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Report against action points from our 2018 Annual Review

The Cabinet Secretary for Health, Wellbeing and Sport’s letter of 30 January 2019 (see Appendix 1) reflected on the key areas of discussion during last year’s Annual Review which took place on 15 November 2018. It highlighted areas of progress and identified the following areas to be taken forward over the year ahead:

- Implementation of the proposed changes arising from the review of the Scottish Health Council, and the next phase of the Our Voice Citizen’s Panel
- Plans for the next phase of the Scottish Patient Safety Programme
- Progress with implementation of HIS actions in relation to the Mental Health Delivery Plan and linkages with the priorities of the new SG Mental Health Directorate, including suicide prevention
- HIS’ contribution to the Waiting Times Improvement Delivery Plan
- An increased focus on how local, regional and national best practice identified and evidenced through national improvement programmes can be spread and scaled up across Scotland (this included a specific reference to Anticipatory Care Planning)
- Plans for further work on the Quality of Care approach including to ensure that the different aspects of quality management are in balance, before formal roll out
- Development of a coherent narrative and effective governance structure for openness and learning including progress in relation to serious adverse event reviews

Actions taken against these areas are referenced throughout the document and highlighted as “2018 action point”, with the exception of progress with the review of the Scottish Health Council, which is provided below:

Scottish Health Council

2018-19 has been a period of transition for the Scottish Health Council. Following an extensive engagement and consultation process during 2017-18, a set of proposals for change was approved by the Healthcare Improvement Scotland Board to refocus the Scottish Health Council to take account of the integration of health and care, and also to ensure that efforts are focused on the areas where they can make most impact on strengthening the engagement of people and communities.
The new core purpose of the Scottish Health Council is: *Supporting the engagement of people and communities in shaping health and care services in Scotland.*

All of the Scottish Health Council’s future work will fulfil three key tests which are regarded as essential by stakeholders who participated in the review process:

1. Adding distinct value and avoiding duplication
2. Collaborating with others where there is benefit in doing so
3. Demonstrating positive impact

In addition a three-month internal organisational change consultation and feedback process and a review of the Scottish Health Council’s governance arrangements were undertaken, the recommendations of which will be taken forward during 2019-20.

**Meetings with Public Partners, Partnership Forum, Clinical and Care Forum**

As part of our 2018 Annual Review, our non-executive Board members were invited to join meetings of our public partners, Partnership Forum and our Clinical and Care Forum to ensure these views were shared in the absence of formal ministerial meetings. Feedback was given during these meetings and we committed to responding to points raised. Progress updates are provided below.

**Public partners**

Following feedback, a review of how people are engaged in the work of HIS has been undertaken over the last year.

The review provided us with an overview of current engagement activities, governance arrangements, how engagement is supported and performance monitored. The outcomes of this review are being discussed along with proposals for strengthening engagement in our work.

This will include a focus on practical ways to increase the range of volunteering roles and to improve support for our volunteers and greater consideration of the purpose, desired impact and design of public partner volunteer roles prior to recruitment. We will also review the content of relevant training for staff and volunteers, consideration of appropriate placement of public partners within HIS and the provision of effective and sustainable ongoing support.

In March 2019, our annual Public Partners conference provided an opportunity for public partners to begin co-designing the purpose of their role in and contributions to our work, to consider opportunities to develop new volunteer roles, and to discuss how we can strengthen and improve support. This work and the proposals going forward, will contribute to achieving a shared HIS-wide understanding of the purpose of the public partner role and/or new volunteer roles.
This work will enable us to tailor volunteer roles and support to meet the needs of different work and functions within the organisation and better utilise the range of skills that our public partner volunteers bring with them to our work.

We will also be looking at the following areas as part of responding to the outcomes of the engaging people in HIS review:

- the need to strengthen our planning, performance and governance arrangements for inclusive involvement, equality and diversity in all that we do
- a review of our support for involvement across HIS including staff roles and responsibilities, and
- a focus on building practical support to enable this to be mainstreamed in and consistently applied across our work.

**Partnership Forum**

The maturity of the Partnership Forum continues to grow and with it the desire to work as collaboratively as possible. Three directorates within HIS have sought to embed local partnership working into governance structures and are regularly meeting with Forum representatives; the Partnership Forum will consider how to extend the benefits of this model more widely in the organisation.

During the last year work on two key themes within the Staff Governance Action Plan – Values and Behaviours, and Career Pathways – has continued with the support of the Partnership Forum. In particular the organization has undertaken a bespoke culture survey in order to fully understand the culture we work in and the experience of our staff. Both management and staff side are committed to understanding the position within HIS and to addressing any areas of concern identified.

Delivery of a comprehensive health and safety overview within HIS was noted as a challenge in last year’s discussions. Since then a new post has been recruited to and the Partnership Forum and Staff Governance group will receive regular reporting which will contribute to the ongoing safety and wellbeing of staff.

Challenges at present and for the coming year include the continued growth of the organisation, staff vacancies and resulting pressures on staff, and the impact of identifying a new Glasgow based property. Partnership working will be key in discussions regarding where HIS is based going forward.

The recruitment of the Associate Director of Workforce and the additional expert support commissioned to develop a comprehensive workforce plan have been valuable steps with a positive impact on the work of the Partnership Forum and on staff governance.
Clinical and Care Forum

Over the past year, we have strengthened our planning processes to ensure that the topics discussed at the Clinical & Care Forum are aligned with our governance committees, in particular the Quality and Performance Committee agenda.

Topics which have been discussed include:

- ‘Growing older in Scotland’ report
- National Collaborative of e-frailty
- Nursing & Midwifery Workload and Workforce Planning Programme
- Planning our work programme for 2019-20
- Death Certification

A sub-group was established to consider the future membership and remit of the Clinical and Care Forum as highlighted in the feedback from our 2018 session. The group agreed that a full review of the Forum should be undertaken with members. In particular, to ensure that the strength of the Forum as an opportunity to network and share learning across the organisation is emphasised and built upon.

We will appoint a chair for the Forum based on a voting exercise with members. This will be a fixed term position and the post holder will represent the Forum through attending the Quality and Performance Committee.
Our main achievements in 2018-2019, and challenges and opportunities going forward

In 2018-19 we have continued to deliver a wide ranging programme of work in support of the delivery of better quality health and social care for everyone in Scotland. Over the last year we have also increasingly sought to align our work to the Cabinet Secretary’s priorities: mental health; access and waiting times improvement; governance; and increasing the pace of integration of health and social care. As we plan for 2020-21 and onwards we will continue to explicitly demonstrate our contribution to these national priorities.

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:

- Enable people to make informed decisions about their care and treatment.
- Help 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.
- Make the best use of resources, we aim to ensure every pound invested in our work adds value to the care people receive.

The following pages describe our progress and achievements against these priorities. While the activity has largely been undertaken within 2018-19, we have included more recent developments up to the time of the 2019 Annual Review, so that the document provides as full and up to date a picture as possible in order to support effective discussion with our stakeholders.
Public involvement

Our public involvement unit supports service user, carer and public engagement across our work programme. Key achievements in 2018-19 include:

- development of guidance for patient groups/voluntary organisations involved in the Scottish Health Technology Group assessment process
- leading the development of patient versions of SIGN guidelines
- delivering the annual conference for Public Partners in March 2019
- provision of staff guidance and training on tackling health inequalities, and
- supporting two collaborative work experience placements between HIS, the Scottish Ambulance Service and NHS National Services Scotland for four young people.
Enable people to make informed decisions about their care and treatment

The following section highlights key examples of work supporting public engagement in the design and delivery of health and care. We are also increasingly building person-centred approaches across a range of programmes of work, for example involving people with lived experience in our work on mental health and development of standards.

Gathering public views

Our Scottish Health Council local offices continued to respond to requests from stakeholders to provide support with gathering public views on specific topics of national interest to collate a Scotland-wide view. During the year, we were asked to gather views on the following three topics of national interest: community audiology services, realistic medicine and standards for neurological care and support. We also published our report on Gathering Views on Organ and Tissue Donation which helped to inform the Human Tissue (Authorisation) (Scotland) Bill which was introduced in the Scottish Parliament in June 2018.

Supporting Patient Participation Groups

Local offices have continued to support Patient Participation Groups (PPGs) in General Practices across Scotland to develop and improve their effectiveness. During the year, local offices supported 12 General Practices set up a new PPG and our support has included helping PPGs to improve how they engage, recruit members and operate effectively. In August 2018, we refreshed our Patient Participation Group Start-Up Guide for General Practice and Development tool.

Capturing patient and carer experiences and views on the impact of new medicines

We proactively engage with patient and carer groups to support the Scottish Medicines Consortium (SMC) to fully understand the potential impact of a new medicine for patients and carers when it makes decisions. In 2018-19 we supported 101 patient group partners to provide a submission to SMC and 34 patient group partners to participate at SMC decision-making committees.
SMC’s partnership approach to engagement is now internationally recognised as a benchmark for good practice. In addition, for every orphan, ultra-orphan and end of life medicine appraisal, our public involvement team encourages and supports participation in the Patient and Clinician Engagement (PACE) process. In 2018-19 patient and carer representatives participated in 28 meetings to inform medicine assessments and ensure that patient and carer experiences and views are fully considered in important decisions about access to new medicines in NHS Scotland.

**Supporting the involvement of people who use services in the work to redesign and continuously improve services**

We worked in partnership with Nesta’s People Powered Results (PPR) team in Midlothian using their “100 Day Challenge” methodology to generate and test improvements in mental health and wellbeing for children and young people. 175 children, young people, families and carers were involved in the Challenge which tested out ideas to help different groups. For example, one team focused on young people moving from secondary school to college; in response to what they heard, they trained just under 100 trusted adults in Mental Health First Aid so young people know who to ask for support when they need it.

The experience has set a precedent for this to continue, so that people with lived experience are taking a lead role in shaping local public services.

The person-centred health and care team have continued to upskill NHS boards and Health and Social Care Partnerships in using Experience-based Co-design (EBCD) techniques. Experience-based Co-design enables dialogue between patients, families, community members and staff to deepen their understanding of each other’s experiences and work together to identify areas for improvement.

Over the last year, we worked with Aberdeenshire Health and Social Care Partnership on the increased use of urgent care services in Peterhead and Fraserburgh. People from the local communities and staff from diverse organisations participated in events throughout the whole process and collectively identified areas for change or improvement, for example actions to improve access to mental health professionals in specific settings and actions to improve communication with people for whom English is their second language.

The Care Experience Improvement Model (CEIM) is a well-tested and systematic approach which enables care teams to make improvements designed around what matters most to people who user their services. Over the last year, we have delivered learning sessions and coaching support to staff from NHS Boards, Health and Social Care Partnerships and other health and social care providers across Scotland. Care teams and local quality improvement leads are given the tools and techniques to support them to spread the learning and roll out use of the model more widely. Feedback on this work led to CEIM being included in Scottish Government recommendations on complaints handling and improving the use of feedback from patients.
Person-centred approaches in mental health

“The Patient Safety Climate Tool encourages constructive engagement between clinical staff and patients. With over 800 patients consulted to date, it is designed to help frontline staff to understand what it’s like to be a mental health patient and helps to provide a clear guide for organisations on how they can improve on the culture of safety and the overall patient experience.”

David’s blog can be read in full: http://bit.ly/35r3PoV
Engaging people in development of standards for their care

A core aspect of our process to develop standards is reaching out to ‘seldom heard’ groups to capture and use their feedback. We work with people with lived experience, their families, carers, staff and staff from across health, social care and the third sector. Activities in 2018-19 have included:

- Listening to women’s experiences of breast screening, in partnership with the Scottish Women’s Convention, to inform our priority areas
- As part of the development of our indicators for forensic medical examiners, meeting with survivors of child sexual abuse to hear their views and ensure the things we have identified as priorities matter to them
- Running focus groups for parents and carers to support our eight week public consultation on the draft pregnancy and newborn screening standards

What matters to you?

What matters to you?’ day took place on 6 June 2018 with over 600 registrations from teams and individuals in Scotland. The resources we have developed were sent out to all Scottish registrants and were additionally downloaded from the website 5,900 times which indicates a far wider reach; people registering to take part were from every continent except Antarctica. Twitter impressions between the 5 and 7 June 2018 using the #WMTY18 were in excess of 21 million.

In March 2019 co-ordination of the “What matters to you?” initiative moved from the ihub to the Scottish Health Council to maximise the opportunities and reach of the local office structure.

Will you join the ‘What matters to you?’ conversation?

What matters to you?’ day on Thursday 6 June 2019 aims to encourage and support more meaningful conversations between people who provide health and social care and the people, families and carers who receive health and social care.

For more information about ‘What matters to you?’, visit www.whatmattersyotoyou.scot
Help health and social care organisations to redesign and continuously improve services

The ihub provides improvement support through a combination of national improvement programmes, including the Scottish Patient Safety Programme (SPSP), and bespoke support to the health and social care system. Our focus continues to be on both supporting the redesign of systems, services and processes which enable people to receive the right support and care, in the right place, at the right time; and supporting the development of cultures of continuous quality improvement so that every person working in health and social care is engaged in the work of improving their day to day practice.

A Quality Management System

In our strategy Making Care Better 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.

We have been working collaboratively with NHS Education for Scotland (NES) and NHS boards to develop a suite of practical tools to support organisations in the creation of the conditions to reliably delivery high quality care. The tools will be tested with the eight NHS Scotland territorial boards participating within the Value Management Collaborative and Access QI Programme.

As well as supporting the testing of a quality management system within NHS boards and Health & Social Care Partnerships we are testing this within the context of our own organisation and the services we deliver. By doing this we will learn about how to strengthen quality management and better understand the value and impact of our work. An internal Quality Management System Collaborative was launched in January 2019 to test this approach within HIS. An evaluation is being undertaken in autumn 2019 and any learning will be used to further develop the QMS framework and to spread this work further within the organisation.
Scottish Patient Safety Programme

Our national safety improvement programmes include Acute Adult, Primary Care, Maternity and Children, Medicines and Mental Health. We have been undertaking a series of activities to inform the future development of the Scottish Patient Safety Programme (SPSP), including literature reviews, stakeholder interviews and a future design survey and will use this information to seek further views from key professional groups within the NHS and broader integrated space. We are also exploring how the ihub and Scottish Health Council can work together to move towards truly co-designed future programme content.

During 2018-19 the Maternity and Children (MCQIC) programme has increasingly focused its support on the issues which local teams have identified as priorities for improvement, within an overall national framework of key priority issues.

MCQIC has also launched the Maternity Early Warning System (MEWS), developed in collaboration with the Scottish maternity community, one of only three countries worldwide to have achieved this. This will provide a standardised system across Scotland for recording routine clinical observations and an escalation pathway when parameters trigger and we anticipate reliable use across NHS boards by December 2019.

“I had no idea what MEWS – the Maternal Early Warning System – was when I went in to hospital to give birth. But I now know that it saved my life. That’s why I want to tell people about what happened to me, to help support Healthcare Improvement Scotland as they encourage hospitals across the country to use MEWS.”

“Sepsis is an awful thing, but the fact the doctors and nurses were able to act so quickly when they saw the state I was in, that saved me – and it meant that Hallie still has her mum. Knowing the MEWS system they used to save me is going to be used across Scotland is great. The more doctors and nurses are able to recognise sepsis early, like they did in me, the more wee babies get to keep their mums.”

Caitlin’s story can be read in full: http://bit.ly/2q4XAXH

Almost every NHS board has identified a reduction in term admissions (the number of full term babies being admitted to neonatal units after birth) as one of their priorities, with eight units submitting data on this outcome since May 2017. To date, a wealth of work, such as ensuring normal body temperature (normothermia) of new born babies and improving risk assessment at birth, has resulted in a 20% reduction in these admissions across these units.
The SPSP Acute Adult programme includes the deteriorating patient work stream, which aims to reduce mortality and harm for people in acute hospitals through an improved approach to identifying and treating sepsis and other causes of deterioration quickly and effectively.

A core part of this effort is the implementation of the National Early Warning Score (NEWS). SPSP Acute Adult has collaborated with NHS Education for Scotland (NES) to publish an e-learning module for NEWS which has now been accessed by over 1,600 healthcare staff.

14 health boards have now implemented NEWS. Between March 2013 and March 2019 this has contributed to a reduction in cardiac arrests by 27% in general ward settings across 16 reporting hospitals.
~2018 action point~

**SPSP mental health**

Safety Principles in Mental Health were developed in 2016 for Adult in-patient units. Safety Principles are a group of processes, tools or techniques that, when used reliably, provide opportunities to reduce harm for patients. We have updated them and they can now be applied to any in-patient mental health care setting new areas of mental health care such as CAMHS, Perinatal Mental Health, Learning and Intellectual Disabilities, and Older People’s Services. We also condensed the important aspects of the original 21 principles into four key areas of focus: Communication, Leadership and culture, Least restrictive practice, Physical health. We are now helping mental health care teams make effective use of data in their work to test, implement and spread the four Safety Principles with the addition of a new measurement plan and a run chart toolkit.

The SPSP Improving Observation Practice programme focuses on prevention and early intervention in the context of a deterioration in patients’ mental health. Working with NHS Boards we developed an innovative new person centred approach to observation practice that is centred on human rights principles and recovery focused practice. We published guidance on this in January 2019 and work is now underway to spread this to all acute mental health inpatient settings.

**Early intervention in psychosis (EiP)**

Early Intervention in Psychosis (SPSP-EiP) is a new programme of work aimed at improving earlier intervention for patients with psychosis. We have recruited NHS Forth Valley and NHS Highland alongside their associated health and social care partnerships as initial test sites and are now recruiting the staff to support this work.

In addition we will establish a National Early Intervention in Psychosis Improvement Network (EIPIN). The ihub and Scottish Health Council are collaborating with third sector partners to ensure all work is co-designed and co-produced with those with lived experience. SIGN will support the review and possible production of new guidelines to support the work.

~2018 action point~

**Mental Health Access Collaborative**

The Mental Health Access Improvement Support Team (MHAIST) has continued to provide bespoke improvement support to 4 Boards (5 services) in 2018-19. This support included the use of a diagnostic tool to better understand demand, capacity, activity and queue which has supported the development of prioritised access improvement plans.

MHAIST has also provided support at a national level through the National Mental Health Access Collaborative, with work ranging from the testing of specific one-off interventions through to the redesign of complex pathways. The Collaborative will be completed by November 2019 and a toolkit will be developed to share the learning of the Collaborative Teams.
**Focus on Dementia**

We completed a three year programme of improvement support for specialist dementia units in March 2019. Using the experience based co-design model, staff have been supported to use a range of tools to identify, test and measure improvements in the quality of care for patients.

Since March 2017 we have been working with three GP clusters (involving 27 GP practices) to test the relocation, or closer alignment, of post-diagnostic support (PDS) into primary care. This is enabling earlier diagnosis and timely support to people and their families. To date, over 100 people have benefited from this support with the test sites seeing improvements including:

- One site is showing a 47% increase in uptake of PDS.
- Reduced waiting times for PDS in some cases from 12 months to 3 months.

The project will run until September 2020 and we will work closely with external evaluators to fully capture and report on the impact of relocating post-diagnostic support to primary care.

We have also been working with Midlothian Health and Social Care Partnership in 2018-19 to understand how the partnership is supporting people with dementia from diagnosis through to end of life care living in the community. The learning from this work and other improvement work across Scotland is informing a new commission to support coordinated care for people living with dementia in Inverclyde. This work will continue until March 2021.

**Housing and Dementia Practice Framework**

The Place Home and Housing Portfolio has been working in collaboration with the Chartered Institute of Housing Scotland and Alzheimer Scotland to develop a framework that will help the housing sector support people living with dementia to live at home for as long as possible. The toolkit has been designed in partnership with the housing sector as well as people living with dementia and their carers and was launched in October 2019. The Chartered Institute of Housing and ihub will support social landlords, private landlords and letting agents, and care and repair organisations to support implementation of the framework.

**Frailty at the Front Door**

We completed delivery of phase 1 of this programme in May 2019. During this first phase, we worked with 5 hospital teams to implement changes to processes of and systems of care to better recognise and co-ordinate the care of people living with frailty so that they spend less time in hospital. In November 2019 we will publish an evaluation which demonstrates an increased proportions of older people discharged within 24 hours of hospital admission in 2 hospitals and reduced length of stay in geriatric medicine in 2 hospitals.
**~2018 action point~**

**Spread Programmes**

A number of our programmes have a focus on scaling up good practice across Scotland and below we highlight specific examples in relation to value management, collaborative communities, frailty and primary care.

**Value management**

In November 2019 we will launch the Value Management collaborative which aims to test and spread an innovative model developed within NHS Highland that supports clinical, care and finance teams to apply quality improvement methods with combined cost and quality data at team level to deliver improved patient outcomes, experience and value. We will deliver this in partnership with NHS Education for Scotland (NES) and the Institute for Healthcare Improvement (IHI) and alongside continuing work with NHS Highland, we have recruited five NHS boards to work with us on this.

**Collaborative Communities including community-led support**

The Collaborative Communities team has been working with three Health and Social Care Partnerships to support a change in commissioning practice to one that is based on collaboration rather than competition. The feedback from those that have participated demonstrates the importance of dedicating time and space to develop relationships across the sectors as a critical first step to re-designing approaches to commissioning. The learning from this work and the common themes and barriers identified will be useful to inform future policy and legislative developments.

Community Led Support (CLS) seeks to change the culture and practice of social work delivery, so that it becomes more community focused in achieving outcomes. CLS makes better use of community assets to deliver effective and sustainable care and support. This includes the creation of community hubs or new front doors, supported by a range of partners, enabling people to have earlier conversations and obtain support often avoiding the need for statutory services. Those involved in this work are primarily social work staff, third sector, community groups, unpaid carer and service user networks. Community-Led Support is now being delivered in nine health and social care partnerships and we are working alongside the National Development Team for Inclusion (NDTI) to support development and spread.

**Living Well in Communities**

The Living Well in Communities (LWIC) programme aims to improve support for people with long term conditions, people with frailty and people nearing the end of their life, and to maximise the impact of preventative and anticipatory care. We have developed and been testing an efrailty tool which allows GPs to use existing data to identify the frailty levels of their population, thus enabling multidisciplinary teams to target preventative and supportive interventions more effectively.
In May 2019 we launched the Living and Dying Well with Frailty Collaborative to improve how people aged 65 and over are supported to live and die well with frailty in the community. Twenty two teams from 19 health and social care partnerships across Scotland have been accepted on to the collaborative. In addition, scoping work is underway in collaboration with the Care Inspectorate to design the proposed Living and Dying in Care Homes Collaborative to take successful testing from the palliative and end of life care programme to scale across Scotland.

**~2018 action point~**

**Anticipatory Care Planning**

Since the launch of the national Anticipatory Care Planning (ACP) documentation in 2017 we have distributed over 100,000 documents to a variety of services and settings across health and social care. Since January 2019, across Scotland, there has been an overall increase of 5% in the number of active Key Information Summaries which can include details from ACPs. The Key Information Summary (KIS) is a collection of information about a patient, made available by GPs to other people and services looking after the patient. For example, out of hours services, Scottish Ambulance Service or NHS24 may use the KIS to gain more information about people they are in contact with.

In November 2019 we will be launching our ‘ACP What we know now: data, evidence and improvement’ publication which begins to build the picture of ACP in Scotland and the impact it is having. In addition the ihub will be undertaking a review of the current “My ACP” documentation to identify opportunities for improvement and alignment with the developing digital platform.

**Primary Care: spread programmes supporting implementation of the new General Medical Services (GMS) contract**

**Practice Administrative Staff Collaborative (PASC)**

From February 2018 we worked with 38 teams from six health and social care partnerships and developed toolkits and resources to support:

- **Workflow Optimisation** (Correspondence Management) to free up GP time from unnecessary documentation review. Data from 17 practices in PASC pilot phase found that on average GPs reviewed 44% less documentation after implementing workflow optimisation freeing up significant clinical time.

- **Care Navigation** (which includes directing patients to new multidisciplinary teams within GP practices and to health and care providers in the community).

The current phase of the PASC collaborative will support up to 200 practices in 15 HSCPs from across Scotland. A range of web-based tools to support the introduction of workflow optimisation and care navigation are available to download from the PASC website and complement the hard copy of the PASC toolkit and evaluation report that was sent to every GP practice in Scotland in July.
**Implementing Pharmacotherapy Level 1 Services within GP practices in Scotland**

By 2021, pharmacists, pharmacy technicians and assistants will be embedded members of the GP practice teams delivering core and additional elements of the pharmacotherapy service. This will allow GPs to spend more time with patients and refocus their role on being expert medical generalists as outlined in the 2018 General Medical Services contract in Scotland ([GMS 2018](#)).

From October 2019 – November 2020 we will deliver an improvement collaborative focused on supporting the implementation of Pharmacotherapy (pharmacy and prescribing support) services within GP practice teams, working with 9 HSCP teams and up to 70 GP practices across Scotland.

The teams participating in our Practice Administrative Staff and Pharmacotherapy Level 1 Collaboratives will be supported by the development and testing, with NHS Education for Scotland (NES), of a multi-disciplinary Primary Care QI Faculty starting in September 2019.

**Promoting public involvement in primary care**

In May 2019 the Scottish Health Council sent a survey to all (944) general practices across Scotland asking for information on the types and methods of public engagement being carried out. There was been a 40% response rate and we have published a report of the findings and will develop tailored engagement tools and techniques.

**Supporting Community Treatment and Care (CTAC) Services**

In spring 2019, we ran a 90-day learning cycle to pull together expert opinion and evidence to inform the design and development of CTAC services. Our Person-Centred Healthcare Team and the Scottish Health Council supported interviews with service users to better understand what matters to people about their recent experience of CTAC-type services. In June 2019 we produced a report and held an event to share and discuss the findings and benefits in providing holistic community based patient care. We have established an online network for those leading on the planning and implementation of CTAC services which supports HSCP teams to share their learning, progress, challenges and successes in developing these services.
Strategic Planning support
Supporting NHS boards and HSCPs to undertake robust and effective strategic planning is the foundation for delivery of high quality, sustainable health and social care services. Our support is targeted at a systems level, enabling Health and Social Care Partnerships with their delivery partners to understand where redesign will have the most impact and to implement and evaluate new pathways and models of care. We have delivered strategic planning advice, local workshops, guidance and coaching. We have recently developed a framework for strategic planning, which is being tested in local partnerships.

Transformational Redesign Unit
Strategic Planning Portfolio Projects

Improvement Fund
The Improvement Fund came to a conclusion in 2018-19 with some successful programmes during the year including Integrating Money Advice within Primary Care, which enabled individuals on low incomes to access approximately £1.5 million of financial benefits.
Waiting times: Access QI

Access QI is a new programme of work focused on supporting NHS Boards to deploy quality improvement (QI) expertise to meet the challenge of delivering sustainable improvements in waiting times while maintaining or improving the quality of care. The programme design was agreed in April 2019 and, following confirmation of funding towards the end of July 2019, we have worked in close partnership with NES to progress delivery of the year one deliverables.

Supporting service providers to improve engagement

We continued to work with NHS Boards, Health and Social Care Partnerships and National Boards to review and improve how they engage with service users and communities. On average, our Scottish Health Council local offices support around 50 projects every month. This has involved a range of activities including: helping providers to identify individuals and communities to take part in engagement and public consultation exercises; sharing engagement methods and approaches including our Participation Toolkit; and promoting awareness of how to apply equality and diversity principles when involving service users and communities.

Specifically in relation to service change, in 2018-19 we have produced two main resources to support good practice: the ‘Tips to support effective engagement’ document has been downloaded 207 times from our website between April 2018 and February 2019 and was revised in March 2019; in March 2019 we also produced a short animated film that describes the role of option appraisal in the service change process. It is planned that this will be the first of a ‘suite’ of short animations to describe specific elements of national guidance and engagement practice.
Provide evidence and share knowledge that enables people to get the best out of the services they use and helps services improve

**Supporting effective and good value use of medicines and health technologies**

SIGN guidelines contain recommendations for effective practice based on current evidence. To date, over 150 guidelines and 25 patient booklets have been published on clinical practice and more than 3,300 healthcare professionals and patients have been involved in the development of guidelines. SIGN has also published expert guidance on guideline development methodology. In 2018-19 we published four guidelines, as well as accompanying quick reference guides and patient booklets, on the management of stable angina, cardiac arrhythmias in coronary heart disease, children and young people exposed prenatally to alcohol and risk reduction and management of delirium.

“I think this guideline is an important step forward for people in Scotland, and the more healthcare professionals can become educated about FASD the more we can change people’s lives for the better.”

**Maryelen McPhail**
Ayr, adoptive mum of three children with FASD

“Our family has seen at first hand the benefits of early FASD diagnosis, plus the problems that can arise when healthcare professionals are unfamiliar with the condition. Our 10-year old son Taylor was diagnosed as a toddler. As a result he has had the support from us and from his school which have allowed him to flourish.

“By contrast, our 19-year old daughter Paula has encountered all the problems which come from ignorance and uncertainty in relation to diagnosing the condition. Again, since her diagnosis, she has received the support she needs. As a result, she has become a strong and vocal supporter of better education for healthcare professionals.”


We continue to explore ways to measure the impact of our guidelines and a 2018 evaluation of the glaucoma guideline (published 2015) found that it had contributed to an improvement in the accuracy of referrals from community optometrists and decrease in the rate of false positive referrals in three secondary care settings.

In 2018-19, the Scottish Medicines Consortium (SMC) issued advice on 96 medicines, with 83% of full submissions being accepted for use by NHSScotland. As described elsewhere in this self-assessment we are proactively engaging with patient and carer groups to inform SMC decision making with a sustained increase in patient/carer participation in recent years (31% increase in the number of medicine assessments involving patients and carers since 2015).
Our committee members want to be able to accept the medicines that will prolong and improve people’s lives. As clinicians we know how difficult it is to tell a patient that a treatment can’t be provided on the NHS. Making decisions about whether or not patients should routinely access new medicines is a difficult and complex job. Our members know that there will be a range of views about our decisions but we strive to make them based on the best available evidence and taking the views of patients and clinicians into account.

Dr Alan MacDonald is a Consultant Rheumatologist with NHS Grampian and Chair of the Scottish Medicines Consortium.

This full commentary was published in the Scotsman ‘Friends of the Scotsman’ column in August 2019.

We have continued to implement the recommendations of the independent Review of Access to New Medicines (Montgomery Review 2016), including preparation for the introduction of a new assessment approach for medicines used to treat extremely rare conditions (ultra-orphan medicines) in April 2019. We have also implemented, from 1 June 2018, the new National Review Panel for the Peer Approved Clinical System (PACS) Tier 2 Process. Its purpose is to ensure consistency when considering medicines that have not been accepted for routine use in NHSScotland. The first Panel was convened in September 2018.

The Scottish Antimicrobial Prescribing Group (SAPG) has progressed projects to improve antimicrobial use across a range of areas informed by emerging evidence. An update of the SAPG website has improved user access to national guidance on a range of infection and antibiotic topics and an update of our Antimicrobial Companion audit tool is supporting data collection for local hospital prescribing improvement projects.
During 2018-19 the Scottish Health Technologies Group (SHTG) has been reviewing its processes to ensure that its advice is timely and relevant to the needs of health and social care organisations. The development of the SHTG advice on ‘Freestyle Libre’, a flash glucose monitoring device for people with diabetes (published July 2018), and subsequent implementation across all 14 Health Boards, will inform future approaches to SHTG advice.

Further to the publication in 2017 of the standards for forensic examination after sexual assault and rape, an associated suite of interim indicators were published in December 2018 to support the monitoring of implementation of the standards.

We also published revisions to standards to support national screening services during 2018-19, including for breast screening, pregnancy and newborn screening and cervical screening. We are now considering how best to maintain the currency of screening standards in the future given the significant changes underway in service delivery of many of the screening programmes. We also published updated general standards for neurological care and support.

Sharing Intelligence in Health and Care

The work of the Sharing Intelligence for Health and Care Group (SIHCG) enables seven national agencies to share and consider intelligence about the quality of care systems across Scotland. A key objective of the Group is to ensure that, when any of the agencies have a potentially serious concern about a care system, this is shared and acted upon appropriately.

The Group carried out the fourth annual cycle of its work programme during 2018-2019, during which it shared and considered intelligence about eighteen NHS boards that provide front line services. The Group also provided feedback to each of the 18 NHS boards it considered. Sharing intelligence in this way is helping the agencies involved to achieve a more holistic picture of quality of services, which in turn helps inform the various activities they carry out to support improvement of services.

The Group’s annual report for 2018-2019 placed a greater emphasis (compared with its previous annual reports) on the main Scotland-level themes it has observed through its work that are relevant to the quality of care delivered for the people of Scotland.

~2018 action point~

Citizens Panel and Citizens Jury

As part of the ‘Our Voice’ programme we established a Citizens’ Jury with 24 members of the public on the topic of ‘What should shared-decision making look like and what needs to be done for this to happen?’ The Jury made 13 recommendations which were presented to the Chief Medical Officer and health and social care stakeholders at an event in February 2019. The Scottish Health Council is currently evaluating the jury by analysing feedback from all the stakeholders involved in the jury process and will report on the learning and impacts from the jury towards the end of 2019.
We also continued to lead the ‘Our Voice’ programme Citizens’ Panel. This is a national Citizens’ Panel consisting of around 1,200 people, broadly representative of the population of Scotland, who live across all NHS Board and Health & Social Care Partnership areas in Scotland. The panel is used to get statistically robust and representative feedback on a wide range of health and social care topics. We published the fourth panel survey report in May 2018 covering questions on HIV awareness, mental health and inclusive communications. The panel has been refreshed this year and further surveys are planned for 2019-20.

Evidence and evaluation to support transformational change

During 2018-19 our Evidence and Evaluation for Improvement Team has responded to 66 requests for support, which has informed transformational change and improvement in HSCPs and NHS boards. This includes work to bring together the latest evidence and best practice supporting key areas of better service delivery including reducing delayed discharge form hospital and unplanned hospital admissions for people with long-term conditions.

The evaluation support has supported HSCPs with understanding of emerging models of care; their potential impact and conditions important for success. These have included a newly introduced nursing model nested within an extra care housing complex and analysis of the benefits of coordinating care across health and social care and the voluntary sector for people experiencing homelessness.
Provide quality assurance that gives people confidence in the quality and sustainability of services and support providers to improve

**Inspection activities April 2018 – March 2019**

Between April 2018 and March 2019 we continued to deliver a broad programme of inspections, as follows:

- **Healthcare Environment Inspectorate (HEI):** 16
- **Older People in Acute Hospitals:** 15
- **Joint inspection of Children’s Services (with the Care Inspectorate):** 3
- **Strategic Inspection of Adult Services: (with the Care Inspectorate):** 3 (plus 3 progress against recommendations reviews completed)
- **Prisoner Healthcare (HIS provides health input to Her Majesty’s Inspectorate of Prisons inspections):** 4 (plus 2 follow up)
- **Registration and Regulation of Independent Healthcare:** 60

November 2019 will mark 10 years of hospital inspections under the identity of the Healthcare Environment Inspectorate (HEI). This November marks 10 years of hospital inspections in Scotland. The first inspection report – published in November 2009 – was for the safety and cleanliness of Stirling Royal, NHS Forth Valley. The inspections initially concentrated on acute hospitals and eventually expanded into community hospitals. The most recent hospital inspection was for the safety and cleanliness of nine community hospitals within NHS Grampian, published in October 2019. Hospital inspections also began for the care of older people in April 2012.

We are now developing a new inspection methodology that will enable us to undertake inspections that cover both HEI and Older People in Acute Care (OPAH) topics together in both acute and non-acute hospitals, based on the Quality Framework.

“...what has happened since those inspection reports were published has been hugely positive.”

Eddie Docherty
Director of Nursing
NHS Dumfries and Galloway
“Acute hospital care in Dumfries and Galloway had some of the dynamics no doubt many boards and hospitals have: staff who were doing their utmost, in sometimes very difficult conditions, endeavouring to give the best care they possibly could. So when the inspections on the care of older people in two of our hospitals highlighted a number of concerns and challenges, it was a very difficult message for staff to manage – even though we knew the findings were accurate.

“There is a natural emotional response that comes from staff who are working hard, doing their best and feeling like the criticism is unfair. Yet, after that initial, understandable, emotional response, what has happened since those inspection reports were published has been hugely positive. That subsequent reaction has been down to the staff themselves who chose to respond to the challenges in a way that has empowered them and benefited patients.”


In addition to our planned scrutiny work we undertake ad-hoc inspections and investigations into issues of concern. The HEI inspections included an unannounced safety and cleanliness inspection of the Queen Elizabeth University Hospital (QEUH), NHS Greater Glasgow and Clyde, in January 2019, following high profile press coverage of infections reported within QEUH and the Princess Royal Maternity Hospital, Glasgow.

At the request of Scottish Government, we undertook a fact finding exercise in relation to the clinical management of breast cancer in the North of Scotland Cancer Network (NOSCAN). The resulting report published in April 2019 provides detailed findings and recommendations for the key stakeholders to take forward.

**~2018 action point~**

**Quality of Care approach**

We have continued work to implement the Quality of Care approach. This underpins our inspection and review frameworks and how we provide external assurance of the quality of healthcare provided in Scotland. A key component of this is the Quality Framework, which provides guidance to services, and those externally quality assuring them, on what good quality care looks like and how this can be evaluated and demonstrated.

The approach has been used to guide and inform the development and delivery of a range of assurance programmes to date, such as:

- Joint inspections
- Regulation of independent healthcare
- Prisoner healthcare
- Cancer care
- Adverse events
- Ionising Radiation (Medical Exposure) Regulations – IRMER.
There are plans for the approach to be used in hospital inspections, and we now consider
the approach in designing new programmes of work and in undertaking ad hoc reviews.

There have also been three test organisational reviews undertaken to date:

1. NHS Orkney
2. NHS Ayrshire & Arran

The aim of testing in these three boards was to enable the approach to be tested at a
broader system level in very different settings i.e. a small island board, a larger more
complex territorial board and a national patient-facing board. ‘After actions reviews’ are
being undertaken to identify learning from these test reviews and areas which would benefit
from improvement.

We will use the learning from the ‘After action reviews’ and from our experience of using the
quality of care approach across our wider assurance programmes to inform future use of the
approach and the Quality Framework. It is anticipated that this is likely to result in more
targeted and focused reviews, which are linked more closely to available intelligence and
evidence of the quality of care in NHS boards.

~2018 action point~

Adverse events management

The Scottish Parliament Health and Sport Committee’s report on The Governance of the NHS
in Scotland (July 2018) contained recommendations relating to the management of adverse
events by NHS boards and the role of Healthcare Improvement Scotland. In her response to
the report, the Cabinet Secretary for Health and Sport stated that HIS would develop a
reporting baseline to establish the status, gaps and inconsistencies in adverse event
management processes in NHS boards.

We asked all 19 patient-facing NHS boards to submit a self-evaluation of their systems and
processes for managing adverse events. The findings from this work are set out in the
Adverse Events management: NHS Board Self-evaluation Report published in September
2019, along with a number of key areas where improvement is required.

In response to publication of the report, the Cabinet Secretary for Health and Sport wrote to
the Chair of Healthcare Improvement Scotland setting out actions to be implemented by the
end of this calendar year. These actions include: requiring all NHS Boards to notify HIS when
they have commissioned a Significant Adverse Event Review for a Category I event and
working with NHS Boards to standardise key terminology and definitions; in addition to
better articulating the ways in which our scrutiny, assurance and improvement functions
support continuous improvement where permanent harm has occurred.

Work is currently underway to take forward these actions. This work includes stakeholder
engagement, establishment of an internal cross-organisational group and collaboration with
NHS Education for Scotland.
Suicide reviews

We receive quarterly data from NHS boards in respect of people who have died as a result of suicide within 12 months of interaction with mental health services. We encourage NHS boards to share their learning summaries from suicide reviews and we publish these on a community of practice website to facilitate sharing of learning with other boards. This is an area for further development in the context of the adverse events work described above.

Quality of cancer care in the North of Scotland: Pilot review of the North Cancer Alliance

Healthcare Improvement Scotland is responsible for the external quality assurance of cancer services against tumour-specific quality performance indicators (QPIs). In June 2018, we developed a methodology to evaluate all QPI data collated during 2016 to 2018. In addition to this, we considered the effectiveness of the governance structures, to understand how well tumour-specific networks were evaluating performance and implementing improvement.

We piloted the methodology, based on our Quality of Care approach and framework, with the North Cancer Alliance in October 2018 and have now completed reviews of the other two networks. We also intend to produce an overview report highlighting key issues across all three regional reports. This is the first time we have carried out quality assurance at a regional planning level.

During 2018-19 we have also updated the national governance framework for Systemic Anti-Cancer Therapy (SACT) which supports NHS boards to implement the Scottish Government standards for safe delivery of SACT, along with publication of audit tools and guidance.

Service change

The Scottish Health Council offered advice and support to NHS Boards and Integration Authorities in relation to 45 service changes across Scotland during 2018-19. It also carried out assessments of whether community engagement was in line with national guidance in relation to two major service changes: Modernising Health and Social Care Services in Caithness (NHS Highland), published January 2019, and proposed Monklands Hospital Reprovision (NHS Lanarkshire), published June 2019.

Death Certification Review Service

The Death Certification Review Service (DCRS) was established by legislation in 2015 with a statutory function to review medical certificates of the cause of death in Scotland (MCCD). The service analyses around 10% of Scottish death certificates which are randomly selected (around 5,500 certificates per year). At the inception of the service, 43.9% of certificates were ‘not in order’ and the service has been taking a tailored educational approach with NHS boards to improve accuracy of recording cause of death information as well as providing advice through telephone enquiries and delivering training in partnership with NHS
Education. In three years of this approach (2015/16 – 2017/18), the ‘not in order’ rate has decreased by 37.1%; from 43.9% to 27.6%.

![Graph showing reduction in 'not in order' rate]

Regulation of independent healthcare

This year we have published the first inspection reports for independent clinics since introducing regulation of these services. As well as non-surgical cosmetic procedures, independent clinics can also provide a wide range of services and treatments including surgical cosmetic procedures, private dentistry, health screening, private GP appointments and laser eye surgery.

Over 300 independent clinics across Scotland have successfully completed the registration process and we inspected 41 of these during 2018-19. This sector is in growth and is increasing in complexity which makes the definition and identification of an independent clinic difficult. Work is currently taking place to identify the risks involved in this area of work and review the future operating model.

“For a customer about to opt to undergo a cosmetic procedure, confidence in the clinic they are using can often be a major concern. Our advice to anyone interested in receiving cosmetic treatments is to consult the list of regulated clinics on the Healthcare Improvement Scotland website.”

Tracy Birch
Senior Programme Manager
Quality Assurance

Tracy’s blog can be read in full: [http://bit.ly/2OAaCGS](http://bit.ly/2OAaCGS)
Excellence in Care

Excellence in Care is a national approach to quality management for Nursing and Midwifery. The aim is to develop and implement a world-class, evidence-based, national method to the planning, assuring and improving care that reflects the ‘Once for Scotland’ ethos. We are developing a small set of quality measures for all nursing and midwifery families alongside an electronic dashboard to enable point of care to Board reporting. During this year we have agreed all core and adult in-patient measures, with the remaining measures (mainly community nursing and midwifery) on schedule for completion by March 2020.

Healthcare Staffing Programme

During 2018-19 we worked closely with Scottish Government to influence the Health and Care (Staffing) (Scotland) Act and in particular the role of HIS. This includes the development of new and maintenance of existing workload planning tools for healthcare; widening the current scope to reflect multi-professional working, seeking digital solutions to reduce the data burden for staff and the assessment of compliance with the requirements of the Act. Currently there are 13 workload tools which, with the exception of the Emergency Department Emergency Medicine (EDEM), are all Nursing and Midwifery focused.

In support of this work, the Scottish Government’s Workload and Workforce Planning Programme Team transferred to HIS in April 2019 and is now working to deliver the Healthcare Staffing Programme, working closely with NHS Boards to create local capacity and capability to discharge the duties of the Act. Prior to enactment we will also support development of Ministerial guidance and establish links with Excellence in Care and the Quality of Care reviews.

Transvaginal mesh oversight group

HIS has continued to lead the independent oversight group for the use of transvaginal mesh implants in Scotland, the work of which includes collating and reviewing data in relation to adverse events, physiotherapy and patient outcomes, and an evaluation of current patient information relating to the use of transvaginal mesh implants.
**Volunteering in NHSScotland**

The Scottish Health Council leads the Volunteering in NHSScotland programme which supports NHS Boards to develop sustainable volunteering programmes. This includes an online Community of Practice for volunteer managers, and support for the National Group for Volunteering in NHSScotland. In 2018-19 the programme:

- provided 232 instances of advice and support to 19 NHS Boards and delivered a series of learning sets on evaluation to four NHS Boards
- held two national Volunteer Managers Network meetings, bringing together Volunteer managers from across Scotland to share and develop practice, collaborate on identifying and addressing challenges and explore new and innovative ways of working
- delivered 13 online training sessions on the Volunteering Information System to 21 users and facilitated the Volunteering Information System User Group to continually improve the system through proposing and reviewing system enhancements.
Make the best use of resources to ensure every pound invested in our work adds value to the care people receive

This section of the report focuses on best use of our resources internally, including financial performance, workforce planning and internal improvement activities. However as demonstrated elsewhere in the self-assessment, particularly through the work of the ihub and the Evidence directorate, we are supporting NHSScotland in the reduction of harm, waste and unnecessary variation in the design and provision of services. Increasingly, we are also seeking to identify opportunities to provide high quality care at the same or less cost.

Financial performance

HIS met the financial targets for 2018-19 set by the Scottish Government and operated within the prescribed limits:

<table>
<thead>
<tr>
<th>Limit as set by SGHSCD £’000</th>
<th>Actual Outturn £’000</th>
<th>Variance (deficit)/surplus £’000</th>
</tr>
</thead>
<tbody>
<tr>
<td>Core revenue resource limit</td>
<td>29,651</td>
<td>29,394</td>
</tr>
<tr>
<td>Non – core revenue resource limit</td>
<td>102</td>
<td>102</td>
</tr>
<tr>
<td>Core capital resource limit</td>
<td>235</td>
<td>236</td>
</tr>
<tr>
<td>Cash requirement</td>
<td>27,441</td>
<td>27,441</td>
</tr>
</tbody>
</table>

Efficiency targets

The budget for 2018-19 featured a number of efficiency targets that are summarised below.

<table>
<thead>
<tr>
<th>Target</th>
<th>£’000</th>
<th>Recurring</th>
<th>Non-Recurring</th>
</tr>
</thead>
<tbody>
<tr>
<td>Staff Turnover</td>
<td>680</td>
<td>100%</td>
<td>0%</td>
</tr>
<tr>
<td>General Expenditure</td>
<td>700</td>
<td>0%</td>
<td>100%</td>
</tr>
<tr>
<td>National Board Collaboration</td>
<td>600</td>
<td>0%</td>
<td>100%</td>
</tr>
<tr>
<td>Total</td>
<td>1,988</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

A total of £2,567k was achieved of which £174k was released for reinvestment on other work in year.
Independent Healthcare

Independent Healthcare encompasses independent hospitals, which includes hospices, private psychiatric hospitals and independent clinics. The financial results are shown below and the surplus has been carried forward to the financial year 2019-20.

<table>
<thead>
<tr>
<th>OUTTURN</th>
<th>2018-19 £’000</th>
<th>2017-18 £’000</th>
</tr>
</thead>
<tbody>
<tr>
<td>Income</td>
<td>749</td>
<td>648</td>
</tr>
<tr>
<td>Expenditure</td>
<td>(705)</td>
<td>(593)</td>
</tr>
<tr>
<td>Surplus</td>
<td>44</td>
<td>55</td>
</tr>
</tbody>
</table>

National Boards Support Services Collaboration

As part of Scottish Government financial planning for 2018-19 Special Health Boards were asked to collectively support delivery of cash releasing efficiency savings which were used to support the NHS Scotland position. In total HIS contributed £0.6 million during 2018-19 from two sources.

<table>
<thead>
<tr>
<th></th>
<th>2018-19 £’000</th>
</tr>
</thead>
<tbody>
<tr>
<td>Contribution from baseline funding - Recurring</td>
<td>200</td>
</tr>
<tr>
<td>Contribution from baseline funding - Non-Recurring</td>
<td>400</td>
</tr>
<tr>
<td>Total</td>
<td>600</td>
</tr>
</tbody>
</table>

National Boards Collaborative for Transformational Change

HIS has worked in partnership with NHS National Services Scotland, on behalf of the national boards, to develop a model for a more coordinated offer and approach to system-wide transformational change within health and social care, where the transformation has potential to benefit from national support. Following extensive evidence, policy and stakeholder research, a set of recommendations, principles and behaviours were agreed by all national boards. This work is now in prototyping with NHS Lanarkshire on a transformational mental health strategy. The Collaborative is also looking at implementation of new local and Scotland wide delivery models in areas such as remote hypertension monitoring.
Workforce

During 2018-19 there was no substantial movement in the overall headcount/WTE numbers during a time of known increased demand. Total headcount stands at 462 compared to 444 for the same period last year. Whilst our overall numbers have been stable over the course of 2018-19, there has been significant movement; 40 internal staff have been successful in securing new jobs in HIS. Simultaneously 51 staff have left the organisation – an attrition rate of 11.00%.

110 recruitment campaigns took place with 36% of advertised posts being filled by internal staff movement.

A three year Workforce Development Plan for 2017-2020 was prepared and aligned to the Strategic Plan, Operational Plan and Financial Plan and was reviewed and updated in March 2019 with actions identified and prioritised for the period 2019-2022.

“Allen’s story can be read in full: http://bit.ly/33nH8ju

Sickness absence

Reported sickness absence rates were 3.2% (2017-18 3.0%) which is a slight increase on the previous year. Anxiety/stress/depression remains the main cause of sickness absence which we will investigate further to understand if additional support is required for staff.
Organisational development and learning

During 2018-19 we continued to focus on developing our managers’ coaching skills to support an enabling culture, with nearly 100 managers attending 2 day Coaching Skills for Managers or Certified in Coaching Skills for Managers. Other key achievements include:

- 86% response rate to iMatter survey and 95% of teams submitted Action Plans by the deadline
- 42 more people trained in EFQM basics – our Quality of Care approach is based on this model
- 3 more leaders developed through Leading for the Future Programme, and 12 more through the 7 Habits

In addition, taking full advantage of our new intranet, there was emphasis on developing interactive pages, building on the ways in which staff can access learning and development opportunities and resources. In April 2019, the first phase of our Career Pathways resource was launched.

Internal improvement

We continue to identify opportunities for better cross organisational working to improve the quality and efficiency of our delivery, some of which are a direct consequence of implementing either our Finance Plan or Workforce Development Plan. To further drive and embed these, we are establishing an internal improvement oversight board with the following workstreams to be delivered in partnership: people, process and place.

In 2018-19 we developed our Customer Relationship Management System (CRM) to further integrate our sources of organisational information, particularly in relation to the work of SIGN, the SMC and inspections. There is also ongoing development of a new dashboard to enable improved sharing and access to information held across the organization, and support greater collaboration; this will be important as we embed the Quality Management System across HIS.

A new capacity planning tool has been developed and piloted by the Quality Assurance directorate. Feedback from the pilot highlighted improved understanding of workload demands and capacity of our staff and work is underway to roll this out across the organisation.

In 2018-19 we supported the development of a new intranet site, The Source, which has been an important tool to support staff engagement and communication as well as efficiencies with the introduction of new electronic forms and templates.
Looking forward in 2019-20 we will undertake an external technology assessment of our current systems, infrastructure and software applications to develop clear recommendations for the steps required to ensure our infrastructure can support the needs and aspirations of the organisation in the future.

**Governance and accountability**

During 2018-19, the organisation has experienced further change at a leadership level, with the appointment of a new Chair and recruitment of four new non-executive Board members, including the Chair of the Scottish Health Council. In support of our governance and accountability, we have:

- agreed and published a refreshed Operating Framework with Scottish Government, which includes a process for escalation to Scottish Government where there are serious concerns about a service
- developed an action plan in response to the *Blueprint for Good Governance* published by the Scottish Government
- agreed a Clinical and Care Governance Framework, supported by internal processes, for example in relation to ensuring the required professional registration for relevant members of HIS staff

**Sustainable growth**

In accordance with the Scottish Government’s sustainable development strategy, Healthcare Improvement Scotland (HIS) regularly assesses its sustainability and environmental performance and reports the results and action plan to Scottish Government. During 2018-19 we used the newly introduced Sustainability Assessment Tool issued by Green Tourism which replaced the previously used Sustainability Development Action Plan (SDAP).

The baseline audit for HIS identified that we had reached bronze status which is in line with most of our peers. A draft action plan has been prepared for HIS and we will measure progress against these actions and report regularly to the Audit and Risk Committee.
Stakeholder engagement

Strategic Stakeholder Advisory Group

We have set up a Strategic Stakeholder Advisory Group to help us understand and prioritise our contribution to the vision for health and social care in Scotland. With membership drawn from across the health and social care sectors, the group provides us with strategic advice to inform the work we carry out within the integration landscape. In 2018-19 we reviewed the role and remit of the group and this year the group has offered valuable insights into how we will develop our work in supporting improved quality of care in primary care and mental health services. This group has also provided a key forum for discussion on the challenges faced in areas such as these and the important role we play in bringing together this group as a rich source of expertise, guidance and information. We also use the feedback to inform our operational planning and decision-making. The full outputs from these sessions are published on our website - Strategic Stakeholder Advisory Group

International Learning Exchange Sessions

As our international reputation has grown we have received an increasing number of requests for visits to learn from our work. In response to the volume of requests received from international groups to visit Scotland, we now organise 2 International Learning Exchange Sessions in May and October each year. Coordinating the visits in this way enables us to have a more efficient and cost effective approach, minimises the impact on NHS Boards in providing site visits and provides a networking opportunity for visitors. During 2018-19, we have organised 2 sessions with colleagues attending from; Australia, Canada, Catalonia, Singapore, Austria, Sweden and NHS England. The feedback from our international visitors has been very positive and we have worked closely with Scottish Government in the design and delivery of this programme.

QI connect

We have continued to host our global QI Connect WebEx sessions, holding 9 in 2018-19, providing clinicians with the opportunity to learn from national and international leaders in the field of improvement, innovation and integration. Its scope and audience has grown to encompass over 1200 organisations, including 88 universities and colleges across 62 countries.
Conclusion and priorities for 2019-20 and beyond

This self-assessment has set out key examples of our progress during 2018-19 in supporting the delivery of better quality health and social care for everyone in Scotland.

Our financial outlook will require us to make tougher choices about what we do and how we balance the demands for our input with the resources available to us. This will be supported by the establishment of our internal and strategic change programmes, to ensure that we align priorities with the necessary expertise and the financial resources required to make care better.

During 2019-20 and beyond HIS will continue to bring together the different parts of the organisation in a more deliberate way to support the provision of higher quality care, with a particular focus on contributing to the delivery of national priorities. These include supporting improvements in the quality and accessibility of mental health services, driving the pace of health and social care integration, supporting the test and spread of innovative practice, and improvements in waiting times.

In particular, in 2019-20 we will:

- Establish our work to support NHS boards to deliver sustainable improvements in waiting times
- Develop our approach to the spread of best practice, working across the ihub and Evidence Directorates
- Implement the Scottish Health Council’s change programme
- Prepare for implementation of the Staffing Act and our role in ensuring safe staffing arrangements
- Review progress with the Quality of Care approach in support of its further roll-out
- Apply the Quality Management System to the development and delivery of our work
- Develop more holistic, organisation-wide approaches to areas such as primary care and adverse events
- Begin to review and improve our approach to providing the service and the public with the evidence they need to make informed decisions
I am writing to you following the 2017/18 Annual Review of Healthcare Improvement Scotland (HIS), which took place at the Golden Jubilee National Hospital on Thursday the 15th of November 2018. The National Clinical Director, Jason Leitch, has updated me on discussions from the day, which I understand was live-streamed online. I was interested to hear that the Review incorporated feedback from your Partnership Forum, Clinical and Care Forum and Public Partners and that you introduced a level of scrutiny into the review by including a panel of guest reviewers. I note that the key themes which arose were HIS’s role in the spread of good practice, pace around integration and further development of your participation and engagement work.

I have considered your self-assessment and acknowledge your commitment to aligning your work with the Scottish Government’s priorities. I have noted the following in respect of HIS’s five strategic priorities.

- **Enable people to make informed decisions about their own care and treatment**

I was encouraged to hear of the work that HIS has done to put people at the heart of its work, and look forward to seeing the Scottish Health Council take forward the next phase of the Our Voice Citizens’ Panel.

In its report on the Governance of the NHS in Scotland, published in July last year, the Health and Sport Committee observed that Boards must move to a relationship with those who use their services and the wider public that goes beyond informing and consulting to encompass genuine collaboration and coproduction in service delivery, particularly where there are proposals for service change. I agree with this and would like to see implementation of your proposed changes for the SHC, following your recent review, taken forward as a priority by HIS once your new Director for Community Engagement is in post. In particular I welcome your intention to take a more cohesive and integrated approach to community engagement across the organisation, and expect that the SHC will draw upon the resources of the whole of HIS as it engages at a more strategic level with NHS Boards to
support more meaningful engagement with communities, according to the Our Voice principles of openness, flexibility and inclusion.

- Help health and social care organisations to redesign and continuously improve services

I was pleased to see that the Scottish Patient Safety Programme continues to drive improvements across key areas of healthcare, including contributing to a reduction in cardiac arrest rates of 26% across 16 acute hospitals, and 30 day mortality from Sepsis decreasing by 21%. I would welcome your engagement with officials in developing plans for the next phase of this programme, taking account of lessons learned over the past 10 years and Scottish Government priorities. The patient safety programme in mental health needs to continue its improvement work. Specifically, I look forward to hearing about progress with implementation of HIS’s actions to support Improvement of Inpatient CAMHS, as set out in the Mental Health Delivery Plan.

I note that the Improvement Hub (ihub) provided improvement support to all 31 Integration Authorities and all 14 territorial Boards in 2017-18. I welcome HIS’s collaboration with other bodies, such as the Care Inspectorate, the Improvement Service and National Services Scotland, to ensure improvement offerings are co-ordinated to best support the priorities of the Integration Authorities and NHS boards.

Since the annual review we have published our Waiting Times Improvement Delivery Plan and I am expecting HIS to play a key role in supporting sustainable improvements in waiting times as well as supporting awareness and spread of good practice in one board area to other boards using Quality Improvement Methodology.

- Provide evidence and share knowledge that enables people to get the best out of the services they use and helps services to improve

I am pleased to see HIS is supporting Health and Social Care Partnerships (HSCPs) to implement anticipatory care planning, so that people are able to have good conversations about what matters to them with those providing their care, and make informed decisions about their future care and treatment. Your work with 10 HSCPs across the north of Scotland to improve community-based care and support for people with frailty is particularly to be commended. I would now like to see HIS do more to build the evidence for anticipatory care planning approaches and to support implementation, so that good practice is scaled up across Scotland and, as discussed at the Annual Review, includes the involvement of patients and carers.

I note the publication of new standards for healthcare and forensic medical services for people who have experienced rape, sexual assault or child sexual abuse, and commend your work to involve people with lived experience in developing these standards.

I welcome HIS’s continued involvement in national improvement programmes related to mental health, primary care, housing, acute care, dementia, maternity and children, medicines, palliative care, neighbourhood care and frailty. I would ask HIS to increase its focus on how the local, regional and national best practice identified and evidenced through these programmes can be spread and scaled up across Scotland.

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It is important that HIS links into the priorities and policies of the new Mental Health (MH) Directorate, including:

- improving access to Child and Adolescent Mental Health Services (CAMHS) and psychological therapies through effective MH Access Improvement Support Team (MHAIST) work is a priority. Fresh thinking and impetus is needed to improve performance, as is your contribution to delivery of the child and young persons mental health taskforce.

- HIS has an important role in improving the collection and use of data to drive MH improvement. This includes HIS promoting and supporting the mental health quality indicator profile use across services.

- HIS contributes to suicide prevention through its Suicide Reporting and Learning System, and will continue to work with the Scottish Government and the Mental Welfare Commission on improving the ways in which investigation findings and recommendations are disseminated and used for improvement.

- Provide and embed quality assurance that gives people confidence in the quality and sustainability of services and supports providers to improve

Please accept my congratulations on the publication of the first iteration of the Quality Framework in September 2018. I was pleased to see a report of the pilot review in NHS Orkney published in August. I understand HIS will continue to test this approach and accompanying tools and templates and would be interested to know what plans are in place for the further work that is needed to ensure that the different aspects of quality management are in balance, before the formal roll out in 2019-2020.

I was interested to see the full range of planned and ad-hoc inspections that HIS continued to undertake across a range of settings, while the Quality of Care approach was tested and refined.

I would be interested to hear how HIS will bring the Openness and Learning approach together to develop a coherent narrative and effective governance structure for adverse events, the Duty of Candour procedure and Mortality and Morbidity Reviews. This should both support Boards to identify and understand their own learning and improvement needs and support the self assessment elements of the Quality of Care Reviews. I am also cognisant of the information I provided in my response to the Health and Sport Committee in September on their Report into NHS Governance and our undertaking to provide a redeveloped approach to Serious Adverse Events Reviews by 31 March 2019. I would therefore be keen to be updated on the progress HIS has made on this work.

- Makes best use of resources

I note the range of work you have taken forward, through the provision of guidelines, standards and assessment of medicines and non-medicine technologies, to support NHSScotland to reduce harm, waste and unnecessary variation in the design and provision of services, and to identify opportunities to provide high quality care at the same or less cost.

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In terms of your own organisation, I am pleased to note that HIS has met the financial target set for 2017-2018 set by Scottish Government and that HIS achieved £2.7 million of savings, of which £0.6 million was released for re-investment in other work. I would be grateful if you could continue to keep Scottish Government Health Finance colleagues and the HIS sponsorship team updated on the ongoing financial situation.

Kind regards

[Signature]

JEANE FREEMAN

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