

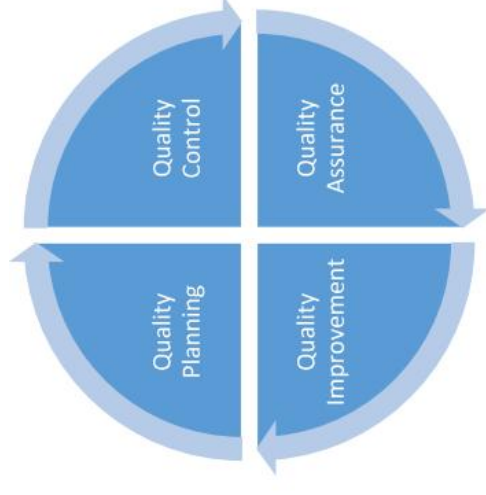
QUALITY MANAGEMENT SYSTEM GOVERNANCE AND ASSURANCE FRAMEWORK AND TOOLKIT

Contents

Introduction	2
Outline of the Governance and Assurance Framework.....	3
1. Governance Assurance Areas and Measures.....	4
2. Identification of Impact.....	6
3. Level of Assurance	11
4. Governance Assurance Outcomes Matrix	12
5. Mitigations	13
Appendix 1.	14
Organisational Reporting Structure	14
Appendix 2.	15
Quarterly Reporting Timetable.....	15
Appendix 3.	16
Service Outcome Record.....	16
Appendix 4.....	18
Improvement Action Plan	18
Appendix 5	19
Group Service Specification Template.....	19
Appendix 6	24
Service & Programme Plan Template	24
Appendix 7	31
Team Plan Template	31

Introduction

Midlothian Health and Social Care Partnership (HSCP) has developed and is promoting a system of total Quality Management. It is recognised that the organisational structure of the various services within Midlothian HSCP, including employees from Midlothian Council, NHS Lothian and other partner organisations, is complex and challenges have arisen in terms of responsibility and oversight of operational, professional and information governance. It is imperative that the Leadership Team have sufficient degree of visibility of all aspects of governance assurance provided by employees within Midlothian HSCP on the four distinct governance areas, namely, *Safe, Effective, Person-Centred, Regulatory*. There is a requirement for Governance Assurance to be clearly articulated by those responsible for services and action taken with and by the most appropriate people to address any outstanding issues. This framework will play a clear role in the cycle of Quality Management in providing **Quality Assurance** alongside, Quality Planning, Quality Control and Quality Improvement (figure 1).



Each service has differing operational management lines and therefore differing reporting arrangements and escalation mechanisms. To prevent and reduce the need to duplicate these processes, the *Midlothian HSCP Governance and Assurance Framework* was designed to enhance and support use of these existing mechanisms. The operational structure for which services should be reported is outlined in *Appendix 1*.

Quality Planning	Quality Control	Quality Assurance	Quality Improvement
Joint Strategic Needs Assessment (JSNA) IJB Strategic Plan IJB Directions Single Midlothian Plan / Community Planning Partnership Strategic Planning Board (SPG) Planning and Transformation Midlothian Council 5-year Strategic Plan Integrated Workforce Plan Commissioning Plan Lothian Strategic Development Framework (LSDF) NHS Lothian Strategic Objectives NHS Annual Delivery Plan	Governance Structure Escalation Process – Operational & Professional MSG Indicators Key Performance Indicators (KPIs) Quality Indicators (QIs) Strategic Priorities (from Strategic Plan) Health and Safety Measures Quality Improvement Teams (QITS) Resilience and Business Continuity Plans Incident and Complaints systems Significant Adverse Event (SAE) investigations Freedom of Information Requests (FOIs)	Clinical and Care Governance (C&CG) Governance & Assurance Framework Performance Assurance Governance Group (PAGG) Audits – NHS, Council & IJB Inspections – Care Inspectorate, Health Improvement Scotland, Mental Welfare, Health Safety Executive Finance & Performance (F&P) Audit & Risk Committee Workforce Governance Board Business Governance Board Digital Programme Board Contracts and Commissioning	Spotlight Programme Various projects / TOC / PDSA cycles - Neurological Project - Frailty - Integrated Falls Pathway Lothian Quality Academy & NES Training Quality Improvement Coaching Prescribing Cluster Primary Care Quality Cluster Potentially Preventable Admissions (PPAs)

Group Service Specifications (Appendix 5) Service Plans (Appendix 6) Team Plans (Appendix 7) Annual Review/ PDPR Winter Planning	Risk Assessment and Management Service Reviews OutNav System Workforce Measures - Professional Registration - Training - Vacancy & Absence - Staff Experience incl. iMatter - Patient Experience	H&S Quarterly Submissions Action Trackers / Logs Performance Reports (Tableau Dashboards) Evidence Based Practice Risk Monitoring Service Improvement Trackers
---	--	---

Figure 1. Midlothian HSCP Quality Management Matrix

Outline of the Governance and Assurance Framework

1. Governance Assurance Areas and Measures

Outlines each of the **assurance** areas and the specific **measures** that are key indicators for Governance.

2. Identification of Impact

The widespread and varying nature of the services across Midlothian HSCP means that the **impact** of any variances may be very different. To provide a consistent definition of **impact**, detail on the scale and range of impact are outlined from **negligible** to **extreme** for each of the **assurance** areas and **measures**.

3. Level of Assurance

The widespread and varying operational management structures across services in Midlothian HSCP means that the **levels of assurance** provided may differ considerably. To provide a consistency to the definition of **assurance**, a scale ranging from **significant** to **none** is provided.

4. Governance Assurance Outcome

Outline of a matrix which defines the **Governance and Assurance Outcome** for each assurance area and measurement based on the combination of **impact** and **assurance level**. When inputting into the Governance and Assurance Application this will populate automatically based on inputs from the Service Manager/Team Lead in each service.

5. Mitigations

Where the overall governance outcome is either **Medium** or **Low**, the actions taken to **mitigate** the issue require to be identified. The Application will not allow you to submit until these are provided.

1. Governance Assurance Areas and Measures

Assurance Area	1. Safe	2. Effective	3. Person Centred	4. Regulatory	Suggested Sources of Evidence (NHS Lothian, Midlothian Council & Midlothian HSCP)
Measure (a)	Adverse Events (including RIDDOR)	Core Mandatory Training	Complaints	Professional Registration (including Professional Audit)	Datix (Complaints, Compliments & Adverse Events) NHS Tableau/Dashboard LearnPro eESS Professional Registers CRM (Midlothian Council's Customer Relationship Management system) Pentana – Midlothian Council Corporate Risk Register SPHERA – Midlothian Council Health & Safety system Clearview - Midlothian Council Business Continuity and Emergency Planning
Measure (b)	Duty of Candour	Personal Development (including PDPR)	Service User Experience & Engagement	Staff Performance Management (Conduct or Capability)	Datix (Complaints, Compliments & Adverse Events) NHS Tableau/Dashboard LearnPro TURAS Local PFPI records Care Opinion Mosaic OutNav CRM (Midlothian Council Customer Relationship Management system) iTrent – Midlothian Council HR and Personal Development system
Measure (c)	Health & Safety	Supervision		External Compliance or Audit (e.g. HSE, MDR, EHRC)	Datix (Complaints, Compliments & Adverse Events) Health & Safety Quarterly Reports Local Quality Management Systems LearnPro TURAS QMS Reports

						Audit Records Investigation Reports SPHERA – Midlothian Council Health & Safety system Clearview - Midlothian Council Business Continuity and Emergency Planning
Measure (d)	Workforce Management	Service Performance and Quality Indicators and Standards				Tableau/Dashboard Service Performance Reports or Dashboards QMS Reports Audit Reports Investigation Reports iTrent - Midlothian HR system Pentana – Midlothian Council Performance Management
Measure (e)		Finance / Resources				Finance Reports Service Performance Reports Pentana – Midlothian Council Performance Management Integra – Midlothian Council Finance system Mosaic
Measure (f)		Change Management (including Workforce Organisational Change and Equalities duties i.e. EQIA)				Partnership Forum Papers and Reports SMT Papers and Reports Finance and Performance Papers and Reports IJB Papers and Reports iTrent - Midlothian HR system

2. Identification of Impact

Due to the widespread and varying nature of services across Midlothian HSCP in terms of size, function and location, the impact of any variances may be very different. To provide some consistency of the definition of **Impact**, the table below provides detail on the scale and range of impact from negligible to extreme for each of the *Assurance Areas* and *Measures*.

Impact Definitions

Assurance Area	Measure	Target/ Baseline Expectations	Minor	Moderate	Major	Extreme
1. Safe	a. Adverse Events (including RIDDOR) – to include all workforce & service-user incidents	Pro-active incident reporting & management with a culture of active experiential learning with none or very few isolated incidents	Small number of incidents <i>within normative departmental trends</i> resulting in transient minor injury or illness, &/or isolated incident requiring first aid treatment, minor intervention, &/or near-miss incidents	Moderate number of events <i>slightly above normative departmental trends</i> resulting in minor injury &/or an isolated significant injury or illness requiring medical attention &/or counselling	One or more RIDDOR reportable incident or major incident <i>above normative departmental trends</i> resulting in injury/ long term incapacity requiring medical treatment &/or counselling	One or more incidents leading to death or major, permanent incapacity &/or significant number of major adverse incidents - <i>significantly above normative departmental trends</i>
	b. Duty of Candour	Pro-active incident reporting & management with a culture of active experiential learning with none or very few isolated incidents.	One or more adverse event <i>within normative departmental trends</i> leading to transient minor injury or transiently reduced service quality/ patient care	One or more adverse event <i>slightly out with normative departmental trends</i> leading to significant injury &/or reduced clinical outcome	One or more adverse event <i>out with normative departmental trends</i> leading to major injury &/or severely reduced clinical outcome	One or more adverse event leading to death or major permanent incapacity - <i>significantly above normative departmental trends</i>
	c. Health & Safety – as reported/ required by the H&S Management System	Pro-active reporting & management of health and safety with a culture of active experiential learning	One or more local & isolated issue <i>within normative departmental trends</i> which can be addressed by low level management action	One isolated or challenging issue or, group of issues <i>slightly above normative departmental trends</i> with actions that can be addressed with an appropriate action plan	One significant issue or a group of issues <i>above normative departmental trends</i> requiring escalation to the organisational Health and Safety Group	One high level, reportable, enforcement issue or a group of major issues <i>significantly above normative departmental trends</i> resulting in formal escalation or potential prosecution

	Measure	Target/ Baseline Expectations	Minor	Moderate	Major	Extreme
	d. Workforce Management (including Health and Care Staffing principles where appropriate)	Pro-active workforce management in line with the <i>Health and Care Staffing legislation</i> (where appropriate) with little or no long-term absence or vacancies resulting in a reduction in service quality or disruption to patient care	Any temporary staffing issues <i>within normative departmental trends</i> which can be addressed by local management	Ongoing issues with staffing <i>slightly above normative departmental trends</i> resulting in late delivery of key objectives / core services	Sustained staffing issues <i>above departmental normative trends</i> resulting in uncertain delivery of key objectives / core services	Sustained staffing issues <i>significantly above departmental normative trends</i> resulting in complete non-delivery of key objectives / core services

Assurance Area	Measure	Baseline Expectations	Minor	Moderate	Major	Extreme
2. Effective	a. Core Mandatory Training (based on compliance rate of 80%)	Robust compliance. >80% completed core mandatory training	Good levels of compliance <i>within normative departmental trends</i>	Moderate levels of compliance <i>slightly above normative departmental trends</i>	Poor levels of compliance <i>above departmental normative trends</i>	Very poor levels of compliance <i>significantly above departmental normative trends</i>
	b. Personal Development (including Personal Development Performance Review - PDPR)	Proactive and supportive PDPR processes. High levels of job/ role related development and training opportunities accessible to all	Minor isolated temporary issue with PDPR or development opportunities <i>within normative departmental trends</i> , resolved locally	Moderate issue with PDPR process or development opportunities <i>slightly out with normative departmental trends</i> , resolved locally	Significant disruption with PDPR process or development opportunities <i>out with departmental normative trends</i> impacting on large staff numbers	Major disruption to PDPR or development opportunities. <i>Significantly out with departmental normative trends</i> . Impact on most of the workforce
	c. Supervision	Proactive and supportive supervision ongoing, appropriate to the professional staffing groups within the service area	Isolated or short-term disruption/ delays to small number of staff supervision - <i>within normative departmental trends</i>	Ongoing minor disruption to staff supervision. <i>Slightly out with normative trends</i> - moderate impact on staff group/ service	Ongoing significant disruption to staff supervision. <i>Out with departmental normative trends</i> - uncertain impact, and resolution	Major supervision issues, potential impact on HCPC registration. <i>Significantly out with departmental normative trends</i> . Continued and ongoing impact
	d. Service Performance and Quality Indicators and Standards	High levels of compliance with local and national service performance and quality indicators or standards appropriate to department or professional group	Minor reduction or interruption in performance or quality indicators or standards <i>within normative departmental trends</i> , which can be addressed by low level management action	Moderate reduction or interruption in performance or quality indicators or standards <i>slightly out with normative departmental trends</i> , which can be addressed with an action plan	Significant performance or quality issue(s) <i>out with departmental normative trends</i> . Enforcement action(s), require critical report	Major performance or quality issue(s) <i>significantly out with departmental normative trends</i> , with potential impact on reputation of the service or organisation. Enforcement may result in potential prosecution

	Measure	Target/ Baseline Expectations	Minor	Moderate	Major	Extreme
e. Finance/ Resource (e.g., financial management, resources challenges, lack of savings, lack of investment)		Robust financial management in line with Standing Financial Instructions & delegated authority - as outlined on the Authorised Signatory Database with appropriately agreed levels of resource allocation	Minor financial or resource interruption <i>within normative departmental trends</i> , with minimal impact on local service delivery which can be addressed by low level management action	Significant financial or resource issue <i>slightly out with normative departmental trends</i> with moderate impact on local service delivery that can be addressed with an action plan	Significant financial or resource issue out with <i>departmental normative trends</i> which impact on wide-spread service delivery, with action(s) which require critical report	Major financial or resource issue(s) <i>significantly out with departmental normative trends</i> . Impact on wide-spread service delivery with potential impact on reputation of the service or organisation
f. Change Management (including Workforce Organisational Change and Equalities Duties i.e. EQIA)		Robust management of change through appropriate processes & sound governance arrangements	Minor interruption or reduction in scope, quality or schedule <i>within normative departmental trends</i> which can be managed locally	Moderate interruption, reduction in scope, quality, or schedule <i>slightly out with normative departmental trends</i> that can be addressed with an action plan	Significant process or project over-run out with <i>departmental normative trends</i> with action(s) which require critical report	Inability to meet project or process objectives, <i>significantly out with departmental normative trends</i> . Potential impact on reputation of the service or organisation

Assurance Area	Measure	Target/ Baseline Expectations	Minor	Moderate	Major	Extreme
3. Person Centred	a. Complaints	Pro-active & robust approach to the management of complaints with a culture of active experiential learning	Minor isolated, upheld written complaint <i>within normative departmental trends</i> peripheral to clinical care	Small number of upheld complaints <i>slightly out with normative departmental trends</i> , impacts quality of care	Multiple upheld complaints or single major complaint <i>out with departmental normative trends</i> , requires escalation	Multiple upheld complaints or single complex justified complaint. <i>Significantly out with departmental normative trends</i>
	b. Service-user Experience & Engagement	Pro-active & robust engagement with current and future service users with high levels of service-user satisfaction clearly evidenced and transparent	Unsatisfactory service-user experience/ outcome <i>within normative departmental trends</i> directly related to care provision – readily and locally resolved	Unsatisfactory service-user experience/ outcome <i>slightly out with normative departmental trends</i> with short term and resolvable impact (within 1 week)	Unsatisfactory service-user experience/ outcome <i>out with departmental normative trends</i> with long term and resolvable impact (more than 1 week)	Unsatisfactory service-user experience/ outcome. <i>Significantly out with departmental normative trends</i> . Continued and ongoing impact
4. Regulatory	a. Professional Registration (including Professional Audit)	Clear & transparent processes in place to support and ensure all relevant staff have appropriate professional registration with quarterly audits ongoing (where appropriate)	Minor registration issue, resolved locally or short-term disruption to audit process <i>within normative departmental trends</i>	Moderate registration issue, resolved locally or ongoing disruption/poor compliance with audit process <i>slightly out with normative departmental trends</i>	Significant registration issue, uncertain impact and resolution or disruption/poor compliance with audit process <i>out with departmental normative trends</i>	Major continued registration issue, continued and ongoing impact or audit process fully disrupted. <i>Significantly out with departmental normative trends</i>
	b. Staff Performance Management (Conduct or Capability)	High levels of staff performance with no active or formal performance management required	Minor performance or professional error <i>within normative departmental trends</i> being managed and resolved locally	Moderate performance or professional error <i>slightly out with normative departmental trends</i> , which requires ER support to manage and resolve	Major & ongoing performance or professional issues <i>out with departmental normative trends</i> uncertain impact & resolution	Major & ongoing performance or professional issues <i>significantly out with departmental normative trends</i> . Continued & ongoing impact
	c. External Compliance or Audit (e.g. HSE, MDR, EHRC)	High levels of compliance with requirements of any necessary governing bodies or standards appropriate to department or service area	Recommendations/ compliance actions <i>within normative departmental trends</i> which can be addressed by low level management action	Challenging recommendations / compliance actions <i>slightly out with normative departmental trends</i> that can be addressed with an action plan	Enforcement action <i>out with departmental normative trends</i> requiring critical report	High level enforcement <i>significantly above departmental normative trends</i> resulting in potential prosecution

3. Level of Assurance

Due to the widespread and varying operational management structures across services in Midlothian HSCP, the levels of assurance able to be provided may differ considerably depending on multiple factors. To provide some consistency to the definition of **Assurance**, the table below provides a scale of assurance ranging from *significant (fully compliant)* to *none (limited compliance)*.

Assurance Level	Definition
Limited compliance No evidence/ reporting available 0-25%	There is no assurance from the information provided and there remains significant residual risk and urgent action to be taken. The Board cannot take assurance from the information that has been provided.
Some compliance Limited evidence/ reporting available 26-50%	There remains a significant amount of residual risk which requires immediate action to be taken. The Board can take some assurance from the systems of control in place to manage the risk(s).
Mostly compliant Moderate evidence/ reporting available 51-75%	There remains a moderate amount of residual risk with action to be taken. The Board can take reasonable assurance that controls upon which the organisation relies to manage the risk(s) are in the main suitably designed and effectively applied.
Fully compliant Significant evidence or reporting available 76-100%	There may be an insignificant amount of residual risk or none. The Board can take reasonable assurance that the system of control achieves or will achieve the purpose that it is designed to deliver.

4. Governance Assurance Outcomes Matrix

To provide an overall level of Governance Assurance (*Impact X Assurance*), the matrix outlined below should be used to calculate the level/score for each assurance area and measure which will be submitted via the **Midlothian HSCP Governance Application**.

Assurance Level	Impact Level				
	Target / Baseline	Minor	Moderate	Major	Extreme
Fully Compliant (Significant evidence or reporting available 76-100%)	High	High	High	Medium	Medium
Mostly Compliant (Moderate evidence/ reporting available 51-75%)	High	Medium	Medium	Medium	Medium
Some Compliance (Limited evidence/ reporting available 26-50%)	High	Medium	Medium	Low	Low
Limited Compliance (No evidence/ reporting available 0-25%)	Medium	Medium	Low	Low	Low

Appendix 3. provides a recording template and action plan in which the service area can use to document *Impact, Assurance Level, Overall Outcome and Mitigations* for each of the assurance areas and measures.

5. Mitigations

Where the **Overall Governance Outcome** from the matrix above is either **medium** or **low**, the actions taken to mitigate the issue by the Service Manager or Head of Service require to be identified. The mitigations can be chosen from the list below and can include more than one action. The Application will not allow you to submit and close the application until a minimum of one mitigation is provided for **medium** or **low** outcomes.

Mitigation	
1.	Local Action Plan and monitoring via Operational Management Line
2.	Raised awareness to relevant Chief Professional (Social Work, Nurse, Allied Health Professions) within HSCP
3.	Formal Escalation to relevant Chief Professional (Social Work, Nurse, Allied Health Professions) within HSCP
4.	Formal escalation to Senior Management Team (SMT) and/or including SIT REP in place
5.	Risk Register added to Local Register (Team/Service)
6.	Risk Register added to Health & Social Care Partnership Register
7.	Risk Register added to NHS Lothian or Midlothian Council Corporate Register
8.	Involvement from internal specialist team (NHS or Council) i.e. Health & Safety (H&S), Manual Handling (MH), Human Resources/Employee Relations (HR/ER), Quality Improvement (QI), Finance, Organisational Development (OD)
9.	Involvement with Scottish Public Services Ombudsman (SPSO)
10.	Involvement with Health and Safety Executive (HSE)
11.	Involvement with Professional Body i.e., HCPC, SSSC, NMC, GMC

Appendix 1.

Organisational Reporting Structure



Midlothian Health and Social Care Partnership				Midlothian Health and Social Care Partnership		
Primary Care & Older People	Adult Services	Nursing	Allied Health Professions	Medical	Business Support	Integration
MCH & Highbank	Adults	ACENS	Dietetics	Pharmacy	Corporate Business Team	Performance Programme
MCH Highbank	Learning Disabilities Social Work Team	Health Visiting	Weight Management	Community	Admin / PA's	Frailty Programme
Intermediate Care	Community Learning Disabilities Team	0-5 Immunisations	Enteral Nutrition	Acute	Operational Business Managers	Workforce Programme
Community Respiratory Team	Cherry Road Day Service		Community Services	Management GPs		
Flow Centre	Community Access Team		Acute Services	Hospital at Home Specialty/SAS doctors		
Rapid Response	Shared Lives Team		Children & Young People	Psychiatry		
Hospital In Reach	Welfare Rights Team		GP App / MSK Physiotherapy			
Discharge to Assess	Justice Services and Protection		MSK			
Community Rehabilitation Team	Justice		Digital Programme			
Community Nursing	Community Justice		Midcare / Telecare			
District Nursing	Duty Social Work		Physical Disabilities & Long Term Conditions			
CTAC	Adult Support and Protection					
Care Homes Support	Public Health Team					
Hospital at Home	Mental Health & Substance Misuse					
Treatment Room Practice Nurses	Community Mental Health					
Older People	Intensive Home Treatment					
Extra Care Housing	Primary Care Mental Health					
Newbyres Village	Mental Health and Resilience					
Older People Occupational Therapy	Social Work Mental Health (incl. MHO Service)					
Care at Home	Mental Health Occupational Therapy					
Rapid Response / MERRIT	Old Age Mental Health					
Older Peoples Social Work	Dementia					
Day Services	Integrated Substance Use					
Respite	Sport and Leisure					
Primary Care Improvement Plan	Operations					
Vaccinations	Active Schools					
	Health and Wellbeing					
	Learning and Development					
	Public Protection					
	Midlothian & East Lothian Alcohol & Drug Partnership					

Appendix 2.

Quarterly Reporting Timetable



Quarter 1	Quarter 2	Quarter 3	Quarter 4
1 st April – 30 th June 1 st	1 st July – 30 th September	1 st October – 31 st December	1 st January – 31 st March
Submissions on or before 15 th July	Submissions on or before 15 th October	Submissions on or before 15 th January	Submissions on or before 15 th April

Please submit your inputs using the **Midlothian HSCP Governance and Assurance Application** by the dates outlined – specific guidelines for use of the Application are included in the associated Standard Operating Procedure.

Appendix 3.

Service Outcome Record



Service Area:

Operational Service:

Assurance Area	Measure	Impact Level (Target/Baseline, Minor, Moderate, Major, Extreme)	Assurance Level (Significant, Moderate, Limited, None)	Overall Governance Outcome (High, Medium, Low)	Mitigation Actions Taken (Low or Medium Outcomes only)
1. Safe	a. Adverse Events (including RIDDOR)				
	b. Duty of Candour				
	c. Health & Safety				
	d. Workforce Management (including Health Care Staffing)				
2. Effective	a. Core Mandatory Training				
	b. Personal Development (including PDPR)				
	c. Supervision				
	d. Performance and Quality Indicators and Standards				

	Measure	Impact Level (Target/Baseline, Minor, Moderate, Major, Extreme)	Assurance Level (Significant, Moderate, Limited, None)	Overall Governance Outcome (High, Medium, Low)	Mitigation Actions Taken (Low or Medium Outcomes only)
	e. Finance / Resources				
	f. Change Management				
	a. Complaints				
3. Person Centred	b. Patient Experience & Engagement				
4. Regulatory	a. HCPC Registration (including Professional Audit)				
	b. Staff Performance Management (Conduct or Capability)				
	c. External Compliance or Audit (e.g. HSE, MDR)				

Appendix 4

Improvement Action Plan



Service Area: *(Primary Care & Older People, Adults, Nursing, AHP, Medical, Business Support, Integration)*

Service / Team: *(See Appendix 1)*

Governance Area	Governance Assurance Status	Area for Improvement	Action Required	Action By	Lead Officer

Appendix 5

Group Service Specification Template

HSCP Group Service Specifications

Service Specification Number	GSP (year) (Exec Sponsor) (vX) <i>e.g.</i> , GSP2023-24GCv1
Group Service Area	<i>e.g.</i> , Primary Care and Older Peoples Services
HSCP Exec Sponsor	<i>e.g.</i> , Grace Cowan
Specification Period	<i>e.g.</i> , 1st April 2023 – 31st March 2024
Date of Review	<i>e.g.</i> , December 2023

1. Organisational Mission, Vision, and Values

1.1 Mission

We plan and direct health and social care services and manage the allocation of the budget. We aim to

- **Improve the quality of health and social care services** and achieve the 9 National Health and Wellbeing Outcomes
- **Change how health and social care is delivered** to better understand and meet the needs of the increasing number of people with long term health conditions, with complex needs and those who need support, working with people as partners in their health and social care
- **Provide more support, treatment, and care for people in their homes, communities, or a homely setting** rather than in hospitals

1.2 Vision

People in Midlothian are enabled to lead longer and healthier lives

1.3 Values

We will provide the right support at the right time in the right place

1.4 Our Culture, Working Together, and the Midway

Everyone in the HSCP is 'the organisation'. We believe in a strength-based approach and adapting to change and uncertainty together. We are committed to the Midway which is based on human rights and a person's assets.

2. Group Service Statement

2.1 Group Service Area (e.g., the 'What')

e.g., who are this Group Service and what do they do?

2.2 Scope (e.g., the 'How')

e.g., high level description of scope of activity delivered by this Group Service and how the Service or Programme delivers this

2.3 Shared Purpose (e.g., the 'Why')

e.g., why is this important and what drives the Group Service to deliver high quality health and social care?

3. Resource

3.1 Total Group Service Budget £XX

3.2 Total Group Service Staff Costs £XX

- Total WTE
- Total Headcount

3.3 Total Group Service Non-Staff Costs

e.g., Equipment, Travel, Consumables, CPD/Training

4. Population Needs of Group Service Area

4.1 Information and Insight

e.g., high level description on the population data in Midlothian relevant to your service design

- *What are the broad key population groups for your Group Service area?*
- *What are the challenges in using whole population data for your Group Service area?*
- *How do you use this to inform your Group Service area design?*

5. Strategic Alignment

5.1 Midlothian Integration Joint Board (MIJB) Strategic Aims

The Health and Social Care Partnership is the operational delivery arm of MIJB. Therefore, all Group Service activity is determined by the 6 strategic aims of the [Strategic Commissioning Plan 2022-25](#)

Our Progress towards the 6 strategic aims can be evaluated through our Group Service OutNav Outcome Map (this is coming mid 2023)

5.2 Directions 2023-24

[Directions 2023-24](#) (link to come once published) are the mechanism by which MIJB communicates to NHS Lothian and Midlothian Council the actions required and the integrated budget with which to improve the quality and sustainability of care.

See Appendix 1 for details of the alignment between the MIJB Directions 2023-24 and this Group Service Specification

5.3 Group Service Level Legislation and Directives

Add in as required (you might not have any)

6. Quality Management



Midlothian HSCP has developed and promotes a Quality Management System (QMS) which includes four distinct approaches as outlined (see left). These should be considered as individual approaches, and collectively as part of a system of Total Quality Management (TQM).

Quality management requires to be considered at every organisational level with specific and defined activities at each level as outlined (see right). In this case, the level being considered is **HSCP Service Groups**.



6.1 Group Service Quality Management Matrix

The quality management matrix should outline the relevant structures, processes, and activities in place for TQM at **HSCP Service Group** level.

Quality Planning

**Planning involves understanding the needs of the population and looking at the evidence and best practice to ascertain what structures and processes need to be put in place to optimise outcomes.*

Quality Control

**Quality control incorporates good operational management, monitoring performance in real time, acting when needed to bring the system back into control, and escalating rapidly when a problem cannot be solved.*

Quality Improvement

**Quality improvement is a systematic and applied approach to solving a complex issue, through testing and learning, measuring on an ongoing basis, and deeply involving those closest to the issue.*

Quality Assurance

**Quality assurance involves the checks that are in place to ensure that standards or thresholds are being maintained.*

**Please delete descriptor text and replace with all relevant identified activities in this section*

6.2 Governance and Assurance Framework (GAF)

It is critical that the highest-level stakeholders (incl. the IJB, NHS Lothian and Midlothian Council) have a sufficient degree of visibility of all aspects of governance assurance provided by employees, teams and services within Midlothian HSCP on the four distinct governance areas, namely, *Safe, Effective, Person-Centred, and Regulatory*. Governance Assurance must be clearly assessed and articulated by those responsible for services and action taken with and by the most appropriate people to address any outstanding issues. The GAF has been developed to provide a robust and consistent approach for providing this assurance on a quarterly basis annually with clear reporting and governance from team through to service, HSCP group service and organisational levels.

Please add a link to the location the Group Service GAF quarterly submissions and action plans

7. Workforce Planning

7.1 Group Service Workforce Plan (add hyperlink)

Appendix 1: Group Service Specification

Directions 2023-24	Links to Directions 2022-23	Leading Service
Direction No 4	MIJB-9.9	Physical Disability

HSCP Service & Programme Plans

Service Specification Number	SPP (year) (Service/programme Manager) (vX) <i>e.g.</i> , SPP2023-24KJv1
Group Service Area	<i>e.g.</i> , Midlothian Community Hospital
HSCP Exec Sponsor	<i>e.g.</i> , Grace Cowan
Service / Programme Manager	<i>e.g.</i> , Kirsty Jack
Specification Period	<i>e.g.</i> , 1 st April 2023 – 31 st March 2024
Date of Review	<i>e.g.</i> , December 2023

1. Organisational Mission, Vision, and Values

1.1 Mission

We plan and direct health and social care services and manage the allocation of the budget. We aim to

- **Improve the quality of health and social care services** and achieve the 9 National Health and Wellbeing Outcomes
- **Change how health and social care is delivered** to better understand and meet the needs of the increasing number of people with long term health conditions, with complex needs and those who need support, working with people as partners in their health and social care
- **Provide more support, treatment, and care for people in their homes, communities, or a homely setting** rather than in hospitals

1.2 Vision

People in Midlothian are enabled to lead longer and healthier lives

1.3 Values

We will provide the right support at the right time in the right place

1.4 Our Culture, Working Together, and the Midway

Everyone in the HSCP is 'the organisation'. We believe in a strength-based approach and adapting to change and uncertainty together. We are committed to the Midway which is based on human rights and a person's assets.

2 Service or Programme Statement

2.1 Service or Programme Area (e.g., the 'What')

e.g., who are this Service or Programme and what do they do?

2.2 Scope (e.g., the 'How')

e.g., high level description of scope of activity delivered by this Service or Programme and how the Service or Programme delivers this

2.3 Shared Purpose (e.g., the 'Why')

e.g., why is this important and what drives the Service or Programme to deliver high quality health and social care?

3 Resource

3.1 Total Service or Programme Budget £XX

- Statutory Provision
- Commissioned

3.2 Total Service or Programme Staff Costs £XX

- Total WTE
- Total Headcount
 - Midlothian Council
 - » Total WTE
 - » Total Headcount
 - NHS Lothian
 - » Total WTE
 - » Total Headcount

3.3 Total Service or Programme Non-Staff Costs

e.g., Equipment, Travel, Consumables, CPD/Training

4 Population Needs of Service or Programme Area

4.1 Information and Insight

- *e.g., how do you currently use population data to help inform your Service or Programme design*

5 Strategic Alignment

5.1 See Appendix 1 for Detailed alignment to Directions relevant to the Group Service and Service or Programme Objectives and Service or Programme Performance Monitoring

5.2 Service or Programme Key Legislation Strategic Alignment

- *Add in Service or Programme Legislative Requirements*
e.g., describe the legislation that shapes the work of this Service or Programme Plan

5.3 Service or Programme Key National Plans and Policy Strategic Alignment

- *National Health and Wellbeing Outcomes*
e.g., describe the relationship of the Service or Programme aims to the National Health and Wellbeing Framework
- *Other Specific National Policy and Plans*
e.g., describe how the Service or Programme delivers of key relevant National Plans and Policy i.e., 'Nursing 2030 Vision', or 'Rehabilitation and recovery: a person-centred approach'.

5.4 Service or Programme Key NHS Lothian Policy Strategic Alignment

e.g., describe the relationship of the Service or Programme aims to the LSDF

5.5 Service or Programme Key Midlothian Council Strategic Alignment

e.g., describe the relationship of the Service or Programme aims to the Council Plan

5.6 Service or Programme Key Community Planning Partnership Strategic Alignment

e.g., describe the relationship of the Service or Programme aims to the Single Midlothian plan

5.7 Service or Programme Key Interdependence with other Services or Programmes, with Independent and Third sector Services

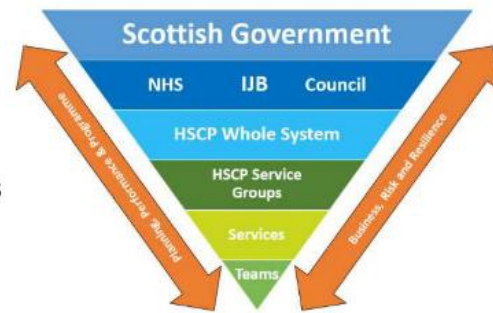
Please add

6 Quality Management



Midlothian HSCP has developed and promotes a Quality Management System (QMS) which includes four distinct approaches as outlined (see left). These should be considered as individual approaches, and collectively as part of a system of Total Quality Management (TQM).

Quality management requires to be considered at every organisational level with specific and defined activities at each level as outlined (see right). In this case, the level being considered is **Service or Programme**.



6.1 Service or Programme Quality Management Matrix

The quality management matrix should outline the relevant structures, processes, and activities in place for TQM at **Service or Programme** level.

Quality Planning

**Planning involves understanding the needs of the population and looking at the evidence and best practice to ascertain what structures and processes need to be put in place to optimise outcomes.*

Quality Control

**Quality control incorporates good operational management, monitoring performance in real time, acting when needed to bring the system back into control, and escalating rapidly when a problem cannot be solved.*

Quality Improvement

**Quality improvement is a systematic and applied approach to solving a complex issue, through testing and learning, measuring on an ongoing basis, and deeply involving those closest to the issue.*

Quality Assurance

**Quality assurance involves the checks that are in place to ensure that standards or thresholds are being maintained.*

**Please delete descriptor text and replace with all relevant identified activities in this section*

6.2 Governance and Assurance Framework

It is critical that the highest-level stakeholders (incl. the IJB, NHS Lothian and Midlothian Council) have a sufficient degree of visibility of all aspects of governance assurance provided by employees, teams and services within Midlothian HSCP on the four distinct governance areas, namely, *Safe, Effective, Person-Centred, and Regulatory*. Governance Assurance must be clearly assessed and articulated by those responsible for services and action taken with and by the most appropriate people to address any outstanding issues. The GAF has been developed to provide a robust and consistent approach for providing this assurance on a quarterly basis annually with clear reporting and governance from team through to service, HSCP group service and organisational levels.

Please add a link to the location the Group Service GAF quarterly submissions and action plans

7 Workforce Planning

7.1 Service or Programme Workforce Plan (*add hyperlink*)

Appendix 1: Service or Programme Plan

Direction 2023-24	Links to Directions 2022-23	Service / Programme Objective	Governance and Assurance Framework	Performance Measures & Update					
				What is the measure you are using to demonstrate progress and the domain(s) of quality this relates to? <i>Safe, Effective, Efficient, Person Centres, Timely, Equitable</i>	How will you know that a change is an improvement?	What is the data/information source being used?	Baseline April 2023	Mid-Year Position August 2023	End-Year Position January 2024
Direction No 4	MIJB-9.9	Support people to stay active through increased access to rehabilitation and supported leisure activities	Assurance Area(s)						
			Measure(s)						
Direction No	n/a		Assurance Area(s)						
			Measure(s)						
Direction No			Assurance Area(s)						

Team Plan Template

MHSCP Team Plans

Service Specification Number	TP (year) (Team Lead) (vX) <i>e.g., TP2023-24SLv1</i>
Team Area	<i>e.g., MSK Physiotherapy</i>
HSCP Exec Sponsor	<i>e.g., Hannah Cairns</i>
Service / Programme Manager	<i>e.g., Fionna MacKinnon</i>
Specification Period	<i>e.g., 1st April 2023 – 31st March 2024</i>
Date of Review	<i>e.g., December 2023</i>

1. Organisational Mission, Vision, and Values

1.1 Mission

We plan and direct health and social care services and manage the allocation of the budget. We aim to

- **Improve the quality of health and social care services** and achieve the 9 National Health and Wellbeing Outcomes
- **Change how health and social care is delivered** to better understand and meet the needs of the increasing number of people with long term health conditions, with complex needs and those who need support, working with people as partners in their health and social care
- **Provide more support, treatment, and care for people in their homes, communities, or a homely setting** rather than in hospitals

1.2 Vision

People in Midlothian are enabled to lead longer and healthier lives

1.3 Values

We will provide the right support at the right time in the right place

1.4 Our Culture, Working Together, and the Midway

Everyone in the HSCP is 'the organisation'. We believe in a strength-based approach and adapting to change and uncertainty together. We are committed to the Midway which is based on human rights and a person's assets.

2 Team Statement

2.1 Team Area (e.g., the 'What')

e.g., who are this team and what do they do?

2.2 Scope (e.g., the 'How')

e.g., high level description of scope of activity delivered by this Team and how the team delivers this

2.3 Shared Purpose (e.g., the 'Why')

e.g., why is this important and what drives the team to deliver high quality health and social care?

3 Resource
3.1 Total Team Budget £XX • Statutory Provision • Commissioned 3.2 Total Team Staff Costs £XX • Total WTE • Total Headcount Midlothian Council » Total WTE » Total Headcount NHS Lothian » Total WTE » Total Headcount 3.3 Total Team Non-Staff Costs e.g., Equipment, Travel, Consumables, CPD/Training
4 Population Needs of Team Area
4.1 Information and Insight • e.g., <i>how do you currently use population data to help inform your Team design</i>
5 Strategic Alignment
5.1 See Appendix 1 for detailed alignment to MIJB Directions relevant to Service Objectives and Team Performance Monitoring



Midlothian HSCP has developed and promotes a Quality Management System (QMS) which includes four distinct approaches as outlined (see left). These should be considered as individual approaches, and collectively as part of a system of Total Quality Management (TQM).

Quality management requires to be considered at every organisational level with specific and defined activities at each level as outlined (see right). In this case, the level being considered is **Teams**.



6.1 Team Quality Management Matrix

The quality management matrix should outline the relevant structures, processes, and activities in place for TQM at **Team** level.

Quality Planning <i>*Planning involves understanding the needs of the population and looking at the evidence and best practice to ascertain what structures and processes need to be put in place to optimise outcomes.</i>	Quality Control <i>*Quality control incorporates good operational management, monitoring performance in real time, acting when needed to bring the system back into control, and escalating rapidly when a problem cannot be solved.</i>
Quality Improvement <i>*Quality improvement is a systematic and applied approach to solving a complex issue, through testing and learning, measuring on an ongoing basis, and deeply involving those closest to the issue.</i>	Quality Assurance <i>*Quality assurance involves the checks that are in place to ensure that standards or thresholds are being maintained.</i>

**Please delete descriptor text and replace with all relevant identified activities in this section*

6.2 Governance and Assurance Framework

It is critical that the highest-level stakeholders (incl. the IJB, NHS Lothian and Midlothian Council) have a sufficient degree of visibility of all aspects of governance assurance provided by employees, teams and services within Midlothian HSCP on the four distinct governance areas, namely, *Safe, Effective, Person-Centred, and Regulatory*. Governance Assurance must be clearly assessed and articulated by those responsible for services and action taken with and by the most appropriate people to address any outstanding issues. The GAF has been developed to provide a robust and consistent approach for providing this assurance on a quarterly basis annually with clear reporting and governance from team through to service, HSCP group service and organisational levels.

Please add a link to the location the Group Service GAF quarterly submissions and action plans

7 Workforce Planning

7.1 Team Workforce Plan *(add hyperlink)*

Appendix 1

Service / Programme Objective	Team KPI	Governance and Assurance Framework	Performance Measures & Update					
			What is the measure you are using to demonstrate progress and the domain(s) of quality this relates to? <i>Safe, Effective, Efficient, Person Centres, Timely, Equitable</i>	How will you know that a change is an improvement?	What is the data/information source being used?	Baseline April 2023	Mid-Year Position August 2023	End-Year Position January 2024
Support people to stay active through increased access to rehabilitation and supported leisure activities		Assurance Area(s)						
		Measure(s)						
		Assurance Area(s)						
		Measure(s)						
		Assurance Area(s)						

