

# Operating Framework: Healthcare Improvement Scotland and Scottish Government

April 2026

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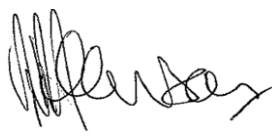

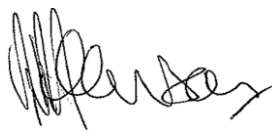

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## Document version control and signatories

Table 1: Document version control and signatories

Version	Month/Year	Signature/Date: Chief Executive Healthcare Improvement Scotland	Signature/Date: Director or Deputy Director Planning and Quality Health and Social Care Scottish Government	Overview of updates
1.0	February 2019	Signed by Robbie Pearson 27/02/2019	Signed by Jason Leitch 05/03/2019	
2.0	October 2022	Signed by Robbie Pearson  05/10/2022	Signed by Linda Pollock  11/10/2022	In line with agreed schedule for updates
2.1	March 2024	Signed by Robbie Pearson  03/04/2024	Signed by Lynne Nicol  03/04/2024	To reflect enactment of Health and Care (Staffing) (Scotland) Act 2019 from 1 April 2024
3.0	April 2026	Signed by Robbie Pearson  08/04/2026	Signed by Lynne Nicol  08/04/2026	In line with agreed schedule for updates

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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. This framework is aligned to the Model Framework for NHS boards and adapted to reflect the specific status and circumstances under which HIS operates.
3. 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.
4. 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 three 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.
5. 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
  - f. further strengthening of our relationship based on openness, honesty, learning support, and constructive challenge

## Healthcare Improvement Scotland legislative context

6. 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. HIS may be grouped with other national NHS boards in terms of SG initiatives such as shared services. Relevant legislation is outlined in Annex 3.
7. 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
8. 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
9. HIS has the following statutory powers:
- a. powers of access and right of entry (for the purposes of inspection) in relation to 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
  - e. power to require information in pursuance of its functions in relation to healthcare staffing and planning
  - f. powers to assist the Care Inspectorate<sup>2</sup> in inspections and to charge a reasonable fee to do so
10. HIS supports the delivery of SG strategies and plans for health and social care, including but not limited to the: [Health and Social Care Service Renewal Framework](#), [NHS Scotland Operational Improvement Plan](#), [Scotland's Population Health Framework](#), as well as ongoing developments of the [National Performance Framework](#) and [Public Service Reform](#). 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.'

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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)

<sup>2</sup> Social Care and Social Work Improvement Scotland (SCSWIS) is also known as the Care Inspectorate.

## Healthcare Improvement Scotland operating principles and approach

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



Figure 1: Healthcare Improvement Scotland's operational approach

12. 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.

13. In undertaking its regulatory and scrutiny functions, 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 to enable and deliver improvement.

14. This 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>3</sup> of health and care services both in the NHS Scotland and the independent sector, based on intelligence and evidence and at a

<sup>3</sup> As set out in HIS' [strategy 2023-28](#) the term 'quality' encompasses a range of dimensions including safety, effectiveness and equity of outcomes.

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.
- d. 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.
- e. HIS operates independently to deliver statutory duties in relation to providing national evidence-based advice through a number of independent committees/groups which have the freedom to make independent, evidence-based decisions.
- f. HIS will respond to concerns about the safety and/or quality of patient care including those raised by NHS Scotland staff (via the formal whistleblowing policy or other routes) or referred by another organisation. Where a concern is not within its remit HIS will refer it to another organisation as appropriate.
- g. HIS may publicly escalate serious concerns about a service to SG in accordance with the agreed Annexes 5, 6 and 7 regarding specific escalation protocols in relation to inspections.
- h. HIS operates independently to deliver statutory duties in relation to NHS board engagement on major service change, undertaking and publishing independent assessments.
- i. HIS has the ability to share concerns regarding SG engagement on [nationally determined service changes](#) with SG and the option to escalate to Scottish Ministers where engagement falls short of the nationally agreed framework and where local engagement does not meet [Planning with People](#) guidance.
- j. HIS may also disseminate information as it deems appropriate and provide advice to Scottish Ministers via the SG Sponsor Function at any time.
- k. 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.

15. The regulation of independent healthcare (IHC) in Scotland is a distinct statutory function of HIS and is conducted independently of SG. As we engage with private organisations there is a formal framework set out in the National Health Service (Scotland) Act 1978 and associated

regulations. This framework imposes duties on both HIS and the providers of IHC services in relation to registration, inspection and complaints as well as mechanisms for the enforcement of improvement. This is distinct and separate function from the wider and more general role HIS has in relation to the quality assurance of services provided by NHS Scotland. There may, however, be circumstances where there is a risk to the public and HIS will make SG aware through the Sponsor Function.

## Governance and accountability

16. 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.
17. HIS Chief Executive is accountable to HIS Board Chair and the Board Chair is accountable to Scottish Ministers.
18. 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.
19. 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.
20. 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.
21. 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.
22. 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 alongside relevant SG policy leads. 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.

23. 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, participation in public inquiries, and responses to requests under the Freedom of Information Act. We also have responsibilities relating to the Duty of Cooperation and undertaking work jointly with other organisations, however each organisation will work under their existing lines of accountability.
24. 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.
25. HIS may independently establish Memoranda of Understanding and operating agreements with a number of external organisations and keep SG advised should there be any implications for HIS' accountabilities.

## Sponsorship management

26. The Chief Operating Officer, Head of Health Sponsorship and Deputy Director for Quality and Improvement 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 Directorate for the Chief Operating Officer in discharging these functions.
27. To achieve sufficient separation and transparency of approach to sponsorship, the Head of Health Sponsorship has lead responsibility for SG sponsorship of HIS, with the exception of matters relating to scrutiny and assurance. The Deputy Director for Quality and Improvement has lead responsibility for scrutiny and assurance. All HIS, SG sponsorship and policy counterparts will operate in the spirit of openness, trust, respect and mutual support to fulfil their responsibilities.
28. 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 of 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

29. 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 delivery, and consider new or existing issues, risks, and opportunities.

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 allows for HIS to provide any relevant evidence that may help shape SG policy and/or enable SG to consider implications to HIS's existing role.

## Planning, commissioning and delivery

32. HIS will work with SG to develop and produce strategic and operational delivery plans. HIS will report delivery against these plans to SG in line with SG Planning. Accountability for operational and performance management of HIS' work remains within HIS management and governance processes and plans will be owned by HIS and approved by the HIS Board.

33. HIS will approach planning and delivery in a way which is consistent with SG priorities and reflective of HIS' strategy and priorities. This will be underpinned by and integrated with a robust workforce and financial plan. HIS will engage with SG at appropriate points throughout the integrated planning process and plans will be submitted to SG in accordance with agreed

timescales. This integrated planning process takes place annually, however work can be identified and commissioned throughout the year.

34. HIS' planning will be supported by a commissioning process, which aims 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 by HIS, SG, and/or other stakeholders.
  - b. HIS will consider early proposals for new or amended work in line with its role and remit, strategic priorities, wider work programme and active commitments, and available resource. This includes considering pausing or stopping existing work to respond to emerging system needs. If HIS is unable to take on additional work and/or does not feel it is best placed in the system to do so, HIS will endeavour to suggest other options to be explored.
  - c. Commissioning proposals should be developed jointly between HIS and SG, considering 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. This also includes considerations of opportunities to deliver work in collaboration with other organisations.
  - d. 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.
  - e. Commissions should outline connections to strategic priorities, purpose/background, the work itself, including any financials as appropriate, the timeline, and expected progress reporting of the work.
  - f. Commissions need to include a mutually agreed business case and a formal commission letter where applicable before progressing to HIS' work plan and allow appropriate time for HIS governance processes to be followed. They must also reflect reasonable time to stand up (and/or close down/pause) a programme of work, especially where recruitment is required.
  - g. If work in HIS is being considered for pausing/stopping, HIS should engage with SG to consider any implications as early as possible.
  - h. 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. Funding will be allocated subject to confirmation of budgets and in line with SG Finance protocol.
  - i. Any new work should be formally agreed before being announced publicly or included in publications such as strategies and action plans.

35. HIS may also provide short-term, tailored improvement support to NHS boards and Health and Social Care Partnerships through its Responsive Support function. This approach enables rapid, collaborative intervention in response to emerging issues and is commissioned through a structured process that ensures clarity of purpose, governance, and resource planning.
36. The Annual Review (whether Ministerial or non-Ministerial) will be the focal point for public accountability of delivery in the previous financial year. HIS will plan the Annual Review 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 any agreed actions. HIS will publish this letter.

## Financial management

37. 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.
38. 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.
39. 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

## 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 of HIS's role and activity, 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 Ministers' priorities by, for example, providing data and other information/briefing contributions and/or visit opportunities. Both HIS and SG will endeavour to provide sufficient time to respond to such requests.
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 Director-General areas:

- Chief Executive NHSScotland and Health and Social Care, including the following Directorates:
  - Chief Medical Officer
  - Chief Nursing Officer
  - Health Workforce
  - Mental Health
  - Chief Operating Officer, NHS Scotland
  - Population Health
  - Primary Care
  - Social Care and National Care Service Development
  - Children and Families
- Communities
- Economy
- Education and Justice
- Net Zero
- Scottish Exchequer
- Strategy and External Affairs

### Healthcare Improvement Scotland directorates

HIS is structured into the following directorates:

- Office of the Chief Executive
- Community Engagement and Transformational Change
- Evidence and Digital
- Medical and Safety
- Nursing and Integrated Care
- Quality Assurance and Regulation

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.

While respecting direct relationships on specific areas of delivery, both the HIS Planning and Governance team and SG sponsors will endeavour to oversee relationships and ensure a consistent, co-ordinated approach.

## Annex 2: Sponsorship mechanisms

Table 2: Sponsorship mechanisms between SG and HIS

Mechanism	Purpose	Frequency
Annual Review	To hold HIS publicly to account for performance	Annual, with further reviews in-year via strategic meetings
Quarterly Strategic Meetings (QSMs)	Meeting to discuss progress against the HIS strategy and any key issues. Includes senior HIS colleagues and Sponsor Function, dependent on agenda topics. HIS Chair and Chief Executive may choose to attend.	Quarterly
Sponsor Meetings	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	Fortnightly/as required
Finance Meetings	The HIS Chief Finance and Risk Officer 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

The following confer direct duties, functions, and/or powers to HIS. HIS will also have requirements under legislation that covers public bodies and NHS boards. This list will be updated as appropriate following enactment of any relevant legislation.

#### Constitution of HIS

- [National Health Service \(Scotland\) Act 1978](#), as amended by the [Public Services Reform \(Scotland\) Act 2010](#) and the [Public Bodies \(Joint Working\) \(Scotland\) Act 2014](#)

#### Death Certification Review Service

- [Certification of Death \(Scotland\) Act 2011](#)

#### Healthcare Staffing Programme

- [Health and Care \(Staffing\) \(Scotland\) Act 2019](#) and accompanying regulations

#### Inspections

- [Care Reform \(Scotland\) Act 2025](#)
- [The Healthcare Improvement Scotland \(Inspections\) Regulations 2011](#) and associated statutory instruments
- [Protection of Vulnerable Groups \(Scotland\) Act 2007](#)
- [Adult Support and Protection \(Scotland\) Act 2007](#)
- [The Forensic Medical Services \(Modification of Functions of Healthcare Improvement Scotland and Supplementary Provision\) Regulations 2022](#)
- [The Healthcare Improvement Scotland \(Delegation of Functions\) Order 2016](#)
- [SSI 2016 No.86 The Healthcare Improvement Scotland \(Delegation of Functions\) Order 2016](#)

#### Regulation of independent healthcare

- [The Healthcare Improvement Scotland \(Requirements as to Independent Health Care Services\) Regulations 2011](#) and associated statutory instruments
- [The National Health Service \(Scotland\) Act 1978 \(Independent Clinic\) Amendment Order 2016](#)

#### Management of Controlled Drugs

- [The Controlled Drugs \(Supervision of Management and Use\) Regulations 2013](#) ([legislation.gov.uk](http://legislation.gov.uk))

#### Responding to Concerns and learning from adverse events

- [Health \(Tobacco, Nicotine etc. and Care\) \(Scotland\) Act 2016](#)
- [The Public Interest Disclosure \(Prescribed Persons\) Order 2014](#)

## 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.

### Governance of HIS

HIS has a [Code of Corporate Governance](#) in place, 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 NHSScotland 'Blueprint for Good Governance' (second edition), published by SG in 2022.

### 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 has a clear, consistent, and transparent process for escalation of issues to SG, and where required, direct to Scottish Ministers. Full details are provided in Annex 7 and are summarised below.

*Table 3: Escalation framework between HIS and SG*

Level	Trigger	HIS Action	SG Action
Level one	A serious concern has been identified by HIS that requires escalation to the chief executive of the NHS board and notification to SG.	Letter of escalation to the chief executive of the NHS board (NHS board Chair in copy), setting out required actions, deadline and subsequent stage in process.  Letter copied to SG Sponsor Function.	For noting by Sponsor Function.  Policy Lead/Budget Holder notified for information.
Level two	Deadline for action not met/no or insufficient engagement/response to address the concern.	Formally escalate in writing to SG Sponsor Function.	SG Sponsor Function now formally involved and will determine response, notifying DG Health.  Policy Lead/Budget Holder notified for information.
Level three	No/limited evidence that actions have been taken/progress made after escalation to level 2.  This is likely to be used only in exceptional circumstances.	HIS Chair (with Board approval) escalates directly to the Cabinet Secretary for Health and Sport.  Director-General and Sponsor team made aware.	SG continues to hold to account and will keep HIS informed of any actions the Cabinet Secretary intends to take.

At every level, SG will take the following action:

- Acknowledge escalation (i.e. written response/verbally at formal quarterly meeting)
- Inform of any actions to be taken
- Further updates on progress/activity as appropriate

Escalation of concerns to SG and/or Scottish Ministers will be taken into consideration as part of SG wider consideration of Board performance undertaken by the Chief Operating Officer and National Planning & Performance Oversight Group (NPPOG).

While the Head of Health Sponsorship has lead responsibility for SG sponsorship of HIS, the Deputy Director for Quality and Improvement has lead responsibility for matters relating to scrutiny and assurance, to achieve sufficient separation and transparency of approach.

## Explanation of process

Where HIS has identified an issue of concern, these are raised directly with the service provider in the first instance with a clear expectation through written agreement that these concerns will be addressed.

If concerns are not sufficiently addressed, HIS may choose to escalate these to SG. Situations may include, but are not limited to, the following:

- a lack of progress/response has been made by the service provider in response to the usual HIS processes aimed at ensuring improvement
- HIS becomes aware of serious safety concerns through its activity, which require immediate action by the service provider
- there is a failure by the service provider to fully engage or co-operate with HIS activity, which in some cases may be construed as wilful obstruction
- HIS has judged that there may be a need for SG awareness or intervention

The level of escalation—whether level two or three—will be a matter of judgement by HIS.

Furthermore, the following existing processes may result in escalation to SG:

- Quality Assurance and Regulation Directorate Serious Concerns Standard Operating Procedure
- Healthcare Staffing non-compliance (per the [Healthcare Improvement Scotland Healthcare Staffing: Operating Framework](#))
- the HIS service change engagement process identifies [engagement requirements](#) not being met

Where an escalation has taken place, it is possible that there may be subsequent escalations involving the same provider, including where different concerns emerge during a period in which a previous escalation has not yet concluded. In this situation, recurring themes may be identified which result in a higher level of escalation.

It is possible that there may be multiple escalations (of different concerns) regarding a single provider at any one time. If an escalation remains 'open' this does not preclude further, separate concerns being escalated, and recurring themes may result in a higher level of escalation.

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.

It is important to note that where work is undertaken jointly with another organisation (for example joint inspections) or concerns identified as part of a wider intelligence network, responsibility for escalation remains with the accountable organisation.

### Independent Healthcare regulation

Independent healthcare has established processes, under legislated duties as a regulator, including enforcement powers of registered services, for serving improvement notices and cancellations. However, there may be circumstances where there is a risk to the public, and HIS will make SG aware through the Sponsor Function.

# Annex 6: HIS escalation process flow chart

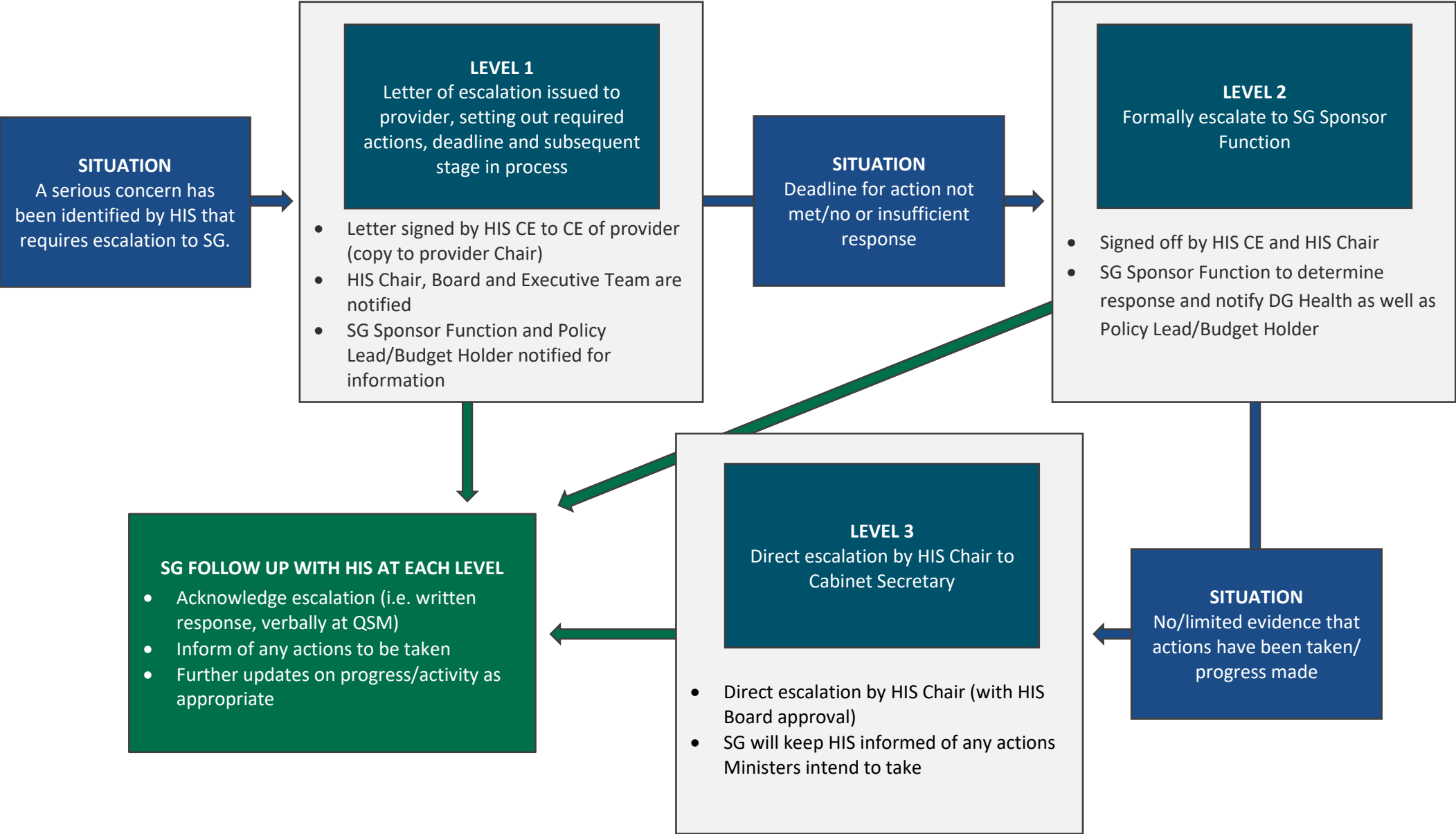


Figure 2: HIS escalation process flow chart

## Annex 7: HIS escalation: detailed process

Table 4: Escalation framework between HIS and SG: Detailed process

Level	Situation	HIS Action	HIS Governance	SG Action
<b>Level one</b>	A serious concern has been identified by HIS that requires escalation to the chief executive of the NHS board and notification to SG.	<ul style="list-style-type: none"> <li>Letter of escalation to the Chief Executive of the NHS board, setting out required actions, deadline and subsequent stage in process if no improvement has been made or if there has been insufficient engagement to address the concern.</li> <li>Letter copied to Chair of the NHS board and to the SG Sponsor Function.</li> <li>HIS has the option to publish the letter and/or report on the escalation on the HIS website and will publicly report progress made in response.</li> </ul>	<p>Approved by HIS CEO.</p> <p>Notified for information:</p> <ul style="list-style-type: none"> <li>HIS Executive Team (ET)</li> <li>HIS Chair</li> <li>HIS Board via HIS Chair</li> </ul>	<ul style="list-style-type: none"> <li>For noting by Sponsor Function.</li> <li>Policy Lead/Budget Holder notified for information.</li> <li>SG may use this information to support routine monitoring of NHS 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.</li> <li>SG NPPOG may be informed for information only at this stage.</li> </ul>
<b>Level two</b>	Lack of engagement by the service provider and/or deadline for action not met and/or insufficient response to the concern raised.	<ul style="list-style-type: none"> <li>A formal external escalation letter is issued to the SG Sponsor Function. This will be copied to the Chief Executive and Chair of the NHS board.</li> </ul>	<p>Approved by HIS CEO and Chair with support from the HIS ET.</p> <p>The HIS Board will be notified via the HIS Chair.</p>	<ul style="list-style-type: none"> <li>SG Sponsor Function now formally involved and will determine response, notifying DG Health.</li> <li>Policy Lead / Budget Holder notified for information.</li> <li>SG will share this information internally in line with the processes set out in its own escalation framework and in</li> </ul>

Level	Situation	HIS Action	HIS Governance	SG Action
		<ul style="list-style-type: none"> <li>• This would be signed off by the HIS CEO and Chair and include a full account of action taken to date.</li> <li>• If required, the HIS website will be updated to reflect this further escalation.</li> </ul>		<p>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> <ul style="list-style-type: none"> <li>• SG Sponsor Function may escalate to NPPOG for consideration and agreement of required action in line with SG escalation processes.</li> <li>• SG will keep HIS informed of any actions it intends to take.</li> </ul>
<b>Level three</b>	No/limited evidence that actions have been taken to engage or address the initial concerns raised after escalation to level 2, or continued concerns regarding the risk to patient care. This is likely to be used only in exceptional circumstances.	<ul style="list-style-type: none"> <li>• HIS Chair (with Board approval) escalates directly to the Cabinet Secretary for Health and Sport.</li> <li>• Sponsor team and Director-General (via sponsor team) made aware.</li> <li>• HIS will provide the SG Sponsor Function with notice of the intention to escalate along with an account of all action taken by HIS towards resolving the situation.</li> <li>• Board Chair and CEO of provider notified.</li> <li>• If required, the HIS website will be updated to reflect this further escalation.</li> </ul>	Escalation discussed by ET and approved by the HIS CEO, Chair and Board.	<ul style="list-style-type: none"> <li>• Sponsor Function will work with Cabinet Secretary to determine appropriate action.</li> <li>• SG Sponsor Function will also escalate to NPPOG for consideration and agreement of required action in line with SG escalation processes.</li> <li>• SG continues to hold to account and will keep HIS informed of any actions the Cabinet Secretary intends to take.</li> </ul>

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