

# Supporting better quality health and social care for everyone in Scotland

Our Operational Plan for 2019–2020

**© Healthcare Improvement Scotland 2019**  
**Published May 2019**

This document is licensed under the Creative Commons Attribution-Non-commercial-No Derivatives 4.0 International Licence. This allows for the copy and redistribution of this document as long as Healthcare Improvement Scotland is fully acknowledged and given credit. The material must not be remixed, transformed or built upon in any way. To view a copy of this licence, visit <https://creativecommons.org/licenses/by-nc-nd/4.0/>

**[www.healthcareimprovementscotland.org](http://www.healthcareimprovementscotland.org)**

# Contents

---

Foreword .....	4
About us .....	6
About our operational plan .....	7
Our stakeholders .....	8
A new approach.....	9
How we are supporting national priorities .....	11
Appendix 1: Our work 2019–2020 .....	20

# Foreword

---

Our purpose in Healthcare Improvement Scotland is to help make care better for people across Scotland. This operational plan for 2019–2020 sets out our work over the coming year to support better quality health and social care services in Scotland.

Throughout the United Kingdom, health and social care services are undergoing significant change, while at the same time facing some very difficult challenges. This is also the picture across Scotland. A huge amount of effort is also going into redesigning frontline services, involving people in their care, delivering care closer to where people live, and to try and prevent illnesses and problems before they become more serious. However, more is needed if we are to achieve the ambition, set out by Scottish Government, of an effective integrated health and social care system across Scotland.

All this is taking place in the context of real financial pressures, and with the challenges of maintaining the required numbers of staff with the right skills and experience. It is essential that we take this context into account as we plan the work of Healthcare Improvement Scotland.

This plan describes the range of work we are carrying out during 2019–2020. It also illustrates how our work will support key national priorities and, ultimately, how we support the Scottish Government's Health and Social Care Delivery Plan, based on its ambition to build a safer, healthier and fairer society. We also ensure our work contributes to achieving the 2020 Vision for health and social care, the Programme for Government published in September 2018, the implementation of the Health and Social Care Standards and the Quality Strategy. The strategic commitments we are using to shape our overall programme of work for 2019–2020 and beyond include a clear focus on the priorities of the Cabinet Secretary for Health and Sport.

We are supporting the integration of health and social care services; helping build stronger community-based care services. We are working to improve access to, and the quality of, mental health services in particular for children and young people. We are strengthening the effectiveness of the governance of quality of care across Scotland through various workstreams and continue to deliver on the statutory duties placed upon us.

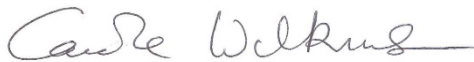
In our strategy, Making Care Better, and our 2018–2019 operational plan we drew attention to our work on a framework – the quality management system – that health and social care systems can use to help deliver high quality services in an effective and sustainable way. The components of this quality management system are quality planning, quality control, and quality improvement – supported by a learning system. We are using this framework to help shape our own overall programme of work, and we will build upon this approach throughout 2019–2020.



This year, we have embarked upon a different approach for planning our work. We are strengthening collaborative working across our different teams and functions, and their involvement in the planning process. We are putting a greater emphasis on demonstrating the value and impact of our work, and developing a more consistent, organisation-wide approach to how we engage with others as we develop our plans.

Planning our work in this way will enable us to make some of the difficult decisions that are required about how we rebalance our own overall programme of work. This is with the ultimate aim of ensuring we are making the biggest difference in supporting both the delivery of Scottish Government policy, and improvements to health and social care services.

Thank you for taking the time to read our plan for 2019–2020. We are already working on our plan for 2020–2021, with the ambition of further increasing the impact of our work through a maturing approach to collaborative working across our organisation and using the quality management system to help our planning. To help us plan our work for 2020–2021, we would like to hear from you if you have suggestions for how we can best serve our purpose of making health and social care better for everyone in Scotland.



**Carole Wilkinson**  
Chair



**Robbie Pearson**  
Chief Executive

# About us

---

Healthcare Improvement Scotland is an organisation with many parts and one purpose – to help make the quality of health and social care better for people across Scotland.

Our budget for 2019–2020 is approximately £30 million and we have nearly 500 staff, working mostly from two national offices and a network of local offices across the country.

As this plan illustrates, we carry out a wide range of activities to serve our overall purpose. Our programme of work supports the delivery of Making Care Better, our organisation’s strategy for 2017–2022 and, in turn, the Scottish Government’s Health and Social Care Delivery Plan and the published Scottish Government Programme for Government 2018–2019.

As set out in our strategy, the main ways in which we believe we can make the biggest difference are through our five strategic priorities:

- Enabling people to make informed decisions about their care and treatment.
- Helping health and social care organisations to redesign and continuously improve services.
- Provide evidence and share knowledge that enables people to get the best out of the services they use and helps services improve.
- Provide quality assurance that gives people confidence in the services and supports providers to improve.
- Making the best use of resources, we aim to ensure every pound invested in our work adds value to the care people receive.

We are working in an increasingly collaborative way across our organisation, with the aim of maximising the impact we have on improving the quality of health and social care across Scotland.

We believe that how we work with others to deliver our work programme is as important as what we focus our delivery on. In line with wider NHS values all of our work has our organisational values embedded within its delivery and development. Our values are:

- Care and compassion
- Dignity and respect
- Openness, honesty and responsibility, and
- Quality and teamwork.

# About our operational plan

This operational plan describes the work of Healthcare Improvement Scotland during 2019–2020 to help make care better for people across Scotland. The plan provides a basis for our agreement with Scottish Government. It will also be of interest to others who wish to learn about, and offer feedback on, our work programme.

To describe how our work in 2019–2020 is helping make care better, we have highlighted some of the work we are carrying out that contributes to help deliver against the Cabinet Secretary’s priorities. We describe work being carried out across our organisation in relation to these priorities, illustrating how our different functions are working in an increasingly collaborative way and that **we are one organisation, with many parts and one purpose.**



The quality management system framework we published last year helps illustrate how our work in 2019–2020 will help make care better, but also enables us to make better informed decisions about how we prioritise our work beyond 2019–2020, for example areas to further invest in or disinvest from.

# Our stakeholders

---

We work collaboratively with an extensive range of other organisations, groups and people. We are continually adapting how we approach our work to reflect what is required for us to best support the services and people we work with. We value our working relationships, including those with:

- 31 Health and Social Care Partnerships
- 32 local authorities
- 21 NHS boards
- national clinical groups
- a wide range of housing, third and independent sector organisations, and
- people who use services, carers, and their local communities.

Understanding our stakeholders' priorities and responding to them is a crucial element of how we plan our work. This is an area we intend to strengthen further in line with The Blueprint for Good Governance published by Scottish Government in February 2019.

As well as working with local and regional partners, we work in collaboration with other national and support organisations, for example to co-ordinate our activities where a national approach will improve quality, value, efficiency and sustainability. Among the many national agencies we work closely with are the Care Inspectorate, NHS Education for Scotland (NES), the Improvement Service and NHS National Services Scotland (NSS). We also engage with international organisations who undertake work similar to ours, so we can learn from each other.

Our different teams and functions engage with an extensive range of stakeholders. One way we will strengthen our 'quality planning' is through developing more consistent, organisation-wide approaches to engaging with our stakeholders about the work we will carry out in future.

## A new approach

---

This year, we embarked upon a new approach for developing our operational plan, in tandem with our financial and workforce plans. We will continue to develop this throughout 2019–2020. As this approach matures, it will enable us to rebalance our overall programme of work so that it best reflects the needs of health and social care services across Scotland and those of the people who use them.

In our operational plan for 2018–2019 we explained that our financial outlook will require us to make tougher choices about priorities and how we balance the demands for our input with the resources available to us. The integration of our operational, workforce and financial plans and the establishing of our internal and strategic change programmes is ensuring that we align priorities with the necessary expertise and the financial resources required to make care better.

### Change Programmes in 2019–2020

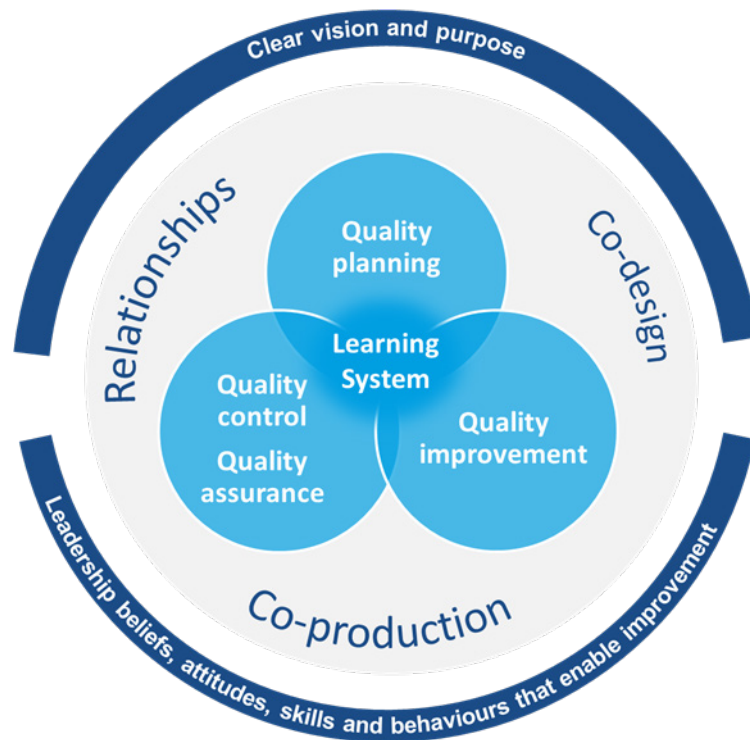
To underpin the delivery of our work we have created an Internal Change Programme, to bring together internal improvement work to align with our wider organisational priorities and demands. This workstream will focus on innovation, internal improvement and efficiencies. It will also support the delivery of the workforce plan to ensure we have the right people, in the right place with the right skills to deliver the work. This aligns with the blueprint for good governance and will support the delivery of recurrent savings in the coming years. This work is in addition to the review of the Scottish Health Council and the internal collaborative programme for the quality management system.

In 2019–2020 we will also establish a Strategic Change Programme to deliver a rebalancing of our work programme. As the national improvement organisation we are best placed to enable the spread and scale of best practice and will be looking to increase our work in this area. We will explore how we can support and help create the conditions for improvement and the cultural and leadership challenges that are faced by NHS boards and Health and Social Care Partnerships when developing their strategic plans for the future of services. This work is closely linked with the Internal Change Programme and together these programmes will support the design and delivery of our work in future years.

### Performance reporting

We have convened a working group to review and design the associated performance reporting with this year's operational plan. This is a key priority as part of our internal work on corporate governance and responding to the blueprint for good governance. We will focus on developing our reporting to reflect the impact of our work, highlighting outcomes and not outputs and presenting risk, finance and staffing information alongside programme updates to enable a greater understanding of the programme and progress.

## Quality management system approach



Our operational plan for 2018–2019 drew attention to our work on developing a framework for a quality management system for Scotland. This framework is designed for checking that an organisation, service or individual team has the components in place that are required to effectively and sustainably deliver a high quality service.

As well as supporting the testing of a quality management system within NHS boards and Health and Social Care Partnerships, we are testing this within the context of our own organisation and the services we deliver. We anticipate that, by testing the quality management system within Healthcare Improvement Scotland, we will learn about how we can strengthen how we do ‘quality planning’ and better understand the value and impact of our work.

In 2019–2020 we are already using a quality management system to describe and shape our ongoing programme of work and will build on this throughout the year. We will use the approach to improve our collaborative working across Healthcare Improvement Scotland and move towards delivering our work through integrated, multidisciplinary teams, making best use of the skills and expertise from across the organisation.

A complete list of our work, is included in the ‘Our work’ section at the end of this document. This list is correct at the time of publication, although our overall programme of work evolves on an ongoing basis in response to where we can make the greatest difference. Therefore, there will inevitably be some changes to our work programme during 2019–2020, including some new pieces of work that we have not yet planned for.

# How we are supporting national priorities

---

To help us plan and prioritise our work, we have a clear focus on the priorities of the Cabinet Secretary for Health and Sport, together with the framework for a quality management system, to describe some of the main activities we are carrying out in 2019–2020 to help make care better.

The Cabinet Secretary has set out four priorities for focusing the work of the NHS:

- Mental health
- Access and waiting times improvement
- Governance, and
- Increasing the pace of integration of health and social care.

To help us support the Cabinet Secretary, our five strategic priorities as set out in our strategy Making Care Better highlight the specific ways that we can make the biggest difference through our expertise as one organisation and have enabled us to focus to the delivery of our work in a cohesive way across the organisation.

These also provide the foundation for how we will approach our work using the quality management system. Below we describe some of our work and how this approach will work in practice. Many of our individual programmes and projects support more than one of our strategic priorities and, as highlighted below, there are some activities that we are required to carry out by legislation.

## Integration of health and social care services

We are already carrying out a wide range of activities designed to help achieve the ambition of an effective integrated health and social care system across Scotland. This includes, for example, work focusing on the care of older people to maximise the impact of whole system planning and service provision. Essential characteristics of an integrated health and social care system include:

- a stronger focus on involving people, their communities and their carers in the delivery and design of their care
- delivering care closer to where people live, and
- to try and prevent illnesses and problems before they become more serious.





## Community-based care services

As part of our efforts to support the development of stronger community-based services, we are working to develop a more holistic, organisation-wide approach to our work on older people. We are leading improvement work focusing on supporting early identification of older people with frailty or long term conditions (such as chronic obstructive pulmonary disease) to live well in their community for longer. We are also helping to enable people at the end of their lives to have a better experience of care and die in their place of choice, which is normally in the community.



We are working as part of the Adult Social Care Reform Programme to support key initiatives, including support to implement the Carers Act, develop Community Led Support hubs across several Health and Social Care Partnerships in Scotland, and support work to develop the community and social care market. This is being developed alongside Health and Social Care Partnerships and other national organisations, as well as ensuring all of our work considers the opportunities of choice and control for people in their communities.

We bring together evidence and publish guidance about aspects of care delivered in community settings. For example, during 2019–2020 we are publishing guidelines on: the diagnosis and management of asthma; the pharmacological and non-pharmacological management of dementia, and: prevention, early recognition and treatment of type 2 diabetes. We are also building an informal evidence base of outcomes based commissioning and opportunities for self-directed support.

To help alleviate pressures in hospital settings is to improve outcomes and experience for frail people who present to unscheduled acute care services, by rapidly and reliably identifying frailty at the front door. By delivering early comprehensive geriatric assessment within 24 hours, we help ensure people experience well-coordinated care attuned to their needs with the focus on support at home or in a homely setting. This will support system changes that result in improved flow, reduction in avoidable admissions and a reduction in length of stay.

We are continuing to work with the Care Inspectorate to deliver our programmes of joint inspections of health and social care services, which focus on services for children and young people – and services for older people.



## Helping to deliver change

We fund and support strategic and targeted approaches to building a sustainable infrastructure for quality within NHS boards and Health and Social Care Partnerships. This includes, for example, generic support and coaching in quality improvement as well as support for specific, locally determined improvement programmes. Alongside this, we have a programme that provides support with whole system redesign to health and social care organisations. An integral part of this is promoting the involvement of people and their carers who use services in the design process, to ensure that the right services are designed based on their needs.



We will continue to build on our work within primary care and deliver targeted improvement support to optimise care and service redesign across primary care in Scotland. This work includes GP Cluster support and supporting improvement work within Integration Authorities as they develop new service models for primary care. We are also beginning a new programme of work on external quality assurance of primary care services.

We are using the quality management system to consider our work on supporting the integration of health and social care services. An area where we could have a stronger focus is the quality assurance of community-based health services. We already have some plans to increase our work in this area and, during 2019–2020.

## Mental health

The Scottish Government's Programme for Government for 2018–2019 sets out a clear priority for transforming services across Scotland for people with mental ill health – including children and young people.

Through the mental health access collaborative, we are working with frontline teams to develop and deliver improvements to services across a range of mental health supports and settings.



Alongside this we have an established quality improvement safety programme focused on reducing harm in mental health settings, which is addressing issues such as the safe prescribing of medicines, self-harm, and the use of restraint and seclusion.

We are working with NHS boards and Health and Social Care Partnerships to support them to develop robust plans to improve access to mental health services which are informed by the data, the evidence about what works, and service user and staff insights.

In January 2019 we published new guidance which supports and challenges all mental health care practitioners to move away from the traditional practice of enhanced observation and work instead towards a framework of proactive, responsive, personalised care and treatment which puts the patient firmly at its centre. This is a significant change in practice which will require work to embed the new approaches. We are currently awaiting the outcome of a proposal to Scottish Government to extend the Improving Observation Practice programme for a further two years to enable us to support NHS boards to embed this new way of working into business as usual practice.

## Children and young people with mental ill health

We are already working to ensure that people with mental ill health who need to access psychological therapies get the right help when they need it, and to improve access to mental health services for children and young people. As well as reducing waiting times, our work in this area is focused on enabling improvements to the quality of care more broadly.

Other new areas of work include the translation of established safety principles into perinatal and infant mental health and children and young people's services. We are also supporting work to ensure services take an evidence-based approach to early intervention when people have a first episode of psychosis.

We continue to develop methodology which supports local integrated teams, including young people, social care, education, police and community organisations to design preventative pathways for young people's mental health.

During 2019–2020 we are developing a guideline on the care provided for people with eating disorders and we anticipate this will help improve existing services and, where necessary, with the redesign of services. We are also working with Scottish Government colleagues on a Suicide Learning Reporting System to ensure we are maximising the opportunities for scale and spread of learning and best practice from our assurance work.

The majority of our work on mental health contributes to the quality planning and quality improvement components of the quality management system. We are now exploring options for how we can consolidate our work, this includes developing how we support frontline services carry out quality control of mental health services, and how we strengthen collaborative working across the different functions of Healthcare Improvement Scotland.



## Access to care

We are currently working with Scottish Government and NES to design a programme to help improve access to services and waiting times. This programme will seek to embed the key elements for ensuring a sustained reduction in waiting times over the medium and longer terms.

The Cabinet Secretary has recently asked for a new programme of Quality Improvement work to support the delivery of the Waiting Times Improvement Plan (WTIP). Healthcare Improvement Scotland, NES and the Scottish Government are working together with key colleagues across Scotland to complete the detailed design of this work with the aim of starting delivery from April 2019.

This work will support the deployment of quality improvement expertise against the challenge of delivering sustainable improvements in waiting times whilst maintaining or improving the quality of care. It will do this by:

- strengthening the use of quality improvement within existing access improvement programmes.
- supporting leaders to create the conditions for quality improvement to be successfully applied to waiting time challenges
- supporting the accelerated implementation of locally redesigned pathways of care, and
- increasing quality improvement capacity and capability.

We are aligning and integrating this new programme of work with existing and proposed improvement work within HIS, including using our expertise in the development of evidence-based advice, standards and guidance to add significant value to this priority area of work as well as using our quality management system approach to support oversight and design of this work.

This is an area we are investing in further, recognising that some of our existing programmes and projects help with access to services; our work on access to mental health services, delivering reliable safe care through the Scottish Patient Safety Programme (SPSP) and in supporting people to live well in community settings.



## Governance of the quality of care

Across Healthcare Improvement Scotland, we carry out a wide range of activities that are designed to help strengthen local governance arrangements for the quality of care. This is continuing in 2019–2020 and beyond.

Our external quality assurance work continues to include a focus on the robustness of NHS boards' governance structures, and their systems and processes to support staff to consistently deliver safe, effective, compassionate and person-centred care. As part of this, there is an ongoing programme of NHS board reviews which look at the quality of care provided, with a particular focus on outcomes and the effectiveness of leadership.

We are leading a national programme to improve the quality of nursing care through the development of indicators and tools to improve and assure the robust and reliable delivery of nursing and midwifery care across NHS boards. We are also supporting the introduction of new legislation to implement the necessary workforce tools and to monitor the provision of safe staffing in our healthcare facilities.



## Inspections and reviews

Throughout 2019–2020 we are continuing to carry out inspections and reviews of hospital-based services. These are designed to support improvements in care by highlighting where care is good and where the quality of care should be better. We are currently reviewing our programmes of hospital-based inspections (which focus on the care of older people, and safety and cleanliness) to take a more holistic approach to these reviews.



We are continuing to embed the Health and Social Care Standards and to ensure that the underpinning principles are reflected in the design and delivery of care. The standards underpin our quality of care approach and support improvements in the quality of services across health and social care.

We are developing our own approach to how we consider, and where necessary respond to, potentially serious concerns about the quality of care that our organisation is made aware of. This is also designed to help strengthen the effectiveness of governance mechanisms within NHS boards. We report publicly on how NHS boards have responded to concerns about quality of care (including their governance mechanisms), as well as on the quality of care itself.

One of the ways in which potentially serious concerns about the quality of care are brought to our attention is through our intelligence sharing work with other national agencies. This work is also designed to help strengthen the effectiveness of governance within NHS boards, by considering data and intelligence information from seven national agencies and discussing this with individual NHS boards.

During 2019–2020 we are setting up a programme of work to support NHS boards and Health and Social Care Partnerships to put in place quality management systems. We are now considering opportunities for additional support we can provide for NHS boards and Health and Social Care Partnerships to help them plan and improve their local governance mechanisms (namely the quality planning and quality improvement elements of the quality management system).



## Ensuring the effective engagement of individuals in the design and provision of their care

Through our Scottish Health Council local office network we are continuing our work to enable local communities to participate in the planning, development, and delivery of services. As part of this work with local communities, individuals and the third sector, we use equalities monitoring data to understand how well we are 'reaching' different parts of the community.



We have a legal duty to help reduce health inequalities, and to involve service users, carers, and the public in our work.

Throughout 2019–2020 we are further developing how, for work carried out across Healthcare Improvement Scotland, we assess the anticipated impact on health inequalities. We are also continuing to produce and promote evidence that helps NHS boards and policy makers address health inequalities.

Helping build knowledge and share learning is also one of the aims of our international learning exchange which, through QI Connect (a series of interactive WebEx sessions), provides an opportunity for colleagues across health and social care to learn from international leaders in the fields of improvement, innovation and integration.

We are also incorporating the *Scottish Approach* to service design within our improvement work, which aims to empower and support the people of Scotland to actively participate in the definition, design and delivery of their public services.

## Statutory duties to safeguard the public and to provide high quality care

There are a number of activities that we are required to carry out by law. These include:

- providing a single point of advice for Scotland on the clinical and cost-effectiveness of new and existing health and care technologies that are likely to have significant implications for people's care
- providing a single point of advice for Scotland on the clinical and cost-effectiveness of all new medicines, with the aim of reducing variation in availability of medicines across Scotland
- maintaining and publishing the register of controlled drugs' accountable officers in Scotland, and providing external quality assurance of the governance arrangements for the safe management of controlled drugs
- providing advice and support to NHS boards on involving patients and communities in service change processes
- helping to improve the quality and accuracy of death certificates, and giving public assurance around the death certification process
- regulating independent healthcare services, with the aim of ensuring that independent clinics, hospitals (including private psychiatric hospitals) and hospices are maintaining high standards of care, and
- carrying out regulatory inspections to ensure safe care for patients, carers and staff who are exposed to medical ionising radiation (X-rays and nuclear medicine, and treatments such as radiotherapy) in any NHS or independent service.



# Supporting better quality health and social care for everyone in Scotland

## Our work 2019–2020

The following tables provide detailed information on our work for 2019–2020 and describes:

- the outcomes we wish to achieve
- the objectives of this work
- our stakeholders
- how this work maps to the Cabinet Secretary's priorities, and
- how this work is delivered and supported cross organisationally by teams across Healthcare Improvement Scotland (HIS).

All of our work supports our five strategic priorities as set out in our strategy, Making Care Better setting out the contribution that Healthcare Improvement Scotland can make through its component parts. These strategic priorities underpin all of our work and provide the basis for developing and delivering our work through a quality management system.

- Enabling people to make informed decisions about their care and treatment.
- Helping health and social care organisations to redesign and continuously improve services.
- Provide evidence and share knowledge that enables people to get the best out of the services they use and helps services improve.
- Provide quality assurance that gives people confidence in the services and supports providers to improve.
- Making the best use of resources, we aim to ensure every pound invested in our work adds value to the care people receive.



People who use health and social care are safe from harm.

Primary care workforce is expanded, more integrated and better co-ordinated with community and secondary care, to make primary care more sustainable.

People who work in health and social services feel engaged with the work they do.



What work will help us achieve this outcome	Objectives	Our Stakeholders	Cabinet Secretary Priority	Teams supporting delivery
Primary care improvement portfolio <ul style="list-style-type: none"> <li>• SPSP in Primary Care</li> <li>• GP cluster improvement support</li> <li>• New models of care</li> <li>• SPSP Dentistry</li> <li>• SPSP Medicines</li> </ul>	To deliver targeted improvement support to optimise care and service redesign across primary care in Scotland.	<ul style="list-style-type: none"> <li>• NHS boards</li> <li>• Other national organisations</li> <li>• Health and Social Care Partnerships</li> <li>• Citizens, patients, carers, families and communities</li> <li>• Scottish Government</li> </ul>	<ul style="list-style-type: none"> <li>• Integration</li> <li>• Access</li> </ul>	<ul style="list-style-type: none"> <li>• Primary Care Improvement Team</li> <li>• Public Involvement Unit</li> <li>• Living Well in Communities</li> <li>• Nursing Midwifery and Allied Health Professions (NMAHP)</li> <li>• Medicines Team</li> <li>• Data Measurement and Business Intelligence (DMBI) Team</li> <li>• Evidence</li> <li>• Quality of Care, Assurance and Significant Adverse Event teams</li> <li>• Transformational Redesign Unit</li> <li>• Evidence and Evaluation Support (EEVIT)</li> </ul>

People with dementia and carers will report improved experience and outcomes following a diagnosis of dementia through a focus on improvements in:

- post-diagnostic support
- reduction in stress and distress in hospital settings, and
- care co-ordination in community.

Staff will have improved knowledge, understanding and confidence in supporting people with dementia and carers and have increased access to information on good practice in dementia care.



What work will help us achieve this outcome	Objectives	Our Stakeholders	Cabinet Secretary Priority	Teams supporting delivery
Focus on dementia portfolio <ul style="list-style-type: none"> <li>• Acute Care Programme</li> <li>• Care Co-ordination</li> <li>• Specialist Dementia Units</li> <li>• Post-diagnostic Support</li> <li>• International Consortium of Outcome Measures</li> <li>• Scottish Intercollegiate Guidelines Network (SIGN) Dementia Guideline</li> </ul>	Work in partnership with national organisations, health and social care practitioners, people with dementia and carers to improve the quality and experience of dementia care and support.	<ul style="list-style-type: none"> <li>• People with dementia and their carers</li> <li>• Scottish Government</li> <li>• Alzheimer Scotland</li> <li>• NES</li> <li>• Scottish Social Services Council (SSSC)</li> <li>• Care Inspectorate</li> <li>• Scottish Care</li> </ul>	<ul style="list-style-type: none"> <li>• Integration</li> <li>• Access</li> </ul>	<ul style="list-style-type: none"> <li>• EEVIT</li> <li>• NMAHP</li> <li>• Quality Assurance</li> <li>• SIGN</li> <li>• Acute Care Portfolio</li> <li>• Primary Care Improvement Team</li> <li>• Public Involvement</li> <li>• Knowledge Management Team</li> <li>• Living Well in Communities</li> <li>• People Led Care Portfolio</li> </ul>

People have the evidence and knowledge to enable them to get the best out of the services that they use and help improve services.

Better care of and outcomes for patients.



What work will help us achieve this outcome	Objectives	Our Stakeholders	Cabinet Secretary Priority	Teams supporting delivery
SIGN guidelines <ul style="list-style-type: none"> <li>• Urinary tract infection</li> <li>• Asthma</li> <li>• Dementia</li> <li>• Chronic pain</li> <li>• Diabetes type 2</li> </ul>	To develop evidence-based guidelines for healthcare professionals and associated patient and carer versions and develop ways in which guidance can be more rapidly disseminated and implemented.	<ul style="list-style-type: none"> <li>• NHS boards</li> <li>• Other national organisations</li> <li>• Health and Social Care Partnerships</li> <li>• Citizens, patients, carers, families and communities</li> <li>• Scottish Government</li> </ul>	<ul style="list-style-type: none"> <li>• Integration</li> <li>• Governance</li> </ul>	<ul style="list-style-type: none"> <li>• SIGN</li> <li>• Health Economists</li> <li>• Mental Health Access Improvement Support Team (MHAIST)</li> <li>• Public Involvement Unit</li> <li>• Knowledge Management Team</li> <li>• Focus on Dementia Team</li> </ul>



Outcome 4

Improve the quality of care provided to prevent and to minimise the impact of pressure ulcers.

What work will help us achieve this outcome	Objectives	Our Stakeholders	Cabinet Secretary Priority	Teams supporting delivery
Pressure ulcer best practice statement	To revise the existing NHS Quality Improvement Scotland best practice statement to reflect current practice.	<ul style="list-style-type: none"> <li>• NHS boards</li> <li>• Other national organisations</li> <li>• Health and Social Care Partnerships</li> <li>• Citizens, patients, carers, families and communities</li> <li>• Scottish Government</li> </ul>	<ul style="list-style-type: none"> <li>• Integration</li> <li>• Access</li> </ul>	<ul style="list-style-type: none"> <li>• Standards and Indicators Team</li> <li>• Knowledge Management Team</li> <li>• Communications Quality Assurance</li> <li>• Acute Care Portfolio</li> <li>• EEVIT</li> <li>• Transformational Redesign Unit</li> </ul>

People at risk of unplanned time in hospital and their carers have a better quality of life living well at home or a homely setting in their community for longer.

Integrated community-based services are stronger.

Integrated health and social care systems alleviate pressures on unplanned hospital services.

Workforce feel engaged and supported in the work they do.



What work will help us achieve this outcome	Objectives	Our Stakeholders	Cabinet Secretary Priority	Teams supporting delivery
<p>Living well in communities portfolio</p> <ul style="list-style-type: none"> <li>• Living Well in the North (with frailty)</li> <li>• Living and Dying Well in Communities Collaborative</li> <li>• Living and Dying Well in Care Homes Collaborative</li> <li>• Integrated frailty system</li> <li>• Living Well with Long Term Conditions</li> </ul>	<p>To support Health and Social Care Partnerships to implement and scale up new ways of delivering services that enable more people to spend time at home or in a homely setting that would otherwise have been spent in hospital.</p>	<ul style="list-style-type: none"> <li>• NHS boards</li> <li>• Health and Social Care Partnerships</li> <li>• Citizens, patients, carers, families and communities</li> <li>• Scottish Government</li> </ul>	<ul style="list-style-type: none"> <li>• Integration</li> <li>• Access</li> </ul>	<ul style="list-style-type: none"> <li>• Acute Care Portfolio</li> <li>• Focus on Dementia</li> <li>• Place, Home and Housing</li> <li>• Primary Care Improvement Team</li> <li>• Public Involvement Unit</li> <li>• Excellence in Care Team</li> <li>• DMBI Team</li> <li>• Clinical Engagement Team</li> <li>• NMAHP</li> <li>• EEVIT</li> </ul>

To improve the quality of care for people within acute care settings through a focus on key harms that can be reduced or prevented, improving outcomes and experience for frail people who present to unscheduled acute care services and creating the system and team conditions to enable improvement.



What work will help us achieve this outcome	Objectives	Our Stakeholders	Teams supporting delivery	Cabinet Secretary Priority
Acute care portfolio <ul style="list-style-type: none"> <li>• SPSP Adult acute care</li> <li>• Older people in acute care</li> <li>• Value Management</li> </ul>	Work in partnership with NHS boards to enable improvements in both the care experience and outcomes for people in acute care.	<ul style="list-style-type: none"> <li>• NHS boards</li> <li>• People, their carers, families and support networks</li> <li>• Health and Social Care Partnerships</li> <li>• Scottish Government</li> <li>• ISD</li> <li>• Royal Colleges</li> <li>• Other national organisations</li> </ul>	<ul style="list-style-type: none"> <li>• Primary Care Improvement Team</li> <li>• Public Involvement Unit</li> <li>• Excellence in Care Team</li> <li>• DMBI Team</li> <li>• Living Well in Communities Team</li> <li>• Quality Assurance</li> <li>• EEVIT</li> </ul>	<ul style="list-style-type: none"> <li>• Integration</li> <li>• Access</li> </ul>

To improve the quality of care for children and families through a focus on key harms that can be reduced or prevented and creating the system and team conditions to enable improvement within maternity, neonatal and paediatric acute care settings.



What work will help us achieve this outcome	Objectives	Our Stakeholders	Cabinet Secretary Priority	Teams supporting delivery
Maternity and Children Quality Improvement Collaborative	Work in partnership with NHS boards to enable improvements in both the care experience and outcomes for children and families in acute care maternity, neonatal and paediatric settings.	<ul style="list-style-type: none"> <li>• NHS boards</li> <li>• People, their carers, families and support networks</li> <li>• Health and Social Care Partnerships</li> <li>• Scottish Government</li> <li>• ISD</li> <li>• Royal Colleges</li> <li>• Other national organisations</li> </ul>	<ul style="list-style-type: none"> <li>• Integration</li> <li>• Access</li> </ul>	<ul style="list-style-type: none"> <li>• Primary Care Improvement Team</li> <li>• Public Involvement Unit</li> <li>• Excellence in Care Team</li> <li>• DMBI Team</li> <li>• Quality Assurance</li> </ul>



NHS boards and Health and Social Care Partnerships create the conditions and supporting infrastructure required to enable a quality management approach at all levels of the system to be applied.



What work will help us achieve this outcome	Objectives	Our Stakeholders	Cabinet Secretary Priority	Teams supporting delivery
Quality infrastructure portfolio <ul style="list-style-type: none"> <li>• Bespoke Board support</li> <li>• NES quality improvement commissions</li> <li>• Continuous quality improvement allocations</li> <li>• Quality management system development</li> <li>• Networks and knowledge exchange</li> </ul>	To support NHS boards and Health and Social Care Partnerships to develop a co ordinated and consistent approach to managing quality.	<ul style="list-style-type: none"> <li>• NHS boards and integration joint boards</li> <li>• Health and Social Care Partnerships</li> <li>• Scottish Government</li> <li>• NES</li> <li>• Health Foundation</li> <li>• Q members</li> <li>• QI community</li> </ul>	<ul style="list-style-type: none"> <li>• Integration</li> <li>• Access</li> </ul>	<ul style="list-style-type: none"> <li>• DMBI Team</li> <li>• Knowledge Management Team</li> <li>• EEVIT</li> </ul>



The quality of healthcare is improved, and the national health and wellbeing outcomes are achieved through consistent quality assurance applied by healthcare providers and organisational reviews.



What work will help us achieve this outcome	Objectives	Our Stakeholders	Cabinet Secretary Priority	Teams supporting delivery
<p>Review and Inspection (Operational)</p> <ul style="list-style-type: none"> <li>• 4 NHS board organisational reviews</li> <li>• 6 Joint inspections of children's services</li> <li>• 4 Strategic inspections of adult services</li> </ul> <p>*NOTE: inspection numbers are subject to change and will be confirmed in due course</p>	<p>Deliver a programme of strategic reviews based on the Quality Framework and the Health and Social Care Standards focusing on outcomes, impact and quality of leadership.</p>	<ul style="list-style-type: none"> <li>• Operational and strategic staff from across education, social work sectors</li> <li>• Citizens, patients, carers, families and communities, including children, young people and their families</li> <li>• NHS boards, integration joint boards (IJBs), Health and Social Care Partnerships</li> <li>• Third sector, housing and independent sector</li> <li>• Care providers and support staff in health and social care</li> <li>• Independent care providers</li> <li>• Care Inspectorate</li> <li>• Scottish Government</li> <li>• Police Scotland</li> <li>• Scottish Children's Reporter Administration (SCRA)</li> <li>• Third sector organisations</li> </ul>	<ul style="list-style-type: none"> <li>• Integration</li> </ul>	<ul style="list-style-type: none"> <li>• Quality Assurance Regulation and Assurance Team</li> <li>• NMAHP</li> <li>• Communications</li> <li>• ihub Improvement Advisors</li> <li>• DMBI Team</li> </ul>

CAMHS and PT services are providing access within nationally agreed timescales while maintaining or improving other measures of quality used to monitor the services provided.

NHS boards and Health and Social Care Partnerships can demonstrate improved outcomes for people with mental illness defined by a reduction in harm, improved physical health outcomes.

Support implementation of revised guidance on improving observation practice for suicidal, violent or vulnerable patients.



What work will help us achieve this outcome	Objectives	Our Stakeholders	Cabinet Secretary Priority	Teams supporting delivery
Mental health portfolio <ul style="list-style-type: none"> <li>• SPSP mental health</li> <li>• SPSP observations</li> <li>• Mental health access for children and adolescents</li> </ul>	Work in partnership with national organisations, health and social care practitioners, service users and carers to improve access to mental health services, improve safety and, improve the quality of care.	<ul style="list-style-type: none"> <li>• People with mental health care needs, their carers, families and support networks</li> <li>• Health and social care organisations (including third sector) involved in providing mental health care</li> <li>• Education providers involved with mental health care for children and adolescents</li> <li>• Police Scotland</li> <li>• Royal College of Psychiatrists</li> <li>• Scottish Government</li> <li>• Third sector national organisations</li> <li>• Other national organisations</li> </ul>	<ul style="list-style-type: none"> <li>• Mental Health</li> <li>• Access</li> </ul>	<ul style="list-style-type: none"> <li>• MHAIST</li> <li>• DMBI Team</li> <li>• Knowledge Management Team</li> <li>• SIGN</li> <li>• Transformational Redesign Unit</li> </ul>

People have the evidence and knowledge to enable them to get the best out of the services that they use and help improve services.

Better care and outcomes for patients.



What work will help us achieve this outcome	Objectives	Our Stakeholders	Cabinet Secretary Priority	Teams supporting delivery
SIGN guideline <ul style="list-style-type: none"> <li>Eating disorders</li> </ul>	To develop evidence-based guidelines for healthcare professionals and develop ways in which guidance can be more rapidly disseminated and implemented.	<ul style="list-style-type: none"> <li>NHS boards</li> <li>Other national organisations</li> <li>Health and Social Care Partnerships</li> <li>Citizens, patients, carers, families and communities</li> <li>Scottish Government</li> </ul>	<ul style="list-style-type: none"> <li>Mental Health</li> </ul>	<ul style="list-style-type: none"> <li>SIGN</li> <li>Health Economists</li> <li>MHAIST</li> <li>Knowledge Management Team</li> <li>Public Involvement Unit</li> </ul>

Support the deployment of quality improvement (QI) expertise against the challenge of delivering sustainable improvements in waiting times whilst maintaining or improving the quality of care.



What work will help us achieve this outcome	Objectives	Our Stakeholders	Cabinet Secretary Priority	Teams supporting delivery
Access QI	<ul style="list-style-type: none"> <li>Strengthening the use of QI within existing access improvement programmes.</li> <li>Supporting leaders to create the conditions for QI to be successful applied to waiting time challenges.</li> <li>Supporting the accelerated implementation of locally redesigned pathways of care.</li> <li>Increasing QI capacity and capability.</li> </ul>	<ul style="list-style-type: none"> <li>NHS boards, regional and national planning and delivery groups</li> <li>Health and social care practitioners</li> <li>Health and Social Care Partnerships, Integration Joint Boards</li> <li>Scottish Government</li> </ul>	<ul style="list-style-type: none"> <li>Access</li> </ul>	<ul style="list-style-type: none"> <li>MHAIST</li> <li>Primary Care Improvement Team</li> <li>Public Involvement Unit</li> <li>Excellence in Care Team</li> <li>DMBI Team</li> <li>EEVIT</li> <li>Living Well in Communities Team</li> </ul>

Health and social care organisations understand population-level need, and plan and deliver services for people in new ways which ensure better outcomes.

Health and social care strategic plans are developed in line with national guidelines and best practice.

Resources are used effectively and efficiently in the provision of health and social care services.

Good practice in design, based on the principles of the Scottish Approach to Service Design, is shared and embedded.



What work will help us achieve this outcome	Objectives	Our Stakeholders	Cabinet Secretary Priority	Teams supporting delivery
Strategic Planning Portfolio <ul style="list-style-type: none"> <li>• Strategic planning</li> <li>• Approaches to transformational redesign</li> </ul>	<p>Through the provision of strategic planning advice, guidance and coaching, support health and social care systems to understand their high impact opportunities for redesign, develop robust implementation plans and evaluate the impact of new pathways and models of care.</p> <p>To develop the internal and external capacity and capability to apply service design approaches to support the exploration, prototyping and implementation of new pathways and models of care, with a rigorous commitment to user research and engagement throughout.</p>	<ul style="list-style-type: none"> <li>• NHS boards, regional and national planning and delivery groups</li> <li>• Health and social care practitioners</li> <li>• Health and Social Care Partnerships, Integration Joint Boards</li> <li>• Scottish Government</li> </ul>	<ul style="list-style-type: none"> <li>• Integration</li> </ul>	<ul style="list-style-type: none"> <li>• Transformation Redesign Unit</li> <li>• Scottish Health Council local office network</li> <li>• Community engagement improvement support</li> <li>• DMBI Team</li> <li>• Participation Network</li> </ul>

NHSScotland delivers value in medicines provision for the people of Scotland and people have access to new medicines, most notably in the end of life, orphan and ultra orphan categories.



What work will help us achieve this outcome	Objectives	Our Stakeholders	Cabinet Secretary Priority	Teams supporting delivery
Scottish Medicines Consortium (SMC) Programme	<p>Provide advice on the clinical and cost effectiveness of all new medicines for NHSScotland.</p> <p>Ensure the smooth introduction of the new ultra-orphan pathway.</p>	NHS boards, patients and patient groups, clinicians, pharmaceutical companies	<ul style="list-style-type: none"> <li>• Governance</li> <li>• Legislative</li> </ul>	<ul style="list-style-type: none"> <li>• SMC</li> <li>• Public Involvement Unit</li> <li>• Communications</li> <li>• Medicines Team</li> </ul>

People have access to effective non medicines interventions and health and social care organisations deliver better value services for people in Scotland.



What work will help us achieve this outcome	Objectives	Our Stakeholders	Cabinet Secretary Priority	Teams supporting delivery
<p>Scottish Health Technologies Group Programme</p> <ul style="list-style-type: none"> <li>• Arteriovenous (AV) fistula</li> <li>• Left atrial appendage occlusion</li> <li>• MitraClip® transcatheter mitral valve repair system</li> <li>• MRI Simulator / MRI Linac / Proton Beam Therapy</li> <li>• Synovasure alpha defensin lab test for the diagnosis of periprosthetic joint infection</li> <li>• Normothermic regional perfusion for liver transplant</li> <li>• Hernia mesh repair</li> <li>• Stem cell transplant for multiple sclerosis</li> <li>• Closed system drug transfer devices for cytotoxic drugs</li> <li>• Cochlear implants</li> </ul>	<p>Provides evidence support and advice to NHSScotland on the use of new and existing health and care non-medicines technologies that are likely to have significant implications for people's care in Scotland.</p>	<ul style="list-style-type: none"> <li>• NHS boards, regional and national planning and delivery groups</li> <li>• Health and social care practitioners</li> <li>• National Procurement</li> <li>• Professional bodies</li> <li>• Manufacturers and technology developers</li> <li>• Scottish Government</li> <li>• Research organisations and academic groups</li> </ul>	<ul style="list-style-type: none"> <li>• Governance</li> <li>• Legislative</li> </ul>	<ul style="list-style-type: none"> <li>• Scottish Health Technologies Group (SHTG)</li> <li>• Health Economists</li> <li>• Medical Directorate</li> <li>• Knowledge Management</li> <li>• Public Involvement Unit</li> </ul>



To eliminate or minimise avoidable harm by ensuring that organisations are responding proactively to data and intelligence.



What work will help us achieve this outcome	Objectives	Our Stakeholders	Cabinet Secretary Priority	Teams supporting delivery
1. Responding to concerns <ul style="list-style-type: none"> <li>National Confidential Alert Line/Public Interest Disclosure Act</li> <li>Sharing intelligence</li> <li>Medical revalidation</li> <li>Independent healthcare complaints</li> </ul>	To ensure that where significant risks to the quality of health and care are identified there is prompt, proportionate, co-ordinated, and effective collaborative working between the relevant scrutiny and improvement bodies.	<ul style="list-style-type: none"> <li>NHS boards</li> <li>Scottish Government</li> <li>Public, patients, carers and communities</li> <li>Staff in health and social care organisations</li> <li>NES</li> <li>Health and Safety Executive</li> <li>Hospices and independent organisations which have the Chief Medical Officer as their Responsible Officer</li> <li>General Medical Council</li> <li>NSS</li> <li>Audit Scotland</li> <li>Care Inspectorate</li> <li>Mental Welfare Commission for Scotland</li> <li>Scottish Public Services Ombudsman</li> </ul>	<ul style="list-style-type: none"> <li>Governance</li> </ul>	<ul style="list-style-type: none"> <li>Quality Assurance Service Review Team</li> <li>DMBI Team</li> <li>ihub</li> <li>Sharing Intelligence for Health &amp; Care Group (SIHCG)</li> <li>Scottish Morbidity and Mortality Programme</li> </ul>



To eliminate or minimise avoidable harm by ensuring that organisations are responding proactively to data and intelligence.

What work will help us achieve this outcome	Objectives	Our Stakeholders	Cabinet Secretary Priority	Teams supporting delivery
<p>2. Operational review and inspection</p> <ul style="list-style-type: none"> <li>• 20 hospital inspections (including HAI/HEI)</li> <li>• 6 joint inspection of prisoner healthcare</li> <li>• 15 Ionising Radiation (Medical Exposure) Regulation inspections</li> <li>• Regulation of independent healthcare, including 224 inspections</li> </ul> <p>*NOTE: inspection numbers are subject to change and will be confirmed in due course</p>	<p>Delivery of a programme of operationally focused review and inspections across a number of workstreams, including revision of the existing methodologies in our hospital inspections for both the acute and non-acute settings.</p>	<ul style="list-style-type: none"> <li>• Patients and their relatives, carers and communities</li> <li>• HIS public partners</li> <li>• NHS boards</li> <li>• Scottish Government</li> <li>• Scottish Parliament</li> <li>• Prisoner population</li> <li>• Prison healthcare staff</li> <li>• Scottish Prison Service</li> <li>• Scottish Government</li> <li>• Her Majesty's Inspectorate of Prisons (HMIPS)</li> <li>• Integration Joint Boards, Health and Social Care Partnerships</li> <li>• Third sector organisations</li> <li>• HIS inspection staff</li> <li>• Staff members who work within the scope of Ionising Radiation (Medical Exposure) Regulation</li> <li>• Independent healthcare providers</li> </ul>	<ul style="list-style-type: none"> <li>• Governance</li> <li>• Legislative</li> </ul>	<ul style="list-style-type: none"> <li>• Hospital Inspections Team</li> <li>• Prisoner Healthcare Network Team</li> <li>• Medicines Team</li> <li>• Clinical Engagement Team</li> </ul>

To eliminate or minimise avoidable harm by ensuring that organisations are responding proactively to data and intelligence.

What work will help us achieve this outcome	Objectives	Our Stakeholders	Cabinet Secretary Priority	Teams supporting delivery
<p>3. Topic specific – planned and responsive</p> <ul style="list-style-type: none"> <li>• Review of national screening programmes</li> <li>• Cancer quality performance indicators review</li> <li>• Adverse events – refresh of Adverse Events framework and linking with Duty of Candour</li> <li>• Quality assurance in primary care</li> </ul> <p>Unplanned reviews</p>	<p>Provision of planned and unplanned external assurance and support to specific health services or areas where there has been an identified need for topic specific focus through our quality of care approach.</p>	<ul style="list-style-type: none"> <li>• NHS boards</li> <li>• Scottish Screening Committee</li> <li>• Scottish Government</li> <li>• Public, patients, carers and communities</li> <li>• Staff in health and social care organisations</li> <li>• NES</li> <li>• Scottish Fatalities Investigation Units</li> <li>• Scottish Public Service Ombudsman</li> <li>• Health and Safety Executive</li> </ul>	<ul style="list-style-type: none"> <li>• Governance</li> <li>• Legislative</li> </ul>	<ul style="list-style-type: none"> <li>• Hospital Inspections Team</li> <li>• Prisoner Healthcare Network Team</li> <li>• Medicines Team</li> <li>• Clinical Engagement Team</li> </ul>

Outcome 16 continued . . .

Outcome 16	To eliminate or minimise avoidable harm by ensuring that organisations are responding proactively to data and intelligence.				
	What work will help us achieve this outcome	Objectives	Our Stakeholders	Cabinet Secretary Priority	Teams supporting delivery
	<p>4. Learning and improvement</p> <ul style="list-style-type: none"> <li>• Management of controlled drugs</li> <li>• National hub for review and learning from child deaths</li> <li>• Suicide Reporting Learning System</li> </ul>	<p>To ensure we are maximising the opportunities for scale and spread of learning and best practice from our assurance work we will establish additional support for this work in 2019-2020.</p>	<ul style="list-style-type: none"> <li>• NHS boards</li> <li>• Independent care providers</li> <li>• Scottish Government</li> <li>• Other national organisations</li> </ul>	<ul style="list-style-type: none"> <li>• Governance</li> <li>• Legislative</li> </ul>	<ul style="list-style-type: none"> <li>• Quality Assurance Service Review Team</li> <li>• DMBI Team</li> <li>• ihub</li> <li>• SIHCG</li> <li>• Scottish Morbidity and Mortality Programme</li> <li>• Medicines Team</li> <li>• Public Involvement Unit</li> <li>• NMAHP</li> </ul>

People experience improved personal and clinical outcomes as a result of services delivering nationally consistent good quality care.



What work will help us achieve this outcome	Objectives	Our Stakeholders	Cabinet Secretary Priority	Teams supporting delivery
<p>Standards and indicators</p> <p>Topic to include:</p> <ul style="list-style-type: none"> <li>• Screening for abdominal aortic aneurysm</li> <li>• Care in mortuaries</li> <li>• Sexual health</li> <li>• Healthcare associated infection</li> <li>• Congenital heart disease</li> <li>• Barnahaus</li> </ul>	<p>Deliver a programme of standards and indicators development and revision of existing standards in line with the Health and Social Care Standards based on commissions from stakeholders, including clinical communities and Scottish Government.</p>	<ul style="list-style-type: none"> <li>• Citizens, their families, carers and communities</li> <li>• NHS boards</li> <li>• Scottish Government</li> <li>• Other national organisations</li> <li>• Patient groups, clinicians</li> </ul>	<ul style="list-style-type: none"> <li>• Governance</li> <li>• Access</li> </ul>	<ul style="list-style-type: none"> <li>• Standards and Indicators Team</li> <li>• Knowledge Services</li> <li>• Communications</li> <li>• Quality Assurance</li> <li>• MHAIST</li> <li>• SPSP MCQIC</li> <li>• SIGN</li> <li>• Public Involvement Unit</li> <li>• Person Led Care Unit</li> </ul>

The provision of safe, effective interventions for patients.



What work will help us achieve this outcome	Objectives	Our Stakeholders	Cabinet Secretary Priority	Teams supporting delivery
Oversight group for use of vaginal mesh in Scotland	To provide oversight of the use of transvaginal mesh implants until a managed clinical network is established.	<ul style="list-style-type: none"><li>• Representatives from NHS boards, public bodies and patient groups</li><li>• Scottish Government</li></ul>	<ul style="list-style-type: none"><li>• Governance</li></ul>	<ul style="list-style-type: none"><li>• Standards and Indicators Team</li><li>• Public Involvement Unit</li><li>• Knowledge Services</li><li>• Communications</li><li>• Quality Assurance Directorate</li></ul>

Better quality and more appropriate services, alongside increased support for people, resulting in improved health and wellbeing outcomes for people and communities.

Health and social care staff are more confident in the planning and delivery of people-led care and support.



What work will help us achieve this outcome	Objectives	Our Stakeholders	Cabinet Secretary Priority	Teams supporting delivery
People-led care: <ul style="list-style-type: none"> <li>• Community Led Support</li> <li>• Outcomes Based Commissioning</li> <li>• Unpaid Carers</li> <li>• Person-Centred Care</li> <li>• Third and Independent Sector Engagement</li> </ul>	<p>Enabling people-led care and support across health and social services, making sure services and supports keep people at the heart of service planning and delivery through people centred care and improved engagement of the third and independent sector in improvement work.</p> <p>Support the delivery of the Adult Social Care Reform Programme through the delivery of programmes, including Community Led Support and Outcomes Based Commissioning.</p>	<ul style="list-style-type: none"> <li>• NHS boards</li> <li>• Scottish Government</li> <li>• Health and Social Care Partnerships</li> <li>• Third and independent sector organisations</li> </ul>	<ul style="list-style-type: none"> <li>• Integration</li> </ul>	<ul style="list-style-type: none"> <li>• Transformation Redesign Unit</li> <li>• Scottish Health Council local office network</li> <li>• Community engagement improvement support</li> </ul>

Reduction in re-offending (this will be achieved in conjunction with other legislative interventions), improved health outcomes for prisoners and reduced mortality. Contribute to reducing health inequalities in Scotland.



What work will help us achieve this outcome	Objectives	Our Stakeholders	Cabinet Secretary Priority	Teams supporting delivery
Prisoner Healthcare	To improve health outcomes and to reduce health inequalities within the prison population of Scotland with a stated aim to reducing re-offending and improving through care arrangements for offenders.	<ul style="list-style-type: none"> <li>NHS boards</li> <li>Scottish Government</li> <li>Prisoner population</li> <li>Prison healthcare staff</li> <li>Scottish Prison Service</li> <li>Scottish Government</li> <li>HMIPS</li> </ul>	<ul style="list-style-type: none"> <li>Access</li> <li>Governance</li> </ul>	<ul style="list-style-type: none"> <li>Prisoner Healthcare Network Team</li> <li>Quality Assurance Inspections Team</li> </ul>



Optimal antibiotic treatment for all patients with infections across all care settings and fewer preventable adverse effects attributable to antimicrobials.



What work will help us achieve this outcome	Objectives	Our Stakeholders	Cabinet Secretary Priority	Teams supporting delivery
Scottish Antimicrobial Prescribing Group (SAPG) best practice guidance	Containing the spread of Antimicrobial Resistance (AMR) in Scotland and reducing patient harm by maintaining the national antimicrobial stewardship agenda from Healthcare Associated Infection (HAI).	<ul style="list-style-type: none"> <li>NHS boards;</li> <li>Other national organisations</li> <li>Health and Social Care Partnerships</li> <li>Citizens, patients, carers, families and communities</li> <li>Scottish Government</li> </ul>	<ul style="list-style-type: none"> <li>Governance</li> </ul>	<ul style="list-style-type: none"> <li>SAPG</li> <li>Area Drug and Therapeutics Committees Collaborative (ADTCC) Team</li> <li>Knowledge Management</li> <li>Communications</li> </ul>

People have the evidence and knowledge to enable them to get the best out of the services that they use and help improve services.

Better care of and outcomes for patients.



What work will help us achieve this outcome	Objectives	Our Stakeholders	Cabinet Secretary Priority	Teams supporting delivery
SIGN guidelines <ul style="list-style-type: none"> <li>• Osteoporosis</li> <li>• Diabetes in pregnancy</li> <li>• Diabetes type 1</li> <li>• Epilepsy in children</li> </ul>	To develop evidence-based guidelines for healthcare professionals and associated patient and carer versions and develop ways in which guidance can be more rapidly disseminated and implemented.	<ul style="list-style-type: none"> <li>• NHS boards</li> <li>• Other national organisations</li> <li>• Health and Social Care Partnerships</li> <li>• Citizens, patients, carers, families and communities</li> <li>• Scottish Government</li> </ul>	<ul style="list-style-type: none"> <li>• Governance</li> <li>• Access</li> <li>• Integration</li> </ul>	<ul style="list-style-type: none"> <li>• SIGN</li> <li>• SPSP MCQIC</li> <li>• Knowledge Management Team</li> <li>• Public Involvement unit</li> </ul>

NHS boards can demonstrate public and service user involvement in shaping services.  
People and communities can see how their feedback has been used to change and develop services.



What work will help us achieve this outcome	Objectives	Our Stakeholders	Cabinet Secretary Priority	Teams supporting delivery
Community engagement improvement support	Ensure people are involved in decisions about health services by enabling local communities to participate in the planning and development of services and to support them in influencing how these services are managed and delivered.	<ul style="list-style-type: none"> <li>• Citizens, patients, carers, families and communities</li> <li>• NHS boards</li> <li>• Integration Joint Boards, Health and Social Care Partnerships</li> <li>• Scottish Government and other national organisations</li> </ul>	<ul style="list-style-type: none"> <li>• Governance</li> <li>• Integration</li> <li>• Access</li> </ul>	<ul style="list-style-type: none"> <li>• Scottish Health Council local office network</li> <li>• Communications</li> <li>• Transformational Redesign Unit</li> </ul>

## Outcome 24

NHS boards can demonstrate public and service user involvement in shaping services.

What work will help us achieve this outcome	Objectives	Our Stakeholders	Cabinet Secretary Priority	Teams supporting delivery
Service change	Provide advice and support to NHS boards on involving patients and communities in service change processes, in line with Scottish Government guidance.	<ul style="list-style-type: none"> <li>NHS boards</li> <li>Citizens, patients, carers, families and communities</li> <li>Integration Joint Boards, Health and Social Care Partnerships</li> <li>Scottish Government</li> </ul>	<ul style="list-style-type: none"> <li>Governance</li> <li>Access</li> <li>Integration</li> <li>Legislative</li> </ul>	<ul style="list-style-type: none"> <li>Service Change Team</li> <li>Communications team</li> <li>Information Governance</li> <li>Quality Assurance Directorate</li> <li>Transformational Redesign Unit</li> </ul>

## Outcome 25

Volunteering contributes to Scotland's health by enhancing the patient experience and providing opportunities to improve the health and wellbeing of volunteers themselves.

What work will help us achieve this outcome	Objectives	Our Stakeholders	Cabinet Secretary Priority	Teams supporting delivery
Volunteering in Scotland	The infrastructure that supports volunteering is developed, sustainable and inclusive. Volunteering and the positive contribution it makes is widely recognised with a culture which demonstrates its value across the partners involved.	<ul style="list-style-type: none"> <li>NHS boards</li> <li>NHS staff, volunteers</li> <li>Third sector organisations, Health and Social Care Partnerships</li> </ul>	<ul style="list-style-type: none"> <li>Governance</li> <li>Access</li> <li>Integration</li> </ul>	<ul style="list-style-type: none"> <li>Volunteering Team</li> <li>iHub</li> <li>Public Involvement Unit</li> </ul>

People's views and experiences are routinely used to inform health and social care development and delivery



What work will help us achieve this outcome	Objectives	Our Stakeholders	Cabinet Secretary Priority	Teams supporting delivery
Participation network	Collaborate with others to build the evidence base for engaging people and communities, with a focus on demonstrating the impact of engagement. Provide directorate-wide support to staff for events, website and multimedia communication, research and information governance.	<ul style="list-style-type: none"> <li>• Citizens, patients, carers, families and communities</li> <li>• NHS boards</li> <li>• Education and voluntary/ third sector organisations</li> <li>• Scottish Government</li> </ul>	<ul style="list-style-type: none"> <li>• Governance</li> <li>• Access</li> <li>• Integration</li> </ul>	<ul style="list-style-type: none"> <li>• Scottish Health Council</li> <li>• Knowledge Services Team</li> <li>• Transformational Redesign Unit</li> </ul>

## The quality and safety of healthcare are improved through better use of medicines



What work will help us achieve this outcome	Objectives	Our Stakeholders	Cabinet Secretary Priority	Teams supporting delivery
<p>Medicines and pharmacy</p> <ul style="list-style-type: none"> <li>Area Drug and Therapeutics Committees (ADTCs)</li> <li>Hospital Electronic Prescription and Medicines Administration (HEPMA) implementation support</li> <li>Off-Label cancer medicines: evidence into practice</li> </ul>	<p>Improve safe, effective, and efficient use of medicines through bringing together NHS staff and professional organisations, supporting reliable spread and supported implementation of best practice, assessing the quality and safety of healthcare, and empowering people to manage their own care and shape services.</p>	<ul style="list-style-type: none"> <li>Area Drug and Therapeutics Committees, NHS boards, Scottish Government</li> <li>Medical, nursing and pharmacy community, others prescribing medicines, patients and the public, families and communities, pharmacy professionals and the wider clinical community, Health and Social Care Partnerships</li> </ul>	<ul style="list-style-type: none"> <li>Governance</li> </ul>	<ul style="list-style-type: none"> <li>Medicines Team</li> <li>Public Involvement Team</li> <li>Clinical Engagement Team</li> <li>Knowledge Management Team</li> </ul>

## Improve decision making relating to access to medicines



What work will help us achieve this outcome	Objectives	Our Stakeholders	Cabinet Secretary Priority	Teams supporting delivery
National Review Panel	To establish and co-ordinate the National Review Panel as part of the revised Peer Approved Clinical System (PACS) Tier Two system for medicines.	<ul style="list-style-type: none"> <li>Citizens, patients, carers, families and communities, pharmacy professionals and the wider clinical community, NHS boards, Health and Social Care Partnerships, Scottish Parliament and Scottish Government</li> </ul>	<ul style="list-style-type: none"> <li>Governance</li> </ul>	<ul style="list-style-type: none"> <li>Medicines Team</li> <li>Quality Assurance</li> <li>Public Involvement Unit</li> </ul>



## Outcome 29

## Improve decision making relating to establishment of disease registries in Scotland

What work will help us achieve this outcome	Objectives	Our Stakeholders	Cabinet Secretary Priority	Teams supporting delivery
Rheumatology registry	Pilot a quality registry to facilitate symptom tracking, self-management, shared decision-making during clinical interventions, and recording of outcome measures to support coproduction of care.	Citizens, patients, carers, families and communities , pharmacy professionals and the wider clinical community, NHS boards, Health and Social Care Partnerships, Scottish Government	<ul style="list-style-type: none"> <li>Governance</li> </ul>	<ul style="list-style-type: none"> <li>Medicines Team</li> <li>Clinical Engagement Team</li> </ul>

## Outcome 30

## The quality and safety of hospital care are improved through effective use of data

What work will help us achieve this outcome	Objectives	Our Stakeholders	Cabinet Secretary Priority	Teams supporting delivery
Hospital Standardised Mortality Ratio (HSMR)	Improve care through: providing advice/support to NHS boards who have a hospital with a high/ increasing HSMR, and seeking assurance that such data are responded to appropriately.	<ul style="list-style-type: none"> <li>NHS boards – senior managers and clinicians</li> <li>Scottish Government</li> </ul>	<ul style="list-style-type: none"> <li>Governance</li> </ul>	<ul style="list-style-type: none"> <li>DMBI Team</li> <li>SPSP Acute Care</li> <li>Communications</li> </ul>

## Improved quality and accuracy of medical certificates of cause of death, public health information and clinical governance



What work will help us achieve this outcome	Objectives	Our Stakeholders	Cabinet Secretary Priority	Teams supporting delivery
Death Certification Review Service	To ensure the effective operation of the Death Certification Review Service and key operational objectives are consistently delivered.	<ul style="list-style-type: none"> <li>Scottish Government; National Records of Scotland (NRS), NHS 24, NES, NSS</li> <li>NHS boards, certifying doctors, District Registrars, Funeral Directors, Foreign Commonwealth Office</li> </ul>	<ul style="list-style-type: none"> <li>Governance</li> <li>Legislative</li> </ul>	<ul style="list-style-type: none"> <li>DCRS Review Team</li> <li>DMBI Team</li> <li>Communications</li> <li>Scottish Health Council Public Involvement Unit</li> </ul>

To improve the quality and culture of team based safety reviews through co production; where safe care, shared learning, quality improvement and a 'just culture' is at the forefront.



What work will help us achieve this outcome	Objectives	Our Stakeholders	Cabinet Secretary Priority	Teams supporting delivery
Scottish morbidity and mortality programme	To provides the degree of assurance and governance oversight that NHS boards are reviewing and learning from not only mortality or morbidity but also understanding, for example, complexity in care, near-misses, learning from good care, feedback and complaints and it is being done in a structured team-based approach according to a national standard and closest to patient care.	<ul style="list-style-type: none"> <li>NHS boards</li> <li>Royal College of Surgeons of Edinburgh (RCSEd), Royal College of General Practitioners (RCGP), Royal College of Physicians and Surgeons of Glasgow (RCPSG), Scottish chapter of the AAGBI, General Medical Council, NES, Scottish Government (including Chief Medical Officer), Care Inspectorate, Scottish Clinical Leadership Fellows, Scottish Quality and Safety Fellowship, University of Aberdeen, University of Edinburgh, Royal College of Physicians (RCP)</li> </ul>	<ul style="list-style-type: none"> <li>Governance</li> </ul>	<ul style="list-style-type: none"> <li>Clinical Engagement Team</li> <li>Adverse Events/Service Review Team</li> </ul>

## Outcome 33

## To improve skills and capacity in improvement of care

What work will help us achieve this outcome	Objectives	Our Stakeholders	Cabinet Secretary Priority	Teams supporting delivery
QI Connect	To deliver a global webinar series designed to connect health and social care (and beyond) professionals around the world with international experts in the fields of innovation and integration.	The audience for QI Connect currently spans across 1,046 organisations (including 77 universities) from 62 countries	<ul style="list-style-type: none"> <li>Governance</li> </ul>	<ul style="list-style-type: none"> <li>QI Connect Team</li> <li>Clinical Engagement Team</li> <li>Communications</li> </ul>

## Outcome 34

## The Scottish NMAHP system and community can realise the vision that nursing workforce that will be ready and able to meet people's needs by 2030

What work will help us achieve this outcome	Objectives	Our Stakeholders	Cabinet Secretary Priority	Teams supporting delivery
External NMAHP health and social care system support	Provision of reactive directed NMAHP support, advice and expertise on request from National and Territorial NHS boards, Integration Joint Boards and Health and Social Care Partnerships.	<ul style="list-style-type: none"> <li>NMAHP leadership community</li> <li>Special educational needs and disability (SEND)</li> <li>NHS boards</li> <li>Health and Social Care Partnerships</li> <li>Scottish Government</li> </ul>	<ul style="list-style-type: none"> <li>Governance</li> <li>Integration</li> </ul>	<ul style="list-style-type: none"> <li>NMAHP</li> <li>ihub</li> <li>Clinical Engagement Team</li> </ul>

A Single National Formulary which will promote high quality, safe and effective prescribing, supported by a national oversight board with national clinical leadership.

Provide a condition-based approach to decision making supported by shared decision aids and clinical pathways, and maintain local NHS board governance.



What work will help us achieve this outcome	Objectives	Our Stakeholders	Cabinet Secretary Priority	Teams supporting delivery
Single National Formulary	<p>To define the Single National Formulary, its purpose, content and structure.</p> <p>Assess and agree the best approach to take in the collaborative development of Single National Formulary content ensuring NHS board engagement throughout the development.</p> <p>Prioritisation of conditions for development based on national priorities.</p> <p>Consider, agree and implement the governance that will be required to support the creation and ongoing management and to analyse and understand commonality and variation in NHS board formularies and prescribing practice across all NHS boards, with a view to understanding the challenges and potential benefits of developing the Single National Formulary.</p>	<ul style="list-style-type: none"> <li>Area Drug and Therapeutics Committees, NHS boards, Scottish Government</li> <li>Medical, nursing and pharmacy community, others prescribing medicines, patients and the public, families and communities, pharmacy professionals and the wider clinical community, Health and Social Care Partnerships</li> </ul>	<ul style="list-style-type: none"> <li>Governance</li> </ul>	<ul style="list-style-type: none"> <li>Medicines Team</li> <li>Clinical Engagement Team</li> <li>ADTCC Team</li> <li>Knowledge Management</li> <li>SIGN</li> <li>SMC</li> <li>SAPG</li> </ul>

## Outcome 36

Better planning and sharing of good practice and integration of policies on the quality of care by health and social care staff in Scotland

What work will help us achieve this outcome	Objectives	Our Stakeholders	Cabinet Secretary Priority	Teams supporting delivery
<ul style="list-style-type: none"> <li>Quality of care in Scotland</li> <li>Develop a Quality of Care in Scotland Report</li> </ul>	To produce a report on the quality of care in community-based services and the pressures NHS boards are currently experiencing.	Citizens, patients, carers, families and communities, the clinical community, NHS boards, Health and Social Care Partnerships, Scottish Government	<ul style="list-style-type: none"> <li>Governance</li> </ul>	<ul style="list-style-type: none"> <li>NMAHP</li> <li>ihub</li> <li>Quality Assurance</li> <li>Scottish Health Council</li> <li>Medical Directorate</li> <li>Evidence</li> </ul>

## Outcome 37

Robust and reliable delivery of nursing and midwifery care across NHS boards

What work will help us achieve this outcome	Objectives	Our Stakeholders	Cabinet Secretary Priority	Teams supporting delivery
Excellence in Care	The development of quality indicators for nursing and midwifery and the provision of improvement support.	<ul style="list-style-type: none"> <li>Nursing staff working in NHS boards</li> <li>Scottish Government</li> <li>Members of the public</li> <li>SEND</li> </ul>	<ul style="list-style-type: none"> <li>Governance</li> <li>Legislative</li> </ul>	<ul style="list-style-type: none"> <li>Excellence in Care Team</li> <li>DMBI Team</li> <li>Quality Assurance</li> </ul>

## To improve capacity and expertise in workforce planning to actively inform operational planning and service redesign



What work will help us achieve this outcome	Objectives	Our Stakeholders	Cabinet Secretary Priority	Teams supporting delivery
Nursing and Midwifery Workforce and Workload Planning Programme (NMWWPP)	<p>Maintenance of existing and development of new workload planning tools.</p> <p>To provide scrutiny and improvement support for all aspects of the Health and Care (Staffing) (Scotland) Bill.</p>	<ul style="list-style-type: none"> <li>Nursing staff working in NHS boards</li> <li>Scottish Government</li> <li>Health and Social Care Partnerships, SEND, Care Inspectorate, NSS</li> <li>Trade Unions, Professional and Regulatory bodies</li> </ul>	<ul style="list-style-type: none"> <li>Governance</li> <li>Legislative</li> </ul>	<ul style="list-style-type: none"> <li>NMAHP</li> <li>ihub</li> <li>DMBI Team</li> <li>Quality Assurance</li> </ul>



Health and Social Care Partnerships recognise the importance of housing's role in shifting the balance of care and enabling people to live well and as independently as possible at home or in a safe and secure environment best suited to their needs.



What work will help us achieve this outcome	Objectives	Our Stakeholders	Cabinet Secretary Priority	Teams supporting delivery
Place, Home and Housing	Create opportunities for health and housing to be better connected, strategically and operationally through testing new ways of working, creating networks and supporting the co design of improvement activities with people who use services.	<ul style="list-style-type: none"> <li>• Health and Social Care Partnerships</li> <li>• Frontline practitioners</li> <li>• Other national bodies</li> <li>• Scottish Government</li> </ul>	<ul style="list-style-type: none"> <li>• Integration</li> </ul>	<ul style="list-style-type: none"> <li>• Place, Home and Housing</li> <li>• Focus on Dementia</li> <li>• Acute Care Portfolio</li> <li>• Primary Care Improvement Team</li> <li>• Public Involvement</li> <li>• Knowledge Management Team</li> <li>• Living Well in Communities Team</li> <li>• EEVIT</li> </ul>

Published May 2019

You can read and download this document from our website.

We are happy to consider requests for other languages or formats.

Please contact our Equality and Diversity Advisor on 0141 225 6999  
or email [contactpublicinvolvement.his@nhs.net](mailto:contactpublicinvolvement.his@nhs.net)

## Healthcare Improvement Scotland

Edinburgh Office  
Gyle Square  
1 South Gyle Crescent  
Edinburgh  
EH12 9EB

Glasgow Office  
Delta House  
50 West Nile Street  
Glasgow  
G1 2NP

0131 623 4300

0141 225 6999

[www.healthcareimprovementscotland.nhs.uk](http://www.healthcareimprovementscotland.nhs.uk)