

**Healthcare Improvement Scotland**

**Service development**

1. Please give THREE examples of services that:

(a) you plan to develop in 2014-15 (territorial boards should list local service developments, rather than national programmes)

<b>Service</b>	<b>Expenditure 2013-14 £000</b>	<b>Planned expenditure 2014-15 £000</b>
SMC – New Medicines Review May 2014	87	815
Death Certification April 2015	225	993
Adverse Events 2014	360	324

(b) you would like to develop if you had additional funding i.e. what is next on your list of priorities? (territorial boards should list local service developments, rather than national programmes)

- Development of scrutiny model related to the Integration of Health and Social Care.
- Building on the improvement work being performed through such as the Quality Improvement Hub.
- Development of a more integrated and comprehensive approach to scrutiny.

(c) you plan to withdraw, restrict or reform in 2014-15 (please provide reason(s) and anticipated savings in 2014-15) (territorial boards should list local service developments, rather than national programmes)

- This topic represents an integral part of Driving Improvement in Healthcare Strategy for Everyone – Our Strategy 2014-2020. It is expected that a series of potential areas of work that fall into this category will be identified in year as the strategy is implemented.

2. During 2014-15, do you plan to consult on the delivery of any specific services i.e. those resulting in significant service change?

- Two World Cafe events are planned during 2014-15 to consult on the content and direction of the current and future work programme.
- Public Partner events will be held focusing on the three year delivery plan.
- Revision of the Clinical Engagement Strategy
- Scrutiny and Inspection Annual Plan

### **Preventative spending**

3. What specific preventative health programmes are included in your budget plans for 2014-15? (please give details of planned NHS board expenditure **over and above any ring-fenced allocations** in 2014-15 compared with 2013-14 within the categories shown)

**Not applicable** – Healthcare Improvement Scotland does not provide patient services, rather we provide advice and guidance for the appropriate delivery of some preventative health programmes e.g. sign guidelines on prevention of dental caries, SAPG advice etc.

4. With regard to assessment of preventative spend programmes: **(Not applicable)**

(a) What savings do you anticipate that these preventative spend programmes will deliver over the next 5-10 years (please provide specific examples)

(b) Are the results of any such assessments reflected in your financial planning? (Please give any specific examples of how financial plans have been adjusted to reflect potential savings)

### **Change Fund / Integration Fund (Not applicable)**

5. With regard to the Change Funds:

(a) Please give examples of THREE services that will be funded using Change Funds in 2014-15? (please include details of Change Fund spending on these services in 2013-14 and 2014-15 and related outcomes)

**Not applicable**

(b) Have these programmes/services been evaluated? (If so, please provide details) **Not applicable**

(c) Do you plan to continue to fund these services in 2015-16 through the Integration Fund? **Not applicable**

6. Can you give examples of any specific services that you are developing with local authority and/or third sector parties as a result of the planned Integration Fund (please provide details of the service, along with planned investment by each partner)?

**(Not applicable)**

## Reducing inequalities

7. What specific programmes are aimed at reducing inequalities? (please include details of THREE services in the format shown below)

<b>Programme</b>	<b>Expenditure 2013-14 £000</b>	<b>Planned expenditure 2014-15 £000</b>	<b>Outcome measures</b>	<b>Progress on outcome measures</b>
EQIA	61	64	All policies and programmes of work have an associated EQIA report	Achieved (monitored via database)
Health Inequalities Impact Assessment			Conducting one HIIA per annum	Ongoing
Equalities Outcomes Monitoring			4 x outcome measures on mental health, care of the older person, bullying & harassment and age diversity of	All areas have achieved planned activity for 2013/14

			volunteers	
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**Note: Expenditure is restricted to staff costs – 1.5 whole-time equivalent**

### **Backlog maintenance (Not applicable)**

8. Please provide details of the THREE main actions in 2014-15 that will address backlog maintenance, providing:
  - (a) details of the action (investment/disposal etc.);
  - (b) planned expenditure/receipts from this action in 2014-15; and
  - (c) the impact this will have on your overall level of backlog maintenance (high/medium/low risk)
  - (d) what proportion does your planned spending on backlog maintenance in 2014-15 represent of your total capital budget?

### **Brokerage (Not applicable)**

9. (a) Did you have any brokerage in 2013-14?
  - (b) If YES, was this brokerage anticipated at the start of the accounting period or did the requirement emerge during the year?
10. (a) Do you anticipate the need for any brokerage in 2014-15?
  - (b) If YES, how much would you anticipate requiring and for what purpose?

### **NRAC formula (Not applicable)**

11. What are your views on progress towards achieving NRAC parity?

### **Equalities**

12. Please provide up to THREE specific examples of how the use of an equality and diversity impact assessment has influenced budget decisions.
  - The last completed EQIA with a specific financial component referred to the relocation of our Edinburgh base from Elliott House to Gyle Square.
  - However it should be noted that in addition to checking for the potential impact on people with the nine equality characteristics

specified in law (e.g. race, gender, age) the EQIA forms in use go beyond the minimum legal requirements to also assess the potential negative or positive impacts on people affected by poverty. In this way every EQIA we do as an organisation takes financial considerations into account. This is particularly relevant when it concerns HR policies that affect staff.

## **Sustainable development**

13. Please provide up to THREE specific examples of how the NHSScotland sustainable development strategy has influenced budget decisions.

- In line with the NHS sustainability strategy Healthcare Improvement Scotland have developed an operations plan that provides monthly reports on water usage and energy consumption. The information is sent to eMART leads who have established a baseline for HIS energy consumption based on retrospective readings. The organisation will be measured against this baseline over the next few years and financial savings are expected to result over the next few years.
- Our waste management contracts and waste management processes are being revised based on the national sustainability guidance over the coming months prior to establishing a baseline on eMART. A system has been developed to allow us to submit waste figures on a quarterly basis.
- Our waste contract is being reviewed to identify a core supplier that will support HIS to achieve our legislative requirement to implement a dry waste system. This will have financial implications initially with substantive saving in the long term.