may 2004

here are some key challenges to our board level objectives...

NHS

board assurance prompts for

good governance

Integrated governance can be defined as:
"Systems and processes by which trusts lead, direct and control their functions in order to achieve organisational objectives, safety, and quality of services and in which they relate to the wider community and partner organisations"

what is integrated good governance?

Good governance requires the board collectively:

to determine at a strategic level the principal objectives of the organisation

to assure itself through challenge that these:

- properly reflect patient and public views
- guide and direct the activities of the organisation
- deliver safety, quality, effectiveness and efficiency of the services provided

to integrate the different themes and streams of governance:

- clinical governance
- corporate governance
- financial and other assurance
- information governance
- research governance
- value for money
- community interests
- national priorities

may 2004

contents

may 2004

challenges prompts

how can you use these cards?

On the front of each card you will find:

An example of a key objective which may be appropriate for your board; alternatively you can insert your own objectives

A set of challenges on which you could or should seek to assure yourself

On the back you will find:

An explanation of what the challenge is probing (including references in some cases)

An account of the balances you, as a board, need to strike in leading the organisation towards a better answer to the question

Some additional prompts of key points relevant to the challenge – to ensure you are getting appropriate answers

Neither the challenges or the prompts are intended to be comprehensive.

may 2004

how do the challenges relate to the standards for better health?

The Department of Health issued on 10 February 2004, for consultation, a draft set of Standards for Better Health: Health Care Standards for Services under the NHS. The consultation period ended on 4 May 2004. Later in 2004, the definitive set of Health Care Standards will be issued, and all NHS bodies will be expected to comply with the core standards and to aim to meet the developmental standards.

The Healthcare Commission will be using these standards in its assessments of NHS organisations and the care of NHS patients.

The challenges and prompts in this set of cards cover the full range of the draft standards: they may need to be modified when the definitive set of standards is issued and subsequently updated.

may 2004

how do the challenges relate to the standards for better health?

challenges	health care standards
Are we doing harm?	
1–3	C1 C2 C4 C10 C11 C12 C13 C14 C16 C18 C19 C20 C24 D1 D9(b)
Are we wasting public money?	
4–7	C6 C8(d)
Are we making informed decisions?	
8–11	C6 C8(c) C8(d) C9 C14 C17 C23 D1 D2(a) D3 D4(b) D5
Are we providing the right care environments?	
12–13	C11 C12 C13 C18 C21 D4(c) D9
Are we giving patients control of their own clinical care?	
14–15	C9 C14(b) C16 C20 D7 D8(b)
Are we doing the right things for our local community?	
16–18	C3 C4 C15 C22 C23 C24 D2(b) D8(c) D8(d) D10
Are we meeting reasonable expectations?	
19–22	C17 C19 C20 C23 C24 D2(b) D8(c) D8(d) D10

may 2004

reduce serious adverse events within a given speciality

Key challenges

- Can we assure ourselves that by examining clinical research and practices we do not have a serious problem with adverse events within the trust?
- What is the preventable death statistic within the trust over the last 12 months and have we in corporate and financial governance terms examined the cost to the institution?
- With regard to corporate manslaughter are we discharging our duties corporately?
- Have we involved patients within the trust in the examination of our adverse events cycle?
- Have we got an effective clinical appraisal system for all doctors in relation to the delivery of care?
- Have we reliable and meaningful up to date clinical information that is analysed, used and learnt from which describes all aspects of quality of the service?

may 2004

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may 2004

challenges

control hospital & surgery acquired infections

Key challenges

- How much harm is hospital acquired infection doing to patients?
- What is the consequent cost of extended stays, readmissions and staff illness?
- Are we maintaining surveillance of harmful infections?
- Have we monitored and optimised antibiotic prescribing (which if uncontrolled may make antibiotic resistance worse)?
- Have we, as a board, formally reviewed arrangements for infection control at least annually, and in response to any relevant external review?

may 2004

prompts

In doing good, we risk doing harm. This involves balancing:

taking risks	vs	being cautious
overtreating	vs	undertreating
researching & experimenting	vs	sticking to what we know
respecting confidentiality	vs	being open
being careful	vs	being prompt, kind & caring
doing the right things	vs	being perceived correctly

Are we controlling infection?

Do we have and monitor policies on straightforward preventive measures, such as hand hygiene, often in the face of professionals' lack of enthusiasm?

Do we have and monitor policies for rational antibiotic prescribing, which control the effects on antibiotic resistance?

Do we have and implement plans for outbreaks of antibiotic resistant infections, acknowledging that these plans may disrupt normal activities?

Are our patients with resistant infections treated with respect for their dignity and confidentiality?

Do we empower patients to ask for higher standards?

Are we developing policies such as single rooms and equipment decontamination to minimise spread of infection?

challenges

recruit & retain the right staff in the right roles

Key challenges

Are we confident that:

- we have checked regularly the registration of professional staff?
- we have implemented and monitored policies on training and continuing professional development?
- we have got the right mix and balance of skills in working teams?
- there is no bogus doctor or nurse treating our patients?
- we are not damaging the health of our staff (and patients) by exposing staff to stress and burnout?
- professional resistance to change is being spotted and managed?
- we have assessed the impact of new consultant contracts on emergency and scheduled care?
- we have implemented the working practices needed for European Working Time Directive?

may 2004

Professional staff should have the necessary qualifications and experience, and be given opportunities for flexible working, expanded roles and continuing professional development. All staff should have appropriate training and opportunities for development. This involves balancing:

respecting confidentiality	vs	being open
taking risks	vs	being cautious
providing quality	vs	controlling cost
researching & experimenting	vs	sticking to what we know
being efficient	vs	respecting people's rights
finding the truth	vs	being misled

Do we have the right staff in the right roles?

Are all staff appraised regularly and have personal development plans been pursued and monitored?

Is workload monitored to ensure we have enough trained and qualified staff to cope with their duties?

Is the skill mix examined in a systematic way, including ensuring that trained staff do not have to carry out tasks they consider unproductive?

Has action been taken to ensure that we can implement the new consultant/GM contracts without an adverse effect on patient services?

manage staff vacancies within the trust

Key challenges

- Can we be assured that by recruiting an increase in staffing (eg: 10%) within the given speciality under the priority of winter pressures that we will not incur a deficit for the current financial year?
- Within a given speciality is it possible to recruit key specialists and if so what would their availability be?
- If we prioritise within the given area what will be the implication for other services?
- What would be the required nursing back up to ensure other patients are adequately cared for during this particular time of year?
- Do we have a defensible balance of permanent and agency/locum staff?

may 2004

prompts

Acquiring suitable staff in adequate numbers may require balancing:

taking risks	vs	being cautious
providing quality	vs	controlling cost
researching & experimenting	vs	sticking to what we know
being efficient	vs	respecting people's rights
managing resources	vs	managing expectations

Are we managing staff resources effectively?

For each area of staff shortage, can we be sure of the underlying cause?

Is it truly a shortage of suitable recruits or could filling the vacancies cause us to overspend our budget?

ensure our financial & business planning will follow our strategic priorities

Key challenges

- Have we linked budgeting and spending decisions to plans and priorities?
- Do we know how much is being spent on achieving key objectives and following priorities, and how much on other things?
- Have we engaged strategic stakeholders in our plans?
- Have we communicated our stakeholder strategy and planning intentions?
- Have we balanced local and national priorities?
- Do our business cases have the support of commissioners?
- Have we aligned our capital investment plans with Trust strategic plans and national directives?
- Have we ensured there is no affordability gap in both capital charge and direct revenue of PFI schemes?

may 2004

prompts

In spending, we risk wasting. This involves balancing:

centralised control	vs	devolving responsibility
being cautious	vs	taking risks
controlling cost	vs	providing quality
being economical	vs	being effective
being efficient	vs	listening to patients' wishes
urgent needs	vs	long term needs
managing expectations	vs	managing resources

Does our financial planning follow our strategic priorities?

Have our plans been costed, with analysis of the impact of not proceeding, or of delaying?

Have risks been quantified?

If we find a PFI affordability gap, have we managed the transition plan to re-establish financial viability?

ensure the trust is financially viable

Key challenges

- Do we know and understand the current financial position?
- Do we use internal and external audits, and other external indicators and reports, to challenge and validate our understanding?
- Do we assess and risk assess the scope for savings and cost improvements?
- Are we assured of the accuracy and relevance of financial reports and projections we receive?
- When financial viability is in doubt, do we seek support and examine options?
- Are we confident that the introduction of payment by results and the national tariff will not destabilise our financial viability?
- Are our budgets set and agreed at the start of the year?
- Do we have access to consistent data and the analytical capability to ensure that costs are identified and understood?

may 2004

prompts

NHS organisations have a prime duty to break even financially. The short and long term viability of the organisation may not be evident from just the annual accounts.

In spending, we risk wasting. This involves balancing:

centralised control	vs	devolving responsibility
being cautious	vs	taking risks
controlling costs	vs	providing quality
being economical	vs	being effective
being efficient	vs	listening to patients' wishes
urgent needs	vs	long term needs

Are we financially viable?

Are we confident that we know the financial position of the organisation, including how much will have been spent by the year end?

Are we clear where the organisation stands in benchmarks against cost indicators?

In the event of undershooting spending, have we reassured ourselves that failure to spend has not compromised quality of services?

reduce costs by working differently

Key challenges

- Do we use national and international benchmarking of costs and ways of working?
- Do we use internal and external audit as a source of ideas about efficiency improvements?
- Are we aware of the changing patterns of professional and other work?
- Have we considered how the organisation could be modernised and transformed?
- Have we used powers such as the Health Flexibilities Act (1999) to work and deliver services differently?

may 2004

prompts

Controlling costs is not just about being economical. Fundamental changes in ways of working (including in clinical services) can transform the cost position.

In spending, we risk wasting. This involves balancing:

centralised control	vs	devolving responsibility
being cautious	vs	taking risks
controlling costs	vs	providing quality
being economical	vs	being effective
being efficient	vs	listening to patients' wishes
urgent needs	vs	long term needs

Could we reduce costs by working differently?

Approaches to transformation are broad and include: benchmarking; collaboratives; continuous quality improvement; organisational development and learning; process re-engineering. Are we making full use of these?

Have we recognised that our engagement of senior clinical staff is vital for transformation of clinical ways of working?

Does our system of incentives and accountabilities encourage or stifle innovation and fundamental challenge to ways of working?

How are we demonstrating our fundamental responsibility to show leadership in this strategic area?

develop our information systems to make informed decisions

Key challenges

- Have we developed systems which produce information as a byproduct of essential activities (such as the actual delivery of care)?
- Have we tailored information systems to their purpose (which involves being very clear about the purpose)?
- Have we aimed for adequacy rather than perfection in information?
- Are we committed to investing in systems that are simple to understand and use well, rather than waiting for the more sophisticated system to be provided?
- How are we managing inherited hardware/software?
- Does procurement made through non-exchequer funds conform to standard?
- Have we developed our systems to mirror patient pathways?

may 2004

Boards and organisations rely on information, both for day to day operation and for managing and planning. Information systems can be costly and difficult to develop and implement.

Getting the information we need can be costly or even impossible. This involves balancing:

being cautious	vs	taking risks
checking up	vs	trusting people
cost of data gathering	vs	cost of delivering care
getting details right	vs	getting strategy right
delaying	vs	getting on with it

Do we have enough information to make our decisions?

Have we understood the organisation's information management and technology strategy, and how it will improve both the care of patients and the ability to manage the organisation both now and for the future?

Have we sought the information we need, being clear about the consequences of asking for more?

Have we been robust in seeking analysis and highlights rather than volume of data?

Can we use our systems to analyse variance from patient preferred pathways?

make aligned & coherent decisions

Key challenges

- Are business cases for decision up to date, risk-assessed and explicitly related to any associated plans, developments or other decisions (past, current or in pipeline)?
- Are stakeholders, such as local health and social care organisations, local authorities and regional bodies, making decisions which interlink with ours?
- Are we using our unique position as the board to oversee the whole spectrum of plans and decisions?
- Do we consider our decisions and their consequences from the point of view of patients and carers, to gain a consistent perspective?

may 2004

prompts

NHS organisations make a myriad of decisions. Ideally these would all fit into a coherent whole, with each decision aligned with the rest. In practice, it is hard to consider each decision in the context of all the others so some kind of alignment and conflict resolution approach is required to balance:

being cautious	vs	taking risks
checking up	vs	trusting people
cost of data gathering	vs	cost of delivering care
getting details right	vs	getting strategy right
delaying	vs	getting on with it

Are our decisions aligned and coherent?

Do we use discussions with stakeholders and feedback from patients and carers to check the coherence of decisions?

Do we routinely review our decisions against each other, and against the plans of local stakeholders?

Have we considered all key strategic and operational decisions in the context of our main organisational and partnership objectives – where there are conflicts or difficult decisions between them to be made, have we satisfied ourselves that all relevant factors have been taken into account?

Is our information strategy aligned to our modernisation programme?

10

challenges

ensure we have access to a wide range of views

Key challenges

- Do we review regularly whether the appropriate range of perspectives is available to us?
- Do we individually make and take opportunities to test the views of local communities, and bring them to the attention of the board as a whole?
- Do we test and reflect the views of local communities?
- Do we involve patients and the public in setting our objectives?
- Do we keep our patients and the public up to date on progress we have made?

may 2004

10

prompts

Board members cannot be representative of the whole range of patient and public perspectives. They are expected to use their expertise and life skills to govern wisely but will need to hear and balance a range of viewpoints to assist them. Issues may require the benefit of input from focus groups, support groups or organisations reflecting a minority viewpoint.

Boards need access to the appropriate range of perspectives. This involves balancing:

delegating	vs	controlling
checking up	vs	trusting people
finding the truth	vs	being misled
getting details right	vs	getting strategy right
being inclusive	vs	having the right skills

Is there a viewpoint not heard by the board?

Are we exposing the board's deliberations to genuine scrutiny, do we make a point of inviting young people, professional groups, minority groups etc to attend our meetings?

Do we make it easy for them to attend by attention to location and timing?

ensure professionals see the relevance of the information we ask them to collect

Key challenges

- Do we test out the views of senior professionals on the information that is collected?
- Are senior professionals used as champions or advocates for key information flows?
- Do we demonstrate to professional staff how their information has affected key decisions?
- Do we avoid collecting information that does not get used?
- Do we feed back regularly to contributors and collectors of information the uses to which it has been put, and its importance?
- Do we, in seeking the views of contributors and collectors of information, address any concerns or misconceptions they raise?

may 2004

prompts

Experience shows that if people do not see the relevance and importance of information they contribute or collect, then they do not treat it seriously and ensure its quality.

Much information is collected routinely in ways that rely on professionals. This involves balancing:

time spent data gathering	vs	time spent delivering care
valuing administrative work	vs	valuing direct care delivery
ensuring consistent data flows	vs	collecting data when needed

Do we ensure our professionals see the relevance of the information we ask them to collect?

Have we plans to develop the capacity of staff to analyse and present information?

Have we managed research governance issues effectively?

12

challenges

ensure our care environments are safe & fit for purpose

Key challenges

- Do we obtain systematic feedback from patients about their experience of the care environment, and act on it?
- What does the systematic feedback from patients say about our care environments?
- Do we respect patient dignity, privacy and confidentiality, both at and between care locations?
- Do we ensure the care environment is clean and hygienic?
- Do we ensure the safety and security of patients, carers, visitors and staff?
- Do we monitor cleanliness, hygiene and safety?
- What are the risk to patients, staff and business of failure to comply with health and safety requirements?

may 2004

12

prompts

Patients have a right to a care environment that respects their dignity, and is clean, hygienic and safe. The care environment includes how care is organised, as well as the physical infrastructure.

Patients are individuals, and must be treated individually but within a group. This involves balancing:

controlling cost	vs	providing quality
being efficient	vs	respecting people's rights
listening to patients' wishes	vs	working safely
doing the right things	vs	being perceived correctly

Are our care environments safe and fit for purpose?

- What changes have we made as a result of patient or carer feedback?
- What do the results of our cleanliness survey tell us?
- What changes have we made as a result?
- Have we completed and acted on our space utilisation review?
- Have we visited clinical areas to understand staff and patient perspectives?

13

challenges

ensure our range of care environments is appropriate

Key challenges

- What does the systematic feedback from patients say about the appropriateness of our care environments?
- Have we acted on patient feedback?
- Are patient groups such as children, older people and vulnerable people treated in suitable environments?
- To what extent do we treat people with mental health problems in everyday, non-institutional environments?
- To what extent do we make use of patient surveys in our commissioning to ensure our range of care environments is appropriate?

may 2004

13

prompts

Patients have a right to a care environment that is tailored around their needs, both as individuals and because of their health needs. The care environment includes how care is organised, as well as the physical infrastructure. Different patient groups, with different conditions, have different needs.

Patients are individuals, and different patient groups may require different care environments. This involves balancing:

being efficient	vs	listening to patients' wishes
controlling cost	vs	providing quality
listening to patients' wishes	vs	working safely
doing the right things	vs	being perceived correctly

Is our range of care environments appropriate?

What changes have we made as a result of patient or carer feedback?

Have we fed complaints analysis back to clinical teams to support improvements?

What impact has this had?

14

ensure patients are fully involved in their progress along care pathways

Key challenges

- Do we have documented care pathways for common conditions, developed with the involvement of patients and patient groups?
- Have we shared the pathways with individual patients, to give them responsibility for appropriate parts of their care (especially for chronic conditions)?
- Have we ensured that consent to treatment is fully informed?
- How much choice do patients have in when, where and how their treatments are delivered?
- Are we confident that variations in care are due to clinical need or patient choice, not service convenience?
- What does our complaints monitoring tell us about how much control patients have over their own care?

prompts

Patients with similar health needs tend to follow similar pathways through their care. Formalising these care pathways allows better discussion with patients about their progress and choices. Well informed patients, in control of their own care, are more likely to be satisfied, and to ask for interventions more appropriately.

There is tension between organising care around the needs of professionals, and of the organisation; and organising care around patients' needs and wishes. This involves balancing:

being efficient	vs	listening to patients' wishes
controlling cost	vs	providing quality
providing choices	vs	abdicating responsibility
doing the right things	vs	being perceived correctly

Is our range of care environments appropriate?

Are variations in care audited?

Are pathways based on the latest available evidence?

15

challenges

give patients the right range of choices

Key challenges

- What progress have we made on booked appointments?
- What progress have we made on giving patients who are waiting for surgery the choice to move to another provider, and what is planned?
- Have we trigger mechanisms in place that tell us when patients have been let down?
- How will we ensure that future patients choose us as a provider of care?
- How do we support patients and carers formally if they seek choice away from their local provider?

may 2004

The NHS Plan involves giving patients wider choice. Choice is a fundamental part of control over care, and a high government priority. This involves balancing:

being efficient	vs	listening to patients' wishes
controlling cost	vs	providing quality
providing choices	vs	abdicating responsibility
doing the right things	vs	being perceived correctly
meeting population's needs	vs	meeting individual's needs

Do patients have the right range of choices?

What have we done:

- to enable all inpatients and outpatients to book appointments at the point of referral, choosing a time and a place that is convenient to them (target for December 2005)?
- to give all patients waiting six months for surgery the choice to move to another hospital or provider (target for summer 2004)?
- to offer all patients requiring surgery a choice of providers, when they are referred for treatment by their GP? These providers could include different NHS trusts, treatment centres, specialist and independent hospitals (target for December 2005: choice of 4 or 5 alternative providers)

16

challenges

ensure our services match the local health needs

Key challenges

- What do we know about local health needs?
- How do we know it?
- Are we working in partnership with those we should be working with?
- Does our recruitment and development of senior professionals match the local health needs, or their personal wishes?
- Does our planning link well with local community aspirations and plans?

may 2004

prompts

Providers should offer care that matches the needs of the local community (together with services they want to market to others).

There may be tension between what the local population needs, and the care that professionals wish to provide. This involves balancing:

doing what we know & do well	vs	responding to local needs
overtreating	vs	undertreating
researching & experimenting	vs	sticking to what we know
doing the right things	vs	being perceived correctly

Do our services match the local health needs?

Have we helped schools to promote healthcare as a vocation?

17

challenges

be a good corporate neighbour

Key challenges

- Are we using our employment and purchasing power to promote the local underlying causes of good health?
- Are we contributing to local sustainability?
- Are we seeking to minimise harm to the local environment?
- Are we contributing to local priorities like regeneration, growth or dispersal?
- Are we working in partnership with those we should be working with?
- What is our impact on local traffic, people movement, and environmental cleanliness?
- Are we managing our relationships with higher education institutions?

may 2004

prompts

An NHS organisation is usually a large local employer with considerable purchasing power and significant impact on the local environment.

Being a good corporate neighbour involves respecting the needs and wishes of the local community, business and suppliers of goods and staff. This involves balancing:

doing what we know & do well	vs	responding to local needs
being efficient	vs	looking after the environment
employing local people	vs	seeking the best people
doing the right things	vs	being perceived correctly

Are we a good corporate neighbour?

Are our partnerships effective in planning and delivering joint services?

play our part in protecting health locally

Key challenges

Are we providing positive health promotion and prevention services, at least in line with national service frameworks?

Are we working in partnership with those we should be working with?

Have we a plan to maintain and practice emergency plans, for emergencies within the organisation, emergencies in the local community and regional or national emergencies?

When did we last carry out an exercise to test our emergency plans?

What did we change as a result of it?

What is the next planned exercise?

18

prompts

Every NHS organisation should protect health through promoting positive health, providing services that prevent as well as treat disease, and responding to threats to health, such as chemical incidents or outbreaks of infectious disease.

Being part of the NHS involves more than simply providing emergency and elective treatment. It involves being part of a system to protect and improve people's health. This involves balancing:

doing what we know & do well	vs	responding to local needs
meeting population's needs	vs	meeting individual's needs
urgent needs	vs	long term needs
doing the right things	vs	being perceived correctly

Do we play our part in protecting health locally?

What do other agencies think of our contribution to the local response to hazards to health, including poisons, radiation, chemical hazards and infectious disease?

commission for sustainable quality

Key challenges to all parties in the commissioning process

Can we be assured that the proposed clinical service is needed in the volume suggested and that it is affordable?

How can we be assured that the proposed service represents best value in terms of quality and cost?

Are we satisfied that the views of the local community, the Patient Forum, and the appropriate patient representatives, as well as the professional views of the Professional Executive Committee, have informed our plans for the services we provide/commission?

Are we satisfied that the pattern of care can be sustained over time within the local health economy and if not what are the alternatives?

Are we satisfied that the commissioning agreement pays due regard to the management of patient transitions along the 'pathway of care'?

prompts

The patient choice policy agenda will place great demands on commissioning. This involves balancing:

time spent data gathering	vs	time spent delivering care
valuing administrative work	vs	valuing direct care delivery
ensuring consistent data flows	vs	collecting data when needed

What measures have we developed to ensure we are commissioning for sustainable quality?

Are we satisfied that the commissioning agreement incorporates explicit safety and quality standards and provides for periodic monitoring and timely reporting of issues of progress-against-contract as well as issues of concern?

20

challenges

reduce waiting times for surgery to a six monthly period

Key challenges

- Have the financial and clinical risks been assessed for each specialty?
- What are the obstacles to achieving this objective?
- What alternative providers of care have been considered?
- What are the knock on effects to service delivery by concentrating on this specific objective?
- Can we meet this challenge, given our other priorities?
- Have we published our performance in meeting these targets?

may 2004

20

prompts

Reasonable patient expectations are expressed in terms of national and local targets, which NHS organisations are expected to achieve. This involves balancing:

respecting clinical priorities	vs	responding to expectations
providing choices	vs	abdicating responsibility
controlling cost	vs	providing quality
being efficient	vs	listening to patients' wishes
urgent needs	vs	long term needs
doing the right things	vs	being perceived correctly

Do our patients wait too long?

Do we know and monitor the organisation's position with respect to national and local targets?

Have we intervened if there is persistent failure to meet reasonable expectations?

Do we understand and balance the consequences (of meeting targets) for other parts of the organisation?

Have we presented our performance to local and national scrutiny?

21

challenges

follow recognised guidance & guidelines

Key challenges

How do we, the board, monitor local adherence to NSFs and NICE guidance?

How committed are our clinicians to following NSFs and NICE guidance?

What levers are available to us to ensure that national guidance is followed?

What risks are still outstanding (especially for clinical areas where available guidance is thin)?

What do we do when new guidance is published:

- to draw it to the attention of the relevant clinical teams?
- to facilitate and monitor the local implementation of the guidance?
- to rebalance resources and resolve risks?
- to maintain risk registers of residual risks
- to disseminate information to patients, staff and the wider community?

may 2004

prompts

The main national clinical guidance is in the form of national service frameworks (NSFs) and NICE guidance (including technology appraisals, interventional procedures and clinical guidelines). There is also an extensive body of Department of Health (DH) guidance.

There is a large and expanding volume of national guidance which NHS organisations are expected to follow. This involves balancing:

respecting clinical priorities	vs	responding to expectations
controlling cost	vs	providing quality
being efficient	vs	respecting people's rights
doing the right things	vs	being perceived correctly

Are we following recognised guidance and guidelines?

Do we have a risk register in place?

Can it take account of conflicts?

How do we, as a board, link to primary/secondary care colleagues?

22

challenges

make information available on what we provide & to what standard

Key challenges

Do we publish an account of the organisation's performance against national and local targets and performance indicators?

Do we publish a response to any formal inspection or review report, in the form of a commentary and action plan?

Do we keep the local population and patients informed about what services the organisation provides, and how it is performing by publishing trends as well as spot positions?

may 2004

22

prompts

NHS organisations should know and publish the extent to which they meet national targets and other reasonable expectations.

Publishing data on performance can lead to complacency, or to damage to the confidence in the organisation. This involves balancing:

doing the right things	vs	being perceived correctly
taking risks	vs	being cautious
controlling cost	vs	providing quality
being efficient	vs	achieving perfection
being efficient	vs	listening to patients' wishes

What information do we make available on what we provide and to what standard?

Do we understand the perceptions of the local population about the organisation?

Do we put into practice our understanding that honesty and striving are usually appreciated much more than bluster and obfuscation?

What recognition do we make of outstanding improvements?

This pack of board assurance prompts is a first draft to test how useful they are to you. We're interested in hearing your feedback, and will use it to make the cards even better.

Please fill in this questionnaire, tear off and post back to us, or email us at baps@ncgst.nhs.uk

feedback

1 Do the cards get the balance right between (a) being prescriptive and (b) helping the board and its members to take responsibility?

1 2 3 4 no view

circle relevant number (see key below)

2 Is the concept of "balancing tensions" helpful to guide board members?

1 2 3 4 no view

3 Does the use of key challenges followed by guide prompts on the back of the cards work?

1 2 3 4 no view

4 Is the physical form of the cards appropriate – Are they easily portable? Are they readable? Can you refer to them easily?

1 2 3 4 no view

Other comments

tear off here

key

1 excellent
2 good
3 poor
4 very poor

place
stamp
here

tear off here

Good Governance
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...and some prompts to reassure us that we are making a balanced response

NHS

Clinical Governance Support Team

Appointments Commission

Healthcare Commission

Note to Reader

The prompts outlined under each of the Board Assurance Prompts (BAPs) should not be viewed as a prescriptive approach to achieving compliance with the Department of Health's core standards.

Having collaborated on production of the BAPs in May 2004 (as reprinted here), the Healthcare Commission has recently published two documents outlining its system of assessment – 'Assessment for improvement – The annual health check' (April 2005) outlining the framework of assessment for the annual review and rating and, 'Criteria for assessing core standards' (April 2005) detailing the criteria to be used by the Healthcare Commission to assess compliance with the core standards. These documents are available on the Healthcare Commission's website at **www.healthcarecommission.org.uk.**

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