

How the NHS works

Governance

in Community Health Partnerships – Self Assessment Tool
Issues for non-executive board members

August 2006



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Introduction

In May 2006, Audit Scotland published a self-assessment tool aimed at supporting NHS boards and Community Health Partnerships (CHPs) develop and review the governance arrangements in CHPs.¹ We discussed the self-assessment tool with non-executive board members at the NHS Quality Improvement Scotland (NHS QIS) non-executive directors' clinical governance network meeting in June 2006. This paper is informed by that discussion and identifies issues and questions for non-executive board members to consider about governance in CHPs. It should be used alongside the self-assessment tool.

The self-assessment tool is a series of statements, based on statutory guidance and good practice, which NHS boards and CHPs may wish to assess themselves against. The table on page 2 focuses on some of the less straightforward statements from this tool. It highlights issues that non-executive directors may want to consider in relation to these particular statements and poses questions that they may want to ask of executive directors to seek assurances.

¹ The self-assessment tool can be downloaded from our website www.audit-scotland.gov.uk

Reference to self assessment tool	Statement	Issues for non-executive board members to consider
A. CORPORATE GOVERNANCE a. Governance & accountability		
A a 8, Page 8	The Board's scheme of delegation clearly states what services, resources and responsibilities the Board has devolved to the CHP.	<ul style="list-style-type: none"> • Where the CHP has dual accountabilities to the Board and local authorities, is this clear in the scheme of delegation? • What kinds of services have been devolved to the CHP? • Do you know how much resource has been devolved to the CHP in terms of money and staff? • Do you feel you have enough information when decisions are being made about the resources being devolved to the CHP? <p>General points raised by non-executive board members</p> <ul style="list-style-type: none"> • There is a general issue about lines of accountability and where CHPs are positioned. In some CHPs the chair is a non-executive director, with clear lines of accountability to the Board. But this is not always the case. CHP Chairs are determined locally and there is no statutory requirement for this to be a non-executive director.
A a 9, Page 9	The CHP has a clear system for handling complaints.	<ul style="list-style-type: none"> • Do you know what the complaints system is and how the Board would be informed of serious complaints made to the CHP? • Do you know what happens in complaints about services that have been jointly arranged or delivered by the Board and the council? • What are the routes through to the Board or the council? • Is there agreement on which body would address the matters raised in the complaint? • Is there a process in place to learn from complaints and share the learning among CHPs in your Board area?

A. CORPORATE GOVERNANCE		
b. Strategic planning		
A b 1, Page 10	The CHP is fully involved in the Board's overall strategic planning, priority setting and resource allocation across agency boundaries.	<ul style="list-style-type: none"> Do you think this happens? Do you think there is a clear link between your Board's plans and those of the CHP, including your Board's delivery plan?
A b 4, Page 11	The Board takes full account of the CHP's strategies when allocating the CHP's resources.	<ul style="list-style-type: none"> Do you feel you are given enough information about the CHP's strategies to enable you to take these into account when the Board is allocating resources to the CHP?
A b 6, Page 11	The CHP has communicated its strategy to the Board, CHP staff and other stakeholders.	
A b 7, Page 11	The CHP has carried out an assessment of its key risk areas and is actively addressing these.	<ul style="list-style-type: none"> Do you know what the CHP has identified as its key risk areas? Are you kept up to date about how the CHP is addressing its key risk areas?
A. CORPORATE GOVERNANCE		
c. Operational running of the CHP		
A c 5, Page 13	The CHP Committee's agenda has a balance between discussion about strategic planning and delivery of services.	<ul style="list-style-type: none"> Do you think the CHP Committee has got the balance right between strategic planning and delivery of services? Do you know what kind of decisions the CHP Committee is making? Do you get enough information about the CHP to assure you that it is functioning appropriately to achieve its agreed aims and objectives?
A c 6, Page 13	Minutes of CHP Committee meetings record decisions taken.	

A c 10, Page 14	The Chair of the CHP and the CHP General Manager are both involved in the Board's strategic planning and decision making.	<ul style="list-style-type: none"> • Are you assured that there are systems in place to make this happen?
B. CLINICAL GOVERNANCE		
B 3 (d), Page 16	In relation to jointly resourced and jointly managed services, suitable arrangements are in place with local partners for clinical and care governance (eg involvement of elected members, access to resources across agency boundaries, joint protocols, joint arrangements for electronic exchange of information).	<ul style="list-style-type: none"> • Do you know what the arrangements are with your local partners for clinical and care governance? • Are you assured that the development of clinical governance in the CHPs links to national frameworks and processes? • Do the CHPs have action plans that pull together all the strands of clinical governance, in line with the board's overall clinical governance strategy? • How would the Board know of any serious failures? • Are you assured that there is a protocol across the partners to deal with failures in clinical and care governance? • Is there a mechanism to share information about and learning points from serious failures between CHPs in one board area, and among CHPs across Scotland? • Do you know what quality standards joint teams are working towards (eg NHS QIS, national standards of care)?
B 4, Page 17	There are links in place between the CHP Committee and the Board's Clinical Governance Committee to ensure the Clinical Governance Committee is informed of clinical governance issues arising in the CHP.	<ul style="list-style-type: none"> • Are you assured that this is working well?

C. STAFF GOVERNANCE		
C 2, Page 17	There are clear links in place between the CHP Committee and the Board's Staff Governance Committee to ensure the Staff Governance Committee is informed of staff governance issues arising in the CHP.	<ul style="list-style-type: none"> • Are you assured that this is working well?
D. FINANCIAL MANAGEMENT		
C 3, Page 18	There are clear managerial and professional lines of accountability for staff from different agencies working in joint teams.	<ul style="list-style-type: none"> • Are you assured that staff working in joint teams are clear about who they are accountable to, both professionally and managerially? • Is equal pay an issue? How are you addressing this?
D 3, Page 18	The Board has agreed the CHP's budget.	<ul style="list-style-type: none"> • Do you have enough information to be assured that the CHP's budget is realistic given the services that it is going to be providing? • Are you aware of financial difficulties in the CHP and the impact that this may have on the Board's overall budget? • How are you assured that the CHP is providing value for money?
D 4, Page 18	The CHP's budget is soundly based, realistic and achievable.	
D 5, Page 18	Adequate systems are in place to ensure resources are properly accounted for and provide value for money.	

D 7, Page 19	The CHP has financial monitoring and reporting arrangements which have been agreed with the Board.	<ul style="list-style-type: none"> • Do you get financial reports from the CHP frequently enough to make you feel you are keeping on top of how the CHP is spending its money? • Is the information in the CHP financial reports clear and easy to understand so that you feel you understand what's going on and can challenge the executives? • Do the reports clearly highlight what risks have been identified in the CHP? • Do you know how these are being addressed?
E. PERFORMANCE MANAGEMENT		
E 1, Page 20	The Board's performance management system covers the performance of the CHP.	<ul style="list-style-type: none"> • Do you think you get enough information and the right kind of information to enable you to challenge the executive directors about the performance of the CHP? • Is someone from the CHP at the Board meeting when the CHP's performance is being discussed? Do you think they should be? • Is the CHP performance information that you get linked with other performance information, eg HEAT, JPIAF, delivery plans
E 4, Page 20	CHP performance reports include how patient benefit is being demonstrated.	<ul style="list-style-type: none"> • What kinds of measures are being used? • Is the CHP using Quality and Outcomes Framework (QOF) data in a way that will identify if the CHP has produced benefits to patient care?

F. LINKS WITH LOCAL GOVERNMENT		
F 1, Page 20	The Board has agreed with local partners how the CHP contributes to community planning arrangements, including the Community Planning Partnership's targets.	<ul style="list-style-type: none"> • Has it been easy to engage with your council partners in the development and running of CHPs? • What kinds of difficulties have arisen? • How are you trying to overcome these? <p>General points raised by non-executive board members</p> <ul style="list-style-type: none"> • The same NHS board can have different relationships with different local authorities and the biggest local authority may be dominant. • There are useful national drivers that support joint working, such as the health improvement agenda and statutory requirements in relation to child protection. These drivers mean a more structured approach to joint working is required. • There can be challenges in joint working across the different aspects of care provided by NHS boards, for example between primary and acute care, in addition to the challenges of multi-agency working.
G. ENGAGING LOCAL COMMUNITIES		
G 1, Page 22	The CHP uses the local Public Partnership Forum as a mechanism for engaging with its local community.	<ul style="list-style-type: none"> • How easy or difficult is it to get the public involved in what CHPs are doing (or more widely across the Board)? • How are you assured that the CHP is delivering person-centred services?

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