



NHS Management Executive
St. Andrew's House
Edinburgh EH1 3DG
20 December 1995

Dear Colleague

ACCOUNTABILITY REVIEWS 1996

Summary

1. The attached Circular sets out arrangements for 1996 Accountability Reviews.

Action

2. Health Boards should submit draft Corporate Contracts for 1996/97 by 31 December 1995.

Yours sincerely

GEOFF SCAIFE
Chief Executive, NHS in Scotland

Addressees

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ACCOUNTABILITY REVIEW MEETINGS 1996

Purpose

1. This circular seeks to put Accountability Reviews in the context of the annual Planning and Purchasing Cycle and to give specific advice about requirements for the 1996 round of Accountability Reviews.

National Strategic Framework

2. The purpose and values of the NHS in Scotland were reaffirmed in "Priorities and Planning Guidance" for 1996/97(NHS MEL(1995)51). In addition "Priorities and Planning Guidance" set out strategic objectives and national priorities for the short to medium term. This sets the strategic framework and the broad context in which Health Boards are expected to develop local health strategies; annual purchasing plans and Corporate Contracts. It is for Boards to specify in their local plans how the goals and standards they set themselves relate to the health care needs of the population which they serve, and to national priorities.

Relationship between Priorities and Planning Guidance, Local Health Strategies, Accountability Reviews, Corporate Contracts and the Corporate Quarterly Report

3. In the context of Boards' local health strategies and the national objectives set out in "Priorities and Planning Guidance", the aim of annual Accountability Reviews is to establish whether the purchasing decisions which a Board has made are, in practice, achieving the intentions set out in national and local plans.

4. The Accountability Reviews will, therefore, proceed directly from "Priorities and Planning Guidance" and Boards' local health strategies and purchasing plans. They will examine the extent to which Boards are continuing to make progress towards achieving the long term goals identified in their local health strategies and in national "Priorities and Planning Guidance". Secondly, Accountability Reviews will examine the extent to which the Board is achieving the objectives agreed in Corporate Contracts.

5. At the conclusion of the Accountability Review we will be seeking to sign-off Corporate Contracts comprising specific objectives, agreed between the Health Board and the Management Executive, for 1996/97. These will have been proposed in draft by the Board before the Accountability Review meeting and the purpose of the discussion will be to resolve any outstanding issues. A diagrammatic timetable is set out in Annex A.

6. During 1996/97, at quarterly intervals, actual performance against plan will be monitored via the Management Information System (National MIS), the Corporate Report, and via any supplementary progress reports submitted to the Management Executive. There are 2 main strands to "in-year" performance appraisal - bilateral discussions between ME and Health Board officers; and quarterly discussions on the overall performance of the NHS in Scotland at General Managers' Plenary Meetings. Hence targets agreed in Corporate Contracts and the Contracting Template provide the formal input of plan against which performance is assessed in the Corporate Report.

Corporate Contracts

7. The draft Corporate Contract should identify the objectives against which Health Boards wish their achievements to be judged and should include specific measurable targets and milestones which allow both the Health Board and the Management Executive to track progress towards agreed objectives. In 1996/97, draft Corporate Contracts should include specific objectives and targets to improve **cancer, mental health and cardio-cerebrovascular disease** services in line with national priorities. **Draft Corporate Contracts for 1996/97 should be submitted to the NHS Management Executive by 31 December 1995.**

1996 Accountability Review Meetings

8. Last year I expressed the hope that the development of in-year performance monitoring would mean that only major issues which were unable to be resolved in bilateral discussions between the Management Executive and Health Board officers would be discussed at 1996 Accountability Reviews. If this can be achieved, meetings in 1996 need only spend a small proportion of time "looking back" to bring in year monitoring of Board performance to a formal conclusion. In 1996, the main purpose of Accountability Reviews will be to look ahead and agree targets and objectives for the year ahead, in the context of the longer term vision of the pattern of care Boards want to obtain for their residents. In particular in 1996 Boards will be expected to demonstrate how they intend to improve the health of the population and the care provided in the areas of cancer, mental health and cardiovascular disease.

Timing

9. Last year Accountability Reviews took place in February and March. I am aware, however, that Boards found the timing of meetings onerous because February and March are among the busiest times of the purchasing year. Feedback indicates, however, that Corporate Contracts need to be signed off by the end of May so that Boards can be clear of the agreed objectives and targets for the year ahead in time to agree local objectives.

10. In order to balance these conflicting needs, I propose to hold reviews in April and May but to aim to sign Corporate Contracts by the end of May. This will mean that good use of the time between submission of Corporate Contracts in December and the reviews themselves will need to be made to ensure that the draft Corporate Contract for discussion at the Accountability Review meeting, can be signed immediately after the meeting. Health Boards should therefore expect an approach from Management Executive staff in February or March to negotiate any required changes to Corporate Contracts in advance of the date of their Accountability Review meetings. The intention is to deal with any issues on which agreement can readily be reached before the meeting; and allow the meeting to focus on outstanding matters.

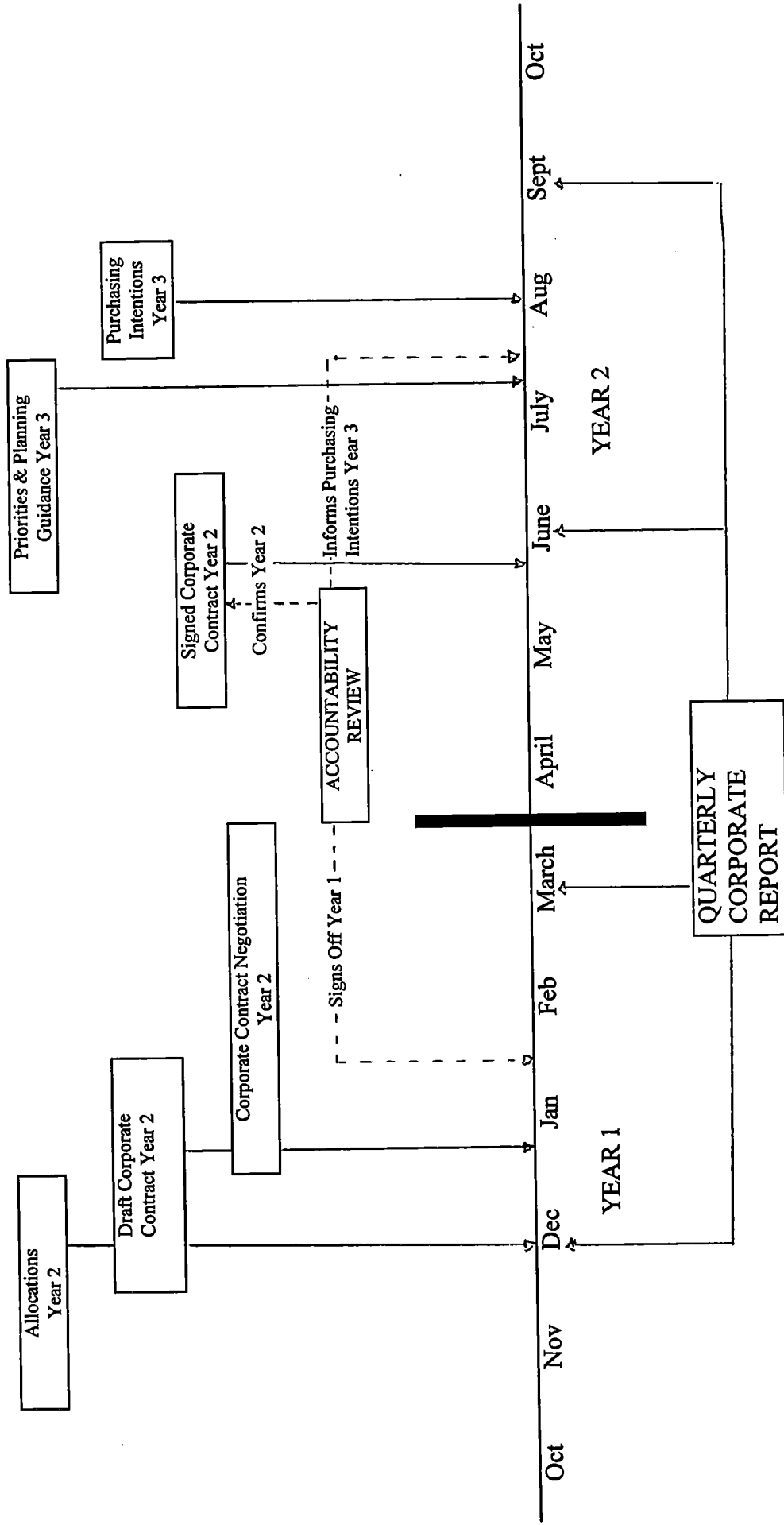
Attendance at Meetings

11. A schedule of meeting dates is attached at Annex B. For meetings other than with the State Hospital, the Management Executive will be represented by Dr Kevin Woods, Director

of Purchasing; Mrs Agnes Robson, Director of Primary Care; and myself. A member of staff from Purchasing Strategy Division will attend to take a note of the meetings. Health Boards are invited to field a small team of no more than 4 people. It is expected that the Chairman and General Manager will attend and that at least one of the other places will be taken by a non-executive Board Member. Health Boards are invited to select a topic for in depth discussion and to do a presentation on this topic at the meeting.

12. A separate letter has been sent to each Health Board setting out the date of each meeting. I look forward to seeing you and hope that we will have a productive discussion.

HEALTH BOARD PLANNING AND PERFORMANCE MANAGEMENT CYCLE



ONGOING PERFORMANCE MONITORING (M, Q, A) VIA MIS & BILATERALLY

SCHEDULE OF DATES

	Dates of Main Meeting
Ayrshire & Arran	02.04.96
Tayside	04.04.96
Orkney	09.04.96
State Hospital	11.04.96
Borders	17.04.96
Western Isles	18.04.96
Dumfries & Galloway	23.04.96
Lothian	24.04.96
Highland	01.05.96
Greater Glasgow	02.05.96
Fife	07.05.96
Shetland	16.05.96
Lanarkshire	21.05.96
Forth Valley	23.05.96
Grampian	28.05.96
Argyll & Clyde	30.05.96