

Urgent and unscheduled care standards

Draft scope

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1. Introduction

Healthcare Improvement Scotland is the national health and social care improvement organisation for Scotland and is part of NHS Scotland. It provides the expertise and resources to co-produce standards which are developed, informed and shaped by people who commission, deliver and use health and/or social care services. It uses well established and robust methodology to underpin standards development. Our approach to developing standards is outlined in [Appendix 1](#).

Standards are informed by:

- people with lived and living experience and their representatives/care partners
- formally collected patient-reported outcomes
- current national policy and legislation
- evidence relating to effective clinical practice, feasibility and service provision.

Healthcare Improvement Scotland are developing national standards for urgent and unscheduled care.

2. How to feedback on the scope

This document outlines the proposed scope for national urgent and unscheduled care standards. We are looking for feedback on any potential gaps or additions to be considered in relation to the proposed:

- areas in scope
- areas outwith scope
- development group membership.

Please submit your comments and feedback using the [online survey](#) by **5pm Thursday 30 July 2026**.

Please note, comments will not be accepted after the closing date, or in an alternative format, unless previously agreed with the project team. Please contact the project team on his.standardsandindicators@nhs.scot.

Feedback on the draft scope will be reviewed and themed by the project team and used to further develop the scope of the standards, where applicable. A summary of the responses to scope engagement will be made available on request from the project team.

The development group will formally agree the scope at the first meeting.

3. Background to the standards

In March 2025, Healthcare Improvement Scotland published the [NHS Greater Glasgow and Clyde Emergency Department Review](#) report, which included broader recommendations for national bodies to support improvements in care in Scotland. In relation to standards development, the report recommended that:

“Scottish Government should commission Healthcare Improvement Scotland to lead the development of a national approach to improving the quality and safety of urgent and unscheduled care in NHS Scotland, consistent with the Quality Management System, including the development of national standards in partnerships with a range of agencies including the Royal Colleges.”

Healthcare Improvement Scotland are now undertaking the development of national standards for urgent and unscheduled care.

Recent publications and inspection reports have highlighted a number of system-wide pressures and challenges within urgent and unscheduled care and the high demand for emergency departments.¹⁻³ Reports have highlighted the key demand drivers to understand and address why people access urgent and unscheduled care. For example, in patients with frailty, mental health or a long-term condition, inadequate anticipatory care planning may lead to a person reaching a crisis point and urgent care. There are a number of national initiatives supporting the whole-system redesign of urgent and unscheduled care including hospital at home and flow navigation pathways. This is with a focus to ensure that people are receiving the appropriate care and treatment in the right place.

4. Scope of the urgent and unscheduled care standards

Title of the standards

The proposed title is “Standards for urgent and unscheduled care in Scotland”.

Purpose of the standards

The standards set out best practice for all staff and services involved in the planning, commissioning or delivery of urgent and unscheduled care in Scotland.

The standards will be aligned with national policy, guidance and standards including Healthcare Improvement Scotland’s [clinical governance standards](#).

Who the standards will apply to

These standards apply to all people (including children and adults) who require access to urgent, unscheduled (unplanned), emergency and critical care services. This includes individuals experiencing sudden illness or injury, urgent health needs, or life-threatening conditions.

This may also include, but is not limited to:

- people experiencing an acute exacerbation of a long-term condition
- people experiencing sudden clinical deterioration
- individuals with mental health or psychological distress, including crisis presentations
- frail older adults with complex or multiple conditions
- children and young people requiring urgent or emergency assessment
- people with palliative or end-of-life care needs experiencing an acute episode
- individuals affected by alcohol or substance use requiring urgent care
- those presenting with safeguarding concerns or vulnerability, including people at risk of harm
- individuals referred or conveyed by ambulance services or other emergency responders
- people experiencing social crisis that is impacting their immediate health and wellbeing (e.g. homelessness, lack of support)
- people seeking care on behalf of dependants or those unable to access services independently.

The standards will apply in all settings where clinical assessment, care or treatment is required from a health or care professional. This includes, but is not limited to hospitals, primary care, hospital at home services and care homes. It also includes independent health and social care providers.

Definitions will be provided in the standards.

Themes covered in the standards

The standards will include the following high-level themes and further descriptors have been provided.

Principles of person-centred, trauma-informed and evidence-based care

This theme focuses on ensuring that care is safe, effective, and centred on the needs and experiences of individuals. The following key areas are proposed:

- **Safe, effective, and high-quality care** - ensuring care meets established standards of safety, effectiveness, and quality.
- **What matters to patients** - recognising and responding to individual needs, preferences, and priorities.
- **Patient experience** - valuing and improving how care is perceived and experienced by patients.
- **Equitable access and addressing inequalities** - ensuring fair access to care and actively reducing health inequalities.
- **Care in the right place at the right time** - delivering timely care in the most appropriate setting.
- **Evidence-based practice and realistic medicine** - providing care informed by current evidence, supporting appropriate and proportionate interventions.
- **Communication and information** - ensuring clear, accessible, and timely information for patients.
- **Supported and informed decision-making** - enabling individuals to participate in decisions about their care, with appropriate support (including written information, translation services, and British Sign Language where required).

Leadership, governance and culture

This theme focuses on the leadership, culture, systems, and oversight required to support the delivery of safe, effective, and high-quality care. The following key areas are proposed:

- **Culture of openness and transparency** - promoting a shared, values-based culture that is open, transparent, and trauma-informed.
- **Governance systems and accountability** - establishing clear governance structures, including defined roles, responsibilities, and lines of accountability.
- **Risk management and learning** - identifying, managing, and escalating risks appropriately, alongside embedding a culture of continuous learning and shared learning.
- **Alignment with national guidance and standards** - ensuring services are delivered in line with relevant national legislation guidance, policy and standards. For example, the Health and Care (Staffing) (Scotland) Act 2019 and realistic medicine.

High-performing staff and teams

This theme focuses on creating and sustaining collaborative, well-supported staff members and teams that are essential for delivering safe and high-quality care. The following key areas are proposed:

- **Collaborative working across roles, services, agencies, organisations and boundaries** - promoting effective teamwork across staffing groups and professional boundaries, with mutual respect for roles, skills, and expertise, access to appropriate referral pathways and guidance.
- **Oversight and assurance of workforce planning** - including review of staffing and workforce data (such as workforce numbers and skills mix), established workforce plans, clear lines of accountability, and the implementation of relevant actions and improvement plans.
- **Psychological safety and staff wellbeing** - supporting a culture where staff feel safe to speak up, alongside promoting wellbeing through approaches such as restorative supervision.
- **Access to training and development** - ensuring staff have access to appropriate training and ongoing professional development, including opportunities for restorative supervision.
- **Effective management and supervision** - providing clear, supportive management and supervision structures to enable staff to perform effectively.
- **Staff feedback and engagement** - actively seeking, valuing, and responding to feedback from staff to inform service improvement.
- **Duty of candour and whistleblowing** - embedding principles of openness and accountability, including clear processes for duty of candour and raising concerns safely.

Service Planning

This theme focuses on ensuring services are effectively planned and supported by appropriate infrastructures to deliver safe, timely, and high-quality care. The following key areas are proposed:

- **Care pathways and patient flow** - establishing clear, integrated pathways to support safe and timely access, clinical assessment, prioritisation and triage, transfer, and discharge across services, including coordination with the Scottish Ambulance Service, flow navigation centres, and routes to access to specialist care and social care providers.
- **Use of technology and innovation** - supporting the appropriate use of new and emerging technologies to enhance care delivery, access, communication, and efficiency.

Care environment

This theme focuses on ensuring that the physical environment and infrastructure in which care is delivered are safe, effective, and sustainable, support high-quality person-centred care. The following key areas are proposed:

- **Facilities and environment** - ensuring care environments are safe, meet infection prevention and control requirements, fit for purpose, accessible, and responsive to population needs, and support privacy, dignity, and wellbeing.
- **Sustainable infrastructure** - promoting environmentally sustainable approaches to facilities planning and service delivery.

Intelligence gathering and information sharing

This theme focuses on ensuring that information and data are managed and shared effectively to support safe, high-quality, and coordinated care. The following key themes are proposed:

- **Use of data and intelligence** - using data, evidence, and intelligence to monitor, assess, and improve the quality and safety of care.
- **Workforce planning and data** - using workforce data to support workforce planning.
- **Addressing inequalities and intersectionality** - understanding and responding to the impacts of health inequalities and multiple inequality or disadvantage (intersectionality) can have on people accessing urgent and unscheduled care.
- **Safe, legal, and appropriate information management** - ensuring that the collection, storage, and sharing of information relating to care is lawful, secure, and appropriate.
- **Cross-agency information sharing** - promoting effective information sharing across services and agencies to support continuity and coordination of care.
- **Openness and timeliness of information** - ensuring that relevant information is shared openly and in a timely manner to support decision-making, safety, and patient care.

The standards will align with and reference relevant national policies, strategic priorities, referral pathways, and associated standards and frameworks. This supports integrated service delivery and a coherent, system-wide approach to quality improvement.

Areas out of scope of the standards

There are a number of national initiatives supporting the whole-system redesign of urgent and unscheduled care and will therefore not be part of the standards. This includes:

- condition-specific clinical treatment or pathways
- defined service models or service design
- development of specific workforce modelling or staffing tools
- development of quality indicators, performance targets or operational metrics or other data measurements or datasets
- development of national targets and flow pathways
- implementation of the standards
- inspection or assurance methodology or mechanisms.

Related sources and work programmes

The project team will undertake a literature review to support the development of the standards. This section highlights key resources. To note, this is not an exhaustive list.

Healthcare Improvement Scotland:

- [Ageing and frailty standards](#)
- [Clinical governance standards](#)
- [Excellence in Care](#)
- [Healthcare Staffing Programme](#)
- [Maternity care standards](#)
- [NHS Greater Glasgow and Clyde Emergency Department Review](#)
- [Quality of care review guidance](#)
- [Scottish Approach to Change](#)

Other:

- National Centre for Sustainability Delivery. [National Unscheduled Care Programme](#)
- Royal College of Emergency Medicine. [Clinical standards and guidance](#).
- Royal College of Paediatrics and Child Health. 2025. [Facing the Future - standards for children and young people in emergency care settings](#).
- Scottish Government. 2025. [Multi-agency partnership approach to distress: Framework for collaboration](#).
- Scottish Government. 2025. [Redesign of urgent care](#).

5. How to take part in developing these standards

The standards development group will be co-chaired by Lesley Sharkey (Nurse Director – Acute Service, NHS Tayside) and Dr Caroline Whitworth (Consultant Nephrologist, NHS Lothian). The group will convene in Summer 2026 and will meet approximately four times over a 12-month period.

We are seeking nominations for development group members with strategic and operational backgrounds including representation from across urgent and unscheduled care settings described above. The development group will be limited to approximately 20 members and **include clinical, nursing, allied health professionals, policy, strategic, operational and managerial staff**. This may include full and co-opted membership. We will also seek to achieve a balance of representatives from island, remote rural and urban healthcare settings. Representation from the following specialities and organisations will be sought:

- Community pharmacy
- Emergency medicine
- General practice
- Out of hours services
- Public partners
- National boards including NHS 24, Public Services Delivery Scotland, Public Health Scotland, Scottish Ambulance Service
- National programmes including Centre for Sustainable Delivery, Redesign of urgent care
- Royal Colleges including Royal College of Emergency Medicine and Emergency Department, Royal College of Nursing.

If you would like to nominate yourself, or a colleague, please complete the relevant section on the survey.

There will be a number of opportunities for wider stakeholders, services and networks to feedback on the standards development. This includes taking part in the eight-week consultation on the draft standards which is planned for Spring 2027. If you wish to hear more about the project, please contact the project team and we would be happy to attend any staff or network meetings.

Further information

If you would like to find out more about the urgent and unscheduled care standards project or be added to our distribution list for any of our consultation activities or project updates, please contact:

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Programme Manager
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Appendix 1: Standards development methodology

Healthcare Improvement Scotland has established a robust process for developing standards, which is informed by international standards development methodology. This ensures the standards:

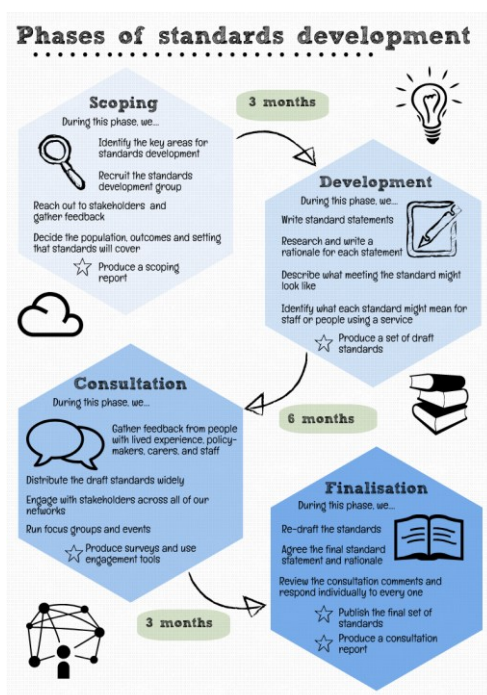
- are fit for purpose and informed by current evidence and practice
- set out clearly what people who use services can expect to experience
- are an effective quality assurance tool.

All Healthcare Improvement Scotland standards are mapped to key national legislation, policy and standards. They support the implementation of person-centred and trauma informed principles, and human rights and equality legislation.

As part of the standards development process, the standards will take into account and consider relevant legislation, national policy, quality improvement and assurance programmes.

The standards will use terminology aligned with the relevant legislation, policy and Healthcare Improvement Scotland style guide.

The phasing of all Healthcare Improvement Scotland standards development is illustrated in the figure below. For further information, please visit our [website](#) or contact the standards team at his.standardsandindicators@nhs.scot.



References

1. Scottish Government. Redesign of urgent care (RUC) - Evaluation main report. 2025 [2026 June 25]. Available from: <https://www.gov.scot/binaries/content/documents/govscot/publications/research-and-analysis/2025/01/main-report-redesign-urgent-care-evaluation/documents/redesign-urgent-care-ruc-evaluation-main-report/redesign-urgent-care-ruc-evaluation-main-report/govscot%3Adocument/redesign-urgent-care-ruc-evaluation-main-report.pdf>.
2. Healthcare Improvement Scotland. Rethinking unscheduled care within strategic planning. 2023 [2026 June 25]. Available from: <https://www.hisengage.scot/equipping-professionals/strategic-planning-in-health-and-social-care/resource-directory/rethinking-unscheduled-care-within-strategic-planning/>.
3. Scottish Government. Pulling together: transforming urgent care for the people of Scotland. The report of the independent review of primary care out of hours services. 2015 [2026 June 25]. Available from: <https://www.gov.scot/binaries/content/documents/govscot/publications/progress-report/2015/11/main-report-national-review-primary-care-out-hours-services/documents/00489938-pdf/00489938-pdf/govscot%3Adocument/00489938.pdf>.

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