

NHS in Scotland 2019

Checklist for NHS non-executive directors

AUDITOR GENERAL 



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

The checklist should be read in conjunction with the report, NHS in Scotland 2019, published in October 2019. This report examines how the NHS in Scotland performed in 2018/19. 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 operational 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 Chief Executive or senior executive team to discuss how improvements can be made.

Section 1: Financial and operational performance

The NHS in Scotland continues to face increasing pressure from rising demand and costs. Staff are working hard but boards are finding it difficult to meet national waiting times standards and there is still a heavy reliance on temporary staffing. Without reform, the Scottish Government is predicting there will be a £1.8 billion shortfall in the projected funding for health and social care of £18.8 billion by 2023/24. So far, the pace of change to address this, particularly through health and social care integration, has been too slow. The Scottish Government has started to put in place foundations to support financial sustainability. The introduction of three-year financial and performance planning is an important step towards more effective long-term planning. The following questions allow you to reflect on areas such as financial and operational performance, leadership, governance and culture in your organisation.

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?		
Does the board have a detailed three-year financial plan in place setting out the projected position at the end of each year, and at the end of the three-year break-even period?		
<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"> • increased demand for services from a growing and ageing population • increasing staff costs, in particular spending on agency staff • 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?		
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 and community care in my board area? For example:</p> <ul style="list-style-type: none"> • the workforce needs and ability to develop multi-disciplinary teams • potential for increasing capacity in primary community care to support shifting • care out of acute services • recruitment, retention and professional development 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 unidentified, does the board have appropriate plans to identify them within the underlying financial period?		
Has the clinical and patient safety 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 waiting time 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?		
Do I know the public health trends in the communities in my board area and the health inequalities that exist? This includes: <ul style="list-style-type: none"> • 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, 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?		

Section 2: What needs to change?

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 role 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? e.g. risk management and governance?		
Am I confident that good progress is being made implementing the board's <i>NHS in Scotland Blueprint for Good Governance</i> action plan?		
Am I confident that I receive sufficient, good quality information to make decisions and scrutinise performance?		
Are the financial and performance reports that I receive easily understandable and of appropriate length?		
Am I confident challenging advice, opinions and information provided?		
Have I discussed the recommendations from the Sturrock report with my board?		
Do I receive regular information about organisational behaviour, including bullying and harassment data and progress with cultural improvement initiatives?		

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: <ul style="list-style-type: none"> • governance arrangements • reporting arrangements • budget-setting processes? 		
Do I feel I receive appropriate and timely information on the performance of the local IJBs, including financial and service performance?		

3. Am I confident the board is making good progress in addressing long-term workforce requirements?	Yes	No
Am I satisfied that the board has implemented the recommendations of the following Audit Scotland's reports: NHS workforce planning, July 2017, the NHS in Scotland 2018 report, and considered the recommendations in the NHS workforce planning part 2, August 2019?		
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?		
<p>If yes to above, does the long-term workforce plan address:</p> <ul style="list-style-type: none"> • 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?		
<p>Am I satisfied that the board provides enough information to the public on our activities? Including:</p> <ul style="list-style-type: none"> • 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?		



Audit Scotland, 4th Floor, 102 West Port, Edinburgh EH3 9DN
T: 0131 625 1500 E: info@audit-scotland.gov.uk
www.audit-scotland.gov.uk

For the latest news, reports and updates, follow us on:

