NHS in Scotland 2018

Checklist for NHS non-executive directors





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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 2018* , published in October 2018. This report examines how the NHS in Scotland performed in 2017/18 and why immediate action is needed. It also sets out what needs to change to secure the future of the NHS in Scotland.

The checklist is divided into two sections covering:

- Financial and service performance
- What needs to change.

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

To meet people's health and care needs, the NHS urgently needs to move away from short-term fire-fighting to long-term fundamental change. The NHS in Scotland is not in a financially sustainable position with NHS boards struggling to break even, relying increasingly on Scottish Government loans and one-off savings. The pressures facing the NHS continue to intensify. These include rising drug costs, backlog maintenance, and the use of temporary staff. EU withdrawal will also mean additional challenges. In 2017/18, performance against the eight key national performance targets continued to decline. No board met all of the key national targets. 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?		
From 2018/19 for territorial boards - do I have sufficient assurance that the annual +/-1 per cent position will be met and the three-yearly break-even limit will be met?		
Am I aware of all significant cost pressures facing the board and their implications? Cost pressures may include:		
 increased demand for services from a growing, ageing population increasing staff costs, in particular spending on temporary staff rising spending on drugs. 		
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)?		
From 2018/19 for territorial boards - Does the board have a three-year financial plan setting out the projected position at the end of each year and at the end of the three-year break-even period?		
Do I know how the board plans to use resources differently to achieve the aim of delivering more healthcare in the community?		
		Cont.

1. Do I have a good understanding of the overall financial health of the board?	Yes	No
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)?		
Am I aware of issues and pressures facing general practice in my board area? For example:		
 the number of GP practices taken over by the board and action plans to address to hand them back recruitment and retention issues. 		
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?		
		Cont.

3. Do I have a good, overall understanding of the board's service performance and quality?	Yes	No
Am I aware of staff and patients' views on the quality of service provided and actions planned to address concerns?		
Do I know the public health trends in the communities in my board area and the health inequalities that exist? This includes:		
differences by equality group and deprivation		
• differences in how different groups access and use health services, and their experiences of care.		
Do I have a good understanding of demand for services, and capacity and activity trends within primary and secondary care?		
Is the board using this information to inform medium to longer-term service and workforce planning?		
4. Do I have a good understanding of the work the board is undertaking to prepare for EU withdrawal?	Yes	No
Have I read Audit Scotland's recent publication 'Withdrawal from the European Union: Key audit issues for the Scottish public sector?		
Am I confident that I know the answers to the 'Key questions for public bodies' contained in the briefing?		

Changing how healthcare services are accessed and delivered is a long-term, complex undertaking. Successfully achieving it will bring real benefits but to achieve these, there needs to be an urgent focus on the elements critical to success. The following questions consider these areas.

1. Is the board operating effectively?	Yes	No
Do I fully understand my roles and responsibilities as a board member?		
Do I feel that I had an appropriate induction on entering the board, and am receiving adequate ongoing training and assessment?		
Has your board undertaken a formal skills gap analysis to identify whether the board and committees have the right skills, knowledge and expertise?		
Are you confident that you receive sufficient information to make decisions and scrutinise performance?		
Are the financial and performance reports that you receive easily understandable and of appropriate length?		
Do you feel confident in challenging advice, opinions and information provided by officers?		
2. 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:		
• governance arrangements		
reporting arrangements		
• budget-setting processes?		
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2. Is the board taking ownership of changing and improving services?	Yes	No
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:		
 working to reduce over-investigation and variation in treatment ensuring patients are involved in making decisions and receive better information about potential treatments? 		
3. 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 recommendation of Audit Scotland's report, NHS Workforce Planning , published in July 2017 and the NHS in Scotland 2017 report?		
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 above, does the long-term workforce plan address:		
• recruitment		
• retention		
• succession planning		
costs of future workforce changes?		

4. 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 on 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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