Introduction

UNISON is Scotland’s largest trade union with members in the public, private and third sectors – and we are the largest union in the NHS. Our members work across the health service in Scotland and play a key role in delivering care to the whole population. We value the NHS and understand the need for excellent Corporate Governance of this most vital of public institutions. UNISON welcomes the opportunity to take part in this phase of the Scottish Parliament Health and Sport Committee consultation on NHS Governance.

We respond to the Committee’s request for comments on how NHS Boards operate and make decisions by answering the specific questions in the consultation as follows:

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

As an independent trade union, UNISON represents the interests of NHS staff who are also service users and patients. The development and commitment to ‘Governance standards’ and in particular the mutual investment in ‘Partnership Working’ as a model of industrial relations means that UNISON has early access to significant amounts of strategic information and unprecedented access to Chief Officers and key people on NHS Boards.

This means that the nature of our relationship with NHS Boards is detailed and complex as we strive to represent our members interests and the interests of the communities that they serve.

Whilst UNISON does not believe that NHS Boards are untrustworthy; or that they make deliberately want to make decisions that are not in the best interests of the public, it must be recognised that NHS Boards are required to meet political objectives/directions and at the same time deliver services within a reducing financial envelope.
The process of Cash Releasing Efficiency Savings (CRES), started under Labour and continued by this Government no longer drive innovation or efficiency, but rather force Boards to take decisions on service delivery which could be described as ‘not in the interests of the public’.

**Are NHS board decisions open and transparent?**

Whilst it could be argued that the NHS is open and transparent due to systems and process such as:

- NHS governance structures;
- publication of minutes;
- Board meetings open to the public;
- staff side representative with a seat on the Board;
- Board seats for local councils and nominated members of the public, and,
- annual review mechanisms,

there appears to be little or no opportunity for Board members to overturn proposals and decisions by Officers/Non Executive Directors.

It appears that sometimes the actual decision making lies within the hands of few powerful people and that after opportunities to exert early influence have passed, decisions are made and nearly always agreed – this does lead to some questions over transparency and openness. This varies between Boards and some Boards have more robust process of challenge than others.

**How accountable do you feel NHS boards are?**

NHS Boards are accountable to Ministers and in some regard local MSPs who have very good access to Board decision makers and Government.

It could be argued that the presence of a Staff Side, Employee Director and the Staff Governance model ensures that at least on paper, workers have good access, which assures the ability to influence and secures a degree of accountability.

UNISON does not believe that the public are able to hold Boards to account in the same way and are therefore largely reliant on doing so via their local MSP. Again however, some Boards have different structures and links with Local Authorities and other community planning partners which do provide increased community accountability.

UNISON believes that the creation of Health and Social Care Partnerships challenges the very concepts of openness, accountability, transparency and staff governance.
This structure has created an entirely new layer of decision making with IJB members taking significant decisions on the models of health care across a range of services including addictions, mental health, children and old people. The Scottish Government’s decision not to enshrine staff governance in the Act has effectively ensured that a largely unelected, unaccountable (and often unknown) body of officers and others can take significant decisions on the future delivery and models of NHS services with little or no accountability to local NHS Boards and or local communities.

Although it could be argued that the current membership of IJBs is accountable in so far as they are made up of Council members (who are of course elected) and NHS Board nominees (who were basically responsible for operational NHS decision-making before, anyway) and is accountable to the Health Board (as operational managers were anyway) and the local authority.

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

There is much that the NHSiS can be proud of in respect of delivering services and improving health outcomes. Since the early 2000s the service has been required to deliver more services and achieve better outcomes with less money in real terms.

Faced with significant financial pressures, an aging population and workforce, increasing demand, availability of new drugs and expensive new treatments, rising expectations, and other demographic changes (e.g. rise in single-person households) the service must make decisions which may be unpopular with staff, communities and local politicians. In recent years the service has started to feel the acute impact of ‘salami slicing’ budgets and services, particularly around services which seek to assist the population to live more healthily e.g. addiction services and mental health.

However, some benefits have started to be evidenced from the move to integration, for example in some areas there has been significant increased investment in the provision of care at home services [spend on these services in the NHSH area has gone up from £15.6m/year in 2012 to £23m/year in 2017].

There remains limited evidence, though, that Health Boards and IJBs are effectively tackling the significant inequalities which exist in parts of Scotland, and this therefore remains a significant concern.

**Conclusion**

It is the view of UNISON that the long term requirement for NHS Boards to deliver services and efficiency savings within a reducing financial envelope is forcing those Boards to take decisions which could be described as ‘not in the interests of the public’. UNISON participates in the Partnership Working model of the NHS and a least on paper that secures some influence and accountability. However, there appears to be little opportunity for Board members to challenge decisions by officers and we do not believe that the public is very effectively able to hold NHS Boards to account. The creation of Health and Social Care Partnerships with their IJBs are a challenge to openness, accountability, transparency and staff
governance. In particular, the Government’s decision not to enshrine staff governance in the law effectively ensures that significant decisions on the future delivery and models of NHS services can be taken by unelected and unaccountable officers and others. NHS Boards are faced with significant financial and demographic pressures leading to 'salami slicing' of budgets and services. There is limited evidence that NHS Boards and IJBs are effectively tackling the significant inequalities which exist in parts of Scotland.

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