NHS Governance – Clinical Governance

Dorothy-Grace Elder

1. Staff governance
Few, if any, serving NHS staff have responded – not surprising. NHS staff nowadays seem scared to speak up on anything. A bullying culture is mentioned privately too often to be ignored. And when staff risk a complaint, the response is often that nothing was done or they felt things got worse.

“Treated fairly and consistently” is surely dream time spin – look at the number of senior staff suspended on highly questionable grounds for huge lengths of time, then some either cleared or feel driven out, their skills wasted. Some claim they were harmed after complaining about serious problems in the best interests of the NHS and patients. This needs proper investigation.

For most staff, there is only an illusion of Someone To Turn To if they feel wrongly treated by managers, etc. The appointment of so-called staff champions is a shadow show as many serve on health boards. They are monitoring “the process” rather than dealing with a worker’s complaint. These roles were supposed to be entirely independent. They are not – and the “helpline” has been useless in cases reported to me, mostly referring troubled staff back to their boards. It’s just window dressing. Staff need proper protection from bullying.

2. Clinical governance
A pervasive culture of secretiveness harms NHS Scotland increasingly. “Improving the quality of care and services” should rely on openness about what’s right, wrong or needing attention. There is a terrible lack of transparency throughout the current NHS.

Lack of real accountability to the public, patients AND the Scottish Parliament is dire. MSPs do ask relevant and important questions – the reply level is often at the lowest level, in health in particular. Questions are given nonsensical, robotic non answers or brushed off completely. It sometimes seems a tawdry game is being played at public expense with no regard for the public interest. I do not refer to First Minister’s Questions as we know that is a piece of political theatre, dealing with a minority of Questions.

The committee should investigate the appalling level of Written Answers to health questions, which represent the majority of thousands of Questions.

You refer to the Quality Strategy for setting out the “national direction for improving the quality of healthcare.” Scotland is knee deep in strategies, agreements, quality care moves and other buzz terms. In reality, both NHS staff and patients’ views are ignored – yes, they are sometimes listened to in a pretence of “inclusiveness” by numerous costly bodies employed to give the impression of inclusion. Then they are ignored.
3. Corporate governance.

“All NHS Boards should have a code of corporate governance in place”, etc. There is already a Code of Conduct for the NHS. I’ve seen a serious complaint under that ignored at high level. How many instances are there of a) The Code of Conduct being enforced on anything or b) a Code of Corporate Governance enforced?

The reality is that Boards are controlled by CEOs and officials. “Outsiders” representing the public are in the minority for influence – and their appointments are hand picked and approved by Government. On both sides of the Border, crony picking happens. Scotland is lamentably short of outspoken members of Boards, more so than in the past.

The claim that Boards are responsible entirely has worn thin – Government and Parliament should intervene in many instances. They are at least elected – Boards are not. In reality, there is no proper control over the Mandarins of health.

We need people questioned on where the money goes to see if funds intended for one issue may go to another part of a Board’s budget.