

Healthcare Policy and Strategy Directorate
Patients and Quality Division

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Sir Graham Teasdale
Chairman
NHS Quality Improvement Scotland
50 West Nile Street
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9 September 2009

Dear Graham

Thank you for your letter of 7 July in relation to the Scottish Health Council and Health Improvement Scotland, and future governance arrangements.

These arrangements were considered by the independent review of the Scottish Health Council, *Function and Form*, published in November 2008, and are referred to in the Action Plan, *A Form fit to Function*, prepared by the Scottish Health Council.

The independent review was designed to review the structure of the Scottish Health Council to ensure that it could maximise its effectiveness, and was focused primarily on its management and organisational structures. As part of the work of the review, it became clear that there was also a need to adapt and clarify the functions of the Scottish Health Council to enable it to continue to contribute effectively to the development of a mutual NHS, and patient focus and public involvement.

As you are aware, the Cabinet Secretary has recently approved the action plan, including the revised functions of the Scottish Health Council to enable it to take forward its role in the mutuality and *Better Health Better Care* agenda, and new organisation and management structures.

I would agree that this work has also raised important governance issues, and that there will be a need for clarity about the arrangements that are to apply in relation to the planned new scrutiny body, Health Improvement Scotland.

We would wish to see governance arrangements for the future that clearly reflect and embed the importance of assurance and development of the mutuality agenda at all levels in the NHS, and the continuing distinct identity of the Scottish Health Council. The independent review report also recognised the opportunities for closer

linkage and integration between the work programmes of NHS Quality Improvement Scotland and the Scottish Health Council.

We agree that some clarification and development of governance arrangements could be helpful to allow the Scottish Health Council to deliver its agreed functions effectively, while at the same time ensuring proper accountability and integration with NHS Quality Improvement Scotland work programmes. I attach as an annex to this letter what we see as the key principles of the governance relationship between NHS Quality Improvement Scotland and the Scottish Health Council.

These principles would mean that:

- While the Scottish Health Council should have a distinct identity, it is a sub-committee of and accountable to the Board of NHS Quality Improvement Scotland;
- The Scottish Health Council will be accountable through the NHS Quality Improvement Scotland Board for the delivery of its agreed functions and its work programme;
- The Scottish Health Council will submit an annual local delivery plan which will be part of the NHS Quality Improvement Scotland local delivery plan;
- The annual review of the Scottish Health Council will be conducted as part of the annual review of NHS Quality Improvement Scotland.

You raise three key points in relation to the creation of Health Improvement Scotland:

- **Bringing together NHS QIS and SHC demands unified governance and integration in HIS, as must be the case for any future additions**

I think the proposals we have set out above would provide a more unified approach, while enabling the Scottish Health Council to deliver its functions effectively

- **User focus will be an important part of the work of Health Improvement Scotland; its creation must be used to ensure that it is taken forward in an integrated way, to avoid duplication, incoherence and inefficiency and to maximise benefit**

Again I believe our proposals for greater integration address this issue

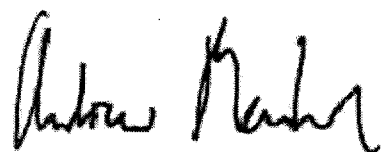
- **The “independence” of Health Improvement Scotland must be an attribute of the whole organisation**

It is important that NHS Quality Improvement Scotland itself and the Scottish Health Council are seen as independent. We welcome the work that is being done on independence, integration and identity within NHS QIS. We believe our approach would ensure the independence of the Scottish Health Council functions within NHS Quality Improvement Scotland, and in future Health Improvement Scotland.

We would see these proposals as providing the basis for taking forward the business model and governance of the Scottish Health Council within Health Improvement Scotland.

I hope this approach is helpful and meets the points you have raised.

With best wishes

A handwritten signature in black ink, appearing to read 'Andrew Macleod'. The signature is written in a cursive style with a large initial 'A'.

ANDREW MACLEOD

SCOTTISH HEALTH COUNCIL: GOVERNANCE

Key principles

- The role and purpose of the Scottish Health Council is to deliver the agreed functions of Community Engagement and Improvement Support; Participation Review; and The Knowledge Network.
- The structures and governance of the Scottish Health Council should support these functions
- Within these functions there is significant scope for integration of work programmes with NHS Quality Improvement Scotland/ Health Improvement Scotland, and these should be pursued to the maximum extent possible
- The Scottish Health Council will be a sub-committee of the Board of NHS Quality Improvement Scotland/ Health Improvement Scotland
- The Chair of the Scottish Health Council will be appointed by ministers, and will be a board member of NHS Quality Improvement Scotland/ Health Improvement Scotland
- The members of the Scottish Health Council will be appointed by NHS Quality Improvement Scotland/ Health Improvement Scotland
- The Scottish Health Council should have a distinct identity within NHS Quality Improvement Scotland/ Health Improvement Scotland to provide assurance to patients and the public
- The Scottish Health Council will be accountable to Scottish Ministers through the Board of NHS Quality Improvement Scotland/ Health Improvement Scotland