

# Operating Framework: Healthcare Improvement Scotland and Scottish Government

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## Document Version Control and Signatories

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## Introduction

1. This Operating Framework sets out how Healthcare Improvement Scotland (HIS) and the Scottish Government (SG) work together. It defines the key roles and responsibilities which underpins and describes the detail of the relationship between HIS and SG. HIS retains operational independence and its Executive Directors are accountable to the HIS Board through the Chief Executive.
2. Both organisations will always seek to collaborate and co-operate in the public interest in the delivery of our work while recognising our respective statutory roles, responsibilities, and operational independence.
3. This Operating Framework is the primary accountability and governance document between SG and HIS and should be reviewed and updated as necessary, and at least every 4 years. Any proposals to amend the document either by SG or HIS will be taken forward together and with due engagement, taking account of latest priorities and policy aims.
4. The Operating Framework will support:
  - a. an effective, strategic working arrangement between HIS and SG based on a shared understanding of respective roles and responsibilities;
  - b. risk management arrangements that allow both organisations to effectively identify and alert each other to issues and risks and potential areas of tension;
  - c. a clear two-way communication channel between the organisations;
  - d. a robust system for agreeing HIS' priorities, which includes a cohesive view of the priorities and resources for the future, through a formal commissioning process;
  - e. early constructive dialogue and input to the formulation of SG policy and initiatives utilising HIS' evidence and intelligence; and
  - f. further strengthening of our relationship based on openness, honesty, learning support, and constructive challenge.

## Healthcare Improvement Scotland Legislative Context

5. HIS was established in 2011 as a Health Body, constituted by the National Health Service (Scotland) Act 1978, as amended by Public Service Reform Scotland Act 2010 and the Public Bodies (Joint Working) Act 2014. While HIS is not a special health Board, it may be grouped with NHS special health Boards in terms of SG initiatives such as shared services.
6. HIS' key statutory duties are as follows:
  - a. a general duty of furthering improvement in the quality of health care;
  - b. a duty to provide information to the public about the availability and quality of services provided under the health service;
  - c. when requested by Scottish Ministers, a duty to provide to Scottish Ministers advice about any matter relevant to the health service functions of HIS.
7. Specifically, HIS is to exercise the following functions of Scottish Ministers:
  - a. to support, ensure, and monitor the quality of healthcare provided or secured by the health service;
  - b. to support, ensure, and monitor the discharge of the duty on NHS Boards to encourage public involvement (through the Scottish Health Council as described in Annex 3 Key Legislation);
  - c. to evaluate and provide advice to the health service on the clinical and cost effectiveness of new and existing health technologies including drugs;
  - d. to monitor the discharge of the duties on NHS Boards<sup>1</sup> in relation to healthcare staffing and planning and undertake additional functions in relation to staffing tools and the common staffing method.
8. HIS has the following statutory powers:
  - a. Powers of access and right of entry (for the purposes of inspection) in relation to the health service and independent healthcare services;
  - b. Power to direct a Health Board to close a ward to new admissions where there is a serious risk to the life, health, or wellbeing of persons;
  - c. Power to require documents in relation to the functions of the Death Certification Review Service;
  - d. Regulatory powers in relation to the independent healthcare sector;

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<sup>1</sup> 'NHS boards' in this context refers to every Health Board, relevant Special Health Board and the Common Services Agency (NHS National Services Scotland)

- e. Power to require information in pursuance of its functions in relation to healthcare staffing and planning
9. HIS supports the delivery of the latest [National Performance Framework](#) and the latest SG strategies and plans. This is to be reflected in HIS' latest strategic and operational plans and through its core purpose, which is 'to drive the highest quality of health and care for all'.

### Healthcare Improvement Scotland operating principles and approach

10. The diagram below sets out HIS' operational approach to delivering the expectations of SG



11. This co-location of functions means that HIS can bring a range of activities in a co-ordinated and balanced way, to enable better quality in health and care.
12. The diversity of functions within HIS requires a differentiated approach. In undertaking assessments of the quality of care, HIS operates independently of SG, Health Boards, and Integration Authorities. This is set out in legislation. In relation to other functions, HIS will work in partnership and collaboration with SG and other stakeholders. Here, a close, mutually supportive working relationship is essential in order to enable and deliver improvement.

13. This differentiated approach builds on the legislative context and expectations of Scottish Ministers while retaining HIS’ operational independence and respecting the complementary roles and responsibilities of Ministers, the Sponsor Function and the HIS Board Chair and Chief Executive. This includes but is not limited to the following principles:

- a. HIS will review, inspect and monitor the quality<sup>2</sup> of health and care services both in the NHS Scotland and the independent sector, based on intelligence and evidence and at a time and manner of its choosing; this applies to both one-off reviews and mutually planned programmes of assurance.
- b. HIS must have access to all relevant information held nationally and locally about the quality of health care and services and including in relation to healthcare staffing and planning, for the purposes of assurance, learning, enquiry and improvement.
- c. There may be occasions when HIS is directed to undertake assurance activity on behalf of Scottish Ministers via the Sponsor Function and/or relevant policy lead. When undertaking such a request, HIS will explore the issues involved and provide advice on the most appropriate approach to most effectively enable improvement.
- e. All inspections, monitoring, and assurance will be undertaken independently of SG and the findings/recommendations publicly presented. HIS will keep SG apprised of the operational progress of such scrutiny activity and may escalate concerns to Scottish Ministers via the SG Sponsor Function. Reports on the findings of the activity will be shared in advance for information.
- f. HIS may publicly escalate serious concerns about a service to SG in accordance with the agreed Annex 5,6,7 regarding specific escalation protocols in relation to inspections.
- g. HIS may also disseminate information as it deems appropriate and provide advice to Scottish Ministers via the SG Sponsor Function at any time.
- h. HIS may respond to requests by [Scottish Parliament Committees](#) for evidence on the quality of healthcare in any service, and will keep the Sponsor Function informed. HIS will carry out its activities transparently, including wherever possible publishing the sources of intelligence that are used to inform its work.

## Governance and Accountability

14. Scottish Ministers are accountable to Parliament for overall health and social care and will take the lead in demonstrating this responsibility. SG are accountable to Scottish Ministers. HIS will support SG by, amongst other things, providing information to Ministers to enable them to account to Parliament.

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<sup>2</sup> As set out in HIS’ [strategy 2023-28](#) the term ‘quality’ encompasses a range of dimensions including safety, effectiveness and equity of outcomes

15. HIS Chief Executive is accountable to HIS Board Chair and the Board Chair is accountable to Scottish Ministers.
16. The recruitment process for Ministerial Public Appointments is regulated by the Ethical Standards Commissioner. SG follow the Commissioner's Code of Practice which means that, as far as possible, the recruitment process is fair, transparent and based on merit.
17. Applicants must demonstrate how they meet the values of the NHS: care and compassion; dignity and respect; openness, honesty and responsibility, and quality and teamwork. They must also meet the Fit and Proper Person Test which is a requirement of the Code of Practice.
18. The Chairperson of HIS Board is appointed by and accountable to Scottish Ministers. HIS Board are appointed by Scottish Ministers and accountable to the Chairperson and, when required, Scottish Ministers.
19. The Chief Executive of HIS is appointed and employed by HIS Board with the approval of Scottish Ministers. The Chief Executive receives accountable officer status from the Permanent Secretary of SG.
20. The Chief Executive of HIS is a member of the NHS Scotland Chief Executives' Group and reports to the Director-General Health and Social Care.
21. HIS is accountable to Scottish Ministers via the Sponsor Function for the delivery of its strategic objectives. The day-to-day link between HIS and Scottish Ministers is provided by the Sponsorship Function in SG. While a number of other SG Directorates, Divisions, Unit, Teams, and Functions have direct relationships with HIS in relation to specific programmes of work, projects, and policy areas, the Sponsor Function has overall responsibility for ensuring that HIS is adequately briefed about SG policies and priorities and monitors HIS' activities on behalf of Ministers.
22. In addition, HIS has its own responsibilities to account to the public and to the Scottish Parliament. They will keep SG informed on its handling of these responsibilities. This may be demonstrated through correspondence with Members of the Scottish Parliament, appearances before Scottish Parliamentary Committees, publication of information on HIS' website, responses to letters from the public, and responses to requests under the Freedom of Information Act.
23. SG recognises the need for HIS to maintain an open and positive working relationship with a range of partners in the context of health and social care integration. There will be



a need to demonstrate sensitivity in managing these relationships in the context of the very different accountability and governance arrangements for these other partners such as local government and the third sector.

24. Specifically, HIS has a Memorandum of Understanding (MoU) to provide an agreed Operating Framework between HIS and the Convention of Scottish Local Authorities (COSLA), in relation to HIS' work with Integration Authorities, and in recognition of local government's political investment in, and accountability for, the successful implementation of integration.
25. Given HIS' legal accountabilities to SG, any changes to the MoU with COSLA will also be agreed with SG to ensure a clear three-way agreement and understanding of HIS' dual accountabilities within the integrated space.

## Sponsorship Management

26. The Director and Deputy Director for Planning and Quality have responsibility for overseeing and ensuring effective relationships between SG and HIS, which support alignment of the business of HIS to SG's Purpose and National Outcomes and high performance by HIS. They will work closely with the HIS Chief Executive and be answerable to the Portfolio Accountable Officer, who is the Director-General, Health and Social Care, for maintaining and developing positive relationships with HIS characterised by openness, trust, respect and mutual support. They will be supported by a Sponsor Function in the Planning and Quality Division in discharging these functions.
27. The Sponsor Function is the key point of contact for HIS in dealing with SG and is the primary source of advice to Scottish Ministers on the discharge of their responsibilities in respect of HIS and undertakes responsibilities on behalf of the Portfolio Accountable Officer. These include but are not limited to:
  - a. discharging sponsorship responsibilities in line with this document and ensuring that sponsorship is suitably flexible, proportionate, and responsive to the needs of the Scottish Ministers and other corporate requirements;
  - b. ensuring that appointments to the HIS Board are made timeously and where appropriate, in accordance with the code-practice for Ministerial Appointments in Scotland;
  - c. proportionate monitoring of HIS' activities through an adequate and timely flow of appropriate information, agreed with HIS on performance, budgeting, control, and risk management;

- d. respond in a timely manner to any significant problems arising, alerting the appropriate HIS point of contact and the responsible Minister(s) where considered appropriate;
  - e. ensuring that the objectives of HIS and the risks to them are properly and appropriately taken into account within SG's risk assessment and management processes;
  - f. informing HIS of relevant SG policy in a timely manner.
28. HIS will meet with the Sponsor Function and Sponsor Lead or their chosen Deputy at least every quarter to explore priorities, consider resource utilisation, review performance, and consider new or existing issues, risks, and opportunities.
29. A representative from the Sponsor Function should aim to attend HIS Board Meetings to observe.
30. While the Sponsor Function is the main point of contact and has oversight of all HIS activities, other SG policy leads and budget holders in other business areas may have direct relationships with HIS and arrangements to meet with them in relation to specific programmes of work, projects and policy areas.
31. SG policy leads and budget holders are encouraged to liaise with the Sponsor Function and HIS early on in any legislation or policy development cycle in order that any implications for all parties can be understood and next steps mutually agreed. This aims to create space for HIS to provide any relevant evidence that may help shape SG policy and/or enable SG to consider implications to HIS existing improvement and assurance role.

## Performance Management

32. HIS will work with SG to develop and produce strategic and operational delivery plans and report against them in line with SG Performance and Delivery requirements.
33. HIS will approach planning and delivery in a way which is consistent with SG priorities, underpinned by a robust workforce and financial plan, and requires to be submitted to SG in accordance with agreed timescales.
34. SG will respond formally and the plans will be agreed between the SG Sponsor Function and HIS and be approved by the HIS Board. The plans will be published by HIS.

35. The Annual Review (whether Ministerial or non-Ministerial) will be the focal point for the public accountability of delivery of the previous financial year. HIS will provide SG Sponsor Function with written documentation in line with published guidance. The SG Sponsor Function will formally write to HIS following the Annual Review setting out the key areas covered and agreed actions. HIS will publish this letter.

## Financial Management

36. The [Scottish Public Finance Manual](#) is issued by the Scottish Ministers to provide guidance to SG and other relevant bodies on the proper handling and reporting of public funds. It sets out the relevant statutory, parliamentary, and administrative requirements, emphasises the need for economy, efficiency, and effectiveness, and promotes good practice and high standards of propriety.
37. SG continues to work with HIS to establish and maintain funding to support the majority of HIS activities. HIS and SG will mutually agree savings and efficiency targets within the context of HIS delivery of SG priorities.
38. The Sponsor Function finance responsibilities – shared with Health Finance – are:
- a. ensuring HIS are aware of their financial duties and SG financial policy, and that guidance is issued timeously;
  - b. ensure HIS has arrangements in place to provide high quality budget monitoring and forecast information;
  - c. co-operate with any audit requirements;
  - d. check appropriate systems are in place at HIS for financial and risk management;
  - e. check audit systems and arrangements are in place;
  - f. review annual accounts.

## Commissioning

39. The commissioning process aim is to provide a consistent, co-ordinated and transparent approach to HIS' and SG's handling of new and/or amended work. The process is underpinned by the following principles:
- a. Either party may propose that HIS undertakes new or amended programmes of work in response to changes in policy direction and/or quality issues which have been identified.

- b. Commissioning proposals should be developed jointly between HIS and SG, taking into account respective data, intelligence and experience, and appropriately utilising the range of HIS functions to enable and deliver improvement. This may include HIS engagement with service providers to fully understand the issues involved.
- c. HIS and SG will work together to ensure that the SG Sponsor Function has oversight of HIS commissions and directives across all policy areas and is able to provide support and advice as needed.
- d. Commissions should include the strategic line of sight/priorities, purpose/background, the undertaking itself, including any financials as appropriate and timeline, and progress reporting of the work.
- e. Commissions need to include a mutually agreed business case and a formal commission letter where applicable, in order to progress to HIS' work plan.
- f. Where funding is required for the delivery of commissions and mutually agreed between HIS and SG, this will be set out in a formal funding allocation letter.

## Communications

- 40. HIS will advise SG in advance of significant announcements by HIS or where there may be matters of public/media/political interest. Similarly, SG will keep HIS informed of any announcements that may directly impact on the areas of responsibility of HIS and where such announcements may impinge on wider strategic relationships.
- 41. HIS will routinely share its publications with SG in support of a good working and transparent relationship. They will ensure both organisations are aware in advance of any intentions that may impact either party.
- 42. HIS and the SG Sponsor Function will work together, using a range of mechanisms (e.g. Networks within SG) to raise awareness, identify risks, gaps and areas of overlap in commissions as well as opportunities for joint and future working.
- 43. Both HIS and SG Communications Leads will work collaboratively to make sure that relevant opportunities and issues are shared to maximise impact.
- 44. Where appropriate, HIS will support Minister's priorities by, for example, providing data and/or visit opportunities.
- 45. In addition, press enquiries will be highlighted to each other where there could be overlap or where the issue could become contentious.

46. HIS and SG Communications will meet regularly to discuss potential opportunities and areas of common interest and review outcomes of communications activities undertaken.

## ANNEX 1 Wider Operational Areas

### Scottish Government Directorates

While the Sponsor Function is the main point of contact and has oversight of all HIS activities, other SG policy leads and budget holders may have direct relationships with HIS in relation to specific programmes of work, projects and policy areas. These may include the following:

<b>Director-General (DG) Areas:</b>
Communities
Economy
Education and Justice
Health and Social Care, including the following Directorates: <ul style="list-style-type: none"> <li>• Chief Medical Officer</li> <li>• Chief Nursing Officer</li> <li>• Digital Health and Care</li> <li>• Health Finance, Corporate Governance and Value Directorate</li> <li>• Health Workforce</li> <li>• Healthcare Quality and Improvement</li> <li>• Mental Health</li> <li>• NHS Scotland Chief Operating Officer</li> <li>• Population Health</li> <li>• Primary Care</li> <li>• Social Care and National care Services</li> </ul>
Net Zero
Scottish Exchequer
Strategy and External Affairs

## Healthcare Improvement Scotland Directorates

While the Planning and Governance Team in HIS is the main point of contact and has oversight of all HIS activities, other SG policy leads and budget holders may have direct relationships with HIS in relation to specific programmes of work, projects and policy areas.

<b>Healthcare Improvement Scotland Directorates</b>
Chief Executive's Office
Community Engagement and System Redesign
Evidence and Digital
Finance, Planning, Governance and Communications
Medical and Safety
Nursing and Systems Improvement
People and Workplace
Quality Assurance and Regulation

**ANNEX 2 Sponsorship Mechanisms**

<b>Mechanism</b>	<b>Purpose</b>	<b>Frequency</b>
Annual Review	To hold HIS publicly to account for performance	Annual  With further reviews in-year via strategic meetings
Strategic Meeting – HIS Chair and Chief Executive	Meeting between HIS Board Chair, Chief Executive, and SG Sponsor Lead and Function to discuss progress against the strategy of HIS and to share key issues	6 monthly
Strategic Meeting	Meeting between HIS Deputy Chief Executive, Directors and Sponsor Lead and Sponsor Function to discuss progress against the strategy of HIS and to share key issues from SG	6 monthly
Sponsor Meetings	Monthly meetings between the SG Sponsor Function and HIS to discuss progress in relation to latest known actions, commissions and resulting allocations and to highlight and known concerns and opportunities	Monthly
Finance Meetings	SG provide funding to HIS throughout the year through the allocations system.  The HIS Director of Finance attends the monthly Directors of Finance meeting and further meetings are held with Health Finance as required to discuss the HIS financial position and arising finance issues	Monthly Director of Finance Meetings  Quarterly Meetings with Health Finance as required



**ANNEX 3 Key Legislation**Relating to the duties, functions and powers of HIS

Ref	Legislation / Regulation / SSI
1	<a href="#">National Health Service (Scotland) Act 1978</a> , as amended by the <a href="#">Public Services Reform (Scotland) Act 2010</a>
2	<a href="#">Certification of Death (Scotland) Act 2011</a>
3	<a href="#">Public Bodies (Joint Working) (Scotland) Act 2014</a>
4	<a href="#">Health (Tobacco, Nicotine etc. and Care) (Scotland) Act 2016</a>
5	<a href="#">The Controlled Drugs (Supervision of Management and Use) Regulations 2013</a>
6	<a href="#">The Public Interest Disclosure (Prescribed Persons) Order 2014</a>
7	<a href="#">SSI 2016 No.86 The Healthcare Improvement Scotland (Delegation of Functions) Order 2016</a>
8	<a href="#">The National Health Service (Scotland) Act 1978 (Independent Clinic) Amendment Order 2016</a>
9	<a href="#">Health and Care (Staffing) (Scotland) Act 2019</a>
10	<a href="#">Forensic Medical Services (Modification of Functions of Healthcare Improvement Scotland and Supplementary Provision) Regulations 2022</a>

## **ANNEX 4 HIS Operating Arrangements**

### HIS Board

The HIS Board is appointed by Scottish Ministers as determined by the Public Services Reform (Scotland) Act 2010 Schedule 1611. The Board of HIS has corporate responsibility for ensuring that HIS fulfils the aims and objectives set by Scottish Ministers.

The purpose of the Board is to:

- ensure efficient, effective and accountable governance of the organisation;
- provide strategic leadership and direction;
- determine the risks the organisation is willing to take in pursuit of its strategic objectives; and
- focus on agreed outcomes.

Membership of the Board is as follows:

- Chair (non-executive)
- Chair of the Care Inspectorate (non-executive)
- Up to 13 additional non-executive members, including the Employee Director, the Chair of the Scottish Health Council and the Whistleblowing Champion.
- Chief Executive (executive member).

The Board will create such sub-committees, as are required by, for example, statute, guidance, regulation and Ministerial direction and as are necessary for the economical efficient and effective governance of its business. These are referred to within the organisation as the governance committees of the Board. In particular:

- HIS will establish a Committee to be known as the Scottish Health Council; Scottish Ministers are to appoint a member of the HIS Board to Chair the Scottish Health Council.
- HIS will establish an Audit Committee to advise the Board on internal control (including corporate governance) and audit matters.

The Chief Executive of HIS is employed and appointed by the Board with the approval of Scottish Ministers, and reports to the Director-General Health and Social Care. The Chief Executive is the Board's principal adviser on the discharge of its functions and is accountable to the Board. Their role is to provide operational leadership to HIS and ensure that the Board's aims and objectives are met and HIS' functions are delivered and targets met through effective and properly controlled executive action. Their general responsibilities include the performance, management and staffing of HIS.

Members of the Board are required to comply with the Board Members' Code of Conduct.

Further guidance on how the Board should discharge its duties is provided in [On Board – A Guide for Members of Statutory Boards](#)

### Governance of HIS

HIS has in place a Code of Corporate Governance, which is based on the general principles of the UK Corporate Governance Code and the International Framework: Good Governance in the Public Sector (the Framework). The Code is approved by HIS' Audit and Risk Committee and is ratified by the HIS Board. The Code sets out the responsibilities of the HIS Board and governance committees and includes standing financial instructions and arrangements in relation to remuneration, reporting and risk management.

HIS has adopted the 'Blueprint for Good Governance' agreed by SG and the NHSScotland Chairs Group in October 2018.

### Transparency

HIS is an open organisation that will carry out its activities transparently.

HIS is required to publish an annual report setting out how it has discharged its statutory duties during the year, together with its audited accounts, after the end of each financial year.

The Auditor General for Scotland (AGS) audits, or appoints auditors to audit, HIS' annual accounts and passes them to the Scottish Ministers who shall lay them before the Scottish Parliament, together with the auditor's report and any report prepared by the AGS.

HIS holds Board meetings in public and has in place an Employee Code of Conduct, which includes rules on conflicts of interest, gifts and hospitality, openness and confidentiality and whistleblowing.

### Complaints and Whistleblowing

HIS has its own complaints handling process which is in line with the Model Complaints Handling Procedure for NHSScotland. HIS comes under the scope of the Scottish Public Services Ombudsman's power to investigate complaints.

HIS has implemented a whistleblowing policy as set out by the Independent National Whistleblowing Officer.

## ANNEX 5 HIS Escalation – Introduction

The purpose of this escalation framework is to ensure that HIS have a clear, consistent, and transparent process for escalation of issues to SG, and where required, direct to Scottish Ministers via the Sponsor Function.

Where Quality Assurance activity undertaken by HIS has identified improvements to be made, these are agreed with the service provider with a clear expectation through written agreement that these improvements will be delivered upon.

The improvements at this stage are agreed between HIS and the service provider in question and are based on the level of risk of harm to the patients, the public, and/or staff. These will follow a standard typology, such as:

- no further engagement necessary;
- recommendations made, but will be followed up informally by relevant inspection/review team leads;
- recommendations made, and service provider will be asked for an update on progress by a stated date;
- significant recommendations made requiring a follow-up inspection within a clear timescale;
- significant issues identified requiring immediate escalation.

In all cases, the timescales will be clearly defined e.g. for a follow-up inspection as detailed in the published inspection methodology or for the further reporting of progress by the service provider. Further engagement may be required if not all improvements have been made or we are not fully assured. However, any extension to the original timescales will be clearly recorded and new expectations clearly set.

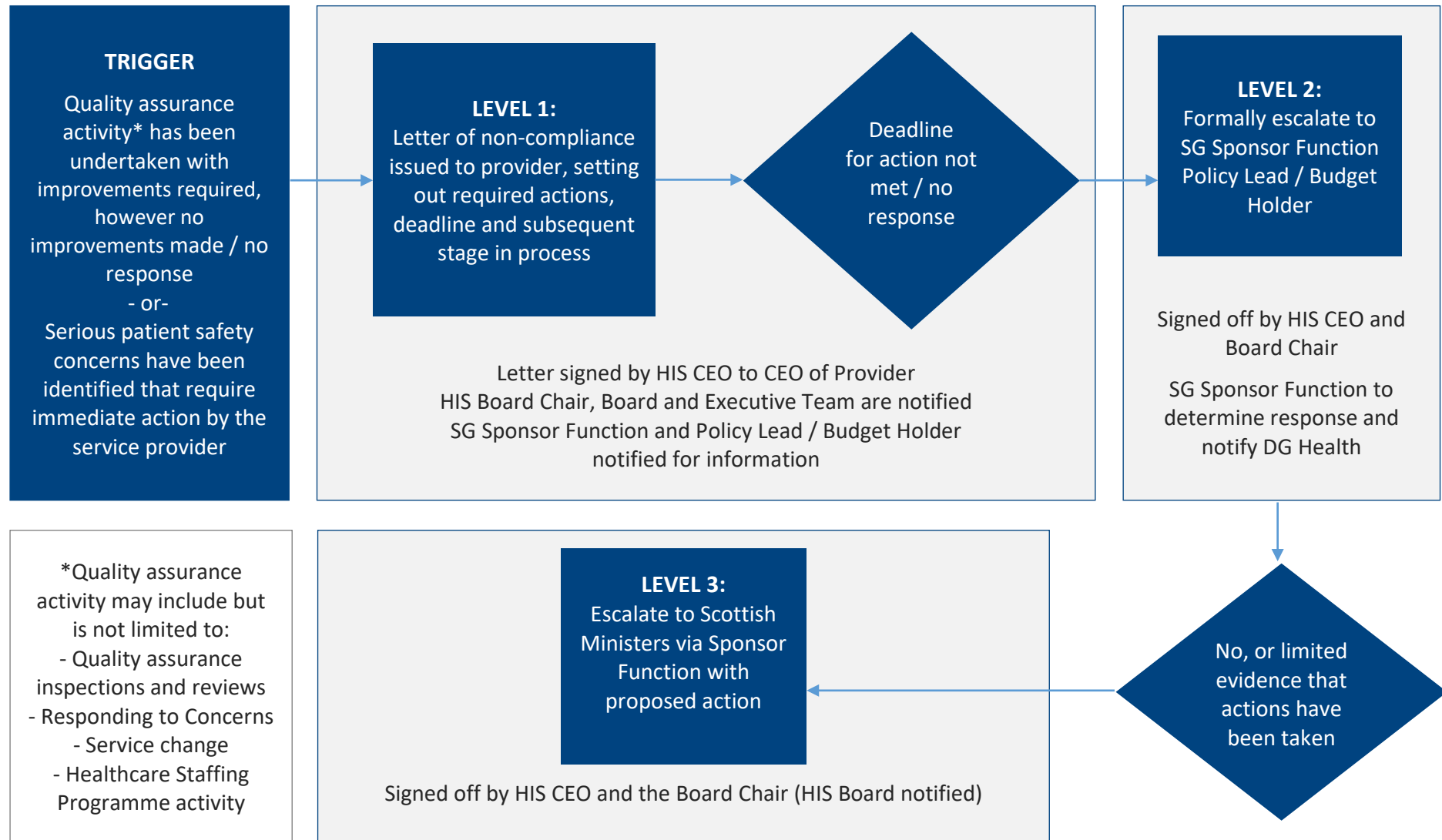
In some instances HIS may choose to escalate concerns to the SG. This escalation would be undertaken in the following situations:

- a lack of progress/response has been made by the service provider, as a result of the usual HIS processes aimed at ensuring improvement;
- HIS become aware of serious safety concerns through its activity, which require immediate action by the service provider

This process does not preclude the use of the existing process within the Quality Assurance Directorate for issues identified during hospital inspections. Should HIS use its statutory powers to close a ward to further admissions, then the escalation process would immediately trigger.

The levels of escalation are set out below. Escalation of concerns to Scottish Government and/or Scottish Ministers will be taken in to consideration as part of the wider consideration of Board performance undertaken by the SG National Planning & Performance Oversight Group (NPPOG).

## ANNEX 6 HIS Escalation – Process Flow Chart



## ANNEX 7 HIS Escalation – Process Table

HIS LEVEL	Situation	HIS Action	SG contact and anticipated actions	HIS Governance
<p><b>LEVEL 1:</b></p> <p>Formal letter of non-compliance issued to the service provider</p>	<p>There is no, or limited, response from the service provider regarding lack of progress and/or lack of improvement poses a significant risk to patient care.</p> <p>And/Or:</p> <p>Serious patient safety concerns have been identified that require immediate action by the service provider.</p> <p><i>Note: Criteria for each level of escalation will be developed.</i></p>	<p>A letter of non-compliance will be served by HIS’ Chief Executive Officer (CEO) to the CEO of the service provider, copied to the Board Chair of the service provider.</p> <p>This will clearly state what improvements or assurances are expected, by when and the subsequent stage in the process if no improvement has been made.</p> <p>The letter will be published on the HIS website. HIS will publicly report progress made in response.</p> <p>If joint engagement with another scrutiny body, the MoU with that body will clarify how respective escalation processes will be managed.</p>	<p>SG Sponsor Function and relevant policy lead / budget holder will be informed.</p> <p>SG may use this information to support routine monitoring of Boards’ performance and to inform its own escalation framework. The information will feed into a rounded assessment by the SG of where a service provider (e.g. Health Board) sits within SG’s own escalation framework.</p> <p>SG NPPOG may be informed for information only at this stage.</p>	<p>The below will be notified for information only at this stage:</p> <ul style="list-style-type: none"> <li>• HIS Executive Team (ET)</li> <li>• HIS Chair</li> <li>• HIS Board via HIS Chair</li> <li>• Chair and CEO of provider</li> </ul>

HIS LEVEL	Situation	HIS Action	SG contact and anticipated actions	HIS Governance
<p><b>LEVEL 2:</b> Formally escalate to SG Sponsor Function and relevant policy lead</p>	<p>Lack of engagement by the service provider and, or insufficient improvement has been made even after the improvement letter issued.</p> <p><i>Note: Criteria for each level of escalation will be developed.</i></p>	<p>A formal external escalation letter is issued to the SG Sponsor Function and relevant policy lead / budget holder.</p> <p>This would be signed off by the HIS CEO (with the support from the HIS ET) and Board Chair and include a full account of action taken to date.</p> <p>The HIS website will be updated to reflect this further escalation.</p>	<p>Sponsor Function / policy lead / budget holder / DG Health</p> <p>SG will share this information internally in line with the processes set out in its own escalation framework and in support of the Health and Social Care Management Board’s role. In many cases, this will be an opportunity to identify, in conjunction with the Board, what improvement support is required.</p> <p>SG Sponsor Function may escalate to NPPOG for consideration and agreement of required action in line with SG escalation processes.</p> <p>SG will keep HIS informed of any actions it intends to take.</p>	<ul style="list-style-type: none"> <li>• HIS CEO for approval</li> <li>• HIS Board Chair for approval</li> <li>• HIS Board via HIS Board Chair for information</li> <li>• Board Chair and CEO of provider notified</li> </ul>



HIS LEVEL	Situation	HIS Action	SG contact and anticipated actions	HIS Governance
<p><b>LEVEL 3:</b> Escalate directly to Scottish Ministers</p>	<p>Still no, or limited, evidence that actions have been taken forward, or continued concerns regarding the risk to patient care.</p> <p><i>Note: Criteria for each level of escalation will be developed.</i></p>	<p>HIS concern is now so significant that escalation is required directly to Scottish Ministers.</p> <p>HIS will provide the SG Sponsor Function with a standard notice period of an intention to escalate along with an account of all action taken by HIS towards resolving the situation.</p> <p>When HIS initiates escalation to Scottish Ministers, this must be done through the SG Sponsor Function, copying in the relevant policy lead / budget holder.</p> <p>The HIS website will be updated to reflect this further escalation.</p>	<p>Sponsor Function will work with Sponsor Lead and notify Scottish Ministers to determine appropriate action.</p> <p>SG Sponsor Function will also escalate to NPPOG for consideration and agreement of required action in line with SG escalation processes.</p> <p>SG will keep HIS informed of any actions Ministers intend to take.</p>	<ul style="list-style-type: none"> <li>• Escalation discussed by ET and approved by the HIS CEO and Board Chair.</li> <li>• HIS Board via HIS Board Chair for information</li> <li>• Board Chair and CEO of provider notified</li> </ul>