Health and Sport Committee  
NHS Governance  
(Phase 3 - Corporate Governance)  
Submission from Chest Heart & Stroke Scotland

Introduction

Chest Heart & Stroke Scotland provides advice, support and services to people affected by heart and lung disease or living with the effects of stroke, including online self-management resources and training modules for health professionals.

With an ageing population, the increasing prevalence of lung disease and stroke, a decreasing mortality rate from previously life-threatening diseases such as heart attack, more people than ever in Scotland are living with the impacts of these life changing conditions.

We conservatively estimate that over half a million people are living with them, and when considering the wider impact on families and carers, the impact is in reality far greater.

We believe there is work still to be done around public involvement by NHS Boards, and a wider understanding of the function of NHS Boards within the context of the new Health and Social Care Integration arrangements. Openness, transparency, engagement and valuing the service user voices are essential components to this development.

1. Do you trust NHS Boards to make decisions that are in the best interests of the public?

NHS Boards have responsibilities enshrined in legislation to ensure public funds are not misused, and to improve the physical and mental health of the population the board covers. The covenant of trust in the NHS, though, is not just about specific services, treatments or strategies. It is also in the values, ethos and culture the NHS represents. To make decisions in the best interest of the public, NHS boards must be mindful to combine clinical and operational knowledge with the valuable lived experience and insights of those who use NHS services; public need must be understood as fully as possible. We are not convinced that this is always the case.

Chest Heart & Stroke Scotland would always encourage organisations, including NHS Boards, to heed the voice of the beneficiary/user/public. Many of the territorial NHS Boards already operate a system of public partners, or work with forums of service users and members of the public, but we would question whether this influence is felt and understood at a Board level. Public involvement in, and influence of, Board decisions...
appears patchy across Scotland, perhaps as a result of differing approaches to transparency and openness (on which see question 2 below) and inconsistencies in public engagement forums.

The Integration Joint Boards are required to include service users and carers amongst their membership and it must be considered why, if this public involvement approach is fit for the new health and social care governance arrangements, it is not fit for existing structures also.

Managed Clinical Networks (MCNs) used to be a way to bring together clinical and public knowledge and expertise, but these are increasingly becoming non-operational, limiting input through this channel. Their role, despite Scottish Government and NHS reviews setting out their value and worth, has been eroded over the past five years and this continues with the advent of Integration Joint Board structures. If there is a need to review the role of the managed clinical network that should be explicitly recognised and suitably actioned. At the moment it is a passive process of allowing MCNs to fall into abeyance and/or dilution of influence. This has created a patchiness across Scotland – where MCNs operate well it is clear this is down to local leadership rather than an approach to governance decisions that are consistent across health board areas.

The Third Sector can have an important role in supporting, enabling and contributing to the improvement of these processes and should be recognised as a valued partner to the NHS. For example, the Chest Heart & Stroke Scotland’s Voices Scotland programme works with Healthcare Professionals to: develop effective Public Involvement to improve person-centred services; host Public Involvement events; and form a strategic approach to Public Involvement within organisations.

2. Are NHS board decisions open and transparent?

Generally, the formal transparency of NHS boards seems relatively good. Agendas, minutes and papers from meetings are usually available online, although there are some exceptions. The duration of online archives of these vary by board.

Most boards have lists of membership and biographies of individuals available online, but again, there are exceptions to this; Declarations of Interests for members are typically harder to come by.

Not all Boards advertise the fact that their meetings are open to the public. While some, such as NHS Orkney, encourage members of the public to attend and contribute to a question and answer ‘Open Forum’ at the end of meetings, others make no mention of public attendance on their website.
Keeping schedules of meetings up to date on websites would aid openness and transparency – some boards have their entire schedule for 2018 meetings already online, others are yet to update any dates beyond December 2017.

There is also a question to be asked about how prepared a Board are should members of the public take up the option to attend. Is any thought given to how to ensure that this is a positive experience? Is attendance limited to a listening role, to ask questions, to be part of the discussion [albeit with the understanding that Board Members hold trustee status]? Does the Board consider how accessible their discussion will be to a public audience? Considering accessibility in its widest sense can improve all aspects of openness and transparency and informed Board decisions.

Public understanding over the role of the NHS Board, and how this intersects with that of the Local Authority and the Health and Social Care Partnerships, should be investigated further to ascertain whether this is clear – an essential element to holding these key decision-making bodies to account. In addition, a proactive sharing of good practice with a view to driving up quality and engagement on openness and transparency would be useful.

3. How accountable do you feel NHS boards are?

In order to achieve accountability, the transparency and openness of decisions and processes are crucial, as is a good understanding of the Board's function, and an awareness of where points of participation and influence exist. See above questions for further on these.

On specific national targets e.g. waiting times there seems to be significant accountability because the focus and attention of those who can hold boards accountable is engaged. Where a ‘scandal' erupts and public trust is damaged, accountability appears more strongly in the aftermath. The Patient Safety Programme is an example of where health improvement science has created continuous accountability in the role of specific health outcomes.

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

For stroke services, the 2017 Scottish Stroke Improvement Programme Report\(^1\) show mixed levels of NHS Board performance across Scotland. Many indicators show

\(^1\) Available here: [http://www.strokeaudit.scot.nhs.uk/Publications/Main.html](http://www.strokeaudit.scot.nhs.uk/Publications/Main.html)
performance below the standards required by the Scottish Stroke Care Standard (2013). For example, Scotland-wide in 2016, 82% of patients were admitted to a Stroke Unit within 1 day of admission; the Required Standard is 90%. However, there has been improvement in this performance – in 2015, 78% of patients were admitted to a Stroke Unit within 1 day.

The same pattern is true of the percentage of patients who receive a brain scan within 24 hours of admission. The Required Standard is 95%, 2016 performance was 93%, but 2015 performance was 91%.

The picture across the Boards is, of course, very mixed, with some being clearly ahead of others in terms of the provision and efficacy of their stroke care.

It is therefore true to say that, in this area of services at least, while it is true that care across NHS Boards is showing evidence of improvement, there is still significant work to be done.

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