li>• Section 6.8a (leadership around safe prescribing of sodium valproate)</li> <li>• Section 6.9a (Equality Impact Assessments (EQIAs))</li> </ul>

<b>6.8a</b>	Outline how you will continue to lead and support the Scottish Government's commitment to increase and ensure patient access to medicines that are both clinically effective and cost effectiveness.
	<p>We will continue to facilitate quarterly ADTCC Forum meetings, where board Area Drug and Therapeutics Committees (ADTCs) can share learning and good practice with standing safety items and information from internal and external contributors regarding cost and clinical effectiveness. We will also continue to bring relevant HEPMA (electronic prescribing) issues to the Forum.</p> <p>We will continue to host national network meetings for boards to share good practice around the safe prescribing of sodium valproate in people of childbearing potential.</p> <p>We will continue to deliver operational guidance to support the use of medicines identified as accessible via the MHRA Early Access to Medicines Scheme (EAMS).</p> <p>SMC will continue to:</p> <ul style="list-style-type: none"> <li>• provide advice to NHS Scotland regarding the clinical and cost effectiveness of newly licensed medicines and new indications for existing medicines</li> <li>• produce a horizon scanning report to provide NHS health boards with early intelligence on new medicines in clinical development to support financial and service planning for their managed introduction.</li> </ul>
<b>6.9a</b>	Please outline any other projects, programmes, or core business activities you would expect HIS to lead and/or contribute to in relation to enhancing planning and delivery of approach to health inequalities.
	<p>All work undertaken by HIS will have at least an initial EQIA screening completed, and a full EQIA in place wherever relevant; this may be completed by a partner/commissioning organisation where appropriate. The EQIA will help teams to identify which group(s) may be positively or negatively affected by each piece of work and to make appropriate adjustments to mitigate the risks of negative impacts.</p> <p>An evidence synthesis is being undertaken to understand the impact of socioeconomic status on access to palliative and end of life care in the home, inform the developments of models of care within a home environment, and identify potential opportunities for housing, health and care to develop collaborative and integrated approaches. The next stages of this work are to help inform colleagues in the design and delivery of Hospital at Home, Frailty and Strategic Planning.</p> <p>We will provide opportunities for members of the public and communities to participate in training including Voices Scotland workshops. We will also develop the Engagement Practitioner Network to enable partners to share best practice, develop and explore learning opportunities and consider challenges relating to meaningful engagement.</p>

We continue to raise awareness of “What Matters to You?” (WMTY) through a range of media routes. We also develop and share case studies, produce the annual report and share learning. We will deliver WMTY workshops to organisations and groups to support the implementation of the approach in a range of different settings. We will also organise networking events for health, social care, third and independent sector organisations across Scotland.

Through our Governance for Engagement process, we provide advice and guidance on how teams across the organisation can improve their engagement activities. In 2023/24, we will create a learning system that supports health and care services in Scotland to learn, develop, improve and share best practice in engagement. This includes applying learning from our work and testing new things.

We are also working with PHS to link Hospital at Home access data with the Scottish Index of Multiple Deprivation (SIMD) to better understand and address any inequalities in accessing the service.

No.	Board action
7.1	<p>Outline your actions and proposed actions as a Key partner in CfSD's Accelerated National Innovation Adoption (ANIA) through SHTG providing the evidence elements and, where aligning with existing programmes, implementation support through ihub.</p>
	<p>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.</p> <p>SHTG provides evidence support to ANIA, and a member of the Medical directorate has also been seconded to support this work. Each ANIA programme is subject to SHTG assessment; the SHTG advice feeds directly into a Value Case that is considered by the Innovation Design Authority (IDA) for an implementation decision. SHTG will be providing advice to ANIA on the following technologies:</p> <ul style="list-style-type: none"> <li>• Cytosponge</li> <li>• colon capsule endoscopy (update of previous SHTG advice)</li> <li>• digital diabetes remission programme</li> <li>• digital heart failure pathway</li> <li>• theatre scheduling technologies</li> <li>• lung cancer artificial intelligence triage</li> </ul> <p>A process is also in place to ensure that, where innovations have been assessed as a priority for national spread, there are effective interfaces with any relevant improvement support programmes led by the ihub.</p>
7.3	<p>Please outline your plans to ensure meaningful engagement in the design and delivery of care.</p>
	<p>HIS-CE will continue its programme of Gathering Views and Citizens' Panels, asking the public about views on and experiences of specific topics commissioned by Scottish Government, and making recommendations for future policy.</p> <p>The Gathering Views programme will collect the opinions and experiences of people who use health and care services and the public on a range of topics, including access to general practice services, medical implanted devices, waiting times and palliative care. We will summarise what people told us and make recommendations for policy makers. We will conduct surveys of our Citizens' Panel to gather a representative view from the Scottish public on a range of policy areas, including the Tobacco Action Plan, Vaccination Motivations and digital health and care, organ and tissue donation and independent healthcare (IHC).</p> <p>The Volunteering in NHS Scotland Programme will support volunteer managers across Scotland to develop and implement a range of volunteering opportunities. Work to demonstrate evidence of the impact of volunteering will be undertaken.</p>

	<p>We will work with service providers and communities across Scotland to identify and share best practice on engaging with seldom heard communities, including an <i>Engaging With...</i> web resource, case studies and webinars.</p> <p>Meaningful community engagement enables better development of policy options, for example around policy areas such as integration of health, social care and social work services. Therefore improving the system's ability to engage meaningfully through learning and research will equip people with the skills required to better develop policies.</p> <p>SIGN guideline development involves patients, carers and the public at all stages and each guideline has an accompanying plain language summary or patient booklet explaining what people should be offered to treat and manage their condition. This year we will be increasingly publishing guidelines, patient booklets and plain language summaries on a digital first basis using the Right Decision Service platform.</p> <p>HIS-CE recently published the Quality Framework for Community Engagement and Participation and will continue to promote it and support partners, such as NHS boards and HSCPs, in its effective use. This will ensure meaningful engagement and demonstrate how they are meeting their statutory duties for public involvement in line with Planning with People.</p> <p>We will continue to develop the Engagement Practitioner Network to enable partners to share best practice, develop and explore learning opportunities, and consider challenges relating to meaningful engagement.</p>
7.4	<p>Please outline any other projects, programmes, or core business activities you would expect HIS to lead and/or contribute to in relation to innovation adoption.</p>
	<p>SMC is a partner, alongside the MHRA, NICE and the All Wales Therapeutics and Toxicology Centre (AWTTC) in 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.</p> <p>SHTG is a partner in the development of the Innovative Devices Access Pathway (IDAP) set for launch later in 2023, along with MHRA, NICE and other UK partners. IDAP is new regulatory pathway that facilitates the development of innovative technologies, by providing innovators and manufacturers with a multi-partner support service (including targeted scientific advice) that seeks to bring new products to patients sooner.</p> <p>Across our Evidence directorate in particular, we will support improved delivery through better use of digital and tools. During 2023/24 this will expand as the national decision support platform, the <a href="#">Right Decision Service</a> (RDS), undergoes a phased transfer from the Digital Health &amp; Care Innovation Centre (DHI) to HIS. 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 will provide an opportunity to scale up the programme across Scotland and embed and mainstream decision support in the delivery of health and care. HIS already has experience in working with RDS to incorporate SIGN guidelines and SAPG advice into the platform and</p>

<p>will build on these opportunities for the dissemination of the work of the organisation to support evidence-based decision making.</p> <p>This includes support for the continued development and maintenance of the professional citizen-facing Realistic Medicine apps, which will provide knowledge and information to support both professionals and patients to practise Realistic Medicine.</p> <p>An engagement exercise (details still being defined) by HIS-CE will support public understanding and awareness of value-based health and care and Realistic Medicine.</p>
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Workforce: Roll out and delivery of benefits of the eRostering system across Scotland to support Safe Staffing and improved workforce data and visibility of workforce availability.

No.	Delivery priority
8.1	Outline intended actions to support all patient-facing Boards to implement the delivery of eRostering across all workforce groups
	<p>The HSP will continue to work with Chief Nursing Office Directorate (CNOD), NHS National Services Scotland (NSS) and RLDatix to ensure our current work closely aligns to the national eRostering work and will support a seamless implementation of the Safe Care module to inform real-time staffing decision making and risk. This will include testing and implementing the Scottish staffing level tools into safe care and developing the standardisation and Once for Scotland approach to the use of safe care. The HSP also provides representation on the eRostering Oversight board and operational group.</p> <p>The HSP will continue to work with CNOD, NSS and RLDatix to identify the potential for the system to host the current suite of staffing level tools and professional judgement tool.</p>
8.2	Led by the Chief Nursing Officer, demonstrate development of guidance for Boards to support them in implementing and using e-rostering software to its fullest potential.
	The HSP team will support the national sharing of learning and locally developed resources and guidance. This will be delivered through HSP Hubs and the safe and effective staffing learning system, identifying further opportunities to promote learning, and the development of national resources and guidance utilising a Once for Scotland approach.
8.3	Please outline any other projects, programmes, or core business activities you would expect HIS to lead and/or contribute to in relation to workforce.
	<p>The HSP has the following high level objectives to support implementation of the Health and Care Staffing Scotland Act 2019:</p> <ol style="list-style-type: none"> <li>1. Increase knowledge and capability around implementation of legislation across the Health Boards, Integration Joint Boards and the Care Sector</li> <li>2. Redevelop agreed priority staffing level tools (maternity, mental health and learning disability and MDT professional judgement tools) and maintain the existing suite of staffing level tools</li> <li>3. Continue to develop solutions for real-time staffing assessment and risk escalation and mitigation that meets the requirements of the legislation. This includes development of resources on TURAS platform and through work with national eRostering system.</li> <li>4. Identify a digitally enabled workload and workforce planning solution that reflects a multidisciplinary workforce</li> <li>5. Work in partnership with Scottish Government to develop and test methodology for monitoring the legislation</li> <li>6. Increase stakeholder engagement in preparation for enactment of the staffing legislation</li> </ol>

	<p>EiC and the HSP are working to develop workforce measures to support the legislative requirements as part of the Common Staffing Method. This supports the triangulation of workforce and quality.</p>
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No.	Delivery priority
<b><i>The below actions are for all health boards</i></b>	
9.1	<p><b>Optimising M365</b> Boards to set out plans to maximise use and increase benefits of the Microsoft 365 product. Plans should consider collaborative (local/regional/national) to offer alternative options for the delivery of programme benefits.</p> <p>HIS currently uses Forms, Lists, OneNote, Planner, Power Automate, SharePoint, Teams and Whiteboard. SharePoint is used for a controlled number of use cases. The examples below will be showcased as good practice to HIS staff during 2023/24 to encourage further adoption of M365 tools across the organisation:</p> <ul style="list-style-type: none"> <li>• using PowerAutomate, Lists and Forms to develop an organisation-wide automated process for the approval of all new mobile apps and software</li> <li>• liaising with NHS24 to learn from their experience of using M365 tools to deliver an automated Resource Allocation Form (RAF) approval process and intend to implement this</li> <li>• considering joining the 'federation pilot' between NHS boards and Local Authorities. In the first instance this would enable calendar sharing to allow easier scheduling of meetings.</li> <li>• showcasing particular approaches using staff Digital Huddles and Digital Champion sessions</li> <li>• working with Microsoft to identify role specific training packages from the online training available via office.com and the Enterprise Skills Initiative</li> </ul> <p>Power BI is not widely used yet however we intend to widen its use during 2023/24. OneDrive is scheduled for rollout to all HIS staff during 2023 Q1 and the full desktop client version of Office365 during 2023 Q2 which will replace Office 2016. Like all NHS boards, licences for M365 are managed by the HIS ICT team in conjunction with the National M365 team. Data on Teams and SharePoint is managed through the HIS Records Management policy. We are considering next steps in relation to the migration of the HIS intranet site to SharePoint and its adoption for all HIS data, taking into account skill and resource requirements.</p>
9.2	<p><b>National digital programmes</b></p> <ul style="list-style-type: none"> <li>• Boards to provide high level plans for the adoption/implementation of the national digital programmes*. Health Boards to provide an update on new initiatives/developments to embrace the use of local systems to support the DHAC delivery plan and the implementation of an integrated care record. For example, use of Health Share, developments to Trakcare, Care Portal.</li> </ul> <p>Boards are encouraged to identify areas of best practice or opportunities' that could be shared across NHS Scotland.</p>

	<p><b>*National digital programmes:</b> CHI, Child Health, GP IT, eRostering, LIMS, HEPMA, M365, endoscopy reporting system, Diagnostics (PACs), Near Me, Connect Me, Scottish Vaccination Immunisation Programme (SVIP)</p>
	<p>HIS is a non-patient-facing board so only CHI, eRostering and M365 are relevant.</p> <p>The HIS Death Certification Review Service (DCRS) connects to the CHI and we await connection to the new CHI system.</p> <p>HIS started the early engagement work for eRostering at the end of April 2023. The High Level Milestones are as follows:</p> <ul style="list-style-type: none"> <li>• Initiation Date: 03/07/2023</li> <li>• Readiness Date: 25/09/2023</li> <li>• Deployment Start: 13/11/2023</li> <li>• Deployment End: 08/12/2023</li> <li>• Adoption Start: 11/12/2023</li> <li>• Benefit Realisation: 05/02/2024</li> <li>• Project Close: 19/07/2024</li> </ul> <p>The resource available to support business change for national programmes is limited and HIS Digital Services Group and the other corporate support functions (Information Governance, Human Resources, Finance, Communications and Organisational Development and Learning) are having to manage the support they provide alongside other commitments.</p>
<b>9.3</b>	Boards to complete the <b>Organisational Digital Maturity Exercise</b> to be issued in April 2023, as fully as possible and in collaboration with their respective Integrated Authorit(y)ies.
	The Organisational Digital Maturity Exercise will be completed by the June 2023 deadline.
<b>9.4</b>	<p><b>Leadership in digital</b> Boards should outline:</p> <ul style="list-style-type: none"> <li>• Executive support and commitment to how you are optimising use of digital and data technologies in the delivery of health services and ongoing commitment to developing and maintaining digital skills across the whole workforce</li> </ul> <p>How candidates accepted on to the Digital Health and Care Transformational Leaders master's Programme are being supported and how learning is being shared across the organisation</p>
	<p>In 2022/23 the Director of Evidence and Digital was one of five Scottish participants in the UK-wide NHS PgDip in Digital Health Leadership and successfully completed this.</p> <p>In 2022 two members of HIS staff joined cohort 19 of the NES Digital Health and Care Leadership Programme.</p> <p>In 2023 two members of HIS staff joined cohort 20 of the NES Digital Health and Care Leadership Programme.</p>

No.	Delivery priority
<b>10.1a</b>	Set out plans for <i>building energy transition programme</i> . Outline key milestones in 23/24 for implementation: energy efficiency, on-site generation of renewable electricity and decarbonise heat sources
	<p>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.</p> <p>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.</p> <p>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.</p>
<b>10.2a</b>	Outline actions in 23/24 in decarbonisation: fleet in line with targets (2025 for cars / light commercial vehicles & 2032 for heavy vehicles at latest), and business travel.
	<p>During 2021/22 HIS reduced then removed all lease vehicles used by management and staff.</p> <p>Our inspectors still occasionally hire cars to visit hospitals. In our new active travel plan, which is under development, there will be clear guidance that electric vehicles should be hired where possible.</p> <p>The active travel plan will also promote sustainable travel to, from and during working hours. We have collected baseline travel data from 2021/22, which will be analysed and patterns identified. This information will be used to develop a new active travel plan policy and to develop educational material for staff.</p> <p>The active travel plan will also have travel information, which can be used by staff and external visitors to our buildings. This will build on our Cycle Friendly Employer award and promote the benefits of cycling or walking to work.</p>
<b>10.3a</b>	Outline key milestones for education and training in climate change and sustainability, particularly sustainability in quality improvement.
	<p>We have invested in a carbon footprint-training course being delivered by the Centre for Sustainable Healthcare for key staff delivering the climate change and sustainability programmes of work.</p> <p>HIS is contributing to the National Climate Change eLearning training course being developed for all NHS staff that will be rolled out to HIS staff once available. Until then we have identified two climate change awareness-raising videos that we have shared with staff via our intranet newsfeed channel.</p> <p>We have also developed a climate change introductory presentation, which is being used by directorates to inform staff.</p>

	<p>HIS Sustainability staff are also benefiting from the Institute of Environmental Management and Assessment (IEMA) affiliation by attending courses, workshops and conferences.</p> <p>Topics under consideration for the thirteenth Citizens' Panel (to be developed in Q2/3 and undertaken in Q3/4) include NHS environmental sustainability and NHS transformation. This could support development of policy options for community health and social care services.</p>
<b>10.4a</b>	<p>Outline key projects in support of territorial Health Boards to implement the Scottish Quality Respiratory Prescribing Guide</p>
	<p>SIGN is working with NICE and the British Thoracic Society 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.</p> <p>SMC is contributing to an initiative being undertaken by NHS Highland, the University of the Highlands and Islands and other partners, to develop and evaluate a prescription framework that includes environmental sustainability alongside cost and clinical effectiveness. This is seen as a first step towards reduction of pharmaceutical pollution in Scotland.</p>
<b>10.5a</b>	<p>Demonstrate your chairing of NHS National Board's sustainability group and your contribution to national sustainability and climate change initiatives being driven by the NHS regional chairs group and as an active member of the NESG, and NESG subgroups</p>
	<p>The HIS sustainability lead chairs the National Boards Sustainability Group. There is a shared learning space containing documents, tools and resources, available via the dedicated MS Teams site.</p> <p>The group has improved networking, communication and collaboration on mutually beneficial activity. The group will deliver a joint active travel plan and biodiversity report during 2023.</p> <p>HIS is an active member of the following national groups:</p> <p><b>Scottish Government: Regional chairs group</b></p> <ol style="list-style-type: none"> <li>1. Climate Emergency and Sustainability Board</li> <li>2. Climate and Sustainability Strategy Group – Regional Chairs monthly meeting</li> <li>3. Short life working group – Climate and sustainability assessment and reporting review</li> <li>4. NHS Scotland Climate Emergency and Sustainability Finance group, focusing on activity that can be undertaken by available external funding.</li> </ol> <p><b>National – Attend monthly National Environmental Sustainability Group (NESG) subgroups:</b></p> <ol style="list-style-type: none"> <li>1. Short life working group developing climate change learning modules for all NHS Scotland staff</li> </ol>

	2. Short life working group standardising national sustainability role job descriptions
<b>The following actions have been set for the territorial boards. Please indicate – where appropriate – how HIS will contribute.</b>	
<b>10.6</b>	Set out approach to implement the Scottish Quality Respiratory Prescribing guide across primary care and respiratory specialities to improve patient outcomes and reduce emissions from inhaler propellant.
	This is not directly relevant, however HIS is represented on the Scottish Government's Value Based Prescribing Working Group.
<b>10.7</b>	Outline plans to implement an approved Environmental Management System.
	<p><b><u>Waste Targets</u></b></p> <p>HIS's overall waste generation is low at present, as the majority of staff have adopted hybrid working. From March to December 2022 our waste figures were:</p> <ul style="list-style-type: none"> <li>• Confidential: 1,749 kg</li> <li>• General: 1,573 kg</li> <li>• Recycling: 257 kg</li> </ul> <p>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:</p> <ul style="list-style-type: none"> <li>• reduce domestic waste arising by a minimum of 15 %, and greater where possible, compared to a financial year 2012/13 baseline</li> <li>• ensure that no more than 5 %, and less where possible, of all its domestic waste goes to landfill</li> <li>• reduce the food waste it produces by 33 % against a financial year 2015/16 baseline</li> <li>• ensure that 70 % of all its domestic waste is recycled or composted</li> </ul> <p><b><u>Environmental Management System (EMS)</u></b></p> <p>In order to develop and implement an effective environmental management system HIS is gathering baseline data for energy, waste and water. Once identified we can monitor this 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.</p> <p>This will be implemented throughout 2023/24. HIS is part of the NHSScotland EMS Group and are completing the EMS checklist that was produced for Boards to help develop their EMS implementation plan. We will initiate an EMS policy statement which will be reviewed by our Partnership Forum policy subgroup by the end of 2023. We will continue to work with the group who is in the process of providing templates that will allow all boards to develop an EMS and report on it in a consistent standard approach.</p> <p>HIS provided feedback on the circular economy bill in August 2022. We will continue to work with our procurement team who are based within NSS to identify opportunities in relation to the circular economy requirements within the NSAT. We will also work with our ICT and facilities teams to consider the 7 main principles of circular economy.</p>

## Section B: Finance and Sustainability

Identify any risks and issues to delivery of the ADP, with reference to the need for financial balance and associated improvements through, for example, Sustainability and Value Programme.

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.

Taking learning from 2022/23, in cases where formal approval of funding has not been received for 2023/24, projects have been changed in scope or paused in our ADP until this is received, or to reflect available core funding. This includes such projects as e-health, collaborative communities and the volunteering system. Pausing such work carries a risk of delay or non-delivery to our plan.

There are a number of assumptions in the ADP and budget that could flex either way during the year, providing both opportunities and risks. Key risks to the plan include:

- staff availability, continuity, development and skills
- delayed confirmation of funding
- Once for Scotland 'must do' projects, redirecting resources from ADP delivery, such as eRostering
- higher inflation increasing costs

We have committed to delivering savings of 3 % against the sustainability and value programme in 2023/24. Initiatives scoped and are included in our ADP include:

- organisational redesign, to ensure maximum efficiency across the organisation and key roles
- review of our national accommodation strategy, including sharing and/or exiting existing space
- other income generation through grants, funding and reimbursement for services performed in addition to our regulatory activities

### 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.

## Section C: Workforce

Please include an update on the implementation of Board workforce plans.

### **In accordance with Scottish Government guidance, the 2022-25 Workforce Plan for Healthcare Improvement Scotland provides the following:**

- information on our current workforce (comparing demand analysis with current workforce)
- our assessment of further workforce needs, including describing and analysing the gap between projected future workforce needs and current staffing levels
- an action plan to address the gap and achieve the necessary changes to the workforce; this action plan is based on the five pillars of workforce planning:
  - Plan – including data about our workforce
  - Attract
  - Train
  - Employ – including ensuring staff feel valued and rewarded and that we are an employer of choice
  - Nurture – the wellbeing of our workforce is an essential priority

As detailed elsewhere in this Plan, our ‘One Team’ organisational programme of work will be central to ensuring that our structures, processes and cultures allow us to work collaboratively. From a workforce perspective we will support the development of transferable skills across the organisation and promote cross-directorate working, as well as explore opportunities for skills and leadership development, succession planning and the development of career pathways to encourage retention of staff. We will also work to ensure continued establishment of consistent and effective management practices and leadership structures across the organisation.

Working in partnership, we will continue to provide a focus on the use and implementation of the full range of ‘Once for Scotland’ workforce policies, including the imminent launch of the suite of refreshed Work Life Balance Policies. In advance of this, and in recognition of our working arrangements post-Covid we have worked hard to ensure maximum agility of our staff by access to a range of working arrangements, as detailed in our ‘Ways of Working’ arrangements. This has enabled flexible and hybrid working for our staff and also supported a range of other agile working arrangements.

### **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’ 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 later in the year.

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

- A review and evaluation of the Career Ready Programme, to provide learning for all partners to enhance future programmes
- A review of our recruitment process to ensure that vacancies are filled in a timely manner to support better retention and the reputation of HIS as an employer of choice
- A complete review and retendering of our Employee Assistance Programme; from 1 April Spectrum.Life is our new provider and this has been launched internally
- We have reviewed our test of change programme in relation to agile and flexible working across HIS; this has provided assurance around the resilience and safety of the workforce.

**Priorities during 2023-24 include:**

- In relation to recruitment, we are reviewing specialist posts within HIS and looking at alternative methods to attract candidates. We will also continue recruitment on a Scotland wide basis to create a more agile and flexible workforce, maximising the opportunities of agile and hybrid working.
- We are reviewing the role and membership of our Workforce Profile and Resourcing Group. This will support greater scrutiny of vacancy requests and the identification of opportunities to explore role redesign, standardisation of roles and collaboration of roles.
- In support of workforce health and wellbeing, we will complete implementation of the 'Dying to Work' Charter arrangements, and continue to provide information and resources to support menstrual health and the menopause.
- We are participating in the NHS Scotland Equally Safe at Work pilot programme to gain expert advice and guidance to help understand any gender disparities in the workplace as well as develop initiatives and policies, supported by training to enhance our current resources and support available.
- We will also continue our work to increase opportunities to develop the young workforce through employability opportunities and have recently joined the Anchor Group for Employability.

**Challenges**

A requested in the May 2023 letter from the Scottish Government Workforce Directorate, 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.

Implementation of and recruitment to business cases is impacted by funding decisions which, in turn, affects our ability to recruit to these teams and specialist roles. Employment contracts can end up being shortened, making the roles and job opportunities less attractive in a competitive employment market.

- 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 need also to attract individuals on secondment from other NHS boards. As the wider NHS workforce continues to recover from COVID-19 and territorial boards continue to experience significant work pressures, this impacts on both our ability to second staff into the organisation and also can require us to extend roles initially planned as fixed term.

This creates organisational risk and in recent times has seen the situation of 55 individuals to be managed through the redeployment process. Given our overall staffing numbers sit at a headcount of between 550 and 600, this has placed a significant pressure on our organisation. We have worked hard to manage this successfully but this will continue to be a feature of our workforce pressures going forward.

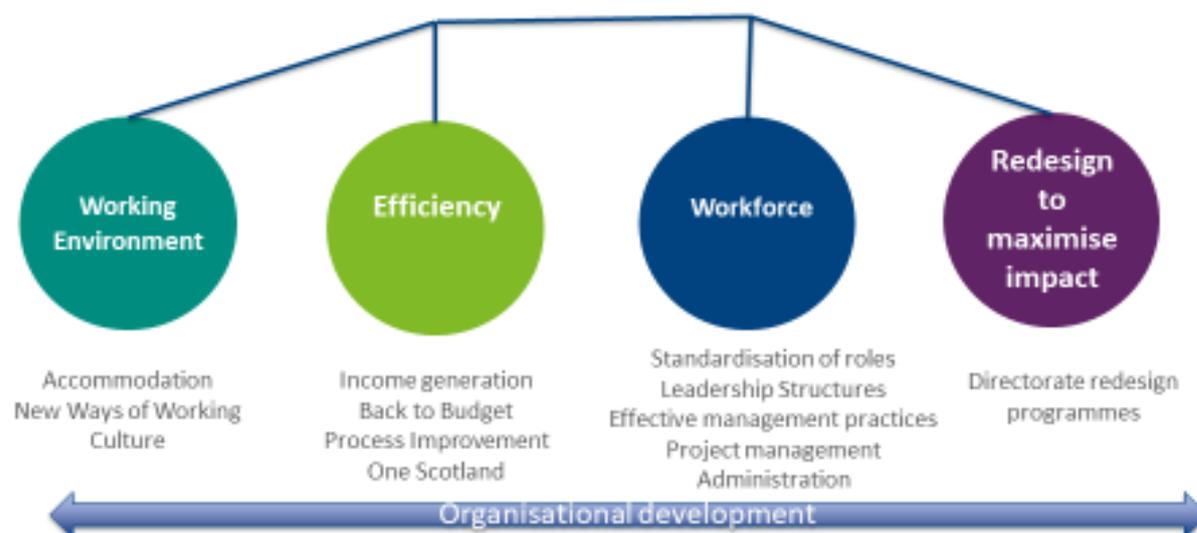
## Section D: Internal Improvement Programmes

Please summarise improvement programmes that are underway, along with the expected impact and benefits of this activity.

**One Team** is a change programme to help HIS operate in a more efficient and resilient way, whilst supporting delivery against our strategy. This transformation programme is delivered through four workstreams which together will ensure that we are fit for the future through:

- protecting and nurturing our skills
- organising ourselves in the most optimal way, so that we are able to respond quickly, share skills and collaborate more easily
- ensuring our systems and processes support our new ways of working

### One Team workstreams



**Working Environment:** this includes reviewing the use of both Delta House and Gyle Square to ensure best use of resources, and we are currently negotiating with NHS NSS to share space and costs in Delta House.

**Efficiency:** focused on ensuring we maximise our efficiencies as an organisation and deliver productivity gains and cash releasing efficiency savings over the next several years. We are also continuing to explore opportunities to generate appropriate additional external income streams to support our financial resilience.

**Workforce:** early work here is focused on opportunities for standardisation of cross-directorate roles and the creation of an Organisational Skills Pool to support the future needs of HIS under One Team. This work will also inform the Redesign workstream.

**Redesign:** includes oversight of current local directorate transformation work to ensure that work progresses in line with the overall principles established for the One Team programme. Process mapping and process improvement work is also delivered by this workstream which will include opportunities for HIS Foundation Improvement Skills (FIS) trained colleagues to practice their improvement skills in a supported, structured environment.

All four workstreams are supported by an Organisational Development Strategy and a communications plan, and a One Team Programme Board has been established with reporting lines to our Governance Committees and Board.

HIS also reports our One Team programme into Scottish Government via the Sustainability and Value Financial Improvement Group (FIG) which is tasked to bring together a focus on recurring savings across all organisations through cost reductions, local service redesign, innovation and productivity.