

# NHS in Scotland 2017


## Checklist for NHS non-executive directors

AUDITOR GENERAL 



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The following checklist is designed to help non-executive directors with their role in overseeing the performance of NHS boards and is aimed at promoting good practice, scrutiny and challenge in decision-making.

The checklist should be read in conjunction with the report, [NHS in Scotland 2017](#) , published in October 2017. This report examines how different parts of the healthcare system in Scotland performed in 2016/17 and why healthcare needs to change. It identifies the progress being made and the barriers which urgently need to be overcome to ensure the NHS can continue to provide high-quality care in the future.

The checklist is divided into two sections covering:

- Financial and service performance
- Adapting for the future.

The questions should help non-executive directors seek evidence, and subsequently gain assurance, on their board's approach in these areas. If the answer to any question is 'no', then we would encourage non-executive directors to speak with the board's senior executive team, or, where appropriate, the Chief Executive, to discuss how improvements can be made.

## Section 1: Financial and service performance

The challenges facing the NHS in Scotland include continuing increases in demand, a tightening financial environment, difficulties in recruiting staff, advances in expensive technology and medicines, and a demanding public and political environment. In 2016/17, these challenges continued to intensify. The following questions consider financial health, savings and service performance.

| 1. Do I have a good understanding of the overall financial health of the board?  | Yes | No |
|--|-----|----|
| Am I aware of the current underlying financial performance of the board against its annual revenue and capital budget limits?  |     |    |
| Do I have sufficient assurance that both annual revenue and capital limits will be met?  |     |    |
| <p>Am I aware of all significant cost pressures facing the board and their implications? Cost pressures may include:</p> <ul style="list-style-type: none"> <li>• increased demand for services from a growing, ageing population</li> <li>• increasing staff costs, in particular spending on temporary staff</li> <li>• rising spending on drugs.</li> </ul> |     |    |
| Do I know the extent to which the board is using short-term approaches / one-off measures to achieve financial balance?  |     |    |
| Am I satisfied that appropriate action is being taken to address potential future funding gaps?  |     |    |
| Do I have confidence that appropriate action is being taken to help improve the financial health of the board?   |     |    |
| Does the board have a long-term financial strategy (covering five to ten years)?   |     |    |
| Do I know how the board plans to use resources differently to achieve the aim of delivering more healthcare in the community?  |     |    |
| Do I have a good understanding of the current condition and future investment needs of the board's estate and other assets (such as medical equipment)?  |     |    |
| <p>Am I aware of issues and pressures facing general practice in my board area? For example:</p> <ul style="list-style-type: none"> <li>• the number of GP practices taken over by the board and action plans to address to hand them back</li> <li>• recruitment and retention issues.</li> </ul>   |     |    |

| 2. Does the board have a robust savings plan in place?   | Yes | No |
|--|-----|----|
| Where savings are identified, do plans demonstrate how savings will be achieved within the timescales given?   |     |    |
| It is important that the majority of savings are recurring to ensure the sustainability of the board's financial position. Am I confident that the board has an appropriate balance between recurring and non-recurring savings to ensure the board will meet its future savings targets?  |     |    |
| Where savings are identified, does the board have appropriate plans to identify them within the underlying financial period?   |     |    |
| Has the clinical impact of savings proposals been assessed?  |     |    |
| 3. Do I have a good, overall understanding of the board's service performance and quality?   | Yes | No |
| Do I have a good understanding of the wider performance of the board, including indicators of quality of care covering all parts of the healthcare system, and not just performance against national LDP standards?  |     |    |
| Do I have a good understanding of the board's performance against national waiting time targets and standards?   |     |    |
| Am I aware of the general short-term and long-term trends in performance against each target and standard?   |     |    |
| Am I satisfied that appropriate action is being taken to improve both short-term and long-term performance?  |     |    |
| Am I aware of the costs involved in trying to improve performance?   |     |    |
| Am I made aware of any potential difficulties in meeting targets and standards in the future?  |     |    |
| Am I aware of staff and patients' views on the quality of service provided and actions planned to address concerns?  |     |    |
| <p data-bbox="114 1190 1960 1259">Do I know the public health trends in the communities in my board area and the health inequalities that exist? This includes:</p> <ul data-bbox="114 1259 1960 1364" style="list-style-type: none"> <li data-bbox="114 1259 1960 1311">• differences by equality group and deprivation</li> <li data-bbox="114 1311 1960 1364">• differences in how different groups access and use health services, and their experiences of care.</li> </ul> |     |    |


## Section 2: Service reform

Health and social care integration marks a significant change in how the different parts of the health and social care system work together and how the Scottish public will access and use services in future years. Yet the scale, complexity and interdependencies of health and care make this a highly complicated and long-term undertaking. The following questions consider boards' progress in changing and improving services, their long-term workforce requirements and how they are working with the public and staff to change how people access, use and receive services.

| 1. Is the board taking ownership of changing and improving services?   | Yes | No |
|--|-----|----|
| Am I aware of what the board is doing to change and improve services?  |     |    |
| Am I satisfied with the board's level of engagement with integration authorities and other relevant partner organisations to change and improve services?  |     |    |
| Am I satisfied that changes and improvements to services are happening fast enough?  |     |    |
| Am I satisfied that the board and integration authorities are working together effectively, for example in relation to: <ul style="list-style-type: none"> <li>• governance arrangements</li> <li>• reporting arrangements</li> <li>• budget-setting processes?</li> </ul>   |     |    |
| Do I feel I receive appropriate and timely information on the performance of the local IJBs, including financial and service performance?  |     |    |
| Am I aware what the board is doing in line with national policy on realistic medicine in: <ul style="list-style-type: none"> <li>• working to reduce over-investigation and variation in treatment</li> <li>• ensuring patients are involved in making decisions and receive better information about potential treatments?</li> </ul> |     |    |

## 2. Am I confident the board is making good progress in addressing long-term workforce requirements?

Yes No

Am I satisfied that the board is making good progress in implementing the recommendations in Audit Scotland's report, [NHS workforce planning](#) , published in July 2017?

Does the board have a good understanding of its long-term workforce requirements such as the number and types of jobs needed, including skills required, roles and responsibilities?

Is the board developing a long-term workforce plan (more than five years) in partnership with integration authorities?

If yes to the above, does the long-term workforce plan address:

- recruitment
- retention
- succession planning
- costs of future workforce changes?

## 3. Is the board engaging with the public and staff about the need for change in how they access, use and receive services?

Yes No

Am I aware of what the board is doing to engage with the public and staff about the need for, and benefits of, changing how services are provided?

Am I satisfied that the board provides enough information to the public on our activities? Including:

- can the public attend all meetings of the board
- can the public access board and committee papers and minutes easily
- does the board tell patients about the length of waiting lists and their likely wait for appointments and treatment

Am I aware of what the board is doing to encourage the public to take more responsibility for looking after their health and managing long-term conditions?

Do I know the extent to which the board is working with partner organisations when engaging with the public about the need for change in how services are provided?



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