Health and Sport Committee

NHS Governance – Corporate Governance

Submission from Dorothy-Grace Elder, health journalist and voluntary secretary of the cross party group on chronic pain.

• Do you trust NHS Boards to make decisions that are in the best interests of the public?
No – based on years of encounters, as a health journalist, also 20 years as a voluntary health campaigner.
It would be naïve to trust because the basic board set up is so undemocratic. I do believe that the Parliament and the committee will scrutinise rigorously – you are the public’s only real hope, in my experience, and I’ve tried all other avenues to find they are dead ends with only the pretence of help for patients.

Undemocratic: Unelected boards influence the health and safety of millions; control many of NHS Scotland’s 162,000 staff and billions of the Scottish budget yet they lack representation of the general public, mixed age groups and questioning voices.
Boards appear as Scotland’s own establishment, not of toffs or yahs, but solidified in a different variety of exclusiveness, also effective in excluding those outside a chosen and recurrent circle.
What’s wrong:
a) All members are appointed by the Scottish Government of the day; that is a wrong start, irrespective of which Party is in power.
b) Boards appear rubber stamps, dominated by key staff who formulate proposals. The others usually bow to “the experts”. There are too few challenging voices.
Board executives should be present, to explain and comment but should they tip the balance on decisions?
c) A look at boards shows the non-executive membership lacks balance, especially on backgrounds, age, and ethnic groups. Too many have recycled from one appointment to another on public bodies.
Well favoured are bureaucrats: HR people, management consultants, accountancy people, ex civil service, ex Government depts; also those who have been employed by, or closely linked to, health boards. Of course, experience has value. But why so many?
With some, “knowing the score” translates as passive ability to nod agreement and make up the numbers. Q: Are these the USPs and cherished qualities?

It is difficult to spot anyone with fresh eyes and a questioning approach. Yes, you can play “spot the cronies” from politics, but former politicians and councillors on boards are not all from a ruling party - but are often drawn from the more “quiet” members, ditto for some patient bodies who can be from the quiet end of the third sector.
Q: How many organisations with board representation have grants/strong links with Govt or boards?

Q: Where are the feisty from the universities, colleges or radical campaigning groups or the outspoken parts of the unions? The young are largely missing. The excuse that they're working or studying does not apply to bright young people in the ranks of the unemployed. And some socially aware students or people on zero hours contracts could manage the one day a week some boards say the work takes. Boards pay about £8,000 to the regular appointees.
Q: How many might currently hold other paid appointments?

Boards seem totally averse to refreshing their decades old practice of hand picking by taking a risk on new blood and training people. The likely conclusion is that they do not want questioning “outsiders” as “troublemakers”, stirring any serene pools.

Q: But could they have avoided health scandals through more people voicing problems earlier?
This current set up does not lead to robust questioning in the public interest.

One can understand to some degree cost influence as Boards get the knock on effect of the Scottish Govt’s budget losing around two billion from Westminster. Yet they still make huge investment. But secrecy overall has become almost a cult habit of Boards, leading to lack of trust in contact with them and the next question.

Are NHS board decisions open and transparent?

Absolutely not – including how they reach these decisions. As a rough rule, the more they boast of transparency and openness, the more they slam the doors. Speaking as a journalist, I’ve never known a time when it was so difficult to get basic information from boards. Secrecy is knee jerk. Nowadays, even on some favourable stories, many NHS doctors who used to speak directly on their expert subject have to refer journalists to press office “controllers”, where the journalist will not encounter someone with expert knowledge. Delay, delay, until some cack handed statement is issued, often too late. The more spinners and PRs hired by boards, the worse it has become and the more resentment builds within the media. It was calculated that Scottish boards and the health dept had spent £19.6 million on PR and spin in a five-year period – that was published back in 2012 and is possibly worse now. The whole emphasis is on making boards look good – like private companies - but this does not fit with the NHS as a public service. Because the NHS is so cherished, the public can be understanding if they are told the truth.

How accountable do you feel NHS Boards are?
Boards know that accountability is a joke. They declare they are accountable to Scottish Ministers but, in turn, ministers regularly claim boards are autonomous and they won’t challenge. The parcel is passed endlessly, suiting both sides but not the public interest.
I’ve met many patients exhausted by efforts to protest at undemocratic proposals or lack of truth telling. I’m voluntary secretary of the Parliament’s Cross Party Group on Chronic Pain and have worked in this cause for over 17 years, during which I’ve experienced how chronic conditions patients are disregarded by boards and NHS pain clinics starved of funding by boards despite vast and growing patient numbers.

Job loss, mental breakdown and suicide attempts through pain being unrelieved in time happen. Waiting Times at most Scottish boards are shocking. Grampian, Ayrshire and Arran, and even Greater Glasgow are among those at the top of long standing problems, despite excellent staff effort.

Boards know about this but don’t help their overstretched pain staff. Since 2009, senior staff of some boards have sat on four Govt “improvement” groups without improvements showing. They see the figures. But the only movement last year was when the Government’s Clinical Priorities department was caught seeking to cut the information – not the bad waiting times! Internal emails showed that Clinical Priorities officials in charge of chronic pain had asked statisticians at ISD to cut out some important facts on waiting times. (This made figures less understandable but look a bit better). ISD was told these Govt officials particularly “weren’t interested " in the psychology clinics (pain psychologists often deal with severe depression and the potentially suicidal). One Govt official even told ISD in writing they also did not want facts on any pain Return patients published. (That would make figures even worse but truthful) After this was uncovered, the UK statistics regulation team in London investigated in Edinburgh and stopped the harm, and ISD renewed their efforts.

Patients can be shifted around Scotland to find a place – e.g. the Western Isles don’t have a pain management service. We are NOT an “equal Scotland”.

Who really helps patients on their causes? In the above disgraceful happenings, only a cross party selection of good and caring MSPs effectively backed patients and the nine months toil of the cross party group. Despite a number of bodies publicly financed to stand up for patients, in reality this is just a shadow show in my hard experience.

Scottish health council (SHC) and public consultations re. boards.

This £2.3 million public body is window dressing, justifying the previous Health Committee convener’s statement last year that they were “toothless hamsters”

Claiming to be a voice for patients, in reality, it operates more as a cosy aid for boards and government. It supervises public consultations but only on process in a limited way, not as a voice against unfairness.

Example: in 2014, although I am not a user of alternative medication, I was shocked at the way patient campaigners for the Centre for Integrative Care were treated. (I normally deal with mainstream services) A public consultation on NHS Lanarkshire’s proposal to close two Lanarkshire CIC clinics and also bar patients from the CIC hospital in Glasgow resulted in a majority of 4,800
respondents opposing the proposal. But just nine members of that board voted down that 4,800 public majority, showing the worthlessness of some consultations and exposing the inadequacy of the SHC.

This hospital had no black marks against it for safety or care and had massive support from patients from those with bad reaction to drugs. The SHC was useless throughout, even letting the main board official who had promoted the cuts chair a meeting for patients. The SHC also rated the closure of two clinics and barring Lanarkshire patients from the hospital as “minor” service change after dealing with the board person who met them: a PR for NHS Lanarkshire! So ignored was the SHC that, when they wrote in to the board mentioning at least that the Board’s Equality Impact Assessment was inadequate, they were ignored. A reply was not sent until some nine months later, only after the Public Petitions Committee asked.

Q: Why aren’t MSPs for affected areas on cuts invited to meetings between the SHC and boards? Where is the democracy in private get togethers?

**Equality and Human Rights Commission.** In practice, utterly useless for patients and public. As you know, Boards have to produce EIAs – Equality Impact Assessments –promoted by the EHRC over most service cuts and changes affecting patients.

When Lanarkshire patients saw an EIA which ignored mention of the Commission’s “protected characteristic” of disability over the CIC service removal involving disabled patients, I wrote to the Commission to receive this reply: “We do not as a matter of practice comment on the quality of an Equality Impact Assessment.” They also wrote that there was “no requirement” for boards to send EIAs to the Commission before a board decision is made. So boards know they can get away with shoddy assessments.

Their only “advice” was that patients could consider Judicial Review, without mention that JRs do not attract legal aid, can cost fortunes and are limited to legal points. What does this body do for the millions it costs?

They produce bumf on best practice – but clearly don’t follow through.

Note: The EHRC should not be confused with the Scottish Human Rights Commission.

**Whistleblowing:** It’s accepted that Whistleblowers can save lives. But in NHS Scotland, the concept has been wrecked. I was at a meeting when a non-executive member of a board announced proudly “I’ve been made a whistleblowing champion”. But that was supposed to be an entirely independent role, until rendered meaningless In Scotland from the top of the NHSS. In Scotland, “champions” don’t deal with a whistleblower’s case –only about process.

The whistleblowing helpline is also useless, referring NHS staff back to the management they fear will take retribution.
NHS staff are afraid to speak out because of the bullying atmosphere within the NHS in Scotland. I've spoken to some who were apprehensive of even attending meetings to air problems in case their management found out.

People welcome the Scottish Parliament taking up this huge issue; there is nowhere else for the public or most staff to turn to effectively.

*How effective are NHS boards at delivering health services and improving the health of their population?*

I think my above remarks might cover that!